



Submissions Received to the Public
Consultation on the Pharmaceutical Society of
Ireland (Temporary Absence of a Pharmacist
from a Pharmacy) Rules 2018

Considered by PSI Council on 20 September 2018



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Public Consultation Report:

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

Version 1

September 2018

Introduction

This report summarises the feedback received during the 2018 consultation process on the draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018. It includes the outcome of the online survey and the email responses. All comments attached to each question are available in the appendices.

A separate document has been provided by the PSI in relation to recurrent themes raised by respondents as part of the consultation process. (Thematic Discussion: Public Consultation on the Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018)

Background

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

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

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

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

At their meeting on 17 May 2018, the Council considered the matter and accepted the Working Group report and its recommendations. It was agreed to proceed with developing draft rules under section 30 of the Act, based on this proposed policy. The rules were considered and approved at the 21 June 2018 Council meeting.

About the consultation

The public consultation opened on July 17, 2018 and closed on August 14, 2018.

The consultation was notified to the public on the PSI website.

Pharmacists and Pharmaceutical Assistants were made aware of the consultation through email, and the PSI newsletter. A reminder email was issued to registrants on Friday July 27, 2018.

129 stakeholders were contacted directly by email and requested to provide a response to the consultation.

Response to the consultation

In total **n=1,090** responses were received to the public consultation.

1061 responses were received to the online survey. (Appendix A-M)

25 responses were received via email (Appendix N)

4 stakeholder responses were received via email. (Appendix O & P)

The profile of respondents is indicated in the table and graph below (Survey Question 2):

Patient and/or member of the public	217
Healthcare professional (non-pharmacist)	41
Pharmacy Owner	135
Pharmacist registered with the PSI	505
Pharmaceutical Assistant registered with the PSI	150
Member of a pharmacy team (non-pharmacist)	49
Involved in healthcare education or training	10
Representing public/patient interests	12
Representing interests of healthcare professionals	6
Employer of healthcare professionals	10
Government body or department	1
Regulator	3
Industry	4

Table 1a: Breakdown of consultation respondents

Appendix J

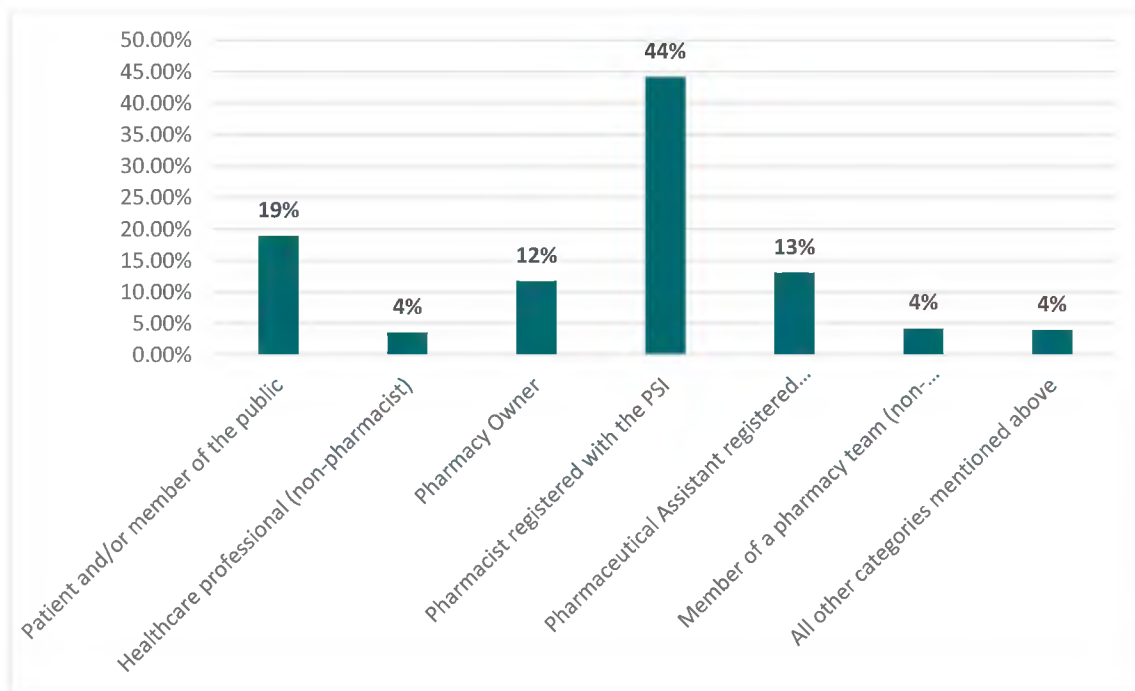


Figure 1b: Breakdown of consultation respondents (Survey Question 2)

Please note some respondents identified with multiple categories.

The survey

The online survey comprised of 16 questions. (Appendix Q)

A copy of the draft Rules (Appendix R) along with a working group report on temporary absence was provided with the online survey and respondents were asked to review the proposed Rules and to provide their comments to the survey.

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

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

As demonstrated in figure 2, 98% of respondents responded on their own behalf (Survey Question 3).

n=1057

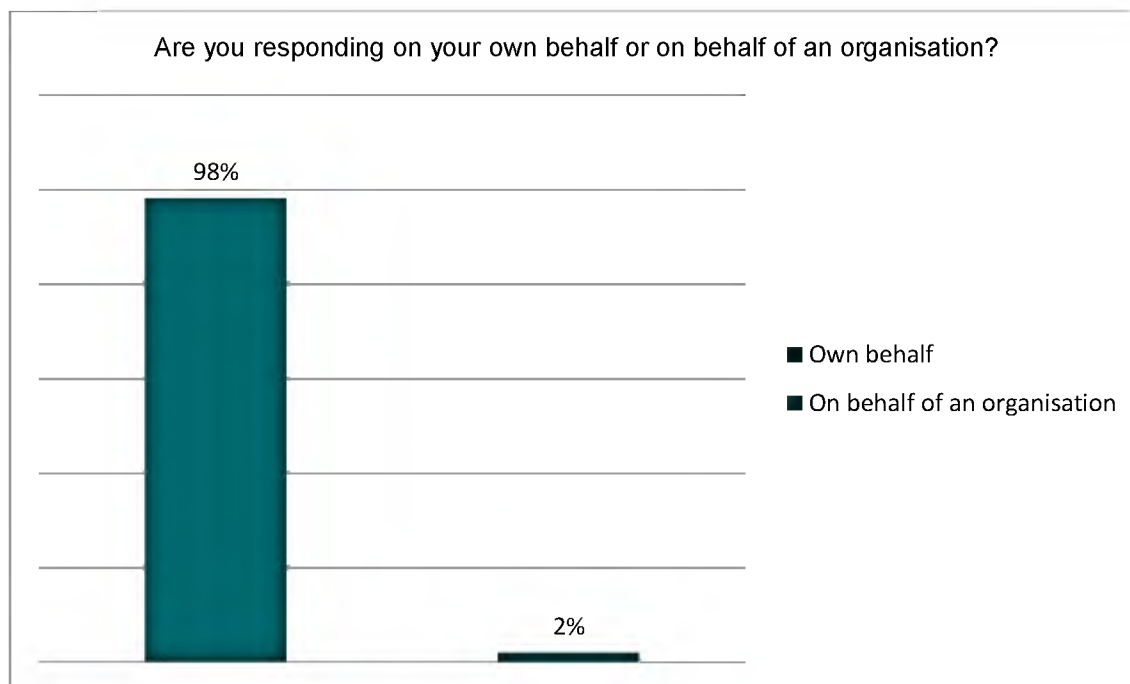


Figure 2: Responding on own behalf/belief of an organisation (Survey Question 3)

Four submissions were made by stakeholders / representatives by email (Appendix O & P);

- i) Irish Pharmacy Union (IPU)
- ii) Pharmaceutical Assistants Association (PAA)*
- iii) Barry Cowen (TD) Fianna Fáil Spokesperson on Public Expenditure and Reform
- iv) John Brassil (TD) Fianna Fáil Junior Spokesperson on Primary Care, Community Health Services.

*The PAA provided the PSI with a document entitled Shadow Report, issued in response to Working Group Report, and which is referenced in their submission at Appendix P. This document is included at Appendix S for completeness.

Analysis and Results of Survey

Question 4

The period of 'temporary absence of the registered pharmacist' is restricted by Rule 4(1) to any period in a day, not exceeding one hour, where the pharmacist is not physically present in the pharmacy.

Do you agree that the time period for temporary absence of a pharmacist should not exceed one hour?

Of those who responded to this question in the consultation survey, the majority 68% strongly disagreed with the proposal. A full list of responses is included in [Appendix A](#)

n=1061

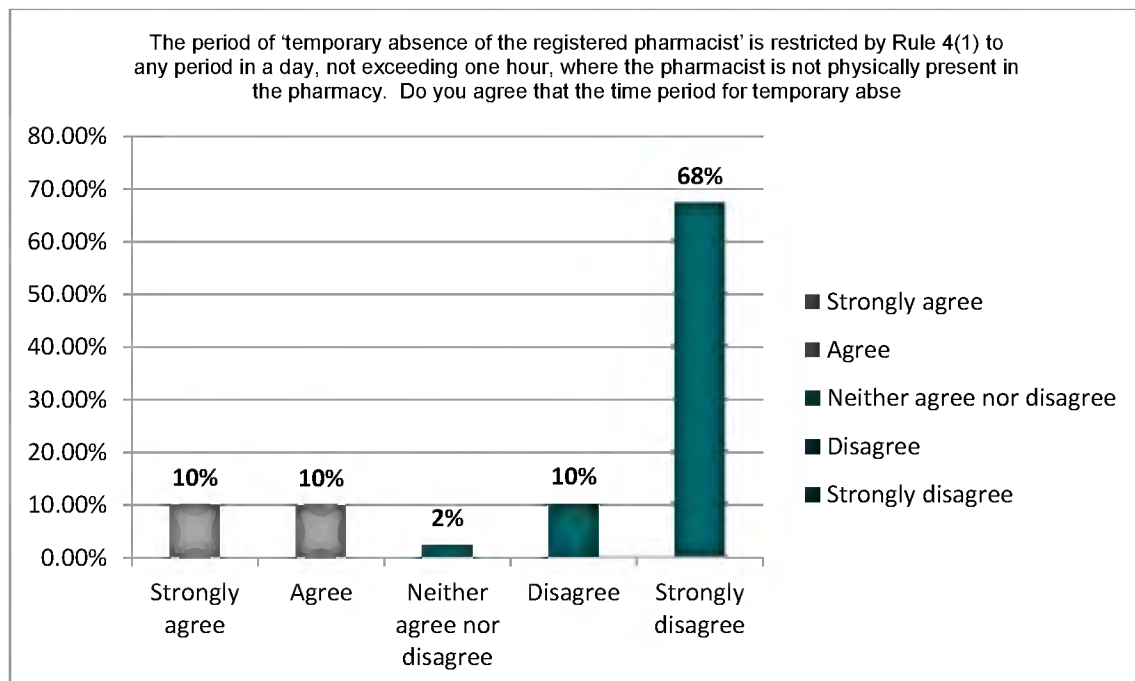


Figure 3: "Time period for temporary absence of a pharmacist should not exceed one hour?"

Question 5

If you do not agree with the proposed time, what, do you believe, should be the maximum time period for the 'temporary absence of a registered pharmacist', whereby the pharmacist is not physically present in the pharmacy?

847 responses were received to this question.

A full list of responses is included in [Appendix B](#).

Question 6

Rule 4(2) allows the period of temporary absence to be taken as one single period of 1 hour or as two or more periods of time amounting to 1 hour, in a given day. Do you agree that cumulative periods should be used to calculate the one-hour period?

As demonstrated in figure 4, 56% strongly disagree to using cumulative periods to calculate the one-hour period, 9% disagree, 12% neither agree or disagree, 14% agree and almost 9% strongly agree. A full list of responses is included in [Appendix C](#).

n=1048

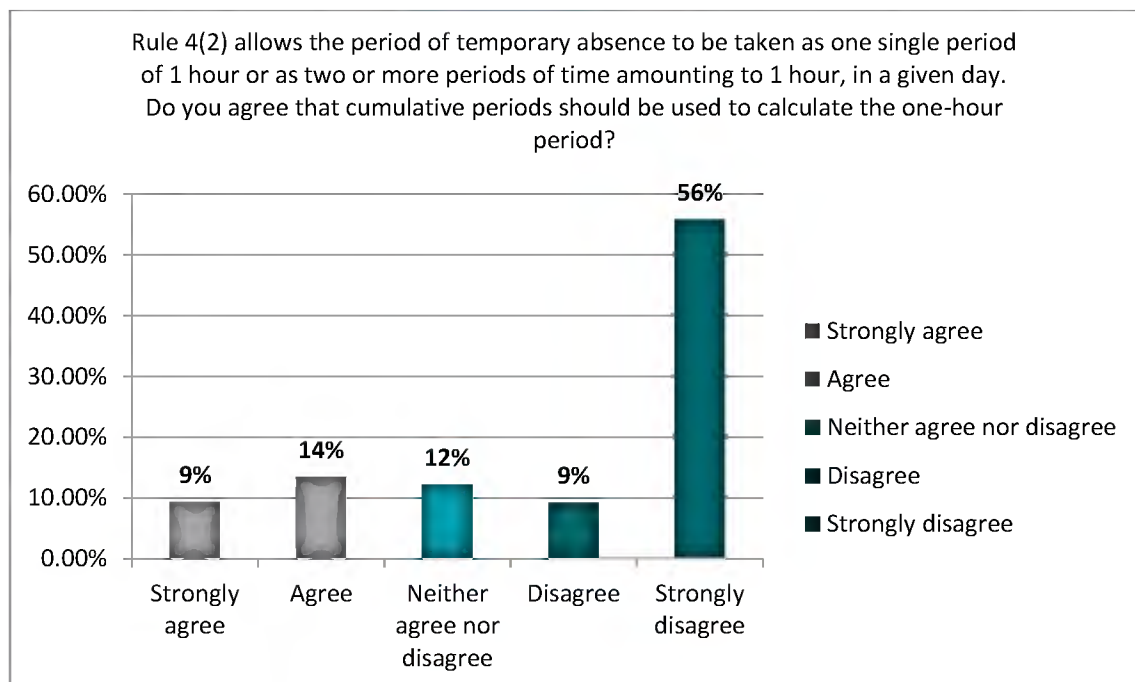


Figure 4: Do you agree that cumulative periods should be used to calculate the one-hour period?

Question 7

Rule 5 (1) acknowledges the requirements already in place in (S.I. No. 488 of 2008). It requires that, in so far as possible, in circumstances where a pharmaceutical assistant is acting in temporary absence of pharmacist that the superintendent and/or pharmacy owner be satisfied as to the knowledge, skills and fitness to so act. Do you agree with this principle?

As demonstrated in figure 5, 42% of respondents strongly agree with this principle, 47% agree, 6% neither agree or disagree, whereas 1% strongly disagree, 4% disagree. A full list of responses is included in [Appendix D](#).

n= 1021

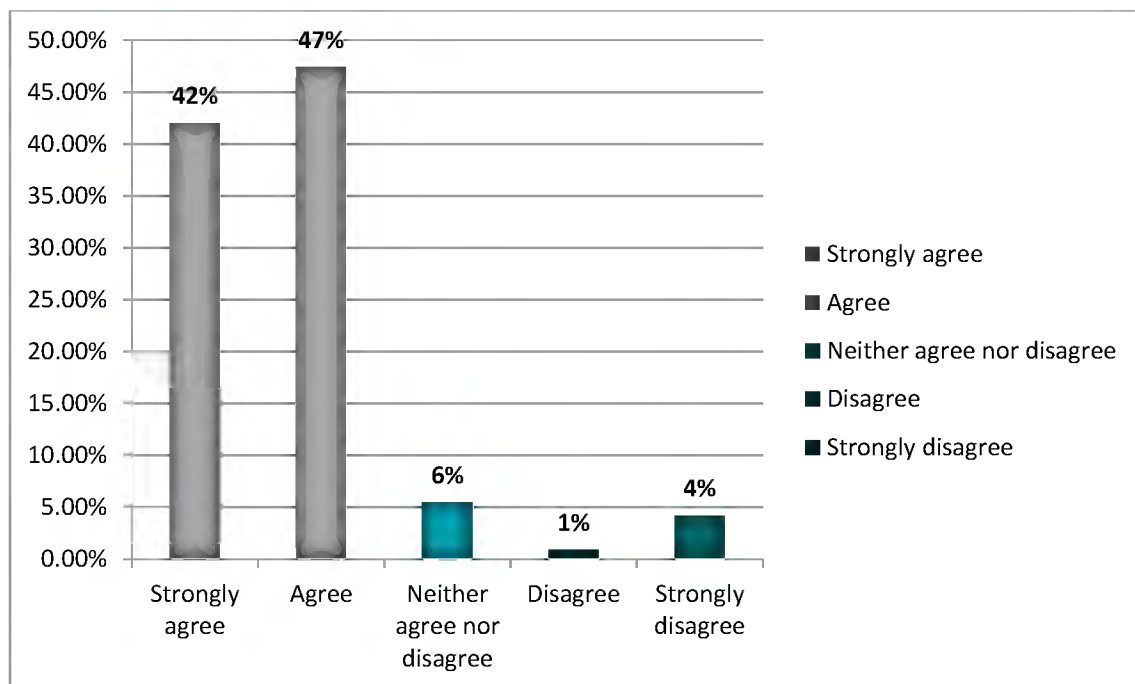


Figure 5: Do you agree with this principle?

Question 8

Rule 5 (2) states a pharmaceutical assistant acting on behalf of a registered pharmacist in the temporary absence of the registered pharmacist shall not act in the capacity of the superintendent pharmacist or supervising pharmacist in respect of the pharmacy concerned. Do you agree with this principle?

As demonstrated in figure 6, 24% strongly agree with this principle, almost 30% agree, 33% neither agree nor disagree, 6% disagree and 8% strongly disagree. A full list of responses is included in [Appendix E](#).

n=1044

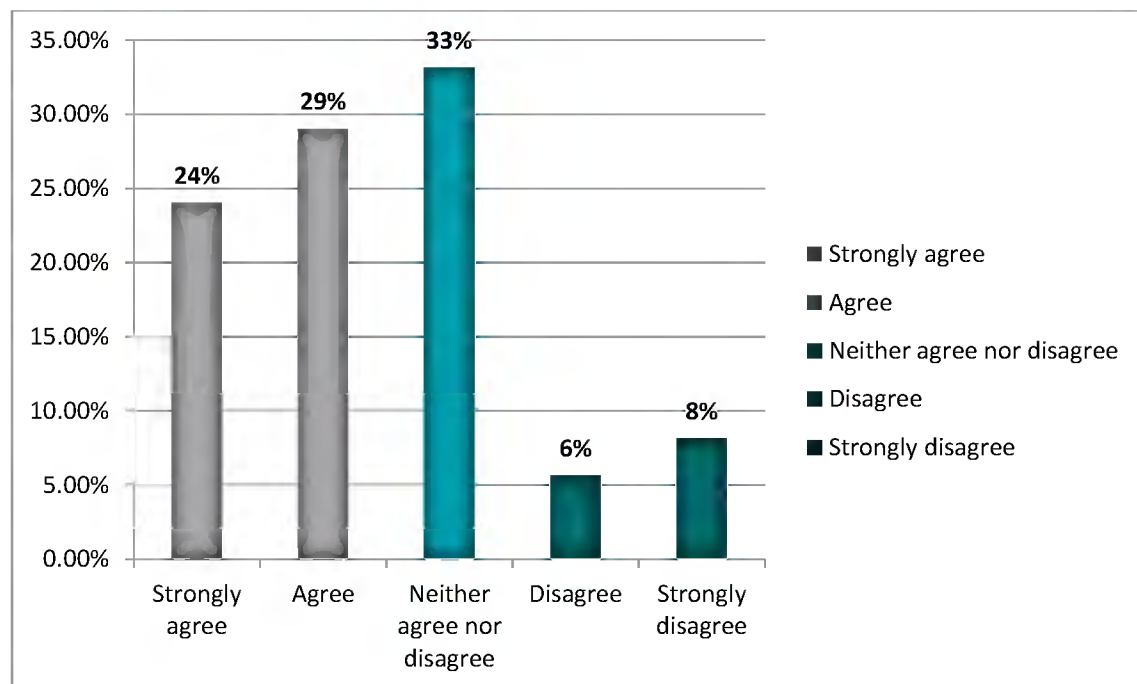


Figure 6: Do you agree with this principle?

Question 9

Rule 6 provides that it should be clearly recorded in the pharmacy's duty register when a pharmaceutical assistant acts in the 'temporary absence of the registered pharmacist'. Do you agree with this proposed rule?

As demonstrated in figure 7, 25% strongly agree with the recording of a pharmaceutical assistant in duty register when acting in the temporary absence of a registered pharmacist. Just over 30% agreed, 11% neither agreed nor disagreed, 6% disagreed, while 27% strongly disagreed. A full list of responses is included in [Appendix F](#).

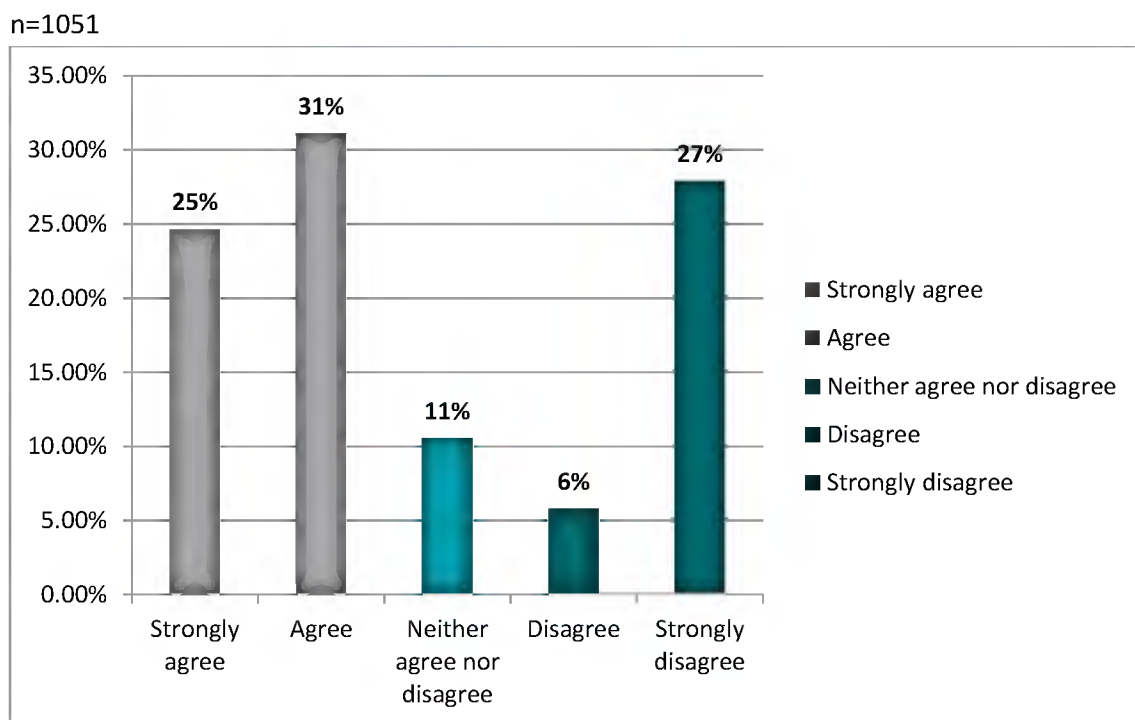


Figure 7: Do you agree with this proposed rule?

Question 10

Rule 7 provides that a patient and/or member of the public should be made aware when a pharmaceutical assistant acts in the 'temporary absence of the registered pharmacist'. Do you agree with this proposed rule?

As demonstrated in figure 8, almost 50% of respondents strongly disagree with Rule 7, 18% disagree, 12% neither agree nor disagree, 12% agree and 10% strongly agree. A full list of responses is included in [Appendix G](#).

n=1043

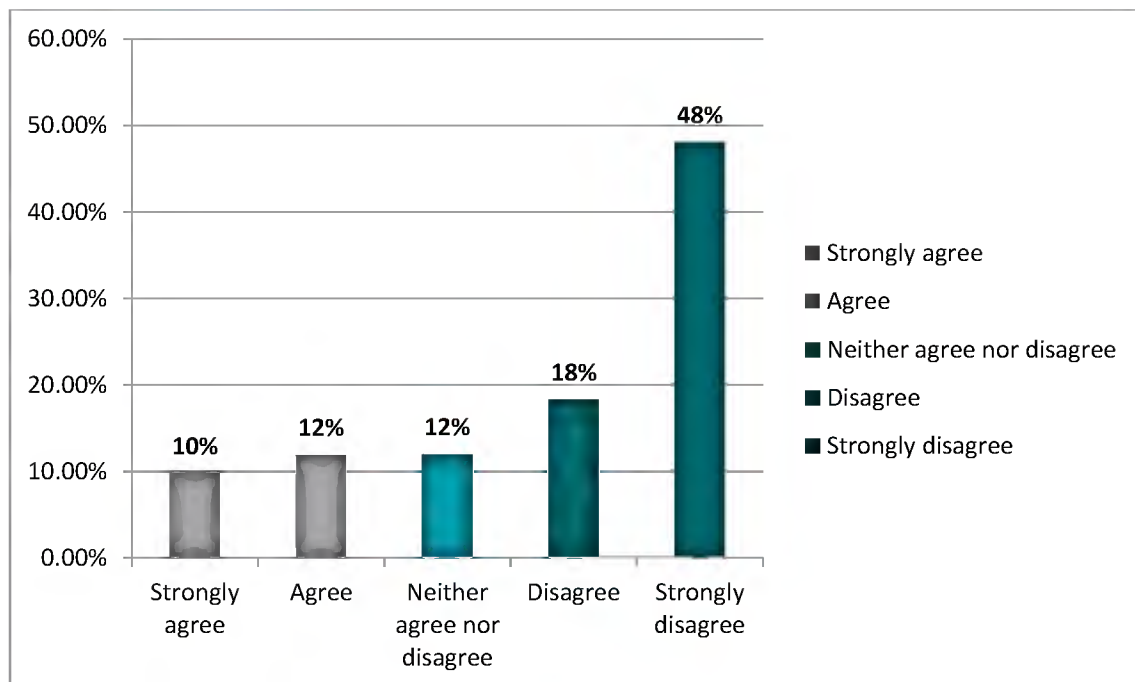


Figure 8: Do you agree with this proposed rule?

Question 11

Rule 8 (1) provides the Council with a mechanism to further provide what may be done by a pharmaceutical assistant when acting in the temporary absence of a pharmacist, in the form of a professional task list. Do you agree with this approach?

As demonstrated in figure 9, 50% strongly disagree, 15% disagree, 16% agree, 10% strongly agree and 9% neither agree or disagree. A full list of responses is included in [Appendix H](#).

n=1057

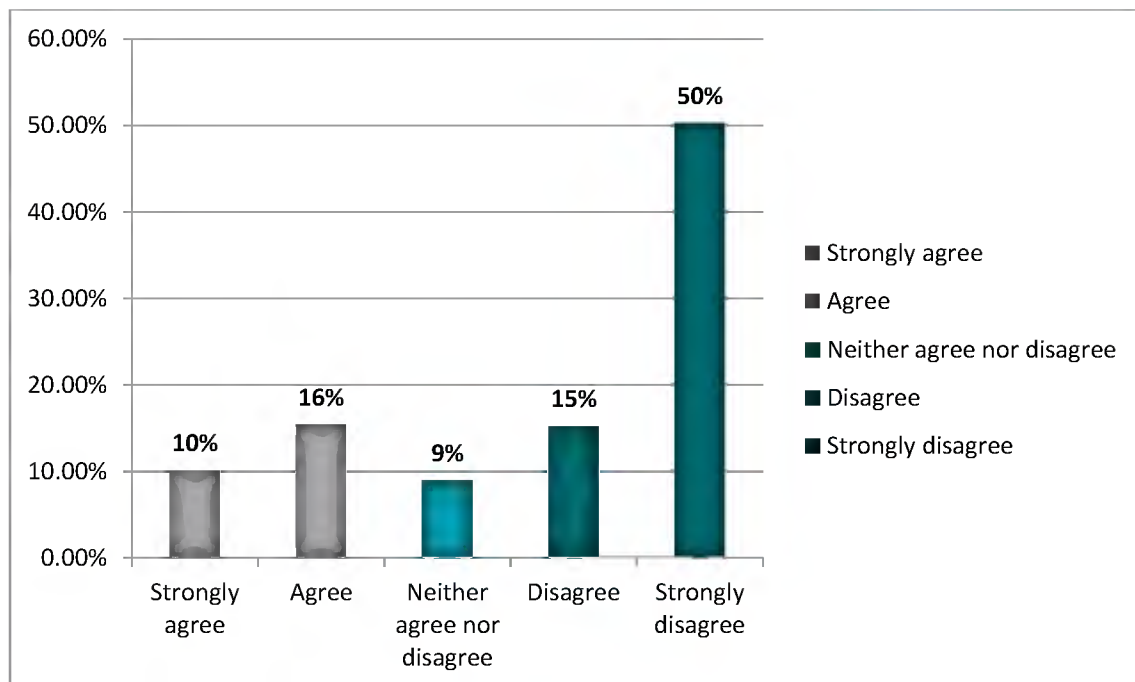


Figure 9: Do you agree with this approach?

Question 12

Rule 8 (2) provides that the Council shall consider the potential risks arising for patients as a criteria when approving the professional task list. Do you agree that this is appropriate?

As demonstrated in figure 10, just over 40% strongly disagree to Rule 8 (2), 14% disagree, almost 15% neither agreed or disagreed, 19% agreed and just over 10% strongly agreed. A full list of responses is included in [Appendix I](#)

n=1047

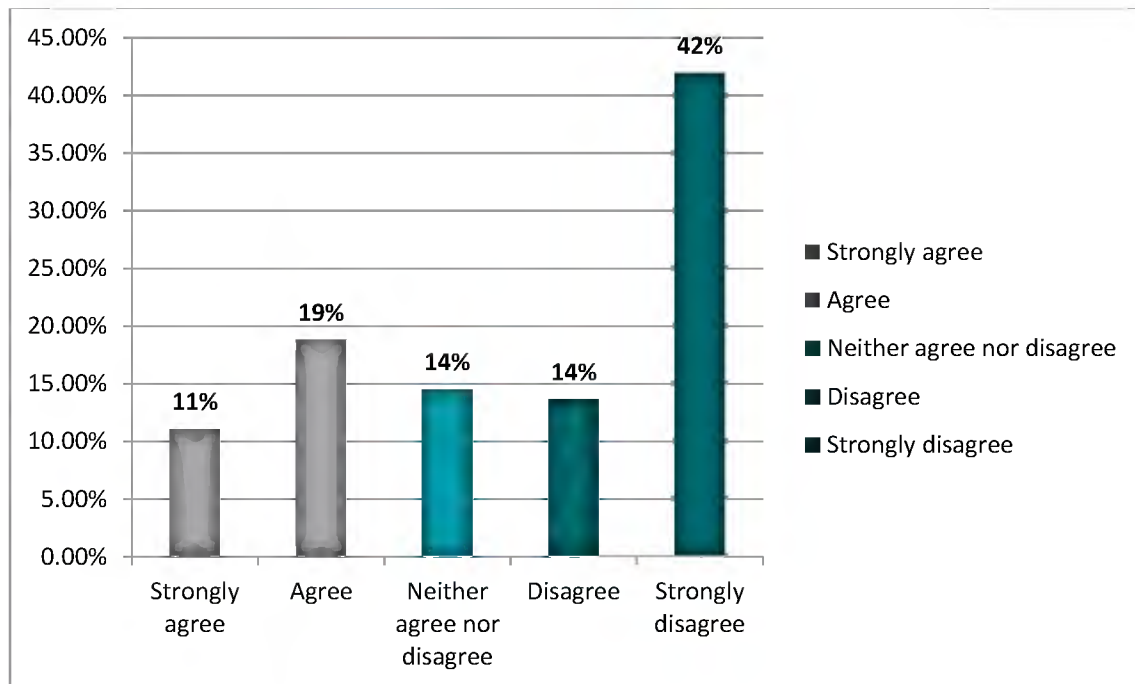


Figure 10: Do you agree that this is appropriate?

Question 13

Rule 8 (3) will allow the Council to publish the professional task list on the PSI's website. Do you agree with this approach?

As demonstrated in figure 11, 44% strongly disagree to publishing the professional task list on the PSI website, 13% disagree, almost 15% neither agree or disagree, 17% agree and just over 10% strongly agree. A full list of responses is included in [Appendix J](#).

n=1052

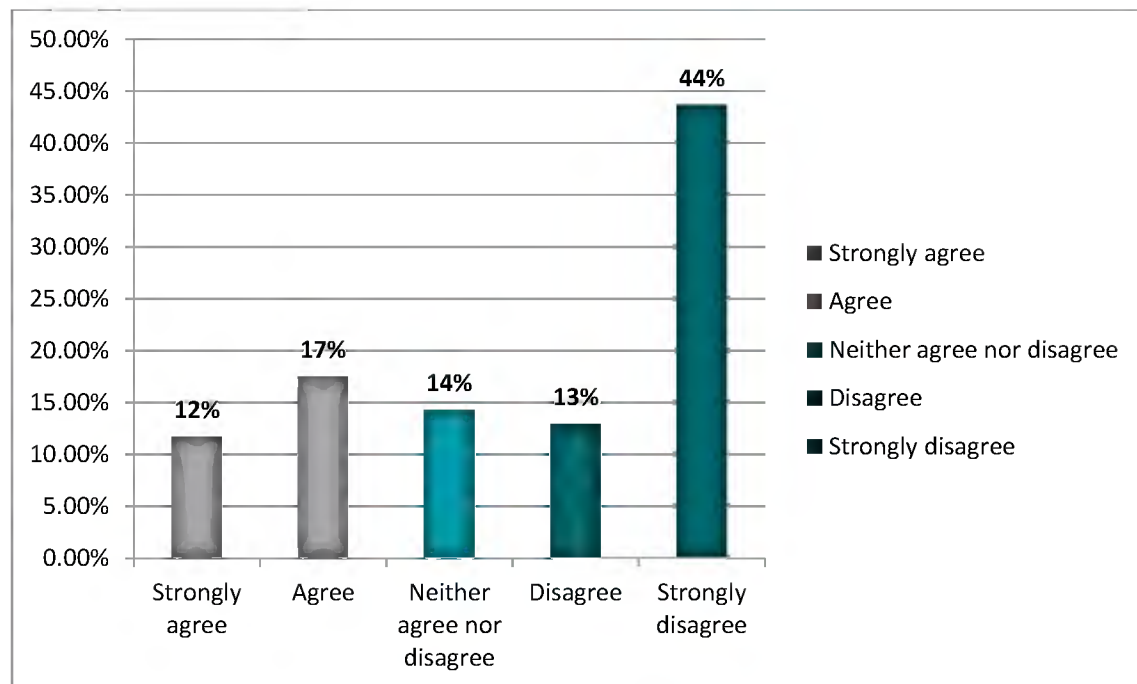


Figure 11: Do you agree with this approach?

Question 14

**Rule 8 (4) The Council shall review the professional task list at intervals not exceeding five years.
Do you agree that this is appropriate?**

As demonstrated in figure 12, almost 40% neither agreed or disagreed with Rule 8(4).

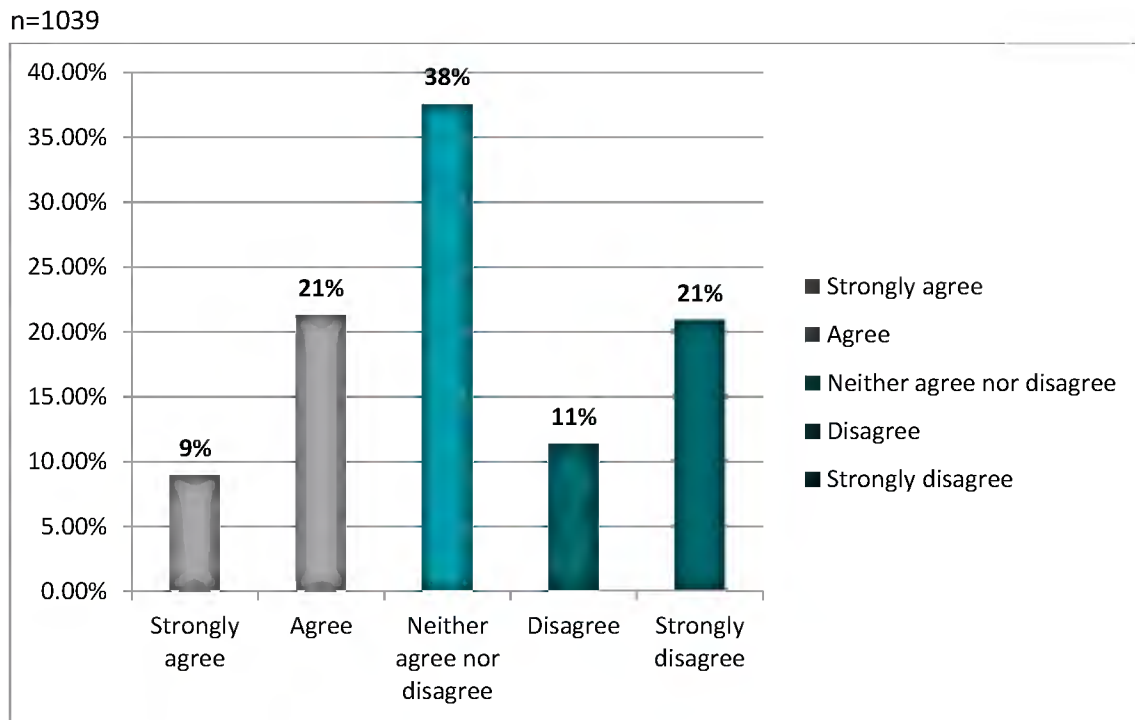


Figure 12: Do you agree that this is appropriate?

Question 15**How frequently do you believe the professional task list should be reviewed?**

(Options for '3 years', '4 years', '5 years' or 'each time a new clinical service is introduced' were provided.)

As demonstrated in figure 13, just over 50% of respondents were in favour of reviewing the professional task list each time a new clinical service is introduced, whereas 30% every 5 years, only 1% favoured every 4 years, whereas 18% favour every 3 years. A full list of responses is included in [Appendix K](#).

n=639

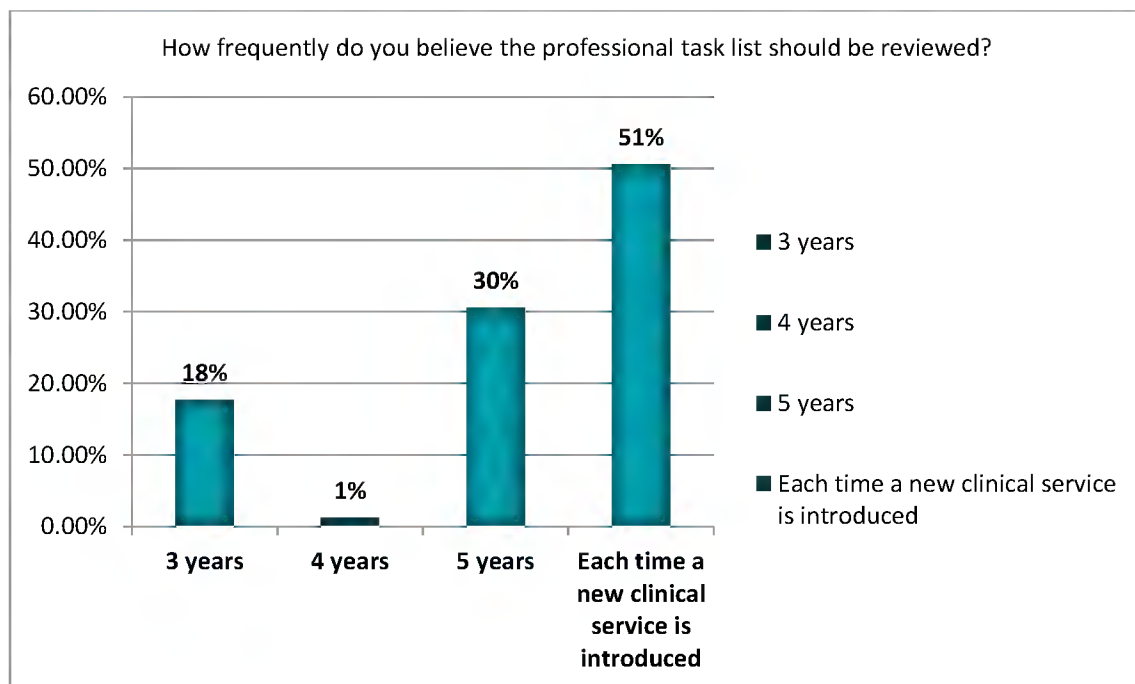


Figure 13: Review frequency

Appendix J

Question 16

In your opinion, is there any aspect of the arrangements for pharmaceutical assistants to act in the 'temporary absence of the registered pharmacist' which has been omitted or dealt with inadequately?

See [Appendix L](#) for all responses to Question 16.

Question 17

Finally, in your opinion, is there any aspect of the arrangements for pharmaceutical assistants to act in the 'temporary absence of the registered pharmacist' which can be improved on?

See [Appendix M](#) for all responses to Question 17.

Conclusion

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

Appendices

A	Response to Consultation Survey Question 4
B	Response to Consultation Survey Question 5
C	Response to Consultation Survey Question 6
D	Response to Consultation Survey Question 7
E	Response to Consultation Survey Question 8
F	Response to Consultation Survey Question 9
G	Response to Consultation Survey Question 10
H	Response to Consultation Survey Question 11
I	Response to Consultation Survey Question 12
J	Response to Consultation Survey Question 13
K	Response to Consultation Survey Question 15
L	Response to Consultation Survey Question 16
M	Response to Consultation Survey Question 17
N	Email responses to the consultation
O	Stakeholder responses/organisational responses to the consultation by email
P	PSI Consultation on the Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 Submission from the Pharmaceutical Assistants Association (PAA)
Q	Public Consultation Survey
R	Draft Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018
S	Document entitled Shadow Report, issued in response to Working Group Report by the PAA



Thematic Discussion:

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

Version 1

September 2018

Background

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

Questions 1 – 3 and question 14 of the consultation survey did not provide for free comments to be made by respondents. Hence these questions are not included in this thematic discussion document.

Thematic Analysis

Question 4

Q4. The period of ‘temporary absence of the registered pharmacist’ is restricted by Rule 4(1) to any period in a day, not exceeding one hour, where the pharmacist is not physically present in the pharmacy.

Do you agree that the time period for temporary absence of a pharmacist should not exceed one hour?

A total of 301 comments were received in relation to Rule 4(1).

Theme/Category	Comments
“Against” the restriction to one hour	256
“For” the restriction of one hour or less	11
Queries relating to the relationship between competency and restriction of one hour	27
Undecided/Need more clarity	7

There was strong sentiment amongst the responses that the proposed one hour rule for a pharmaceutical assistant to act in the temporary absence of a registered pharmacist was ‘impractical’ and ‘too restrictive’. The majority of respondents opposed the proposed one-hour rule while a few respondents were in favour of the one hour rule, or were in favour of a more reduced period of ‘temporary absence’, including that there should be no provision for the absence of a pharmacist from a pharmacy.

Commentators suggested alternatives to the proposed one hour ‘temporary absence’ through the comments facility. Suggestions included proposals for periods longer than one hour, the retention of the status quo, and that ‘temporary absence’ should not be defined.

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

Appendix J

A large cohort of the comments provided to this question queried the relationship or link between competency of a pharmaceutical assistant and the restriction of the period for 'temporary absence' to one hour. The practical experience of pharmaceutical assistants was referenced by respondents. Many also queried the need for change.

Other themes identified included the impact the proposed changes may have on the livelihood of pharmaceutical assistants, the impact on the pharmacist workforce, and the inevitable attrition of the pharmaceutical assistant workforce as many approach retirement age.

Question 5

Q5. If you do not agree with the proposed time, what, do you believe, should be the maximum time period for the ‘temporary absence of a registered pharmacist’, whereby the pharmacist is not physically present in the pharmacy?

Theme/Category	Comments
1 day	90
1 day plus annual leave	19
1 hour	13
1 week	8
2 days	5
2 hours	31
2 weeks	19
3 days	9
3 hours	14
Half Day	28
There should be no absence of a pharmacist from a pharmacy	7
Pharmacist or Employer’s Discretion	34
Retain the status quo ²	79
Temporary absence should include sick leave or emergencies	15
Temporary Absence should not be defined	92
Temporary Absence should be any time when the supervising pharmacist is not present	60

² Provisions of the 1994 Agreement include:

- The PA who will be performing professional duties of a pharmacist in his/her temporary absence shall be employed in the pharmacy concerned on a permanent basis for not less than 15 hours per week;
- The PA shall be entitled to cover short absences, such as lunch hours, two half days or one day off per week, unscheduled short absences and the standard annual leave of the pharmacist;
- The maximum number of days which the PA could cover in the temporary absence of the pharmacist should not exceed 14 calendar days in any single absence.

Question 6

Q6. Rule 4(2) allows the period of temporary absence to be taken as one single period of 1 hour or as two or more periods of time amounting to 1 hour, in a given day. Do you agree that cumulative periods should be used to calculate the one-hour period?

A total of 270 comments were received in relation to Rule 4(2).

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

Theme/Category	Comments
Agree	5
Agree to cumulative proposal but not to proposed one hour	13
Proposal of one hour is impractical	63
Concern that the one hour provision will not provide for adequately for pharmacist breaks	21
Disagree with one hour restriction	106

Some respondents felt the proposal was impractical while others agreed to the cumulative proposition but opposed the one hour restriction. A large cohort of respondents emphasised in their comments that they are opposed to the one hour restriction.

Additional themes identified included, the duration of lunch breaks and the need for appropriate breaks for pharmacists, and that the cumulative proposal would be difficult to implement and enforce.

Many respondents declined to answer as they do not agree with the 1 hour rule and found the matter irrelevant as a result.

Question 7

Q7. Rule 5 (1) acknowledges the requirements already in place in (S.I. No. 488 of 2008). It requires that, in so far as possible, in circumstances where a pharmaceutical assistant is acting in temporary absence of pharmacist that the superintendent and/or pharmacy owner be satisfied as to the knowledge, skills and fitness to so act. Do you agree with this principle?

A total of 244 comments were received in relation to Rule 5(1).

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

Theme/Category	Comments
Agree	120
Already provided for in legislation	56
CPD should be mandatory	35
Understanding that it is the role of PSI to regulate registrants	13
Supervising Pharmacist or Pharmacist should decide the length of time for 'temporary absence', on the basis of their assessment of a pharmaceutical assistant's competency	19
Pharmaceutical Assistants' abilities and/or familiarity with patients preferable to use of a locum pharmacist	27

The majority of respondents stated they were already satisfied as to the knowledge and skills of the pharmaceutical assistant profession and felt the use of this rule was unnecessary, while others felt these provisions are already in place.

Many respondents felt that pharmaceutical assistants should have mandatory continuing professional development.

Some respondents believed that Pharmaceutical Assistants should not be acting in the temporary absence of a pharmacist.

Question 8

Q8. Rule 5 (2) states a pharmaceutical assistant acting on behalf of a registered pharmacist in the temporary absence of the registered pharmacist shall not act in the capacity of the superintendent pharmacist or supervising pharmacist in respect of the pharmacy concerned. Do you agree with this principle?

A total of 189 comments were received in relation to Rule 5(2).

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

Theme/Category	Comments
Agree	52
Already provided for in legislation	46
The pharmaceutical assistant should act in a support pharmacist role	62
Respondents felt the question was unclear	22

The majority of respondents agreed with the proposed provisions. Many noted that this was already provided for under the Pharmacy Act 2007 as amended. Some respondents noted that pharmaceutical assistants have never sought to act in the roles of Supervising or Superintendent Pharmacist. Other respondents appeared to misunderstand the additional responsibilities associated with the roles of Supervising and Superintendent Pharmacist roles.

Question 9

Q9. Rule 6 provides that it should be clearly recorded in the pharmacy's duty register when a pharmaceutical assistant acts in the 'temporary absence of the registered pharmacist'. Do you agree with this proposed rule?

A total of 208 comments were received in relation to Rule 6.

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

Theme/Category	Comments
Agree	22
Already in place and recorded	120
Concern about additional paperwork/bureaucracy	44
Respondents felt the question was unclear	16

In addition to the above themes, some respondents noted that they believed this question to be ambiguous or unclear. Many respondents held that the period of temporary absence was already recorded in the duty register by virtue of recording pharmacist and pharmaceutical assistant 'sign in' and 'sign out' times. Many expressed concern regarding any proposed additional recording requirements to the current practices.

Question 10

Q10. Rule 7 provides that a patient and/or member of the public should be made aware when a pharmaceutical assistant acts in the 'temporary absence of the registered pharmacist'. Do you agree with this proposed rule?

A total of 334 comments were received in relation to Rule 7.

The majority of respondents were not in agreement with this proposal with respondents frequently citing the following themes:

Theme/Category	Comments
Proposal is insulting /demeaning to pharmaceutical assistants	47
Proposal would cause public confusion	44
Proposal would undermine public confidence	38
Proposal is not necessary/not necessary in all circumstances	28
Proposal is difficult to implement	16
If competency of the Pharmaceutical Assistant is assured, it is irrelevant that public are informed that a pharmaceutical assistant is acting in the temporary absence of a pharmacist	92

Many respondents were concerned as to how this proposed rule would be implemented. Some suggestions for its implementation included:

- A requirement for the certificates of registration of the Pharmaceutical Assistant and Pharmacist to be displayed
- Name badges, identifying the qualifications of staff to be worn
- Sign in a pharmacy
- Announcement
- Notify patients at the time of a consultation verbally
- There was a call for the PSI to communicate about differences between pharmacists and pharmaceutical assistants.

Some respondents agreed with the proposal, and believed that patients should be informed when they are interacting with a Pharmaceutical Assistant.

Question 11

Q11. Rule 8 (1) provides the Council with a mechanism to further provide what may be done by a pharmaceutical assistant when acting in the temporary absence of a pharmacist, in the form of a professional task list. Do you agree with this approach?

A total of 308 comments were received in relation to Rule 8(1).

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

Theme/Category	Comments
Difficult to comment without sight of the Professional Task List	43
Too restrictive/ No restriction should apply to a pharmaceutical assistant when acting in the temporary absence of a pharmacist	104
Disrespectful to experience/competence of pharmaceutical assistants	39

Some respondents noted that they found it difficult to provide comment on this question without sight of a proposed professional task list. Some respondents noted that any such task list should be agreed by public consultation.

A limited number of respondents supported the proposal and noted that additional services e.g. vaccination should not be carried out by pharmaceutical assistants.

Some respondents expressed concern that the introduction of a professional task list may mean that patients have a reduced pharmacy service when a pharmacist is temporarily absent. Others believed that this proposed provision was disrespectful to the experience of pharmaceutical assistants. Many respondents called for Pharmaceutical Assistants to be allowed to participate in a regulatory CPD framework.

Question 12

Q12. Rule 8 (2) provides that the Council shall consider the potential risks arising for patients as a criteria when approving the professional task list. Do you agree that this is appropriate?

A total of 250 comments were received in relation to Rule 8(2).

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

Theme/Category	Comments
Query evidence base for risk associated with dispensing by pharmaceutical assistant	55
Opposition to a professional task list	24
Call for a CPD/competency framework to minimize risks	50

Some respondents believed that this question failed to recognise the experience of Pharmaceutical Assistants. Some respondents queried how the carrying on of professional task list activities could be monitored/supervised. Some found it difficult to comment on the question as they were opposed to a professional task list. Other respondents called for engagement with the Pharmaceutical Assistants Association. Many respondents believed that risk was inherent in dispensing and that this applied equally to pharmacists.

Question 13

Q13. Rule 8 (3) will allow the Council to publish the professional task list on the PSI's website. Do you agree with this approach?

A total of 188 comments were received in relation to Rule 8(3).

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

Theme/Category	Comments
Opposed to a professional task list	41
Publishing the professional task list would undermine public confidence	8
Calls to review the professional tasks undertaken by pharmaceutical assistants in other jurisdictions	27
Calls that the regulation of pharmaceutical assistants should focus on a risk based approach.	25

Some respondents believed that the professional task list should not be provided to the public, or should only be provided to the public on request. Other respondents believed that the list should be published. Many respondents were opposed to the professional task list and were unable to answer the question. Some respondents wished to see a copy of the proposed professional task list in order to provide comment.

Question 15

Q15. Rule 8 (4) provides that the Council shall review the professional task list at intervals not exceeding five years.

How frequently do you believe the professional task list should be reviewed?

A total of 380 comments were received in relation to Rule 8(4).

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

Theme/Category	Comments
Opposed to a professional task list	94
Not relevant/not applicable	50
Not relevant until benchmarking of pharmaceutical assistants roles in other comparable jurisdictions is carried out	91

Some respondents answered this question providing suggested timelines within which a professional task list should be reviewed. These answers included suggestions of 6 months, 2 years, 3 years, 5 years, 10 years, every time a new service is introduced. Others believed the task list would not need to be reviewed. Some respondents noted that professional task lists should apply to all professionals in the pharmacy and that pharmaceutical assistants should not be treated differently to pharmacists. Again there were calls for a CPD and competency framework for pharmaceutical assistants.

Question 16

Q 16. In your opinion, is there any aspect of the arrangements for pharmaceutical assistants to act in the 'temporary absence of the registered pharmacist' which has been omitted or dealt with inadequately?

A number of key themes were identified in the responses, which had been raised in response to previous questions in the consultation survey:

- No/satisfied with proposals
- Concern how changes will affect employability of pharmaceutical assistants
- Concern that the experience and/or education of pharmaceutical assistants has been underestimated
- Wish to retain status quo
- Impact on workforce concerns/locum cover
- Objection to 1 hour restriction for temporary absence
- Call for evidence behind the proposals
- Opposed to/concerns regarding professional task list
- Call for CPD and/or FTP to be extended to pharmaceutical assistants
- Concern that annual leave/days off/unscheduled absences/illness cover have not been addressed
- Calls for temporary absence to be undefined
- Concern that pharmaceutical assistants will retire in the coming years and the matter of temporary absence will come to an end

A limited number of respondents believed that pharmaceutical assistants should not be allowed to cover the temporary absence of a pharmacist. Other respondents commented that the employing pharmacist is best placed to judge the skills, experience and knowledge of the pharmaceutical assistant. A limited number of respondents called for more consultation with the Pharmaceutical Assistants' Association.

Question 17

Q17. Finally, in your opinion, is there any aspect of the arrangements for pharmaceutical assistants to act in the 'temporary absence of the registered pharmacist' which can be improved on?

Similar themes as had been identified in Question 16 were raised in response to this question:

- No improvements to be made
- Objection to 1 hour restriction for temporary absence
- Concern for employability of pharmaceutical assistants
- Call for CPD and/or upskilling and/or FTP to be extended to pharmaceutical assistants
- Superintendent Pharmacist/Supervising Pharmacist should determine the length of time a pharmaceutical assistant can act in the 'temporary absence' of a pharmacist
- Wish to retain status quo
- Call for evidence behind the proposals
- Concern experience and/or education of pharmaceutical assistants has been underestimated
- Concern that pharmaceutical assistants will retire in the coming years and the matter of temporary absence will come to an end
- Opposed to/concerns regarding professional task list
- Concern that annual leave/days off/unscheduled absences/illness cover have not been addressed
- Pharmaceutical assistants should not be allowed to act in the temporary absence of a pharmacist
- Impact on workforce concerns/locum cover
- Calls for greater consultation/engagement or engagement with the Pharmaceutical Assistants' Association
- Calls for temporary absence to be undefined

Appendix A

Q.4 The period of 'temporary absence of the registered pharmacist' is restricted by Rule 4(1) to any period in a day, not exceeding one hour, where the pharmacist is not physically present in the pharmacy. Do you agree that the time period for temporary absence of a pharmacist should not exceed one hour?

If you would like to provide a comment, please use the box below.

11	This would completely write PAs out of a job which is completely unethical
16	If they are competent for an hour how are they not competent for 40 hours a week?
18	How can you restrict the time for any absence? What Happens, if the pharmacist is only 5 minutes late? Is he/eher acting unlawful?
33	Pharmaceutical Assistants have great experience and have competently covered Pharmacists days off and holidays for many years. It should not now be restricted to one hour.
34	unforeseen circumstances can not be rigidly defined
37	How do ye possibly think that a PA (all of whom who have over 30 years experience) is all of a sudden only qualified to cover 1 hour without a pharmacist present? Why are they only qualified for 1 hour and not 1 hour 10mins?
39	This is a ludicrous restriction.
40	This proposal is a disgrace, and an insult to professionals who have served pharmacy extraordinarily well over the past 60 or so years.
47	I understand that the small number of pharmaceutical assistants remaining in active employment have in the region of 30 years experience, many with practical skills and knowledge equivalent to pharmacists. In such circumstances it is difficult to see how actual as opposed to theoretical patient safety issues arise, particularly when arguably a higher risk patient safety could be associate with untested newly qualified pharmacists with little or no retail experience.
50	While I think defining temporary absence is essential and long overdue and somewhat anachronistic, in 2018 with modern technology, smartphones etc, it could be longer than one hour perhaps up to 4 hours. Not a full day or longer as is being done in some pharmacies.
51	PAs have years of experience, competent, and I've worked with some excellent PAs
52	I feel that pharmacy assistants have the knowledge and experience to be in charge of a pharmacy for a period longer than one hour
62	i have worked with qualified pharmacy assistant for over 25 years and the experience and quality of assistant far exceeds
65	This is too restrictive

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70	Maintain the current rules with regards to how long a PA can cover a pharmacist for (i.e. 2 half days, one full day, pharmacist's standard annual leave not exceeding 14 days)
74	It's ridiculous to enforce this
77	If a Pharmaceutical Assistant is deemed to be competent in covering up to one hour for pharmacist then I can think of no logical reason why the PA is not fit to cover longer periods.
84	This proposal is grossly unfair and serves no purpose other than the annihilation of a loyal dedicated server group of Qualified Assistants
90	I do not understand the need or rationale for such a restrictive definition of "temporary absence"
92	The time limit of one hour is an insult to the over 30 years experience of all PAs. It also conflicts with existing practice of many years standing so is likely to be overturned by the courts.
93	It is madness to go from a situation where several days could be covered to a maximum of one hour
94	Provided a pharmaceutical assistant is present
105	this is not in the spirit in which the PSI awarded the Pharmacy Assistant qualification
109	I feel that as all of pharm assistants have been working/practicing for over 30 years they have an ingrained ability to decide on when they require a second opinion or clarity on a particular issue. In my own 20 years experience, I have always found assistants to be extremely careful at all times regarding patient safety. I feel we should be encouraging upskilling, eg CPD, instead of demotion.
112	temporary absence
126	The position is almost redundant and will soon become so by natural wastage . Any previous abuse has been dealt with by existing regulation but by overly restricting the role of such qualified people with many years practical experience you are making them redundant by the back door and causing grave hardship to them and to the patients they serve and/or the pharmacies employing them in current staff crisis situations. I have none employed but from previous experience working with them have found the were competent / professional and safe after years of experience and practice . Two questions : Should older pharmacists who served apprenticeships rather than attained degrees also be effectively banned from practice. 20 How many successful fitness practice cases have been upheld against these professionals. In summary , they are not pharmacists and should not be permitted to act as such , but are all professionals with years of practical experience who can play a meaningful role in successful delivery of healthcare in the profession and should not be marginalised - I'd much prefer have one of them cover me for a morning or afternoon dental appointment than some of the "qualified " pharmacists from other jurisdictions who have limited language competency and no experience of the Irish system of healthcare.
127	I believe that if assistants are capable of covering for an hour, they are capable of covering for longer. Emergency situations may arise at any time, which may necessitate the pharmacist to leave the pharmacy for personal or professional reasons and if these rules are implimented, a pharmacist could not leave if they had already taken an hours lunch break. Closing the

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	pharmacy in such situation would be an unnecessary hardship on patient care when a person (the assistant) is available to look after patient needs. The ability to cover for a day in the week off by a pharmacist would also be restricted by this regulation, especially given the current manpower shortage in the profession.
128	In my personal experience, for example if I needed to attend a sickness of any of my children, I would like the shop to be able to still stay open (no selling otc or prescriptions dispensed or given out) but that they can inform customers of the scenario that occurred. Some scenarios cant have a time frame so hard to know that you will be back before exactly an hour
131	Pharmacist undertaking 2hr CPD session
133	1 hour in case of an emergency is not sufficient
134	Pharmacist supervision is required at all times
139	Exceptional circumstances should be taken into consideration
148	In the case of unforeseen circumstances a PA should be able to cover for at least 4 hours until suitable alternative arrangements are made.
161	There has to be disgression
169	I have been providing temporary absence for longer than an hour for more than 35 years and find it inconceivable that I am now considered to be "unqualified" for longer than one hour's absence of pharmacist.
170	Pharmacist should not be absent or covered by qualified assistant
172	Given the services provided by pharmacists the defacto time out of contact could be a considerable part of the day. Electronic pharmacy could a pharmacist not give advice outside a registered pharmacy. All time contact of a pharmacist would be more suitable. Where possible a pharmacist must be present but where possible be contactable by the pharmacy. Such incident of anaphalaxis and the need to stay with patient until help arrives. A pharmacist undertaking such an event should not face penalty trying to save another life or failing to get to a pharmacy for opening due to helping injured members of the public. Pharmacists should be in all time control. The advent of eprescribing and potentially epharmacy make this a hard rule to understand. Many jurisdictions have responsible pharmacist rules to cover technological changes now and in the future
173	If a PA is competent to cover one hour how would that cease after one hour one one minuet?
177	Many of these qualified PA's have over 30years experience. This would make no sense.
186	Ridiculous defining a temporary absence. There are always instances were an absence will exceed a certain time due to unforeseen circumstances. What about sick children, funerals etc. Get into the real world PSI. You are turning people off this profession.
189	Absolutely appalling to think that after 40 years service post qualification that the terms and conditions of my employment can be altered in this manner.
195	One hour per day is too restrictive. What makes it ok to cover an hour but unsafe to cover two hours or a half day to allow the pharmacist to attend a meeting etc. You have pharmacists all

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	over the country working long shifts with no proper breaks due to lack of cover, why further compound this problem by placing further restrictions on pharmacy supervision.
204	If PA is considered competent for one hour they are competent for an 8 hor day
206	this has not been how temporary absence has been understood in the past
207	2 hours would be more realistic
216	Should include one day off per week and 2 weeks annual leave.
221	far too restrictive, changes decades of established practice
223	Will impact on livelihood of pharmaceutical assistants
235	Doesn't facilitate an emergency, delayed return from lunch etc
240	There should be no absence of a pharmacist.
248	This means that temporary absence will essentially only apply to lunch hour. I think it should be allowed to apply for a couple of hours in a day, to cover if the registered pharmacist had children etc. and needed a few hours cover.
249	this restricts both the pharmacist and the pharmaceutical assistant who until now has provided cover for longer time frames
257	It is my belief that a pharmacy should not remain open for business at any time that a qualified pharmacist is not physically present. A period of one hour is sufficient time for a grave error to be made .
261	would like to see it as even less
266	It's imperative that all health professionals get breaks from work in line with modern legislation
272	This is an arbitrary number picked out of the sky and does not add to or subtract from perceived risk to the general public in any way. Pharmaceutical Assistants are either competent to act in the absence of the pharmacist or they are not. The length of time in which they act will not change this. Secondly, where is the mention of holiday cover. Shocking omission!
275	a pharmaceutical assistant has to be employed by the pharmacy and would have sufficient knowledge in the running of the pharmacy
278	its must be 2 hrs because in busy town its very hard to manage within 1 hrs
299	Given that pharmaceutical assistants are of a certain age and older they have a huge range of experience and therefore are capable of supervising for longer than one hour.
312	practically, there are so few pharmacists that some assistants are more capable than those MPSI's available for short term cover (1 full day per week)
328	3-4 hours would be more appropriate
343	As temporary absence previously allowed cover up to 14 days, I think the restriction to one hour total during a day is too stringent. While I agree that the pharmacy should not be left

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	unattended by a pharmacist for up to 14 days, I think even allowing a temporary absence of 3-4 hours would be more reasonable.
347	my original qualification did not specify a time it says temporary absence and my qualification should not be changed. I am qualified to cover in absence of a pharmacist /be that one hour or forty hours .I am still qualified to cover.
350	This is a very short time considering how well qualified assistants are and how they have historically covered considerably more time than this
356	it should be a maximum of 2 hours
365	One hour doesn't even cover lunch break. It is ludicrously short, not based on evidence and a drastic change without merit.
367	longer
368	PHARMACUETICAL ASSISTANTS HAVE BEEN PROVIDING TEMPORARY COVER FOR 1-2 DAYS PER WEEK FOR MORE THAN 30 YEARS SO WHY CHANGE THIS NOW? WHAT HAS CHANGED THAT MERITS THIS BIG U-TURN IN POLICY. IT IS TOTALLY UNNECESSARY ARE UNWARRANTED. PAs ARE THOROUGHLY EXPERIENCED AND IT IS A REAL SLAP IN THE FACE TO THEM ESP WHEN IT IS SO HARD TO PROCURE LOCUM PHARMACISTS.
374	I strongly disagree. Our community pharmacy has both a pharmacist and pharmaceutical assistant. We trust both of their experience and expertise equally. Our community pharmaceutical assistant is a highly trusted and valued member of the pharmacy team an her advice and competency should not be limited to an hour a day.
377	I think it is absolutely disgraceful that the qualification these people have obtained has come into question now. They have served their communities in a trusted and safe environment for over 50 years they are highly trusted and experienced individuals who should be allowed to carry out the remainder of their professional life in the capacity that was originally agreed. Temporary absence by its nature cannot and should not be defined in this way. Where the registered pharmacist feels it is safe and appropriate for a pharmaceutical assistant to carry out his/her duties in his/her absence this judgement should be enough.
378	Regulator does not appear to have provided an evidence-based argument that an absence not exceeding one hour is appropriate, proportionate or necessary for patient safety, having regard to the extensive experience of pharmaceutical assistants in the practice of pharmacy.
381	why when i have covered for 40 year am i suddenly not capable
383	you can either do the job or not-if you can do it for one hour ,you can do it one day etcetc-i
409	Pharmacy assistants have been carrying out their role without the period of 'temporary absence' being defined for over 40 years. This proposal is preposterous and is treating these people as children, despite the fact that they have all been qualified for over 30 years. Shameful.
413	What has changed?
425	I think it is very restrictive and does not cover an emergency where a pharmacist might have to go away for 2-3 hours in case of a family emergency for example. In general I would agree with the hour per day of PLANNED absence.
427	There is a professional Labour shortage. In the interests of patient safety please cease and desist from this folly
429	This is very restrictive compared to the previous agreement
439	What did your forebearers in the PSI have in mind when drafting the wording? Definitely not an hour. Probably an arbitrary number like 43 minutes

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440	This is disgraceful as I work with a fully competent pharmacist assistant for as long as I've been working in pharmacy
447	I don't think 2 hours is unreasonable
455	nonsensical for professionals who have worked for forty years without any incidents to be subjected to this too short time period
461	Very unfair
462	Depending on the pharmacist's shift. It should be more if the pharmacist covers long shifts (12 hours or more for instance)
478	they are highly competent and trained individuals whose ability far exceeds the recognition they receive. They should be able to sub for a pharmacist for a day easily
484	a pharmacy is not a pharmacy if a pharmacist is not present. the public have the right to expect the presence of a pharmacist
487	I think that one hour is overly restrictive, the assistants I have worked with previously are highly engaged, focused on patient safety and care, and could manage services easily for a longer period of time. I am concerned that 1 hour underestimates the value of our pharmacist assistant colleagues. With pharmacists suffering burnout and fatigue, the assistants are well-trained, professional, and provide a helpful alternative when someone is ill/needs to take time to see a doctor etc. and this promotes patient safety in reality as people can take time to be ill and get appropriate care.
488	I have a regular qualified assistant one day per week and half day working with the pharmacist and find her as good if not better than a lot of pharmacists I've employed
495	Once a qualified person is there when the pharmacist is not physically present there is no issue
498	either they are allowed or they are not. nonsense to limit the time
499	Should not be limited to a specific one hour period
500	I strongly disagree as qualified pharmaceutical assistants are covering temporary absent for many years as most have 30 to 40 years experience
504	I have a QA working with me who has run her own pharmacy and has been working in a pharmacy for 35 years. She has more experience and ability than a lot of pharmacists. How do you think her ability and knowledge would compare with for example a pharmacist straight out of college? I believe there is no comparison and feel the experienced QA is more highly skilled. I believe their hours are already restricted enough. We also allow EU pharmacists with no experience here and sometimes relatively poor English. What do we know about their qualification and ability. Who is safer for the patient?
509	Pharmaceutical assistants are doing this job for a minimum of 39 years as the last ones to do the course started in 1979. to limit their worth to one hour a day is cruel and unnecessary
510	why change this now? it has been working well so far?
511	assistants are qualified to provide cover when the pharmacist is absent. it shouldn't matter how long they are absent
513	It is my understanding that Pharmaceutical Assistants have until now been able to cover temporary absence of A Pharmacist for up to 12 hours per week . I would expect that such a change to the temporary absence agreement would mean that some Assistants might lose their jobs . As this cohort is presumably now in their fifties and older , it may be very difficult for them to retrain or find alternative employment .Would it not be fair to allow these people to retain their working conditions as within a short number of years there will no longer be Pharmaceutical Assistants.
516	there is no comparison between being able to cover 2 weeks holidays and one hour per day.
517	I believe that there should not be any change to the present interpretation of temporary absence
520	Pharmacy Assistants have at a minimum over 35 years of experience and are more than capable of covering a pharmacist for periods longer than an hour

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523	Agree, but realise this may make QA job non-viable.
525	Temporary absence of 1 hr is incredibly short and almost pointless. Overnight it seems PAs are being deemed incapable by the PSI.
527	silly rule makes no sence
532	Too short - I would suggest half day
537	A qualified person should be present all of the time the business is open to the public. If the PSI see fit to issue someone with a licence it should not be restricted to a specific number of hours in any given day or week.
539	should be allowed to cover 1 hour for lunch and any other temporary absences that may be necessary during the day
544	not a realistic period
549	If qualified to cover one hour then qualified ro cover extent of absence needed
551	I work with a pharmaceutical assistant and she is as good as the pharmacist
554	In the case of experienced Pharmacy Assistants - they have years of experience in managing for far longer periods than the 1 hour one proposed without the Registered Pharmacist needing to be available. It seems to me that it is in the public's benefit - again, in the case of experienced Pharmacy Assistants to have these experienced personnel as available to help with advice and dispensing as they are under the current legislation. The reduction of this temporary absence of registered pharmacist to just one hour seems to make no sense to reduce the functional capacity of capable and experienced staff to such a limited timeframe. I don't see how it is in the public's interest in any way.
557	I am an independent community pharmacist, my pharmaceutical assistant has worked for me for 17 years, covers my day off and my holidays. If this rule is implemented I will have to fire her. There are no pharmacists available for part time work and my experience of employing locums is not good, actually a couple posed a serious risk to my patients (in one instances, the person, not from Ireland, took photos of prescriptions and emailed his friend.as to what to dispense) I can vouch for the compencies of the PA working for me and can honestly say she is as competent if not more than myself.
558	Registered pharmaceutical assistants are qualified to act in the temporary absence of pharmacist so time periods do not neede to be defined
559	This rule will have the effect of taking away the assistant's qualification
563	In the rural area of Ireland, it's possible that a pharmacist can't be present for more than an hour.
567	There may be an emergency situation which requires absence of pharmacist
568	i think qualified assistants are well trained and able to provide cover
569	limiting temporary absence to this 1 hour makes it unworkable for unscheduled short absences or emergencies This would only cover lunch hour and pharmacist would have to employ locum for day off annual leave etc
574	if the assistant is competent to cover 1 hour, then she is competent to cover in temp absence regardless
575	I do not feel that 1 hour is sufficient in the case of an emergency
577	based on tenure of experience of qualified assistants and the breadth of knowledge and interaction with pharmacists and patients
585	I believe this period is too short and upto half a day should be allowed.
589	This is a significant change in the current interpretation of the rule
591	I think pharmacy assistants are often more competent than pharmacists because of their vast experience.
594	no profession has the Supervisor in doors from start til end of day, this is unhealthy and unsafe.

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600	I strongly disagree. A PA is either deemed competent to practice or not (and have been deemed competent for the last 40 years). I don't understand how one hour is ok but not two, or four or eight? It makes absolutely no sense. I wonder also, in 30 years time will you, the PSI decide that those of us who completed a 4 year MPharm degree be less worthy to practice than those with the new 5 year course. Or those with a BPharm and not an MPharm, will restrictions be placed on them at some stage in the future. If the PAs are willing to do, as we now have to, CPD and Fitness to Practice and cannot see the problem.
604	longer 1-3 hrs
605	this is arbitrary and without and any clear sound reasoning
613	Assistants have always been able to cover for much longer periods of time and are more than qualified to stand in pharmacists stead.
614	Leave as is in pharmacy act
616	Should be 2 hours
617	...because this completely ridicules our degree which i received in 1983 and now I am considered not qualified enough to continue the work despite all our years paying our fees and complying with all statutory rules. We are actually being constructively dismissed. and under labour law we are entitled to 2yrs full pay from the psi or update our degree with further education as deemed necessary. Also are there any assistant pharmacist on your review team....guess not...surprise surprise...covering temporary absence and annual leave is still restrictive to the pharmacy but if we assistants do not own or seen to be running a pharmacy..we are breaking no rules. This is a massive bully-boy tactic to rid of the few 50yrs plus group of professionals...much respected by the public...national media I'm sure will be interested in your mean spirited attitude
767	Not enough pharmacy graduates want to work in retail pharmacy. Need a backup of Assistans.
770	Restricting PAs like this will make them unemployable. Most rural pharmacies work with 1 supervisor pharmacist and an employee who allows pharmacist take a day off or holidays. This will mean a PA cannot provide this service for pharmacist
771	I FEEL IF THE SUPERINTENDENT AND SUPERVISING PHARMACIST IS COMPLETELY SATISFIED WITH THE COMPETENCE OF THE PHARMACY ASSISTANT THEY SHOULD BE ABLE TO COVER FOR A PHARMACIST AS NOW EXISTS MANY OF US WHO EMPLOY A PHARMACY ASSISTANT HAVE DONE SO FOR A NUMBER OF YEARS THEY ARE VERY FAMILIAR WITH OUR PATIENTS AND IN MY OPINION ARE OFTEN A SAFER PAIR OF HANDS THAN A LOCUM PHARMACIST WHO HAS NOT BEEN IN THE PHARMACY ON A REGULAR BASIS
773	A pharmacist should not be absent unless a qualified assistant or another pharmacist is there to provide cover
774	PAs qualifications allow them to dispense medicines and by extension they can cover temporary absences.
778	PA's qualification allows them to dispense medicines and by extension they can cover temporary absences. No evidence to support a one hour rule has been provided. PAs have covered Pharmacists temporary absences over forth years with no evidence to demonstrate that their professional behaviour has had adverse consequences for patients.
791	As a member of the public who has been provided an excellent, safe, efficient and professional service from pharmacy assistants for over 30 years I cannot understand how or why this is necessary. The question of patient safety relates to the dispensing professionals competency. Competency is not restricted to time frames, e.g. periods of one hour. A professional is either competent and safe, or not. Full stop. Of course, as a member of the public, and also a healthcare professional working in the HSE, patient safety is paramount, and ensuring competent and safe practice is essential. The logical and welcomed way forward in this regard is to include pharmacy assisants in a statutory competency framework where individual's skills and practice could be reviewed, measured, tested and benchmarked. The notion of one hour

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	periods makes utterly no sense. I have searched for published evidence of to support this proposal, and have been unable to find anything that points to a reasonable evidence base for this proposal. There is no published evidence that the current work practices are unsafe or have caused risk/harm to the public to date.
797	PAs have covered pharmacists' temporary absences for over forty years and with most of these PAs now approaching retirement I feel they should be afforded the respect they have earned in this time and be allowed to work as they have always done, in a safe and professional manner. To say that suddenly they are only capable of covering a max of one hour in a day is to totally downgrade their qualification and makes a mockery of the system that has been in use up to now.
800	PA's qualifications allow them to dispense medicines and by extension they can cover temporary absences .
801	it is nonsensical that an assistant can be considered to be qualified to cover 1 hour but not 1 hour and 10 min
806	Pharmaceutical Assistants have safely and competently managed much longer absences for many years.
808	emergencies happen accidents etc if one can cover one hour why not 3 or 4 ???
812	I have had years of good advice and care by my local assistant pharmacist
813	I have had many years of excellence care by my local pharmacy assistant
817	Temporary absence is and should be undefined...pharmaceutical assistants are allowed to dispense medicines and by extension can cover temporary absences...no evidence to support a one hour rule has been provided...PAs have covered pharmacists temporary absences for over forty years and there is no evidence published to demonstrate that their professional behaviour in the supply of medicines and the safe and rational use of medicines has had adverse consequences for patients...on the contrary pharmacists that employ and work with PAs say their professional competency and experience is exemplary...
819	Unfair to PAs and unworkable from a practical standpoint, will necessitate closures during the week of many pharmacies
822	In the majority of pharmacoes outside urban areas, PAs enable local pharmacies to provide a six full day service by covering in the temporary absence of the pharmacist
823	PAs have covered pharmacists' temporary absences over forty years and there is no evidence published by the PSI, HIQA, or HSE to demonstrate that their professional behavior in the supply of medicines, and the safe and rational use of medicines has had adverse consequences for patients. On the contrary, pharmacists that employ and work with PAs attest their professional competency and experience as 'exemplary'. Hence if the rationale of Rule 4 (1) is genuinely to regulate to protect patient safety, limiting temporary absence to one hour per day, is misjudged and in all likelihood will create patient safety issues.
828	PA's qualifications allow them to dispense medicine and by extension they can cover temporary absences. By its nature temporary absence cannot and should not be defined. They have overestimated pharmacists for 40 yrs with no issues. They have really helped pharmacy in rural red providing cover and there is no evidence published to say that they are no longer competent. Our PA in the pharmacy has years of trusted experience and lan invaluable
829	PA'Squalifications allow them to dispense meds.and by extension they can cover temp.absences
830	PA's qualifications allow them to dispense medicine and by extension they can cover temporary absences which cannot be defined as a specific period of time
832	Any defined period which does not allow for Acts of Nature - overnight sickness of the Pharmacist, traffic delays, customer funerals, deliveries to sick patients, staff sickness or family situations is wrong. There has to be some flexibility. Situations will arise, and need to be dealt

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	with in a pragmatic manner for the benefit of the patient and the public.The Pharmacist should have one day off the in the week and an hour for lunch each day.
833	I believe that any defined period is flawed by its nature. Everyday events like traffic jams could force someone to exceed a limit. In any event 1 hour is far too short even if you allowed some flexibility for unexpected delays. What happens in a pharmacy with a strong set of SOPs where the pharmacist is taken ill at night on a Friday? Does the pharmacy stay closed on Saturday? How is that in the public interest? I believe that a reasonable luncheon break each day with one day off per week would be appropriate.
834	PA's (pharmaceutical assistants) are qualified to work in the absence of a pharmacist. PA's allow rural pharmacies to operate 6 days a week. This vital service would simply not be possible without the dedicated help of PA's. Requiring a pharmacist to work 9 or more hours per day, 6 hours per week is highly inappropriate and breaches the Working Time Directive Regulations and would lead to patient safety risks. Also there is absolutely no evidence base with research into other jurisdictions to suggest that one hour should be advised as a temporary absence.
835	Requiring a pharmacist to work nine or more hours per day, six days a week poses significant risk to patient safety and also breaches the Working Time Directive Regulations
844	I have been covering temporary absence for pharmacists for almost 40 years and it does not make any sense to limit my competency to just one hour per day.
874	The pharmaceutical asst. is qualified to dispense medicine and therefore is qualified to provide adequate cover.
875	Unfair, a PA is qualified to dispense medicines and therefore can cover longer absences
877	The 1994 agreement if implemented is appropriate
883	PAs have dispensed for 40+ years and there is no evidence base to suggest any adverse consequences. PAs are qualified to dispense and allow pharmacies to operate on a full time basis
886	There is no evidence to support this. We are professionally competent and I have been for 40 years. There is no evidence that patient safety is compromised by leaving a PA in temporary absence of a Pharmacist,
889	It is arguable that an indirect consequence of the application of Rule 4 (!) would be that PAs would no longer be allowed to dispense medicine even if they worked under the supervision of a registered pharmacy who was not on temporary absence.
892	Pharmacy assistants are an integral part of the teams they play a part of and to limit their work hours not only hinders their livelihood but the care of the patient. As a newly qualified pharmacist I believe there is a wealth of experience to be gained by working in tandem with assistants and not view them as break cover.
906	I have a fundamental objection to the PSI's proposals and the PSI SHOULD WITHDRAW ITS PROPOSALS UNTIL ALL THE ISSUES SET OUT IN THE PPA's AUGUST 2018 SUBMISSION ARE SETTLED BY WAY OF A COLLABORATIVE DIALOGUE BETWEEN THE PAA AND THE PSI
908	They have always covered in times in need always supporting the pharmacist, never acting unprofessionally or outside of their limits
909	Pharmaceutical assistants have covered pharmacists' temporary absences for many years, and there is no evidence published by the PSI, HIQA or HSE to determine that their professional behaviour in the supply of medicines, and the safe and rational use of medicines, has had adverse consequences for patients.
911	Only if no Pharmaceutical Assistant available to cover
912	Why are pharmacists leaving pharmacy because of shortage of cover especially in country areas. If pharmacists know their PA and their professional standard of care then covering for days off and short absences should continue.

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916	PA's qualifications allow them to dispense medicines and by extension they can cover temporary absences
917	PA's have covered temporary absence for more than 40 years & there is no evidence to suggest that in their professional behavior in the supply of medications to the public that there has been any adverse consequences for patients
920	I totally object to the PSI's proposals and request THAT THESE PROPOSALS ARE WITHDRAWN until all the issues set out in the PAA's AUG 2018 submission are settled by way of two way open dialogue between the PSI and the PAA. The implementation of this rule will also restrict my right to earn a living, as my employability is dependant on being able to dispense and provide cover, as I have been doing for almost 40 years, with patient care and patient safety always at the forefront- in fact this is the very reason I chose to work in this profession in the first place, back in 1978, and is still the reason I want to continue, despite years of uncertainty due to pressure from changes in the PSI. So to suggest that now I and my colleagues are a "RISK" to public safety or unfit to practice is both insulting and suggests a serious neglect of duty on the part of the PSI, as you have not included us in any training programmes to upskill, but rather left us practicing with your blessing, all these years!!!
925	Requiring a pharmacist to work nine or more hours a day , six days a week poses significant risk to patients safety and also breaches the working time directive regulations
928	Pharmaceutical assistants are qualified to dispense medicines and therefore, logically, they can cover temporary absences.
936	Majority of pharmacies in rural areas PAs enable local pharmacies provide a six full day service by covering in the temporary absence of the pharmacist
938	Why should it change so drastically from what it is currently. Are they not competent anymore
945	I don't believe pharmacist should be restricted to a time limit
947	PAs qualification allow them to dispense medicines and by extension they can cover temporary absence
951	Pa's qualifications allow them to dispense medicines. Pa's have covered temporary absences over forty years and there is no evidence published by the PSA, HIQA, or HSE to demonstrate that their professional behaviour in the supply of medicines, and the safe and rational use of medicines has had adverse consequences for patients.
963	The qualification I received from the PSI qualifies me to dispense medicines , therefore I can cover temporary absence which does not specify any particular length of time. PAs have covered temporary absence for over 40 years and there is no evidence published by the PSI, HIQA or HSE to demonstrate that their professional behaviour in the supply of medicines has had adverse consequences for patients
964	Historically this period was not defined. Many people have contracts in place based on the current accepted scenario
965	No I disagree totally with this as I get great care from my pharmacy which has a pharmaceutical assistant and has been there for years
966	My local pharmacy has a pharmaceutical assistant and she has attended me in a caring and professional manner so I don't agree with one hour cover
967	A one-hour absence would not cover holidays, funerals, and so on. Qualified assistants have sufficient experience to cover for longer periods, which should be undefined
968	This seems most unreasonable considering one never knows what circumstances may arise. Qualified assistants have over 40 years experience and therefore the length of time they cover should not be defined
969	Pharmaceutical assistants , the last of which qualified in 1985 have gained numerous practical hands on experience while working in a pharmacy. Up until these proposed changes they have taken on the responsibility for what they have dispensed. They are used to the responsibility of the role.

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970	PAs have covered pharmacists temporary absences for over 40 years and there is no evidence published by the PSI,HIQA,or HSE to demonstrate that their professional behavior in the supply of medicines and the safe use of medicines has had adverse consequences for patients . My father opened his pharmacy on Main St Kiltimagh in the late 1950s . I was born into that business and lived over the business until I was 18 years of age . I am personally very distressed over this consultation the PSI has undertaken against us . I was taught by a master of his profession , so was my sister who is also a qualified assistant and also my niece who is a pharmacist. We could not take over the business when he passed away a few years ago but that was ok as that is not what we had signed up for. We are Qualified Pharmaceutical Assistants
975	Why one hour? Have PA 's not been covering for many years for undesignated absences? Why chane it now ? Is that not against their employment rights?
977	As the term temporary absence assumes different connotations to each individual pharmacy depending on location, rural versus urban areas, opening hours ,and the number of professional employees I do not believe temporary absence should be defined.In the case of emergency forced majeure Pharmacists would have to lock their doors causing significant risk to patients.Pharmaceutical Assistants have covered pharmacist's temporary absence undefined since the role was initiated ensuring that Pharmacists especially in rural areas do not contravene the Working Time Directive Regulations.I therefore strongly disagree with this proposal.
981	P.As qualification allow them to dispense medicines and by extension they can cover temporary absences
983	One hour is too inflexible and doesn't allow for an emergency or sudden illness
984	I have provided "temporary absence" cover throughout my working life- days, weeks cover, reducing us to 1 hour cover is amoral, unethical and downright extremely unjust
987	No evidence to support a 'one hour' rule has been provided. the PSI should investigate the practice of temporary absence in other comparable jurisdictions before coming forward with a revised proposal.
988	PA's qualifications allow them to dispense medicines so they an cover temporary absences
989	It would basically make the Pharmaceutical Assistant redundant or unemployable.
991	PAs are qualified to dispense medicines. Most practicing PAs have been covering temporar absences for over 40 years and there in no evidence to suggest that their professional competency is questionable in any way.
995	There is no evidence to show that an Assistance Pharmacist who has been deemed qualified to cover full days to now is suddenly not qualified to do this. The experience Qualified Assistants have is being entirely ignored by this proposal
998	We have covered pharmacists for over 40 years and there has been no evidence to suggest that we are not competent professionals.
1000	I have been dealing with PA's for the past 15 years and their professional competencies are excellent
1002	There is no Evidence published by PSI or HIQA which demonstrates that the professional behavior in the supply of medicines, and the safe and rational use of medicines has had adverse consequences for patients
1005	I very strongly disagree with this proposed change. My mother is one of a very limited number of pharmaceutical assistants remaining on the register. The proposed changes to the rules completely diminishes and belittles all the years of study they went through and the many hours of CPD they complete on an annual basis, as do pharmacists, in order to maintain their professional knowledge. My mother has worked in our family pharmacy for near on 40 years with her mother until her retirement and her brother even still, both qualified pharmacists. In their absence she has always and desires to continue to provide seamless continuity of care for all patients in the pharmacy. My mother has always and continues to provide the exceptional

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	pharmaceutical care to her patients. I myself have completed an undergraduate biochemistry degree, an undergraduate pharmacy degree graduating in 2014, the masters in pharmacy completed in 2015 and the Trinity College masters in Hospital Pharmacy completed in 2017. Even with all of this, I would consider my mother to provide the same level of pharmaceutical care to her patients as I do, however with years more experience. I think the proposed change is completely degrading for pharmaceutical assistants who have been able to work without restriction until this point and wholly undermines the profession. If a change to the rules is necessary in order to define 'temporary absence' so be it, however pharmaceutical assistants should be exempt from this rule until there are no more on the register. I believe the youngest is approximately 56 years of age. There are no more pharmaceutical assistants being awarded this profession so why change the rules now with so little left on the register and presumably even fewer actively practicing. This rule will push many into early retirement, which I find after their many years of dedicated professional service would be utterly disgraceful.
1010	If a person is qualified to dispense medicines for "one hour" then they must be competent to perform this task!!
1012	NO EVIDENCE TO SUPPORT A 1 HOUR RULE HAS BEEN PROVIDED.I HAVE COVERED TEMPORARY ABSENCE OVER 40 YEARS AND THERE IS NO EVIDENCE PUBLISHED BY PSI,HIQA OR HSE TO DEMONSTRATE THAT MY MY PROFESSIONAL BEHAVIOUR IN THE SUPPLY OF MEDICINES AND THE SAFE AND RATIONAL USE OF MEDICINES HAS HAD ADVERSE CONSEQUENCES FOR PATIENTS.ON THE CONTRARY PHARMACISTS THAT EMPLOY US ATTEST OUR PROFESSIONAL COMPETENCY AND EXPERIENCE AS EXEMPLARY.HENCE IF THE RATIONALE OF RULE 4 (1) IS GENUINE TO REGULATE TO PROTECT PATIENT SAFETY,LIMITING TEMPORARY ABSENCE TO ONE HOUR PER DAY,IS MISJUDGED AND IN ALL LIKEIHOODWILL CREATE PATIENT SAFETY ISSUES.REQUIRING A PHARMACIST TO WORK 9-13 HOUR DAYS 6-7 DAYS PER WEEK POSES SIGNIFICANT RISK TO PATIENT SAFETY AND ALSO BREACHES THE WORKING TIME DIRECTIVE REGULATIONS.RULE 4(1) DOES NOT REPRESENT A PROPORTIONATE RESPONSE TO PATIENT SAFETY AS CLINICAL EVIDENCE DOES NOT SUPPORT THE CONTENTION THA PAs IN DISPENSING MEDICATIONPOSE A UNIQUE RISK ABOVE THAT OF A PHARMACIST TO PATIENT SAFETY.RULE 4 (1) WILL RESTRICT MY RIGHTS TO EARN A LIVING AS MY EMPLOYABILITY DEPENDS ON BEING ABLE TO COVER NORMAL ABSENCES ASSOCIATED WITH A PHARMACIST (OWNER OR EMPLOYED) WORKING IN INDEPENDENT COMMUNITY PHARMACIES.
1014	It has invariably been my experience that Qualified Assistants make far less mistakes than employee pharmasists
1018	i think it should be holiday cover 2 weeks ...emergency absence 2 half days per week
1026	days off and holiday cover limited to 2 weeks at a time also emergency absence half day per week 4 times per year
1030	PA'S qualification allows them to dispense medicines and by extension they can cover temporary absences.No evidence to support a one hour rule has been provided.If patient safety is at the core of this matter this new rule will require the pharmacist to work a 9 hour day and 6 days a week. Surely this poses a risk to patient safety.
1031	The PA should be able to cover the pharmacy any time the Pharmacist is absent
1034	How can a working group come up with " a one hour rule " of temporary abscece when PA's have covered pharmacists temporary absences for over forty years without defining the hours ? Our shop closes for one hour so as a result of this definition I will be made redundant !!!!! Who will pay my redundancy?
1040	If patient safety is at the heart of pharmacy regulation, ensuring all those handling medicines are competent to undertake their work safely should be the focus of any reforms. The solution therefore lies with bringing PAs under the PSI's core competency framework and making them subject to practice review and fitness to practice requirements.
1042	an hour is an inadequate amount of time - it provides no scope to either pharmacists or thier assistant colleagues in terms of flexibility or in terms or real world problems - that might lead to

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	a temporary absence and furthermore this timeframe fails to acknowledge the essential service that pharmacies provide.
1043	There is no evidence to suggest that the PAs cover of pharmacists for longer periods of time has had any negative consequence for patient care
1046	All those assistant pharmacists on the register have generally thirty years of experience which cannot be ignored
1047	Having worked alongside Pharmaceutical Assistants over the years I have found them to work very well as an integral part of the pharmacy team. They are sufficiently capable of running the pharmacy dispensary outside of direct supervision of the pharmacist and i do not see the purpose of removing their role in the pharmacy
1050	PAs enable local pharmacys to provide a 6 full day service in the temporary absence of a pharmacist.
1052	I disagree, I believe that pharmaceutical assisants (PA's) can absolutely exceed the 1 hour temporary absence of the registered pharmacist (RP)
1057	• PA's qualifications allow them to dispense medicines and by extension they can cover temporary absences. • No evidence to support a 'one hour' rule has been provided. The PSI should investigate the practice of temporary absence in other comparable jurisdictions before coming forward with a revised proposal. • PAs have covered pharmacists' temporary absences over forty years and there is no evidence published by the PSI, HIQA, or HSE to demonstrate that their professional behavior in the supply of medicines, and the safe and rational use of medicines has had adverse consequences for patients. On the contrary, pharmacists that employ and work with PAs attest their professional competency and experience as 'exemplary'. Hence if the rationale of Rule 4 (1) is genuinely to regulate to protect patient safety, limiting temporary absence to one hour per day, is misjudged and in all likelihood will create patient safety issues. • In the majority of pharmacies outside large urban areas, PAs enable local pharmacies provide a six full day service, by covering in the temporary absence of the pharmacist. • Requiring a pharmacist to work nine or more hours per day, six days a week poses significant risk to patient safety and also breaches the Working Time Directive Regulations. 1 • Rule 4 (1) therefore does not represent a proportionate response to patient safety as clinical evidence does not support the contention that PAs in dispensing medication pose a unique risk above that of a pharmacist to patient safety. • It is arguable that an indirect consequence of the application of Rule 4 (1) would be that PAs would no longer be allowed to dispense medicines even if they worked under the supervision of a registered pharmacist who was not on temporary absence. • Rule 4 (1) will restrict the rights of PAs to earn a living as their employability depends on being able to cover normal absences associated with a pharmacist (owner or employed) working in independent community pharmacies.
1066	Where is the evidence that 1 hour a day is good practice?
1071	No need to define it
1072	If the pharmacist is covered by a registered pharmaceutical assistant (RPA) how can the time be limited. when pharmacist should have at least an hour for lunch and a morning break but also the pharmacist may be absent from the floor to spend time with a patient in the consulting room. this could happen several times any given day so "one hour" is not a viable rule.
1075	Temporary absence never meant one hour
1079	time should not be defined
1081	I am a GP and totally disagree with this proposal. My practice is in a small town so over my years working here I have built up a strong relationship with the local pharmacies. The pharmaceutical assistant working in one of the pharmacies is a lynch pin in the community for patient care. She knows her patients so well that notices where things are not good with them and sends them to me. She advices me on interactions and has spotted many times anomalies,

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	particular on patient discharge from acute hospital. Without her knowledge, decision-making and judgement my patients would be more at risk. In my experience pharmacies using different locums, as happens in another pharmacy in the town, is a much riskier practice.
1083	i believe that a pharmacist should be able to be absent for more than one hour if absence is covered by a pharmacy assistant.
1084	The pharmacy I go to has wonderful staff and from what I understand about this consultation, you want to stop the woman who does my prescription every month from working when the pharmacy owner is on his day off or on holidays. This will be terribly upsetting for me as the woman, what you call a pharmaceutical assistant, makes sure I have the medication I need, advises me on what medicines I buy over the counter that go with my medication, knows where I live and drops me any medicine I run out of if I am ill. I live in the country and without this support I would have to go into nursing home.
1090	My mother had cronic COPD and other complication in the last 5 yeears of her life (sadly passed away in 2016). With out fear of contrdiction I know that it was the dedication and knowledge and understanding of patient requirements from a PA in our pharmacy that gave my mother at least 2 years additional quality of life. She was 85. My aunt is now 94 and she has had heart and lung problems the past 20 years and on a number of occassions was cronic in hospital and but for the intervention of the PA in consultation with the hospital we know we would have lost her a number of years ago. She is alive and relativel well at present. PA's have been at the cold face of delivering an excellent service to the community by getting to know and understand and look out for patients. This vast experience (& cannot be quantitifed) but can often count for far more than an academic qualification but appears to not be recognised properly? How can someone be alright to prepare a blister pack for 59 minutes and when the most important tables are getting ready the hour is up and must stop and the patient is asked to come back when the pharmacist has returned after getting delayed because of an accident or other unforeseen circumstance. This proposal is unreasonable and impractical. Also if this is fully implemented it may effectively make all PA's unemployed and I've no doubt that the health services will be a far worse place and over 35 years of experience and knowledge will be disregarded. This should no be allowed to happen - my Aunt and I'm sure others are depending on it.
1093	Pharmaceutical assistants previously were permitted to cover annual leave of pharmacists. The PSI has not provided an analysis of data the shows there is a risk to the public that requires the reduction of this time to 1 hour. It is unfair to downgrade the duties of the assistants. It would be more appropriate to include them in CPD and give individual assistants the choice to continue to cover for longer periods should they wish to be subject to CPD.
1094	They have been doing this job so well for years , much in demand, and should be allowed to work as many hours as required.
1095	This is too heavy handed a solution to this issue and it would seem to discriminate against a small group of middle aged women as It renders their qualification useless .This is unacceptable after working for over 35 years in pharmacy without incident. It also seems to place an unfair burden on the pharmacists who are happy to employ pharmaceutical assistants. Some may have to either work more hours themselves or reduce the hours a pharmacy is open. Both of these solutions would impact on patient care and safety. It seems to me that the psi created this issue by not including pharmaceutical assistants when writing the new pharmacy act some years ago and have been waiting in the long grass for an opportunity to use that against them. If the psi are truly concerned about public safety then the solution seems apparent, treat all registrants equally and fairly.
1103	An arbitrary time of one hour is meaningless. How can someone be allowed responsibility for one hour and not two or three hours, or a full day
1111	Nonsensical and without logic. How can a PA become incompetent at the tick of a clock???

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1113	If it had been acceptable to date that assistants cover for more than one hour, they should continue to do so.
1114	Not workable or acceptable
1115	As a GP I have the utmost respect and regard for these extremely experienced professionals and I believe that they have made a marvellous contribution to the pharmacy profession
1118	PA's have covered the temporary absence of pharmacists for forty years and their work has been deescribed as exemplary by the pharmacists. the prooposed rules will restrict the rights of PA'S to earn a living as their employability depends being able to cover normal absences of a a pharmacist.
1119	PAs are the backbone of many well run pharmacies and ye know that
1121	If they are deemed fit to work by the PSI for an hour they should be fit to work more than an hour
1123	One hour is far too inflexible. For example if a pharmacist becomes ill or has to leave at short notice it would be very difficult if not impossible to find a replacement. Patients particularly, elderly in rural locations may not be able to access their medications.
1127	I usually deal with a qualified assistant in the pharmacy I attend and she always very professional and competent. I see no reason to change what is a very efficient service and system.
1128	P.A's are already qualified to dispense medication and provide temporary absence cover and see no reason to upset this.No proof provided in report to justify one hour rule.There is no evidence published by PSI,HIQA or HSE that the professional behaviour of PA's has had adverse consequences for patients.Pharmacists who employ PA's attest to their professional competency and experience as exemplary.New rule might mean small pharmacy business in rural areas may no longer be able to provide 6 day week opening hours.Rule 4 (1) will restrict rights of PA's to earn a living as employability depends on being able to cover normal absencies.
1129	the assistant pharmacist in my local pharmacy is very capable and efficient so confining the pharmacist seems too short.
1131	If they can do one hour they can do more
1132	How can temporary be defined as one hour?
1134	requiring a pharmacist to work nine or more hours per day,six days a week poses a significant risk to patient safety and also breaches the Working Time Directive Regulations and will restrict the rights of PA's to earn a living as their employability depends on being able to cover normal absences associated with a pharmacist (owner or employed)
1141	The qualification conferred on me by the Pharmacy Act (Ireland) 1875, Amendment Act 1890 empowers me to act in the temporary absence of the pharmacist. The PSI Working Group produced no evidence for a need to now 38 years after being awarded the qualification to work in temporary absence to now restrict it to 'one hour' per day time period . The Working Group report provided no rationale for this time period. I have covered many different lengths of temporary absence in my 37 years working as a PA. I have never had a complaint against me or made an error that compromised the well-being of any patient. My employers have trusted me with their business based on their observation of my work and clinical judgement. It patient safety is a genuine concern of PSI they should ensure that all PAs undertake CPD and have their practice reviewed. Rule 4 (1) as proposed does not represent a proportionate response to patient safety as no clinical evidence has been produced that shows PAs pose a unique risk when dispensing medications, above and beyond that of a pharmacist. The evidence actually points to PAs being more competent and less likely to make mistakes than a locum pharmacist just qualified. If public safety is the issue why then is the practice of locum pharmacists restricted e.g. requirement to have 5 years community pharmacy experience before can act in role of locum.

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1145	This new rule would mean that small pharmacy businesses would no be able to provide 6day per weeks opening hours or the pharmacist might find themselves workin for longer periods of the day. This in itself would endanger patient safety. If small pharmacy businesses had to employ a second pharmacist the pharmaceutical assistant would be made redundant. I believe they would find it very difficult to find future employment ,all being over 55years of age. Nothing in the report by the psi pointed to the necessity for this rule change. There was no documented evidence provided to suggest pharmaceutical assistants posed a greater risk to public safety over that of a pharmacist. It's seems a disproportionate response to a contrived risk bases on biased opinion.
1151	I have trusted my local qualified assistant pharmacist over a long many years and have total faith in her.
1153	PAs qualification allows them to dispense medicines and by extension they can cover temporary absence. No evidence to support this one hour rule has been provided.The PSI should examine the practice of temp abs in other comparable jurisdictionsbefore coming forward with a revised proposal.PAs have covered temp abs for over 120 years and present registrants have covered for upwarsd of 40 years. There is no evidence published by the PSI,HIQA, or the HSE to demonstrate that their professional behaviour in the supply of medicines,the safe and rational use of medicine has had adverse consequences for patients. On the contrary,pharmacists who employ and work with PAs attest to their professional competency and experience as exemplary. Hence if the rationale for rule 4(1) is genuinely to regulate to protect patient safety,limiting temp abs to one hour per day,is misjudged and in all likelihood will create patient safety issues.In thge majority of pharmacies outside large urban areas,PAs enable local pharmacies provide a six full day service, by covering in the temp abs of the pharmacist. Requiring a pharmacist to work 9 or more hours per day,six days a week poses significant risk to patient safetyand also breaches the Working Time Directive Regulations. Rule 4 (1) therefore does not represent a proportionate response to patient safety as clinical evidence does not support the contention that PAs in dispensing medication pose a unique risk above that of a pharmacist to patient safety. It is arguable that an indirect consequence of the application of rule 4(1) would be that PAs would no longer be allowed to dispense medicines even if they worked under the supervision of a registered pharmacist who was not on temp abs.Rule 4(1) will restrict the rights of PAs to earn a living as their employability depends on being able to cover normal absences associated with a pharmacist (owner or employed) working in independent community pharmacies
1154	• My qualifications allows me to dispense medicines and by extension cover temporary absences. • No evidence to support a 'one hour' rule has been provided. The PSI should investigate the practice of temporary absence in other comparable jurisdictions before coming forward with a revised proposal. • I have covered pharmacists' temporary absences for more than forty years and there is no evidence published by the PSI, HIQA, or HSE to demonstrate that my or my colleagues professional behavior in the supply of medicines, and the safe and rational use of medicines has had adverse consequences for patients. On the contrary, pharmacists that employ and work with PAs attest to their professional competency and experience as 'exemplary'. Therefore if the rationale of Rule 4 (1) is genuinely to regulate to protect patient safety, limiting temporary absence to one hour per day, is misjudged and in all likelihood will create patient safety issues. • In the majority of pharmacies outside large urban areas, PAs enable local pharmacies to provide up to six full days service, by covering in the temporary absence of the pharmacist. • Requiring a pharmacist to work nine or more hours per day, six days a week poses significant risk to patient safety and also breaches the Working Time Directive Regulations. • It also has the potential to pose a serious risk to pharmacists particularly in rural areas. 1 • Rule 4 (1) therefore does not represent a proportionate response to patient safety as clinical evidence does not support the contention that PAs, in dispensing medication, pose a unique risk above that of a pharmacist to patient safety. • It is

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	arguable that an indirect consequence of the application of Rule 4 (1) would be that PAs would no longer be allowed to dispense medicines even if they worked under the supervision of a registered pharmacist who was not on temporary absence. • Rule 4 (1) will restrict the rights of PAs to earn a living as their employability depends on being able to cover normal absences associated with a pharmacist (owner or employed) working in independent community pharmacies.
1156	Unreasonable for pharmacists and those working alongside, affects patients who require the services of the chemist.. Are they expected to close the doors and refuse patient care if an extra break exceeding one hour is required?
1157	I have had dealings with a number of Pharmaceutical Assistants at different times and their professional approach to the job is first class. It would be appalling if the Pharmacy profession were to lose their essential contribution. One hour is making them redundant.
1158	No evidence to support a one hour rule has been provided.
1166	our qualification allows us to dispense medicines and by extension we can cover temporary absences. • No evidence to support a 'one hour' rule has been provided. The PSI should investigate the practice of temporary absence in other comparable jurisdictions before coming forward with a revised proposal. • PAs have covered pharmacists' temporary absences over forty years and there is no evidence published by the PSI, HIQA, or HSE to demonstrate that their professional behavior in the supply of medicines, and the safe and rational use of medicines has had adverse consequences for patients. On the contrary, pharmacists that employ and work with PAs attest their professional competency and experience as 'exemplary'. Hence if the rationale of Rule 4 (1) is genuinely to regulate to protect patient safety, limiting temporary absence to one hour per day, is misjudged and in all likelihood will create patient safety issues. • In our pharmacy i enable the owner to provide a six and a half day service, by covering in the temporary absence of the pharmacist. • Requiring a pharmacist to work nine or more hours per day, six days a week poses significant risk to patient safety and also breaches the Working Time Directive Regulations. Rule 4 (1) therefore does not represent a proportionate response to patient safety as clinical evidence does not support the contention that PAs in dispensing medication pose a unique risk above that of a pharmacist to patient safety. · It is arguable that an indirect consequence of the application of Rule 4 (1) would be that PAs would no longer be allowed to dispense medicines even if they worked under the supervision of a registered pharmacist who was not on temporary absence. · Rule 4 (1) will restrict the rights of PAs to earn a living as their employability depends on being able to cover normal absences associated with a pharmacist (owner or employed) working in independent community pharmacies.
1167	Why, after centuries of professional practice by assistant chemists/qualified pharmaceutical assistants, is this restrictive practice on their ability to cover annual leave and so forth being proposed? Where is the prima facie evidence for the necessity for such a restriction?
1168	In the current climate where it is extremely challenging to obtain locum pharmacist cover for holiday periods, particularly in rural Ireland, this new proposal could have a serious impact on patient safety. Community pharmacists may find that they have to temporarily restrict their opening hours, or they may have to close temporarily to facilitate annual leave. This could have a serious impact on the more vulnerable in the community who may not be in a position to easily travel to an alternative pharmacy when their own is closed. A pharmaceutical assistant who is a regular member of support staff in a particular pharmacy is in a far better position to provide safe, quality care to patients, than a locum who has never before worked in this pharmacy and is now is in charge during the holidays.
1169	I feel this period is to restrictive, pharmaceutical assistants have a wealth of experience and in my experience they are very pro active in maintaining their skilss and competancies and are extremely contentious. Mandatory monitoring and assseessment of their competancies would ensure that they are competent to caryy on the pharmacy service in the absence of a qualified

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	pharmacist. The proposed period of one hour would render their employment / professional status as worthless.
1170	The present situation has worked for over forty years and changing the rule now could result in small pharmacies not being able to survive.
1171	Pharmacy assistants are qualified to dispense medications and are capable of covering the absence of pharmacists
1176	Would severely affect my livelihood resulting in a major loss of income and likely a loss of my job
1181	If the Pharmacist becomes unwell or had a personal emergency it might take a little longer to arrange cover
1184	This is much more restrictive than was intended for temporary absence. This is a very experienced body of health professionals. The fact that this is combined with restrictions on types of dispensing which was never intended renders cover for temporary absence meaningless
1186	If a PA shows competence and CPD of sufficient standard then they should be able to cover for longer
1193	PA's qualification allows them to dispense medications and by extension they can cover temporary absence
1202	I have worked as a P.A. for over 40 years, covering temporary absences of pharmacists for many hours on a daily and weekly basis, and have never experienced any difficulties or problems of a professional nature during that time.
1205	this would make me redundant after 21 years in the same employment
1208	There is no evidence a pharmaceutical assistant (PA) is incompetent. Custom and practice has applied for years allowing PA cover in temporary absence. I strongly disagree with the proposal a PA is competent for the entire working day and not just one hour.
1209	PA's can give medicines and by being there they are covering temporary absences.
1211	The assistant at the shop I work in has an excellent knowledge base and is well able to cover a day off per week
1212	THE ISSUE OF TEMPORARY ABSENCE SHOULD BE PUT TO BED. QUALIFIED PHARMACEUTICAL ASSISTANTS ARE PROFESSIONAL LONG SERVING AND DEDICATED TO THEIR QUALIFICATION AND THEIR COMMUNITY
1217	PA's qualifications allow them to dispense medicines and cover temporary absences, a practice which has continued in in Pharmacy work for over forty years. There is no evidence to support that a 'one hour' would be sufficiently more effective to deliver safe practice. The PSI should investigate the practice of temporary absence in other comparable jurisdictions before coming forward with a revised proposal. By diminishing the duties of clearly competent professionals, this in turn increases working hours significantly for pharmacist to work nine or more hours per day, six days a week, posing significant risk to patient safety and also breaches the Working Time Directive Regulations. Pharmacists that employ and work with PAs convey professional competency and experience as 'exemplary'. Hence if the rationale of Rule 4 (1) is genuinely to regulate and protect patient/customer safety, to activate this will take away the support to pharmacists in need for temporary absence, and in turn be a major causative factor in patient safety breaches and incidence.
1219	Should not be restricted
1225	assistants have been covering holidays days off etc for the past 40 years There is no evidence published by any body that shows that their professional behavior in the supply of medicine has had adverse consequences for patients
1226	The Code of Practice Agreement of 1994 defines temporary absence.

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1227	This is one of the worse examples of ivory tower bureaucracy that I have ever seen. It goes contrary to protection of the health, safety and welfare of patients. In the absence of any evidence to the contrary THIS PROPOSAL PUTS PATIENTS AT GREATER RISK.
1228	that is ridiculous nonsense
1230	Not practical for small pharmacies employing PAs competently usnt turned on and off. If a PA is competent for one hour they're competent for the day - every day. Do all the members of the PSI hold the masters now deemed necessary. If not are they truly competent
1238	PA's have covered pharmacists temporary absense for over forty years. And there is no published evidence to demonstrate that this has had any adverse consequences for patients
1242	Pharmaceutical Assistants (P.A) have covered temporary absence for over 40 years and no evidence has been published by HIQUA, HSE or indeed the PSI itself to suggest that their proffesional standards or behaviour has had adverse consequences on patients. Hence if the rational of rule 4(1) is to genuinely seek to protect patient safety it seems to have no evidence base. Also the majority of P.As work outside large urban areas and enable local pharamacies to provide full six day services.
1245	PA's have always been competent therfore why would they now be only competent for one hour now?
1246	PAsqualification allow us to dispence medicines and by extension we can coveall temporary absence also there is no evidence to support this one hour rule and no evidence published by thePSI,HIQA or HSE to demonstrate that professionalbehavior in the supply of medicines or the thesafe use of medicines has hadadverse consequences for patients n thecontrary pharmacists who employ PAs attest their competency andexperience as exemplary.Ithink requiring pharmacists to work 6 days a week posessignificant risk to patient safetyasin the majority of pharmacies outsideDublin PAsenable pharmacies provide a full 6 day service
1248	In majority of pharmacies outside the major cities and especially in rural areas PAs are vital in covering temporary absence and allow a six day service to the community. They have done this for over 40 years and as the last few remaining PAs exist I dont know why they decide to change this now
1251	I strongly disagree with the proposed rules for the following reasons:1. The Working Group does not appear to have given any consideration to the "established rights" of PAs since 1890 or to have sought legal advice on the effects of so significantly curtailing the professional rights of PAs. If such legal advice has been obtained then it should be published. If so, then it should be sought. 2. The Working Group appears to rely largely on the NARIC commissioned report on the qualification of PA as its justification. This report appears deficient to me in that it does not appear to take account of the significant professional experience that PAs have accumulated over their many years of professional practice.If NARIC also reviewed the educational programme in place for persons who qualified as pharmacists under the apprenticeship model i.e pre-degree or for those who qualified with a 3 year degree and one year pre-reg. I have no doubt that they would also find them deficinet. However, it is not proposed to curtail the professional activities of these persons because of the value of extensive practice accumulated over their years of practice. 3. The Working Party Report refers to the incidences of PAs covering pharmacies in the temporary absence of pharmacists and that in many instances this was not in accordance with the 1995 agreement.Notwithstanding, that this is on the decline over the period cited, it is noteworthy that the Report fails to detail whether it was considered that patient safety and welfare was compromised in real terms by the PA in these instances. Rather than some abstract belief that patient safety may have been compromised due to comparitively inadequate educational requirements, is it the view of the PSI that patients in receipt of pharmacy services from a PA receive an inferior professional service to that from a pharmacist and if so, what is its tangible evidence of this. If such objective evidence is available, then this might form some basis for the reform being proposed. However, I do not believe that such evidence is available and in its absence, then this proposal is significantly

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	flawed. 4. The principles of better regulation provide that one should only regulate where it is necessary to do so and to do so in a proportionate manner. In the absence of the aforementioned evidence, the PSI can be viewed to seek to regulate in an abstract manner on the basis of a perceived risk to patient health that is without a cogent evidence basis, is grounded in formational educational requirements without taking account of professional experience and which is not substantiated by tangible evidence that shows that PAs deliver an inferior professional service to a pharmacist. Furthermore, the diminution of their professional autonomy to one hour as proposed in the Rules is disproportionate and in itself without any evidence base. Why one hour? If this is grounded in patient safety, then why permit a PA to cover for a pharmacist for any period, in that a PA could compromise patient safety in that one hour. Without an objective risk based assessment to support, these proposed Rules are in my view compromised and will not withstand any legal challenge to the long held established rights of PAs to practice their profession as noted at the outset.
1252	I see no reason to reduce the time to one hour. Current working practice does not need change
1254	I don't think temporary absence should be defined and given a time limit.
1256	One hour is a stated time which is no longer temporary.
1262	PA is qualified to dispense medication safely to patients at all times. We work closely with the pharmacist and because of our long experience working in pharmacy our patients have confidence that we will provide excellent ,consistent care which could not be provided by a locum pharmacist who does not have the knowledge of a patients history. A pharmacist will need lunchtime and one day off per week and annual holidays . who is better to fill ina PA who works in the same Pharmacy or a locum shipped in for a short period of time
1268	One hour in my opinion is not practical as the pharmacist may not be able to get back to the pharmacy within the hour due for example to heavy traffic which is commonplace in a busy town.As I am at present able to cover the temporary absence which does not limit that cover to an hour the pharmacy can continue to function normally.limit that permitted absence to an hour,what am I to do in that case,close the pharmacy until the pharmacist gets back? That is not the service I want to offer our loyal customers.
1269	PSI should withdraw proposals until issues set out in August 2018 submissions are settled by way of PPA and PSI working together
1270	This one hour would not work every day in the running of a community pharmacy. Most pharmacies are open for at least 9 hours a day and a pharmacist cannot be expected to work and keep his concentration for this length without adequate breaks. I have worked for over 35 years and there is no published evidence that assistants covering tempor
1271	I feel from a pragmatic perspective, such a short duration is not workable (for either side)
1273	I have been served by assistants for nearly half a century and found them competent, excellent and vital to my needs
1275	temporary absence has not been defined and with more than 40 years experience I see no reason why it should be
1277	No evidence to support a one hour rule has been provided nor is there any evidence published by the PSI, HIQUA or SHE to demonstrate that their professional behaviour has had adverse consequences for patients. For fifty years pharmacists have employed and worked alongside PAs and attested to their professionalism, ability and competency. Requiring a pharmacist to work nine hours a day six days a week poses significant risk to patient safety and breaches Working Time Directive Regulations.
1278	Too short of a time period.
1289	who would employ us if we can only cover for one hour

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1295	If I am not competent to work one hour and by running 5 minutes into second hour ,I would jeopardise patient safety(which this is all about) my 3year apprenticeship,1year college and 40 year experience will all be in vain.
1298	See no proof in report that pharmaceutical assistants pose a problem with regard to public safety over and above any other pharmacy professional. If no such proof exists then these rules are heavy handed and unnecessary. I'm afraid there is an agenda at play and that sound and balanced opinion did not inform the proposals. The community pharmacists who employ assistants could be part of a sensible solution to this issue. They could be required to attest to the competency of all their staff perhaps organise in service learning and cpd. I don't see any pharmacist risking there license if they felt tge assistant working for them was not competent abd a risk to their patients. Imposing a one hour rule would impose hardship on assistants and their employer resulting in unemployment for the assistant, longer working hours for the pharmacist resulting in tiredness and lack of concentration. Not exactly improving patient safety. Pharmacies might be able to provide a six or seven day working week causing hardship to customers.
1304	P. A. Are qualified to dispense in the temporary absence of pharmacist . I have being doing this for the last 40 years and why would my qualification change now. There is no evidence published by PSI,HIQA, or HSE to indicate that there is any reason why a P. A should not work in the temporary absence of a pharmacist and why would you be capable to do it for one hour only.
1306	PA's qualifications allow them to dispense medicines. PA'S cover temporary absences. No evidence to support a one hour rule exists. PA's have covered pharmacists temporarys absences for over 40 years safely and the PSI, HIQA and HSE have published no evidence to say otherwise. PA's enable local pharmacies to operate safely 6 day weeks by covering the temporary absences of the pharmacist. PA's enable pharmacists to take breaks in order for the work of a nine hour day to be carried out safely. Rule 4(1) is therefore incorrect as there is no supporting evidence to say that PA's pose any more of a threat to patient safety than a pharmacist does. Rule 4(1) will endanger PA's livelihood as their employability depends on being able to cover for pharmacists temporary absences. A indirect consequence of Rule 4(1) is that PA's could no longer dispense medicines even in the presence of a pharmacist.
1308	SHOULD ALSO BE AN EMPLOYEE NOT A CONTRACTOR
1311	No basis in fact for imposing these rule changes. Working group report unbalanced and biased on side of psi. This survey is designed to affect the desired result of the psi and therefore is also biased. Changes proposed would cause unemployment to pharmaceutical assistants as well as destroying any future employment prospects and discriminates on this group on the grounds of age and gender. Risk to the public was not proven. Comparing a qualification awarded over 30years ago to one awarded today is not appropriate . All professionals will admit that competency comes with experience and learning from peers. No credit was given to the experiential learning of pharmaceutical assistants and the report is flawed in that the opinion of pharmacists who employ pharmaceutical assistants was not sought. I

Appendix B

Q.5 If you do not agree with the proposed time, what, do you believe, should be the maximum time period for the 'temporary absence of a registered pharmacist', whereby the pharmacist is not physically present in the pharmacy?

6	As it is
8	As long as is necessary to cover whatever the pharmacist needs. They are as good as a pharmacist with all of their experience.
11	I think the current legislation which allows them to work one full day or 2 half days per week on their own and to cover holidays not exceeding 14 days in a row is fair and well within their capability.
13	Up to 1 day
14	one day per week and holiday cover
16	Max 2 days per week for max 6 weeks of year
18	How do you handle the issue now? Why changing what proved over all the years to be the right thing to do?
20	14 days
22	At least a day
23	As many hours as needed
27	No specified time limit as is current practice
28	24 hours
29	If a pharmaceutical assistant can prove competency I don't see a reason for them to have such constraints. Maybe a limit over the year but certainly not an hour per day.
30	8 HOURS
31	7 DAYS
32	One full working day
33	14 days as it is currently
34	a week or more
35	There should be an allowable time so that a pharmacist can take short holidays or leave the pharmacy in case of emergency. 2 weeks annual leave should be the max
36	9 hours a day
37	1 month

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38	this should continue to be undefined
39	A full working day. Any serious issues can be tabled until the following day.
40	2 weeks
44	Full days and holidays as it is now
47	No particular view but given the depth of experience and proven track record of active pharmaceutical assistants a substantially longer temporary absence period would be justified.
50	Four hours/half a business day
51	Don't believe it should be set for this situation
52	I feel a pharmacy assistant should be allowed to be in charge of a pharmacy for one day
59	1 working day
60	eight hours or pharmacist day off
61	9 hours
62	a qualified assistant if working with be should be allowed to cover my day off or in an emergency i am called away should be no reason why a qualified assistant is ok for cover for 60 minutes yet not at 61 minutes
63	1-2 days
64	annual leave cover as it always was
65	8 hours - one working day
68	Pharmacy assistants have been allowed up until now to cover full days of absence. I do not understand what has changed that would demand this time to be curtailed so much.
70	Maintain the current rules with regards to how long a PA can cover a pharmacist for (i.e. 2 half days, one full day, pharmacist's standard annual leave not exceeding 14 days)
72	two days
73	9 hours
74	No time restrictions.
75	One day
76	No time period there should be a pharmacist on site all the time the pharmacy is open
77	Each lunch hour + one day off in week = approx 14 hrs/week
84	The 15 hour proposed arrangement is working fine.
86	8 hours

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87	Current guidance of short absences, lunch breaks, two half days per week or one full day off per week. The cover of standard annual leave of a pharmacist not exceeding 14 days could perhaps warrant review
88	One working day
89	What about holidays
90	For a shop in which an asistant works 3 days with a pharmacist they should be allowed cover 1.5 days without the pharmacist and 3 weeks holidays per year.
91	should be able to cover a full day off
92	40 hours per week
93	i see nothing wrong with the current situation. It should be at least one day.
94	6 hours or one full working day if available by phone
96	Two weeks
97	TWO HOURS
98	max one hour
99	9 hours
102	3 hours
103	2 hours
105	2 days
106	Two half days or one full day per week unscheduled short absences and annual leave
107	There should not be a limit on temporary absence. It should refer to a day off and holiday cover.
108	UP TO 18 HOURS PER WEEK
109	As they are nearing the end of their respective careers, I would leave them to complete their careers as they were trained to do.
112	15 hrs and holidays
113	one working day per week
118	a full working day within a working week if a pharmaceutical assissant is employed
120	pharmacists day off and annual leave
126	Half day in most cases or a full day in cases of genuine emergency or need (which should be recorded).
127	An additional ten hours per week, which could be used to cover a day off for a pharmacist, or unscheduled emergency leave by the pharmacist. Consideration should also be given to covering the pharmacist for 2 weeks per year annual leave.

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128	When compliant with no otc sold, no rx's dispensed or given out then should be no restriction as this situation will only ever be used in extreme cases.
129	2 hours
131	Leeway to arrange contingency? One day?
133	one full day
136	temporary.....please define
139	3 hours
141	7 days
142	2 weeks
143	0
145	2 or 3 hours
146	4/5 hours in the case of a pharm assistant present
148	Minimum 5, maximum 8 in any week but at least one hour per day for lunch.
150	One week i.e 6 working days
151	four hours
153	2hrs
154	I strongly agreed
157	A day or two eg if Pharmacist was sick
160	It is case dependent but if a QA is on site there should not be a time limit
161	up to two hours
162	Either it's ok for a pharmacist to be absent or it isn't, the time period is not very relevant.
163	As currently exists
164	1.5 hours
168	4 hours
169	I would consider the 1994 conditions as satisfactory as that has been our capacity up to now - The PA who will be performing professional duties of a pharmacist in his/her temporary absence shall be employed in the pharmacy concerned on a permanent basis for not less than 15 hours per week; · The PA shall be entitled to cover short absences, such as lunch hours, two half days or one day off per week, unscheduled short absences and the standard annual leave of the pharmacist; · The maximum number of days which the PA could cover in the temporary absence of the pharmacist should not exceed 14 calendar days in any single absence
170	Never absent

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171	2 days per week
172	Not more than 4 hours in total and no more than 1 hour at a time except more is determined to be necessary by the council / minister in extenuating circumstances ie saving others multiple anaphalaxis events etc.
173	2 days per week, any unexpected short absences and annual holiday cover.
174	Up to 2 weeks holidays as it is presently
176	1 week
177	A full day of cover, whether that is 8 or 10hours. Holidays, maternity leave also should be included as these are all temporary absences.
181	30 minutes
183	up to 4hours in the case of unforeseen circumstances
186	Why does there need to be a maximum time period inflicted on us? We are entitled to breaks and holidays. Our temporary absence includes our full day off each week and our 4 weeks holidays per year. We are only gone temporarily and will be returning again.
188	1 working day
189	I am strongly of the view that a qualified pharmaceutical assistant should continue to be allowed cover for 1 day per week to give the pharmacist a day off. Otherwise our profession and qualifications have been completely eroded and we have become redundant.
190	2 hours
194	3
195	I appreciate that it's difficult to put a concrete time period in place that's correct vs a time period that's unsafe but I feel that Qualified Assistants should be able to cover at least a four to five hour period.
200	9 hours
201	N/A
204	16 hours per week
206	3 days
207	2 hours
209	30 min
210	The cuurent regulations are adequate, appropriate and sufficient in the context of patient healthcare.
215	Three hours
216	If the qualified assistant is working full time at least 24 hours per week they should be allowed cover .lunch hour.day off and 2 weeks annual leave.

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221	as it was - one day per week in total - provided sufficient contact time
223	8hours. One working day
228	Half a day /4-5hours
229	at the moment pharmaceutical assistants can cover holidays and days off. how can it change from being qualified to cover full days to suddenly not being qualified to cover full days
234	One working day per week
235	90 minutes
240	0 hours.
242	3
247	7 days
248	maximum 5 hours in a day
249	9 hours ie 1 working day off
252	3 hours
257	zero time
259	agreed
260	Whenever the assistant becomes incompetent
261	half an hour
262	days as required
263	a week
266	One day
269	5 working days
272	The time necessary for the pharmacist to complete whatever it is that has drawn them away from the the pharmacy floor. However, the pharmacist should be accessible during this time away. And this is without even mention the traditional up to 2 weeks holiday cover which has been completely omitted from the proposal.
275	1 day per week, and possibly 1 period of max 2 weeks for holidays
278	2 hrs at least.
282	Half day
283	cover the pharmacist day off
284	Holidays and day off per week
285	15 minutes

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287	1 day per week plus up to two weeks holidays
290	one day
292	One hour is fine
293	Pharmaceutical assistants should be treated as pharmacists
294	1 hour
299	a full working day
302	6- 8 hours
310	They should be allowed to covers days off ,sick days etc
312	1 day
315	One day per week
317	duration of opening hours
318	2 hours
326	3-4hours as 1hr not practical
328	4 hours one day a week should be an option
329	n/a
332	Same as before - 3 days
334	within reasonable and understandable limits.
338	One hour is too much.
339	N/A
340	1 day to allow a day off
343	3hours
347	there should be no time stated.
348	if a pharmaceutical assistant is in charge of the pharmacy I don't see why there's a time limit
350	One or 2 hours a day depending on opening hours plus a full day per week would make more sense. Otherwise a pharmacy will need extra pharmacist staff to cover days off,long days etc. Or a certain number of hours a week depending on opening hours to be used as supervising pharmacist sees fit
351	2 hours
353	2 Hours
356	2
357	30 mins

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359	8hours
363	2hrs
365	6 hours (half day)
367	N/A
368	one full day at least per week
370	When pharmacist absent
371	It shouldnt be changed from what it is currently at. I believe this is at 15 hours at the moment .
373	When the supervising pharmacist,who is required by the Pharmacy Act 2007to be in whole time charge is absent,they are temporarily absent. A PA should and is qualified to cover during this time and would in normal circumstances cover lunchhour,days off,holidays, late nights and unexpected times. If temporary absence is defined in exact hours it will make it an offence for a pharmacist to be absent for any time over the set time..even if it is a small period of time eg 2minutes. If patient safety is at the heart of pharmacy regulation,it would be far better to ensure all persons dispensing medicines are competent to do so. This could be accomplished by bringin PAs under the PSI's core competency framework and making them subject to review and fitness to practice. Pharmacists could be required to outline on registration hoe temporary absence will operate in their business,citing name of PA,cpd undertaken, sop for handover and what support they will provide while in temporary absence.
374	full day and cover holidays
376	The existing rule should stay in place
377	1 day
380	Whenever the pharmacist is absent from the pharmacy
381	Whenever the pharmacist is temporarily absent ,no exact time is feasible in a working environment
384	agree with an hour
386	Whenever the supervising pharmacist, who is required under the Pharmacy Act 2008 to be in whole time charge is absent, he/she is in temporarily absent. That is the time the PA should and is qualified to cover and would in normal circumstances cover lunch hour, days off, holidays, late nights, meetings. • Defining temporary absence in terms of exact hours will make it an offence for a pharmacist to be absent for five minutes over the time set. In normal day to day life, things happen that cannot be foreseen, people have accidents, children who become ill, traffic jams etc. • If patient safety is at the heart of pharmacy regulation, ensuring all those handling medicines are competent to undertake their work safely should be the focus of any reforms. The solution therefore lies with bringing PAs under the PSI's core competency framework and making them subject to practice review and fitness to practice requirements. • Pharmacists could be required to outline on registration how temporary absence will be operate on their premise, citing name of PA, CPD undertaken, SOP on hand over and support they will provide whilst temporary absent.
387	As is defined in the current legislation
388	One working day
389	The PA is qualified to cover and in normal circumstances cover lunch hour ,days off,holidays,late nights,meetings
392	one working day
393	Whenever the supervising pharacist in charge is required to be absent is, by definition the length of temporary absence, the length of absence being determined by the qualified pharmacist.

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394	Whenever the supervising pharmacist, who is required under the Pharmacy Act 2008 to be in whole time charge is absent, he/she is in temporarily absent. That is the time the P.A. should and is qualified to cover and would in normal circumstances cover lunch hour, days off, holidays, late nights, meetings, illness.
396	If a pharmacy assistant is on duty I don't think a maximum time period should be set.
398	4/8 hrs rural areas unable to get pharmacist on site in a shorter timeframe
400	Max 3 hrs
401	if a pharmacy assistant is work then as before and should include emergency absence if the pharmacist is called away urgently for up to a full working day or when another pharmacist can be on site
402	Whenever the supervising pharmacist is absent
403	Should be relative to number of hours worked
407	At least two days and longer if the supervising pharmacist is confident in the competence of the Pharmacy Assistant
414	48 hours a week
415	i believe QA's should be able to cover day off or holidays
416	4 hours
420	one hour
423	3 days per week
424	As the rule is at present. Section 30 of the Pharmacy Act
425	To remain what it is currently
426	na
428	20 hours per week
430	one day
431	3 hours
434	36 hours
435	The pharmacist should be able to have days off covered by a pharmaceutical assistant in the same way as a support or locum pharmacist. The issue of temporary absence should be looked at in separation
437	15 hours
439	20 hours per week
440	1 day per week
442	When the supervising pharmacist is not physically by definition they are temporarily absent. That is what qualified assistants were qualified to do. do not make it sound like we are leaving the shop in the hands of a counter assistant.
443	No. Either PA Qualified it not.
446	Whatever time is acceptable for the supervising pharmacist not to be physically present
450	if the pharmacy has a registered qualified person who has a licence granted by the PSI present the amount of time is irrelevant.
451	two days
452	i think two to three days a week would be a good
453	I feel the current rules have been ok and do not need changed. The PSI will know if there have been any issues or if this has been abused and should deal with these if any on a case by case basis.
455	10minutes max
459	4hrs
462	9 hours - working day

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464	A full day, lunch times
465	as set out before, days off and holidays
469	40HOURS A WEEK
470	Four Hours
471	1 day
472	3 Working Days
476	1-2 DAYS PER WEEKS AS HAS BEEN THE CASE FOR OVER 30 YEARS
478	CURRENT PROTOCOL IS FINE NO NEED TO CHANGE IT
479	24 hours
480	leave as previous
481	As per original agreement. There was nothing wrong with the way these people have been carrying out their role for the last number of years. They have served out community well
482	as per the original agreement which has worked really well. There should be no changes. Their degree was awarded to them in good faith and should not now be undermined. The proposed changes would leave these individuals unemployable.
484	at least one full working day
485	I believe the original agreement should still stand there has never been an issue with the temporary absence cover provided by a pharmaceutical assistant and there is no reason to attack the livelihood of these people now. They should be allowed to service their community in the capacity that they have for the last number of years according to the original AGREED guidelines.
486	3 Working Days
487	as it was previously
489	3hours
491	days off and holidays
492	This question is not phrased correctly and clearly. I believe the temporary absence should be a full working day. However I also believe that this pharmaceutical assistant should be able to continue running this pharmacy the following day for the period of two weeks. As was suggested in the current rules. Other superintendent, supervising and support pharmacists should be available to answer any concerns they may have, should the need arises.
493	1 hour
494	one day off per week or the standard annual leave allocation of the pharmacist.
501	1 day per week plus two annual leave
502	1 day
505	2 hours
507	As it is at present
508	As it is.
509	Once a qualified person is present at all times it should not be an issue
515	up to a half day. no flexibility what so ever allowed. very restrictive for pharmacies in rural areas where available resources are at an absolute minimum.
516	24 hours
517	One day here and there. No more than twice weekly.
519	Not view
520	two hours
521	9 hours or one day
523	8 hours
526	I agree with a 1 hour absence

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529	24 hours
530	Two weeks - as qualified assistants have been entitled to provide full holiday cover for a pharmacist to date as is their entitlement.
533	I think an assistant should be allowed to cover in an emergency absence for an entire day if necessary, provided the pharmacy displays a notice to the effect that the registered pharmacist is away and the dispensary is currently managed by X who is a Pharmaceutical Assistant of Y years standing.
534	No
535	2 weeks
536	I agree
537	As previously understood
538	Eight hours in any one day holidays and emergencies
539	Two weeks
540	I think it should be left as is!
543	2 hours
546	4 hours
547	If 59 minutes is good enough for the overstuffed bureaucracy of the PSI why is a week not the same? Or two weeks? What is the rationale behind this farcical overregulation? These QA's will all be retired in a matter of years. Who watches the watchman? Who will cull the hours the PSI waste on incessantly making up new rules
548	The registered pharmacist does not need to be on the grounds of the pharmacy once they have deemed that the qualified pharmaceutical assistant is competent
550	Half a day
552	one day
553	I don't think there should be a maximum time as this is not practical in case of medical or family emergencies. Pharmacists are regular people with families and health problems
554	Maximum time period needs to be determined according to the ability of the PA to carry out role. The one hour proposed limit appears to be a very random limit.
555	3hrs
557	Full day if qualified technician is present
559	One hour is fine
561	All day if need be
562	If assistant is working permanently in pharmacy, 9 hours
563	nine hours ie one day but for the one day to be at a max per week
569	As exists at present
570	Depending on the shift. It should not exceed 2 hours though (12 hours shifts or more).
572	24 hours per week
573	2 hours depending why there absent
575	It should stay at the recommended 16 hours.
577	2 hours
578	Two hours would account for lunch breaks, toilet breaks and unforeseen events. One hour is too restrictive.
580	1 hour
583	30 minutes
586	one working day
588	A full day if a pharmacist is sick and has a pharmacist assistant on duty
590	2 hours per day

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591	2 hours
593	In the scenario, where the 'temporary absence' is being covered by a Pharmaceutical Assistant (therefore implying they have decades of experience covering pharmacist absence) they should be at least able to cover holidays in the Pharmacy they work in and certainly should be able to cover a pharmacist day off.
594	4 hours
595	I do not think selecting an arbitrary period of time is helpful.
596	One day per week
599	should stay as it is now
601	As long as is necessary
603	Maximum time is not an issue if the supervising pharmacist is in "whole time charge" and present for a substantial amount of time that the pharmacy is open
604	lunch hours..days off and annual leave
605	no offence is committed when a qualified person is present ALL of the time. assistants are qualified persons. Therefore no need to specify a time
606	any time. again, if they are allowed to cover I dont understand what difference it amkes one hour or 20
607	3-5 days
609	I think that temporary absence should be able to cover more time as has been done, including pharmacist holidays if necessary.
610	14 hours per week
612	I believe the QA should be able to cover 1 working day in the pharmacy. I think they should receive additional CPD training/ a test to ensure they are competent in any areas that the PSI feels they are lacking or higher risk.
613	3 hours
615	2 hours
616	I feel the pharmacy assistants are well experienced and trained to deal with longer absences.
617	a qualified person registered with the PSI should be present at all times. It should not matter if its a pharmacist or a qualified assistant . They are qualified to do the same job.
618	1 day
619	whenever the pharmacist is not present
621	I think the present arrangements are fair where the Pharmacist is available by phone . I do not agree with Pharmaceutical Assistants should cover Holidays
622	One day per week
623	2 hours
624	i think the status quo should continue to apply.
625	I believe that current arrangements should stand
628	Under the current regulations the Pharmacy Assistants have a High Court ruling that they are lawfully allowed to cover a pharmacists holidays or day off
629	two weeks
630	3 hours
631	n/a
632	one days opening hours
633	I agree with what is currently in place as per the 1994 agreement that a PA can cover temp absence up to the maximum is 14 calendar days. In practice i have only seen 1 working day a week covered.
634	when the pharmacist is absent. it is the duty of the supervising pharmacist to be in whole time charge so when they are not physically present they are temporarily absent

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635	impossible to put a definite time limit and totally unnecessary
636	Na
639	The existing periods of absence rules were just fine
640	Half day
641	Day off-lunch-emergency cover-holidays
642	4 hours
644	as the superintendent pcist/supervising pcist deems suitable on the day. 1hr/2hrs/half day - and 1 day a week when necessary only
645	As I understand it a supervising pharmacist is in whole time charge so it stands to reason when they are absent that absence is temporary and a qualified should be allowed to cover whatever time the supervising pharmacist is absent
646	all day in cases where the pharmacist is temperally uanavailable
647	As all pharmaceutical assistants I have had the pleasure of working with are more than capable of carrying out their jobs this is a non question
648	One Day.
649	9 hours
652	up to 6 hours at least
653	Time is irrelevant
657	The qualified assistant should be allowed to cover one day off per week on a regular basis and if the pharmacist is confident in the ability of the QA then longer if needed
659	When the pharmacist is not there
660	8 HOURS
662	It seems to me that the current system allows for sensible holiday leave period of max 14 days. It makes sense - for my own purposes I don't see reasons for changing this that are in the public's interest - so long as the Pharmacuy Assitant has x number of years experience (Maybe 5 years as an example?)
663	IT SHOULD DEPEND ON THE FAMILIARITY OF THE ASSISTANT WITH THE SPECIFIC BUSINESS
665	The conditions unbder which PAs qualified should remain. The Act sets out how the supervising pharmacist should be in whole time charge, so the PA should be able to cover when the pharmacist's holidays, day off, late nights, normal absences that crop up in day to day life, e.g. parent teacher meetings.
666	Supervising pharmacist must be in whole time charge of pharmacy, so their temporary absence can be covered by pharmaceutical assistant as outlined in original act under which they qualified. pharmaceutical assistant can be in temporary
667	I agree with the agreement of 15 hours per week and an overlap with the pharmacist
669	Annual leave , days off, any emergency..
670	All day
671	three hours
674	Pharmacist should be allowed to have holidays up to 2 weeks or sick leave covered by pharmaceutical assistant who fulfils current criteria of working alongside pharmacist. He / she is familiar with the customers and safer to dispense prescriptions in a community pharmacy than a novice pharmacist.
675	Unsure but should be determined by circumstances on that day
676	one working day
677	Day off each week Lunch hour annual leave and any unscheduled short absences
678	A day
680	Pharmacists day off or occasional holidays

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681	UNDETERMINED
682	there is no defined time period for temporary absence,
683	2 working days
684	1 hour - unless otherwise , in which case a mitigating circumstance form should be filled.
685	As agreed by the Council of the PSI in the mid 1990's
686	I feel that the laws are already quite strict on Pharmaceutical Assistants. I would not change them as these people achieved their qualification knowing that they would be able to work as a pharmacist once carrying out the detailed hours of work under a pharmacist. It is unfair to change the legislation again. There are not many qualified assistants left and it is the responsibility of the superintendent pharmacist to ensure the assistant is adequate to cover hours/days where appropriate.
689	One hour lunch& any minor emergencies
691	4 hours
692	Two Weeks
693	Half a day or max. 5 hours.
694	4 hours
695	The current definition of temporary absence is acceptable.
696	14 calendar days
697	As agreed in a High Court Settlement on this matter
698	as in current regulations
699	I would leave things continue as they are-there are a limited number of assistants and they will all retire within the next 5 years or so.
700	If covered by Pharmacy Assistant no limits if not covered by Pharmacy Assistant 1 hour should be maximum
702	1hr15mins
704	16 hours per week
706	one full working day per week and seven days in a row to cover holidays
707	n/a
708	a full day
711	Temporary absence should remain undefined as previously agreed
712	1-3 hrs
713	proposing this questions is a nonsense. these people should be entitled to be re-trained and encouraged to work. the were certified and registered with the PSI. why not ask the question ' how can we make their practice safer?' or 'what training should we provide?'
719	Temporaary has it hass been for all my working livre
720	20 hours per week
721	3 working days
722	Leave as is in pharmacy act
724	2hours
725	no change to 2008 act as was previously enforced
727	Two hours
728	There should not have to be a maximum time limit for temporary absence of a pharmacist, if a qualified assistant is competent to cover for one hour then I see no reason why they wouldn't be competent to cover any period of time longer than one hour. Bearing in mind the years of experience these qualified assistants have.

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732	I agree with current regulations-"cover short absences, such as lunch hours, two half days or one day off per week, unscheduled short absences and the standard annual leave of the pharmacist"
733	14 hours per week
766	The pharmacist remains the qualified person so the person i.e. qualified assistant shall be qualified to cover for whatever period the pharmacist may be absent from the pharmacy.
767	At least one day per week
769	As it is currently to cover short absences, unscheduled short absences and annual leave
770	Exact hour a definition does not work as the reality of day to day pharmacy means that a trusted reliable PA is better than a locum who does not know patients etc
771	AS IT STANDS NOW
773	if the supervising pharmacist is absent temporarily the PA is qualified to cover day off,lunch hour , holiday, unexpected emergencies etc.
774	Strongly disagree
776	It should be defined by the situation at hand and decided by the supervising pharmacist
778	Whenever the supervising pharmacist, who is required under the Pharmacy Act 2008 to be in whole time charge is absent, he/she is in temporary absent. That is the time the PA should and is qualified to cover and would in normal circumstances cover lunch hour, days off, holidays, late nights and meetings. Defining temporary absence in terms of exact hours will make it an offence for a pharmacist to be absent for five minutes over the time set. In normal day to day live, things happen that cannot be foreseen, people have accidents, children who become ill, traffic jams etc.
782	9 hours
785	I believe the time should not be defined.
788	If the shift is covered by pharmaceutical assistant it should be the full day or more. It is reasonable in case of sickness for example.
789	To continue providing cover for lunch hour, days off, holidays, late nights, meetings
791	This question is flawed and biased and assumes again that there is a problem with the competency of pharmacy assistants. Again, competency is binary. You are either competent to do the job or you are not. Including pharmacy assistants in the competency framework and statutory registration would solve this issue and is an appropriate and sensible action.
792	The PA is qualified to cover any temporary absences such as lunch,days off, holidays, meetings
794	3/4 days
795	1 day
797	Lunch hour, days off, holidays, meetings.
798	Temporary cannot be defined
799	Time should not be defined
800	Pharmacists could be required to outline on registration how temporary absence will be operated on their premise, citing name of PA, CPD undertaken, SOP on hand over and support they will provide whilst temporary absent
801	a day or a short period of holiday cover. we are obliged to ensure any locum that covers us is professional and competent and thus if we deem a PA to be competent (especially given the long period of professional practice PA's have) we should be entitled to employ them
802	2 weeks
804	no need for a maximum as PA can cover
806	Up to 20 hours in any normal week. In a one-year period: up to two weeks to cover pharmacist's holidays.
808	pharmacist's day off, and days sick, unless its known it will be long term

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812	No change from present arrangements
813	I don't understand the need to change the rules now, there seems no issue to me
814	I do not think it is necessary for professionals with this level of experience to have a maximum time period
816	8 hours
817	Time should not be defined... whenever pharmacist is absent a pharmaceutical assistant is qualified to cover and in normal circumstances cover lunch hour, days off, holidays, late nights, meetings etc.... defining temporary absences in terms of exact hours will make it an offence for a pharmacist to be absent for five minutes over time set.. in normal day to day living things happen that cannot be foreseen,,, somebody should be present who is competent to take over the running of the pharmacy... if patient safety is at the heart of pharmacy regulation ensuring all those handling medicines are competent to undertake their work safely should be the focus of any reforms... the solution lies with bringing PAs under the PSI core competency framework and making them subject to practice review and fitness to practice requirements...
819	20 hours, as per current legislation
821	There should be cover in lunches, holidays, late nights, meetings etc
822	Defining temporary absence in terms of exact hours will make it an offence for a pharmacist to be absent for five minutes over the set time. In the normal day to day life, things happen that cannot be foreseen e.g, people have accidents, children become sick, traffic jams etc.
823	Defining temporary absence in terms of exact hours will make it an offence for a pharmacist to be absent for five minutes over the time set. In normal day to day life, things happen that cannot be foreseen, people have accidents, children who become ill, traffic jams etc.
825	It shouldn't be defined in exact hours as things happen that can't be prevented
828	Whenever the pharmacist is absent. They are not merely competent for an hour a day that is a ridiculous proposal
829	defining temp. absence in terms of exact hrs, will make it an offence for a pharmacist to be absent for 5 mins. over the time set. in normal life things happen not planned accidents/sick children
830	Whenever the supervising pharmacist, who is required under the Pharmacy Act 2008 to be in whole time charge is absent, he/she is in temporary absence. That is the time the PA should and is qualified to cover and would in normal circumstances cover lunch hour, days off, holidays, late nights, meetings.
832	As at 4 above. The Pharmacist should have a daily lunch break and one day off per week. However provision should be made for exceptional circumstances - family bereavements, or illness which may cause the Pharmacist to have to absent themselves from the Pharmacy. Maybe there could be a role for a quarterly time plan which would allow for a maximum number of hours in a 3 month period as distinct to a minimum.
833	I believe that provision should be made that the pharmacist can have a lunch break each day and a day off. I also believe that there should be a rolling time limit over a month or a 3 month period which would allow a bit of flexibility in the case of unexpected events such as family illness, bereavements etc. This would be similar to the provisions of the Organisation of the Working time Act which provides an absolute max per week but also allows a rolling average as well. A code of Practice could be drawn up which any pharmacy with an RPA would be bound by.
834	Pharmacists could be required to outline on registration how the temporary absence will work on their premises. This detailing could include the name of the PA, CPD undertaken and an SOP could be outlined detailing the handover and support available during the temporary absence. Temporary absence by its nature cannot be defined. It is a time during normal work circumstances where the pharmacist is absent, e.g lunch, holidays, day off, meeting, late nights.

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835	Pharmacists could be required to outline on registration how temporary absence will be operate on their premise, citing name of PA,CPD undertaken, SOP on hand over and support they will provide whilst temporary absent
837	at the discession of pharmacist/employer
840	All day
841	Undefined absence
843	temporary absence should be undefined
844	20 hours per week to include lunchtime holidays and unforeseen circumstances for the pharmacist
845	n/a
847	time shouldnt be defined
849	WHEN PHARMACIST NEEDS TIME OFF
851	Whenever the pharmacist needs cover, any days off, holidays etc
853	Time should not be defined
854	Time covered should not be an issue
855	I agreed
857	Time should not be defined
859	Time should not be define
860	defined by employer/Pharmacy owner
861	time should not be defined
863	Time should not be defined
864	Time should not be defined
865	Qualified Assistants have a valid certificate from the Phamaceutical Society for which we studied a 4 year course,of which all the subjects studied were equal to an M.
867	Time should not be defined
868	Time should not be defined for QAs
869	8 hours
871	Time should not be defined
874	Time should not be defined
875	Days off, holidays, late night openings, meetings, lunch time
877	I think the times set out in the 1994 agreement are appropriate. The covering of holiday periods of up to two weeks, is the only area I think that may be excessive.
880	Time should not be defined
883	Ensure PAs fitness to practice by reviewing their practice on a regular basis
885	Two days per week max , lunch hours .random hours . Holidays
886	I think a pharmacist would know his PA and if he or she feels confident he or she will decide how long PA will be left.Putting a strict time on absence will no work in real life. would commit an offence if delayed for 5 minutes.Things happen in real life,and you cannot just close a pharmacy in circumstances like that. .
887	Time should not be defined
889	Pharmacists could be required to outline on registration how temporary absence will be operated on their premise, citing name, cpd undertaken, SOP on handover and support they will provide whilst temporary absent.
892	One day per week
893	As it is.
895	Daily holidays

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897	8hours
899	I thought the current arrangement was working well.
902	Two week holiday period
903	one day
906	WHENEVER THE SUPERVISING PHARMACIST WHO IE REQUIRED UNDER THE PHARMACY ACT 2008 TO BE IN WHOLE TIME CHARGE IS ABSENT HE/SHE IS IN TEMPORARILY ABSENT . THAT IS THE TIME THE PA SHOULD AND IS QUALIFIED TO COVER AND WOULD IN NORMAL CIRCUMSTANCES COVER LUNCH HOUR,DAYS OFF,HOLIDAYS,LATE NIGHTS MEETINGS ETC
907	When Pharmacist absent.
908	Undecided...
909	Whenever the supervising pharmacist, who is required under the Pharmacy Act 2008 to be in whole time charge is absent, he/she is temporarily absent. That is the time the Pharmaceutical Assistant should and is qualified to cover and would in normal circumstances cover lunch hour, days off, holidays, late nights, meetings, etc. Defining temporary absence in terms of exact hours will make it an offence for a pharmacist to be absent for five minutes over the time set. In normal day-to-day life, unforeseen circumstances arise that lead to temporary absences.
910	When pharmacist absent
911	Whenever Pharmaceutical Assistant not available to be there
912	For years 50 plus pharmacists have taken their day off each week and short absences and holiday cover with their regular PA covering these absences and the PA has carried out this cover in an utmost professional manner with patient care and safety of utmost importance.
913	Engage with PAA
914	3 days
916	Defining temporary absence in terms of exact hours will make it an offence for a pharmacist to be absent for five minutes over the time set. In normal day to day live, things happen that cannot be foreseen, people have accidents, children become ill, traffic jams etc
917	The qualified PAs have been covering in the temporary absence since they qualified . They could be allowed to submit their portfolios after undertaking continuing education , as the pharmacists do. They could then continue to cover in temporary absence as they have being doing since qualification
919	2 weeks
920	I believe the answer lies in the word "Temporary"ie. not permanent !! During my almost 40 years of working,always on a full time basis,this temporary absence was understood to be eg,lunch hour,day off,annual holidays and any other "unscheduled" short absence eg,meeting,funeral,hospital,illness.Again,never on a permanent basis.Unexpected situations can and do occur,and how can I be qualified to cover for 1 hour,but if the pharmacist is delayed,or has an emergency crop up at home,then am I incompetent and the pharmacy must close for an unforeseeable period,thus affecting our patients.The inclusion of PAs in the PSI's fitness to practice framework should surely be considered .
922	It should be the same as what it has been for many years covering short absences and days off .
923	No comment
925	Pharmacists could be required to outline on registration how temporary absence will operate on their premises citing name of PA , CPD undertaken , SOP on handover and support they will provide while temporary absent
926	One day
927	The time that is needed by a pharmacist to cover his/or her short absence eg day off , lunch hour etc

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928	It should be an undefined time period considering qualified assistants have at least 40 years experience and are skilled professionals.
929	Any amount of time
930	Not defined
931	it should be undefined as assistants have worked for at least 38 years in this capacity and are qualified, experienced, and skilled professionals
932	not applicable until fair discussion is had with paa
934	Talk to PAs about this .Show them some respect for God's sake
935	Talk to the PAAs. They at least deserve this courtesy
936	Pharmacists could be required to outline on registration how temporary absence will be operated on their premises,citing name of LA .COD undertaken
937	There should not be a maximum time - These are qualified Healthcare professionals and you cannot restrict their hours of work
938	1 working day
940	Unspecified short periods of absence.
942	see Paa submission on this point
944	Whenever pharmacist is absent
945	Pharmacist is in whole time charge and does not need to be physically present if they require the time off
946	The supervising pharmacist, who is required under the pharmacy act 2008 to be in whole time charge is absent, he or she is in temporarily absent. That is the time the PA should and is qualified to cover and would in normal circumstances cover each hour, days off, holidays, late nights and meetings.
947	Pharmacists could be required to outline on registration how temporary absence will operate on their premises, citing name of PA, CPD undertaken , SOP on hand over and support they will provide whilst temporary absent
948	Whenever the supervising pharmacist, required under the Pharmacy Act 2008 to be in charge is absent or temporarily absent, that is when the PA should and is qualified to cover, i.e lunch cover, days off, holidays, meetings and late nights.
949	Whenever the supervising pharmacist who is required under the Pharmacy Act to be in charge whole time charge is absent, they are temporarily absent. That is the time the PA should and is qualified to cover lunch hour, days off, holidays, late nights and meetings.
951	Pharmacists could be required to outline on registration how temporary absence will be operate on their premises, citing name of PA, CPD undertaken, SOP on hand over and support they will provide whilst temporary absent.
952	2 hours
955	3 hours
956	As what is present happening. Don't change what is happening at present
962	When ever the pharmacist is absent
963	Holidays , Daysoff , sick leave. Whenever the supervising pharmacist is required to be temporarily absent
964	Assistants have covered personal illness absences,holiday cover etc. this is the current situation and accepted norm.
965	She covers the pharmacists day off and other short absences and she is fantastic
966	I believe that she should continue covering the full time pharmacists absence as she is doing a fantastic job
967	There should not be any defined temporary absence.
968	I believe that as Qualified Assistants are so experienced and qualified that a time limit should not be set

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969	They should be allowed to cover up to a 2 week holiday in a year.
970	Defining temporary absence in terms of exact hours will make it an offence for a pharmacist to be absent for five minutes over the time set . How absurd is this , and how insulting is this to us.
973	Pharmacists could be required to outline on registration how temporary absence will operate on their premise citing name of PA, CPD undertaken SOP on hand over and support they will provide whilst temporary absent
974	Pharmacists could be required to outline on registration how temporary absence will operate on the premise, citing name of PA, CPD undertaken, SOP on hand over and support they will provide whilst temporary absent.
975	Why introduce a maximum ? Has there been a major problem with the existing temporary absence? I thought PA ' s were professional people mostly experienced , why change it?
976	Pharmacists could be required to outline on registration how temporary absence will operate on their premise, citing name of PA, CPD undertaken, SOP on hand over and support they will provide whilst temporarily absent
977	As answered in question 4 I believe it is impractical to define temporary absence. When the supervising pharmacist who is in whole time charge is temporarily absent this is time pharmaceutical assistants are entitled to cover.
980	defining temporary absence in terms of exact hours will make it an offence for a pharmacist to be absent for 5 minutes over the time set.
981	pharmacists could be required to outline on registration how temporary absence will operate on their premises, citing name of PA, CPD undertaken, SOP on handover and support they will provide whilst temporary absent
982	The presence of a registered pharmacy assistant should suffice
983	Two consecutive working days would allow time to arrange cover without leading to undue delays for patients if a circumstance arose which was outside of the competence of the PA but the supervising pharmacist is the person best placed to make a judgement in an individual situation.
984	As "temporary absence" was never defined in my qualification I believe we should be able to cover for days off, annual leave, any days required if a pharmacist is absent. This is our qualification and this is how it should remain.
985	I don't believe there should be a maximum time each individual pharmacist should decide what is suitable for them as they have ultimate responsibility
987	Pharmacists could be required to outline on registration how temporary absence will be operate on their premise, citing name of PA, CPD undertaken, SOP on hand over and support they will provide whilst temporary absent.
988	Pharmacists could be required to outline on registration how temporary absence will operate and the SOP to be handed over whilst temporarily absent
989	As has been defined for the past 128 years - where Pharmacist is away from the pharmacy on a temporary basis ie holidays, short term illness, funerals etc.
990	9 hours per day. 14 days consecutively.
991	Temporary absence should not be defined. Unforeseen things happen in everyday life.
992	One hour
993	A day
994	When necessary, Pharmacists days off, lunch breaks, late nights etc.
995	Restrictive definition of "temporary absence" will make it an offense for a pharmacist to be, for example, late back off lunch. Qualified assistant pharmacists are qualified to cover in the absence of the supervisory pharmacist - ie to ensure the pharmacist does not have to work 6 9-hour days, or to allow a pharmacist take a holiday etc. It should be defined as when the supervising pharmacist is not present.

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997	2 hours
998	Lunches, days off, holidays, emergency absences from day to day lives.
999	Whenever the supervising pharmacist is absent, he/she is in temporarily absent the PA should cover lunch, holidays, days off, late nights etc
1000	2-4 hours p/d
1001	when pharmacist absent
1002	lunch,days off, holidays and late night meetings
1005	2 weeks minimum
1006	As proposed and practiced 16 hours
1007	should not be defined in hours,or whatever time the supervising pharmacist need to be absent.
1010	I do not think you can legislate for this. If a pharmacist or member of their family are taken ill suddenly, this legislation would suggest that the pharmacy should close, this could have dangerous implications for patients.
1012	WHENEVER THE SUPERVISING PHARMACIST,WHO IS REQUIRED UNDER THE PHARMACY ACT 2008 TO BE IN WHOLE TIME CHARGE IS ABSENT,HE/SHE IS IN TEMPORARILY ABSENT.THIS IS THE TIME THE PA SHOULD AND IS QUALIFIED TO COVER AND WOULD IN NORMAL CIRCUMSTANCES COVER LUNCH HOUR,DAYS OFF,HOLIDAYS,LATE NIGHTS,MEETINGS,IF PATIENT SAFETY IS AT THE HEART OF PHARMACY REGULATION,ENSURING ALL THOSE HANDLING MEDICINES ARE COMPETENT TO UNDERTAKE THEIR WORK SAFELY SHOULD BE THE FOCUS OF ANY REFORMS.THE SOLUTION LIES WITH BRINGING PA's UNDER THE PSI's CORE COMPETENCY FRAMEWORK AND MAKING US SUBJECT TO PRACTICE REVIEW AND FITNESS TO PRACTISE REQUIREMENTS..PHARMACISTS SHOULD BE REQUIRED TO OUTLINE ON REGISTRATION HOW TEMPORARY ABSENCE WILL OPERATE ON THEIR PREMISE,CITING NAME OF PA,CPD UNDERTAKEN,SOP ON HAND OVER AND SUPPORT THEY WILL PROVIDE WHILST TEMPORARY ABSENT
1013	20 hours per week
1014	3-4 hours per day; 10-15 per week
1015	A working day, i.e. 8-10 hours
1016	When pharmacist absent
1017	4 hours
1018	see above
1020	There should be no time limit as these people have 30 years plus experience
1023	2 hours
1026	see above
1027	1 hour
1030	I feel my qualification should allow me to cover normal circumstances. -lunch hour - days off - holidays- late nights- meetings
1031	There should be time limit
1034	I do not agree with the proposed time as a PA for the last forty ears has covered the pharmacists lunch hour, sudden illnesses , meetings , holidays so what has changed for the one hour to be proposed? ???? Where is there evidence to demonstate this proposal? Has the PSI or HSE or the public provided any reasons why this new one hour cover is necessay??????????
1038	I have never encountered a problem with the Pharmacy Assistant and always find them to be efficient and professional
1039	a full days leave
1040	Whenever the supervising pharmacist, who is required under the Pharmacy Act 2008 to be in whole time charge is absent, he/she is in temporarily absent. That is the time the PA should

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	and is qualified to cover and would in normal circumstances cover lunch hour, days off, holidays, late nights, meetings.
1041	Maintain current situation
1042	an hour is inadequate - so unplanned absences - sudden death of a family member - then up to 5 days. Holidays - three to four weeks - as two weeks is inadequate and does not allow for life to get in the way. Here again two weeks may prove inadequate. in many locations it would not be sufficient holiday for a pharmacist working in a remote location who cannot get a locum.
1043	Days off, holidays, late nights or whenever required
1046	The present regulations are workable compromise
1047	Where the Pharmaceutical Assistant is suitably capable any period up to two weeks
1048	Three hours
1050	Whenever the pharmacist is absent this is the time the PAs should and is qualified to cover.
1052	There should be no changes, PAs cover holidays and days off for their supervisors where necessary and they are an extremely reliable member of staff to have in situ, rather than a locum in to cover holidays which can be extremely disruptive and bad for business at times, as is known.
1053	Unspecified time which is agreed by supervising pharmacist
1055	cannot apply
1057	Custom and practice show that Pharmaceutical Assistants have historically provided cover for pharmaceutical business for periods exceeding one hour and up to 14 consecutive calendar days at a time. It seems inappropriate, speaking as a PA myself, that I have operated in a position of high trust for the last 37 years, and should now be in a position where I have to re-establish my credentials.
1058	It isn't difficult to put a maximum umbrella timeframe on it as if the pharmacist is temporally absent it may be for an emergency, which happens in life!
1059	Could not apply in practice
1060	Not possible to define in the running of a pharmacy
1061	Should be whatever the pharmacist needs eg sick leave, holiday cover etc
1063	Unspecified period. not at all practical
1064	Lunch, days off, emergencies, holidays
1065	There should be no time limit in my opinion
1066	Whatever time they are working at present. What I want is continuity of service. Would it be an offence for a pharmacist to be absent for more than an hour?
1067	There should be no defined limit of time
1068	leave it as it is
1069	At least one day per week and during holiday periods and at other occasional short absences
1070	I think there is no need to change the current guidelines. An hour is simply not enough cover. There is a country wide shortage of pharmacists and locums that makes it difficult to take time out now either planned or in an emergency, why make things more difficult when there is a perfectly qualified person there who can cover?
1071	No need to define it
1072	if temporary absence is defined as a precise number of hours the pharmacist who goes even ten minutes over for whatever reason, such as I have stated above or having to pick up a sick child from school early would be committing an offence as would the registered assistant who is covering. Therefore it is not feasible in my view to fix the time temporary absence should apply.
1073	Lunch time periods and holidays

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1075	8 hour / one day
1076	When pharmacist absent
1078	3 or 4 hours
1081	qualification of pharmaceutical assistant entitles them cover when pharmacist is on day off, holidays, etc, so PA should continue to do this cover.
1082	6-8hrs - this would allow for holidays/ cpd/ unforeseen circumstances
1083	i believe that a pharmacist assistant should be able to cover the absence of a pharmacist for a full day
1084	when ever the owner is away. I would not trust a stranger to give me my medicine no matter what degree they have
1085	Between 5-7 hrs to allow for Days off/holidays: lunch hours/ meetings and unforeseen circumstances
1087	Pharmacists annual leave, lunch breaks, late nights
1088	48 hours
1090	The time should be open ended with perhaps some restricions on specific items but to be able to provide most of the routine service to the comunity that they service so well.
1091	At the discretion of the Pharmacist
1092	Should be undefined as pharmaceutical assistants are qualified experienced skilled professionals who do CPD yearly
1093	This should be unlimited provided the assistant is subject to CPD and not covering the role of supervising or superintendent pharmacist.
1095	I don't think it should be defined in terms of hours at all.Pharmaceutical Assistants at the time of qualification were deemed competent to work in temporary absence of the pharmacist. At the time it meant days off,holidays,sick days and that's what it should mean now. If the pharmacist deems the pharmaceutical assistant competent and professional to undertake this role then that should be accepted and maybe could become part of the solution. Afterall the pharmacist is not going to expose him/herself or their patients to risk. I saw no evidence in anything I read to suggest pharmaceutical assistants pose a material risk to public safety so I don't see the necessity for a change in the legislation
1096	1 day to allow for days off
1097	I believe the current situation should remain. There are only a small number of pharmaceutical assistants remaining and they are at the end of their careers. I think it is completely wrong and unfair to make such dramatic changes to their working terms and conditions at this stage.
1099	1 day per week or covering holidays
1100	time should not be defined
1101	1994 agreement
1102	NO TIME LIMIT. PATIENT SAFETY A PRIORITY AT ALL TIMES.
1103	Two weeks with the understanding that the pharmacist is contactable but still has a chance to get a holiday. Working pharmacists into the ground by taking away their options for getting cover is not a solution and will in turn lead to as many if not more errors than if an assistant is covering and everyone gets a break
1104	2 hours
1105	3-5 days
1106	3 days
1108	24 hours per week max
1110	2 weeks

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1111	As long as it takes to replace a Pharmacist who dropped dead ! I have in my 44 years of working as a PA , at the drop of a pin helped out many pharmacist friends in unforeseen emergencies.
1113	30 hours per week
1114	Full day or longer depending whether pharmacist needs day or holidays
1115	24 hours per week
1116	Half day
1118	I believe it should be at the discretion of the supervising pharmacist. it should cover lunch hours, days off, holidays and exceptional circumstances.
1119	one size never fits all
1121	At least one full day or to cover holidays for overworked and over burdened with paperwork pharmacists
1122	No change to present situation
1123	As it is currently, one day or two half days a week and holiday cover. Possibly emergency cover also. They have in the most case at least 30 years of professional experience.
1124	Pharmacy assistants have been covering pharmacists in their duties for years so why now do they have to be down graded to less hours when their level of knowledge and experience is much greater than the new pharmacists that are being turned out from your colleges these days.
1126	There should be no restriction, things should continue as they are.
1127	I think things should stay as they are. The system has been working perfectly well as it is for years.
1128	Temporary absence historically meant lunch hours,holidays and unexpected short absences eg for illness,this is the time PA should and is qualified to cover.Under new rules if pharmacist was absent for 1 minute over set time,this would be an offence.Patient safety and competency could be assured by education,eg CPD and bringi g PA's under core competency rules, better way for P.S.I to handle this issue.
1129	This depends on local circumstances - if the pharmacist is confident of the assistants then surely he/she can decide responsibly if a true professional
1131	I see no need to put a definite exact time ,if they can cover for one hour surely they can cover for whatever lenght the supervising pharnastist deems appropriate
1132	There is no maximum time period that is relevant
1133	The registered pharmacist should be available for consultation even if they are off limits or should be present three days in the week.
1134	Whenever the supervising pharmacist,who is required under yhr Pharmacy Act 2008 to be in whole time charge is absent,he /she is temporarily absent.That is the time the PA should and is qualified to cover and would in normal circumstances cover lunch hour,day/s off,late nights and meetings.
1136	one working day
1137	Holidays, days off &a short unexpected absences
1138	Full hours
1139	3-5 hours
1140	1 day
1141	The role of pharmaceutical assistant's qualification is to transact the business of the pharmacist in their temporary absence. Under the Pharmacy Act 2007 the role of the supervising pharmacist is to be in whole time charge. Hence temporary absence can be defined as anytime the supervising pharmacist is absent and would in normal circumstances include lunch hour, day off, annual leave, late nights, meetings, funerals, family emergencies. The pharmaceutical assistant's role is premised on the reality of community pharmacy –

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	emergencies and unexpected events crop up in the day to day life of the business requiring the pharmacist to be temporary absent at short notice. Defining temporary absence in exact hours will require pharmacies to close one minute after the appointed time otherwise they will be operating illegally and that is not practical.
1142	I don't think there should be a limit but they should be there for 45 weeks of the year
1144	Days off, lunchtimes, holidays & other short unscheduled absences as per current agreement.
1145	Pharmaceutical assistants are already professionals who are qualified to dispense medicine and provide temporary absence cover for the pharmacist. This historically meant lunch hours, holidays and unexpected short absences so this is the time they should and are competent to cover. It's unworkable in real life terms. It would be a better approach on behalf of the PSI to ensure competency
1146	20 hours
1147	any length of time while a pharmacist assistant is covering
1148	12 hours over 1 week
1149	7 days
1150	7 days at least
1151	As is at the moment.
1152	2 weeks. If someone is capable of covering for one hour then they are capable of covering a full day or a pharmacist's holiday.
1153	Whenever the supervising pharmacist, who is required under the 2007 pharmacy Act to be in whole-time charge is absent, he/she is temporarily absent. That is the time a PA is qualified under the terms of the PSI validated qualification is qualified to cover and would in normal circumstances cover lunch hours, days off, holidays, late nights, meetings. Defining temp abs in exact hours will make it an offence for a pharmacist to be absent for 5 minutes over the time set. In normal life things can happen that cannot be foreseen, people have accidents, children become ill, traffic jams etc. If patient safety is at the heart of pharmacy regulation, ensuring all of those handling medicines are competent to undertake their work safely should be the focus of any reforms. The solution therefore lies with bringing PAs under the PSI's core competency framework and making them subject to practice review and fitness to practice requirements. Pharmacists could be required to outline on registration how temp abs will operate on their premises, citing name of PA, CPD undertaken, SOP on hand over and support they will provide whilst temporarily absent.
1154	- Whenever the supervising pharmacist requires such as lunch hour, days off, holidays, late nights, meetings, sick leave. - Defining temporary absence in terms of exact hours will make it an offence for a pharmacist to be absent for five minutes over the time set. In normal day to day life things can happen that cannot be foreseen, people have accidents, children become ill, traffic jams etc. - If patient safety is at the heart of pharmacy regulation, ensuring all those handling medicines are competent to undertake their work safely should be the focus of any reforms. The solution therefore lies with bringing PAs under the PSI's core competency framework and making them subject to practice review and fitness to practice requirements. - Pharmacists could be required to outline on registration how temporary absence will be operated on their premises, citing the name of PA, CPD undertaken, SOP on hand over and support they will provide whilst temporary absent.
1155	20 hours
1156	Any time, including a full work shift, once there is a qualified assistant present to cover the pharmacist's work in their absence
1157	As they have always covered temporary absence of pharmacist why should that be changed?
1158	The temporary absence of a pharmacist has been covered by qualified assistants for over 45 years. This would normally be cover for lunch hours, days off, holidays. There is absolutely no

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	reason to change this, as it will cause hardship for pharmacists who may have unforeseen circumstances.
1162	8 hours
1163	As set by the superintendent
1164	one day per week and max 2 weeks holiday cover where the pharmaceutical assistant is employed full time in the pharmacy and has extensive experience in that pharmacy
1165	USUAL HOURS BEFORE THIS DEBATE.
1166	Whenever the supervising pharmacist, who is required under the Pharmacy Act 2008 to be in whole time charge is absent, he/she is in temporarily absent. That is the time the PA should and is qualified to cover and would in normal circumstances cover lunch hour, days off, holidays, late nights, meetings. · Defining temporary absence in terms of exact hours will make it an offence for a pharmacist to be absent for five minutes over the time set. In normal day to day live, things happen that cannot be foreseen, people have accidents, children who become ill, traffic jams etc. · If patient safety is at the heart of pharmacy regulation, ensuring all those handling medicines are competent to undertake their work safely should be the focus of any reforms. The solution therefore lies with bringing PAs under the PSI's core competency framework and making them subject to practice review and fitness to practice requirements. · Pharmacists could be required to outline on registration how temporary absence will be operate on their premise, citing name of PA, CPD undertaken, SOP on hand over and support they will provide whilst temporary absent.
1167	Not applicable.
1168	I would argue as per my points in number 4 above that the status quo should be maintained.
1169	It should cover lunchtimes and days off for the pharmacist and there should be no restrictions on dispensing types
1170	This should be worked out in accordance with the competency of the staff and the confidence of the pharmacist in the ability of the assistant to cover whatever time necessary while ensuring patient safety.
1171	Why does there have to be a max?
1172	4 hours
1173	If there is assistant on the premise this is the same as having a pharmacist with years of experience therefore pharmacy is in safe hand
1175	2 - 3 days
1176	Full cover for the pharmacist whenever they are absent
1180	3days
1181	2-3 Hours
1182	One day
1184	It should cover lunchtimes and days off for the pharmacist and there should be no restrictions on dispensing types
1186	One Day
1187	Time should not be defined
1188	Time should be defined between parties involved
1191	2 hours
1193	Time should not be defined
1194	Time should not be defined
1195	I work alongside a pharmacy assistant who is more than capable of covering absence and has more experience and knowledge than new pharmacists
1196	8 hours
1198	4 hours

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1199	As required
1201	Temporary absence cannot be defined
1202	I believe it would be appropriate for a P.A. to be in temporary charge during lunch hours, days off, late evening openings, unforeseen illnesses or accidents, holidays etc.
1204	Lunch hours, days off, and annual leave, along with any unscheduled short absences (e.g. illness or an urgent meeting)
1205	the same common sense should when defining how long a pharmacist in whole time charge can be absent. when the supervising pharmacist is not present they are temporarily absent. it should be that simple. no need to make it complicated
1206	I believe they should be able to carry out at least one full days work without a pharmacist on site
1207	3 to 4 days
1208	I don't believe there should be a change in status quo.
1209	The PA should cover lunch hour, days off, holidays etc. When the supervising pharmacist is absent. The PA is qualified to cover their absence.
1210	When the pharmacist is absent it makes sense for the assistant to cover these times such as days off etc.
1211	Existing timeframes
1212	TWO WEEKS
1213	The time should not be defined.
1214	Time should not be defined
1215	The discretion of the pharmacist ...15 hours
1217	PA should and is qualified to cover and would in normal circumstances cover lunch hour, days off, holidays, late nights, meetings. Defining temporary absence in terms of exact hours will make it an offence for a pharmacist to be absent for five minutes over the time set. In normal day to day life, things happen that cannot be foreseen, people have accidents, children who become ill, traffic jams etc. If patient safety is at the heart of pharmacy regulation, ensuring all those handling medicines are competent to undertake their work safely should be the focus of any reforms. The solution therefore lies with bringing PAs under the PSI's core competency framework and making them subject to practice review and fitness to practice requirements.
1219	Whatever employer decides
1220	1994 Agreement - cover lunches, days off and holidays
1221	1994 agreement
1222	If there is an assistant pharmacist there, then the pharmacist can be absent all day.
1223	Time should not be defined.
1224	I don't think there should be a maximum, rather the Pharmaceutical Assistant should be subject to the same CPD, Fitness to Practice, Audit as registered pharmacists.
1225	Defining temporary absence in terms of exact hours will make it an offence for a pharmacist to be absent for 5 minutes over the time set therefore temporary absence should not be defined in hours etc but as it is the temporary absence of the pharmacist for example on day off holidays lunch etc.
1226	The Code of Practice Agreement of 1994 defines temporary absence.
1227	There is no need whatsoever to change the current guidelines that have been in existence for years and where a vastly experienced PA protects the continuity of care to patients.
1228	the same amount that the supervising pharmacist who is in whole time charge is not physically present
1229	"Temporary Absence" cannot be defined in this context. In the day to day running of a retail pharmacy, absences occur for different reasons, illness, family circumstances, scheduled time off, bereavement etc. All unplanned and unforeseen. Therefore a specific period of temporary

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	absence cannot be defined.As a registered, professionally and legally qualified member of staff,I am professionally competent to safely conduct the business of the pharmacy in the absence of the pharmacist, regardless of the specificity of their absence. My professional capabilities are not bound by the movements of the clock.
1230	Have never heard of any problem with a PA so how do you define temporary. Lunch hours holidays and any other time the pharmacist needs. What's the problem.
1231	12hours
1233	Whenever the supervising pharmacist is temporarily absent, eg. lunch hours, holidays, meetings and late nights .
1234	8 hours
1235	No maximum. Should be whenever the pharmacist needs to be absent
1236	Leave as is
1237	Covering lunch hours, days off, holidays, late night, meetings
1238	In my opinion the time during which a PA should be allowed cover for a pharmacist is lunch hour ,days off,holidays,late nights and emergencies
1240	Whenever the pharmacist is absent,
1241	When ever the supervising pharmacist is absent.
1242	in normal circumstances temporary absence encompasses lunchtime, days off, holidays meetings and late nights as well as the myriad of unexpected events that can occur eg, illness, traffic jams. Restricting to one hour the PA's ability to cover places the Pharmacist under duress and compromises patient safety.Attempts have been made in the past to define temporary none of which proved succesful. Surely instead of being "hung up" on this issue the PSI should instead focus it's energies on how best to work with PAs within the framework of the quailification they obtained. The PSI accept registration of the PAs each year thereby inferring acceptance of the qualification.
1243	Time should not be defined
1244	PA should be able to cover lunch hour, days off, holidays, late nights and meetings
1245	I believe that Pa's with their level of experience and comptenece should not have thier level of prafctice restricted abd therefore this should apply to them. I aso believe that in the absence of both PA and registered pharmacist there should be no allowed period of absence while drugs are being dispensed.
1246	i believe PAs are qualified to cover lunch hours ,days off and holidays if patient safety is the heart of the issue the PSI should bring the PAs under the cor competency framework and fitness to practice requirments also pharmacistscould be required to outline on registration how temporary absence will operate on their premise citing name ofPA,CPD undertaken,SOP on hand over and support they will provide whilst on temporary absent
1248	Pharmacists should be required to state on their registration how temporary absence operates on their premises whether that be lunch hour day off or holidays. PAs should be required to the same practice review and fitness to practice requirements as a pharmacist thereby ensuring patient safety
1249	as it is at present to be able to cover for one whole day two half days in the week
1251	See my previous comment. Such a period of time could only be considered following a detailed comparative study to determine whether the normal professional duties of a PA in the safe and effective supply of medicine falls consistently below that of a pharmacist.At this point in time, no such evidence exists and for this reason the one hour appears entirely subjective, draconian and disproportionate. The 1995 guidance appears reasonable in the absence of such evidence and it appears to me the limitations on temporary absence provided therein appear reasonable and proportionate.
1252	I see no reason why a qualified assistant cannot continue to cover as is the case at the moment for the working day

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1253	Arrangement as is at present
1254	There should not be a maximum time
1255	I have been dealing with my pharmacist and her assistant for years and I thrust both of them equally.
1256	Duration of holidays, illnesses, maternity leave etc.
1257	Defining temporary absence in terms of exact hours will make it an offence for a pharmacist to be absent for five minutes over the time set. In normal day to day life, things happen that cannot be foreseen, people have accidents, children who become ill, traffic jams etc.
1258	Two hours
1259	2 weeks
1262	No Qualified pharmaceutical assistant expects to cover fully for a pharmacist(workload not withstanding). However a pharmaceutical assistant working over 30 hours in a business is fit to cover temporary absence that includes lunchtimes,weekly day off and annual leave . Also unforeseen circumstances due to illness bereavements etc. If statutory CPD were to be carried out this would ensure the Pharmacist would be confident to hand over in their temporary absence
1263	20 hours per week and 20 DAYS annual leave annual leave where QA is a full time employee
1264	As heretofore lunches, Days Off and short absences
1265	No time limit
1268	The qualified assistant has to date covered all cases of temporary absence should that be an hour,a day ,annual leave .The pharmacist is leaving a person in charge for these temporary absence confident in the knowledge that all pharmacy business will be conducted in a professional manner in said absence ,so unless it can be shown that current policy placing the general public at risk I have no concerns.
1269	Pharmaceutical Assistants are qualified to cover lunch ,days off and unforeseen circumstances
1270	Covering lunch hours, day off and holidays are all in my opinion temporary
1271	I do not believe that (within reason) temporary absence should be subject to a time limit. It is rather a question of what would define a 'temporary' absence of a registered pharmacist e.g. meeting, holidays, short term illness etc.
1273	Let the existing status quo continue.....it served me so well
1274	'Temporary' cannot be defined
1275	There is no need to define the time because temporary means just that and not "indefinitely" ,so it depends on the circumstances at the time.
1276	people are working last 40 years plus in job cany eliminate them over night they are retirement age shortly
1277	If patient safety is at the heart of pharmacy regulation the solution lies with the PSI bringing the PAs under their framework.
1278	8 hours (pharmacist day off e.g. saturday)
1279	No maximim
1280	There is no maximum or minimum time, qualified assistant is qualified to cover times such as lunch hour, holidays, days off.
1281	If patient safety is at the heart of pharmacy regulation, ensuring all those handling medicines are competent to undertake their work safely should be the focus of any reforms. The solution therefore lies with bringing PAs under the PSI's core competency framework and making them subject to practice review and fitness to practice requirements.
1282	required time it takes to cover pharmacist's absence
1283	LEAVE AS IS.
1284	no change to present situation

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1285	As it is now
1287	As is necessary .eg holiday cover , emergency events
1288	N
1289	it would be impossible to put a time on it other than when the pharmacist returns
1292	Leave the rules as they are
1293	pharmacists day off , holidays and lunch breaks
1294	Leave time as it is at the moment
1295	My pharmacist is usually present majority of time but an odd time he has to slip down to nursing home,collect children from school or something unforeseen and if he goes over his time ,defining one hour temporary absence would cause major problems.
1296	Pharmacist days off ,holidays and lunch hours
1297	Four - 6 hours at least
1298	Pharmaceutical assistants are qualified to work in the temporary absence of the pharmacist so that should be the time necessary for the pharmacist to take a day off, go on holiday, and any other short unexpected absence. It would be more risky to the patient if the pharmacist had to work while unwell and if the pharmacy had to close because a locum couldn't be found at short notice this would mean patients would have to do without their medication. I don't see how this would work. Pharmacists who are nit lucky to have a pharmaceutical assistant on their staff are always complaining about tge lack of locums available.
1299	I believe this should not be amended from current rules
1300	As it stands , lunch breaks , days off , pharmacists holidays
1301	There shouldn't be a restricted time limit due to the fact that they have been covering holidays days off and lunch breaks for the past number of years and why should this change now
1302	Pa qualifications allow them to dispense medicine and by extension they can cover temporary absence
1303	8 hours
1304	The time should be what ever time the supervising pharmacist deems the Q. P. A. To cover in their temporary absence during daily lunch and tea breaks. Days off and annual leave of pharmacist.
1306	PA's normally cover a pharmacists tempory absence during lunch times, days off, holidays, meetings, etc. Defining exact tempory absence times cannot be done due to outside influences beyond the control of the pharmacist. The answer is to bring PA's under the PSI competency framework and therefore make them subject to practice requirements if patient safety is a the heart of pharmacy regulation. Pharmacists could be required to outline on registartion how temporary absences will be operated on their premises, citing the name of the PA, SOP on handover, and support provided while temporarily absent and CPD that has been undertaken.
1307	a full working day 8-9 hours
1311	They are competent to transact the business of the pharmacist as stated and so this should mean what it has always meant, days off holidays, lunch breakdown and unexpected short absences.

Appendix C

Q.6 Rule 4(2) allows the period of temporary absence to be taken as one single period of 1 hour or as two or more periods of time amounting to 1 hour, in a given day. Do you agree that cumulative periods should be used to calculate the one-hour period?

11	I disagree with the one hour rule irrespective of how it is calculated
16	Don't feel it's relevant either way
18	I really don't understand the question.
20	completely impracticable in real life setting
27	I disagree that it is necessary to limit in such a fashion
31	DO NOT REFLECT REALITY
33	the time should not be restricted
34	Events may be the defining time factor not a written definition
37	Cumulative periods calculated by hours is one of the most ridiculous things I've ever heard, completely impractical . PA should be able to cover holiday periods for Pharmacist which should be calculated in days not to exceed a period of 1 month
40	How are pharmacists working alongside Pharmaceutical Assistants supposed to get an adequate lunch break???
44	It should not be only one hour
47	Agree that cumulative approach would be appropriate but strongly disagree to the proposed one hour absence.
51	As above
52	I disagree as I feel this time frame is too short
62	as i have written above
64	i disagree with it only being one hour
70	Maintain the current rules with regards to how long a PA can cover a pharmacist for (i.e. 2 half days, one full day, pharmacist's standard annual leave not exceeding 14 days)
74	Again these restrictions are unfair
77	This question does not apply as I have stated that I am not in favour of this 1 hour rule
84	THIS SERVES NO PURPOSE
90	Because I strongly disagree with the one hour limit.
92	See comments above

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93	What a load of nonsense. Who came up with this crap?
105	Do not agree with the 1 hour proposal as in previous questions
106	I do not agree with the one hour in any form
109	As above
112	this does not make sense and its ridiculous.
118	agree to cumulative but feel one hour is not sufficeint
126	Excessive restrictions again.
127	This should not be construed as agreement with the one hour period, but merely that any defined period should be on a cumulative basis
128	In the case of an emergency no need to have cumulative, very rare any one needs to leave twice in one day. if its an emegency the person wont leave and come back again to leave again
133	makes things too complicated
170	Pharmacist should not be absent
172	Why - did the pharmacist leave for an hour if reason is valid ie working time act / getting assaulted by robbers / helping injured members of the public that should not matter. Pharmacists should be allowed a break. And not live in fear or be looking at a watch if trying to deal with an extenuating circumstances
177	This does not allow for lunch breaks - many pharmacies are open 12 hours meaning the people working there are working 12 hour shifts - this should entitle people to take an hour break and a fifteen minute break
186	No I do not agree with this nonsense. Who would want to be employed for 2 thirty minute periods per day?
189	Matters none as our terms of employment have been utterly decimated.
207	2 hours of temporary absence taken in any which manner would be more realistic to allow for lunch breaks/ meetings/ early leaving
210	This level of thinking displays a complete disregard for the wealth of experience of a small group of health professionals who have provided patient care for more than 35 years in community pharmacy.
242	can be 13 hour days or more
248	I think cumulative periods should be allowed for flexibility but as stated above, I believe the time should exceed 1 hour per day
249	at least this allows break time for the pharmacist
251	Impossible to enforce cumulative periods

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257	Cumulative periods would allow for 'nipping in and out', which is a dereliction of a pharmacist's professional duty. A patient who requires complex pharmaceutical care can present at a pharmacy at any time
266	Responsibility for the activities of a pharmacy doesn't begin and end depending on 30, 60 or 90 minutes. We need to take a wider view of our profession and not be so pedantic.
272	irrelevant - please note comment above.
275	how would it be policed
292	Yes as if one hour at a time is allowed, this could lead to abuse of this regulation
312	1 day can be necessary, due to illness, appointments, geographically locums hard to find
320	should be able to be absent two periods of an hour since some pharmacists have to work longer than 9 hour shifts which means they should have two breaks
328	Yes cumulative should be allowed, but to a higher total
343	I agree that cumulative periods should be used but not amounting to 1 hour. Cumulative for up to 3 - 4 hours.
348	Cumbersome to implement - what is the point of this
350	If a shop is open 12 hours, a pharmacist will still need to work 11 hours even if an assistant is working all day. 15 minutes morning break, 45 minute lunch seems like insufficient break to me to be able to do a competent professional job
355	One hour lunch and 2x tea breaks would be sufficient.
365	An absence is an absence. Returning to the pharmacy means any queries etc can be dealt with, it should not influence future breaks.
368	allow cover for weekends or late nights
375	for reasons stated above and in submission from PAA
378	The existing rules should stay in place
386	seems odd that over a 13 hour shift that you could add up short absences
388	Rule 4 (2) allow time to be taken as one single hour or 2 more period amounting to hour, etc. Strongly disagree • For the reasons listed above and in the PAA's submission.
389	As above, the definition should not change from the current legislation
391	PA are well capable to cover as they have the experience and knowledge
395	I do not agree with your proposed 1-hour limitation for the reasons listed in the P.A.A.s submission.
396	For reasons listed under question 5.
398	See Question 5
409	This should be up to the supervising pharmacist
426	Even though I disagree with the proposed rules it would make more sense for this to be the case
437	The pharmacist should not be forced to work 12+ hour days without a break, as this is clearly a danger to patient health. Staffing levels should be appropriate for the level of dispensing business but there should be a minimum requirement to enable a double check

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443	Totally disagree that the period only be 1 hour
444	the idea of having to keep track of 5 or 10 minutes adding up to 60 minutes is unnecessary and quite a daft idea.
445	As previous
448	unfair and unworkable
452	this is petty nonsense
454	if it comes down to one hour then there should be a cumulative period
455	As above it does not need changed. If the new rules are introduced the role of the people involved will become defunct so the 'temporary absence' period will become irrelevant as they will become unemployable.
471	SHOULD BE ALLOWED TO COVER HOLIDAYS SICK LEAVE OR UNFORSEEN ABSENCE O F A PHARMACIST FOR A NUMBER OF WEEKS
474	Question begins "Rule 4(2) allows ..." I believe this is a poorly phrased, leading question that causes the reader to believe Rule 4(2) is extant rather than proposed. Moreover, it appears to support an a priori belief that one hour is the appropriate maximum absence.
480	I do not accept the 1 hour proposal so cumulative periods to me are irrelevant.
482	leave as previous
487	As mentioned in my above comments the temporary absence of a pharmacist by its nature cannot be defined and how can it be said that a person is only competent for a certain period of the day? Are you trying to say that these individuals are only capable of providing competency for 1 hour a day and after that period they are incompetent? This is a ridiculous rule. The former agreement should continue to stand. The pharmaceutical assistant qualification has been recognised up to now with their money collected for registration every year with every other pharmacist. I feel very strongly that any change now is highly inappropriate and hypocritical
488	Question begins "Rule 4(2) allows ..." I believe this is a poorly phrased, leading question that causes the reader to believe Rule 4(2) is extant rather than proposed. Moreover, it appears to support an a priori belief that one hour is the appropriate maximum absence.
494	I do not agree with the proposed 1 hour absence. Having worked previously with two different pharmaceutical assistants, I believe they are highly skilled and trained. The experience they have gained throughout there career has put then on par with pharmacists and I would be confident in these individuals to run the pharmacy during my absence. It is important to note that I no longer work with a pharmaceutical assistant and thus have nothing to gain through this opinion
511	ridiculous idea, really silly carry on
519	One hour is inadequate
532	Reason as before
533	Need enough time to allow bathroom breaks esp when toilets are not on the premises
540	One hour is insufficient
549	Wow, the attention to detail justifies a multimillion annual budget
550	What happens during holidays.. days off and unexpected sickness if we close the pharmacy patients suffer is that what the psi stands for now??
571	I disagree completely with 1 hour rule
572	Cumulative periods should be used to calculate the one/two-hours period
590	A pharmacy assistant should be allowed to take cover for any period of a single day not restricted to one hour in total
597	I think this proposal is overly simplistic and does not reflect the nuances of professional practice. The supervising pharmacist still retains the responsibility for oversight.
605	This is a daft notion. Do you propose the pharmacist wears a stop watch ?

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607	silly nonsense !! give inspectors real tasks to do.
608	I agree if there is a time limit
609	Pharmacists may need to be absent for longer than a one hour period , it is not practical
619	seriously ???? Is this a real question ??????
620	more stress for pharmacists worrying about how many minutes they have left to wolf down lunch..... its bad enough as it is.
621	a load of nonsense
624	One hour is too little time
635	I think that this question is neither here nor there as I disagree with the max period of temp absence being 1 hr
636	daft idea
637	cop on. is that what you need inspectors for? Sad
646	1hr a day gives the pharmacist lunchbreak. time/cover is also needed for paperwork and 2 pharmacists is not always possible esq in rural areas
647	Have inspectors really that little to do that they need to add up 5 minutes here 10 minutes there and so on to make up 60 minutes and feel they have done a great job if they catch someone one minute over one hour. Really !!!!!!!
649	temporary absence should not be confined to 1 hour
661	That makes no sense
664	This seems totally impractical on top of my view that the reduction from 14 days of this period is not in the public's interest. Splitting the suggested period into two piece, makes even less sense. I totally strongly disagree
667	This will not be workable. If I need to collect my child from school, am I do go without my lunch hour. A pharmacist working without a break poses a huge risk to patients. In the country, without pharmaceutical asistants, the risk to patient safety would have been huge.
668	This is so ridiculous it does not warrant energy wasted on a tick.
672	Both options are too short
684	"the one-hour" period is a time period that is not workable which demeans the qualification and experience of registered pharmaceutical assistants
685	Noone should have to work in small segments over a one hour period. It would not be productive or worth the persons time!!!
686	
687	How can anyone who disagrees with the one hour absence be expected to answer this. Cumulative periods could be applied but not for this
699	See comment 5
702	I don't agree with one hour period , However counted if there is Pharmacy Assistant covering it
714	yes cumulative for 3 hrs
715	this is arbitrary and incredibly simplistic not to mention demeaning to a registered professionals (both pa's and pharmacists)
721	Will not work for employer or pa
727	one hour cover is completely inadequate and unworkable
734	I disagree with the proposed time
770	This is unreasonable and unrealistic as per above
773	defining temporary absence in terms of exact minutes will make it an offence for a pharmacist to be over the set time by a matter of minutes. Sometimes unexpected things happen ill children traffic jams etc. Pharmacists could be required to outline on registration how temporary absence will operate in their business citing name of PA CPD undertaken SOP on

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	hand over and support they will provide whilst temporary absent. Patient safety is key and no pharmacist will allow any other qualified professional work in their business if they feel they are not competent.
778	For the reasons listed above and in the PAA's submission
788	Cumulative periods should be permitted to provide breaks especially during long shifts, but one hour period is not long enough.
791	As per comments in questions 4 and 5. Note...this question is biased. It assumes that one agrees that a maximum time period of 1 hour is acceptable.
801	an hour is wrong so two half hours is no better
806	In the absence of certainty that these rules will be approved, discussion of how to calculate the '1 hour' period is possibly premature.
808	as above
812	As above
813	as above I disagree with the concept of one hour at all
817	For reasons listed above and in the PAAs submission
819	Does not take account of the real world situation, will mean Pharmacists will be working huge hours with obvious patient safety implications, defeating the purpose
822	for the reason listed above and in the PAA's submission
828	As above
829	for reasons already stated
832	For the reasons given above and the PAA Submission
833	I agree with the concept of cumulative periods but absolutely not with the one hour for the reasons given above
834	as above
835	For the reason above and in the PAA's submission
841	do not agree with one hour
865	we are qualified to transact the buissness of a pharmacy during his or her temporary absence and the time cannot be definied unless it is changed in the English dictionary
877	I think one hour whether it is one period or not is too restrictive.
886	This makes no sense whatsoever.You cannot expect a pharmacy to pay some for 15 hours a week in order to cover tea or toilet breaks.
889	For the reasons listed above and in the PAA'S submission.
899	What is the difference, either option makes the QA unemployable.
908	If a pharmacist is able to get a break.. then it shouldn't be in increments as it is of no benefit to their mental well-being
911	You cannot ask a business to employ someone for 15 hours in order for them to cover shore periods.
917	refer to PAA's submission
918	Up to Holiday leave
920	for the same reasons in my comments in the previous question.
928	See answer 5.
936	For reasons listed above
942	for the reasons listed above
945	How would anyone believe that this is acceptable or workable
947	For the reason listed above and in the PASs submission

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964	The one hour period is unworkable and may well lead to legal challenges and claims for compensation as well as treats of discrimination. This new proposal seeks to alter the assistants working conditions. Many of these people have been employed for decades.
965	Why is one hour now being suggested as she has been there many years ! If one hour then she would be made redundant and who would we get eg a locum?? Who doesn't know me ?
966	I disagree totally as why would you change what is working from my experience of my local pharmacy
967	See my answers for Q 4 and Q5.
968	See answers to questions 4 and 5
969	One hour absence is not enough! They have been all their qualified life allow to practice for longer periods
970	For the reasons listed above and in the PAAs submission
975	Do PA's not work with professional pharmacists who know that the PA they have employed for usually 20 years or more knows their patients better than any locum and carry out their duties with patient care foremost in their mind.
977	As per answers to questions 4 & 5
980	for the reasons listed above
981	for the reasons listed above
985	as listed above
987	For the reasons listed above and in the PAA's submission.
989	lacks logic and knowledge of community pharmacy
991	orking Time Directive Regulations. Breach of this regulation would pose significant risk to patient safety.
995	As per the above, an hour - split or not - is not a reasonable definition of "temporary absense"
998	For reasons listed in the PAA submission
1002	For the reasons listed in the PAA's Submission
1005	I believe cumulative time should be allowed however the proposed time of 1 hour is utterly disgraceful.
1010	For reasons outlined above
1012	FOR THE REASONS LISTED ABOVE AND IN THE PAA'S SUBMISSION.
1014	See 4
1018	see above
1026	see above
1034	I strongly disagree as it will make it an offence for pharmacists if he/she goes over the one hour ?? Would it not be best to include PA' S CPD and FITNESS TO PRACTICE if the PSI really has patient safety as priority ????????????
1037	If you would like to provide a comment please use the box below.
1039	Should be one full day
1040	Defining temporary absence in terms of exact hours will make it an offence for a pharmacist to be absent for five minutes over the time set. In normal day to day live, things happen that cannot be foreseen, people have accidents, children become ill, traffic jams etc.
1042	no this proposal is silly - it devalues their contribution
1046	It is an insult to their years of experience
1047	I am unable to accurately answer this question as I do not believe in the 1 hour absence limit
1048	I propose that cumulative periods should be used to calculate a three-hour period
1052	I do not agree that the temporary absence should be one hour or cumulative to add up to this.

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1057	The operational details of attempting to calculate cumulative totals on a daily and verifiable basis, seems patently unworkable.
1066	Madness!
1070	Again, an unnecessary change to the current guidelines. Simply document the hours more accurately in the duty register as to who is covering when.
1071	No need to define period
1072	see above answers
1073	What happens when the pharmacist is involved in consultations?
1084	This doesn't make any sense to me, sounds like more ticking boxes and not helping customers
1085	One hour a day is not sufficient for any professional to have off in any given day
1090	It is not reasonable or practical in a real live pharmacy when a pharmacist may be delayed at a meeting, fall ill some morning and locum is delayed. Does this mean the pharmacy closes when the hour is up. If there is any 'awkward' or specifically listed items these can wait but for the rest business should continue as normal. Be reasonable and practical and visit the real world.
1093	This question suggests agreement with one hour in the first place, which I don't. The survey itself is poorly designed unfortunately.
1094	Qualified assistants who obtained their QUALIFICATIONS 40 years ago and have professionally and competently been dispensing medication should be allowed to continue working whatever hours are agreed between them and the pharmacist.
1095	Nonsense. This would create work in pharmacies, having to clock watch would distract from safe dispensing. Pharmaceutical Assistants on staff would now be a nuisance and a burden to their employers, relationships would deteriorate and this would actually put patients and the public at risk.
1097	As Above
1111	Read my previous comment! Temporary cannot be defined as such in many instances.
1113	This had not applied to date: why now!
1114	As above
1115	Not applicable; I don't agree to limiting time
1119	stop nit picking
1121	I don't agree with one hour rule in any case
1123	I don't think a one hour period is adequate whether it is cumulative or not.
1128	For reasons listed above.
1131	Do not agree with one hour as a maximum and feel very strongly that pharmacists should all take proper breaks,
1133	every case is different so one cannot put an exact time on it.
1134	Defining temporary absence in terms of exact hours will make it an offence for a pharmacist to be absent for five minutes over the time set. In normal day to day life, things happen that cannot be foreseen, people have accidents, traffic jams cause delays, appointments run later than expected etc
1140	see above
1141	For reasons listed in question 4 and 5
1144	The Pharmaceutical Assistant will most likely have lost her job if this is implemented so this will be irrelevant.
1145	No need, find a way to ensure competency. Ask the pharmacists these people work for.
1151	I have often presented over the years when the pharmacist was on holidays and the level of service I got from qualified assistant was of equal quality even when pharmacist was present.
1153	For reasons in q.5

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1154	For the reasons listed above and in the PAA's submission.
1156	Ridiculous suggestion, doesn't take into account the reality of day to day life in which any number of situations could arise extending a lunch break, or similar, leaving the pharmacist no freedom to even use the bathroom when required for the remainder of the day!
1157	This indicates that the Pharmacy is to close if a Pharmacist is momentarily unavailable for minutes over one hour per day. This sounds crazy. Patient care is not being catered for.
1158	It is ridiculous to make it an offence for a pharmacist for a pharmacist to be absent for more than one hour in a day, when there is a qualified pharmaceutical assistant working on the premises as well.
1166	For the reasons listed above and in the PAA's submission.
1167	Any effort to implement apply a 'one size fits all' regime is doomed to failure as it does not take account of the range of pharmacies serving the community. These can be small practices serving rural towns and their hinterland all the way up to a city based branch of an international chain. In all circumstances provision has to be made for 'force-majeure' situations requiring the sudden unavoidable absence of the supervising pharmacist. Therefore there must be no limitations set- otherwise the safe supply of medications may be interrupted.
1168	As per my comments above, I fundamentally disagree with the 1 hour limit. also to note that with increasing pressure to facilitate work/ life balance for all staff, the removal of the PA as part of the weekly rostered staff is likely to have an overall negative impact on staffing. Ultimately this will impact negatively on patients- pharmacy opening times will likely have to be reduced to facilitate pharmacists with personal family commitments.
1169	If an assistant is capable of covering a lunchtime break then they are also capable of covering rest periods as well and this should not be restricted to one hour
1170	This should not be necessary given the reasons listed under Q.5 above
1173	Assistant pharmacy with their year of experience are better employees than young pharmacists with little experience
1176	I strongly disagree that the temporary absence should be one hour
1181	The Pharmacist should be available to contact even when not physically present in the shop.
1184	If an assistant is capable of covering a lunchtime break then they are also capable of covering rest periods as well and this should not be restricted to one hour
1186	This is a subsidiary question of question 3 and presents an invalid choice
1202	It would not be practical, or indeed safe, for a pharmacist to work with only one hour break from 8.30 a.m. until 9.00 p.m. on late night openings and it would be extremely difficult to organise a locum in the event of sudden illness or non-attendance of the pharmacist.
1205	if that is considered a sensible approach then god help us all.
1208	For the reasons listed above on previous answers.
1212	TOTALLY UNWORKABLE PROPOSITION
1222	If there is a qualified assistant pharmacist present, then the pharmacist can be absent.
1226	This question is irrelevant as temporary absence is not defined as one hour. The Code of Practice Agreement of 1994 defines temporary absence.
1227	Bureaucratic nonsense - underlines the total disconnect from the real world of delivery of quality patient care.
1228	how do think would work in a busy pharmacy ? a stop watch ? an egg timer ? ah lads come on !!!!! Who's daft idea was this ?
1229	Totally impractical
1230	Look at comment on no 5. No pharmacist is going to leave an incompetent in charge
1238	See above and also. Refer to the PAAs submission
1242	as above and also please refer tyo the PAA's submission

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1245	I strongly disagree that the idea of compency should be allowed to fluctuate in this way as if a person is deemed to be competent then how can they also be restricted in practice after 60 minutes. PA's have always been deemed competent and practiced in a way that indicates so therefore why should their competence now be called into question after 60 minutes of working??
1246	this is an insult to our profession as this is what we have done for the last 40 years and now being reduced to one hour a day
1248	For reasons listed above
1251	As previously outlined the one hour limitation is flawed and entirely arbitrary. If the one hour is based on a perceived risk to patient safety, then PAs shouldn't be permitted to cover for a pharmacist for any period of time in that they could compromise patient safety in that one hour period.
1252	I have already disagreed with reducing the time, why ask the question again in this way?
1255	What just one hour. What about days off or holidays or unexpected absences.
1256	I am a Registered Qualified Pharmaceutical Assistant paying 190 euro per year to practice alongside a Registered Pharmacist and in his /her temporary absence regardless of duration.
1262	a ridiculous amount of time that could be covered. this does not even allow the supervising pharmacist time to have lunch or toilet break. tired stressed supervising pharmacist cannot provide great patient care.
1268	As I believe an hour is totally impractical, how it is calculated is irrelevant.
1269	Reasons listed in PAA submission
1270	It doesn't make sense as listed above. One hour a day however calculated will not be enough most days.
1271	As I stated earlier, placing a defined period such as 1 hour on temporary absence is a nonsense.
1273	Do not agree with any of this
1275	same comment as given to question 5
1276	next I'll have to clock in and out to go to toilet !!
1289	complete and utter rubbish talking about dividing one hour into two half hour periods
1295	Common sense seems to be non-existent when it comes to this new ruling. It's like we are being treated like children. You can have 2 half hours or one hour. You choose. Go over that and you will put your public at risk. "it would be laughable if it went ahead
1297	This is a totally ridiculous notion..We are discussing Pharmaceutical Assistants ...highly trained professionals..they should not be discriminated like it reads !!
1298	Totally unworkable nonsense
1304	Are you for real. Do the P. S.i. want all P. A. TO BE MADE REDUNDANT AFTER ALL THEIR SERVICE TO Pharmacy after 40 years. This is unreal. Would happen in any other profession.
1306	I strongly disagree because of the reasons listed in my comments in parts 4 and 5. And in the PA's submission.
1311	Nonsense, expecting pharmacists to clock watch around one employee would only create work and ill feeling and this annoyance would impede concentration and increase the risk to public safety not decrease it.

Appendix D

Pharmacy Owners, superintendent and supervising pharmacists

Q.7 Rule 5 (1) acknowledges the requirements already in place in (S.I. No. 488 of 2008). It requires that, in so far as possible, in circumstances where a pharmaceutical assistant is acting in temporary absence of pharmacist that the superintendent and/or pharmacy owner be satisfied as to the knowledge, skills and fitness to so act. Do you agree with this principle?

11	Yes they should have to uphold all of the principles and codes followed by all pharmacists including CPD and this should be overseen by the supervising and/or superintendent.
16	The pharmacist should be able to decide length of time based on competence of PA as they know them best
34	Nobody is going to ruin their business with an incompetent in place
35	PA's should be subject to CPD and training requirements similar to pharmacists
37	They have all over 30 years experience. If a Pharmacy Owner, superintendent or supervisor did not think they were fit to act they should not or would not employ them in them in the first place
52	I feel what the pharmaceutical assistant is capable of doing should be up to the supervising pharmacist and that the suggestions made by the PSI for what they are capable of are far too restrictive
62	qualified assistants that i have know over the years are diligent hard working taking great care in their cpd constantly reading journals and always patient care are to the front of their day to day work
90	Yes this makes perfect sense. What pharmacist would want a sub par professional looking after their patients?
92	In the same way that pharmacy owners, superintendents pharmacists and supervising pharmacists should be satisfied as to the skills and ability of ALL staff
112	to work along side the person for a length of time and then one decides if this person is suitable or not
126	All pharmacy owners are best served by having competent , professional people working for them - whether QA , local or agency pharmacy staff.I believe this is always considered by the pharmacy owner anyway unless in emergency - and even then a suitably qualified person must be employed if business stays open.
133	Pharmacy assistants have assisted Pharmacists for many years, I have never once questioned their own ability to work professionally and effectively.
139	CPD should be mandatory
170	Qualified assistant is not a pharmacist and should not be allowed to cover
172	Most have been working for years covering pharmacies in exemplary way for decades. There is a debt our profession owes to these individuals and that is not to demean their work or status
177	The employer, managing pharmacist etc. Should be able to trust the person they are working with. This applies to all areas of work, not just pharmacy. You have to be able to trust the ability of the person you work with. If you are not fully satisfied, that is up to you and you alone to make the call on this particular individual.
186	As superintendent pharmacists we are more than capable of having procedures in place that our PAs can work seamlessly in our absence and we know our pharmacies will be in safe hands in the

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	interim. This partnership between pharmacists and PAs has worked for 40-50 years and will continue to do so without interference from the PSI
189	I have no problem whatever in having my competence assessed.
204	I don't believe that any PA would act in absence of pharmacist unless they themselves felt they were competent. The patients are always first priority for any PA.
207	QA's should have mandatory CPD and attend ICCPE seminars/ lectures
210	i think a one line answer to this question is probably impossible, but there is no reason why competency standards can not be drawn up that satisfy the PSI and can be demonstrated by the PAs.
216	My pharmacy assistant as well as working full time and knowing every nuance of the business takes a full part in ipu academy event's
249	by virtue of the fact that a pharmaceutical assistant is registered by the PSI and has completed the requisite requirements for registration should ensure that they are competent
257	As the qualification of pharmaceutical assistant is now very old, and as there is no accredited system for CPD that I am aware of, or fitness to practise legislation governing pharmaceutical assistants, it is my opinion that a superintendent/owner can never be satisfied that the knowledge is equivalent to a licensed pharmacy graduate.
266	We are respected as professionals by the public to make decisions, it would be refreshing if the PSI held similar views to the public.
272	It has already been well established that those listed above are responsible for the competence of any staff working in their pharmacy - regardless of the entries held in the public register. The above rule does not change this.
279	If they have the qualifications then they are trained
312	allow them to complete CPD
338	Impossible to adequately evaluate competence.
339	Access to their CPD records necessary to have complete transparency to their level of CPD & skills, knowledge
348	Just as you should with a pharmacist
365	They wouldn't be hired otherwise.
373	But I also feel that the pharmaceutical assistants should have to partake in some sort of CPD as well.
375	This is already covered by Pharmacy Act 2007. A pharmacist employing a PA is well able to judge the skills, experience and knowledge of their employee. A PA providing cover for their employer pharmacist is in a better position to know the practice and meet the needs of patients than a stranger coming in as a locum.
378	It is the responsibility of the PSI to be satisfied as to the knowledge, skills, and fitness to so act of any professional who provides pharmacy services to the public through CPD and fitness to practice. To do otherwise is a failure on the part of the PSI to fulfill its role.
382	Pharmacist have worked with PA so know how they work as against a locum
383	I am well capable of establishing if a PA is competent to cover in the temporary absence thereby ensuring patient safety
386	I think tasks should be delegated based on ability
388	This is already covered by Pharmacy Act 2007. • Pharmacists employing PAs to cover their temporary absence are well placed to judge the competency of PAs (skills, experience and knowledge) ensuring patient safety and mitigating the need to define temporary absence to a

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	set time. • Pharmacists have worked with the PA providing cover so know their practice better than a locum pharmacist they may never work with.
389	Comply with the same CPD requirements as pharmacists
395	Already covered by Pharmacy Act 2007
396	This is already covered by Pharmacy Act 2017. Pharmacists employing P. A.'s to cover their temporary absence are well placed to judge the competency of P.A.'s (skills, experience and knowledge) ensuring patient safety and mitigating the need to define temporary absence to a set time. Pharmacists have worked with the P. A. providing cover so know their practice better than a locum pharmacist they may never have worked with.
422	I'm an employee pharmacist
437	I have worked alongside many Pharmaceutical Assistants in many different pharmacies. Their experience is invaluable to the profession and they are a great support to me as a pharmacist. They are often of a higher standard than the average locum pharmacist and this is the area the PSI should be concentrating on. The Pharmaceutical Assistants are extremely aware of their limitations and never, in my experience, overstep the mark
443	The PSI is the regulator. It should be responsible for the knowledge, skills and fitness to act of assistants through CPD and practice review. It should not outsource it's duty, function and responsibility to others.
444	does not need stating
445	PA is either qualified or not as per pharmacist
452	already in an S.I
455	This has always been the case and has worked well.
457	At the end of the day it's going to be the pharmacist that is signed on in the book that is going to get all the repercussions if something goes wrong. Not the superintendent or the pharmacy owner.
471	CONTINUE EDUCATION WITH CPD
474	Unsure if this question is aimed solely at pharmacy owners, and superintendent and supervising pharmacists, but would guess that few in any group would disagree that this is a sound principle. Question is how many, if any, pharmaceutical assistants have not the requisite knowledge, skills and fitness to act; and how the Regulator is tackling, or planning to tackle, this problem, if it is a problem? Again, there needs to be evidence, national and comparative, that pharmaceutical assistants, or analogous grade elsewhere, pose a proven, unacceptable risk to patient safety. Also, what would be the best mitigating strategy? CPD? Professional Indemnity Insurance? Both?
487	a pharmacist is capable of making their own judgement as to whether the pharmaceutical assistant is competent to act in the absence of a pharmacist. They are aware of the qualification these individuals have been awarded and the very fact that this qualification has been accepted for the last number of years proves that their knowledge skills and fitness to act is accepted and satisfactory based on the training they were given. CPD should be mandatory for all individuals acting in a pharmacist capacity.
488	Unsure if this question is aimed solely at pharmacy owners, and superintendent and supervising pharmacists, but would guess that few in any group would disagree that this is a sound principle. Question is how many, if any, pharmaceutical assistants have not the requisite knowledge, skills and fitness to act; and how the Regulator is tackling, or planning to tackle, this problem, if it is a problem? Again, there needs to be evidence, national and comparative, that pharmaceutical assistants, or analogous grade elsewhere, pose a proven, unacceptable risk to patient safety. Also, what would be the best mitigating strategy? CPD? Professional Indemnity Insurance? Both?
493	it doesnt matter whether its a pharmacist or an assistant covering -you need to be confident in their ability

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494	May I ask why the PSI are only concerned with altering/reducing the temporary absence rule instead of supplying training modules etc to enhance this groups performance levels? This is the real issue.
511	already in an S.I. ! Then this rule is irrelevant
516	cpd for pharmaceutical assistants, if they are carrying out the same duties as a pharmacist then they should have the same cpd requirements
518	Through the requirement for CPD as per MPSI (IIOP)
521	You need to make a categoric statement regarding the cover
532	The onus is on the PSI to develop a CPD system for qualified assistants.
540	All registered qualified assistants have years of experience and gains knowledge over years on the job
549	How on earth can a supervising pharmacist, any other mortal or even god take responsibility for another individual? That's the job of the PSI, who are more important than all of the aforementioned
550	A pharmacist is not going to leave an incompetent individual in their place and to suggest otherwise is disrespectful
556	Why did the PSI not include PA in CPD programme??
565	the qualified assistant who works with me is better than any pharmacist young or old who has worked with me at my place of business i am satisfied that my place is in safe hands when i am away temporarily as you cannot beat forty years of unrivalled excellence and professionalism
568	I think it's the psi responsibility to ensure they are of requisite competence to fulfil a limited task list
571	It is the responsibility of the PSI to act as regulator and not to abdicate this responsibility to individual pharmacists. Assistants should be required to undertake CPD and be subject to Fitness to Practice
579	They should also be accountable for their knowledge, skills and fitness to practice as a pharmaceutical assistant. Simple too easy to blame the super intendent pharmacist. What guidelines have the psi provided to Pharmacy superintendents to measure a pharmacist or assistant ability to practice in a role.
597	The assistants I have worked with over the years are much better at CPD than pharmacists, are highly motivated to stay up-to-date, and attend CPD meetings and do extra learning proactively. Please do not inadvertently disrespect their extensive knowledge and dedication.
605	Already in place !!!!
607	Already covered. No need for comment
609	This can be achieved by inclusion in a continuous education programme
614	They should have CPD requirement and a test that they could pass to prove fitness to practice.
619	Dealt with adequately already
620	yes, as we would with any staff member
621	odd question it is in the 2007 act so unnecessary to refer to that here
627	Superintendent pharmacist should have this responsibility as the pharmacy owner may not be a pharmacist and may not be a good judge of fitness to practice
633	I am not in this category.
635	Yes I think that is a given. PAs should be included in the required CPD and fitness to practice as this is the best way to be satisfied with knowledge etc instead of using someones subjective judgement
636	whatever happened to common sense ? already in the act
637	if its already in place then why mention it again ?
647	That is already in the act so requires no further comment

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649	pharmaceutical assistance hold relevant qualifications as do pharmacists and should be included in cpd
652	Their registration and CPD monitoring by the PSI should ensure this
661	My boss wouldn't employ anyone who cannot do their job
664	Yes of course
667	Yes,superintendent pharmacist must already ensure staff have skills and knowledge to act. I think this is the way to go as having worked with a person for 17 years, I am well placed to judge her competencies and I can tell you I trust and prize the knowledge, skills and wisdom. She knows my customers, GPs in the area, keeps up to date on all new medicines etc so poses no more risk to patients then I do. I can not say the same for some locums I've had and only able to judge their skills and knowledge after or when I come across mistakes.
668	This is already provided for in the act
671	Obviously the QA works alongside the pharmacist on a regular basis so that the QA or may I add locum pharmacist is aware of how he/ she wants his/ her business conducted
676	Pharmaceutical assistants should be allowed to submit a portfolio of their work similar to that of a pharmacist after having attended a continuing education lecture
684	the reason many assistants are employed is the fact that employers know that their business is in "safe hands" when they are temporarily absent
685	The assistants have been qualified and working in practice for many years I do not feel that it is fair to question their skills/knowledge/fitness to act. At the end of the day they are professionals.
687	It would be incumbent always on the specified persons, esp.the superintendent pharmacist (but not excusing the owner) to be so satisfied--and that is what the PSI should focus on, not a strict time defined limit, but confidence in the decision making ability of the superintendent pharmacist.
695	It is the responsibility to insure this in reregistering the person yearly.
699	Superintendent and Supervising Pharmacists are currently required to be satisfied with the skills and knowledge of pharmacists/technicians and qualified assistant currently so this is already being achieved
710	I agree to this in the same way the superintendent/pharmacy owner should be satisfied as to the knowledge, skills and fitness to act of all Pharmacists who work for them. Of course the superintendent/owner assumes if the pharmacist/PA is on the PSI register than they have already been deemed competent and therefore ready to work. Is this not the function of having a regulator and a register? If the superintendent/owner has to personally deem someone competent than the same should be done of all pharmacists? This is why CPD/Fitness to practice has come into affect. Could the same not be done for PAs?
714	any qualified person be it pharmacist or QA , must be qualified and the superintendent must be satisfied as to their appropriateness to cover
727	yes as we do currently---no change
735	CPD for PAs..I believe they would willingly agree to this
770	This is covered by the Pharmacy Act 2007
773	This is covered under the 2007 pharmacy act. Pharmacists employing PAs to cover in their temporary absence are well placed to judge the competency of PAs. PAs know their business and patients well better than any outside locum who has never worked there. Ensuring PAs come under the core competency framework ,fitness to practice review and mandatory cpd can achieve confidence in competency.
774	Pharmacists have worked with the PA providing cover so know their practice better than a locum pharmacist they may never work with
778	This is already covered by Pharmacy Act 2007. Pharmacists employing PA's to cover their temporary absence are well placed to judge the competency of PA's ensuring patient safety

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	and mitigating the need to define temporary absence to a set time. Pharmacists have worked while the PA providing cover so know their practice better than a locum pharmacist they may never work with
791	Of course! This is a basic and standard requirement and expectation of all service providers across all fields. It is also insulting to pharmacist that this question suggests that they currently allow unskilled professionals to provide a service in their absence. I am positive that all pharmacists who employ pharmaceutical assistants are well aware of their skills and abilities and employ them to work safe in the knowledge that thier clients are provided with an excellent, safe and professional service. In order to stream line the process of accountability, competency and minimim professional standards, it would be reasonable and sensible to include pharmaceutical assistants in the statutory competency framework.
800	This is already covered by Pharmacy Act 2007. Pharmacists have worked with the PA providing cover so know their practice better than a locum pharmacist they may never work with
801	cpd/fitness to practice etc
808	pa's are qualified competent and very responsible
812	This is as I expect is the way it is always done, I expect my local pharmacy to have well trained staff
813	I fully trust my local pharmacy, and would expect anyone working there would be competent, i'd expect nothing less
817	Already covered by pharmacy act 2007...pharmacists employing pharmaceutical assistants to covert their temporary absences are well placed to judge the competency of pharmaceutical assistants.....skills experience and knowledge...ensuring patient safety and mitigating the need to define temporary absence to a set time.pharmacists have worked with the PA providing cover so know their practice better than a locus pharmacist that they may never work with
822	Pharmacists have worked with the PA providing cover so the PA knows the practic better than a locum pharmacist whom they may never have worked with.
823	· This is already covered by Pharmacy Act 2007. · Pharmacists employing PAs to cover their temporary absence are well placed to judge the competency of PAs (skills, experience and knowledge) ensuring patient safety and mitigating the need to define temporary absence to a set time. · Pharmacists have worked with the PA providing cover so know their practice better than a locum pharmacist they may never work with.
829	pharmacists have worked with the PA providing cover so know their practice better than a locum pharmacist they may never work with
830	Pharmacists employing PA's to cover their temporary absense are well place to judge the competency of PA's, ensuring patient safety and mitigating the need to define temporary absence to a set time.
832	Continuity of Care is of the utmost importance in providing a service and support to patients. A PA who has worked alongside a Pharmacist is more aware of the background in Patient Care of the individuals. A Locum Pharmacist, who has never worked with the Pharmacist, may not know the background in the cases presenting. As a PA, I have regularly done CPD when offered.
833	If there was compulsory CPD for RPAS it would give the pharmacist objective measurements and also the pharmacy's SOPS can formalise policies and procedures, all governed by a Code of conduct
834	Pharmacists employing PA's are competent by nature and can be trusted to judge their competency, skills, knowledge and experience. This ensures patient safety. PA's are better placed than locums to provide cover in a pharmacists temporary absence as they are familiar with the shop and the patients, their individual treatments and they have worked with the pharmacist under their experience and expertise.

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835	Pharmacists have worked with the PA providing cover so know their practice better than a locum pharmacist they may never work with.
843	I have every confidence in knowledge, skills and experience of Pharmaceutical Assistants
877	All Pharmaceutical Assistants (PA) are vastly experienced; 30 years plus. They have served Pharmacy very well. The Pharmacist that they work under is best placed to make that judgement. In 40 years practice, I have worked with six PAs. It has always been a positive experience for me, but more important I believe that the patient/customers they have served have confidence in them.
886	We all take part in Continuing Education, and our employers would not keep us on if we didn't prove competent. Every pharmacist and pharmaceutical assistant agree that patient safety is the most important part of our work.
889	Pharmacists have worked with PA's providing cover so know their practice better than a locum pharmacist they may never have worked with.
906	COVERED BY PHARMACY ACT 2007
909	Pharmacists employing PAs to cover their temporary absence are well placed to judge the competency of PAs (skills, experience and knowledge), ensuring patient safety and mitigating the need to define temporary absence to a set time.
911	Pharmacy should provide suitable training for Assistant
916	This is already covered by Pharmacy Act 2007
917	It was not the intention of the Pharmacy Act 2007 that PAs would manage a pharmacy. However PAs are qualified to transact the business of the pharmacist in their temporary absence
920	Pharmacists who employ PAs have worked alongside us and continue to do so, in some cases for many years. They would hardly leave us covering their pharmacy, dispensing to their patients, and looking after their business, if they didn't have full confidence in our competency and professional skills to do exactly that !!
925	Pharmacists have worked with PA providing cover so know their practise better than a locum pharmacist they may have never worked with
928	As pharmacists and qualified assistants work side by side on a regular basis their knowledge, skill, and fitness to act would already be known.
931	As they are working together on a constant basis, surely the pharmacist is already satisfied with the knowledge, skills, and fitness to act of the qualified assistant
945	Obviously as with any other employee..employer should know capability and skills
947	Already covered by Pharmacy Act 2007
951	Pharmacists employing PA's to cover their temporary absence are well placed to judge the competency of PA's (skills, experience and knowledge) ensuring patient safety and mitigating the need to define temporary absence to a set time.
955	Pharmacy assistants are highly qualified and have excellent experience working with the pharmacist in the pharmacy. This experience should be considered in this case.
963	Pharmacists have worked with the PA providing cover and therefore know their practise better than a locum pharmacist whom they have ever worked with. Pharmacists employing PAs to cover temporary absence are well placed to judge the competency of PAs, their experience, knowledge and skills. ensuring patient safety and mitigating the need to define temporary absence
964	Introduce CPD for assistants
965	She is great !
966	She has been in my local pharmacy for years covering the pharmacists day off and I am very confident about the care she gives me.
967	Qualified assistants work with pharmacists routinely and, therefore, pharmacists already know the competencies of assistants.

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968	As Qualified Assistants work alongside pharmacists on a regular basis the pharmacists are aware of the expertise and skill set of the Qualified Assistants.
970	This is already covered by Pharmacy Act 2007
973	This is already covered by pharmacy act 2007
974	this is already covered by Pharmacy Act 2007
975	I thought that this was covered completely already in the Pharmacy Act 2007?..
976	This is already covered by Pharmacy Act 2007
977	As pharmacists and pharmaceutical assistants work side by side on an ongoing basis it is safe to say that pharmacists are well placed to assess the knowledge,skills, experience & fitness to practice of the pharmaceutical assistants they work with.As this is the case pharmaceutical assistants practices are better known to their colleagues than those of a locum pharmacist.
980	pharmacists have worked with the PA providing cover so know the practice better than a locum pharmacist they may never work with
981	this is already covered by pharmacy act 2007
983	Inclusion of PAs in the existing Fitness to Practice and CPD requirements is the obvious method of ensuring the knowledge, skills and fitness to act for registered professionals.
987	This is already covered by Pharmacy Act 2007.
988	This is already covered by pharmacy Act 2007
989	Continuous assessment by superintendent or supervising pharmacist
991	Pharmacists employing PAs are familiar with their experience ,skills and knowledge of the specific pharmacy and patients.
995	A pharmacist has a duty of care to patients and must ensure those tasked with dispensing medication are capable and experienced; for example, a trusted Qualified Assistant with anywhere from 30 to 40+ years experience
998	This is already covered by the 2007 pharmacy act and pharmacists who employ PSs are well placed to judge the competency of PAs
1000	To my knowledge, PA's are qualified to carry out the duty of a Pharmacist in their absence and I'm sure the Pharmacist or superintendent who works alongside their PA colleagues should be very aware of their competency levels and have trust in their ability to carry out their pharmacy duties effectively
1002	Pharmacists have worked with the PA providing cover so know their practice better than a locum pharmacist they may never work with
1005	This applies to pharmaceutical assistants and pharmacists alike. The superintendent pharmacist should be satisfied as to the knowledge, skills and fitness to so act of all employees working within the pharmacy. Therefore this does not apply solely to pharmaceutical assistants.
1010	I understand that this is already covered under legislation.
1012	THIS IS ALREADY COVERED BY PHARMACY ACT 2007.PHARMACISTS EMPLOYING PA's TO COVER THEIR TEMPORARY ABSENCE ARE WELL PLACED TO JUDGE THE COMPETENCY OG PA'S SKILLS,EXPERIENCE AND KNOWLEDGE ENSURING PATIENT SAFETY AND MIGATING THE NEED TO DEFINE TEMPORARY ABSENCE TO A SET TIME.PHARMACISTS HAVE WORKED WITH PA PROVIDING COVER SO KNOW THEIR PRACTISE BETTER THAN A LOCUM PHARMACIST THEY MAY NEVER WORK WITH
1014	Provided there's a sensible definition of "knowledge, skills and fitness "
1026	of course the pharmacist should be satisfied with the standard of the assistant
1030	pharmacist have worked with the pa providing cover so know there practice better than a locum pharmacist they may never work with
1034	I have worked with a pharmacist for the past 20 years and to be honest she would much prefer to have me cover her absences than bring in a locum which is very difficult outside of Dublin

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	and using agencies you never know until the day before which locum will be coming to cover . She knows that my competency in looking after her customers safety is excellent .
1038	Pharmacists employ Pharmacy Assistants on the basis of competency and therefore would have no problem with them covering for their absences. They have been employed long term and know the business very well
1040	This is already in place. Pharmacists have worked with the pharmaceutical assistant providing cover so know their practice better than a locum pharmacist they may never work with.
1042	this principle applies to all employed in a pharmacist to provide professional services
1050	Pharmacists employing PAs to cover their temporary absence and well placed to judge the competency of PAs
1052	I believe that in is in the owners/SP/RP's best interest to be satisfied as to the knowledge, skills and fitness to so act and they do so as a reflection of the pharmacy business
1057	• This is already covered by Pharmacy Act 2007. • Pharmacists employing PAs to cover their temporary absence are well placed to judge the competency of PAs (skills, experience and knowledge) ensuring patient safety and mitigating the need to define temporary absence to a set time. • Pharmacists have worked with the PA providing cover so know their practice better than a locum pharmacist they may never work with.
1066	Obviously the pharmacist is best placed to assess the competency of the PA they have employed and employ on a regular basis
1070	I think that CPD for pharmaceutical assistants should be compulsory, as it is for pharmacists and in their duty of care, a superintendent/supervising pharmacist would hardly allow someone to cover for them who they feel is unfit to do so.
1071	CPD for assistants the same as pharmacists
1072	This is achieved on a day to day basis by the pharmacist working alongside the registered qualified assistant and observing her/his skills, knowledge and performance in dispensing and carrying out the work with the patients' best interests in mind.
1081	Yes pharmacist employing PA to cover should know person has capacity to carry out the work properly. I think if you have a staff member working with you for over 30 years and they have covered your time off for all those years and you are still in business there is no doubt the person covering is capable and practicing in a safe manner
1084	Yes the owner of the pharmacy I go to often asks the woman that I look after about things, as he is not as long in the pharmacy as she is.
1090	All staff should be competent and fitness to work.
1092	As pharmacists and pharmaceutical assistants already work together on a constant basis they know their skill experience knowledge and work ethics
1093	There should be quality assurance to ensure competency of the assistant, as for pharmacists.
1094	I think that goes without saying.
1095	This is the solution and is already covered by legislation. I'm surprised pharmacists who employ and work with pharmaceutical Assistants were not consulted in the process of writing the draft rules.it would have given balance to the report which it seems to be lacking
1108	As for all staff and their competencies
1113	As with all staff employed all should have the requisite knowledge and skills - this is an insult to the pharmaceutical assistants who have been the backbone of our profession with the added wisdom of years of experience!
1114	Any employer should be aware of employees skills
1116	Pharmacy owners have a responsibility to keep their staff upskilled and attending CPD events.
1119	never been an issue. Team work.
1124	It's such a high risk field to work in why would any pharmacist leave someone in charge not having the knowledge needed to do the job when they know people's lives are at risk.

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1126	This has been happening for years so of course they are happy.
1127	It's common sense that an owner would ensure their staff is competent.
1128	Pharmacists already have a statutory obligation to ensure all staff are competent for their job and pharmacists who employ PAs are the best placed to judge the PAs skills and knowledge without the need for this proposal. Why was the opinion of the pharmacists not sought during deliberation process, renders report unbalanced.
1131	I believe they are very fit to act
1132	This undermines the qualification of the pharmaceutical assistant
1134	Pharmacists have worked with with the PA providing cover so are well placed to judge the competency of the PA .
1136	Training and CPD for pharmaceutical assistants
1141	Pharmacists employing PAs to cover their temporary absence are well placed to judge competency of the PA (as outlined in PSI Core Competency Framework). This is already covered by the Pharmacy Act 2007
1145	Stating the obvious, and already a legal obligation of pharmacists to ensure All staff are competent and professional in their handling of medicines.
1153	Covered by 2007 act. Pharmacists employing PAs are well placed to judge the competency of PAs (skills ,experience and knowledge ensuring patient safety and mitigating the need to define temp abs to a set time. Pharmacists have worked with the PA so are more familiar with them than e.g a locum pharmacist they have never worked with.
1154	• This is already covered by Pharmacy Act 2007. • Pharmacists employing PAs to cover their temporary absence are well placed to judge the competency of PAs (skills, experience and knowledge) ensuring patient safety and mitigating the need to define temporary absence to a set time. • Pharmacists have worked with the PA providing cover so know their practice better than a locum pharmacist they may never work with. • The PA will also know the patients and their individual needs better than any locum.
1155	Did same subjects as pharmacist
1156	With professional qualifications and experience there is no reason to suggest otherwise.
1157	Was it ever any other way ? Not in my experience.
1158	A Qualified Pharmaceutical Assistant working alongside a pharmacist will already have proved their knowledge, skills, and fitness to so act in the temporary absence of the pharmacist. They also know the customers and business better than any locum pharmacist.
1166	· This is already covered by Pharmacy Act 2007. · Pharmacists employing PAs to cover their temporary absence are well placed to judge the competency of PAs (skills, experience and knowledge) ensuring patient safety and mitigating the need to define temporary absence to a set time...I have worked in the SAME pharmacy since i qualified so I feel i know the practice better than a locum pharmacist who does not know doctors or patients.
1167	The head of a dispensing pharmacy satisfies him/herself as to the educational and professional qualifications of applicants when engaging staff. Thereafter they work together as a team. Admitting Qualified Pharmaceutical Assistants, formally, to the established C.P.D. process would be the professional approach to be taken by a professional body such as the Society.
1168	NA fo rme
1169	Current guidelines I feel are sufficient
1170	Of course. The pharmacist will naturally not want their business and reputation to be at risk.
1175	CPD facilitation instead of exclusion
1181	All Pharmaceutical Assistants have to undergo continued training. In addition the Pharmacist should be ensuring his/her staff are competent.
1184	The guidelines which we currently operate under where a certain number of hours supervision per week by the pharmacist seems sufficient

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1208	The employing pharmacist should be well placed to judge PA's competence
1209	Already covered by pharmacy act 2007.
1210	Already legislated for.
1211	PSI should impose same CPD requirements as for pharmacists
1212	PHARMACISTS HAVE DEPENDED ON THEIR QUALIFIED ASSISTANTS AND ARE ALWAYS HAPPY IN THE KNOWLEDGE THAT EVERYTHING WILL BE CARRIED OUT TO EXACTING STANDARDS
1217	Pharmacists employing PAs to cover their temporary absence are well placed to judge the competency of PAs (skills, experience and knowledge) ensuring patient safety and mitigating the need to define temporary absence to a set time. Pharmacists have worked with the PA providing cover so know their practice better than a locum pharmacist they may never work with.
1222	Pharmacy assistants already hold a qualification - thus demonstrates that they have the knowledge and skills to act as a pharmacist.
1226	A qualified registered Pharmaceutical Assistant is fully qualified, knowledgeable, skilled and fit to act in the temporary absence of a pharmacist.
1227	The current governance structure already puts the responsibility for the quality of all staff and services in the hands of the Superintendent emphasising that there is no need for these risk promoting provisions. A positive change would be to require PAs to carry out mandatory CPD through the IOP in the same manner as pharmacists and to fitness to practice provisions.
1228	already covered in 2007 Act
1229	I am a qualified person in my own right. It is not the entitlement of my employer or my fellow colleagues to make a judgement on my professional competency. This would not be tolerated in any other profession.
1230	The PA who works in a place knows that place unlike a locum who's only there for a sort time. How is that patient care
1238	Pharmacists are well placed to judge the competency of PAAs
1242	Pharmacists who employ PAs are well able to judge the competency of the PA they employ. If they were unhappy with the level of competency they simply would not employ PA! No pharmacist is going to allow an incompetent to cover their absence and compromise their patients and indeed their business. It is insulting to pharmacists to suggest that the person who has covered them for years is now only competent for one hour a day.
1245	Any employer should be able to determine the knowledge and competence of their staff.
1246	This is already covered the pharmacy act 2007 pharmacists employing PAs to cover temporary absence are well placed to judge the competency of PAs skills experience and knowledge ensuring patient safety and mitigating the need to define temporary absence to a set time also PAs providing cover know their practice better than a locum pharmacist
1248	Pharmacists have worked with the PA so are better placed to judge their competency and patient skills
1251	Insofar that this applies to any pharmacist or PA working in a pharmacist, this is reasonable
1256	By presenting my certificates of qualification and registration issued by the PSI.
1262	I as a pharmaceutical assistant have ensured that I have done as much as possible to keep myself abreast of all changes that have taken place in retail pharmacy since 1979. To ensure that all pharmaceutical assistants reach a satisfactory standard the PSI should include the Pharmaceutical assistant in compulsory CPD and make fitness to practice applicable to all Pharmaceutical assistants. A pharmacy owner employing a PA would be satisfied that they are competent to work safely in the temporary absence of a pharmacist
1268	Any pharmacist who has worked alongside a qualified assistant as for example in my case for almost 30 years knows without any doubt that they are leaving their in capable hands, To do so otherwise would be totally irresponsible on their behalf and a great disservice to the general public.

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1270	The pharmacist is working with the assistant for years and if not satisfied with their work the pharmacist I am sure would not have them on their premises.
1273	Always proven to be competent, who suggested they are not
1275	The pharmaceutical assistant is usually much more au fait with the current situation in the the pharmacy she works in than a random locum who has no previous knowledge of the patients and theirs needs and the assistants experience can often be invaluable
1277	Pharmacists have worked with PAs providing cover so know their ability and competence with patients compared to that of a locum with whom they have not worked.
1280	This is covered by Pharmacy Act 2007
1295	I would not be employed for the past 30 years in same place if I was deemed not to be competent .also by accepting my registration fee each year ,you are also accepting my competency.I do CPDs every year and also e-portfolios and am often asked for my opinion with problems with patients.Working in the business for over 40 years teaches you an awful lot.
1298	Hardly needs stating as tgw superintendent pharmacist already has statutory obligation in this regard. Prior to legislation and superintendent pharmacists a moral obligation existed to ensure that all staff were competent sbd as stated previously what pharmacy owner Is going to risk the health of their patients and their licence to trade. A little trust would go a long way.
1304	This is already covered by the pharmacy act 2007. Pharmacist can well judge if a P. A. IS CAPABLE OF COVERING THE TEMPORARY ABSENCE.
1306	Pharmacists know their PA's competency and abilities as far as ensuring patient safety in the pharmacists temporary absence and this is already covered in the Pharmacy act of 2007.
1308	CPD FOR ASSITANTS
1311	Goes without saying and is already legislated for. The psi should engage with employer pharmacist to ascertain competency. I don't know any pharmacist who would risk their licence to trade by leaving a pharmaceutical assistant who was not competent in charge and I think it's insulting to imply that they are

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Q.8 Rule 5 (2) states a pharmaceutical assistant acting on behalf of a registered pharmacist in the temporary absence of the registered pharmacist shall not act in the capacity of the superintendent pharmacist or supervising pharmacist in respect of the pharmacy concerned. Do you agree with this principle?

16	They should assume the role of support pharmacist for the purposes of this
20	would depend on what tasks the assistant would be allowed to do
33	I agree that they cannot act in the capacity of the superintendent pharmacist. They should not act in the capacity of the supervising pharmacist however there are overlapping duties that they would be carrying out
34	may be required to act as such if no pharmacist available and no-one else to fill the gap
37	Any pharmacist, who in the absence of the superintendent or supervising pharmacist, should act as if they were the supervising pharmacist and in the best interest of the pharmacy and the public
62	the pharmacist owner is the person only for regulatory
84	The supervising pharmacist has confidence and degree of service provided in quality of care to a patient by the pharmaceutical assistant otherwise the supervising pharmacist would not do so.
90	I don't really understand what this is about, to be honest.
92	This is a red herring. It is already accepted by all sides that a PA cannot act in this role.
93	I don't understand the difference and I doubt anyone does.
109	As above
112	the qualified assistant never wanted this role
127	The rule is confusing and open to interpretation. The assistant should be able to carry out the professional and day to day duties of the superintendent / supervising pharmacist (who may also be the only pharmacist) but they would not act in the supervisory role as defined for superintendent / supervising pharmacist.
133	The pharmaceutical assistant should be responsible for any dispensed items that they have checked.
144	I don't believe that they ever would act in such a way in my past experience
163	I don't think that's possible anyhow?
169	Again, it's been our responsibility to act in the capacity of the superintendent/supervising pharmacist up to now. None of us are younger than 57 years of age and suddenly we're not allowed to act as we have been for the last 35 years.
172	I believe support pharmacist level is a good marker
177	I believe this is up to the employer and the abilities of the employee
186	PAs never asked for this kind of responsibility and always understand their duty and professional capacity of covering temporary absences
189	When working in a pharmacist owned in a small village with only the one pharmacist it is inevitable that the pharmaceutical assistant provides cover for the supervising pharmacist. The proposed change reduces the pharmaceutical assistant to that of a pharmacy technician. This is just wrong, highhanded, arbitrary and unconscionable.
216	On behalf of or in the capacity of what's the difference. during lunch hour they can either review ,input ,dispense and fulfill clause 9 requirements. check .double check and dispense or not!
225	Question being asked is unclear
257	It is my view that professional tasks that apply to a licensed pharmacy graduate should only be undertaken by a licensed pharmacy graduate.
277	They are not qualified to do so

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299	They should act as a support pharmacist
339	Too loose a statement, within that one hour a decision may be made that would differ to SI or SV and have long term implications. Make this more clear.
343	Will need to provide CLEAR guidance on what a pharmaceutical assistant can do when acting on behalf of a registered pharmacist.
348	I think that a pharmaceutical assistant would have vast amounts more experience than a young pharmacist
358	unsure what this means
375	A PA is qualified to transact the business of the pharmacist in their temporary absence, including dispensing medicines. Not the intention of the Act that PAs would manage a pharmacy.
382	A PA works in the temporary absence of a pharmacist not as a superintendent pharmacist
388	It was not the intention of the 2007 legislation that PAs would manage a pharmacy. However, PAs are qualified to transact the business of the pharmacist in their temporary absence, including dispensing medicines, and indeed to carry out this task when they are present.
391	It was not the intention of the 2007 legislation that PAs would manage a pharmacy
395	The 2007 legislation was not intent that P.A.s would manage a pharmacy, but they are qualified to transact the business of the pharmacist during their temporary absence, including dispensation of all medicines.
396	It was not the intention of the 2007 legislation that P. A.'s would manage a pharmacy. however, P.A.'s are qualified to transact the business of the pharmacist in their temporary absence, including dispensing medicines, and indeed to carry out this task when they are present.
398	but they can act in the capacity of a duty pharmacist. This is what I agree with.
426	Generally speaking this would not be the case as the current rules stand therefore this would not change.
437	The Pharmaceutical Assistants I have worked alongside (approx 20) have never done this and I wouldn't expect them to do so either.
442	It should be up to the pharmacist to make that judgement on their assistant
444	This is not up for debate it is already dealt with
452	already covered
457	Then, what is the basis of this?
474	Again, this looks like a leading question, in that it refers to a proposed rather than an extant rule. Regulator would need to think through the practical implications for all pharmacies but especially rural outlets. If a PA were not permitted to act in the capacity of a superintendent or supervising pharmacist, would that pharmacy be forced to close and leave the public without a service? In an urban area, there would be another pharmacy within easy reach or walking distance; not so in a rural area. Moreover, in many pharmacies, the registered, supervising and superintendent pharmacists are one and the same person. The rules need to take account of that reality.
487	a pharmaceutical assistant may act as a pharmacist in the absence of a pharmacist
488	Again, this looks like a leading question, in that it refers to a proposed rather than an extant rule. Regulator would need to think through the practical implications for all pharmacies but especially rural outlets. If a PA were not permitted to act in the capacity of a superintendent or supervising pharmacist, would that pharmacy be forced to close and leave the public without a service? In an urban area, there would be another pharmacy within easy reach or walking distance; not so in a rural area. Moreover, in many pharmacies, the registered, supervising and superintendent pharmacists are one and the same person. The rules need to take account of that reality.

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511	Whatever happened to common sense.? this is already covered
528	It must also be clear that the individual IS NOT a registered pharmacist
532	Not relevant
535	Should be able to supervise
549	Hi can an absent person (the supervising) assume those responsibilities?
550	They are a pharmacist covering for a pharmacist this is all they wish to do they do not seek to be a superintendent pharmacist so get a grip
579	Not sure what specifically the question asks. Sounds like a nice question but lacks specificity
590	If the assistant is in the position in the same pharmacy for 5+ years then I think it would be acceptable for them to be a supervising pharmacist provided that they have been on the register for that time and adequate cpd has been performed (especially with regard to regulatory affairs)
605	Already in place
607	Something else already covered
609	A PA should act on a manner fitting to fulfil the role of qualification .
619	Already dealt with
621	Covered in 2007 act also
635	As a support pharmacist I do not act as a superintendent or supervising pharmacist when I have covered days. I am the pharmacist on duty and act accordingly. This principle is confusing for me as when the supervising pharmacist goes on annual leave are they somehow non longer supervising pharmacist?
636	already in pharmacy act. pointless question
637	Thats not an option under the Pharmacy Act its already law. Why add this ?
647	That is in the act also. Do the PSI just need to make it look like they have a lot of rules to make ? there is no point in the last two questions
649	any acting pharmacies does not act in the capacity of superintendent or supervising unless they hold those positions
664	Whatever is practical seems to be the better answer here. Real life means holiday leave, sick absences and other unexpected events - if the Pharmaceutical Assistant is experienced enough to provide cover, it should not be an issue.
667	As a small comunity pharmacist, my PA covers my time off, to me this does not mean she is acting as superintendent pharmacist or supervising pharmacist.
668	Once again this is stated in act. However, pharmaceutical assistant can act in temporary absence of supervising pharmacist as in many small community pharmacists outside urban areas, the pharmacy owner/superintendent/ supervising pharmacist are the one person.
671	If the QA is acting in the temporary absence of the pharmacist, they need to be able to perform the duties of the pharmacist.. it stands to reason.
684	the qualification is on a par of "supporting pharmacist" not involving the profiles of supervising/superintendent pharmacists
695	I do not understand the point of the question.
700	If the supervising pharmacist has confidence in the competence of the pharmaceutical assistant that should be acceptable.
715	in so far as this does not impede their care of patients, or obstruct them from providing the same level of service and care as a supervising pharmacist would then yes , I agree
721	The assistant can cover sho in temporary a bsence
734	They are acting as per the responsibilities of a support pharmacist
770	PAs are qualified to transact the business of a pharmacist in their temporary absense

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773	PAs are qualified to transact the business of the pharmacist in their temporary absence and indeed to carry out this task when they are present. This includes all dispensing. It was not intended that PAs would manage a pharmacy (pharmacy act 2007)
778	It was not the intention of the 2007 legislation that PA's would manage a pharmacy. However PA's are qualified to transact the business of the pharmacist in their temporary absence, including dispensing medicines, and indeed to carry out this task when they are present.
791	This question is ambiguous. Again, if an individual is qualified, experienced and competent, there is no rationale for assuming that this affects patient safety.
800	It was not the intention of the 2007 legislation that PAs would manage a pharmacy. However, PAs are qualified to transact the business of the pharmacist in their temporary absence, including dispensing medicines, and indeed to carry out this task when they are present
801	they may act in the same manner as any locum or support pharmacist
808	In the case of Supervising Pharmacist a Reg PA would be dispensing in their absence
812	As stated I trust my local pharmacy
813	again I restate the system has provided me with excellence pharmacy care for years, I don't see the need to change
817	It was not the intention of 2007 legislation that pharmaceutical assistants would manage a pharmacy....however pharmaceutical assistants are qualified to transact the business of the pharmacist in their temporary absence...including dispensing medicines and indeed to carry out the task when they are present
822	It was not the intention of the 2007 legislation that the PAs would manage a pharmacy. However, PAs are qualified to transact the business of the pharmacist in their temporary absence, including dispensing medicines, and indeed to carry out this task when they are present.
823	It was not the intention of the 2007 legislation that PAs would manage a pharmacy. However, PAs are qualified to transact the business of the pharmacist in their temporary absence, including dispensing medicines, and indeed to carry out this task when they are present.
829	the 2007 legislation wasn't the intention PA would manage a pharmacy however PA are qualified to transact the business of the pharmacist in their temporary absence including dispensing medicines and when they are present
830	It was not the intention of the 2007 legislation that PAs would manage a pharmacy. However, PAs are qualified to transact the business of the pharmacist in their temporary absence, including dispensing medicine, and indeed to carry out this task when they are present.
832	It was never the intention of the 2007 legislation that the PA would manage a Pharmacy. PAs are qualified to transact the business of the Pharmacy in the Pharmacist's temporary absence and dispense prescriptions, in the same way as they do when the Pharmacist is present.
833	I agree that a RPA cannot perform the prescribed duties of a Supervising Pharmacist or Superintendent Pharmacist. However I believe that they can provide a dispensing service in the temporary absence of the Superintendent pharmacist where there is a one pharmacist pharmacy
834	PA's don't manage pharmacies but they are qualified to transact the business of the pharmacy in their temporary absence including dispensing medicines.
835	It was the intention of the 2007 legislation that PAs would manage a pharmacy. However, PAs are qualified to transact the business of the pharmacist in their temporary absence, including dispensing medicines, and indeed to carry out this task when they are present
877	In my experience no PA has sought to act as such.
886	We knew that when we qualified.
889	It was not the intention of the 2007 legislation that PA's would manage a pharmacy. However, PA's are qualified to transact the business of the pharmacist in their temporary absence, including dispensing medicines, and to carry out this task when they are present.

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908	My experience has been, that they would never do that
909	PAs are not intended to manage pharmacies; however, they are qualified to transact the business of the pharmacist in their temporary absence.
916	It was not the intention of the 2007 legislation that PA's would manage a pharmacy. However, PA's are qualified to transact the business of the pharmacist in temporary absence, including dispensing medicines, and indeed to carry out this task when they are present
920	I don't believe there was intention under the 2007 legislation that PAs would manage a Pharmacy. However, as a PA, I am qualified to transact all the business of the pharmacist in his or her temporary absence, and this would include dispensing all medicines both when they are present or absent on a temporary basis
927	Don't they conduct the business for the pharmacist in their absence already!!!
963	Pharmaceutical Assistants are qualified to transact the business of the pharmacist in their temporary absence including the dispensing of medicines
965	She covers the pharmacist's absences day off etc that's all !
966	I don't see what the problem is as she has been covering the pharmacist day off for years and doing a good job so what's the problem?
967	Assistants can transact the business of the pharmacist, including dispensing during the temporary absences and when pharmacists are present.
968	Qualified Assistants have never sought to perform this duty. However they are qualified to conduct the duties of the pharmacist during temporary absence and indeed when the pharmacist is present.
969	They are not trying to carry on that role, there are better ways to police it.
970	It was not the intention of the 2007 legislation that PAs would manage a pharmacy. However, PAs are qualified to transact the business of the pharmacist in their temporary absence, including dispensing medicines, and indeed to carry out this task when they are present. If you put any PA into any pharmacy in Ireland, they would immediately be able to manage it.
975	PA's were never entitled by their qualification to manage a pharmacy but we're qualified to transact business in the temporary absence of the pharmacist.
977	This was not the intention of the 2007 Act. However pharmaceutical assistants are qualified to transact business in the temporary absence of the pharmacist, including dispensing medicines and also carrying out this task when the pharmacist is present.
981	It was not the intention of the 2007 legislation that PAs would manage a pharmacy. However, PAs are qualified to transact business of the pharmacist in their temporary absence, including dispensing medicines, and indeed to carry out this task when they are present.
982	But should act in the capacity of a pharmacist
985	this is how it works currently and in my local pharmacy it works very well
995	PAs are qualified to transact the business of the pharmacist in their temporary absence, including dispensing medicines, and indeed to carry out this task when they are present
998	It was not the intention of the 2007 legislation that we as PAs would manage a pharmacy.
1002	PAs are qualified to transact the business of the pharmacist in their temporary absence, including dispensing medicines, and indeed to carry out this task when they are present
1005	I agree with this rule. As it has been made abundantly clear to pharmaceutical assistants throughout the years, they are not fully qualified pharmacists and have never been able to be superintendent pharmacist or supervising pharmacist. This is no change. I do not dispute the professional education for pharmaceutical assistants was different to that of pharmacists, therefore there needs to be some demarcation of roles. This is an appropriate demarcation as opposed to restricting the time they are allowed to be the sole pharmacist on the premises to

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	1 hour, again a degrading change to the rules for professionals who have worked for 40 years and more in this professional capacity.
1012	IT WAS THE INTENTION OF THE 2007 LEGISLATION THAT PA'S WOULD MANAGE A PHARMACY.HOWEVER,PA'S ARE QUALIFIED TO TRANSACT THE BUSINESS OF THE PHARMACIST IN THEIR TEMPORARY ABSENCE INCLUDING DISPENSING MEDICINES,AND INDEED TO CARRY OUT THIS TASK WHEN THEY ARE PRESENT
1018	an assistant should be able to cover pharmacist as they have done for 40 years
1026	if the assistant is replacing the pharmacist she is acting as a pharmacist
1031	When the pharmacist is absent the PA a qualified person acts on their behalf
1034	PA'S never were employed to manage a pharmacy . We always were employed to work with the pharmacist and to cover any absences of the the pharmacist , dispensing and carrying out any other work required.
1038	Pharmacy Assistants are qualified to look after a pharmacy in the absence of the Pharmacist
1042	this fails to take account of the holidays and unplanned events for sole traders - which is an issue
1050	PAs are qualified to transact the business of the pharmacist in their temporary absence.
1052	If there was newly qualified pharmacist or a locum in store helping for the day, they would be expected to act in the capacity of the SP, Therefore a PA would be even more valuable to be in the shop as thye know the customers/ower/SP and in my believe have full capacity to act in place of the SP
1057	It was not the intention of the 2007 legislation that PAs would manage a pharmacy. However, PAs are qualified to transact the business of the pharmacist in their temporary absence, including dispensing medicines, and indeed to carry out this task when they are present.
1059	I'm sure there are specific administrative tasks allocated to supervising and superintendent pharmacists related to the running of the business. However, a qualified assistant is just that, 'qualified ' to do their job accurately and professionally
1063	Not relevant.
1065	I would say the same applies in the case of a support Pharmacist also
1071	Leave things as they are. No need for definitions. Do not go legal. Introduce CPD for assistants.
1072	Since the 1875 Act (amendment act 1890) and under the 2007 Act RPAs have been qualified to represent the pharmacist in her/his temporary absence and not take over as manager or superintendent. It was never my intention to change that role.
1077	Disagree with this principle as pharmaceutical assistants are an integral part of any pharmacy
1081	As long as they can provide day to day service
1084	I don't know what this means, the pharmacist who owns the chemist and the woman who is the pharmaceutical assistant work in the shop, when one is on day off or holidays the other is there, you don't have to worry that there will be a strange person there, who knows nothing about you. Once they had this young fellow sure you could barely understand what he was saying and he forgot to give me my blood pressure tablets so I had none for 4 days as I depend on the bus into town twice a week to collect my medicines
1090	The pharmacist has ultimate responsibility and experienced PA's know and work to that.
1092	It was never intended that a phar.assistant would manage a pharmacy. They are however qualified to transact the business in the absence of pharmacist including dispensing medicines
1093	The assistant should operate the day to day tasks of the pharmacist, as they were trained to do. Overall management of the pharmacy, including risk and quality management should remain with supervisor and superintendent pharmacists.
1095	Not sure why is question is being asked.
1111	I have never aspired to be anything more than my Qualification stated.

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1113	As also with a newly qualified pharmacist
1114	Not applicable
1119	with respect -PAs always know their limits and are not a threat to pharmacists. the Vocational care is what always helps - not this superior attitude about vocational education . respect and trust is paramount with PAs.
1121	If the supervising pharmacist is not contactable then an assistant would have to use his/her professional judgement in the interests of patient safety
1123	They should be covering the position in a temporary capacity
1124	They just want to do their job that they are qualified to do and don't need any other titles to help their patients.
1128	PAs tho,they are qualifed already to work in temporary absence,they dont seek to adopt the role of supervising Pharmacist.
1129	I think this depends on the nature of the matter in question
1133	These are trained individuals. They must be trusted to do their work.
1134	IT was not the intention of the 2007 legislation that PA's would manage a pharmacy.
1141	The legislation under which PAs qualified specifically states they shall not keep open shop, i.e. manage a pharmacy but they are entitled to transact the business of the pharmacist, dispense medication, in his/her temporary absence.
1145	Irrelevant, not the job role of the pharmaceutical assistant and I doubt the need or want it.
1153	Not relevent not legally entitled to this position. The PA qualification states that they cannot manage a pharmacy in their own right
1154	It was not the intention of the 2007 legislation that PAs would manage a pharmacy. However, PAs are qualified to transact the business of the pharmacist in their temporary absence, including dispensing medicines, and indeed to carry out this task when they are present.
1157	Looking after the patient is in my belief the most important thing
1158	A Qualified Pharmaceutical Assistant is qualified to dispense medicines, and transact the business of the pharmacist, in their absence and when they are present.
1166	· It was not the intention of the 2007 legislation that PAs would manage a pharmacy. However, PAs are qualified to transact the business of the pharmacist in their temporary absence, including dispensing medicines, and indeed to carry out this task when they are present.
1167	Why is an assumption about something not provided for in either the historic or current legislation being put into the public domain. Why is a professional body such as the P.S.I. circulating such fake claims? Q.P.A.s are qualified to transact the pharmacy business in the pharmacist's absence including dispensing medicines and, indeed (on a point of or clarification), when he or she is present- and this provision should remain in place.
1169	I would agree that a supervising pharmacist should be in the pharmacy for a minimum number of hours per week but that this should not preclude the pharmacy assistant from working on their own without the supervision of another pharmacist to enable cover for temporary absences
1170	This should be the current situation
1181	Im not too clear but think this means they are not to claim they are a Pharmacist? That's something I agree with.
1184	I would aggree that a supervising pharmacist should be in the pharmacy for a minimum number of hours per week but that this should not preclude the pharmacy assistant from working on their own without the supervision of another pharmacist to enable cover for temporary absences
1191	Pharmacy Assistants have many years of experience and are just as competent as any pharmacist

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1208	P.A's are qualified to transact the business of a pharmacist in there temporary absence.
1209	PA's are qualified to carry out the responsibilities of the pharmacist when they are absent.
1212	PSI ARE ALWAYS BUSY FINDING WAYS TO UNDERMINE ASSISTANTS
1217	It was not the intention of the 2007 legislation that PAs would manage a pharmacy. However, PAs are qualified to transact the business of the pharmacist in their temporary absence, including dispensing medicines, and indeed to carry out this task when they are present.
1225	Pharmaceutical assistants are qualified to transact the business of the pharmacist in their temporary absence including dispensing medicine it was not the intention of the 2007 legislation that PAS would manage a pharmacy
1228	already covered. Nonsense question
1229	Supervising and superintendent pharmacists have added administrative roles.As a pharmaceutical assistant, I am working in the temporary absence of the registered pharmacist.
1230	Never heard of a PA who wanted anything other than to work their day and provide cover when needed
1238	It was not the intention of the 2007 legislation that PAs would manage a pharmacy
1242	PAs do not seek to be superintendent. According to the PSI they may carry out the business of the pharmacy in the temporary absence of the pharmacist.
1246	It was never part of our qualification to manage a pharmacy
1251	A PA is not a pharmacist so how could they act as either a superintendent or supervising pharmacist? What is the regulatory intent/necessity of this proposed rule?
1252	Unsure of the question being asked, I see no reason why day to day management cannot be covered however overall business decisions would be with the pharmacist
1256	When I work in temporary absence, I work as the Registered Pharmacist.
1262	it is not the intention of any PA to act as a superintendent or supervising pharmacist
1268	I can see no reason for the qualified assistant to be taking on the role of either supervising or superintendent pharmacist in their absence other than to ensure that all business conducted in their absence is conducted in a professional manner
1271	I strongly agree on the premise that this refers to the oversight role of superintendent or supervising pharmacist
1273	They continue to cover as they always have....competently
1275	PAs are qualified to act in the temporary absence of the pharmacist and to carry out the necessary tasks
1277	PAs are qualified to transact the business of the pharmacist in their presence or absence.
1280	It was never the intention of the 2007 legislation that qualified assistant would manage a pharmacy
1289	that is already covered in the 2007 act
1295	As a PA my job (during temporary absence)is to transact the business I am employed to do which is dispensing and meeting customers and I strongly object to anyone who thinks I am incapable of now even dispensing an antibiotic to a child in case i
1298	While working in their entitled capacity to conduct the business of the pharmacist in their absence im sure it is never the intention of the pharmaceutical assistant to assume a role that is not theirs. This question is irrelevant and seems to imply without proof that assistants have been misrepresenting themselves.
1304	It's was not the intention Of the 2007 legislation that PAs would manage a pharmacy.PAs are qualified to TRANSACT the business of the pharmacist I their temporary absence, INCLUDING DISPENSING MEDICINES AND INDEED TO CARRY OUT THIS task when they are PRESENT.
1306	PA's are qualified to run the pharmacy only during the pharmacists temporary absence. It was not intended by the Pharmacy act of 2007 that the PA would manage the pharmacy.

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1311	Not relevant , pharmaceutical assistants don't want to act in this capacity. They are fully occupied in the safe handling and dispensing of medicines.
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Appendix F

Inclusion in duty register

Q.9 Rule 6 provides that it should be clearly recorded in the pharmacy's duty register when a pharmaceutical assistant acts in the 'temporary absence of the registered pharmacist'. Do you agree with this proposed rule?

16	It's obvious from the register anyway
20	the assistant should be signed in for a full day period if working for a full day
34	They already sign in in their role, to what benefit is this?
35	The pharmacists and PAs should record working hours accurately in the register, there should be no additional need to specify temporary absence
39	A nonsensical suggestion. It should be clear from the register as it stands already. This just creates additional administration to do.
62	our assistant signs and out the duty register each day she works clearly shown when she is on duty along with her fellow pharmacists
64	the MPSI already records when they are in and out therefore it is already recorded
68	Surely if the register is filled correctly with times in and out then it is obvious when they covered absence
84	The duty registered is always signed by both the pharmacist and Qualified Assistant
90	I would have thought this is obvious form the register, when the assistant is alone in the shop they are covering in temporary absence.
92	Another red herring. The duty register already included the registration number of the person covering the pharmacy. The registration of the PA would show this.
93	insofar as I disagree with the concept of a duty register in the first place, then of course they should be included.
127	The layout of the duty register, whereby lunch breaks taken by the pharmacist are clearly recorded, alongside the hours worked by the assistant, already clearly identifies when the assistant is acting in the temporary absense. Any further indication would be duplication.
144	They do this currently
163	They already sign
169	I feel it's not necessary to record that on duty register again demeaning our qualification that we've been doing for years
170	They should not be allowed to cover at all
172	All pharmacists have to register on the sign in register any cover should do same

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177	Why should this matter? Circumstances change on a daily basis. I believe it may only be necessary to do so in the case of maternity leave cover, if at all
186	Of course they should sign the duty register and do so proudly as a PA
189	I have no issue with this rule change.
204	Any PA should definitely be willing to sign thus.
206	The PSI is already strangling us with fidgety rules and regulations. The times recorded in the register tell their own story
215	It will already be obvious from the register when this is occurring
216	Book already shows this
257	There should be a system whereby both pharmacist and pharmaceutical assistant have to sign the 'time out' and 'time back in'. There is a clear incentive for both pharmacist and assistant to create false records so that the total time out is underreported.
266	Pedantic bureaucracy never increased standards in a pharmacy
272	This will need clarification. Are you suggesting that a formal statement is written into the register? If so, I strongly disagree. Are you just looking for the log in and log out times of the pharmacist to be noted? If so, then fine. This is current practice as per the regulations.
298	In this case the duty register should be amended to reflect this
328	Irrelevant - both should be signed in accurately anyway
348	Same as when a pharmacist is on duty
350	Surely the pharmacist will have signed out of the duty register so it will be clear the assistant is covering
373	I think this is already clear. Assistants sign a different section. It is obvious from times signed in or out who was present
375	This question is ambiguous. Under the Pharmacy Act 2007 a duty register requires a pharmacist and PA to record hours. If this question implies a separate register is established just to record temporary absence ie everytime the pharmacist leaves the premises eg delivery to a needy patient, this is over bureaucratic and a waste of time and resources. A disproportionate requirement.
382	A duty register is already in place whereby both the times a PA works and a Pharmacist works are recorded
383	The duty register records the hours of both Pharmacist and PA, working in the pharmacy which is sufficient.
388	This question is ambiguous. Under the Pharmacy Act 2007, a duty register already requires a pharmacist and a PA to record hours. If this question implies that a separate register is established to just record when a PA is covering temporary absence i.e. every time pharmacist leaves premise e.g. to buy sandwich, this is over bureaucratic and waste of time and resources. • This is a disproportionate requirement.
391	Under the pharmacy act 2007 a duty register already requires a pharmacist and a PA to record hours. Any other recording would be a waste of time and resources
395	The daily duty register already exists and is used with due diligence.

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396	This question is ambiguous. Under the Pharmacy Act 2007, a duty register already requires a Pharmacist and a P. A. to record hours. If this question implies that a separate register is established to just record when a p. A. is covering temporary absence, i.e. every time the pharmacist leaves the premises e.g. to buy lunch, this is over bureaucratic and a waste of time and resources. This is a disproportionate requirement.
426	In general this should be the case for accountability reasons in terms of items dispensed.
437	The Pharmaceutical Assistants always enter their working times in the Duty Log, and they have done since this was introduced
442	The register needs to be representative of the cover
474	Again, a leading question, for reasons already outlined! Register should record all dates and associated duration where PAs cover temporary absence of registered, supervising and superintendent pharmacists. It would bring some transparency on the 15-hour rule.
480	The register is self explanatory no need to specifically record temp absence.
487	any pharmacist or pharmaceutical assistant should sign the register at the end of the day. There should be no requirement to insert absence hours in the register. A pharmaceutical assistant is a competent individual and this competency does not merely last for a period of an hour per day.
488	Again, a leading question, for reasons already outlined! Register should record all dates and associated duration where PAs cover temporary absence of registered, supervising and superintendent pharmacists. It would bring some transparency on the 15-hour rule.
494	Is this not already the case in the pharmacy register? There is a section contained within the register which the pharmaceutical assistant must sign to state that they were present on the day.
519	Applies to pharmacists too. Totally justified.
521	You need to clearly demarcate the limits of a pharmaceutical assistant
523	More PSI paperwork for the sake of it
533	Unless absence greater than 30min
549	That's basic accountability
550	The pharmaceutical assistant should sign the register just like the pharmacist does .. ridiculous question
572	The responsibility of the pharmaceutical assistant's actions during the period of temporary absence of the registered pharmacist should be of the same assistant, though.
597	I think their important role should be officially recognised.
604	Better for assistant to always sign in, whether covering for pharmacist or not
609	Yes it should be recorded
611	I agree they should sign in and out as a pharmacist does
619	Do the PSI trust no one ??
620	why change this now? it's already filled in for pharmacists and assistants separately anyway?
635	Yes I can see from the current registers PAs are required to sign as well as pharmacists
664	I don't see any reason why this shouldn't be the case. It makes sense for accountability and management reasons
667	The process is already in place to record in duty register who is covering the pharmacy. I don't see the need for anymore bureaucracy.
668	question unclear, if it means pharmaceutical signs register when they are covering day off, I agree, but if it means pharmacists signs out when goes to toilet and pharmaceutical assistant signs in, then when comes back from toilet signs back in, I strongly disagree
671	I have no objection to this..
684	why not?

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693	It would be obvious from the hours recorded in the duty register as having been worked by an assistant, whether or not there was also a registered pharmacist on duty during those hours
715	i believe they should be required to fill in their hours in the same way as a pharmacist - requiring them to state when they acted in absence of pharmacist would be unnecessary if the pharmacist is filling out the log correctly
721	Always the case
770	Pharmacy Act 2007 already requires pharmacist and PA to record hours. This implies a second register would be established simply to record each and every time a pharmacist steps outside the shop and a PA is acting in their temporary absence
773	A register already exists which is signed each day recording the hours of pharmacist and PA. Having another register to record 5 mins out, etc is duplication and wasteful of time and resources.
778	Under the Pharmacy Act 2007, a duty register already required a pharmacist and a PA to record hours.If this question implies that a separate register is established to just record when a PA is covering temporary absence. ie every time pharmacist leaves premise, eg to buy a sandwich, this is over bureaucratic and waste of time and resouces. This is a disproportionate requirement.
791	To the best of my knowledge, a duty register is a requirment that already exists. Therefore, the introduction of a second duty register seems highyl unneccessary, overkill, time wasting and lacking any robust or meaningful rationale.
797	The duty register already requires pharmacists and PAs to record their hours....
800	this is a disproportionate requirment
801	as per locum cover
808	We sign duty register while at work when pharmacist signs out its clear the Reg PA is only one present and therefore acting on behalf of reg pharmacist
813	I am told that the register is used to record attendance daily anyway
817	Question is ambiguous...under pharmacy act 2007;a duty register already requires a pharmacist and a PA to record hours.if this question implies that a separate register is established to just record when a pharmaceutical assistant is covering temporary absence.....if someone goes toilet goes buy lunch or goes bank...question is bureaucratic and waste of time and resources...this is a disproportionate requirement
819	Unnecessary and impractical
822	This question is ambiguous. Under the Pharmacy Act 2007, a duty register already requires a pharmacist and a PA to record hours. If this question implies that a separate register is established to just record when a PA is covering temporary absence i.e. everytime the pharmacist eaves premises e.g. to buy a sandwich. This is over bureaucratic and a waste of time and resources.
823	It was not the intention of the 2007 legislation that PAs would manage a pharmacy. However, PAs are qualified to transact the business of the pharmacist in their temporary absence, including dispensing medicines, and indeed to carry out this task when they are present.
828	This question is ambiguous. The pharmacist and Pa already keep a duty register. If the question implies a requirement of a separate register this seems like an innecessary waste of valuable healthcare professional time
829	this is a disproportionate requirment
830	Not necessary, disproportionate, bureaucratic
832	The Log in Register already provides the opportunity to Clock in and Clock out. Another paper trail may not be the solution. There are technological advances which may clock the working day more successfully.
833	This happens already. The pharmacist records arrivals and departures. The RPA does likewise. There are technological solutions to this using existing clocking in packages which could be

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	tailored for pharmacy's specific requirements. Modern ones use finger prints which make it impossible to defraud the system
834	This question is ambiguous. Under the 2007 Pharmacy Act, a duty register already requires a pharmacist and a PA to record hours.
835	This question is ambiguous. Under the Pharmacy Act 2007, a duty register already requires a pharmacist and a PA to record hours. If this question implies that a separate register is established to just record when a PA is covering temporary absence
875	Alot of bookkeeping/waste of time
877	The wearing on name badges indicating if the person is a Pharmacist or PA is adequate. Then if any member of the public has an issue they can query it. Pharmacists and PAs sign the duty register and indicated the hours they have been present.
883	This practice is a waste of time
886	We already sign a duty register, and it is recorded. Do you want us to sign a separate register?
889	This is a disproportionate requirement.
906	QUESTION IS AMBIGUEOUS
908	We all sign the register with the times we are present
909	If the intention is to create a separate register to record whenever a PA covers temporary absence (including very short breaks), then this is a disproportionate requirement.
911	Register should be available to record qualified person on duty always
912	it is already in existence
916	This question is ambiguous. Under the Pharmacy Act 2007, a duty register already requires a pharmacist and a PA to record hours. If this question implies that a seperate register is established to just record when a PA is covering temporary hours
917	Duty register already in place which required a pharmacist & assistant to record hours
918	Does the pharmacist and locus pharmacists sign this register daily?
920	The existing Duty Register already covers this. Unless of course, the registered pharmacist is required to sign out if they run to the bathroom for 2 minutes, or are in the consultation room etc.
923	This is ridiculous
925	This is a disproportionate requirement
928	A duty register is already in practice.
931	To the best of my knowledge, there is already a duty register?
945	I think that's the business of superintendent pharmacist to be satisfied with cover and not have extra work filling in register
951	This question is ambiguous. UNder the Pharmacy Act 2007, a duty register already requires a pharmacist and a PA to record hours. If this question implies that a separate register is established to just record when a PA is covering temporary absence i.e everytime pharmacist leaves premises e.g. to buy sandwich, this is over bureaucratic and waste of time and resources.
963	Why would this be needed? We already fill out a duty register recording hours dispensing
964	They already sign the register when on duty
965	Why? I know her and she has been there for years !
966	Do they not do this already I would think ?
967	Assistant hours are already recorded in the duty register, so this issue is irrelevant.
968	As there already exists a duty register this proposal is not relevant.
970	This is a very disproportionate requirement . I don't see the point in this .
975	It is already recorded in a dusty register which a PA signs automatically!!

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977	As the hours worked by both pharmacists and pharmaceutical assistants are already recorded in a duty register this proposal is obsolete. However if the proposal is for a separate register to cover temporary absence this seems a disproportionate requirement in my opinion and overly bureaucratic.
980	disproportionate requirement
981	this is a disproportionate requirement
988	This is a disproportionate requirement
989	irrelevant
991	There is a duty register already in place
995	This is a disproportionate requirement
998	This question is ambiguous as a duty register already exists and pharmacists and Pa's are required to record their hours.
1000	Sounds like a waste of Pharmacists time documenting every minute he/she steps off the premises
1002	a duty register already requires a pharmacist and a PA to record hours
1005	The duty register should be signed by all pharmacists and pharmaceutical assistants working in the premises. Therefore this rule is already in effect if the duty register is being filled in correctly.
1012	THIS QUESTION IS AMBIGUOUS. UNDER THE PHARMACY ACT 2007, A DUTY REGISTER ALREADY REQUIRES A PHARMACIST AND A PA TO RECORD HOURS. IF THIS QUESTION IMPLIES THAT A SEPARATE REGISTER IS ESTABLISHED TO JUST RECORD WHEN A PA IS COVERING TEMPORARY ABSENCE I.E EVERY TIME PHARMACIST LEAVES PREMISE E.G. TO BUY SANDWICH, THIS IS OVER BUREAUCRATIC AND WASTE OF TIME AND RESOURCES.
1026	yes the absence thing should be monitored
1030	already required to sign register to record hours so don't understand the need
1031	A duty register already exists with hours worked written down, no need for more bureaucratic nonsense
1034	A register already exists for PA's to sign when covering the absence of a registered pharmacist. This is checked every time there is an inspection by the PSI and is always commented on by them. So what is the need for another register ?? Better time spent trying to investigate why so many brands of drugs now available look very similar ??? This might contribute more to better patient safety!!
1037	If you would like to provide a comment please use the box below.
1040	There is already a duty register in place, recording both Pharmacists and Qualified assistants hours. You would want to be really stupid to need this duplicated and set out on a separate page!
1042	I feel that this undermines both the pharmacist and the assistant
1050	This rule would mean a pharmacist could not leave to buy a sandwich
1052	They sign in like us, as for the record of who is present and responsible on a given working day.
1057	• This question is ambiguous. Under the Pharmacy Act 2007, a duty register already requires a pharmacist and a PA to record hours. If this question implies that a separate register is established to just record when a PA is covering temporary absence i.e. every 3 time pharmacist leaves premise e.g. to buy sandwich, this is over bureaucratic and waste of time and resources. • This is a disproportionate requirement.
1065	I think it should be left as it is now
1066	This could be ambiguous, if every time the Pharmacist leaves to buy a sandwich, make a phone call, do a school pick up they have to fill out a form to say the PA was left in charge. However if that's what you want to do.....

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1071	This already happens.
1072	This rule could not be followed without severe disruption in a busy pharmacy every time the pharmacist left the floor to take a private consultation with a customer/patient, to slip out to the deli next door to get a sandwich for lunch, during a quiet spell if such occurred, and then find her/himself back on the floor owing to pressure of business before taking lunch break. Flexibility is crucial in dealing with the public and either party signing the register every time temporary absence occurs is excessive and unworkable.
1075	All registered assistants sign the duty register as to their presence on working days along with pharmacist on duty I don't think it is necessary to specify period of temporary absence .
1077	Pharmaceutical assistants shouldn't be segregated from pharmacists
1081	My understanding is that all qualified staff sign duty register when working so don't see any reason to change this
1082	Time consuming exercise
1084	The pharmacy owner was telling me that they have to sign book when they are working, so that is fine, I don't see why need another book to sign
1085	This would a time consuming exercise for all concerned
1090	That is what they do and have been doing and is working.
1093	This could perhaps be useful to make informed decisions relating to future rule setting, since the current proposed rules have been created in the absence of any data to support the proposed degradation of the qualification of the assistants.
1095	It appears there already a duty register in existence ,is it not apparent from that when the pharmacist is absent.
1113	Provided temporary absence is defined as 30 hours per week
1114	Not workable or necessary
1124	They already sign the register every day so this is irrelevant.
1126	Do you not think they are already signing in and out?
1127	I asked the assistant in the chemist I attend and she informs me that she does already sign a register
1128	This question is ambiguous,duty register already exists,therefore its possible to see when pharmacist is in temporary absence,there is no need 2nd register,already overburdened by paperwork.
1134	Under the Pharmacy Act 2007,a duty register already requires a pharmacist and a PA to record hours but such a specific requirement could indicate the acceptance of PA cover in pharmacies.
1141	This question is ambiguous> Under the Pharmacy act 2007, pharmacists and PAs are required to sign the duty register on starting and finishing work. If this question is proposing that another register be established that will be just for PAs to sign when providing cover e.g. when pharmacist goes to the toilet, this is impractical, bureaucratic in the extreme and disproportionate
1144	The current register records the amount of hours worked by the Pharmaceutical Assistant.
1145	Duty register already exists, no need for a second one. This question is ambiguous
1151	This register is already in place as I found out from my local pharmacy.
1153	Question is ambiguous.Duty register already exists . If this question is meant that every time the pharmacist leaves to buy a sandwich, go to the loo, this is over bureaucratic and waste of time and resources.This is a disproportionate requirement.
1154	• This question is ambiguous. Under the Pharmacy Act 2007, a duty register already requires a pharmacist and a PA to record hours. If this question implies that a separate register is established to just record when a PA is covering temporary absence i.e. every 3 time

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	pharmacist leaves premise e.g. to buy sandwich, this is over bureaucratic and waste of time and resources. • This is a disproportionate requirement.
1156	Emphasis on administration work and lack of sense in relation to patient care.. Why is it relevant ?
1157	Paper over patient
1158	There is already a duty register and it is already evident the hours both a pharmacist and a qualified pharmaceutical assistant work, so there is absolutely no need for another register.
1166	This question is ambiguous. Under the Pharmacy Act 2007, a duty register already requires a pharmacist and a PA to record hours. If this question implies that a separate register is established to just record when a PA is covering temporary absence i.e. every 4 time pharmacist leaves premise e.g. to buy sandwich, this is over bureaucratic and waste of time and resources. · This is a disproportionate requirement.
1167	Again, why is this being raised as an issue by the Society? Such a Register already exists and ALREADY Pharmacists and Qualified Pharmaceutical Assistants sign in and out of the Duty Register during the course of their working day.
1169	Yes fully agree
1170	Is this necessary? Extra layer of bureaucracy? Time consuming?
1181	I agree that records should be kept to protect all parties, Pharmacist, Assistants and Patients.
1191	This is discriminatory. The world today is about inclusion, not labelling people.
1202	Normal work register exists in mpst pharmacies, which is signed at the beginning of the day. To expect further bureaucratic actions to be filled in whenever a pharmacist is on a call or Nature, going to the nearby shop for a coffee etc. would be a ridiculous waste of time in the already busy day of the employees.
1208	There must be some record of who is working in place already so why double up on paperwork.
1209	Duty register already means the pharmacist and the PA to record hours.
1212	ONE GLANCE AT REGISTER WILL CONFIRM WHAT STAFF ON DUTY ON ANY GIVEN DAY.THE REGISTER ISMY FIRST WORKING DUTY OF MY WORKING DAY WHEN I SIGN IT.
1222	The name of anyone working should be logged in the duty register
1224	The duty register should reflect all persons taking professional responsibility at any time, be it in the absence of a pharmacist or not.
1225	Ambiguous question A duty register already requires a pharmacist and PA to record hours
1226	This information was not required to be recorded in the nearly 130 year work practices of Pharmaceutical Assistants and therefore could not be considered reasonable for introduction at this time.
1227	A reasonable provision from a good governance perspective.
1228	another daft proposal
1229	The same quality of work is done by the pharmaceutical assistant,whether they are working alongside the pharmacist or in their temporary absence.Why would a register need to differentiate between these circumstances?
1230	Does a register not already exist. Why double up on unnecessary work
1238	Under the pharmacy act 2007 a duty registrar already requires a PA. record hours
1242	a duty register already exists to record hours. are you sduggesting a seperate register just for the purpose of recording when a PA is covering temporary absence ie every bathroom break? is this a bit of a waste of time and very over bureacratic? it also appears to be a disproportionate requirement if not discriminatory.
1245	Surely this information is already caputered at working level
1246	this is a disproportionaterequirment

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1248	PAs are already required to sign in the duty register I don't think there should be a separate register
1256	All pharmacies have a duty register.No necessity for another one.
1262	The presence /absence of a pharmacists signature will indicate whether the PA is covering . no need to have a separate recording of temporary absence
1268	As it is at present both pharmacist and qualified assistant must make a record in the duty register so don,t fully understand the relevance of the question
1269	Already sign register on daily basis further use of a duty register would be a waste of time and over bureaucratic
1270	The duty register is already in place in the pharmacy so don't understand the question
1271	As I understand it, this has been a requirement for a number of years
1273	Continue as before
1275	once the daily register is signed by the qualified staff present there is no reason to specify
1276	they are doing the job 40 years why limit them now
1277	Already being done in daily register
1280	This is a disproportionate requirement
1289	i sign in all the time when i come in and sign out when i leave
1295	I already record my hours in duty register.Not in school again Tg
1298	Since a register already exists and the requirement to sign in and out also exists it should be easy for any intelligent person to deduce when a pharmacist is in temporary absence.
1304	A duty register already requires a pharmacist and PAs to record their hours. So why ask this question.
1306	This is not applicable. Under the Pharmacy act of 2007 a pharmacist and a PA are already required to record hours.

Appendix G

Notification to members of the public

Q.10 Rule 7 provides that a patient and/or member of the public should be made aware when a pharmaceutical assistant acts in the 'temporary absence of the registered pharmacist'. Do you agree with this proposed rule?

11	Patients would not understand the terminology but may be put off because it sounds negative. This could damage patients opinion of the PA, the pharmacy and the entire team. It is demeaning of the excellent qualification and experience the PA has.
16	The public trusts them. No good will come from undermining this trust by doing this
20	creating an impression in the public mind that they are getting an insufficient service
30	I dont see the point in this when assistants are more than capable of completing their work and i dont see how this has become an issue now?!!! Ridiculous.
33	In the majority of cases the Pharmaceutical Assistant is working in the same pharmacy for years and is known by a lot of staff. They would not be allowed to cover the temporary absence of a pharmacist by the Superintendent Pharmacist unless they are deemed competent so I feel it is unnecessary to make the public aware
34	This may be of no practical benefit and may confuse the public undermining trust
35	PAs are trusted and experienced members of staff. Such declarations would undermine their authority and patient confidence
37	This complete belittles the PA and will place a FALSE sense of doubt in the public that the PA is not up to the required standard to be working as a pharmacy and should not be dispensing medication
39	This undermines the patient's confidence in the PA
50	Not sure how this can be achieved simply, in practice when few members of the public understand what a pharmaceutical assistant is. Perhaps there could be a pre-printed form?
51	Calls into question the skill and experience of the person looking after patient care - not necessary in my opinion
52	The difference between a pharmaceutical assistant and a pharmacist is not something that the public is familiar with. This distinction may confuse members of the public even though the assistant is acting well within their capabilities
62	this is highly insulting to hard working pharmacy assistants who have dedicated their whole life to out great profession
64	this will only confuse patients. They would not understand the diff and it would introduct worry and concern in patients who are already ill, anxious and stressed
68	I think this would only suggest to the public that they should trust the pharmacy assistant less

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70	Undermines the qualification and knowledge of the PA
73	When appropriate the pharmaceutical assistant should let members of the public know in person, not necessary in every circumstance.
74	Pharmaceutical assistants have been covering pharmacists for years and dealing with the same customers for years in some cases.
75	Any pharmaceutical assistant I have worked with has been highly competent and experienced. Patients respect them and in most cases already know that they are in charge on a temporary basis
77	If a patient/customer asks then they have the right to be told, however I do not think that this would be practical in all circumstances.
84	The pharmaceutical assistant should have a copy of registration together with a photo ID displayed in the pharmacy
85	currently the public are unaware who are assistants or pharmacists
87	Any decision made in this proposal should be seamless and provide minimal disruption to the public. A patient cannot be expected to have to entertain a conversation explaining the roles and responsibilities of a pharmacist vs a PA when they come in to get a Rx dispensed on their lunch hour.
88	That will generate unnecessary concern among patients.
90	I'm speechless at a suggestion like this. I have worked with many fine pharmaceutical assistants over the years and this is a belittling suggestion and frankly seems vindictive.
92	See comment above re insulting the 30 years experience of PAs
93	The general public are not aware of the difference between a pharmacist and a PA. Once the owner is satisfied as to who is covering the premises then it has nothing to do with the public.
98	Notification at counter, verbally inform patients if PA was overseeing dispensing/advising
109	They are human. No need to denigrate them any more than is currently proposed
112	how insulting
114	This has the potential to diminish the perception of the validity of pharmacists in general as the general public is not interested in distinctions regarding qualifications
126	This will create unnecessary anxiety for patients who may feel they receive an inferior service - The PSI would be better served concentrating on the current approved practices of delivery of medicines by non pharmacists or qualified staff after certain protocols observed. Complete double standards !
127	It is adding an unnecessary level of bureaucracy to a system when most patients are only concerned that they are receiving an appropriate level of service. The superintendent pharmacist would already assure this by checking that the assistant has the requisite skills and training to carry out the role of the pharmacist

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131	Not sure of purpose of same if superintendent satisfied
133	This has not been done in the past, why is it necessary now? If this happens the general public will begin to question the ability of the Pharmaceutical assistant which I personally feel is unfair and not necessary.
136	What is this meant to achieve?
141	It should not make any difference to the patient as the pa is doing the same job
144	The pharmacy team is important to patient care, to diminish the role of the assistant is wrong, the public have not had an issue with this before to the best of my knowledge so why create an issue now?
153	They're either fit for the role, or they aren't. Don't need to be undermined before they even speak to anyone
163	Why stigmatise people?
170	They should not be covering for pharmacist
172	If they have shown capacity and skill in their last 4 decades of work why emphasise the difference now? If the advice is the same who cares you said it?
177	Again, why the need to do so. If someone has been working in a community for 10+ years and still have patients coming back to them, what difference does it make?
186	No this is undermining the role of the PA and the duty and care they have provided to the community for many years. There have NEVER been safety issues surrounding PAs so drawing attention to them will unnecessarily alarm our patients.
189	Having served patients professionally for 40 years I have this proposal demeaning.
195	I just feel that in practice this would be difficult to implement and extremely confusing for patients who in general are not aware of the role of a Qualified Assistant.
206	As long as the business of the pharmacy is being carried out according to the law that is enough. this is more overregulation and over-requirement for too much information to be ostentatiously recorded
210	If the PA is competent, why use a regulatory pettiness to undermine his/her credentials and create an impression of a second class service?
215	This undermines the qualification of the pharmaceutical assistant and would promote distrust/suspicion on the part of the public
216	Patient's have been dealing with this highly accurate knowledgeable and efficient member of staff for nearly 20 years.it would be insulting and embarrassing for all involved. Do GP surgeries have to draw attention to the fact that the doctor is on holidays and that a locum is going to be making numerous mistakes that will be rectified by my qualified assistant.
221	nonsense - we put up a sign ?!

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225	However, not practical to tell every customer in retail pharmacy; would a sign on display suffice?
242	How would this be done? Convolutd and would concern the patient. More important to look at mandatory closing of dispensary to help overworked pharmacists that get no break and would love the luxury of an hour off.
248	I don't understand how this would work...would they announce it to the pharmacy? Have a sign up? This could possibly decrease customer confidence in the ability of the pharmaceutical assistant. If they are required to maintain competence like a regular pharmacist then I don't see why should do this.
249	this can confuse the public
252	If the superindendent pharmacist is happy with the competency of the pharmaceutical assistant as outlined above, I don't see it necessary to inform the patient of the pharmacist absence.
257	A patient entering a licensed pharmacy is entitled to expect the pharmaceutical care that a licensed pharmacy graduate is trained to provide
260	The public should be made aware that there is a qualified person on hand at all times
261	and the public should have the right to wait until the pharmacist is back on duty
266	No point in confusing the public especially sick and elderly people
272	Stongly disagree because clarification is required as to what exactly will be your interpretation of this rule. The Pharmaceutical Assistant is either qualified to act on behalf of the absent pharmacist or they are not. If you are suggesting that each member of the public is to be personally informed once they enter the pharmacy then I would say that you are trying to undermine the profession and the qualification received by the pharmaceutical assistant that was approved by yourselves . If you are saying that a notice is placed in a promiant location visible to all then I would say that this is acceptable.
279	I don't believe that to be nessessary
293	These people have provide pharmacy services to the public for all their working lives in all assistants cases over 30 years it is inherently unfair what the PSI are doing
295	What does "made aware" constitute? Does a sign suffice? Is it necessary that the public be made aware in any case?
302	this would only confuse the public as they are used to dealing with assistants for many many years.
310	Pharmacy assistants have over 30 years experience and are an asset
328	Irrelevant as above
343	Again need to provide CLEAR guidance on how this will be done - standardise across pharmacies!

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347	the patient should be told he they ask if you are a pharmacist . you then tell the patient you are a qualified pharmaceutical assistant.
348	In the real world can you imagine how this would work - I believe it would cause unnecessary stress and anxiety
350	Don't understand why this would be necessary.
365	this serves no purpose, and drastically undermines public confidence in the service we provide. It is also ridiculously unworkable - should we hang a sign???
373	I think this is demoralizing to the assistants and I think it would immediately instil majpr doubt to the public. I think it's is a crazy idea. How would you even phrase it?!
375	This could be addressed by PSI registration certificates for ALL qualified staff being displayed in the pharmacy. Patients need assurance that the people working in the pharmacy are qualified to perform their duties . Displaying the registration certificate will provide this assurance.
382	All the public need to know is that a qualified person is dispensing advice and medicine
383	All the public need to know is that a qualified person is dispensing advice and medicine
386	I really think that you cant have it both ways, either this small group of pharmacy professionals are qualified to act in the temporary absence of the pharmacist or they are not. If they are deemed to be suitable by the pharmacist, and have to be signed into the duty register then why make some special distinction. They may be better at giving advice than some shiny new MPharm
388	Patients need assurance that the persons working in the pharmacy (those qualified to dispense advice and medicines) are qualified to perform these tasks. Distinguishing between superintendent pharmacist, supervising pharmacist, pharmacist, pharmaceutical assistant, locum pharmacist will create not provide assurance to patients. What will provide assurance is someone familiar to them who they know and trust to dispense their medication. What patients find must upsetting is having to deal with a locum, parachuted in for holiday cover etc. This is where the patient is most at risk. • This proposal could be addressed if PSI registration certificates for all qualified staff were displayed in the pharmacy.
391	Patients need assurance and distinguishing between superintendent Pharmacist, supervising Pharmacist, Pharmaceutical Assistant., Locum Pharmacist will not provide assurance to patients
395	Distinguishing the various qualifications within the pharmacy serves no purpose, save to confuse people already vulnerable from sickness and may undermine public confidence in the profession as a whole.
396	Patients and/or a member of the public need assurance that the persons working in the pharmacy (those qualified to dispense advice and medicines) are qualified to perform these tasks. Distinguishing between superintendent pharmacists, supervising pharmacists, pharmacists, pharmaceutical assistants, locum pharmacists will create not provide assurance to people. What will provide assurance is someone familiar to them who they know and trust to dispense their medication. What patients find must upsetting is having to deal with a locum, who is just parachuted in or a few hours, day, holiday cover, etc. Thi is where the patient is most at risk. this proposal could be addressed if PSI registration certificates for all qualified staff were displayed in the pharmacy.
400	p a are experienced and are supervised by the S pharmacist. He or She has made the call
409	If the supervising pharmacist is satisfied as to competence, it is irrelevant that the public is informed
426	It remains unclear as to what is proposed here - are you saying that we should tell the public this person cannot help them even though they have helped them for a number of years in the past. Doesn't make sense to me.

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437	There is nothing to hide and the Pharmaceutical Assistants I have worked with always explain this to the patients in a way that does not cause unnecessary alarm. This again isn't a problem. The bigger problem is where you have technicians having to tell patients that the locum pharmacist on duty isn't a regular member of the team and could the patient return at a later date so normal dispensary service can resume
444	not sure how you intend this should be done. Do you intend us to wear badges or verbally state it at every consultation ?
445	Should not make no difference to public
451	the public should be able to rely on the PSI to ensure no shop is open to the public unless a qualified person is present. If the PSI are concerned that a person is operating while unfit then that licence should be revoked. there are many pharmacists operating with with different degrees . all the public are concerned with is that a qualified person is present
452	How do you propose to do this ? Make an announcement ? the public should be assured that a qualified person is present at all times
454	this rules makes out that we are not competent to cover for a pharmacist . if we are to tell the public that we are standing in for the pharmacist it will undermine our worth
456	I think it would unnecessarily confuse the public
457	How will this be enforced?
464	Infers that PA is not providing a competent service
469	It is unnecessary if the person has been Assesed as competent
474	Again, a leading question about a proposed rather than extant rule. Would strongly agree, however, that the public should be notified that a PA is acting in the temporary absence of a registered, supervising and superintendent pharmacist. Unsure how it would work in practice?
483	It doesn't matter to us both are trusted members of the pharmacy and in many cases patients are already aware and don't care
484	both are trusted and respected equally. If a member of the public asks they should be informed but there is no need to inform every patient. Both our pharmacist and pharmaceutical assistant are trusted equally and equally competent. In some cases the pharmacist has to ask the pharmaceutical assistant for their expertise and advice. This shows how trusted and valued these members of he pharmacy team are and in man patients views we don't care whether the person is a pharmacist or a pharmaceutical assistant as we trust the expertise and experience of both. In other pharmacies I have came across more incompetent pharmacists compared to our pharmaceutical assistant.
487	if they are acting in the temporary absence of the registered pharmacist that means that they are considered competent within that period. Every patient does not need to be issues with some kind of disclaimer. If the public inquire they can be made aware but the public trust the experience and knowledge pharmaceutical assistants have and many are trusted ahead of the qualified pharmacist. No amount of training or studying can award the wealth of experience pharmaceutical assistants can offer. They are extremely valued members of the community.
488	Again, a leading question about a proposed rather than extant rule. Would strongly agree, however, that the public should be notified that a PA is acting in the temporary absence of a registered, supervising and superintendent pharmacist. Unsure how it would work in practice?
491	surely all names or on daily shop register
493	humiliating and totally unnecessary
494	I agree but on the pretense that the PSI should delivery a campaign (tv, radio etc) to highlight to the public the difference in training between pharmacists and pharmaceutical assistants. I believe that anyone affected by change should be informed of the changes before they are implemented. Although this proceeding statement does not impact on this questions, it's principles most certainly do. The most recent benzo and z drug regulations where all doctors, from the numerous surgeries within my area, were not informed of prescribing changes led to

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	confusion amongst prescribers, frustration amongst pharmacists and those who suffered most were the patients. This is not acceptable and I would never wish to see this happen again as it clearly damaged the name and reputation of all pharmacists
495	I think by raising this as an issue to the patient it confers the idea that the pharmacy itself is not fully confident in the skills of the pharmaceutical assistant and that the patient should be wary. I do not think this is the correct way to do this. Ultimately if we are confident in the assistants ability then there should be no need to warn the patient. However in the interests of transparency I do not wish to hide this from patients either.
511	The licence granted by the PSI should be displayed clearly in each premises. This is sufficient.
518	This distinction has no relevance to the Public as the skillset is deemed equivalent
522	this will confuse the public
528	This is extremely important
535	Should be a notice of a specific size and format, displayed prominently in sight of anyone waiting at the dispensary counter
540	The public are unaware of what a qualified assistant is
544	Creating doubt/suspicion in mind of patient as to competence of pharmaceutical assistant who is fully qualified to act in place of pharmacist for whatever time period is necessary and not just limited to one hour.
549	A new rule for a dying qualification. Why did the PSI not act previously on this trivial matter? If the PSI deem it to be important there should be heads rolling & retrospective sanctions applied. An admonishment or censure perhaps
550	Why would it be ok for a pharmaceutical assistant to stand in but you have to warn the public like they are career criminals
557	The person is deemed to be qualified or not to do this. The display of their credentials should be enough
571	This is unnecessary and would be humiliating to Assistants
572	This should be done only whether patients' requests cannot be fully fulfilled due to possible limitations to the pharmaceutical assistant's responsibilities.
590	May bring unnecessary worry to the patient. If an assistant is good enough to perform the duties of the pharmacist in the eyes of the psi then there should be no need to notify patients however if asked this information should be made available in the way of a cert on the wall explaining each persons qualifications
595	While patients should be aware that it is not a pharmacist, I do not believe this needs to be done in a derogatory fashion like a sign. A name badge would suffice.
597	I think that it is counterproductive and may cause unnecessary alarm. There is sufficient experience to say that as this has not been necessary to-date, it is not necessary now. I don't understand what it would achieve, or why it is required. Again, it seems to disrespect the extensive knowledge and experience of our Pharmacist Assistant colleagues.
604	Perhaps a notice outside the dispensary to this effect, or a display of who is on and their qualification for pharms and assistants?
605	You mean make an announcement ?
607	do you want us to wear placards ?
608	nonsense. sounds like we have to "warn" patients? are they qualified or not?
609	Need to be clear in defining our roles to the public
610	Most pharmaceutical assistants are working in the same pharmacy for years therefor regular customers are aware of the persons qualifications without having to inform them
615	I can't understand why this is being included. If a pharmaceutical assistant is meeting the required educational standard why is there a need to inform the general public. Furthermore if

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	a pharmaceutical assistant has worked in the same shop(s) they will be a trusted healthcare provider by their patients, yet this proposal has the potential to unnerve patients.
618	The pharmacy assistants we have are extremely experienced and knowledgeable. Our patients would seek them out.
619	Do you propose flashing lights or banners. I do not see the necessity
620	this will frighten and confuse the public.
621	the public should be assured that a qualified person is available in the business all the time it is open for business. That should be enough.
625	Highly unprofessional to undermine or make a customer question the ability of another health professionals, considering the age of pharmaceutical assistants and their years experience and service. Also undermines the superintendent and supervising pharmacists ability to judge their employees competence.
630	When Pharmacy Assistants received their qualifications they did so in the same manner as an apprentice does now. It was a more practice based training with a years less study. I consider a Pharmacy Assistant with 35+ years experience more qualified than a Registered Pharmacist fresh out of college.
631	I believe this would be incredibly demeaning
633	Must be transparency, but again QA job made difficult.
635	I think that staff should be required to have badges to identify their roles but am not sure how to make the public "aware"
636	how do you propose to do this ? the public should be assured that a qualified person is there at all times
637	are you proposing the assistant spend an hour trying to explain the last 30 years discussion on this topic to every customer that presents in the shop ?
647	The public should be made aware that a qualified person licensed by the PSI is present. the public should be able to rely on the PSI not to issue a person with a licence if they are not competent.
649	Pharmaceutical assistants are more than capable of advising the public as appropriate
654	not necessary and would be confusing
659	If the QA is deemed to be qualified to cover for the pharmacist and the pharmacist is comfortable with this then there is no need to put doubt in the public's mind that they are not being properly looked after
664	Yes, this is fine and gives the member of the public confidence in knowing exactly who they are dealing with. I see no problem with this.
667	Customers just want to know there is a qualified and competent person in the shop, who they can speak to, trust and are familiar with. In many instances, my customers ask to speak to the PA, as some relate to her better than me. If I have to start employing locum, will they wear a badge with locum on it. disastrous for my business, and patient safety
668	Once again hard to know what you mean by made aware - the green flashing cross sign outside pharmacy turns red when pharmaceutical assistant providing cover, well I strongly disagree with this. That all qualified staffs' certificates are displayed that is acceptable.
671	If the QA is acting in behalf of the pharmacist, is qualified to do so and competent enough to do it why would anyone try to undermine a profession that they have awarded and agreed to from the beginning.
672	Undermines assistant's authority totally
676	Qualified assistants have been dispensing in the temporary absence of a pharmacist for years. It may be confusing to the public if they are suddenly identified as 'unqualified'. Also they have been dispensing for at least 30 years. Have any of them made any serious or fatal mistakes ? If so how does this compare with the ratio of mistakes made by pharmacists?

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684	why?, the assistants is deemed "competent" to act in the temporary absence. He/she is qualified to do so. It should need no explanation.
685	This was not necessary before why should this be necessary now. The public will only question the capabilities of the assistant which I do not feel is fair.
687	Would think on balance that this type of highlighting of difference in qualifications might on balance create more problems than it would solve and might serve to undermine the confidence of the patient
688	It will promote untrust with the public
693	I feel this is very disrespectful and would undermine the publics confidence in the assistant
695	The PSI in registering the pharmaceutical assistant infers that they may act in place of the pharmacist otherwise the public should be informed when locums serve them, and if they are being served by the supervising, superintendent or just a pharmacist.
699	This is a change to current practice and may cause unnecessary alarm to the public who have confidence in current arrangements
701	I actually think this is such a insult to a person that has been qualified years.
708	cert on display suffices
710	Surely by telling the patient this, we are implying that they are going to receive a less professional service. It would totally unacceptable.
714	at all times a qualified person must be in charge, the QA is either qualified or not, i would not differentiate
715	they are a registered professional. as you, the psi, have registered them as deemed them capable, then i do not believe this to be necessary
721	Wore qualified assistan on tunic for years no question asked
727	why???to what benefit to the patient, all staff members work together in the pharmacy dispensing area so when the pharmacist or assistant are temporarily absent...we always confer on any problems that occur on a daily basis.who is on is not the issue..proper accurate dispensing is our primary concern
734	However, it should be in the manner that when a patient requests to speak with the pharmacist that the pharmaceutical assistant gives their title or wears a name badge reflects their profession. I feel that the public should be aware of the profession of pharmaceutical assistants and their considerable skills and experiences.
735	Ridiculous explaining to every patient most of whom already know the PA..however I don't think any PAs pretend to be pharmacists. As with most jobs many of a pharmacists tasks are quite basic and PAs are more than competent to complete them
766	The certificate of registration including the qualified assistant is clearly displayed in the pharmacy so the public is aware there is a qualified person on the premises at all times.
770	This will create unnecessary upset to patients. Knowing the person dispensing their medicine and knowing they have 30, 40+ years experience in the role will be more reassuring than a locum in when pharmacist needs time off etc
773	all patients need assurance that persons working in the pharmacy are qualified to dispense advice and medicines. Distinguishing between superintendent pharmacist, supervising pharmacist, pharmacist, pharmaceutical assistant, locum pharmacist will create confusion not assurance. In our pharmacy PSI registration certificates for all qualified staff are displayed.
778	Patients need assurances that the persons working in the Pharmacy are qualified to perform these tasks. Distinguishing between superintendent pharmacist, supervising pharmacist, pharmacist, pharmaceutical assistant, locum pharmacist will create not provide assurances to patients. What will provide assurances is someone familiar to them who they know and trust to dispense their medication. What patients find must upsetting is having a deal with a locum, parachuted in for holiday cover etc. This is where the patient is most at risk. This proposal

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	could be addressed if PSI registraion certificates for all qualified staff were displayed in the pharmacy.
788	Every member of the staff wears a name badge, that is sufficient in my opinion.
791	Once the staff member who is dispensing medications is qualified and compenent in doing so, that is all that matters. Professional name badges could be worn, as worn by other professionals, however I do not see how this affects patients. The key priority should be ensuring that staff doing the job are competent to do so. Including pharmaceutical assistants in the statutory regulation and competency framework is the way forward that is reasonable, fair, and in the best interest of all parties concerned.
797	Qualified staff should be clear and unambiguous as to their own qualifications if and when questioned by members of the public and/or patients. Whether this is achieved by displaying PSI registration certificates openly in the pharmacy of all qualified staff, or by the wearing of badges etc, these could be discrete ways of notifying the above to patients/public.
800	this proposal could be addressed if PSI registration certificates for all qualified staff were displayed in the pharmacy
801	this had negative and prejudicial connotations
806	This proposed requirement would be unnecessary, and confusing to the public.
808	This is absolute nonsense and totally degrading to Pharmaceutical Assistants (pa's) !! perhaps best close shop altogether !!! I would also like to know how you propose to implement this bearing in mind customers expect there normal meds within 15 minutes of submitting their prescription??????
810	I feel it should be specified how this is to be made clear - verbal or sign?
812	Mark them out as substandard subpar?
813	Marking out the assistant as some substandard professional I believe is degrading to these qualified people with years of experience and learning
817	A pharmaceutical assistant is competent...as also is pharmacist locus pharmacist superintendent pharmacist...patients need assurance that persons working in pharmacy are competent distinguishing between staff will not provide assurance...what will provide assurance is someone familiar to patient who they know and trust to dispense their medication...a patient is upset if they have to deal with locus parachuted in for holiday cover...this is where patient is most at risk...this proposal could be addressed if PSI registration certificates for all qualified staff were displayed in pharmacy
819	Will cause enormous confusion and is totally impractical, what happens if every patient in the Pharmacy including children/vulnerables not informed every time even if they are buying lollipops?
822	THis could be addressed if PSI registration certs for all qualified staff were displayed in the pharmacy.
823	Patients need assurance that the persons working in the pharmacy (those qualified to dispense advice and medicines) are qualified to perform these tasks. Distinguishing between superintendent pharmacist, supervising pharmacist, pharmacist, pharmaceutical assistant, locum pharmacist will create not provide assurance to patients. What will provide assurance is someone familiar to them who they know and trust to dispense their medication. What patients find must upsetting is having to deal with a locum, parachuted in for holiday cover etc. This is where the patient is most at risk. · This proposal could be addressed if PSI registration certificates for all qualified staff were displayed in the pharmacy.
828	This provides no reassurance to patients who care more about experience than titles .
829	patient want to know person working are qualified to do so.distinguishing between superin.pharm/supervissting pharm/PA/locum cause confusion .patients dont like dealing with locums partachuted for hols.etc whom theydont know.this is where the patient is most at risk
830	PSI registration certificates already fulfil this role

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832	This causes confusion to the patient, who is the primary concern in any Pharmacy. The patient is more concerned with the relationship they have built up with the Pharmacy. To a lot of them the knowledge that you will go the extra mile to give them the support or solve their problems is their only concern. In our Pharmacy, all Certificates of Qualification for all dispensary staff are displayed.
833	I think this can be covered by requiring all certificates to be displayed in the pharmacy and also possibly by the use of name badges designating people's position in the pharmacy
834	This proposal could be addressed if PSI registration certificates for all qualified staff working in the pharmacy were displayed in the pharmacy. Patients need to be assured that they are talking to a skilled and qualified member of the pharmacy community. That is all.
835	Patients need assurance that the persons working in the pharmacy (those qualified to dispense advice and medicines) are qualified to perform these tasks. Distinguishing between superintendent pharmacist, supervising pharmacist, pharmacist, pharmaceutical assistant, locum pharmacist will create not provide assurance to patients. What will provide assurance is someone familiar to them who they know and trust to dispense their medication. What patients find most upsetting is having to deal with a locum, parachuted in for holiday cover etc. This is where the patient is most at risk.
875	All certs for all staff could be displayed?
877	The wearing of a name badge indicating Pharmacist or PA is adequate.
883	Address this by displaying PSI registration certificates for dispensing staff members
886	Patients know and are assured that qualified people are competent. Are you going to ask pharmacists to wear a badge saying they are bsc or msc too? This makes no sense. My PSI certificate is on display with Pharmacist certificate.
889	This proposal could be addressed if PSI registration certificates for all qualified staff were displayed in pharmacy.
892	I agree but not in such a way that their role is dismissed
908	I don't think the public cares that much really
909	This proposal could be addressed if PSI registration certificates for ALL qualified staff were displayed in the pharmacy.
911	We just need to know qualified person there.
912	Patient care and safety is nothing new to all pharmacists and PA and for years they have carried out their tasks in an exemplary professional manner so what is the problem?
916	This proposal could be addressed if PSI registration certificates for all qualified staff were displayed in the pharmacy
917	PSI registration certificated are already displayed in the pharmacy
918	Given the current cohorts level of experience, training and knowledge I would have more confidence in them than a newly qualified or locus pharmacist
920	of course patients need assurance that they are receiving sound, accurate advice and information from a qualified person. The array of titles (superintendent/supervising/registered pharmacist/locum pharmacist/support pharmacist/registers pharmaceutical assistant) will do the opposite of providing confidence in who they are speaking to. A familiar and trusted person, who they know and rely upon, who knows them and looks after their prescriptions on a regular basis will provide the needed assurance
925	Patients like to see continuity in a pharmacy & the PA covering in that pharmacy gives better assurance to the patient than the locum pharmacists parachuted in
928	However, this proposal could be addressed by PSI registration certificates of all qualified staff being displayed.
936	This proposal could be addressed if PSI registration certificates for all qualified staff were displayed in the pharmacy

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937	This is making an utter fool out of a qualified healthcare professional and also scaring the public
944	All a patient needs to know is that a qualified person is present
945	No.. either I'm qualified to cover or not
947	This is outrageous and embarrassing for everyone involved
951	This proposal could be addressed if PSI registration for all qualified staff were displayed in the pharmacy.
963	Distinguishing between superintendent pharmacists, pharmacists, Pharmaceutical assistants, locum pharmacists will confuse patients instead of providing assurance ,Patients need a familiar qualified person whom they trust to dispense their medication. The certificates for all qualified staff should be displayed in the pharmacy.
964	This will create confusion and undermine current practices and may diminish the professional standing of the assistant and may lead to the patient having less faith in the pharmacy. The patient must have confidence in the service provided. This proposal is counter productive and would not be implemented anywhere even if adopted
965	I keep saying that I know her for years so I don't need reminding !
966	But we know who is covering for the pharmacist and we have confidence in her! We certainly don't want someone new coming for the day as they won't know me or my medical history!
967	If the PSI registration certificate of the qualified assistant is displayed in the pharmacy, that should be sufficient.
968	The display of PSI registration certificates of the Qualified Assistants in the pharmacy addresses this issue.
970	PAs are qualified ,experienced and very skillful professionals,competent to dispense medicines. To ensure competency is maintained PAs should be covered by the PSIs CPD and core competency framework ,which includes practice review. I don't know why we were not offered this option in the first place. Most of us have kept up with our CPD through the IPU, PharmaBuddy, and IIOP.
975	If the PSI gave the PA's a professional qualification , and pharmacists and locums, will locums also have to put up a sign saying they are present ?.. Patients entering a pharmacy are looking for a familiar face who knows them and who they trust , this should be what the PSI should be more interested in !
977	This proposal implies that pharmaceutical assistants covering in the temporary absence of the pharmacist needs to be highlighted to the public at large.Why? Surely our customers are well familiar with us certainly more so than a locum.Should their presence be highlighted in this way.If there is a need to identify us as Pharmaceutical Assistants surely it is in the same way as our colleagues.....display our P.S.I. registration certificates.
980	this could be addressed with displaying all registration certificates in pharmacy
981	This proposal could be addressed if PSI registration certificates for all qualified staff were displayed in the pharmacy
983	Given the small numbers of PAs on the register and the fact that their qualification and role isn't widely known among the public this provision is impractical and likely to cause confusion.
985	i see no reason to raise doubt in a patients mind re the ability of the their carer especially when they are in good hands
987	This proposal could be addressed if PSI registration certificates for all qualified staff were displayed in the pharmacy.
988	If registration certificates were displayed for all qualified staff, this could be addressed
989	In most community pharmacies the customers are well aware of who the pharmacist is and who the assistant is.
991	PSI certificates for all qualified staff could be displayed in the pharmacy.

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995	This proposal could be addressed if PSI registration certificates for all qualified staff we displayed in the pharmacy
998	A familiar professional will provide assurance to patients, someone they know and trust to dispense their Medication rather than having to deal with maybe a different locum one day every
1000	Why would the PSI take such a position - if it does, it is at risk of placing doubt in the customers mind about PA's expertise and ability. These customers may have placed their trust in the PA for a number of years and for a governing body to change their position on this seems to me ill advised.
1001	once person is qualified
1002	what will provide assurance is someone familiar to them who they know and trust to dispense their medication
1005	The public do not know the difference between the two. This will just add confusion and distrust amongst patients. Patients have for years been receiving care from pharmaceutical assistants without any adverse effect. Pharmaceutical assistants are professionals who are trained in the provision of pharmaceutical services therefore it should not matter to the public if a pharmacist or pharmaceutical assistant is providing the same service to them now as they will be in the future. Again, this would be a degrading change to the rules.
1010	I have been a customer of a particular pharmacy for over thirty years. The person who I have built the best rapport with in that time is a pharmaceutical assistant whom I trust implicitly. Many members of the public might not be aware of the rigorous training that PAs have had to undertake and the years of experience they have. I feel that this measure would seriously undermine both patient peace of mind and the professional role of PAs
1012	PATIENTS NEED ASSURANCE THAT THE PERSONS WORKING IN THE PHARMACY ARE QUALIFIED TO PERFORM THESE TASKS.WHAT WILL PROVIDE ASSURANCE IS SOMEONE FAMILIAR TO THEM WHO THEY KNOW AND TRUST TO DISPENSE THEIR MEDICATION..IMMAGINE THE CONFUSION TO A METHADONE PATIENT,CANCER,VULNERABLE ELDERLY PATIENT LIVING ALONE AND GIVE THEM THE THE TASK TO DISTINGUIS BETWEEN SUPERINTENDENT PHARMACIST,SUPERVISING PHARMACIST,PHARMACEUTICAL ASSISTANT,LOCUM PHARMACIST.WHAT PATIENTS FIND MUST UPSETTING IS HAVING TO DEAL WITH PEOPLE UNKNOWN TO THEM AND VISA VERSA.THIS IS WHERE PATIENTS ARE MOST AT RISK.THIS COULD BE ADDRESSED IF PSI REGISTRATION CERTIFICATES FOR ALL QUALIFIED STAFF WERE DISPLAYED IN THE PHARMACY.
1013	this will only diminish the wealth of knowledge and experience pharm assistants have in the eyes of the patient and be detrimental to the trust patients have for all pharmacists
1014	as per my previous comments
1026	the assistant is well qualifiedthe pharmacist is vouching for the assistant thats enough
1030	my patients find most upsetting is dealing with unfamiliar locums instead of regular staff they know and trust .this proposal could be addressed if psi registration certificates for all qualified staff were displayed in pharmacy
1031	Once a qualified person is available to dispense and advise that is all the public need to know
1034	Most members of the public query only when there is an unfamiliar pharmacist on duty as they don't know them and as a result do not have the same confidence in them. Why not put up my PSI registered certificate ??? Maybe highlight on it that I qualified 40 years ago .
1035	The PSI would need to flesh out what constitutes awareness of same
1037	If you would like to provide a comment on how this can be achieved, please use the box below.
1038	It is more important that patients know and trust the Assistant than to be distinguishing the difference between each category. This is only creating annoyance and confusion for patients

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1040	It might shock you to know that patients ask for pharmaceutical assistants by NAME. Why? Because the assistant has been in situ for an average 18years and knows the patients profiles very well indeed! What next? Would you have us wearing "leper bells"?!
1042	it is my opinion that the assistant should present themselves as an assistant and in my experience this is what is done - I believe this is sufficient
1046	I don't the public understand the difference and more than likely don't want to know as long as they get a good professional service
1047	It could be seen to undermining their role in the eyes of the public
1050	Patients needs assurance that someone familiar to them is dispensing their medicine such as the PAs
1052	I believe this is discrimination. If this was a course going today, yes there could be something possible done about this, but the youngest PAs are now in their 50's, i think this is more a witch hunt and would be very demoralising for any PAs who are ensconced in their local communities for a number of decades.
1057	- Patients need assurance that the persons working in the pharmacy (those qualified to dispense advice and medicines) are qualified to perform these tasks. Distinguishing between superintendent pharmacist, supervising pharmacist, pharmacist, pharmaceutical assistant, locum pharmacist will create not provide assurance to patients. What will provide assurance is someone familiar to them who they know and trust to dispense their medication. What patients find most upsetting is having to deal with a locum, parachuted in for holiday cover etc. This is where the patient is most at risk. - This proposal could be addressed if PSI registration certificates for all qualified staff were displayed in the pharmacy.
1065	I think this is not very practical and is also insulting to the Professional Integrity of people who have 40 years practice in their roles
1066	This would worry and confuse the patient. All I want is a familiar face who knows my medical history, my sensitivity to particular drugs (not allergic reactions) and also knows the local doctors
1068	they have years of experience and why do this now
1071	This will create confusion for patients. Patient confidence in Pharmacy is now high. Leave things as they are except introduce CPD
1072	I think this is a bad idea because it could create confusion with the customers. Pharmacists and RPA's are all qualified to dispense and prepare medicines and counsel our customers. Creating a distinction between the different personnel could cause loss of confidence in the pharmacy. What most patients want is continuity of personnel whom they trust and in whom they have developed confidence over many years. I have worked with locum pharmacists who won't follow the SOPs of the pharmacy such as taking the patient's prescription out of the file to check it and endorse it when dispensing repeat prescriptions and some who have no interest in talking to the customers to help them. There are many pharmacists who work solely as locums who have not developed the required communication skills
1075	This is demeaning a qualification earned by the a qualified assistant and recognized by the PSI and has no impact on patient safety
1077	Pharmaceutical assistants do not need to be differentiated from pharmacists
1081	This will be confusing and upsetting for patients. If a patient wants to know the qualification of person serving them they can ask. Once person is qualified to dispense medication in their own right, higher academic qualifications do not guarantee safer practice, better communication or a better experience for the patient
1082	Time consuming
1084	As long as one of the people I deal with for the last 35 years are in the shop when I go into the pharmacy I don't care what title they have
1085	Again this is a time consuming exercise and would be very confusing for the general public

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1090	The staff in a pharmacy should be fit to practice and it is up to the pharmacist to ensure this. In practice the patients are often stressed enough about their condition and should not have to worry about the staff by drawing it to their attention.
1093	Provided a qualified registered person is in charge of the operation of the pharmacy it is not necessary to inform the public. It could cause confusion to have a notification up, and could cause unnecessary and unfair loss of confidence in the assistants by the public in the
1094	I think it would just confuse me if I was given that information. I just want to know that the person dispensing my medication is qualified and competent to do so.
1095	I think having this announced or displayed would not serve to provide assurance to the public, in fact the reverse could be said. When consulting with a patient a simple introduction would suffice ...I am the pharmacist/pharmaceutical assistant on duty is sufficient to inspire confidence. What regular customers to any business like and require is to deal with the same people all the time. I left the pharmacy I was dealing with because there seemed to be a constant change of staff, I now attend a pharmacy where the pharmacist and the pharmaceutical assistant take great care and advocate on my behalf all the time. This is what is important to patient needs public safety, any change in regulation that would have a detrimental effect on that relationship would impinge detrimentally on public safety.
1111	Actually found this laughable. Imagining flashing lights to "warn" the public.
1113	Public are confused enough without further info.
1114	Not applicable as patient should be satisfied that qualified person in charge
1121	Why undermine their confidence in the service?
1123	This would create a lot of confusion if it had to be explained to every patient every day. I think it would suffice that if a patient requested a pharmacist it could be explained at that point.
1124	The always address themselves as assistants and the patients know exactly who each staff member is.
1127	The QA in the chemist I attend always identifies herself as a qualified assistant.
1128	Certificates already on display, distinguishing between qualified staff on duty would only create, not provide assurance to patients. Patients want to see a familiar face they know and trust, over a locum who is drafted in, this is when patients are most at risk.
1129	If the matter in hand is too serious for the assistant he/she can mention this to the customer and ask the person to await return of the pharmacist or the assistant could phone the pharmacist.
1132	This undermines the authority of the PA
1133	nothing like transparency
1134	Patients need assurance that the persons working in the pharmacy are qualified to perform the tasks. Distinguishing between a pharmacist and PA covering will not provide assurance to patients. It's the familiar faces giving continuity of service that most people value.
1141	What customers and patients want is assurance that the person looking after their prescription and well-being is competent, familiar, has a relationship with them and understands their needs. Labelling staff as supervising pharmacist, Superintendent pharmacist, locum pharmacist, pharmacist, pharmaceutical assistant, pharmaceutical technician will be create anxiety not provide assurance. Ask any patient and what they fear most is not seeing that familiar face when they go to get their prescription, but a stranger, a locum who knows nothing about them and who they have to retell their story to. This is where patients are most at risk.
1145	Certificates already on display. The things that inspire confidence in patients is seeing a familiar face, someone who knows them and their history. They don't like having to deal with random locum, no matter. This is when patients are at risk. Making distinctions between staff creates anxiety and does not provide assurance.
1151	My local qualified assistant always introduces herself as a qualified assistant in the beginning.

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1152	This is just insulting to a pharmaceutical assistant who has regularly demonstrated her ability over the last 40 years
1153	Patients need assurance that the person dispensing is qualified not the spec that they are the superintendent pharmacist, the supervising pharmacist, the pharmacist 3 year degree, 4 year degree, masters qualification, locum or Registered Pharmaceutical Assistant or pharmacist who qualified under an apprenticeship. What they get reassurance from is familiarity competence and friendly reassurance. All qualified staff should display their Certs on view.
1154	- Patients need assurance that the persons working in the pharmacy (those qualified to dispense advice and medicines) are qualified to perform these tasks. Distinguishing between superintendent pharmacist, supervising pharmacist, pharmacist, pharmaceutical assistant, locum pharmacist will create not provide assurance to patients. What will provide assurance is someone familiar to them who they know and trust to dispense their medication. What patients find most upsetting is having to deal with a locum, parachuted in for holiday cover etc. This is where the patient is most at risk. - This proposal could be addressed if PSI registration certificates for all qualified staff were displayed in the pharmacy.
1156	Irrelevant once the service they provide equates to the work of the registered pharmacist. Experience and qualifications of pharmaceutical assistant should prove this
1157	I was always aware of the Pharmacy Assistant qualification. Over stressing this rule will cause upset and confusion.
1158	Patients already find it very upsetting when a locum is working. They like the familiar staff who look after them on a daily basis. They trust the Qualified Pharmaceutical assistant who has been looking after them for years, and find the locums upsetting to deal with, as trust has to be built up.
1160	I don't think the public really care. All they want is a safe service and to get what they want as quickly as possible.
1166	- Patients need assurance that the persons working in the pharmacy (those qualified to dispense advice and medicines) are qualified to perform these tasks. Distinguishing between superintendent pharmacist, supervising pharmacist, pharmacist, pharmaceutical assistant, locum pharmacist will create not provide assurance to patients. What will provide assurance is someone familiar to them who they know and trust to dispense their medication. What patients find most upsetting is having to deal with a locum, parachuted in for holiday cover etc. This is where the patient is most at risk. - This proposal could be addressed if PSI registration certificates for all qualified staff were displayed in the pharmacy.
1167	All that needs to be done is that the Society make provision for Registration Certificates for Qualified Pharmaceutical Assistants be displayed alongside those of the Pharmacists'.
1168	i would have no objection to this. I think in general it is good practice to have a sign stating "your pharmacist today is Mary" etc. No reason why this couldn't say "Your pharmaceutical assistant today is Mary".
1169	I think if we are granting the capacity to cover for temporary absence then I don't think it's necessary to communicate this to the public as it would be a difficult concept to communicate
1170	If the registration certs of all staff are displayed then any interested/concerned client can see qualification. Is a familiar face not more reassuring?
1181	Again going back to rule 5(2) if Assistant is acting for the Pharmacist he/she should say Pharmacist is out for a short while
1184	I think if we are granting the capacity to cover for temporary absence then I don't think it's necessary to communicate this to the public as it would be a difficult concept to communicate
1191	Discriminatory rule. Totally out of line with current thinking on inclusion.
1192	How would this be done in practice
1195	The customers are always made aware in this pharmacy that they are dealing with an assistant

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1202	Such action would destroy the trust and confidence of the customer for the pharmacy with which they are dealing on a regular basis. Customers need to feel confident in their dealings with the pharmacy and would not appreciate that their "business" is being carried out by an unknown person who is only employed for that particular day, thus destroying the important relationship that would have developed between customer and the pharmacist or P.A.
1205	the public should be able to rely on the regulator to ensure that a qualified person is on the premises at all times. if the level of qualification needs to be announced every time a patient is served then they should be advised about all the different levels there are in pharmacy
1208	A P.A has always been qualified to act in the temporary absence of a pharmacist. This could cause confusion and potential poor customer satisfaction due to lack of understanding. As a patient all I want is continuity of the professional I am dealing with be it a PA or pharmacist not a different locum every time.
1211	It is necessary when a patient needs to specifically talk to the pharmacist or enquiries about a new medicine they have been put on
1212	IN A RURAL OR ANY COMMUNITY PHARMACY THE PUBLIC NEED TO SEE THE PROFESSIONAL FAMILIAR FACE ,ENGLISH SPEAKING AND CLEAN.THIS MIGHT SEEM TO BE SMALL ISSUES BUT IF YOU ARE WORKING AS I AM IN THE SAME COMMUNITY FOR 40 YEARS THESE THINGS MATTER TRUST EMPATHY AND KINDNESS AND CARE
1222	This is ridiculous, pharmacy assistants have been helping me for years when I get medicine. This would only serve to demean pharmacy assistants and confuse the public.
1224	The public should know who is on duty at any time
1225	Patients need assurance that the person dispensing the medicine and giving advice are qualified to perform these tasks No need to confuse patients with details of qualifications
1226	The Pharmacy Act permits a qualified registered Pharmaceutical Assistant to act on behalf of a registered pharmacist during temporary absence without this demeaning awareness notification requirement.
1227	Suggests that the quality of care may be sub-standard and may make patients more anxious.
1228	Why do you want to confuse patients ? Are you suggesting they should be made aware of all the different education degrees that different pharmacists have. Some pharmacists have very similar education to that of the assistant that sat beside them in the same class room and did some of the same exams. Should the public be made aware of this ?!!!!!!!
1229	Causes confusion with the public and is demeaning for the employee. Is the quality of the work less during the temporary absence??
1230	Don't care about titles just want my medicines dispensed
1238	This would only confuse the patients
1242	What patients most want is the familiarity of a person they know and trust. What they most dislike is having to deal with a succession of locums whome they neither know or trust. Does the PSI really want a situation such as pertains in many hospitals wher patient care is delivered by agency staff who have no stake or loyalty.Is that really the way to the PSI's stated intent of patient safety.
1245	Pa's hold the required skills to provide the patients/customers with the necessary infomation required. Why overcomplicate and confuse these inhdividuals by the using terms they would be unfamiliar with?
1246	Again i find this insulting and certainly confusing for patients i think patients are more upset by locum pharmacists who dont know their history
1248	I don't see the benefit of this At this stage after 40 yrs
1251	In principle, I have no difficulty with this but in practice this would lead to confusion and even unnecessary concern. The inclusion of this draft rule is grounded in a perceived belief that PAs provide an inferior professional service. In the absence of objective evidence to support this, this provision is divisive and partisan and impractical to implement.

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1254	Name badges showing qualifications would address this issue without alarming and confusing patients
1256	I wore the personal registration plastic card issued by PSI and it caused confusion and waste of company time in explanations. Displaying my Certificate of Registration on the wall would be much more professional.
1262	Most of our patients have confidence in our ability to provide them with the best professional care possible. Because we have been working in Pharmacy for so long patients trust us to provide the with due care and diligence. We are a consistent presence in the pharmacy when locum pharmacists come and go. Distinguishing between Pharmacists and PA does nothing to reassure patient in times of illness. They just need familiar people to provide their medicine in a safe professional manner. Locums will not inspire the same confidence in our patients during a temporary absence/
1268	When a member of the public presents in my place of work and asks for the pharmacist ,I was introduce myself to them by name and state my qualification ,at no time to date has anyone on learning I am not the pharmacist refused to let me engage with them nor has anyone ever to my knowledge been unsatisfied with me.Anyone entrusting themselves to me will be given every assistance that can possible given.
1269	All registration for qualified staff should be displayed in Pharmacy
1270	PSI registration certificates could be displayed in pharmacy for qualified assistant
1271	If the PSI have seen fit to qualify the PA to deputise for a registered pharmacist,albeit in the 'temporary absence' of that pharmacist, why would it be necessary to point out some implied shortcoming in the case of the PA?
1273	Have not got last 50 yrs....why now
1275	my certificate is displayed in the pharmacy and the customers know i am qualified to deal with their requirements
1276	they have buildt up relationships with customers for past 40 plus years the public trust them and now u want to undermine them
1277	Distinguishing between grades of pharmacists will only compound anxiety and distrust not provide assurance for patients
1280	This could be addressed if PSI registration certificates for all qualified staff were displayed in the pharmacy
1289	why. My certificate is on view in the pharmacy at all times. In the eyes of the customer i am recognized as being competent to run the pharmacy in the absence of the pharmacist. If the society were really serious about protecting the public they should have included us in CPD. We sought to be upgraded a long time ago and were blocked from doing so.
1295	If I were to go down to shop and tell each patient I was handing out meds to that I was working "in temporary absence " of the pharmacist ,they would think I was mad.They all know after 30 years that I am competent and rely on my opinion
1298	Patients are happy to see a familiar face, someone they know and trust, this is what they find reassuring. It is not necessary to tag people when registration certificates are on display.
1304	The customer already knows the qualification as the registration certificate with the P.S. I. Is posted up with pharmacist certificate.
1306	Patients trust who they know, whether it be pharmacist or PA.
1311	A duty register already exists and it is plainly visible when the pharmacist is absent . T suggest keeping tow registers is over beaurocratic.

Appendix H

Professional Task List

Q.11 Rule 8 (1) provides the Council with a mechanism to further provide what may be done by a pharmaceutical assistant when acting in the temporary absence of a pharmacist, in the form of a professional task list. Do you agree with this approach?

16	They should be able to do all necessary tasks assuming competence is proven and relevant training documented.
20	would entirely depend on what is on the list
30	Again why??
33	The Pharmaceutical Assistants have been working for many years and are competent in their work otherwise their Superintendent would not have them acting in such a capacity. They are competent professionals who do not need a list of tasks
34	This is a dying occupation but very valuable and useful why hasten its demise
35	I think limiting what they can and cannot dispense is disrespectful to their qualification and their expertise. I would rather an experienced PA dispensing these items any day than a newly qualified pharmacist out of college and clueless!
37	this is a completely pointless question as I do not know what these tasks are and hence can not comment if this is a suitable approach or not
39	The cited examples, e.g. not being allowed dispense digoxin, are preposterous and are an affront to the extremely experienced staff they'd affect. I am in favour of restricting additional services, like vaccination, but restriction of items that can be dispensed is absurd.
47	But should mirror closely functions of a pharmacist.
51	All staff should have relevant job descriptions and task lists
52	I feel this list should have been included with this survey. The list is far too restrictive as to what a pharmaceutical assistant is capable of and that it is unfair on people who have been working in a capacity safely for many years.
62	honestly lets think about this should i allow half professional cover in my absence ??? its either all or nothing i know my assistant is professionally compitent to provide cover in my absence
64	crazy idea, you cannot legislate for all the nueances
73	I have reviewed the professional task list suggested and have huge issues with the content. There are things on the current list that a pharmaceutical assistant is absolutely competant to perform safely and are doing so safely currently and have done so for years. The list is much too restrictive and a public consultation should be done on the contents of this list.
74	Again the pharmaceutical assistant has been covering pharmacyis before you intervened with these bully boy tactics.

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75	Pharmaceutical assistants have years of experience often more than the supervising pharmacist and should be trusted to continue the duties they have been performing until now
77	This task list should be realistic to allow the efficient working of the Pharmacy during temporary absence
84	There is no logical sense in this mechanism the only regard to this mechanism would be in relation to vaccinations where specific clinical training is undergone and certified.
87	I have seen the proposed task list and could not disagree more strongly with every part of it. The task list should have been provided as part of this survey to highlight the extent to which the PSI are proposing to limit the role of the PA
90	Totally disagree. There are no assistants that don't have 30 plus years experience. There are no tasks that I as a pharmacist feel should only be done by me and not an assistant.
92	The PSI has already shown itself to be anti-PA so in this case it is not unbiased body to prepare such a list. The presumption of this Task List is that PA are not qualified to carry out all of the functions of a pharmacist where the original pharmacy act states otherwise.
93	If they are acting in the temporary absence then they should be able to do everything a pharmacist can with no restrictions
94	Pharmaceutical assistants have almost 40 years experience. It is insulting to issue them with a can/cannot task list
105	Historically PAs have preformed all dispensing tasks in the absence of the Pharmacist why should there be restrictions placed on them now when the system seems to have worked so far
112	the qualified assistant is not a junior and each one of these people have 35 years experience
126	History shows such provision will result in over regulation and complication of tasks carried out.
127	Assistants have been carrying out these professional roles for many years, and have built up a significant level of knowledge and experience. This should not be dismissed. Once they have the requisite knowledge and training, as certified by the superintendant pharmacist, then they should be allowed to carry out any tasks carried out by the pharmacist. I am not aware of any increased risk in dispensing of any medicine by assistants based on case studies published by the PSI and any restriction placed on the role of assistants should be evidence based.
128	need this definitive task list so in absence that both parties know exactly what can and cannot be done by the assistant
131	Depends whats on the task list
136	How can it be decided that a patient can only get med when its convenient for the pharmacist to work 12 or 14 hour days without a break?
139	The assistant should simply act on the pharmacist's behalf as has been done for many years

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144	The Pharmaceutical Assistant should be able to work in the same way as a Support Pharmacist. The list of tasks proposed to the council by the working group were insulting to our Pharmaceutical Assistant colleagues.
145	This cohort in my experience have the skills and professionalism that defers to the pharmacist as and when needed
163	Train them in these areas. I am sure they are willing
169	I would see no problem in continuing in the manner we've been practising up to now.
170	Why are they allowed to cover at all.. They are not pharmacists..
172	I believe there should be control over what is done in a pharmacy. Limiting the pharmaceutical assistant from work currently they show competence for???
177	30years experience? I'm pretty sure no task list is needed. The only way this would be needed is someone returning to work after unemployment. Same as any job
180	There are only two classes of pharmaceutical assistants left and they are more qualified than pharmacists graduating from our universities. I am a tutor pharmacist but what I have learned from our pharmacy assistant over the years has made me the pharmacist I am today they are a valuable addition to any pharmacy
186	Not necessary. They have been performing all tasks in a professional manner for years so it is unjustified to limit their duties now.
189	On qualification we were qualified and recognised as being qualified to perform each and every task of a registered pharmacist when acting for that pharmacist in his/her temporary absence.
195	I would need more clarification on exactly what the task force is but in principle this sounds like a good idea.
206	By the practice of their jobs over many years assistants have been able to carry out any of the jobs of the pharmacist. This is too fussy and overbearing.
215	The assistant can either work in the capacity of the entire pharmacist role or not, otherwise services will be limited in the absence of the pharmacist
216	A properly trained intelligent qualified assistant will know what tasks need pharmacist input and will either contact the pharmacist or await their return
221	if used wisely to achieve a fair balance in this situation
225	Yes the PSI should be precise in their guidance
228	Depends on the list ?
229	a person is either qualified to act as a pharmacist or pharmacy assistant or not qualified. there can not be a situation where a pharmacy is open but is not able to fully dispense all medicines because a pharmacist is not present
248	Would need more detail about what would be included in this professional task list

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249	is there a need for a professional task list? the pharmaceutical assistant should be able to perform the duties of the pharmacist in their absence. not allowing them to do certain tasks undermines their ability to act in the absence of the pharmacist
257	I believe that the only task that should apply is the duty to inform a patient that the pharmacist is not on duty and the time at which the pharmacist is expected to return.
260	They by definition are competent to do all the tasks of the pharmacist.
261	This should not be too long a list but should cover the absolute core tasks that cannot be deferred for a period of one hour and should not include high risk prescriptions or MDAs
266	Not necessary
272	This is far too vague and open to manipulation and censorship by an executive with a lay appointees majority who have demonstrated very little knowledge about pharmacy. and its day to day operations. I don't have an issue with the list of jobs. I do have an issue with consecutive councils voting on diminishing this list. Put your list out to public consultation.
279	In my opinion they stand in fully for a pharmacist
299	As long as the task list is not demeaning to the skills of the pharmaceutical assistant that they would have gained over their vast years of experience
328	PA should be able to do everything the pharmacist does, provided they have received the necessary training
339	Difficult to define considering the scope of practice, also once devised it may be limited & then the service of pharmacy is compromised!
348	Why?
350	They are either doing the job of the pharmacist or not. They are all highly qualified and capable of doing anything I do as a pharmacist
368	too much power for the psi
375	PAs are qualified ,experienced and skilled professionals, competent to dispense medicines. Defining the roles and responsibilities of PAs should be enshrined in primary legislation in the same manner as others working in a pharmacy.Include PAs in the core competency framework .
376	They have been performing all duties for the last 30 years
378	No need for this
382	PAs are qualified to dispense medication thereby no task list needs to be established
383	PAs are qualified professionals thereby competent to dispense medicines therefore no task list needs to be established
386	See above, either these professionals are suitable to take these responsibilities or not. What qualifies the council to decide what they can do?
388	PAs are qualified, experienced and skilled professionals, competent to dispense medicines. To ensure competency is maintained PAs should be covered by the PSI's CPD and core competency framework, which includes practice review. • Defining the roles and responsibilities of PAs should be enshrined in primary legislation in the same manner as other persons working in a pharmacy.

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389	Unilaterally changing the scope of practice of experienced and qualified professionals is inappropriate. A recently qualified 'registered pharmacist' is not more qualified than a PA to dispense a repeat prescription of warfarin. The proposed requirements fly in the face of current practice in community pharmacy where repeat scripts are dispensed in advance and handed out by counter assistants, with professional advice provided only upon request. Finally community pharmacists are often not in possession of the appropriate information to safely dispense hi-tech medicines; redefinition of the current role of the PA will not remove these limitations and will not improve patient safety.
391	PAs are qualified, experienced skilled professionals competent to dispense and should be treated accordingly
395	P.A.s are already qualified and competent to dispense all medicines. P.A.s should be covered by the P.S.I.s CPD, which includes practice review.
396	P. A.'s are qualified, experienced and skilled professionals, competent to dispense medicines. To ensure competency is maintained P. A.'s should be covered by the PSI's CPD and core competency framework, which includes practice review. Defining the roles and responsibilities of P. A.'s should be enshrined in primary legislation in the same manner as other persons working in a pharmacy.
398	Pharmacy assistants task should mirror that of an on duty pharmacist.
409	If the supervising pharmacist is satisfied as to competence, this is irrelevant and could cause confusion
426	How can you say that someone is allowed to do something for 25 years and all of a sudden they cannot perform the task? Doesn't make sense to me.
437	I agree with this, but the proposed list published on the PSI website was insulting to the Pharmaceutical Assistants and their vast experience of working in pharmacies in Ireland. It also completely disregarded the impact it would have on pharmacists such as myself where our workload will increase dramatically in many instances, therefore increasing pressure on us and thereby endangering patient health. The code of conduct clearly spells out that the patient comes first, so why is the regulator trying to make my practice less safe?
444	Assistants have been doing all the tasks of a pharmacist except for vaccines for many years. How can they be employed to cover any absence if they cannot dispense a full prescription. How can you tell a patient they can have one or two items but will have to come back later as the person dispensing is not fit to dispense the full prescription. what will that do to patient confidence ?
445	Act as a pharmacist is defined.
451	how many trips would a sick person or an OAP have to make to the pharmacy to have a full prescription filled ?
452	its clear to me that the PSI executive and/or the council members have little comprehension of how a retail pharmacy operates. the shop should not be open to the public if only some items can be dispensed. this would be very worrying for the patients and rightly so.
454	why can we not be upskilled as are the pharmacists
457	It would be better if these principles were laid out before anything was signed off
464	Qualified Assistants are vastly experienced in the day to day activities of a Pharmacy- they have evolved with the vast changes which Pharmacy practice has seen over the years . I consider them to be cautious in their approach to their work .This is in stark contrast to the over confidence I have seen in several Pharmacy Technicians with whom I have worked .
473	can't comment without seeing the 'task list'
474	Again, a leading question about a proposed rather than extant rule. Lists themselves tend to be unnecessarily prescriptive, overly extensive from being required to be exhaustive, and leave little room for professional judgment when a task arises that isn't on the list. Also, the wording

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	needs to reflect the reality of many pharmacies i.e. the registered, supervising and superintendent pharmacists are often one and the same person.
480	if one is acting in the temporary absence of a pharmacist one is acting as a pharmacist.
483	They should be allowed to carry on as they have for the last number of years
484	there should not be a list of tasks they are currently competent enough to perform a variety of tasks why should this change
487	Pharmaceutical assistants are skilled and experienced members of the pharmacy community. Their experience is invaluable and cannot be taught it should be respected. There has never been an issue with a task carried out by a pharmaceutical assistant and there is absolutely no need to limit their capabilities now!
488	Again, a leading question about a proposed rather than extant rule. Lists themselves tend to be unnecessarily prescriptive, overly extensive from being required to be exhaustive, and leave little room for professional judgment when a task arises that isn't on the list. Also, the wording needs to reflect the reality of many pharmacies i.e. the registered, supervising and superintendent pharmacists are often one and the same person.
494	This proposed list, has not been published, why isn't this list available for review. Being asked to vote on a list that is non existent does not enable me to make a decision on the list appropriateness. This should be drafted and furnished to all parties and voted on at a later date
511	Do the personnel in the PSI have any clue as to how a retail shop operates. How do you not have any clue about the profession you are supposed to be regulating ? A person is either qualified to do a job or they are not . How can you say after allowing assistants perform tasks for upwards of 35 years that after some date in the future they will no longer be allowed . Is there no one in there with a bit of cop on ?
518	This list is ridiculous as it no way reflects the skillset or experience of these individuals
519	Unless the PSI is considering downgrading pharmacists who have been on the register for over 30 years too, there should be no distinction made if the assistant is completing tasks that they have safely completed for the last 30 years.
523	Make them do cpd portfolio like the rest of us
528	Detail of this list should be published and consulted on
535	Please leave some room for professionalism
544	PA is fully qualified (and usually more experienced) to do whatever a pharmacist is required to do
549	Qualified assistants would be better in a retail pharmacy than 99% of the qualified, non practicing pharmacists in the PSI. Those who can do, those who can't regulate and preach.
550	Pharmaceutical assistant is just as capable and sometimes better than the supervising pharmacist and maybe every kne should consider this while they are on this crusade
565	my assiatnt is as good as me full stop and if i were to lose her services my workload would increase to an immeasurable level and i would not be able to replace her nineteen hours of excellent work with nineteen hours from a pharmacist as they are not avialable i know this because i advertise and am allways looking for pharmacists and they are too thin on the ground in my rural location
568	Nowhere near the knowledge levels of qualified pharmacists in my opinion
571	No need. Assistants have proven themselves competent over many years
579	Why does it have to be a pharmaceutical assistant? What about a pharmacy staff member that has oceans of experience and just don't hold the title.
588	I dont understand the question
595	In the absence of the pharmacist, any person who is left in charge must be competent to carry on business as normal. Imposing limitations on services provided undermines pharmaceutical assistants and is not conducive to promoting public confidence in pharmacy services.

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597	It seems okay in principle, but it is difficult to establish how this approach would work, so I would cautiously agree.
598	Pharmaceutical assistants have been good enough to work in the absence of pharmacists until now... why demean them now?
605	Assistants are performing all the tasks of the pharmacist at present,(excepting vaccinations) Thats what the PSI qualified them to do. Are you now questioning your own education and qualifications ?
607	SHAME ON YOU. Have you really nothing better to do ?
609	PAs are qualified to dispense during temporary absence of pharmacist
610	As every qualified pharmaceutical assistant is qualified for 30 years minimum and has always worked in a professional manner and knows what is required I don't think a task list is required
611	Why restrict what they can do if they've been doing it for the last number of years and likely have more experience than some pharmacists at doing it.
615	Having observed a number of pharmaceutical assistants I have observed them to be very competent and if they are not sure about something they will wait for the pharmacist return and/or consult another pharmacist
619	You would need to change the definition of "pharmaceutical assistant " in the Pharmacy Act. I don't see the need
624	They should perform all tasks as normal. There is no need for a list
625	Would not like to see a repeat of the incident in Dublin where a pharmacist did not supply adrenaline due to legal restrictions resulting in a fatality. I think that any pharmaceutical assistant could dispense an emergency supply of ventolin!!!!
626	i think High Tech drugs dispensing should only be initiated by the Pharmacist,otherwise status quo should pertain.
630	See my answer to 10 above
633	I believe this would be unworkable in practice.
635	Creating a professional task list adds to more confusion and then defeats the purpose of the temporary absence. In reality if this legislation goes through no pharmacy will want to reduce the amount of services it provides for even 1 hr. Which leads to no breaks for pharmacists and then ongoing fatigue and dissatisfaction as is often the case at the moment.
641	Pharmacy assistants are an ageing population of the pharmacy world , it would be unfair now to enlist new rules to govern their practice and would lead to more work for the supervising pharmacist and the regulator ! In 10 years time or less there will not be any pharmacy assistants in the register
647	By definition a pharmaceutical assistant is competent to transect the business of the pharmacist. To exclude them from performing some of the tasks of a pharmacist that changes the definition in the act
649	unnecessary and offensive to limit their role
650	A person is either fit to do their job or not. As all of the remaining pharmaceutical assistants have over 30 years experience it is very insulting to suggest they are fit to dispense one type of prescription and not another.
659	The QA has been doing these tasks for 40 plus yers
661	How can I tell a customer we cannot do their prescription because the person doing them can only dispense some items
664	This seems completely impractical as customers will present with all sorts of illnesses and ailments, and putting the customer first, they will need whatever dispensing or advice they require without there being any delay or complication as to whether or not the person in front of them - if sufficiently experienced Pharmaceutical Assistant is available.
667	This rule is nonsensical. I don't understand the reasoning behind this. In a small community pharmacy, qualified staff have to able to multi-task, and undertake all work that I do, when I'm

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	not there. My PA is as knowledgeable and as skilled as me. We attend the same CPD seminars. I have completed practice review and I can tell you, she would have probably done as good if not better than me.
668	Once again this question is couched in innuendo. Pharmaceutical assistants are qualified to dispense medicines, so I don't understand how there can be a task list. Who will draw up this list? Will a similar list be drawn up for pharmacists who qualified prior to 1965. What is the purpose of the list?
669	The assistant is qualified to carry out all professional tasks in the pharmacist's temporary absence
671	If they act in temporary absence then that is what they do.
676	How can you justify having allowed a person to dispense medication for 30 - 40 years and now say they aren't qualified?
679	If a pharmaceutical assistant is covering for the temporary absence of the pharmacist then he/she should be able to dispense and conduct in the same professional manner as the pharmacist he/she is acting for
684	this is with the Minister for Health's approval. It is questionable the choice of members for the working group who drafted these rules as to their competence and knowledge.
685	There have been no problems up until now and I am not aware of any fitness to practice cases that have occurred in relation to Pharmaceutical Assistants
687	Should be left to the discretion of the supervising pharmacist
691	Provided 38 years of experience is taken into account
693	If such things as prohibiting dispensing of paediatric prescriptions is potentially on this list, then again I see it as counterproductive and also it undermines the assistants' existing abilities
695	This may not be in the best interest of the patient.
702	Pharmaceutical assistants were registered years ago, they know exactly what they can do in Pharmacy, council shouldn't be allowed to change it now
714	the QA is covering the pharmacist and must be capable of fulfilling their role
715	this will likely impede patient care
721	Leave well enough alone
727	no hint of this list is provided to us at this time
734	As per previous legislation they should be able to complete same activities as their pharmacist colleagues
735	Would love to know what PAs would be incapable of doing..most of them are far more experienced than many qualified pharmacists
766	The professional task list severely limits the duties of a qualified assistant, having been qualified for 46 years it is humiliating to say the least.
770	PAs are qualified, experienced and skilled professionals, competent to dispense medicines. To ensure competency is maintained PAs should be covered by the PSI's CPD and core competency framework, which includes practice review
773	PAs are qualified, experienced and skilled, competent to dispense medicines. The PSI have failed to ensure that cpd is mandatory and also failed to incorporate them under the core competency framework. This omission should be corrected. I take part in cpd as I know other PAs do.
778	PAs are qualified, experienced and skilled professionals, competent to dispense medicines. To ensure competency is maintained PAs should be covered by the PSI's CPD and core competency framework, which included practice review. Defining the roles and responsibilities of PAs should be enshrined in primary legislation in the same manner as other persons working in a pharmacy.
791	A standardised competency framework should encapsulate this and provide a means of monitoring all professionals and ensuring individual accountability. Restricting pharmaceutical

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	assistants to a list compiled in an ad-hoc manner without any evidence based rationale not only undermines the professional pharmaceutical assistants who have been providing an excellent service for decades, but also acts to push them out of work and make their positions of employment unsustainable. There is no reasonable evidence based rationale for doing so.
797	As I have previously said, PAs are qualified, experienced and skilled professionals who have been in the workforce for up on forty years exercising their role in a competent manner. They should be covered by the PSI's CPD and core competency framework including eportfolio and practice reviews to ensure competency is maintained. This again would be more respectful than drawing up a "professional task list".
800	PAs are qualified, experienced and skilled professionals, competent to dispense medicines. To ensure competency is maintained PAs should be covered by the PSI's CPD and core competency framework, which includes practice review
801	it gives the council free rein- enforce cpd and satisfy yourselves that PA's are competent full stop
808	yes of course eg cannot do vaccines not trained, BUT Qualified for dispensing meds ? its what we do and always did
812	30 years of experience counts
813	I can only restate I have fully confidence in the learning and professionalism of my local pharmacist and the pharmaceutical assistants, I believe they are competent to carry out the tasks they have been doing for decades before these new rules were proposed
817	Pharmaceutical assistants are qualified experienced and skilled professionals competent to dispense medicines...to ensure competency is maintained pharmaceutical assistants should be covered by the psi's CPD and core competency framework which includes practice review
819	Impractical and fails to take the PAs huge experience
822	PAs are qualified, experienced and skilled professionals, competent to dispense medicines. To ensure competency is maintained PAs should be covered by the PSI's CPD and core competency framework, which includes practice review.
823	· PAs are qualified, experienced and skilled professionals, competent to dispense medicines. To ensure competency is maintained PAs should be covered by the PSI's CPD and core competency framework, which includes practice review. · Defining the roles and responsibilities of PAs should be enshrined in primary legislation in the same manner as other persons working in a pharmacy.
829	defining the roles&responsibilities of PA should be enshrined in primary legislation in the same manner as other working in pharmacy
830	PAs are qualified, experienced and competent to dispense medicines. They should be covered by the PSI's CPD and core competency framework, which includes practice reviews.
832	As a qualified and skilled PA I am a skilled professional competent to dispense medicines. A PA covering in the temporary absence of the Pharmacist has to be able to deal with situations as they arise. As a PA I would have no objection to having a Code of Conduct which would include practice reviews.
833	I think this would be better covered by an overall Code of Practice. Training can also cover some tasks. For example many of my Methadone clients are trained to administer Naloxone. I am enrolled to be trained in October. I feel that RPAS could be trained to perform this task at least as competently as my clients!
834	PSI's CPD and core competency framework and practice review could apply to PA's
835	PAs are qualified, experienced and skilled professionals, competent to dispense medicines. To ensure competency is maintained PAs should be covered by the PSI's CPD and core competency framework, which includes practice review
877	Appendix seven of the Working Group Report is excessively restrictive.

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883	PAs are already qualified to dispense medicines and have done so for 40+ years. PAs should be required to maintain a CPD portfolio to ensure they work within the PSIs core competency framework
886	We are qualified to dispense. We are happy to do CPD .
889	Defining the roles and responsibilities of PA's should be enshrined in primary legislation in the same manner as other persons working in a pharmacy.
903	far too restrictive
908	Why? It hasn't been done before now! Another method of devaluation?
909	Defining the roles and responsibilities of PAs should be enshrined in primary legislation in the same manner as other persons working in a pharmacy.
911	If you are working in the temporary absence of a pharmacist, you should be able to do the same work as a pharmacist
912	The suggestion from the report is that the PSI want to downgrade the PA QUALIFICATION that the PSI gave many , many years ago . There has always been a professional task list maintained and overseen by the Supervising Pharmacist so that all work together in a professional manner at all times and has worked well over the past years.
917	defining the roles & responsibilities of a PA should be enshrined in primary legislation in the same manner as other persons working in the pharmacy
918	Why do this now after all their years of service and expertise
920	I am a qualified, experienced and skilled professional and fully competent to dispense all medicines. I totally agree that to maintain this competency, a CPD programme that includes PAs should be made available to us. Any continuing education at the moment is done, by keeping up to date with new published articles on new medicines, medical treatments etc,
925	Defining the roles and responsibilities should be enshrined in primary legislation in the same manner as other persons working in a pharmacy
928	As pharmaceutical assistants are qualified, experienced, and skilled professionals and already take part in CPD, I see absolutely no reason for a task list
938	Unfair to put a blanket list of what they are or are not competent in
944	A PA should be able to do what a pharmacist does in their absence
945	Absolutely no need for this
951	Defining the roles and responsibilities of PA's should be enshrined in primary legislation in the same manner as other persons working in a pharmacy.
963	PAs are qualified , experienced , skilled professionals competent to dispense medicines. To ensure this competency is maintained PAs should be covered by the PSIs CPD and core competency framework which includes practise review,
964	There is no list published so I can't agree. These people have job descriptions and carry out the same roles as a pharmacist currently. Again it is unworkable.
965	She has done everything for the past numerous years so no need to change anything!
966	What she has been doing all along is a fantastic service for me and my family ! What's the problem?
967	Qualified assistants have a minimum of about 40 years experience. This proposal is irrelevant.
968	Qualified Assistants have a minimum of 38 years experience. Thus they are qualified, skilled, experienced and , in my opinion, this proposal should not even be contemplated.
970	Defining the roles and responsibilities of PAs should be enshrined in primary legislation in the same manner as other persons working in a pharmacy.
975	Have the PA's not provided professional and competent care to patients for pharmacists for the past 40 years or more ? If extra patient care and safety is demanded of PA's why not ask them to do compulsory CPD and fitness to practice like any other profession ?...

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977	I strongly disagree with this proposal Pharmaceutical Assistants are qualified,experienced and skilled professionals.We have continually participated in CPD despite the fact that we do not receive credit for this. The P.S.I should allow pharmaceutical assistants to be included in C.P.D. and a core competency framework therefore ensuring continued competency .
980	the roles of assistants should be enshrined in primary legislation in the same manner as other persons working in a pharmacy
981	Defining the roles and responsibilities of PAs should be enshrined in primary legislation in the same manner as other persons working in a pharmacy.
982	The pharmaceutical assistants are more than capable of doing their job in the presence or absence of the pharmacist and have been doing so for years so why the increased regulation is needed now is beyond me
983	The supervising pharmacist should decide what tasks the PA they employ is competent to perform and providing a list is an interference with their professional judgement. The list suggested is so restrictive as to render it impossible to provide even a minimum level of service to the public.
987	Defining the roles and responsibilities of PAs should be enshrined in primary legislation in the same manner as other persons working in the pharmacy.
988	the primary legislation should show in the same manner as others working in a pharmacy
989	Would depend on the task list.
991	PAs are qualified ,experienced and skilled who are competent to dispense medicines.PAs should be included in the PSI CPD programme.
995	PAs are qualified, experienced and skilled professionals, competent to dispense medicines. PAs should be covered by the PSI's CPD and core competency framework, which includes practice review
998	We are qualified and experienced professionals competent to dispense all medicines. Let us be included in Cpd and core competency framework
1000	These professional have been trained to do their job and have been doing this for a large number of years. The PA's I deal with maintain their competencies through CPD's just like Pharmacists do.
1001	Allow PA to do the same work as a pharmacist
1002	To Ensure competency is maintained PA's should be covered by PSI's CPD and core competency framework, which includes practice review
1005	As I have already stated, pharmaceutical assistants have been providing excellent pharmaceutical care to patients for many years. Limiting their abilities to a specified 'task list' will not only minimise their ability to care for their patients adequately but it will also result in a number of pharmacies requiring additional staff to account for the reduction in services provided by pharmaceutical assistants.
1012	PA'S ARE QUALIFIED,EXPERIENCED AND SKILLED PROFESSIONALS,COMPETENT TO DISPENSE MEDICINES.TO ENSURE COMPETENCY IS MAINTAINED PA'S SHOULD BE COVERED BY THE PSI'S CPD AND CORE COMPETENCY FRAMEWORK,WHICH INCLUDES PRACTICE REVIEW.DEFINING THE ROLES AND RESPONSIBILITIES OF PA'S SHOULD BE ENSHRINED IN PRIMARY LEGISLATION IN THE SAME MANNER AS OTHER PERSONS WORKING IN A PHARMACY
1013	its impossible to place limits like this on a professional, every day and patient is different and it would not be in the best interests of the patient if the pharm assistant was limited in this manner
1014	QA's can do everything - usually better
1018	no point in this
1026	this is overcomplicating matters
1030	pa's are qualified experienced and skilled professionals competent to dispense medicines.PA's should be covered by the psi's cpd to ensure competency

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1034	Why change the mechanism that is already in existence as PA'S have worked as professionals for over 40 years fully competent in dispensing medicines .Why downgrade our professionalism??? Why not provide more CPD for PA'S and be pro-active in maintaining the professionalism that we have provided .
1037	If you would like to provide a comment please use the box below.
1038	Pharmacy Assistants are qualified and experienced - they most like should avail of continuous professional development as is the case with any professionals in any field
1040	If you had bothered taking any note of what pharmacists said in the 2016 submissions, you would know that it is as simple as one being competent to dispense or not competent to dispense.To ensure competency is maintained PAs should be covered by the PSI's CPD and core competency framework, which includes practice review.
1042	you may either provide temporary cover or not - this muddies the water!
1043	PAs are qualified , experienced and skilled professionals
1047	It depends on the limitations of the described task list
1048	The professional task list or a schema for same should have been published in advance of this consultation process.
1050	Roles and responsibilities of PAs should be enshrined the same as other persons working in a pharmacy
1052	PA's are already invaluable members of staff doing trojan work including an amount of paperwork, like technicians, in the pharmacy, they are in their 50's and 60's, is is not something worth changing and discriminating against
1057	• PAs are qualified, experienced and skilled professionals, competent to dispense medicines. To ensure competency is maintained PAs should be covered by the PSI's CPD and core competency framework, which includes practice review. • Defining the roles and responsibilities of PAs should be enshrined in primary legislation in the same manner as other persons working in a pharmacy.
1065	As above. They have 40 years experience in their roles
1066	Too bureaucratic, why not just assess them if a problem arises?
1068	work based competency is already backing their years of experience
1070	Without being aware of what the task list entails, it is hard to comment. I would like to see the proposed task list before I agree or disagree.
1071	Trust us, your pharmacists to make the lists individually as we always have done.
1072	RPAs are pharmacy professionals who are skilled, experienced, competent and qualified to carry out the work of the pharmacist in her/his temporary absence. If the Council were to change what may be done by an RPa then the value of temporary absence would be lost as they would now no longer be able to carry out all the functions of the pharmacist. If the Council wishes to strengthen the control of the RPA if could be covered by mandatory CPD and review of practice under the core competency framework which I think would be acceptable to RPAs. AS in any group of workers some will perhaps have a period when they might be less competent than desired and this format could uncover this problem rather than restrict every RPA's practice
1075	I have been a quailed assistant for the last 39 years and for the PSI to bring in rules and regulations as to what I can and cannot do is a slight on all qualified assistants
1081	This would have huge impact on my patients, if my prescriptions can not be filled when pharmacist is out and pharmaceutical assistant is covering
1084	When I go into the chemist I want to be able to do all my business, nt have to come back. as I wrote before I live in the country and have to get the bus, will the bus wait for me if the pharmaceuticat assistant is not allowed to give me some of my medicines, no it wont. Do any of you people there live in the country
1090	Would not have enough technical knowledge to comment.

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1093	Until a proper study is undertaken to demonstrate that assistants are not fully capable of undertaking the tasks of the basic grade pharmacist, and following this to analyse their level of competency, a list should not be drawn up. To do so would be unscientific and arbitrary, not to mention insulting to the assistants. A better approach would be to invite assistants to be included in CPD and not curtail their role.
1094	I really couldn't comment on this
1095	Competency is not binary.how can one be deemed competent for a period of the day and not for another?? By extension it could be argued the pharmaceutical assistant is not competent while the pharmacist is on duty, where will it end. It seems the psi want rid of pharmaceutical assistants at any cost so perhaps the solution is to compensate that group if employees for the service they have provided to pharmacy in the past as well as any potential loss to their future earnings and let them retire early with dignity.
1097	Pharmaceutical assistants should continue to perform the duties they have always performed. Obviously there are a few new tasks such as flu vaccination which may only be carried out by pharmacists who have received training in this area.
1103	It should be left to the professional judgement of the assistant and their employer as to what tasks may be done. In my experience nobody takes unnecessary risks and the pharmacists advice will always be sought in cases of any doubt
1111	Extremely disappointed to be treated in such an arbitrary fashion.
1113	If they cannot carry all duties they are well qualified for to date, then I do not agree
1114	What is the basis for this task list? No study to back it? A PA has been doing this job for a minimum of 35 years.. how can this be relevant or acceptable
1121	They have been working in a professional capacity for decades so it's likely they already are aware how to provide pharmaceutical services
1123	I fear that any list would soon become so restrictive that it would render Pharmacy assistants unemployable which would be terrible given their vast experience.
1127	System is working perfectly fine as it is.
1128	PAs are qualified and experienced and skilled professionals,competent to dispense medicines.To ensure competency is maintained PAs should not have been excluded by the PSIs,CPD and core competency framework.
1131	Consider this unnecessary
1133	This can make sense again provided that all players are being fair.
1134	Defining the roles and responsibilities of PA's should be enshrined in primary legislation in the same manner as other persons working in pharmacy.
1140	I would like to see more information re the list first
1141	The working group report randomly assigns risks to different tasks not based on evidence or expertise. The vey notion that a professional qualified to dispense medication will have to check a list of things she can dispense when presented with a prescription is ludicrous and one wonders the thinking behind such a mad proposal.
1144	Pharmaceutical Assistants are skilled professionals with a wealth of experience.
1145	Pharmaceutical assistants should not have been deliberately excluded from the core competency,fitness to practice framework. The need to invent a professional task list would not exist if the psi had chosen to adopt this tactic .
1151	I have total confidence in qualified assistant in my pharmacy.
1153	PAs are qualified competent experienced and skilled professionals. To ensure competency is maintained PAs should be covered by mandatory CPD and core competency framework, which includes practice review.
1154	• PAs are qualified, experienced and skilled professionals, competent to dispense medicines. To ensure competency is maintained PAs should be covered by the PSI's CPD and core competency framework, which includes practice review. • Defining the roles and

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	responsibilities of PAs should be enshrined in primary legislation in the same manner as other persons working in a pharmacy.
1156	Unnecessary
1158	To bring in a form of professional task list to Qualified Pharmaceutical Assistants with over 40 years experience is insulting.
1166	· I am a qualified, experienced and skilled professionals, competent to dispense medicines. To ensure competency is maintained PAs should be covered by the PSI's CPD and core competency framework, which includes practice review. · Defining the roles and responsibilities of PAs should be enshrined in primary legislation in the same manner as other persons working in a pharmacy.
1167	Qualified Pharmaceutical Assistants are a professional experienced skilled competent coterie of people and have the requisite knowledge to dispense medicines. They should be admitted (as previously stated) fully to the C.P.D. process- in which all already must sign off annually when renewing registration, and the Core Competency Framework. Thereby there would be no need for a [demeaning] Task List.
1169	This makes temporary absence unworkable - it effectively nullifies the professional qualification of pharmaceutical assistants. I have never heard of a professional qualification being disregarded and downgraded in this manner. It is extremely disrespectful to health professionals who have in most cases spent 30 years or more contributing to Pharmacy
1170	Is this not part of the basic training and ongoing professional competency?
1176	CPD should be provided
1181	Assistants are qualified to dispense and should be up to date on new medicines. I agree that other tasks such as flu vaccines are outside their current remit.
1184	This makes temporary absence unworkable - it effectively nullifies the professional qualification of pharmaceutical assistants. Their employment prospects are significantly reduced. I have never heard of a professional qualification being disregarded and downgraded in this manner. It is extremely disrespectful to health professionals who have in most cases spent 30 years or more contributing to Pharmacy
1186	If a supervising pharmacist assesses a PA to be competent for certain tasks, the the PSI should not micromanage
1191	Why have a tasked? Sounds like PSI intend to squeeze PAs out asap. Disgraceful.
1202	All P.As have well over 20 years experience dealing with dispensing medications to customers and have maintained a high standard of competency, with many attending further training courses run by the P.S.I. over the years.
1204	The qualified assistant has been expertly trained to do all of these tasks and has been doing so for 40 years, so thus would only be an unnecessary restriction that would also render them unemployable.
1205	this would effectively change the definition in the 2007 act of what a qualified assistant is.
1208	If a task list has not been required to this point why is there now a need for them
1209	PAs have the qualifications and are very experienced and so able to dispense medicines.
1212	AS PREVIOUSLY STATED I AM SERVING MY COMMUNITY FOR 40 YEARS LIKE MY FELLOW ASSISTANTS.WE HAVE BROUGHT SO MUCH TO OUR COMMUNITIES IN THAT SPAN OF TIME.I HAVE COMPLETED COURSES IN CARE OF THE OLDER PERSON,PALLATIVE CARE COURSE COUNSELLING COURSES ALL AT MY OWN PERSONAL EXPENSE IN ORDER TO HAVE EMPATHY FOR MY CUSTOMERS.WHAT HAPPENS ON SATURDAYS ,HOLIDAYS ,SICKNESS WHEN THE PHARMACIST IS UNAVAILABLE???THE PSI HAVE NO HESITATION IN TAKING MY REGISTRATION FEE YEARLY AND NOW HAVE THE AUDACITY TO UNDERMINE MY QUALIFICATION.
1219	No need
1222	Again, ridiculous proposal. Given that we've had pharmaceutical assistants for decades, why introduce such task lists now, what a waste of time.

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1224	The PA should be competent to complete any task
1225	PAs are experienced skilled people qualified to dispense medicine PAs should be covered by the PS Is CPD and core competency framework which includes practice review
1226	A qualified registered Pharmaceutical Assistant is permitted in accordance with the Pharmacy Act to act on behalf of a registered pharmacist during temporary absence without any limitation or restrictive professional task list as suggested. The introduction of such a task list would undermine my qualification and restrict my employment opportunities and ability to earn a living.
1227	Suggests that a PA is less competent than ALL registered pharmacists when there is zero evidence to support this.
1228	are you seriously saying they will no longer be able to do the same job that you have been allowing them to do for the last 33 years and longer ? Do you not realise how badly reflects on you the regulator ?
1229	If a task list is a requirement, then the same list should apply to all qualified staff.We are registered, paid up members on the PSI register.
1230	Again unnecessary. The PA knows what they have to do and The pharmacist who employs them knows what they require from them which may sry from shop to shop
1238	To ensure competency PAAs should be covered by CPD standards
1242	Pas are qualified experiences and skilled individuals competent to dispense medicines. Defining the role and reponsibilities should be enshrined in primary legislation in the same manner as other people working in a pharmacy.
1245	This surely is not required at their level of practice as they have been completeing these tasks for a number of years. I believe the last PA to qualify were 30 years ago
1246	PAs are qualified,experienced and skilled professionalscompetent to dispence medicines and should be covered by the PSIs CPD and core competency framework and their roles and responsibilities should be enshrined in legislation the same manner as other persons working in a pharmacy
1248	PAs should be covered by the CPD and core competency framework including practice review
1251	This again undermines the established rights of a PA to act in the temporary absence of a pharmacist and in the absence of objective evidence which shows them offering an inferior professional service, then one must question whether this is necessary, proportionate and effective/targeted from a regulatory point of view. A regulatory change as profound as this must be evidence based and shown to mitigate a real risk to patient safety. This hasn't been demonstrated and so this proposed Rule appears not to be necessary from a regulatory perspective.
1256	I fulfill the same role as the Registered Pharmacist. I studied the same subjects as the Pharmacists of that time, which were Pharmacology, Pharmaceutics, Pharmacognosy, Physiology, Forensic Pharmacy and did a practical exam. All set by the PSI, accredited by the PSI and conferred by the PSI.
1262	The list of tasks to be carried out in the temporary absence of a pharmacist should be the same as that for the pharmacist. PA's are competent to dispense medicine and could be covered by the PSI Cpd and fitness to practice framework
1268	This task list is an insult to my and my fellow assistants.For 35 years in my case and many more years in the case of many other assistants we have been carrying out the same tasks as the pharmacist both in their presence and in their absence . These tasks are not taken lightly,It,s a pharmacy I work in and that means everything I do is done professionally ,there is no room for flippancy.my conscience would not allow me to cover in temporary absence if I did,nt feel I could do so safely .
1269	Pharmaceutical Assistants are competent to dispense medicines and have as a skilled professional been doing it for years

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1270	If we are to carry out the work of the pharmacist in their temporary absence, would this professional task list not stop us doing that?
1271	No more than what should be provided to guide the work of a registered pharmacist, for whom, after all. the pharmaceutical assistant is deputising
1273	The council should always have provided this.....why now
1275	With over 40 years of experience why would it be necessary to provide a list when I am fully competent in every way and always keep up to date with c.p.d.
1276	as prpoposed task list does not allow them do anything, unless a repeat already entered
1277	PAs should be covered by the PSI or COD and core competency framework.
1280	pharmaceutical assistants should be covered by the PSI's CPD and core competency framework
1289	I think the PSI are living in another world. They shoould listen to owners of pharmacies who have employed pharmaceutical assistans in their business and get their opinion of us. Have you any proof that assistants have made more errors than pharmacists.
1295	After 40 years I feel humiliated. discriminated by,and deeply hurt by this suggestion.I know what needs to be done and do not need to be told.I am not a child.I am 63.
1298	One is either qualified or not, the notion of being less competent some of the time is ridiculous. If there is truly a concern based in fact it would be better to negotiate a redundancy package to include potential loss of earnings for this small group of people and let them retire with dignity.
1304	Pas are qualified experienced and skilled professionals competent to dispense MEDICINES. To ensure competency is maintained PAs should be covered by the PSI. And core competency framework which includes practice review.
1306	PA's are qualified, trained, experienced and skilled professionals. The roles of PA'S should be enshrined in primary legislation in the same manner as others working in the pharmacy.

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Q.12 Rule 8 (2) provides that the Council shall consider the potential risks arising for patients as a criteria when approving the professional task list. Do you agree that this is appropriate?

16	Most pa's have been working longer than pharmacists and have a proven track record in patient safety which should be determined by the supervising pharmacist
30	After many years work and service this is a disgrace to assume that assistants are all of a sudden a risk to the public, what a kick in the face for them after all their service to this industry.
37	The Council should ALWAYS consider the potential risk arising for patients when considering any decision regarding the public so this is very much a moot point
47	Is there statistical evidence demonstrating that pharmaceutical assistants performing dispensing functions have actually present a real and demonstrable risk to patients or is the PSI making this proposal on the basis of perceived risks?
50	If new risks are introduced then the PAs should not be allowed to conduct such activities-for example extemporaneous preparation.
62	as above
64	what more risks would a QA have when they are checking Rx's when the mpsi is onsite versus when they are off site.
73	I believe considering the potential risks is appropriate but the current list is not correct and needs to be amended..
74	Again I think these rules are bullying tactics to push qualified people out of their profession
86	How can this be changed after all this time?
87	don't agree with the proposed task list
90	Is there any evidence of greater risk from pharmaceutical assistants than from pharmacists? My experience is the opposite.
92	See comment above re Task List.
93	What potential risks????? What a load of horseshit.
105	As above. Surely the Pharmacist and PA are already working in the patients interest and can identify potential risks themselves
127	It is very easy to consider "potential" risks and many situations could be postulated. It would be much better to consider "actual" risks, based on case history, medical error reports, FTP cases etc, which would be an evidence based assessment
139	The pharmacist personally should control what the assistant may perform as their many years of experience will inform the pharmacist as to the competency for the temporary period.
144	The task list should be the same for support pharmacists as well. Particularly those with less than 1 year experience.
163	What risks?
170	How can a non pharmacist cover for a pharmacist
177	Does the same not apply to a newly qualified pharmacist who can be a greater risk to the public?
189	As previously stated I have served patients for 40 years without incident and have become highly competent and respected in the role.
204	All PA s already consider any risks to patients when they make a professional decision.
249	is there a need for a professional tasks list? the risk to the public of not receiving certain services eg MAP may be greater than receiving these service from a pharmaceutical assistant
257	Sales of sundry items that are not medicines could continue while a pharmacist is absent, but no tasks that relate to medicinal products as there are risks associated with every medicine
260	There is risk where any human being performs a task no matter how qualified they are
266	Not necessary

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272	see above comment
293	load of bollix considering the PSI allow foreign pharmacist to register in Ireland who have little or no English skills
328	Agree but irrelevant as above
339	What about retrospective cover so?
348	I think the confusion over duties and waiting for a pharmacist to check or complete is more of a danger to the public
350	I don't see any risks, as I said assistants are more than capable
375	The PSI should engage with the PAA to explore how PAs could be covered by cpd, fitness to practice and a competency framework.As the PSI failed to carry out a robust clinical risk assessment as part of the deliberative process in the formulation of these draft rules,this is not appropriate.The PSI should publish the evidence it has that PAs in dispensing medicines pose a material risk to patient safety. If this does not exist the Draft Statutory Instrument should be withdrawn
378	No need for this
383	As above no list needs to be formulated
386	This seems absolute madness. What's next a seperate list of tasks for MPharms and BPharms?
388	Such an approach it is not at all appropriate not least because the PSI failed to carry out a robust clinical risk assessment as part of the deliberative process in the formulation of these draft rules. • The PSI should publish the evidence it has that PAs in dispensing medicines pose a material risk to patient safety. If no such evidence can be found the draft Statutory Instrument should be withdrawn. • All health care professionals pose a potential risk to patients. In every other profession risk reduction is achieved through education (CPD) and competency framework (such as practice review). This is the only rational way to address risk and by extension patient safety. • The PSI should engage with the PAA to explore how in practical terms PAs could be covered by CPD, a competency framework and fitness to practice rules.
391	The PSI should publish evidence it has that PAs in dispensing medicine pose a material risk to patient safety.
395	Do not consent or agree with the idea of a new professional task list.. PSI has not performed a clinical risk assessment in the formulation of these draft rules.
396	Such an approach is not at all appropriate not least because the PSI failed to carry out a robust clinical risk assessment as part of the deliberative process in the formulation of these draft rules. The PSI should publish the evidence it has that P.A.'s in dispensing medicines pose a material risk to patient safety. If no such evidence can be found the draft Statutory Instrument should be withdrawn. All health care professionals pose a potential risk to patients. In every other profession risk reduction is achieved through education (CPD) and competency framework (such as practice review). this is the only rational way to address risk and by extension patient safety. the PSI should engage with the PAA to explore how in practical terms P. A.'s could be covered by CPD, competency framework and fitness to practice rules.
400	We are over regulating
437	Based on my experience working with Pharmaceutical Assistants there are no additional risks that need clarifying. The bigger problem lies with incompetent pharmacists, especially locums who may not even speak English to an adequate level. Again this is where the PSI should be concentrating it's efforts. Throughout my career, I have dealt with 100s of dispensing incidents, the majority of which have not been reported to the PSI. Only a very small number have been connected with Pharmaceutical Assistants.

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444	the same risk applies to everyone. even those new graduates that have a masters degree. all pharmacists do not have the same education. We are all human all capable of making mistakes.
451	Risk should be minimised at all times
452	there is risk every time a prescription is dispensed regardless of who dispenses it it is impossible to eliminate risk. human error is a risk in every task. assistants are doing these tasks at present. i do not accept that at some date in the months ahead that they suddenly, overnight, become an unacceptable risk
454	the risks are important as long as each task list is examined carefully
464	I fully agree with the proposals regarding vaccination,salbutamol etc but cannot see the logic in eg the mention of prescriptions with over 5 items . If they are competent to dispense anything then the number of items should not be relevant.
474	Seems like a good idea in principle. Would many patients think to consult the Regulator's website? And if the risk-list was exhaustive, would they remember the detail? And if they did remember the detail, would each risk be accompanied with advisory e.g. don't accept the service or report it to the Regulator?
487	As above there should be no task list
488	Seems like a good idea in principle. Would many patients think to consult the Regulator's website? And if the risk-list was exhaustive, would they remember the detail? And if they did remember the detail, would each risk be accompanied with advisory e.g. don't accept the service or report it to the Regulator?
494	The perceived risks should be included with the proposed list for discussion and voting on
511	Risk is all around us . We are all human beings making mistakes happens to all of us.
518	This responsibility should fall upon the Supervising pharmacist to reflect the aptitude of their staff
523	See above
528	The list needs consultation
535	Council with its mainly non-pharmacist membership has no business doing this
544	Creating doubt/suspicion as to competence of PA
549	Who in the PSI will consider the patient safety risks of over regulation and a draft consultation every other month?
550	This is absolutely ridiculous and really is a waste of time and finances
588	This is again too vague to answer
590	If the assistant has not done something to warrant a question over risk, I don't see why the risk would be considered higher than that of a pharmacist. The task list should match that of the pharmacist
595	I do not believe that the task list is in any way appropriate.
597	As above I 'cautiously agree'. I do not agree to restricting the role to a technical/dispensing role. Perhaps new services such as vaccinations can be considered, but I am not even 100% that this could not be done by an assistant. When I worked with them, their experience, wisdom, and knowledge formed an important part of many patient cases.
605	Risk applies no matter who is doing a task. 40 years experience and a qualification to do the task minimises the risk
607	Everything and everyone is a risk
609	Criteria is checked carefully as we work
615	I don't agree with a task list in the first place which actually could endanger patients
619	There is risk in everything. You don't use a safety net with a hole in it and think as sure it will be grand. They are either competent or they are not. every medicine carries risk.

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624	I don't believe there is any further 'risk' amounting from an assistant working than a registered pharmacist
625	Does this criteria not apply to everyone pharmacists,newly qualified pharmacists, locums?? Is an assistant with over 20 years experience a higher risk?
626	patient safety is always a priority,but as a registered Pharmaceutical Assistant for more than 40 years,i believe my professional record speaks for itself.
627	The pharmaceutical assistant should be able to complete whatever tasks are necessary for the smooth running of the pharmacy
630	See answer to 10 above
633	See previous answer.
635	I disagree with the professional task list. I think any list will complicate the entire affair. Are PAs competent or not.
636	there is risk in everything. the only way to avoid risk is to do nothing
637	everything in life is a risk
641	If you create a task list you are creating doubt and mistrust in both patient and the pharmacy assistant when they have served the public for many years without this
647	whenever a human being performs a task there is a risk. I see no greater risk between an assistant and a pharmacist. all assistants have been performing all the tasks of a pharmacist for at least 33 years.
649	The council should consider patient safety at all times, it is offensive to suggest that Pharmaceutical Assistants some how increase the potential risk to patients
659	The patients are under no further risk than ever they have been
664	Yes, as with last response -it seems that patients/customers are the ones who would lose out with such a prescriptive task list being utilised.
667	No this is not appropriate. From my experience PAs pose no additional risk then pharmacists. Risk relates to poor knowledge and bad practices so therefore if risk is a concern, bad practise and poor knowledge should be addressed as they are being for pharmacists through mandatory CPD and practice reviews
668	Oh I see so the innuendo is that pharmaceutical assistants represent a risk to patients and this evidence as come from an assessment of mistakes made? As a healthcare professional, risk is something I encounter everyday, the way of addressing risk is to ensure healthcare professionals engage in CPD, practice review and competency frameworks. Making lists based on opinions will not address risk, education and professional development does, so including pharmaceutical assistants under the relevant PSI CPD and Competency frameworks will address risk
671	Just retrain the people in question (cpd) so that they can do their work professionally and efficiently without being undermined by either counsel or anybody else.
672	Competent
684	Registered Pharmaceutical Assistants are qualified and competent in carrying out all duties in temporary absence of the pharmacist and continue to do cpd, although it may not be compulsory for them
691	Again consideration must be given for long term experience
693	Again , this approach seems to be very "loose" - this task list should be published in advance as again if it includes things like routine paediatric dispensing then I would question its mission
699	This implies that there is risk out there already that the Council has not addressed since the Pharmacy Act was commenced. I do not believe this to be the case
715	how to enforce this or make this practical? will this damage / impede patient care?
727	what risks?where?why now?...is this not what all pharmacists/assistants are doing everyday and are trained(the assistants 50yrs+)to avoid....or again what evidence do you have to think

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	it necessary to have a professional task list for ALL PHARMACIES...with or without English language skills.
734	Pharmaceutical assistants have been carrying out the same tasks as pharmacists their whole careers.
735	Potential risks to patients should be done for the whole profession. Who says patients are more at risk when dealing with a PA than a pharmacist? That notion is preposterous..any PA I know is highly responsible and professional
770	The PSI should engage with the PAA to explore how in practical terms PAs could be covered by CPD, a competency framework and fitness to practice rules
773	I see no robust evidence that PAs dispensing medicines pose a greater risk to patient safety. If there is evidence available this should be made known.
776	I have worked with assistants for many years and have never seen them as a potential risk in any aspect of the business
778	Such an approach it is not at all appropriate not least because the pSI failed to carry out a robust clinical risk assessment as part of the deliberative process in the formulation of these draft rules.The PSI should publish the evidence it has that PA's in dispensing medicines pose a material risk to patient safety. If no such evidence can be found the draft statutory instrument should be withdrawn. All health care professionals pose a potential risk to patients. In every other profession risk reduction is achieved through education (CPD) and competency framework (such as practice review). This is the only rational way to address risk and by extension patient safety. The PSI should engage with the PAA to explore how in practical terms PA's could be coevred by CPD, a competency framework and fitness to practice rules.
791	This question assumes that a task list is required, and is therefore biased. Note: all health care sectors should consider and operate a riskk register as standard practice. This should not be exclusively relating to pharmaceutical assistants, in a manner which degrades their professionalism and skills.
797	These people have been dispensing medicines to the public for up on 40 years! If anything they have more experience and knowledge than a new grad....how can they suddenly be more of a risk than they have been until now?
800	All Health care professionals pose a potential risk to patients. In every other profession risk reduction is achieved through education (CPD) and competency framework (such as practice review). This is the only rational way to address risk and by extension patient safety
801	I disagree as per point 11 therefor cannot have an opinion here
808	The PSI should provide us with relevant training to upgrade the Pharmaceutical Assistants on an ongoing basis and this situation would'nt arise
812	As above
813	risks to who?, from people who have dispensed over 30 years, do they propose a risk anaysis of hte professional task a young pharmacist just qualified with no experience can undertake?
817	This approach is not at all appropriate ...PSI should engage with PAA to explore how in practical terms pharmaceutical assistants could be covered by CPD a competency framework and fitness to practice rules,....
819	Impractical and impossible to evaluate accurately as every qualified person has different strengths and weaknesses
822	The PSI should publish the evidence that the PA's, in dispensing medicines, pose a material risk to patient safety. if no such evidence can be found the draft Statutory Instrument should be withdrawn
823	· Such an approach it is not at all appropriate not least because the PSI failed to carry out a robust clinical risk assessment as part of the deliberative process in the formulation of these draft rules. · The PSI should publish the evidence it has that PAs in dispensing medicines pose a material risk to patient safety. If no such evidence can be found the draft Statutory

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	Instrument should be withdrawn. · All health care professionals pose a potential risk to patients. In every other profession risk reduction is achieved through education (CPD) and competency framework (such as practice review). This is the only rational way to address risk and by extension patient safety. · The PSI should engage with the PAA to explore how in practical terms PAs could be covered by CPD, a competency framework and fitness to practice rules.
828	All healthcare professionals pose a risk to patients. Competency framework such as practice reviews and cpd are the only way to ensure patient safety
829	the psi should publish the evidence it has that PAs in disp.meds pose a material risk to patient safety.if no such evidence can be found the draft Statutory instrument should be withdrawn
830	The PSI should publish the evidence it has that PAs in dispensing medicines pose a material risk to patient safety. If no such evidence can be found the draft Statutory instrument should be withdrawn.
832	This approach is not at all appropriate because the PSI did not carry out a robust clinical risk assessment as part of the process in the formulation of these draft rules. If there is evidence that PAs dispensing medicines pose a material risk to patient safety, it should be published. Otherwise the Draft Statutory Instrument should be withdrawn. All health care professionals pose a potential risk to patients. In every other profession risk reduction is achieved through education (CPD), a competency framework & Practice Review. This is the only way to address risk and by extension patient safety. The PSI should engage with the PAA to aim for inclusion in CPD, and by extension a competency framework and fitness to practice rules.
833	Patient care and safety is at the heart of everything we do. However I think this approach is wrong. There are risks associated with any health intervention. It is by having strong procedures and policies that risk is mitigated. The approach being considered seems to start with an assumption of danger and to work backwards. If the health services followed this approach all patients with a chest infection would be reviewed by a Pulmonary Specialist and would have a CAT Scan and a Bronchoscopy! We must always strive to minimise risk but this is best achieved by a Code of Practice and effective SOPs
834	There is still no evidence that a professional task list is appropriate in this instance and CPD and a competency framework such as practice review is the only rational way to address risk and patient safety.
835	All health care professionals pose a potential risk to patients. In every other profession risk reduction is achieved through education (CPD) and competency framework (such as practice review). This is the only rational way to address risk and by extension patient safety
837	only member of public always phar.assistant very capable in their duties never felt at risk at ant time on the contary their experience in valuable
841	do not approve of task list
860	I have been very well looked after by a qualified assistant always in my local pharmacy.
871	PSI should engage with the PAA
874	Recommend engagement with PAA
877	There is no evidence that PA working in Pharmacy, pose a risk to patients. All are vastly experienced and all work under the supervision of a Pharmacist.
883	If PAs are covered under core competency framework, then they are no more of a risk to patients than pharmacists are. Maintaining a CPD portfolio will address this issue.
886	What evidence have the PSI that we are not capable of dispensing.The PSI should allow us to take part in CPD. Every time a new type of drug is introduced ,such as hi tech drugs,we would be happy to to be educated, the same way as pharmacist.After all,older pharmacist need continuing education on hi tech drugs which didn't exist when they were in college.A 90 year old pharmacist with dementia,would,theoretically,be considered more competent than a PA who has gone to all continuing education lectures.

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889	The PSI should engage with the PAA to explore how in practical terms PAs could be covered by CPD, a competency framework and fitness to practice rules.
899	Is the same control in place for pharmacists?
908	The assistants I know would always refer to the pharmacist and would rather wait for a recheck.
909	The only rational way to address risk and by extension patient safety is through education (CPD) and competency framework (such as practice review).
911	Whoever is dispensing should be qualified,as are Qualified Assistants
912	All healthcare professionals pose a health risk to patients and they deal with this by education CPD and competency framework .Has something occurred to suggest that a PA poses a greater risk than a Locum to patient safety? What is the justification for this ? Have'nt the PA 's provided professional care to the highest of standards for the past 40-50 years?
917	The PSI should publish the evidence it has that PAs pose a material risk to patient safety. If no such evidence can be found the draft Statutory Instrument should be withdrawn
918	Risk assessment should apply to all dispensing
920	Why? Is there any evidence to suggest that PAs pose a risk to patient safety? All healthcare professionals pose a potential risk to patient safety. There have many times in my own 40 years in this profession when I detected patient safety risks on prescriptions, written by all manner of highly qualified medical professionals, and the matter was resolved. Also, within our own personal employment areas, we can pick up on a potential error or risk to patient safety every bit as quick as our "superior" pharmacist can. Not one of us is infallible !!! Risk minimisation is vitally important though, and again can be easily addressed by introducing cpd etc.
925	The PSI should engage with the PAA to explore how in practical terms PAs could be covered by CPD, a competency framework & fitness to practice rules
928	See answer to question 11.
934	The PSI should engage with PAA
935	Such an approach is not at all appropriate not least because the PSI failed to carry out a robust clinical risk assessment as part of the deliberative process in the formulation of these draft rules
942	the psi should engage with PAA on this one .
945	Patient safety is not compromised by a PA providing cover so same task list for pharmacist should apply
947	The PSI should engage with PAA to explore how in practical terms PAs could be covered by CPD , a competency framework and fitness to practice rules
951	THE PSI should engage with the PAA to explore how in practical terms PA's could be covered by CPD, a competency framework and fitness to practice rules.
963	All healthcare professionals provide a potential risk to patients, Risk reduction is achieved through CPD and practise review. THE PSI should engage with the PAA to explore how this can be achieved in practical terms
964	The assistants carry out the full functions of a pharmacist currently. Any change proposed will lead to conflict with legal contracts and undermines public confidence in the pharmacies involved
965	As I keep saying a professional service I have been getting from both my pharmacist and her assistant and I can't understand the logic of these questions!
966	She does all the tasks already for my patient care so no change is necessary!!!
967	See my answer to Q11. Given my dealings with qualified assistants, I see no reason for a prof. task list
968	with regard to my answer to number 11, from my dealings with Qualified Assistants for over 40 years I fail utterly to see the need for the above proposed "Task List".

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969	Drawing up a list of tasks is fine, but they have more experience than some pharmacists. They are doing the job over 20 years. We all learn on the job, every profession does!
970	Such an approach is not at all appropriate not least because the PSI failed to carry out a robust clinical risk assessment as part of the deliberative process in the formulation of these draft rules
973	The PSI should engage with the PAA to explore how in practical terms PAs could be covered by CPD, a competency framework and fitness to practice rules
975	All healthcare professionals carry a risk factor to patient safety so if the PSI is really interested in reducing the risk to patients by PA's then make CPD compulsory and Fitness to Practice . Is it lawful to downgrade a person's qualification after 40 years ?.. Otherwise there are many qualifications in the workplace which could be questioned ?
976	The psi should engage with the paa to explore how in practical terms PAs could be covered by CPD a competency framework and fitness to practice rules
977	As no robust clinical assessment risk has taken place while formulating these draft rules it is could be interpreted as being bias to suggest there is any risk to the patient.I therefore strongly disagree with this proposal.
981	The PSI should publish the evidence it has that PAs in dispensing medicines pose a material risk to patient safety.If no such evidence can be found the draft Statutory Instrument should be withdrawn
983	The Council is not in a position to judge the potential risks in all the possible situations a PA may be working.
987	The PSI should engage with the PAA to explore how practical terms PAs could be covered by CPD, a competency framework and fitness to practice rules.
989	Has there been a register kept of recorded risks to patients in the past and if so, can it be viewed ?
991	Risk reduction in health professions is achieved through education. The PSI and the PAA should formulate a system for PAs.
995	Should the PSI be in possession of evidence that PAs dispensing medicines pose a material risk to patient safety, this should be published. If not, the SI should be withdrawn
998	Have the Psi evidence that Pa's pose a risk to patient safety? If they have they should publish it. The Psi should be engaging with PSs to explore how we can be covered by Cpd and fitness to practice rules.
1000	If Council is worried about potential risks to patients, then their duty is to ensure that they provide appropriate education for PA's through their CPD
1002	The PSI should engage with the PAA to explore how in practical terms PA's covered by CPD, a competency framework and fitness to practice rules
1005	The council should always consider the potential risks arising for patients as a criteria when approving any form of documentation.
1010	As far as I am aware there is no evidence to suggest that there is any greater risk posed by a P.A dispensing medicine or giving advice to patients than when a pharmacist does so.
1012	SUCH AN APPROACH IT IS NOT AT ALL APPROPRIATE NOT LEAST BECAUSE THE PSI FAILED TO CARRY OUT A ROBUST CLINICAL RISK ASSESSMENT AS PART OF THE DELIBERATIVE PROCESS IN THE FORMULATION OF THESE DRAFT RULES.THE PSI SHOULD PUBLISH THE EVIDENCE IT HAS THAT PA'S IN DISPENSING MEDICINES POSE A MATERIAL RISK TO PATIENT SAFETY.IF NO SUCH EVIDENCE CAN BE FOUND THE DRAFT STATUTORY INSTRUMENT SHOULD BE WITHDRAWN, ALL HEALTH CARE PROFESSIONALS POSE A POTENTIAL RISK TO PATIENTS.IN EVERY OTHER PROFESSION RISK REDUCTION IS ACHIEVED THROUGH EDUCATION (CPD) AND COMPETENCY FRAMEWORK (SUCH AS PRACTICE REVIEW).THIS IS THE ONLY RATIONAL WAY TO ADDRESS RISK AND BY EXTENTION PATIENT SAFETY.THE PSI SHOULD ENGAGE WITH THE PAA TO EXPLORE HOW IN PRACTICAL TERMS PA'S COULD BE COVERED BY CPD,A COMPENENCY FRAMEWORK AND FITNESS TO PRACTICE RULES

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1014	Council seem to be less than objective on this minor matter
1018	i dont see the need for a list
1019	Potential Risks!!! Over 40yrs I have worked with so many inexperienced, arrogant Pharmacists, whose reputations I have saved, because of my experience, which seems to count for nothing.
1026	i would be much more worried when dealing with many of the younger pharmacists now in shops i would prefer to take advice from an assistant they have experience
1030	the formulation of these draft rules ,the psi failed to carry out a robust clinical assessment as part of the deliberative process
1034	Where is the evidence that PA'S prove a potential risk to patient care and safety ? Where is the evidence ??? Tell us what it is ?? " ALL" healthcare professionals can pose as a potential risk , doctor, nurse, physiotherapist, etc .Will all of them be reviewed now after 40 years ?
1040	The PSI should publish the evidence it has that PAs in dispensing medicines pose a material risk to patient safety. If no such evidence can be found the draft Statutory Instrument should be withdrawn.
1042	this question is badly phrased - obviously a list for anyone should consider risks but the list itself is a ridiculous tool for this
1043	No evidence to back this up
1048	My agreement is subject to my response to Question 11.
1050	PSI should engage with this that PAA to explore how PAs could be covered by CPD
1052	No I dont think there are potential risks, I have had the opportunity to work with newly qualified pharmacist, foreign pharmacist starting out here and locums and PAs and out of the 4 subgroups the PA was the best equipped to access the situation, speak with the customers, act in the capacity of the SP follow up and resolve any potential risk situations.
1057	• Such an approach it is not at all appropriate not least because the PSI failed to carry out a robust clinical risk assessment as part of the deliberative process in the formulation of these draft rules. • The PSI should publish the evidence it has that PAs in dispensing medicines pose a material risk to patient safety. If no such evidence can be found the draft Statutory Instrument should be withdrawn. • All health care professionals pose a potential risk to patients. In every other profession risk reduction is achieved through education (CPD) and competency framework (such as practice review). This is the only rational way to address risk and by extension patient safety. • The PSI should engage with the PAA to explore how in practical terms PAs could be covered by CPD, a competency framework and fitness to practice rules.
1066	there is a potential risk to the patient every time a medicine is dispensed, no matter who dispenses it, a QPA or a pharmacist or technician. task lists won't solve that problem but familiarity with patients would certainly reduce the risk
1070	I would like to see what the council consider to be the potential risks arising for patients before I agree or disagree.
1071	No need for a list. Assistants are not a danger to the public
1072	As outlined above I believe a task list should not be considered. IF there is evidence that RPAs pose a greater risk to patients in the pharmacy than pharmacists this should be sent to their representative body, the PAA for discussion. If there is no such evidence this draft SI should be withdrawn
1081	As a GP I present a potential risk to my patients every day. I mitigate this risk through education (CPD - attending CMEs etc). If PSI implemet rules that mandate PAs to particate in CPD and other process like practice review, the risk to patient safety of PA dispensing medication whilst working in temporary absence will be no more or less than pharmacist or I pose,

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1084	The only risk I see by bringing in a task list is to patients not being able to get the medicines they need when they need them. I often think of that poor girl in Dublin who could not get the injection for the allergy to peanuts, sounds like with this task list, this kind of thing will be happening all the time. The town I live near has one chemist, think about consequences if the pharmaceutical assistant who has wrpke there for 35 years can't act in an emergency because you people in your cosy office want to make ridiculous rules
1090	How can proper due consideration be acreadited to 35+ years of experience and knowledge of patients needs be atributed to the risk to patients - this can often lessen that risk.
1093	Absolutely. However considering potential risks must be informed by data, and not subject to bias of the members of the Council.
1095	Risk surrounds all health care professionals including ALL pharmacy professionals.risk must be assessed using a robust systematic approach based on fact not opinion or implication . I see no evidence provided by the psi to support the suggestion that pharmaceutical assistants pose any greater risk to public safety over pharmacists. Risk is reduced through education and inclusiveness and theelectro psi would better serve pharmacy professionals and the public by adopting this approach instead of isolating and victimising one sector of the profession.
1097	I disagree with the principal pf professional task list of it restricts pharmaceutical assistants from doing what they have always done.
1111	I honestly CANNOT believe these proposals! Risks?
1113	The tasks for pharmacist = tasks for assistant.
1114	I object strongly to this task list
1115	I have already stated that pharmaceutical assistants should not be limited to certain tasks
1121	Risks should be considered in all healthcare professional settings
1123	I think the employer should consider this when providing any service.
1126	Do you not consider that the pharmaceutical assistant is very aware of safety of patients at all times.
1127	Patient safety should be a priority for all professionals involved. I don't see that an assistant would be less diligent than a pharmacist.
1128	Not appropriate as the PSI failed to conduct a robust clinical risk assessment as part of the deliberative process in the formulation of the new rules.The PSI should publish evidence thst PAs pose a material risk to patient safety,if that evidence does not exist,PSI should withdraw draft rules.
1131	Feel they are well capable of carrying out tasks
1133	This is a very difficult question to answer given its implications.
1134	All health care professionals pose a potential risk to patients.In every other profession risk reduction is achieved through education (CPD) and competency framework (such as practice review).This is the only rational way to address risk and by extension PATIENT SAFETY. The PSI must engage with the PAA to explore how in practical terms PAs could be covered by CPD,a competency framework and fitness to practice rules
1141	This approach is totally unacceptable in view of the failure of PSI to carry a robust clinical assessment as part of the deliberative process. All healthcare professionals work in risk environments. Patient safety and risk are addressed through education including CPD. To ensure PAs maintain competencies they should be mandated to participate in CPD and be subject to PSI Core Competency to identify competencies that need to be enhanced. This is the only rational way to address risk and by extension patient safety.
1145	Not appropriate,as psi failed to conduct a robust clinical risks assessment as part of the deliberative process . Psi should publish evidence of risk posed by pa's and if this does not exist psi should withdraw draft rules.
1151	Why would a qualified assistant suddenly become a danger after dealing with her after all these years.

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1153	Such an approach is not at all appropriate not least because the PSI failed to carry out a robust clinical assessment as part of the deliberative process in the formulation of these draft rules. The PSI should publish its evidence that PAs in dispensing medicine pose a material risk to patient safety. If no evidence is produced the PSI should withdraw its draft Statutory Instrument. All health care professionals pose potential risks. In every other profession risk reduction is achieved through education (CPD) and competency framework such as practice review. This is the only rational way to address risk and by extension patient safety. The PSI should engage with the PAA to explore how in practical terms PAs could be covered by CPD, a competency framework and fitness to practice.
1154	• Such an approach it is not at all appropriate not least because the PSI failed to carry out a robust clinical risk assessment as part of the deliberative process in the formulation of these draft rules. • The PSI should publish the evidence it has that PAs in dispensing medicines pose a material risk to patient safety. If no such evidence can be found the draft Statutory Instrument should be withdrawn. • All health care professionals have the potential to pose a risk to patients. In every other profession risk reduction is achieved through education (CPD) and competency framework (such as practice review). This is the only rational way to address risk and by extension patient safety. • The PSI should engage with the PAA to explore how in practical terms PAs could be covered by CPD, a competency framework and fitness to practice rules.
1158	This approach is not appropriate. The council would have to have evidence that Qualified Pharmaceutical Assistants pose a risk to patient safety more than a pharmacist or particularly a locum pharmacist. At the moment there is no such evidence.
1166	Such an approach it is not at all appropriate not least because the PSI failed to carry out a robust clinical risk assessment as part of the deliberative process in the formulation of these draft rules. · The PSI should publish the evidence it has that PAs in dispensing medicines pose a material risk to patient safety. If no such evidence can be found the draft Statutory Instrument should be withdrawn. · All health care professionals pose a potential risk to patients. In every other profession risk reduction is achieved through education (CPD) and competency framework (such as practice review). This is the only rational way to address risk and by extension patient safety. · The PSI should engage with the PAA to explore how in practical terms PAs could be covered by CPD, a competency framework and fitness to practice rules.
1167	See above. In my view the Society is potentially acting against Natural Law and infringing the Constitutional Rights of those for whom they provided education, training, assessment, and qualifications.
1169	I don't agree with a separate professional task list, the assistant is either competent to cover in the temporary absence or they are not.
1170	Can this not be covered in ongoing CPD and competency assessment?
1181	I agree that new tasks are outside their remit but with continued training dispensing medicines should not be a risk.
1184	I don't agree with a separate professional task list. Perhaps it would be more appropriate to include assistants in CPD requirements
1186	Again, a variation on a false dichotomy. All supervising pharmacists should do this when employing a PA
1191	PAs are competent with many years experience. It's newly qualified pharmacists who are the risk.
1202	The P.S.I has not, to date, carried out a clinical risk assessment as part of the process. Consequently, the P.S.I has not provided any evidence of the risks posed by P.As. while dispensing medicines. Any concerns the P.S.I might have on this matter can be allayed by including P.As in C.P.D. as in other professions.
1204	No evidence of risk to public safety.

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1205	there is risk in everything that is done by a human being no matter how qualified they are. you the PSI are a risk to the public by issuing a licence to people to dispense medication to the public regardless of time limits without holding them to account or ensuring they are fit for purpose.
1208	There is no clear evidence of risk data to date therefore how can a risk formulation be made based on the fact there is no available evidences of risk.
1217	The PSI should publish the evidence it has that PAs in dispensing medicines pose a material risk to patient safety. If no such evidence can be found the draft Statutory Instrument should be withdrawn.
1225	The PSI should publish the evidence it has that PAs pose a risk to patient safety in dispensing medicine if no such evidence can be found the draft Statutory instrument should be withdrawn
1226	Patients have not been subject to potential risks during the nearly 130 year work practices of qualified registered Pharmaceutical Assistants and to suggest this demeaning restrictive approach is preposterous.
1227	It is obvious that the Council of the PSI have not considered at all the potential risks to patients should this proposal become law. Where is the evidence that a locum secured at the very last minute often late at night after he/she is the highest bidder in the on-going auction of every hour of professional service cover protects the health, safety and well being of patients any better that a consistently employed and long term trusted member of the pharmacy team. RISK TO PATIENTS IS INCREASED.
1228	Human error is a risk that cannot be eliminated completely regardless of qualification. You are only ticking boxes on paper and not minimising the risk by not regulating properly.
1229	If mandatory CPD is implemented for PAs,there is no need for a specific task list.
1230	Have seen mistakes by pharmacists. Never eliminate human error. No reason to believe PAs commit any more errors than any other health professional. Or can the PSI prove otherwise
1238	There is no evidence available to suggest that PA pose a higher risk to patient safety than anyone else
1242	As the PSI didn't carry out a clinical assesement prior to the formulation of these draft rules how could this be appropriate. If the PSI is in possession of evidence that PAs pose a material risk to patients should they not publish that evidence before presenting half baked proposals. Is it not true that all health care professionals potentially pose a risk to patients. Why do the PSI feel the PAs pose more of a risk than others without any evidence.
1245	Where is the evidence that this group i.e PA require a task list more than any other proffessionals in this field?
1246	The PSishould publish evidence it has that PAs in dispensing medicines pose a risk to patient safety if no such evidence thedraft Statutory I NSTRUMENT SHOULD BE WITHDRAWN also the PSIfailed to carry out a robust risk assessment as part of a deliberative process in the formulation of thes draft rules
1248	All healthcare professionals pose potential risk whether you are a pharmacist or PA if patient safety is the main criteria here then the PSI should make it mandatory that pharmacists get a half to one hour lunch break to give them a chance to clear their head and breathe!! Every other staff member is entitled to this under health and safety why not the person who is responsible for dispensing the medication, would that not help reduce potential risks!,
1251	The Council in proposing the introduction of these Rules as a whole should have done a full risk assessment of PAs acting in the temporary absence of a pharmacist and not just in respect of this Rule. However, it does not appear that this has been done and until it is and there is objective evidence available about the professional practice of PAs and its relative risk to patient health and welfare should the introduction of these Rules be contemplated.
1252	Why do the responsibilities of the qualified assistant need to be reviewed?

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1255	Why can somebody be ok to dispense one hour and not be ok an hour later
1256	I attended ICCPE lectures for more than 10 years before mandatory CPD was introduced .I also completed a Postgraduate Diploma in Community Pharmaceutical Health Care from the University of Brighton .I strongly disagree that I put patients at risk.
1262	No evidence that a PA poses a greater risk than any other pharmacist when dispensing medicine/ It would better for the PSI to set out a competency and fitness to practice framework for PA to follow
1268	I have worked for 35 years as a qualified assistant , potential risks are considered by me constantly,I constantly seek out ways to ensure the dispensary is as risk free as it can be .every person working in the healthcare profession pose a potential risk to the patient and reminding ourselves constantly and being aware that we are human and therefore liable to make mistakes is what drives me to take every possible effort to ensure safety for the patient.Do I pose any greater risk than the pharmacist ,I don,t believe so .if it believed I do then I would insist on been told as customer safety always has and always will be my number one priority.
1270	The assistants in my opinion do not pose any more of a risk than a pharmacist and if the PSI have any evidence contrary to this they should let us know
1271	Surely that would be a primary criterion when defining a job description/professional task list for any professional dispensing
1273	But do they not do this for pharmacists also !!!!
1275	There is no need for this task list .Why cant the council have an open discussion with the Assistants who have always been of immense support in Pharmacy and will only be available for the next 5/6 years.why are we being treated and down graded in such a manner.
1277	The PSI should engage with the PAA to explore how in practical terms they could covered by CPD
1280	The PSI should engage with pharmaceutical assistant to explore how they could be covered by CPD
1284	why should a QA need a task list after qualification and CPD
1289	Try explaining to me how an assistant with forty years experience is suddenly not capable of doing what they always have been doing. Try explaining that to a customer.
1295	Is there any evidence produced by statistics in relation to dispensing errors made by us.?I would say over my 3 day week I would make at least 3 phonecalls relating to errors made by GPS and consultants and we are the one being "at risk"to the public.
1298	Again i ask that the psi produce documentary evidence to support this perceived risk abd if that is non existant then it should withdraw its proposals immediately. Making sure that everyone has an opportunity to up skill and participate in continuing education would be a far better approach to take.
1304	I have worked in pharmacy as a PAs as I have never been a potential risk to anyone.
1306	This approach is wrong as no appropriate risk assessment was carried out by the PSI on which to base these draft rules. All healthcare professional pose a potential risk. This risk can be reduced by CPD and practice reviews.
1311	Pharmacists also pose a potential risk to patient safety and if the psi have documented proof the pharmaceutical assistants pose a greater risk this information should be published. Risk reduction is achieved through CPD and competency framework . The psi should be more inclusive towards pharmaceutical assistants in this regard. The psi failed to carry out a robust clinical assessment of risk during the deliberation process.

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Q.13 Rule 8 (3) will allow the Council to publish the professional task list on the PSI's website. Do you agree with this approach?

16	Would undermine them in the eyes of the public
20	this should be communicated to superintendent pharmacists and assistants only
33	As stated before the list is not required
34	Add or create to public misconceptions
47	Transparency is important.
50	It will be accessible to pharmacists and anyone else interested
52	I agree a list provides boundaries but the list is far too restrictive as it stands
62	as above
64	no need for a list, thats a crazy idea
75	It would suggest that pharmaceutical assistants are no longer trusted to perform tasks that they have been trusted to do for years
87	don't agree with the proposed task list
92	This gives the impression to the public that PAs are somehow offering an inferior service to the public.
105	NO list as above
126	With the same caveat - PSI cannot over regulate or restrict the role which has been adequately performed by these professionals for years.
127	My thoughts on the professional task list have already been commented on
139	As in Q 12
163	Madness
172	There is a duty of care for the public and the pharm assistants publically listing what they can and cannot do could be looked at similarly to nazi and apartheid regiemes. There were no restrictions before why now?i strongly believe such restrictions should be flaged in audit inspection for compliance rarher than public enforcement
177	Is this necessary?
186	Stop bullying PSI. Shame on you.
189	For the reasons already given.
221	usually no choice in these predetermined matters

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266	Not necessary
272	no problem with the publishing of the list. Big problem with tinkering and erosion of the same list.
343	The Council should also disseminate hardcopies of the task list to all RPBs.
348	Why would you not?
375	The regulation of PAs as, with pharmacists generally, should be based on a risk based approach that is proportionate and where the patient's safety is the key determining factor. Only when there is robust evidence to hand will it be possible to recast the current roles and responsibilities of PAs. A review of the professional tasks undertaken by PAs with equivalent qualifications in other jurisdictions before presenting final proposals.
378	No need for a task list
386	I don't agree with a task list at all, this is a small group of older female staff. Seems like the council could do something more useful with its time
388	The regulation of PAs, as with pharmacists generally, should be based on a risk-based approach that is proportionate and where the patient's safety is the key determinant. • Only when there is robust evidence to hand will it be possible to re-cast the current roles and responsibilities of PAs. • The PSI should review the professional tasks undertaken by PAs (with equivalent qualifications) in other jurisdictions before presenting final proposals.
389	I do not agree that there should be a 'task list'
395	Do not agree with the idea of a professional task list unless the same is done for all grades of pharmaceutical professionals.
396	The regulation of P. A.'s as with pharmacists generally, should be based on a risk-based approach that is proportionate and where the patient's safety is the key determinant. Only when there is robust evidence to hand will it be possible to re-cast the current roles and responsibilities of P. A.'s. The PSI should review the professional tasks undertaken by P. A.'s (with equivalent qualifications) in other jurisdictions before presenting final proposals.
426	I disagree with the rule in general but it would only make sense that it were published if this were to come in.
437	Not with the proposed task list as it far too limiting and would put huge additional pressure on the pharmacist they are covering for, which will increase the risk of error thereafter
445	Already should be clear
454	this will demean our qualification if this is printed on psi website
464	See previous comment -
474	See comments on Draft Rule 8(2)
480	Dont agree with the task list in the first place with the possible exception of vaccination.
487	As above there should be no task list
488	See comments on Draft Rule 8(2)
502	I agree if this approach is taken
519	Further stigmatizing this poor group of people
523	See above
535	Disagree with the whole idea of a task list, wither they are acting in temporary absence, or they are not.
550	Ridiculous how about get the job done to the best of your ability and screw a list that no one wants
573	disagree with the existence of the task list. these questions are very leading and is a very biased survey so far

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588	Again this doesnt make sense
597	Cautiously agree, as long as the list is suitably comprehensive.
621	what are ye like ? get a grip? be a bit more professional for pity sake
624	I disagree with the task list in the first place. The duties of the assistant are the same as that of the pharmacist
630	This discriminates pubically against Pharmacy Assistants and is a retrospective step. Not what the public would expect from a forward thinking dynamic Regulator.
633	See Q11 answer.
635	I disagree with this list but I think if it is created it should be sent to each individual pharmacy
647	nonsense
649	professional task list is inappropriate. Professionals should be trusted to take charge of their own task list!
664	I'm against the restrictive task list, not it's publication per se, but the task list in the first place.
667	This is just further bureaucracy and will do nothing to protect the public. Instead of spending resources on this, invest in including PAs in competency framework, making them subject to practice review and mandatory CPD.
668	As I complete this survey, I am becoming more aghast at the total disconnection from day to day realities of the practice of healthcare. This Rule implies that someone working in healthcare, may be allowed undertake a task one day, then the next day the rules change are you for real?
671	After my last comment, this is irrelevant
672	Not appropriate or necessary
687	If I disagree with the task list how can I agree with this. The Council of the PSI might consider publishing guidelines to assist Superintendent Pharmacists instead
691	If it allows for open discussion by all members of the PSI & PPA s
693	Yes , obviously patency is the objective here. However this proposed list is currently difficult to find?
694	The list should not exist in the first place!!
715	if task list given it must be published
727	what is on this list for ALL dispensing staff
734	As above there should be no differences in activities
735	Only if the list is THE SAME for PAs and pharmacists
742	Replace in all duties and tasks
756	THE POTENTIAL RISKS TO THE PATIENT ARE NO DIFFERENT FOR A PHARMACEUTICAL ASSISTANT THAN THEY ARE FOR A PHARMACIST.
770	The regulation of PA, ad with pharmacists generally, should be based on a risk-based approach that is proportionate and where the patient's safety is the key determinant.
773	I see no robust evidence of any increased risk to patient safety in limiting the medicines which a PA can dispense.
778	The regulation of PA's, as with pharmacists generally, sould be based on a risk -based approach that is propotionate and where the patients safety is the key determinant. Only when that is robust evidence to hand will it be possible to recast the current roles and responsibilities of PA's. The PSI should review the professional tasks undertaken by PA's in other jurisdictiona before presenting final proposals.
791	? relevance
797	For the same reasons as Q 12
800	The PSI should review the professional tasks undertaken by PAs (with equivalent qualifications)in other jurisdictions before presenting final proposals

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801	again I disagree with the list in the first place
808	Such a requirement shouldn't exist
812	As above
813	see above
817	Regulations of pharmaceutical assistants as with pharmacists in general should be based on a risk based approach that is proportionate and where patients safety is the key determinant..
819	Doesn't take all Pharmacists and Assistants views into consideration, it ticks a box in Fenian St but makes daily operations in Ireland's pharmacies far more intricate and awkward
822	The PSI should review the professional tasks undertaken by PAs (with equivalent qualifications) in other jurisdictions before presenting final proposals.
828	There is no evidence to suggest this may work
829	the PSI Should review the professional tasks by PA(with equivalent qualification)in other jurisdictions before presenting final proposals
830	The regulation of PAs, as with pharmacists generally, should be based on a risk-based approach that is proportionate and where the patient's safety is the key determinant.
832	Patient safety is the key determinant in all situations. The regulation of PAs as with pharmacists, should be based on a risk-based approach that is proportionate. Robust evidence would make it possible to re-cast the current roles and responsibilities of PAs. The PSI should review the professional tasks undertaken by PAs (with equivalent qualifications) in other jurisdictions before presenting final proposals. One cannot agree to professional task lists in advance, without seeing them.
833	See previous comments. The question arises as to why a draft list wasn't supplied with the draft rules. I can't agree with an unexplained proposal. Also compulsory CPD could cover upskilling as it does for all health services. If the PSI has evidence of risks currently attached to RPA's current practice it should be published
834	Only when there is robust evidence to hand will it be possible to recast the current roles and responsibilities.
835	The regulations of PAs, as with pharmacists generally, should be based on risk-based approach that is proportionate and where the patient's safety is the key determinant
843	do not approve of prof task list
877	It is not the publishing I disagree with. It is the list itself as proposed.
886	I think pharmacist working with PAs can decide what tasks a PA should do.
889	The PSI should review the professional tasks undertaken by PAs (with equivalent qualifications) in other jurisdictions before presenting final proposals.
912	Provide evidence to justify this approach !!
916	The PSI should review the professional tasks undertaken by PAs in other jurisdictions before presenting final proposals
917	The Regulation of PAs should be based on a risk-based approach that is proportionate & where the patient's safety is the key determinant. Only when there is robust evidence to hand will it be possible to re-cast the current roles & responsibilities on the PA
918	If the professional task list is set out for all who dispense
920	There is no evidence that I am aware of to advocate this approach.If a pharmacist has in some way been proven unfit to practice,the matter is dealt with on an individual basis-certainly not a blanket ban of all Pharmacists as now being an increased risk to patient safety.A ludicrous approach,in my opinion.
925	The PSI should review the professional tasks undertaken by PA's with equivalent qualifications in other jurisdictions before presenting final proposals
928	See answers to questions 11 and 12.

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936	Only when there is robust evidence to hand will not be possible to recast the current roles and responsibilities of PAs
945	Professional task list should be covered by SOP and cover whoever is providing cover
951	Only where there is robust evidence to hand will it be possible to re-cast the current roles and responsibilities of PAs.
963	The regulation of PAs as with pharmacists generally should be based on a risk based approach that is proportionate and where patient safety is the key determinant
964	A task list is an attempt to control the working conditions of people currently employed ,some for decades. It is a legal minefield.
966	Publish it why?? All I need is to be cared for at my local pharmacy by the staff that are there for years!
967	See my answer for Q12. I strongly disagree with having a prof. task list.
968	As I have indicated above the reasons why I fail to see the need for a "Task List" and am utterly opposed to any proposal which would diminish the professional qualifications of the Qualified Assistants.
970	The PSI should review the professional tasks undertaken by PAs (with equivalent qualifications) in other jurisdictions before presenting final proposals
974	The PSI should engage with the PAA to explore how in practical terms PAs could be covered by CPD, a competency framework and fitness to practice rules.
975	What evidence can the PSI produce to suddenly decide what a PA can and cannot do ?
977	As there is no robust evidence at hand (see answer q.12) to alter the roles and responsibilities of Pharmaceutical Assistants it is a moot point. There should be a review of the roles taken by people with equivalent qualifications in other countries before putting forward a proposal for consideration.
980	the psi should review the professional tasks undertaken by pharmaceutical assistants with equivalent qualifications in other jurisdictions before presenting final proposals
981	The PSI should review the professional tasks undertaken by PAs with equivalent qualifications in other jurisdictions before presenting final proposals
987	The PSI should review the professional tasks undertaken by PAs [with equivalent qualifications] in other jurisdictions before presenting final proposals.
991	There is no reason to restrict the professional tasks undertaken by PAs.
995	As above, without evidence to show this list is warranted, it should be withdrawn.
998	Only when there is robust evidence to hand will it be possible to recast the current roles and responsibilities of PSs.
1000	What is the Councils agenda behind this? What evidence does it have to support the necessity of this move?
1002	The Regulation of PA's as with pharmacists generally, should be based on a risk-based approach that is proportionate and where the patient's safety is the key determinant.
1005	I strongly disagree with the generation of a task list for pharmaceutical assistants therefore I strongly disagree with its publication.
1012	THE REGULATION OF PA's,AS WITH PHARMACISTS GENERALLY,SHOULD BE BASED ON A RISK BASED APPROACH THAT IS PROPORTIONATE AND WHERE THE PATIENT'S SAFETY IS THE KEY DETERMINANT.ONLY WHEN THERE IS ROBUST EVIDENCE TO HAND WILL IT BE POSSIBLE TO RECAST THE CURRENT RULES AND RESPONSIBILITIES OF PA's.THE PSI SHOULD REVIEW THE PROFESSIONAL TASKS UNDERTAKEN BY PAs (WITH EQUIVALENT QUALIFICATIONS) IN OTHER JURISDICTIONS BEFORE PRESENTING FINAL PROPOSALS.
1013	this is not in anyone's best interest, it should be communicated with the pharm assistant and other professionals but the public do not need or require this information, it would serve no good purpose to publish this information, it would simply affect the patients trust of the profession

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1014	as 12
1018	let the assistant cover for the pharmacist as before
1026	the assistant is concentrating on my needs the pharmacist is only trying to make more money ...i trust the assistant not the pharmacist
1030	the psi should review the professional tasks undertaken by pa's(with equivalent qualification) in other jurisdictions before presenting the final proposals
1034	The current role and responsibilities of PA'S has been working for years so only when there is valid evidence available otherwise should it then be possible to re-valuate the role and responsibilities of PA'S.
1040	The regulation of PAs, as with pharmacists generally, should be on a risk-based and evidential approach that is proportionate and where the patient's safety is the key determinant.
1047	I don't want to agree to something before have seen it
1050	The PSI should review the professional tasks undertaken by PAs in other jurisdictions before preventing final proposals
1052	I dont agree that there should be a PA list, but if it came to this, then yes it should be published along with all the rest of our standards and code of conduct
1057	• The regulation of PAs, as with pharmacists generally, should be based on a risk-based approach that is proportionate and where the patient's safety is the key determinant. • Only when there is robust evidence to hand will it be possible to re-cast the current roles and responsibilities of PAs. • The PSI should review the professional tasks undertaken by PAs (with equivalent qualifications) in other jurisdictions before presenting final proposals.
1070	This seems fair but I think there should be further consultation on what the professional task list will include. It is unfair to ask the question without further clarification.
1071	There is no need for a list. Trust us pharmacists to make a list. Do not define temp absence and leave things as they are,
1072	see last two answers
1077	No need
1081	This is over the top
1084	Why, what wil this achieve. People want to get their medicine from someone they trust, who knows about all their illnesses, knows their doctor, why would they be looking at lists of things people can't do. Is this survey being paid for with tax payers money?
1090	Don't know enough about it.
1093	Another poorly designed question unfortunately as it suggests I agree that there should be a list, which I don't necessarily agree with.
1095	Not applicable
1097	As above.
1113	Same answer as in previous question
1114	As per q12
1115	Not applicable do not agree with task list
1128	Regulation of all qualified pharmacy staff should be based on an approach that is proportionate and where patients safety is key.only when robust evidence is to hand, will it be possible to re-cast the current roles and responsibilities of PAs.
1133	I agree with transparency provided as I say that all are treated fairly.
1134	The regulation of PA's,as with pharmacists generally,should be based on a risk-based approach that is proportionate and where the patient's safety is the key determinant.
1141	I disagree totally with any task list. PAs are qualified to dispense medication and therefore should be supported to maintain their knowledge and expand their role not restrict what they learn based on a list of tasks published on a website.

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1153	The regulation of PAs should be based on a risk-based approach that is proportionate and where the key determinant is patient safety. Only with robust evidence to hand will it be possible to recast the role of PAs. The PSI need to look at similar professionals in other jurisdictions before presenting its final proposals
1154	• The regulation of PAs, as with pharmacists generally, should be based on a risk-based approach that is proportionate and where the patient's safety is the key determinant. • Only when there is robust evidence to hand will it be possible to re-cast the current roles and responsibilities of PAs. • The PSI should review the professional tasks undertaken by PAs (with equivalent qualifications) in other jurisdictions before presenting final proposals.
1156	Unnecessary to prepare such a document
1158	Its a ridicules proposal to publish a professional task list on the PSI website. Its a tactic to undermine a Qualified Pharmaceutical Assistant and upset the public, who know and trust them.
1166	The regulation of PAs, as with pharmacists generally, should be based on a risk-based approach that is proportionate and where the patient's safety is the key determinant. · Only when there is robust evidence to hand will it be possible to re-cast the current roles and responsibilities of PAs. · The PSI should review the professional tasks undertaken by PAs (with equivalent qualifications) in other jurisdictions before presenting final proposals.
1167	See preceding comments.
1169	As above. I don't agree with the principle of s separate professional task list
1170	Should not be necessary
1181	This needs further clarification..
1184	As above. I don't agree with the principle of s separate professional task list
1186	If you are making rules, you must publicise them
1191	See my previous comments
1202	The professional tasks and duties of P.S.Is need to be addressed before presenting such proposals.
1209	Regulation of PAs should focus on risk based approach where the patient Andrew their safety is the key aspect to this.
1217	The regulation of PAs, as with pharmacists generally, should be based on a risk-based approach that is proportionate and where the patient's safety is the key determinant. · Only when there is robust evidence to hand will it be possible to re-cast the current roles and responsibilities of PAs. · The PSI should review the professional tasks undertaken by PAs (with equivalent qualifications) in other jurisdictions before presenting final proposals.
1226	No professional task list is required to be published as a qualified registered Pharmaceutical Assistant can act on behalf of a registered pharmacist during temporary absence currently in accordance with the Pharmacy Act without any form of restrictive professional task list.
1227	See above under 11, 12 and 13.
1228	Are you for real !!!!!
1229	Totally discriminatory .As stated in above comments re task list
1230	Same as comment to past question
1242	Regulation of PAs (and pharmacists) should be based on a risk-based approach that is of course proportionate. Only when there is independent strong evidence to hand could it be possible to redefine the role and responsibility of the PA. In addition to their failure to undertake any clinical risk assessment the PSI did not review professional tasks undertaken by PAs (with equivalent qualifications) in other countries.
1245	As stated in the above answer where is the evidence that restricting PA's practice is actually required, necessary or proportionate?

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1246	ThePSIshould review the professional tasks undertaken by PAs with equivalent qualifications in other jurisdictions before presenting final proposals
1248	Only when there is robust evidence to hand will it be possible to recast the current roles and responsibilities of PAs
1252	I disagree with the need for a task list
1256	That would definitely confuse the public .Do other professionals have task lists published?
1268	As it has not engaged with us re this task list which I believe totally undermines us I can,t agree to it
1271	Only if published as the 'professional task list' defined for any individual qualified to dispense etc.
1273	As with pharmacists
1275	same as comment to previous question.Why is 40 yrs of experience being ignored ?.
1277	When there is evidence to hand will it be possible to recast the current roles and responsibilities of PAs
1283	SEE ABOVE.
1284	as above
1295	Don't agree with professional list in the first place.One for all and all for none
1306	A risk based approach should be used for the regulation of PA's only when there is good evidence available to change the roles and responsibilities of PA's. The PSI should look to other jurisdictions before presenting final drafts.

Appendix K

Q. 14 Rule 8 (4) provides that the Council shall review the professional task list at intervals not exceeding five years. Do you agree that this is appropriate? (See Figure 13)

Q. 15 How frequently do you believe the professional task list should be reviewed?

3	I dont know
4	should be the same as the Pharmacists
5	Ten years. In ten years, this profession will expire.
7	then this should also be the case for pharmacists - allow assistant to complete CPD would obviate the need for all of the above
8	Not relevant
15	Not relevant until the PSI complete a bench mark review of PAs from other compatible jurisdictions
17	We already receive updates about new clinical services etc etc, I am not in favour of the PSI creating more jobs for PAs for no gain to anyone involved.
20	same task list for all
22	Not relevant until the PSI completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions.
23	Not relevant until the PSI complete a benchmark for PA's roles and responsibilities in other comparable jurisdictions
24	Discrimination. Task lists should apply to all qualified staff
25	Task list for all staff or no task list at all
28	Not relevant
30	I do not think they should be treated differently to any Registered Pharmacist
31	Really should not be applicable....
32	No need for review
33	should be no professional task list as these people always carried on the business for pharmacies across the country down through the years and know their limitations
36	No list should be defined. We pharmacists make lists all the time. It works well. Do not change things and create hassle and legal implications.
37	not relevant unless there is a similar task list for pharmacists. I am not equating myself with a pharmacist but as stated elsewhere we need to be able to perform the same tasks as pharmacists for "temporary absence" to have any value for us. Otherwise we become unemployable. A pharmacist might as well employ a technician

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44	not relevant until the psi completes a benchmark review of the roles and responsibilities of PR's in other comparable jurisdictions
46	This is nothing more than a bureaucratic process for PSI to be seen to tick a box and will have to impact on patient safety
49	More madness, you must have little to do in Dublin and lots of money to be even asking these questions
52	Not relevant yet until a benchmark reviews of roles of PAS in other jurisdictions
55	Seems reasonable
56	No professional task list necessary
57	Not applicable until a benchmark review of roles and responsibilities of phar. assist in other countries is completed by P SO
58	I don't agree with the professional list
59	I'm really not sure about this.
65	Not relevant until the PSI completes a benchmark review of the roles and responsibilities of PA's in other comparable jurisdictions
68	I don't believe this task list is appropriate
73	Do not agree
76	This is a thinly disguised attempt to take the remaining PA's out of the system. Makes one wonder who's next.
78	When a task list is applied to a pharmacist, then it should apply to all - assistants etc
79	Not relevant
80	Not applicable . There should not be a task list
84	in 10 years
88	Parts of this proposed list could turn out not to be practical and waiting for 5 years for any change is a very long time.
89	There should be no list in the first place.
91	Don't agree with a list.....do you?
92	I don't think it needs to be reviewed. System works were. Why change it?
93	Not relevant
96	Not applicable in my view
97	This question is irrelevant as I do not approve of the task list
99	NOT relevant until the PSI completes a benchmark review of the roles and responsibilities of PA's in other comparable jurisdictions.

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102	Irrelevant
106	Not relevant until the PSI provide evidence to support the contention that PAs dispensing certain medications pose a risk above and beyond pharmacists acting in the temporary absence of the supervising pharmacist
109	Not relevant.
110	Not relevant .
111	No comment
116	Never needed a task list before so why the need now.
117	It shouldn't be reviewed because it shouldn't exist
119	Not relevant until the PSI completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions.
120	no comment
122	Paper over patient care once again
123	not relevant
131	Not relevant until the PSI completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions.
132	As I strongly disagree with the concept, why would I agree to any timeframe.
133	Would make sense to review every time a new task added.
134	I dont agree with the professional task list
138	None of the above apply as there should be no professionsl task list
141	Not applicable
146	Pharmacists are taking on new tasks all the time. The Assistant may not be qualified to carry these out but should be qualified to dispense medicine and be up to date on new therapies.
149	this suggests I agree with a task list and therefore is not consultative
152	Not relevant until the PSI completes a benchmark review of the roles and responsibilities of PA's in other comparable jurisdictions
155	And each time a clinical service is introduced
160	not relevant
167	Review of roles and tasks of P.A.s needs to be undertaken before deciding on timeframe
169	Not relevant. The introduction of a CPD plan is what's needed.
173	not relevant
175	not relevant

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178	Not relevant until the PSI completes a benchmark review of the roles and responsibilities of PRs in other comparable jurisdictions
179	Not relevant until the psi completes a benchmark review of the roles and responsibilities or PR's in other comparable jurisdictions
181	I do not agree with the task list.
182	Not relevant until the PSI completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions.
185	N/A
186	N/A
189	There shouldnt be a professional task list
190	Not relevant until the PSI completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions
191	This question is not relevant for the reasons as previously stated in the earlier questions.
192	See 11, 12, 13 and 14
193	Cop on
194	If the task list applies to all, a review can be applicaple
195	How do the propose to review something that is not based on fact. PSI in their rush to decimate the PAs simply haven't done their research. .
198	Not relevant until review of responsibilities of PAs in other comparable jurisdictions
200	Not necessary
202	Not relevant, until there is a review of the responsibilities of PAs in other comparable jurisdictions.
203	Not appropriate
206	Not relevant until responsibilities of PAs are reviewed in comparable jurisdictions
207	This is another irelevant question as the PSI has comprehensively failed to undertake a benchmark review of the roles and responsibilies of PAs in other comprable jurisdictions.
208	NA
209	Not relevant until the PSI completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions
210	Why again is a task list necessary?
211	not relevant until the PSI completes a benchmarkreview of the roles of PAs in other comparable jurisdictions
213	See above

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216	Should have box Not applicable to tick
217	Again I disagree with the need for a task list.
219	There should not be a task list
220	Not relevant. A person is competent or not
221	Task List should not exist.
222	Not relevant until the PSI completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions
227	Not relevant until roles and responsibilities of PA reviewed by PSI in comparable jurisdictions
229	Not relevant
233	As the task list undermines my qualification I see review as irrelevant
234	Not relevant do not agree with task list
235	Not relevant at the moment
238	As with pharmacists
239	I disagree with the existence of the proposed task list
240	not relevant as task list not necessary
241	in 5 years all be nearly retired
242	Not relevant until the PSI completes a review of the roles and responsibilities of PAs in other comparable jurisdictions.
245	not relevant until the PSI completes a benchmark review of the roles and responsibilities of pharmaceutical assistants in other comparable jurisdictions
246	Not relevant until the PSI completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions.
247	not at any time
249	do not agree with Prof Task list
254	Never. include assistants in CPD and bring them in under the Competency framework
258	not possible to say until a proper list is available
260	Non relevant until you come up with a better idea
261	Not relevant yet
263	Not relevant in light of previous answers
265	Not relevant
266	Not relevant

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267	The psi should engage with the paa in a constructive manner
269	Not relevant until the PSI completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions.
271	Not applicable until the PSI looks at other comparable jurisdictions to review roles and responsibilities of PA's there.
272	No Task List
276	Irrelevant .
279	I have worked with Pharmaceutical assistants for over 35 years. Never in my working life have I ever had to question their professionalism or ability. What is being done here is highly offensive to a group of professional people. It is very hard not to be emotional when you are talking about people's livelihood..My father Sean Conway qualified as a pharmacist in 1955. He was a well educated man, and very professional. He employed Pharmaceutical Assistants throughout his lifetime, and I am honoured to still have an assistant as an employee. My father would turn in his grave knowing that this awful proposal was even being considered.
281	Not relevant until the PSI completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions
283	Not relevant until the PSI completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions
284	not relevant until the PSI completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions
285	Not relevant until the psi completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions.
287	see above (do not agree)
288	task list should not exist
289	Not relevant until the PSI completes a benchmark review of the roles and responsibilities of PA's in other comparable jurisdictions.
294	Not relevant until the Psi provides a benchmark review of the roles and responsibilities of PRS
296	I don't believe that a professional task list should exist
302	All professionals should fall under a statutory regulatory body who set minimum standards for competency. This is the correct and fair forum to adjudicate competency and skills
303	Not relevant until the PSI completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions
306	Not applicable
308	I think the PAs' competency should be covered by the IIOP system as I've said above, not the professional task list.
309	This should not exist as it is demeaning to pharmaceutical assistants

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310	Not ok until psi complete a review of the role and responsibilities of the pas in other comparable jurisdictions
311	Not relevant until the PSI completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions
312	cpd and fitness to practice would eliminate this step
315	not required as each PA can work within their own scope
319	It never existed and isn't necessary we should continue to work as we always have done since the day we Qualified
323	Disagree with list in principle
324	again I disagree that this list of tasks should be listed for assistants
325	I do not think professional task list is necessary for professionals with this level of experience.
328	Not relevant until the PSI completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions
333	Not relevant until the PSI completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions.
334	Not relevant until the PSI completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions.
336	Not relevantly until the psi completes a benchmark review
339	Not relevant until evidence base is determined
340	not relevant until PSI completes review see 13
341	Not relevant until the PSI completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions.
343	I can't agree with a professional task list which I have not seen. The primary focus should be a benchmark review of these roles and responsibilities with PAs in comparable jurisdictions.
344	I don't agree with the task list approach so this question falls
345	Nor relevant until the PSI completes a benchmark review of the roles and responsibilities of PA's in other comparable jurisdictions.
346	Not relevant until the PSI completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions
352	do not agree with task list
355	Not relevant
360	NO TIME LIMIT
362	Not relevant

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364	Not relevant until PSI completes a benchmark review of the roles and resp of PAs in other jurisdictions
368	Not relevant until the psi completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions
370	Not relevant until the PSI does a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions
372	not relevant until the PSI completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions
374	Not relevant until the psi completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions
375	Not relevant until the PSI complete a benchmark review on the role of PA
377	Not relevant
378	Not relevant u until psi complete benchmark review
379	it should never be required to be reviewed as everyone involved is qualified
381	Not relevant
384	N/A
387	All PAs will have retired from active practice within a 5 to 10 year timespan, so a 5 year review is irrelevant.
393	Not relevant due to lack of evidence base
399	Not relevant until PSI completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions.
418	The assistants will all be gone in around 10 years .. I understand that we all need to audit our practice but it should be done without discrimination of the minority and there is no reason why an assistant could not partake in CPD
419	This is not relevant until the PSI completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions.
421	I presume when a new clinical service is introduced,the relevant professionals will be educated and trained in this service
422	Again provide evidence in another comparable jurisdiction !
423	Not valid until talks with PAA
426	Not relevant until the PSI completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions
427	not relevant until the PSI completes a benchmark review of the roles & responsibilities of PAs in other comparable jurisdictions
430	not relevent now.The PSI needs to be looking at a fair and proper benchmark review of PAs

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432	What are the review rules for a pharmaceutical assistant in another country ?
433	Not relevant until the psi completes a benchmark review of roles and responsibilities of past in other comparable jurisdictions.
435	Not relevant until the PSI completes a benchmark review of the roles and responsibilities of PA's in other comparable jurisdictions
437	Why change what is working already , no need for reveiw
438	As I don't believe a task list should exist, there would be no reason for a review.
441	As qualified assistants are experienced, competent, skilled professionals, I see no reason for a task list and therefore, no review
442	please engage wiyh pas .this is so unfair .shame shame shame
444	Not acceptable
445	Please talk to assistants
446	Not relevant until the PSI completes a benchmark review of the roles and responsibilities of PAd in other comparable jurisdictions
447	Their should not be a list of professional tasks fullstop.
452	not relevant until psi completes a benchmark review of the roles and responsibilities of PAS in other comparable jurisdictions
456	The task list does not need to be reviewed.
457	No comment
458	A task list does not need to be reviewed at any time.
459	Task list does not need to be reviewed at any time
461	Not relevant until the PSI complete a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions.
472	Not relevant
474	I've answered this above
475	Why review something that is working! I don't want a different locum every week with poor English and doesn't know my history! When you are sick you need to talk to someone who knows you personally and who you have confidence in .
476	I am happy with my care so get on with sorting out other things like price control!
477	I think that the PSI should complete a benchmark review of PAs with equivalent qualifications in other countries before a decision is made.
478	In my opinion the role of Pharmaceutical Assistants should be benchmarked in a review of the role of PAs (or their equivalents) in other jurisdictions before a decision is made on the above

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480	This is not relevant until the PSI completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions
483	Not relevant until the PSI completes a benchmark review of the roles and the responsibilities of PAs in other comparable jurisdictions
484	Not relevant until the PSI completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions.
485	Not until the PSI can produce a review of the role and responsibilities in other similar jurisdictions
486	Not relevant until the psi completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions
487	Not relevant until the P.S.I. complete a benchmark review of the roles and responsibilities of Pharmaceutical Assistants in other jurisdictions
490	not relevant until the PSI completes a benchmark review of the roles and responsibilities of Pas in other comparable jurisdictions
491	Not relevant until the PSI completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions
493	This question, like questions 14 & 15 presupposes the acceptance of this 'professional task list'
495	well that depends on their bench mark/ comparisons
496	Not relevant until the PSI completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions.
497	Not relevant until the PSI completes a benchmark review of roles and responsibilities of PAs in other jurisdictions.
504	Not relevant until the PSI completes a benchmark review of the roles and responsibilities of
505	Not relevant until the PSI completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions
508	Not relevant. What is the benchmark for roles and responsibilities of PSs in other jurisdictions?
512	not relevant until the PSI completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions
513	If the PSI introduce a task list in any form there will be no need for a review because there will not be any PAs employed in any pharmacy
515	I strongly disagree with the generation of a task list.
517	not relevant
520	Not relevant given my other answers
522	NOT RELEVANT UNTIL THE PSI COMPLETES A BENCHMARK REVIEW OF THE ROLES AND RESPONSIBILITIES OF PA's IN OTHER JURISDICTIONS

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524	shouldn't be done at all
528	i dont...people trust assistants ...not so sure they trust pharmacists
536	i dont think there should be a task list
537	3 years max and even less of a new service is introduced
544	How can you review a task list for a professional group of 336 people when there is no comparison to benchmark it to.available ?
545	Or any new major advance in practice, such a rapidly evolving field. Could have a clause in legislation every 3 years with exception to any new advance as deemed appropriate by regulator
552	Not relevant until PSI undertakes a benchmark review of the roles and responsibilities of PAs in other jurisdictions
554	Well with the age profile of QAs, they very probably will cease to exist in about 10 years or maybe less.- so such measures wont be needed
555	Never-no need for one
557	N/A
560	not relevant
563	dont agree with proposal
565	Not relevant until the PSI completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions.
566	I do not believe the task list, as proposed, should be used
568	Not relevant until the PSI completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions
572	Irrelevant until PSI can compare similar practice in other jurisdictions.
573	This question is not relevant until the PSI completes a benchmark review of the roles and responsibilities of P. A. in other comparable jurisdictions.
575	I dont believe a separate professional task list should be compiled for a pharmacy assistant.
581	It makes no sense to have it
582	review should be sooner than 3 years initially
586	What a surprise! There's no space to comment on Q14 that there'll be no point in reviewing it in even 1 years time because all pharmaceutical assistants will be out of a job!
603	On a regular basis - if its in the patients interest
614	The list should be looked at by practicing pharmacists who currently work alongside Pharmaceutical Assistants. I would be willing to help with this if called upon as I would imagine that the list would be more beneficial to the patients we look after.

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618	Don't agree with list in first place
620	A professional task list is not required for assistants.
622	Not applicable in my opinion
642	The mention of 5 years makes very little sense when one considers the age profile of Qualified Assistants - they will be retired -
661	leave as previous
662	There should be no task list
663	there is no need for a task list. there is currently no task list and it undermines these individuals qualification to go introducing one.
665	most assistants will be retired in a few years
666	There should be no task list.
673	The suggestion it should be reviewed after the introduction of a new clinical service is absurd. Instead I would pose the question as to why training and education for this service is not made available to pharmaceutical assistants?
697	Abolish this requirement - new services can be legislated for using training standards
698	It will be irrelevant in a few years anyway
702	Cpd portfolio!
714	Is this really needed? Assistants will have died out naturally in a decade. Meanwhile the PSI continues to ignore Technicians who have been professionalised and registered in the UK and Northern Ireland
716	Never
728	Use some common sense here. Consider when the last of the qualified assistants will be retired.
729	Never as no list should appear and it's highly insulting that it looks like this has already been agreed to before it was brought to the public talk about democracy
736	There is no option to answer if you don't agree with a professional task list
750	Not necessary
751	Each time there might be need of amendments and\or reviews, and never exceeding the five years time.
752	n/a. leading questions. bad survey. what a waste of registrants money.
776	The number of questions relating to a 'professional task list' appears to indicate that the existence of such a task list is a foregone conclusion....?
780	don't agree with list

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794	Never. The Pharmacists should ensure that the Pharmaceutical Assistant and the wider staff group are trained in new clinical services in the relevant SOP prior to a new service being introduced
800	no need at all
803	Again I disagree with the task list
805	the status quo should remain in place.
809	See answer to 10 above
810	never should exist
812	May be more relevant in future.
826	It should not exist in the first place.
828	I don't think a professional task list policed by the PSI is appropriate, we all left school and this patronising attitude many years ago
829	I do not agree with this approach.
834	One list shouldn't exist
838	I do not agree with a task list
840	Don't understand
843	I'm against the task list
846	There should be no such list
847	Se answer above, this is gone beyond the ridiculous now
848	I believe assistants should be comitted to continuing professional education like their pharmacist colleagues
850	Again irrelevant..
866	How can I answer something I have not agreed tp
873	never
874	I would prefer if it was reviewed yearly.
890	Not relevant until the PSI completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions, eg Germany, Netherlands.
891	Don't agree there should be a task list
892	once only
893	as above
894	not once yet have you mentioned or asked how to reduce risk by improving skills /training - your authoritarian approach is all wrong

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900	How long left have we got
903	Leave as is
913	As above I do not agree that there should be a separate task list for pharmaceutical assistants
914	Again the list should be the same for pharmacists and PAs.
921	As said replace in all tasks
922	a task list for anyone should be reviewed yearly
923	qualified assistants will be naturally phased out within 8 years
924	Disagree
925	Again, a routine dispensing may carry more risks than a new clinical service.
931	no need for task list
935	I DO NOT BELIEVE THAT THERE SHOULD BE A PROFESSIONAL TASK LIST FOR QUALIFIED ASSISTANTS
939	no list please
944	I don't beleive a professional task list is neccessary
950	or more frequently alongside legislative ammendments or introduction of pharmacy services
956	There shouldn't be a list
958	When there is no task list it does not have to be reviewed.
970	There shouldnt be a task list.
977	Pharmacy profession is constantly changing (not always for the better) and our roles are constantly changing. We are now very much paperwork based rather than being patient centred
978	Professional task list should not be defined
983	Not relevent until PSI completes a meaningful review of like qualifications in other EU counteriees before final proposals
987	No particular view on an appropriate time period but every 3 to 5 years would seem appropriate with flexibility for the initiation of a review in a shorter period when circumstance require such a review.
989	There should not be a professional task list
995	See above answer, I disagree with the task list applying to PA's
1001	Comment
1002	honestly the max length of service qualified assistants have left until retirement is 2023 as the last qualified assistant graduated in 1985

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1004	no list
1008	But if a major clinical service is introduced it should be revised to include this
1010	I don't believe in the task list.
1014	This list should not be enforced
1028	There should be no list
1030	I disagree with the list, so no need for review if there is no list.
1032	See above. In my view the PSI Council is not a fit body to make any decisions in this. If it is to be done at all it should be an outside body.
1033	More nonsense
1034	N/A
1038	At least every 3 years, or when there is any major legislative change
1045	professional task list can be reviewed by Superintendent Pharmacist or Supervisory Pharmacists
1048	DISAGREE WITH TASK LIST
1052	10 years
1055	Not Relevant without proper review of responsibilities of Pharmaceutical Assistants worldwide
1060	never
1066	Only if it has been shown by practice results that change is warranted - Pharmacies have SOPs which will review this role on individual basis regularly anyway ..
1067	This should not imply any agreement with a task list, merely that any regulation should be reviewed at appropriate times.
1071	Who decides whats on the task list - who can make application to amend same? What if you agree/don't agree with contents how do you proceed?
1076	in 10 years all Qualified Assistants will be retired, at the end of 40 plus years service to Pharmacy. The new proposed Rules will ensure we will all be unable to work until our retirement date. Are there adequate monetary funds in place for all working Assistants to compensate the enforced end of their qualification and therefore their employment and their livelihood?
1084	I don't believe the task list is appropriate if based on the working groups suggestions
1099	It's unnecessary to do so .See my previous answers. Also I know and the Regulator knows that the number of Pharmaceutical Assistants is reducing every year and with in five to ten years there will be none left on the register.The same thing happened with the Register of CHEMISTS AND DRUGGISTS back in the day.
1102	As appropriate which could be much more frequently than 3 years

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1103	Again you are trying to stigmatise people. Make them feel like a second class citizen
1114	I do not agree with this task list as it is too narrow and insulting to a QA's qualification.
1115	3 years is too infrequent for review. Either each time a new clinical service is introduced, or on an annual basis
1117	Is it necessary?
1121	There should not be a task list.
1123	PA's should be subject to CPD as are pharmacists. Those that do not complete these courses should not be allowed to cover
1129	No professional task list
1130	If an area arises where we are unqualified or untrained I would not wish to even contemplate fulfilling that role.
1135	In my opinion it's not needed
1142	maybe each time a new service is introduced
1147	never
1149	Test Una Delete
1162	I do not think clinical services should be added to pharmaceutical assistants's task list
1167	After 1 year initially, then after 3 more, then every 5 years with guidance issued in between times if a new service is introduced.
1171	but a professional task list is not sustainable. extra services such as flu vaccination are opt in services but extra services and the day to day dispensing of medicines can not be 'opt in'. they regular day to day services of pharmacy would be unduly disrupted by the introduction of a task list
1182	Not at all. Would the public like a surgeon to be temporarily absent from theatre?
1183	Don't agree w professional task list
1190	I am unsure about what exactly would be detailed in this professional task list and as such wouldn't be exactly sure of the correct period for revision
1198	Introduce CPD for assistants
1202	It shouldn't exist in the first place
1207	Do you mean the professional task list to be reviewed every time a new drug comes on the market?
1208	only when there is a fundamental change to our profession. Assistants are vastly experienced and an asset to our profession, we should treat them as such. We talk about pharmacy expanding its role in healthcare but we seem to want to limit the role of assistants.
1221	I don't believe professional task list is necessary

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1225	do not agree with the list
1235	it shouldnt exist
1241	as well as every 3 years
1254	define "clinical service" for clarity?
1257	The age profile of the group indicates that in a five year timeline many will have retired therefore a shorter time frame should be considered
1281	6 months initially
1285	I would review the task list at least every 2 years and when any major changes to pharmacy services are introduced.
1290	That also goes for pharmacists and employers

Appendix L

Q.16 Please re-read the proposed rules. These rules will set out the arrangements under which pharmaceutical assistants may act in the temporary absence of a registered pharmacist. In your opinion, is there any aspect of the arrangements for pharmaceutical assistants to act in the 'temporary absence of the registered pharmacist' which has been omitted or dealt with inadequately?

6	Risk to jobs of Pharmaceutical Assistants many of whom have worked for 30 to 40 years in Pharmacy.
8	No
11	I think the vast wealth of experience and education held by PAs is being grossly underestimated.
16	The whole lot of it is being dealt with inadequately
18	It seems you find pa's less able to fill the position they have. When will you start to find pharmacists less able and restrict their working hours? When they are too old? And what is 'too old'? Over 50? Or already 45?
20	I would like to lodge an objection to the proposed amendment to the "Temporary Absence Clause" which was introduced in the Pharmacy Act, (Ireland) Amendment Act 1890. The clause has been in successful operation in the Pharmacy industry for over 120 years and any proposed change to the clause is an attack on the Pharmaceutical Assistants ability to act in the labor market in accordance with the qualifications they were granted by the Pharmaceutical society upon successful graduation. Furthermore, the Pharmacy Act of 2007 failed to define temporary absence" beyond the original 1890 definition. It is completely unacceptable that the Society now wish to change the definition of "temporary absence" when it had ample opportunity to have a new definition included in the 2007 Pharmacy Act and it failed to do so. Any further change to the Pharmacy Act would need to be in consultation with all stakeholders involved (including the Pharmaceutical Assistants Association) and to introduce changes without around the table talks with these stakeholders in indefensible in a democratic society. To simply invite correspondence with the Society through contact via email or through the PSI website does not count as adequate consultation and sit down talks need to be organised in order for all stakeholders issues to be dealt with. The agreement reached between the Pharmaceutical Society and the Pharmaceutical Assistants Association in Dec 1994 allowed for an assistant, who has fulfilled minimum satisfactory requirements, to cover in the temporary absence of a pharmacist's annual leave entitlements of up to and including two weeks per annum and not greater than 14 days in succession. By changing the definition of "temporary absence" to being not more than one hour per day, it not only affects the assistants ability to work in accordance with their qualifications but also affects the pharmacists entitlements to annual leave; since in the interest of public safety the most appropriate form of professional cover is from a registered assistant who is intimately familiar with the pharmacy and patients they work with on a daily basis and not a Locum pharmacist who would have no familiarity with the day to day running of the pharmacy. I would like to see the reinstatement of the December 1994 agreement between the Pharmaceutical Society and the Pharmaceutical

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	Assistants Association as the most reasonable course for the continuation of public assurance of safe pharmacy practice and patient safety.
23	n/a
27	I feel that the proposed rules are prohibitive and unnecessary
30	All of it. Why are the PSI bringing in these draft rules now?? how have things changed?? have assistants all of a sudden started making huge errors putting peoples lives at risk? Did the PSI consider the livelihood of all the assistants currently registered!
31	EMERGENCIES
33	The experience of the pharmaceutical assistants have not been taken into consideration.
34	The current system is not broken and will remove itself in due course given the age of this cohort. They have been & are very valuable to the profession
36	no
37	Pretty much the whole act has been inadequately dealt with. Whomever proposed the 1 hour temporary absence has absolutely know knowledge of the practical day to days running of community pharmacy. They also completely undermined the PA, their qualification and as a result they have threatened their jobs and livelihood
38	A justification of the evidence base behind this new measure.
39	The whole thing is dealt with inadequately. This legislation should not exist. Most PAs are only a few years from retirement at this stage already and this legislation would serve to severely limit the work they are able to do.
42	No
44	I disagree with all the aspects of what the PSI are trying to restrict the work of pharmaceutical assistants
50	Experience of pharmacy assistants needs to be commensurate with the duties undertaken in temporary absence.
51	Yes, the years of experience and skills that this group of pharmacy staff have - in my experience we can learn from them!
52	I think they should be allowed to act for a longer period of time and that the tasks they are capable of performing are too restrictive
56	No
57	Rules for a PA covering multiple pharmacies in the same company. Need to specify exact rules on this i.e. if a PA is allowed to cover the pharmacist without having worked with them in the pharmacy concerned, or how may hours exactly a PA needs to work with a pharmacist in the pharmacy concerned before they are allowed to cover a temporary absence and whether days off or holidays can be covered.
61	no

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64	Yes , 1 hour is inadequate. what is wrong with the annual leave as always was? What are the facts and figures that have now deemed QA's as incompetent. Can you please publish what you have so we can make an informed decision and to the lack of competence of QA's to act in the stead of an MPSI. How many complaints / fitness to practice cases have there been. As a % for QA's how do they compare to MPSI's?? The profession is in the dark on these basic facts, can we have them please? I would also like the same stats on less than 3 year qualified MPSI's as from my experience they are often not to be left alone, maybe you should consider such rules for them?? Why not? In my experiences QA's are motivated, empathetic, experienced and competent members of the profession. They should be recognised as such and be treated as lesser members of the profession as these changes are interfering. Please give us the stats.
68	I think the 'task list' needs to be defined more clearly. How restrictive is it to be? This will have a major impact.
70	Maintain the current rules with regards to how long a PA can cover a pharmacist for (i.e. 2 half days, one full day, pharmacist's standard annual leave not exceeding 14 days)
73	I believe the whole issue has been dealt with inappropriately
74	I think the rights of the pharmaceutical assistant are being infringed and the council to use less bullying tactics
76	In my opinion a registered pharmacist should be on site all hours the pharmacy is open to the public
84	The council has set up draft rules which will result in the annihilation of hundreds of pharmaceutical assistants' qualification and consequently their jobs. The council should consider why pharmaceutical assistants are continued to be employed in a trusted position by pharmacists to this day.
85	they should not be allowed to work on their own on a Sunday
86	The 1 hour rule is simply ludicrous.
87	I understand the need to define temporary absence - however I feel the PSI has failed to consider the impact this will have on the livelihoods of an entire cohort of diligent workers who provide an excellent support to pharmacies across the country
92	In my view the draft was drawn up by people who have no experience of working with PAs and as such have no real understanding of their skills and knowledge. It gives the appearance of trying to do away with a qualification which was provided for in the 1890 Act and now is seen as an inconvenience by those who do not understand it.
93	Who came up with this crap. Was there any need for all the changes. This smacks of someone trying to justify their existence
94	I do not agree with the issuance of a list of professional tasks. Each individual superintendent pharmacist should work with their assistants to outline appropriate responsibilities
96	The rules provide no recognition of the vast levels of experience that the pharmaceutical assistants have gained throughout their careers. Has this definition of '1 Hour' arisen as a result

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	of numerous incidents where patient safety has been compromised or has it just been put forward to remove pharmaceutical assistants from community pharmacy?
98	Clearly state the maximum time in a week/month/year
99	Pharmacy assistants should be allowed to provide a full service to their patients in the absence of the pharmacist. There should be no professional task list telling them what they can and cannot do. They have many years of experience and in my opinion should continue to provide the service that they always have.
103	acute illness
105	Not sure why the PSI is putting so much energy into this proposal as soon employed PAs will be a thing of the past. Far better to address the growing body of Pharmacy Technicians and provide some regulation and governance as to how these individuals fit into the Pharmacy model.
106	I strongly disagree with the time constraints
107	In my opinion, this whole matter has been dealt with both inadequately and insensitively
108	LACK OF AVAILABILITY OF LOCUM PHARMACISTS IN RURAL AREAS HAS NOT BEEN CONSIDERED AT ALL, PHARMACISTS NEED TIME OFF IN ORDER TO WORK SAFELY.
109	Discussed above
112	acting as a locum not suitable
116	no
120	many QAs are better than some pharmacists out there and they have huge experience on the job
126	These rules are going to restrict the role so much as to deny the public and pharmacies the service provided by these experienced professionals , and will simultaneously deny these professionals their livelihoods by making them unemployable.
127	No recognition has been made of the knowledge and vast experience of pharmaceutical assistants. The proposed regulations treat them little better than pharmacy technicians. It will make many of them unemployable in their current roles, which is a great disservice after many have contributed over 40 years service to the profession.
128	no
129	I believe pharmaceutical assistants need more structured, certified training.
134	no
136	Yes. These rules are designed to shame us, assistants, and our employers to end our long years of service to Pharmacy? Shame on you all. I do look forward to the Compensation that will be provided for the enforced in to my career in Pharmacy.....42 years and counting.
139	They are simply unworkable and are discriminatory to these people who have built up enormous experience over the years. In fact, I would go so far as to say that the majority of

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	them will be unemployable due to Pharmacy insurance now not covering many of the functions which they previously safely performed for many years over the temporary absence.
142	CPD arrangements
144	The Pharmaceutical Assistants should be treated as per Support Pharmacists. They should undergo compulsory CPD, and they should be included in some of the emergency medicines such as salbutamol. Imagine the damage to the profession if a patient died of an asthma attack because the PA was not permitted to provide an emergency ventolin. This whole exercise is utterly wrong and the PSI Council are taking the wrong tack on this.
148	CPD should be compulsory
151	emergency situations up to four hours
154	No
156	No
157	Unscheduled temporary absences can run beyond 1 hour by their very nature and therefore 1 hour is very arbitrary
160	No
161	The financial implications have not been addressed
162	This should not happen at all.
163	You are treating them with utter disrespect. Was the already submitted document even referred to?
168	Yes
169	I would consider the experience we (QAs) have to be invaluable and I've been involved in training technicians and Pharmacists in their retail experience and have been complimented so many times on that input. I do feel acknowledgement and appreciation of that experience is inadequate here
170	They should not be covering at all..
172	The degree of restriction should be determined by capacity. If a pharm assist has not put a foot wrong in temp cover over 40 years I fail to see why they could not be evaluated in an iio clinical audit osce like pharmacists and deemed to be able to function as cover for pharmacists. And that limitations are determined by knowledge they gained over decades than impromptu legislation that is decades too late.
173	I think the fact that PA's have been awarded a qualification and have carried out that role for the past 40 years plus with enormous experience has not been taken into account. Also PA's have engaged in cpd down the years and should be included the same as pharmacists.
174	The vast experience and professionalism of a QA is not taken into account. The fact that a lot of us do cpd training and keep up with new drugs etc as much as any pharmacist is also ignored.

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175	No
176	Assistants have been covering temporary absence for many many years. This is very unfair on them
177	It is all completely outrageous.. these people are less than 10years away from retirement. Would it not be easier to save the hassle and let this issue run it's course? It is cruel and disgusting what is being done to these people. Not to mind the people who have become unemployed already due to their employers not wanting to deal with drawing trouble on themselves from the PSI. The whole thing is an absolute disgrace.
178	No
184	no
185	No
186	I think the whole thing has been dealt with inadequately and I am disgusted and ashamed of you as a professional body. Temporary absence requires no definition or timeframe. Pharmaceutical Assistants have been valued members of any pharmacy team for many years. The working relationship between community pharmacists and their assistants has been excellent over the years and assistants have worked with us, given us a day off and covered holidays for us. To suggest that an assistant may cover one hour per day is laughable. They can safely cover that one particular hour but no more?
187	I feel satisfied with the new arrangements
189	The rule change is absolutely astounding, immoral and to my mind illegal. I for one will be happy to partake in a legal challenge.
190	No
194	No
195	There has been no clarification on the requirements for qualified assistants to practice continuous professional development or option to upskill to meet the PSIs skill requirement. I personally feel the whole thing is unfair. There is a cohort of employees who trained in good faith and are now being pushed aside and the implication is that they are no longer good enough for the job that they have been doing for the past 30yrs. Why has there been no effort to upskill or retrain if their current qualification is inadequate?
201	no
204	A number of PA s have worked in the same pharmacy for 30 to 40 years. They will therefore know the requirement of patients especially those who are vulnerable due to age or medical conditions better than a list ranger locum pharmacist.
206	I disagree with this process entirely
207	No
210	Yes, I think that there is an omission of common sense and an under appreciation of the value of 35+years of experience, knowledge and dedication which these health professionals bring to community pharmacy.

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211	No
215	I feel this entire process is unnecessary, give that many of the pharmaceutical assistants are almost at retirement age
216	Most only do a few hour's here and there.do not punish the one's that are working full time.
220	in my opinion the tasks should be similar as in regards of prescribing nurse at GP surgery , i.e. act when no changes are anticipated at a prescription level. If pharmaceutical assistant is made aware of any changes to regular medication the patient/carer should be notified that a pharmacist has to check.
223	Position of pharmaceutical assistant will be phased out in the near future as most are in the final stages of their working life. The existing arrangements should remain in place.
225	No
228	Cpd
229	no
235	No
240	All of it. A proper pharmaceutical service requires pharmacists. It's time the society put pharmacists at the centre of patient care.
244	no
247	vacations particularity in light of britexit
248	I only locum in community pharmacy and have never come across a pharmaceutical assistant and as such, am not entirely sure if the proposed rules are comprehensive enough
257	CPD and fitness to practice legislation for pharmaceutical assistants
259	No
260	The proposed rules imply assistants are not properly trained. The definition of what an assistant in the pharmacy act would therefore be incorrect ? I am puzzled by this. It seems to be a contradiction ?
261	the name of the person designated as pharmaceutical assistant should also be displayed in Pharmacy to allow for transparency and should be made clear that this is not a pharmacist
262	cant understand why they are being restricted to one hour
263	It's been law since 1890
272	I am absolutely shocked at the audacity to omit the 2 weeks holiday cover from the proposal completely. Has the PSI executive not deminished and belittled this group enough by ignoring this issue for ten years?
277	They should only be allowed dispense regular monthly medication that have previously been dispensed and reviewed by a pharmacist

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278	there must notice display in Pharmacy during pharmacist absence for his Temporary absence during that absence-hour..
279	No, stop torturing them, they are qualified, and will all be retiring soon, why are you even wasting your time on this??!!!
283	employee pharmacist are entitled to two 15 breaks and one hour break in a working day and you have only ruled for this partially
284	Experience and knowledge
292	No
293	It is very comprehensive but even more unfair and wrong
294	no
303	no
305	No
310	Pharmacists can get sick therefore can't work.there is already a shortage of pharmacists in the country.if assistants can't cover these absences then the pharmacy will be closed which won't be of benefit to the public health
311	All Pharmacies should have to have a registered pharmacist on duty to operate. Pharmaceutical assistants is no longer an acceptable replacement for a pharmacist in any situation. The temporary absence clause should be abolished altogether.
312	fitness to practice of Qualified assistants?
315	I feel that limiting the time to one hour is too restrictive.
316	Yes
326	No
332	I believe that there will not be a qualified assistant in 5 years time and the society should put there use to answering phones, supporting pharmacists and pharmaceutical assistants rather than visiting all this grief on QA.Confirms opinion of being petty in their dealings
334	The task list concept is daft and more unnecessary paperwork for the pharmacist in the end
338	Pharmaceutical assistants should be subject to CPD requirements as pharmacists are and should be subject to fitness to practice and regulatory sanctions as pharmacists are
339	Development of their scope of practice. More details required on how this data will be generated. Not possible for group of folk around a table to devise, this needs formal research carried out with an appropriate sample size.
343	nothing further to add
347	in my opinion TEMPORARY ABSENCE should not be defined. my qualification will be changed significantly if it is defined . this is very unfair to all qualified assistants.

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348	The blatant disregard for a profession of people who have worked tirelessly at the front line of community pharmacy and are now at a time when there is a crisis in providing cover the psi has decided to completely tear apart pharmaceuticals assistants careers - think of all that valuable knowledge, skills and experience being lost - look the the psi future of pharmacy report - how young is the pharmacy workforce - we need older more experienced people to train young pharmacists - also in what world will an employer pay a pharmaceutical assistant and a pharmacist? The waste of time that this legislation is is a complete and utter joke
349	This should not be allowed in the first place
350	Absence is way too short. Max of 7 hours a week break for a pharmacist who employs an assistant unless they employee more staff. It will make having an assistant financially unviable when they are a super asset to Irish pharmacy
353	It should be a period of two hours in any day rather than one hour.
360	No
363	No
365	You've covered every ridiculous eventuality already.
367	No
373	But I also feel that the pharmaceutical assistants should have to partake in some sort of CPD as well.
375	This is already covered by Pharmacy Act 2007. A pharmacist employing a PA is well able to judge the skills,experience and knowledge of their employee.A PA providing cover for their employer pharmacist is in a better position to know the practice and meet the needs of patients than a stranger coming in as a locum.
378	It is the responsibility of the PSI to be satisfied as to the knowledge, skills, and fitness to so act of any professional who provides pharmacy services to the public through CPD and fitness to practice. To do otherwise is a failure on the part of the PSI to fulfill its role.
382	Pharmacist have worked with PA so know how they work as against a locum
383	I am well capable of establishing if a PA is competent to cover in the temporary absence thereby ensuring patient safety
386	I think tasks should be delegated based on ability
388	This is already covered by Pharmacy Act 2007. • Pharmacists employing PAs to cover their temporary absence are well placed to judge the competency of PAs (skills, experience and knowledge) ensuring patient safety and mitigating the need to define temporary absence to a set time. • Pharmacists have worked with the PA providing cover so know their practice better than a locum pharmacist they may never work with.
389	Comply with the same CPD requirements as pharmacists
395	Already covered by Pharmacy Act 2007
396	This is already covered by Pharmacy Act 2017. Pharmacists employing P. A.'s to cover their temporary absence are well placed to judge the competency of P.A.'s (skills, experience and knowledge) ensuring patient safety and mitigating the need to define temporary absence to a set time. Pharmacists have worked with the P. A. providing cover so know their practice better than a locum pharmacist they may never have worked with.
422	I'm an employee pharmacist
437	I have worked alongside many Pharmaceutical Assistants in many different pharmacies. Their experience is invaluable to the profession and they are a great support to me as a pharmacist.

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	They are often of a higher standard than the average locum pharmacist and this is the area the PSI should be concentrating on. The Pharmaceutical Assistants are extremely aware of their limitations and never, in my experience, overstep the mark
443	The PSI is the regulator. It should be responsible for the knowledge, skills and fitness to act of assistants through CPD and practice review. It should not outsource it's duty, function and responsibility to others.
444	does not need stating
445	PA is either qualified or not as per pharmacist
452	already in an S.I
455	This has always been the case and has worked well.
457	At the end of the day it's going to be the pharmacist that is signed on in the book that is going to get all the repercussions if something goes wrong. Not the superintendent or the pharmacy owner.
471	CONTINUE EDUCATION WITH CPD
474	Unsure if this question is aimed solely at pharmacy owners, and superintendent and supervising pharmacists, but would guess that few in any group would disagree that this is a sound principle. Question is how many, if any, pharmaceutical assistants have not the requisite knowledge, skills and fitness to act; and how the Regulator is tackling, or planning to tackle, this problem, if it is a problem? Again, there needs to be evidence, national and comparative, that pharmaceutical assistants, or analogous grade elsewhere, pose a proven, unacceptable risk to patient safety. Also, what would be the best mitigating strategy? CPD? Professional Indemnity Insurance? Both?
487	a pharmacist is capable of making their own judgement as to whether the pharmaceutical assistant is competent to act in the absence of a pharmacist. They are aware of the qualification these individuals have been awarded and the very fact that this qualification has been accepted for the last number of years proves that their knowledge skills and fitness to act is accepted and satisfactory based on the training they were given. CPD should be mandatory for all individuals acting in a pharmacist capacity.
488	Unsure if this question is aimed solely at pharmacy owners, and superintendent and supervising pharmacists, but would guess that few in any group would disagree that this is a sound principle. Question is how many, if any, pharmaceutical assistants have not the requisite knowledge, skills and fitness to act; and how the Regulator is tackling, or planning to tackle, this problem, if it is a problem? Again, there needs to be evidence, national and comparative, that pharmaceutical assistants, or analogous grade elsewhere, pose a proven, unacceptable risk to patient safety. Also, what would be the best mitigating strategy? CPD? Professional Indemnity Insurance? Both?
493	it doesnt matter whether its a pharmacist or an assistant covering -you need to be confident in their ability
494	May I ask why the PSI are only concerned with altering/reducing the temporary absence rule instead of supplying training modules etc to enhance this groups performance levels? This is the real issue.
511	already in an S.I. ! Then this rule is irrelevant
516	cpd for pharmaceutical assistants, if they are carrying out the same duties as a pharmacist then they should have the same cpd requirements
518	Through the requirement for CPD as per MPSI (IIOP)
521	You need to make a categoric statement regarding the cover
532	The onus is on the PSI to develop a CPD system for qualified assistants.
540	All registered qualified assistants have years of experience and gains knowledge over years on the job

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549	How on earth can a supervising pharmacist, any other mortal or even god take responsibility for another individual? That's the job of the PSI, who are more important than all of the aforementioned
550	A pharmacist is not going to leave an incompetent individual in their place and to suggest otherwise is disrespectful
556	Why did the PSI not include PA in CPD programme??
565	the qualified assistant who works with me is better than any pharmacist young or old who has worked with me at my place of business i am satisfied that my place is in safe hands when i am away temporarily as you cannot beat forty years of unrivalled excellence and professionalism
568	I think it's the psi responsibility to ensure they are of requisite competence to fulfil a limited task list
571	It is the responsibility of the PSI to act as regulator and not to abdicate this responsibility to individual pharmacists. Assistants should be required to undertake CPD and be subject to Fitness to Practice
579	They should also be accountable for their knowledge, skills and fitness to practice as a pharmaceutical assistant. Simple too easy to blame the super intendent pharmacist. What guidelines have the psi provided to Pharmacy superintendents to measure a pharmacist or assistant ability to practice in a role.
597	The assistants I have worked with over the years are much better at CPD than pharmacists, are highly motivated to stay up-to-date, and attend CPD meetings and do extra learning proactively. Please do not inadvertently disrespect their extensive knowledge and dedication.
605	Already in place !!!!
607	Already covered. No need for comment
609	This can be achieved by inclusion in a continuous education programme
614	They should have CPD requirement and a test that they could pass to prove fitness to practice.
619	Dealt with adequately already
620	yes, as we would with any staff member
621	odd question it is in the 2007 act so unnecessary to refer to that here
627	Superintendent pharmacist should have this responsibility as the pharmacy owner may not be a pharmacist and may not be a good judge of fitness to practice
633	I am not in this category.
635	Yes I think that is a given. PAs should be included in the required CPD and fitness to practice as this is the best way to be satisfied with knowledge etc instead of using someones subjective judgement
636	whatever happened to common sense ? already in the act
637	if its already in place then why mention it again ?
647	That is already in the act so requires no further comment
649	pharmaceutical assistance hold relevant qualifications as do pharmacists and should be included in cpd
652	Their registration and CPD monitoring by the PSI should ensure this
661	My boss wouldn't employ anyone who cannot do their job
664	Yes of course
667	Yes,superintendent pharmacist must already ensure staff have skills and knowledge to act. I think this is the way to go as having worked with a person for 17 years, I am well placed to judge her competencies and I can tell you I trust and prize the knowledge, skills and wisdom. She knows my customers, GPs in the area, keeps up to date on all new medicines etc so poses no more risk to patients than I do. I can not say the same for some locums I've had and only able to judge their skills and knowledge after or when I come across mistakes.
668	This is already provided for in the act

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671	Obviously the QA works alongside the pharmacist on a regular basis so that the QA or may I add locum pharmacist is aware of how he/ she wants his/ her business conducted
676	Pharmaceutical assistants should be allowed to submit a portfolio of their work similar to that of a pharmacist after having attended a continuing education lecture
684	the reason many assistants are employed is the fact that employers know that their business is in "safe hands" when they are temporarily absent
685	The assistants have been qualified and working in practice for many years I do not feel that it is fair to question their skills/knowledge/fitness to act. At the end of the day they are professionals.
687	It would be incumbent always on the specified persons, esp.the superintendent pharmacist (but not excusing the owner) to be so satisfied--and that is what the PSI should focus on, not a strict time defined limit, but confidence in the decision making ability of the superintendent pharmacist.
695	It is the responsibility to insure this in reregistering the person yearly.
699	Superintendent and Supervising Pharmacists are currently required to be satisfied with the skills and knowledge of pharmacists/technicians and qualified assistant currently so this is already being achieved
710	I agree to this in the same way the superintendent/pharmacy owner should be satisfied as to the knowledge, skills and fitness to act of all Pharmacists who work for them. Of course the superintendent/owner assumes if the pharmacist/PA is on the PSI register than they have already been deemed competent and therefore ready to work. Is this not the function of having a regulator and a register? If the superintendent/owner has to personally deem someone competent than the same should be done of all pharmacists? This is why CPD/Fitness to practice has come into affect. Could the same not be done for PAs?
714	any qualified person be it pharmacist or QA , must be qualified and the superintendent must be satisfied as to their appropriateness to cover
727	yes as we do currently---no change
735	CPD for PAs..I believe they would willingly agree to this
766	Yes, pharmaceutical assistants should be included in CPD which they perform everyday they work in the dispensary.
770	Omitted cover for holidays, days off, and other short absences
771	NO REGARD TAKEN OF THE COMPETENCY OF THE PHARMACEUTICAL ASSISTANT
773	Cover for day off, holidays and other short absences omitted.
774	Omitted cover for holidays ,days off,and other short absences.
776	i think it is important that all members of the dispensing staff should consult the supervising pharmacist in his/her absence if required but have found over the years that assistants are well able to handle most to nearly all situations/queries in the pharmacy.
777	should not exist
778	Omitted covered for holidays, days off and other short absences
785	I believe the PSI should engage in a meaningful manner with rhed PAA
789	Omitted cover for holidays, days off and other short absences.
791	The draft rules are disproportionate and do not reflect evidence based reasoning. They are restrictive and undermine the professionalism of pharmaceutical assistance The question of competency is binary....you are either competent or not.
792	Omitted cover for holidays days off and other short absences
794	Respect of the training, experience & professionalism needs to be highlighted
795	No
797	holidays, days off etc

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798	It is inadequate to treat a whole group of professionals who have been carrying out pharmaceutical duties for many years with such poor conditions. Temporary absence cannot be defined and a task list and alerting the public when a PA is on duty is really very inappropriate.
799	You omitted cover for holidays days off
800	omitted cover for holidays, days off and other short absences
801	These are women who have a long and professional career behind them, these rules make them unemployable, obsolete and effectively redundant
802	Course does not exist anymore and will affect people's jobs not appropriate when they are almost at retirement age
804	PA's have been covering for RP's for 50years or more this practice does not need to change
806	The proposed rules effectively make the Assistant qualification redundant, despite years of established practice. This move is unnecessary, and the legality of this is questionable. The legal costs which will probably ensue could be large - is it required for the PSI to have this expense to be approved by the Minister?
808	This is totally ridiculous and in my opinion will not work, if you want rid of Pharmaceutical Assistants why not offer them a realistic redundancy package???
812	The whole proposal is flawed
813	The whole proposal is flawed
814	I do not think professional task list is necessary for professionals with this level of experience.
817	Omitted cover for holidays days off and other short absences
819	The rules are unnecessary and unworkable, the status quo should be maintained
822	Omitted cover for holidays, days off and other short absences.
825	Omitted cover for holidays, days off and other short absences
828	Omitted cover for holidays days off and other short absences
829	omitted cover for hols, days off & other short absences
830	Omitted cover for holidays, days off and other short absences
832	Inscribing something in law creates boundaries and rules. I have a professional qualification which entitles me to cover the Pharmacy in the temporary absence of the Pharmacist - lunch breaks, day off, & family situations. There are currently 336 PAs on the Register. The last exam for the qualification was conducted in 1985 - 33 years ago. This means that the youngest PAs are approximately 56 years of age, with an expectation of retirement in 9 years. CPD and Fitness to Practice should be sufficient to ensure that the PAs meet any expectation for those remaining years. Meaningful engagement and maybe even mediation would go a long way to resolving this issue. It does not need to be enshrined in a Statutory Instrument now.
833	I do not agree with these rules. I believe that no attempt has been made to deal with the fact that RPAs have a statutorily recognised qualification and a legitimate expectation of a right to practice. As someone who was on Council when the 2007 Act was being drafted, I can safely say that it was never our intention to use the relevant clause in this extreme and unwarranted manner. Looking at the rules themselves I believe that 5 hours per week is too short and don't agree with that. Even if a longer time was proposed, there would have to be recognition of some level of flexibility, some allowance for emergencies and the unexpected event. I also believe that the correct approach is to bind RPAs with FTP and CPD
834	Omitted cover for holidays, days off, and other short TEMPORARY absences
835	Omitted cover for holidays, days off, and other short absences
837	their experience and qualification.
839	n
841	no

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843	their 30 plus years of experience has not been take into account
844	Holidays or days off omitted
845	n/a
851	There should be more consultantion between the Assistants association and the PSI
853	Omitted cover for holidays, days off and other short absences
854	Assistant should be able to cover holls & days off.
855	No
857	Omitted cover for holidays,days off and other short absenses
859	Omitted cover for holidays, days 9ff and other short absences
860	I thin k it is very unfair that assistants as a group are coming under such scrutiny at this time of their professional lives.
861	omitted cover for holidays, days off and other short absences
863	Omitted cover for holidays,days off and other short absenses
864	Omitted cover for holidays and short absences.
865	Q.assistants are qualified to do the job they are qualified to do and trying to change what is stated on their certs.is illegal.
867	No
868	Ommited cover for holidays
869	the present arrangment should continue , if it aint broke dont fix it !!
874	No there is nothing wrong with the current regime
875	Holidays, short absences, days off etc
877	The Working Group on Temporary Absence Report is comprehensive, but it appears to me to take no account of the vast wealth of experience that PA have . In 40 years practice I have worked with six PAs. In all cases it has been a positive experience. Working as a Locum in recent years, I hve seen three Pre-Reg Pharmacists working in Pharmacies, where a PA was employed. In all cases both the Pre-reg and the PA contributed to and learned from each other. PAs have made a great contribution to Pharmacy services in Ireland. These proposals will make them virtually redundant.
883	Omitted temporary absences, holidays, non rostered days/days off
886	PSI should meet with PAs and come to an agreement.Maybe compensate us if they no longer want us to exist
887	Yes . Very unfair to PA's . They have more experience than newly qualified pharmacists
889	Omitted cover for holidays, days off and other short absences.
892	Very dismissive of this profession
899	How will the PSI guarantee the livelihood of PA's who will be more or less made unemployable by these new rules?
903	I think the new criteria are overly limiting and professionally demeaning to assistants.
905	Yes - contractual arrangements/quality of work issues for PAs
906	OMITTED COVER FOR HOLIDAYS DAYS OFF AND OTHER SHORT ABSENCES
907	Holiday cover and short absences.
908	To be honest I found the whole paper vague ..
909	Cover for holidays, days off and other short absences has been omitted.
910	No mention of holidays, unforeseen absences
912	What has been omitted is cover for holidays, days off, and short absences.
913	Omitted holidays days off sick days etc

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914	The proposed rules are an insult to pharmaceutical assistants who have 30 years plus experience, I feel the whole thing has been dealt very badly. These proposals need to be reviewed and the hours that an assistant can cover increased to 3 to 4 days cover.
916	Omitted cover for holidays, days off and other short absences
917	Omitted cover for holidays, illness, days off and other short absences
918	Its inadequate that after 20 years plus of they covering absences etc that it now not ok?..?
920	Every aspect of the arrangements has been dealt with inadequately!! The professional task list is so restrictive, it makes covering for even 1 hour impossible and therefore makes us unemployable. The fact that cover for days off, annual holidays and unexpected short absences was omitted is another huge inadequacy. Livelihoods will be lost if this goes ahead.
922	Well what's missing is cover for days off and holidays etc
923	Omitted cover for holidays, days off, and other short absences.
925	Omitted cover for holidays, days off, & other short absences
927	Well, omitted cover for days off and short absences
928	The following have been omitted: force majeure, holidays, days off, short breaks, etc.
929	All
930	Psi have not considered the fallout for assistants into the future
931	Yes: days off, holidays, force majeure, and short breaks, etc. have all been omitted.
932	holidays, days off, sickness omitted
934	Omitted holidays, days off, sickness and other short absences
935	In fairness to assistants the PSI need to talk face to face with assistants
936	Omitted cover for holidays days off and other short absences
937	This whole proposal should be thrown out as it is discrimination against a qualified healthcare professional, informing them that they are now incompetent after completing a degree created by yerselves.
938	I think it is unfair that people's livelihoods are being put at risk. Easy to change rules but real people are behind these decisions. I understand patient safety is priority but they are competent one minute and not the next.
942	omitted cover for holidays, daysoff and other short absences
944	No mention of days off, holidays, etc. The pharmacist needs time off for both his/her health and the wellbeing of patients
945	I know these arrangements have been proposed without discussion with PA's. after working for 35 years and availing of cpd I'm appalled at how little knowledge the psi have regarding PA role in pharmacy and also are out of touch with reality
946	Omitted cover for holidays, days off and other short absences.
947	Omitted cover for holidays, days off, and other short absences
948	Omitted cover for holidays, days off, and short term absences
949	Omitted cover for holidays, days off and other short absences
951	OMotted cover for holidays, days off, and other short absences.
955	One hour seems inflexible and too restrictive
962	Omitted cover for holidays
963	Holidays, days off and other short absences
964	I fail to see the need to persecute these people most of whom are near retirement. Introduce CPD and acknowledge that they have legal rights and contracts and personal financial commitments based on their ability to do their jobs as they do currently. It is not their fault that the law was vague but it was done so to allow flexibility.
965	No sure what you mean ! I have confidence in my pharmacy and no change is needed

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966	Leave them alone to get on with the great work and care of me and my family for countless years!
967	What has been left out is: temporary absence covering, holidays, days off, short absences, force majeure, and so on.
968	Omitted are temporary absences covering holidays, days off, short absences, force majeure etc.
969	I feel you are taking away the role of the pharmaceutical assistant and making it a glorified technician role. They have far more experience in a lot of cases than some newly qualified pharmacists. They are coming to the end of their time working and the role will be phased out gradually. Instead you could make it a requirement that they have to notify the PSI of extended intention to cover if the pharmacist was off. They should be included in all cpd requirements pharmacists have to undertake and as they retire phase out the role that way.
970	Omitted cover for holidays ,days off and other short absences
973	Omitted cover for holidays days off and other short absences
974	Omitted cover for holidays, days off and other short absences.
975	Yes well cover for holidays and days off and short absences has been omitted
976	Omitted cover for holidays days off and other short absences
977	Yes, to cover in the temporary absence of holidays,days off,short absences and forced majeure have all been omitted.
980	omitted cover for holidays,days off, and other short absences
981	Omitted cover for holidays,days off,and other short absences.
982	The new rules appear to be way too stringent to me, pharmaceutical assistants are trained and capable of acting without the pharmacist present for longer than the new rules allow...essentially it is insulting to pharmaceutical assistants and will drive them out...but maybe that is the objective?!!
983	The proposed rules seek to make it impossible for a PA to act in the temporary absence of the pharmacist and so far exceed the powers given in the Pharmacy Act to define 'temporary absence'
984	All of it,these proposals are stripping us of our Qualification which we have worked so hard for down through the years not to mention cutting of working hours and in my case total unemployment.
985	holidays, days off, or other short absenses
987	,Omitted cover for holidays, days off, and other short absences.
989	I would consider the "Draft proposals" an insult to the 400 or so Pharmaceutical Assistants and have been constructed by persons who have inadequate knowledge of community pharmacy and the role played therein by the assistants over the past 60 years.
990	I find the full arrangements belittling to the small amount of qualified assistants still working who have worked diligently and efficiently for many years under the guidance of the PSI.
991	holidays,days off , unforeseen illness and delays
992	How long is the assistant experience, limited by time
993	Dont know
994	Omitted cover for holidays, days off, and other short absences.
995	cover for holidays, days off and other short absences have been omitted
998	Cover for holidays, short absences and days off have been omitted
999	Omitted cover for holidays, days off and other short absences
1001	holidays ,days off
1002	Omitted cover for holidays, days off, and other short absences

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1005	I feel the entire proposal has been dealt with inadequately. As I have stated, this proposal is utterly disgraceful in its entirety. There are so few pharmaceutical assistants remaining on the register that I feel this entire rule change is unnecessary. Pharmaceutical assistants are professionals, a profession awarded by the PSI, and have been practising adequately for many years. If the definition of temporary absence is required it should reflect the years of service these professionals have provided to not only their patients but to the pharmaceutical industry as a whole. The proposition of one single hour being the definition of 'temporary absence' is degrading to pharmaceutical assistants who have been working unrestricted for years. Since CPD has been implemented, pharmaceutical assistants complete the same CPD as pharmacists. They have been applying this in their daily work, as are pharmacists. If pharmacists who have been qualified for 40 years can remain practising with CPD as their method maintaining their professional knowledge, why can pharmaceutical assistants not be afforded the same ability?
1007	omitted cover for holidays,days off, and other unforeseen absences
1010	It has not addressed the issue of days off, holidays, Saturday, Sunday and evening cover. In small towns like mine, the pharmacy would have to close!
1012	OMITTED COVER FOR HOLIDAYS,DAYS OFF AND OTHER SHORT ABSENCES.
1013	i think the proposed rules are not appropriate at all, I have worked with many pharm assistants. All of which have a wealth of knowledge and experience and are an excellent pharmacy team member. These rules would completely change their work life and limit them so much in ways which are not appropriate. I think the best option is to introduce CPD for them as this would allow them to work as normal but also ensure they are working to the same standards as pharmacists. Many pharm assistants work Saturdays or on the pharmacists day off and if these rules came in this would all change and many employers wouldn't be able to afford to employ them as extra staff members..
1017	no
1018	yes ...for years the psi has failed to reasonably clarify temporary absence now they are in panic and doing the assistants out of a living
1019	Why does it need to change? What about Custom & Practice, Civil Rights, Human Rights, my ability & need to earn a living.apart from the fact that we are a dying breed & we'll be out of your hair in 5 or 6 years.Could you not focus your energy on improving employment conditions for young pharmacists who are now expected to work 10/12 hour days without breaks. There's Potential Risk for you.
1020	This is not an issue . This situation should never have arisen
1022	I am not sure why this restriction to 1 hour to pharmaceutical assistants is being enforced now.
1025	CPD
1026	yesyour society considered assistants competent for many many yearswhy is the society now depriving them of a living...they were the backbone of the society and in many cases they still are ...shame on the psi
1027	No
1030	omitted cover for holidays days off and other short absences
1031	Holidays ,days off, meeting etc.
1034	Yes , what has been omitted is cover for holidays and days off and other unforeseen short absences
1038	Leave
1039	Their experience gained during apprenticeship
1040	face to face dialogue with assistants and pharmacists on the matter.
1041	Pharmaceutical Assistants are duly qualified in the art of dispensing and have vast experience with the dealing with the general public.

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1042	the rural setting where locum pharmacist cannot be found and pharmacist s cannot achieve sufficient holidays due to the restrictions- furthermore it fails to deal with the fact it is depriving assistant of making a living and undermining their status
1043	Omitted cover for holidays, days off and other short absences
1048	I rest upon my earlier comments.
1050	Omitted cover for holidays days off and other short absences
1052	i am opposed to this discrimination
1055	none of it should be implemented
1057	• Omitted cover for holidays, days off, and other short absences.
1058	Omitted cover for holidays, days off and other short absences
1059	Whole process is outrageous
1060	Not at all appropriate
1061	unlimited cover when needed
1063	None of it appropriate
1064	Cover for holidays and time off
1065	This group (Qualified Assistants) have 40 years or more experience of performing their roles. There are not many left on the Register and they have 10 years or so left to retirement age. They have paid Registration fees for decades at this stage so I feel any diminution of their roles or conditions attached to their job descriptions would be a very retrograde step. They should be treated the same as any other registered Pharmacist in my opinion.
1066	Omitted cover for holidays, days off, and other short absences. Why not allow the staus quo, what is the evidence to say that greayer numbers of patients have been adversely affected under the care of a PA covering a temporary absence?
1067	The profession of assistants is not respected or any regard for the responsibility they hold
1068	leave the rule as it is, why change a rule this is already in place and is working well
1069	With a trained person qualified to cover for one hour how would it be reasonable for that qualified person to shut up the shop if the pharmacist does not return within that hour. If it has been possible for the qualified assistant to cover holidays etc for the past twenty four years how is it correct to change that policy
1070	I think the changes to the current guidelines are unnecessary. It is demeaning to the pharmaceutical assistants profession, especially when the profession has a limited time frame anyway. Why not just let them finish out their careers without this embarrassment? By all means introduce a system where their time should be more accurately documented as this is the only issue I have come across in practice.
1071	Ask pharmacists the question: do you want temp absence defined yes or no. The answer will be no. Assistants have been doing their own CPD anyway, just include them on Pharmacists CPD courses rather than target them.
1072	The one hour per day which i have noted as unworkable does not allow foor holidays, short absences such as banking, funerals, days off and other necessary absences.
1073	Restrict tempary absence to the pharmacy involved only – no locum facility.
1075	One hour as temporary absence and tasks as proposed unfair and definitely not workable in my opinion
1076	pharmaceutical assistant be allowed cover when pharmacist not there
1077	There should be no change to the terms of the pharmacetical assistant as they are an integral part of the pharmacy team
1078	If a pharmacist goes home sick early in the day and they need to get locum cover, could exceed the limit of one hour
1079	Omitted cover for holidays, days off and other short absences

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1081	The proposed rules extinguish the qualification and role of PAs for no apparant reason. Considering difficulties GP and pharmacist face in getting qualified people to cover our holidays etc, it does not make sense to stop professionals carrying out the exact remit covering pharmacies when the pharmacist can't be there, so the staus quo regarding cover should remain
1082	Pharmaceutical assistant should be afforded regular CPD and fitness to practice.
1083	personally I believe that as most pharmaceutical assistants a coming to near retirement age as it is it would seem natural to continue to maintain as they are instead of changing the working conditions of these people who have worked for years in this capacity.
1084	when ever the owner is not there I want the woman who gives me my prescription to be there
1085	Pharmaceutical Assistants should have regular access to CPD, fitness to practice and no Pharmaceutical Assistant should lose their jobs.
1087	Omitted cover for holidays, days off and short absences
1090	Whatever is decided please take due consideration to the real patients on the ground which the PA's have build up an understanding and professional relationship with them and their families to best serve their specific needs - this should never be lost or patients may be put at risk.
1091	New Rules should not be implemented
1092	Omitted is temp absence for days off force majored holidays short breaks ect
1093	There has been no analysis of the apprenticeship aspect of the assistant training, and the PSI has not taken into account all the years of on the job experiential learning on top of the original qualification. I am appalled that the current rules are being seriously considered. It would be far more appropriate to mitigate risk by providing any upskilling required to ensure public safety, rather that the unscientific approach to the development of the current rules.
1095	Report totally ignored pharmaceutical assistants right to cover days off and holidays
1096	Length of time of absence needs to be considered more
1097	I am strongly of the opinion that it is wrong to bring in these changes to pharmaceutical assistants working conditions.
1098	No
1100	omitted cover for holidays, days off and other short absences
1101	Cover for holidays,days off,short absences
1102	OMITTED COVER FOR HOLIDAYS, DAYS OFF AND OTHER ABSENCES
1103	There is no acknowledgement of the important work done by these people and no value given to their wealth of on the job experience. These new proposals are undermining and will be problematic in practice, leading to job losses and overworked pharmacists who cannot rely on their valued staff in the way they have done for many years.
1105	I think the pharmaceutical assistants are every bit as capable as the pharmacists and are very well experienced to deal with any issues that may arise while the pharmacist may be absent. I think 1 hour or a number of periods that make up an hour is insulting and undermining the assistants.
1108	We would like to continue with the professional status and standing we have at the moment.
1110	no
1111	Just one question. Why the urgency and what exactly is the PSI's motive and agenda?
1113	As stated previously, the role of the PA should not change, as I believe that their professionalism and knowledge has proven how big a conteibution they have made to the pharmacy profession. As a young pharmacist who gained much insight from working with PA's I cannot understand the reason for limitation.
1114	Totally inadequately! PA's have been treated very badly in that there is no engagement with PAA. This has been an exercise carried out to destroy the reputation and careers of a valuable ,

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	loyal group of pharmacy employees whose aim is to serve the public safely and effectively . Absolutely
1115	I strongly believe that pharmaceutical Assistants are fully qualified and have been the strong support of the pharmacy profession for years and I see no reason to change this
1118	Omitted cover for holidays, days off, and other short absences.
1122	Act as we are now
1123	Yes as Pharmacy Assistants are registered with the PSI the responsibility should be with the PSI that they keep up to date with their knowledge of Pharmacy practice and facilitate them in doing so.
1124	They have been covering for years without issue. Has there ever been an assistant hauled over the coals in previous years compared to actual pharmacists so what attack the assistant. Shame on youse.
1126	I suggest you re read the proposed rules, they are completely lyt ludicrous. I am at a loss to understand why you are pursuing this. It is utterly disrespectful toward your own colleagues.
1127	I don't agree with the proposed rules. Leave the current system in place. Has been working perfectly efficiently for years and these proposals are ridiculous
1128	Omitted cover for holidays,days off,and other short absences.
1129	If the assistant has always qualified to cover holidays for many years past why should she/he not continue to do it? seems illogical.
1131	I believe they are well fit to act and thus us unnecessary
1132	These new rules are demeaning to pharmaceutical assistants, calling their qualification into disrupt and undermining their authority.
1133	Yes there appears to be a threat to the viability of the assistants position. Theses assistants should at least be given fair play. They have been very effective up to recently.
1134	Omitted cover for holidays,days off,and other short absences
1136	No
1137	Cover for holidays, days off & unexpected absences
1139	defining temporary absence
1140	You have not described the qualification and role of the PT currently, so it is difficult for members of the public to give an unbiased opinion as to what the should or shouldn't, can or cant do.
1141	Cover for days off, holidays and other short absences ommitted.
1143	I don't believe any change tot eh current situation is required. any pharmacist assistants I have dealt with over the years have been completely knowledgeable and sometimes more so than qualified pharmacists, especially those that are newly qualified! the pharmacist assistants have completed their qualifications and I see no reason to reduce the responsibility they now have.
1144	Holiday cover & days off for the pharmacist.
1145	No mention of of cover for holiday , sick leave , r short unexpected absences
1146	No comment
1147	In my opinion, pharmacist assistants have been adequately trained to carry out all duties of pharmacists while they are on temporary leave
1148	the historical arrangment that is currently there. As with all our profession, CPD and keeping upto date is key. Include them in the iiop cpd cycles and start improving knowledge
1151	Arrangements are fine as they are.
1153	Omitted holiday cover by PAs which has been in place since 1890
1154	Omitted cover for holidays, sick leave, emergency cover, days off, and other short absences.
1156	Qualifications are not recognised, despite being experienced in professional practise for longer than many pharmacists.. Why is such valuable knowledge and such a wealth of experience disregarded rather than appreciated ?

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1157	I am an employer. The time given for temporary absence is totally unreasonable. Holiday entitlements , meetings , short absences other than lunch time have been ignored. Is the working group aware that there are regulations around maximum working hours ? The care of the patient will suffer based on the definitions given.
1158	There is no mention of days off or short absences. Pharmacists cannot be expected to work 6 days a week.
1160	Holiday cover.
1163	The proposal is trying to address the incompetence of superintendents through placing restrictions on their subordinates. This is an overreaching position for the regulator to take, and the effects will only be to place the burden on assistants and relieve it from superintendents. It's not appropriate and needs to be completely redrawn.
1166	cover for days off, holidays, and other short absences.
1167	You have not provided for daily events and the annual cycle in a service comprised of a dedicated team of qualified professionals:- Apparently omitted from your considerations are such events as holidays, force majeure, days off, pre-natal appointments, short absences, meetings, and so forth.
1168	As per my comments above, I believe that patient safety will be compromised if the definition of temporary absence is restricted in this way. I would respectfully ask the PSI to reconsider this decision. The new task list will act as a further safety/ quality control mechanism for the practice of PAs. If the task list approach is taken, the PSI will have facilitated the provision of safer better pharmaceutical care, without compromising the ability of premises to serve the public at their current hours. it will allow our pharmaceutical assistant colleagues to continue to provide care to their patients as they have done for many years, until the day in the (not so distant future) where they will have retired from public service.
1169	CPD, It is also important to facilitate temporary absence as it was originally intended and not to disrespect a body of health professionals who have represented their profession in an excellent fashion.
1170	What about days off and holidays?
1173	There is no need to change the original meaning of temporary absence as in rule 4.6
1175	The consideration of the experience of the Assistants
1176	Cover for days off, holidays and short absences
1181	Continued Professional Development has not been referred to. I also think Emergency situations should be referred to.
1184	CPD, It is also important to facilitate temporary absence as it was originally intended and not to disrespect a body of health professionals who have represented their profession in an excellent fashion.
1186	Yes, as I have already stated. If the PA can demonstrate competence in the required professional skills then they should be able to cover for at least a full working day.
1187	Omitted cover for holidays, days off and other short absences
1188	Cover holidays and days off
1190	No
1191	"Inclusion" was totally omitted. PSI Council should be ashamed of proposing such rules
1192	No
1193	Strongly disagree
1194	Strongly disagree
1195	No consideration given to their experience and capabilities to date
1196	no
1199	Defining temporary absence holiday cover, lunch cover days off and any unforeseen short term emergencies

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1201	This exercise undertaken by the PSI needs to stop now. The PSI are in a complete state of denial and ignorance in their ivory tower in Fenian St. They have no idea what actually happens on a day to day basis in community pharmacy. They say they are concerned with patient safety hence the witch hunt against qualified PAs. Well they need to take a closer look at their MPSIs and how fit are they to practice? In my experience I have encountered many who are mentally unstable and have been called in to take over during meltdowns. What is being done about these people? Nothing! I have ten years left until I retire so if the PSI render me unfit to work in my chosen profession they need to compensate me plus refund my years of registration fees
1202	Days off, illnesses, holiday cover, and other short absences
1204	Every aspect has been dealt with inadequately. It's too restrictive and time-consuming to be anything more than a needless chore at best, and puts people's livelihoods under risk at worst.
1205	there is nothing in these proposed rules that assures me that the PSI are really concerned with the wellbeing of the public. you have omitted proper regulation. you have dealt with this issue inadequately for decades.
1207	n/a
1208	PSI have made great mention of one hour absence and competence while I believe PA's are competent to cover temporary absence as they always have according to custom and practice.
1209	Omitted cover for holidays, days off, and other short absences.
1210	days off, sick cover, holidays and sundry.
1211	Continuing education requirements
1212	AS I HAVE PREVIOUSLY STATED THEIR IS NOTHING TEMPORARY ABOUT QUALIFIED ASSISTANTS.THEY ARE THE ONE CONSTANT IN THE EVER CHANGING FACE OF IRISH PHARMACIES AND THE PSI WOULD SERVE THEIR COMMUNITIES BETTER BY ADDRESSING THE DRAIN OF OWNER PHARMACIES TO CHAINS.
1213	Cover for holidays, days off and other short absences
1214	Omitted cover for holidays, days off and other short absences
1216	On the whole, the whole issue is being dealt with inadequately. An inordinate amount of time has been invested in marginalising a relatively small group that will cease to exist in a few years.
1217	Omitted cover for holidays, days off, and other short absences
1219	I don't believe these arrangements have been based on any study or discussion with parties they would directly affect. Disgraceful to propose such restrictions on people who have years of experience and who are dedicated to serving the public safely and to highest standards
1220	Agree with arrangement reached in 1994 Agreement between the PSI and PAA
1221	agree with 1994 arrangement
1222	I think the whole proposal is unnecessary and a waste of time.
1224	I think that Pharmaceutical Assistants are working in the profession for such a length of time now that they should be treated as pharmacists who joined the register at the same time, be that subject to CPD, audit, fitness to practice etc
1225	Omitted cover for holidays days off and other short absences
1226	The proposed rules would severely undermine my existing qualification and impact my future ability to earn an acceptable standard of living or indeed continued employment. I reserve the right to pursue all available mechanisms to ensure the standard of my qualification is respected and my current employment is not undermined, including legal action as appropriate.
1227	ALL ASPECTS particularly a very very dangerous assumption that in the current context this proposal is in the interests of patients when it patently is not as already outlined above. I propose that before any further action is taken to bring this proposal anywhere close to the Ministers desk that PSI publish evidence that this proposal is in the interests of patients. I have

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	no knowledge of any assessments of the quality of patient care provided by any pharmacy or any attempt at assessing the quality of patient care in pharmacies where a PA provides temporary absense cover compared to that in which the service is provided by a mixture of different pharmacists. SHOW ME, SHOW THE PUBLIC, SHOW THE MINISTER THE EVIDENCE THAT THIS PROPOSAL IS SAFER THAN WHAT IS CURRENTLY THE CASE.
1228	You have been dealing inadequately with this awful business for the past 36 years. You have omitted to put the blame for this where it belongs. That is with the PSI executive.
1229	Not appropriate to define temporary absence as outlined already.It is a fluid thing, which accommodates the needs of the pharmacy at a particular time. it is in place in order to achieve the smooth, safe and professional running of a pharmacy on a day to day basis with all of its unforeseen circumstances, and to provide a safe professional service to the public
1230	Why is the PSI so obsessed with this issue. Have they considered the implications of removing steady reliable safe cover from pharmacists.
1231	Don't know
1233	omitted, are cover for days off, holidays, and other short absences.
1234	It has been dealt with no consideration for pharmaceutical assistants
1235	What about days off and holidays and unexpected absences
1236	no but disagree with recommendations
1237	omitted cover for holidays, days off, and other short absences.
1238	Omitted cover for holidays days off and other short absebces
1239	the present system is working these ass pharماسists have over 40 years experience
1241	Omitted cover for holidays, days off, and other short absences.
1242	The PSI sem to have forgotton about holiday, days off and other short absences.
1243	NA
1244	Omitted cover for holidays, days off, and other short absences
1245	What happens during holidays, days off annual leave or unscheduled abbsences such as doctor appointments etc.
1246	omitted days off holidays and short absences
1248	Omitted cover for days off holidays and other short absences
1249	emergency where the pharmacist must leave on personal ie. health sudden death of family member compassionate
1251	See all earlier comments.
1252	I see no need for this review, I have had a more positive experience with the qualified assistant in my local pharmacy than the pharmacist.
1255	The PSI cannot say a person is qualified to do certain work for a specific time and then they are not. A person is either compenent to fulfill the job or they are not.
1256	Omitted to include Holiday cover ,emergencies ,illnesses,maternity leave etc, as invisaged in 1890 Act, as temporary absence .
1257	Omitted cover for holidays, days off, and other short absences.
1259	no
1262	cover for Holidays, days off and other unforeseen absences
1263	Qualifed pharmaceutical assistants have been an important asset to the profession. their qualification should be honoured and they should be allowed to practice until retirement.
1264	The status quo (1994 Agreement between PSI and PAA) should be adhered to
1265	No arrgarements for holidays
1268	Yes ,temporary absence i.e.holiday cover ,unexpected short absences as crops up without warning in the real world.As for what we can and can,t do ,has any consideration been given to the fact that we are dealing with scenarios every day that are now going to be deemed too

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	high risk for us to do.when I am covering in the absence of the pharmacist I can,t pick and choose the scripts that I have to deal with but I dare anyone to find fault with How I deal with all and every Rx I dispense ,should it be hitech ,methotrexate,warfarin or any other.
1269	Days off and short absences
1270	Omitted cover for holidays, days off and other short absences
1271	As mentioned above, the proposed rules are impractical based on a rigid time period as distinct from the requirement to cover for a genuinely temporary absence which was after all the basis for the creation of the Qualified Assistant role many years ago
1273	What had happened in the industry that suddenly assistants are now longer competent to do what they have been doing for the last 50 yrs
1274	The proposal in it's entirety is an attempt to discredit a profession
1275	Omitted cover for holidays,days off,and other short absences.
1276	yes they did exams and passed them they have done the job effectedly for past 50 odd years did it ever enter into peoples minds once every one 67years on their birthday they must retire off register along with pharamacists or make provision to 70 as retirement age is to rise in near future.
1277	Days off, short absences and holiday cover has been omitted and not addressed.
1278	The list of professional tasks is too restricted for assistants with 40 years or more experience in some cases.
1280	omitted cover for holidays, days off, and other short absences
1281	Omitted cover for holidays, days off, and other short absences.
1282	holidays, unexpected days off and illness have not been dealt with adequately
1283	I have worked with a QA for several years and have great respect in their work and efficiency with the general public.
1285	Totally disagree with the proposed rules
1287	Qualified Pharmaceutical assistants have worked for over 50 years successfully without temporary absence being defined
1289	you as a professional body as making sure we will never be employed by an community pharmacy again. We have been loyal employees for the past thirty to forty years. You are allowing pharmacists to work twelve hour shifts with no lunch breaks for the past fifty years. Why have you never considered the risk to patient safety in allowing this to happen. This is total hypocrisy
1292	Yes omitted holidays cover days off emergencies that might occur etc late evening cover
1293	omitted cover for holidays , days off etc
1294	Holiday cover/days off/ emergency cover
1295	Omitted what's on our certificates.Holidays ,days off,and other unforeseen circumstances.
1296	Left off cover for holidays days off and short breaks
1297	These proposals are discriminating to Pharmaceutical Assistants who for 40 years or more have provided excellent high standards in pharmacies throughout Ireland . In the next 10 years or so they and their Qualifications will no.longer exist. Why punished and down grade them.
1298	There was no mention of cover for holidays or days off
1299	holiday cover and emergency cover should be included
1300	Omitted covering days off , holidays half days being delayed
1301	Days off, holidays and other short absences
1304	Omitted cover for holidays, days off, and other short absences.
1306	No mention is given of holidays, days off or other short absences.
1308	CPD FOR ASSITANTS AND ASSISTANTS PROVIDING LOCUM COVER

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1311	There is no mention of holiday cover or unexpected short absences in the case of sudden illness. Some pharmacy businesses especially sole trader or rural business are small and don't warrant a large compliment of staff, it would be disastrous if patients could not access their medicines due to the pharmacy having to shut shop on those days.
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Appendix M

Q.17 Finally, in your opinion, is there any aspect of the arrangements for pharmaceutical assistants to act in the 'temporary absence of the registered pharmacist' which can be improved on?

6	No.
8	1 hour temporary absence is too restrictive.
11	I think the "temporary absence" should be clearly defined but not necessarily reduced. I think that a focus making sure PAs are fit for their role through CPD/ OSCEs/ review etc is much more important than reducing their hours of work. Realistically no pharmacy will hire a PA to work 1 hour on their own. It is better to make sure they are competent when they are here than assuming they are not competent and cutting their role.
16	All of it. These professionals need to be respected. It is not in their or the public interest to suddenly rescind their qualifications and duties. The supervising pharmacist is the only one who can determine whether the pa can be left alone and for how long.
23	n/a
27	Again, I feel that the proposed rules are prohibitive and unnecessary
29	I think you should go back and review the whole thing if you ask me. Why not go with an education type of approach to prove their credentials rather than strip them of all responsibility. The area has been left black and white for so long and suddenly these restrictions are being put in place?? I have worked with many assistants and they are hard working, knowledgable and very interested in keeping up with CPD.
30	The current regulations are fine and havent caused any issues thus far so why fix something that isnt broken.
33	Allow the pharmaceutical assistants to carry on as they have been and their Superintendent deem whether they are competent to cover the temporary absence of a pharmacist. most are nearing retiring age and it is unfair to revoke their working conditions now
34	Specify the duration of absence more not less widely, what is the point of a replacement that can only make an appearance like a special guest star
36	no
37	The defined absence time can be improved but people need to consult with people who actually work in pharmacy and/or with PA. They also need to be very practical and plan out how this defined time
38	A justification of the evidence base behind this new measure.
39	Remove the arbitrary time restrictions.
42	No
47	Comments made in responding to earlier questions set out my views and queries on the proposed arrangements. As concluding comments I would add that as a member of the public

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	(and one with extensive experience as a senior official in a prominent regulatory body in different field) who for many years has engaged with pharmaceutical assistants in a patient context, it is very difficult to comprehend why the proposed arrangements are necessary and on a wider point why the PSI, it would appear, is intent on pursuing measures that will have the practical effect of removing pharmaceutical assistants from the workplace. It cannot be glossed over that such persons are approaching retirement age and accordingly for whom the ability to continue to earn a living from a profession they have dedicated themselves to for many years is a key concern. Any such measures impacting on the employability of pharmaceutical assistants can only fairly and justifiably be advanced if based on solid and demonstrable evidence in areas such as risk to patient safety rather than therotical risks. In examining that statistical evidence base I would suggest that the risk posed to patient safety from newly qualified and unexperienced pharmacists as well as locum pharmacists with little or no retail experience should be carefully examined.
50	Clarify that where absence is not deemed "temporary" then they cannot act.
51	See comments above
52	Yes, they should be allowed to work for longer periods of time and they should be allowed to perform more tasks
56	Coursework prior to gaining that position and to be signed off by all pharmacist on the premises or be assesed as to being fit for that position every three years
57	Clear guidelines on requirements of hours worked alongside a pharmacist in a particular pharmacy before they can cover a temporary absence.
59	I believe the new proposals are very harsh. I have been working alongside a PA for the last year. I would have a lot more confidence in her than a lot of pharmacists (especially newly qualified) who I have worked with in the last 14 years.
60	no
61	yes
64	yes, increase the timeline to annual leave period of the MPSI and stop treating QA's like they are unqualified, incompetent members of the profession. I totally disagree with all of this. I would prefer to see these rules applied to newly qualified MSPI's if the stats bearout ones gut feeling on these changes.
65	This is a problem for the PSI that is going to go away naturally at the latest within the nest 10 years and it seems to me it's best left alone. I do not employ any pharmaceutical assistants at my pharmacy but think common sense should prevail.
68	I still believe they should be allowed to supervise for longer periods of time
70	No
73	The proposed rules are not practical in the current pharmacy setting. You should seek specific feedback from Pharmacys who employ assistants. These changes are going to devalue the role, cause pay cuts and redundancies. As a pharmacist I do not support them in the current form.
74	Yes it needs to be abolished.

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76	I think a pharmacist should be supervising all dispensing of medicines and pharmacy services.
84	Pharmaceutical Assistants should be included in the CPD set down by the PSI and if a pharmaceutical assistant does not comply or fails to complete this course then the regulator has the right to refuse registration .
85	a sign should be displayed prominently when they are working alone
86	Let the degree stand that was obtained by most 30 years ago. These people have provided an excellent service all this time and now you're trying to take away their livelihood?
87	If the proposed task list manages to get passed, there needs to be an opportunity for feedback from pharmacists and assistants. In it's current state it makes the functioning of the pharmacy during the one hour of temporary cover next to impossible. If during that one hour of leave a PA cannot dispense the majority of the items that present, then there seems little point in even providing for the temporary absence at all.
89	PA's are a very important part of pharmacy & were good enough to get pharmacy out of trouble when we needed their help-they were good enough then so why treat them like shit now.psi needs to get their heads out of their arses & deal with reality
90	Yes, tear them up and start again.
92	The Council of the PSI should recognise that this is an ageist and sexist proposal. In light of the current shortage in the workforce it smacks of shooting themselves in the foot. There is no equivalent proposal to restrict the roles of pharmacists who qualified under older regimes eg the old apprenticeship system, the three year degree, many of whom are still practicing. It could have looked at introducing some form of CPD for PAs. It would also help if the PSI engaged meaningfully with the PAs and drop their paternalistic "we know best" attitude.
93	Leaver things as they are. Put it in writing if you must but no one in the pharmacy profession is calling for any of these changes. You may as well ban the use of PAs altogether.
94	Do not issue a task list
96	As most pharmaceutical assistants have vast experience and are currently in their 60's, is this really an issue that demands such drastic measures?
99	I believe that the temporary absence should be more than one hour long. Pharmacy assistants are qualified and experienced enough to cover the Pharmacist's absence for a longer period. Which they have been doing for years. This period should be a day or half day long to allow for pharmacist time off. Also there should be no task list. It is insulting to tell qualified assistants that they can no longer carry out certain tasks. Tasks which they have been carrying out for many years. Pharmacy Assistants should be able to cover the absence of the pharmacist in the same way they have been for many years. Make them take part in CPD and fitness to practice. If these new rules come into force Pharmacy Assistants will be made redundant.
103	no opinion
106	The1994 agreement was working fine,why change it!
107	In my opinion, Pharamaceutical Assistants are a professional body and should be allowed to work as they have done for the past 40 + years

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108	ALLOW AT LEAST ONE DAYS COVER PER WEEK
112	to be recognized and respected having served as a professional in the community
113	due to the huge labour shortage of locums the one hour rule is unfeasible.
116	no
127	Recognition of role. Allowance for training and CPD completed. Allowance to cover in emergency unscheduled absence by the pharmacist. Allowance for covering a weekly day off or a period of annual leave. Consideration if arrangements are in place whereby a pharmacist is contactable if any query arises during the period of "temporary absence".
128	no
133	I personally feel that it is unnecessary at this stage to be changing the rules regarding Pharmaceutical assistants. Any pharmaceutical assistant that I have worked with has been professional and I would have no issue with any one of them providing cover in my absence. I honestly feel that this whole issue is time wasting. Let the assistants work out their time as they have always done, most I know are close to retirement anyway!
134	in emergency cases only
136	Yes. get rid of them. Compensate us assistants for ending our only source of earning a living and allow us to walk away with dignity from a profession that has not taken care of us but which we have served faithfully for decades in spite of ageism, sexism, religious discrimination, unfair unjust working condition, no sick pay, no compensation for working unsocial hours, Sundays and Bank holidays and working 12 hours and more without any break.
139	Use CPD as a control mechanism to avoid the introduction of these potentially unconstitutional and discriminatory reforms
142	Yes. Arrangements should be left to the discretion of superintendent pharmacist in charge
144	Mandatory CPD to ensure they are as close to Support Pharmacist level. Perhaps introducing Practice Assessments. The majority of PAs I have worked with over the years have been excellent, with many years of valuable experience. Some of the new pharmacists could learn a great deal from them.
150	Continue with years old practice and trust the existing very high quality of expertise and professionalism shown by assistants
154	No
157	Pharmacist's day off is not catered for and therefore Qualified assistants will have to be made redundant
160	Yes. I think they need to be acknowledged as medical professionals and can counsel and dispense as they see fit
161	Provide courses

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162	Much tighter regulation. Should this happen at all? Where unavoidable that pharmacy remains open when eg rural pharmacy low staffing, pharmacy roles should be "on hold" until pharmacist returns?
163	Dont enact it and instead engage positively with Pharmaceutical Assistants. You might be pleasantly surprised how willing they are to engage
168	Absolutely
169	no
170	Stop them covering pharmacists at all..
172	See previous comments
173	CPD should be compulsory for PA's and let them have the opportunity to prove their competency and continue to act in the temporary absence.
174	Change the fitness to practise rule so that they are responsible for their own actions
175	No
176	Should be left cover for eg weeks holidays. Assistant were capable of doing this in the past but not now.
177	All of it. It could just be left alone. As I've said before, 30+ years experience. I think that says enough
178	No
183	assistant should be able to contact pharmacist by phone during temporary absence
185	I don't think pharmaceutical assistants should be allowed act in the temporary absence of the pharmacist at all. I think the qualification should not exist. These assistants are not subject to fitness to practice regulations. Instead I think the PSI should be concentrating on introducing a register for pharmacy technicians and regulations similar to the responsible pharmacist regulations in the UK to deal with pharmacist rest breaks.
186	Yes, you can improve this by withdrawing your ageist, unjustified and downright demeaning proposal and leave PAs to do the job they've been trained to do, i.e. covering for pharmacists when they are away temporarily, for a day off or a holiday. Why target these professionals when the majority approach the end of their careers in pharmacy. You've had no problem taking their fees all these years and you are treating them terribly. So much for empathy in the profession. I hope you're prepared to allow for all the loss of earnings and mental health problems that will result from this.
187	No I feel Pharmaceutical assistants know their rights and having a new set of rules to adhere to should satisfy all .
189	The present system has worked and served the pharmacy sole trader and his patients for all my working life. Why fix something that's not broken?
194	No

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195	As above. Allow qualified assistants the opportunity to take part in new services and upskill.
201	no
204	Temporary absence of one hour a day is not of any benefit to pharmacy or their patients especially if the pharmacist has to take extra leave due to illness or personal family problems. If the pharmacy has to be closed for those reasons everyone loses, especially those patients who need their prescriptions.
207	It does not clarify whether or not QA's can work on behalf of the pharmacist while the pharmacist is on holidays. This should be made clear.
210	Yes, the application of common sense, and meaningful engagement with the PAs to draw up an operational template and workable solution which recognises their experience versus their limitations.
211	Which exact task would they be allowed to perform
216	Please see above
220	n/a in my current job
223	Existing arrangements should remain in place. Proposed change will affect livelihoods.
225	Whatever it takes for retail pharmacists to get a proper lunch break
228	The length of time - 1 hour is too short
240	It can be deleted.
242	I believe that while it is good to state in the regulations the specifics of what is permitted and details on tasks and times the PSI should remain cognisant of the fact that with each new regulation and task they impose on pharmacies they are burdening the profession with unnecessary administration. It seems this will be of no benefit to the profession but is only being created to empower inspection and enforcement. This seems to be the direction the PSI seems to be heading unfortunately. Patient focus should be priority number 1. Breaks for Pharmacists on 12+ hour shifts should be mandatory to reduce errors,
243	Considering that they are becoming obsolete I find not believing it poses the problems it did 20 years ago when it would be appropriate to deal with it instead of wasting time pen pushing now
244	no
248	More detail on professional task list and flexibility in terms of timing
257	Clarity around liability for error when a patient is harmed by an action taken by a pharmaceutical assistant while the pharmacist supposed to be on duty is absent
259	No
260	The PSI should honour the qualification given and stop all this nonsense. These people are your creation. You should respect your own qualifications

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261	Personally I don't believe that it is right to have an assistant act in the temporary absence of a pharmacist, as pharmacists train for 5 years and have to complete competency assessments throughout.
262	have a look at the absence time they can cover. You are interfering with their profession. They have worked well until now without the need for these punitive rules
263	Yes
266	We should be more flexible and strive to provide a safe service to patients rather than trying to defend our little patch with buroracacy
272	Yes, see comments above. Shameful the omission of holiday cover. Thank you for taking the time to read this submission.
277	I don't agree with it at all as they are not qualified to act a pharmacist
279	They should be allowed to be independent locums as we are in the middle of a crisis trying to get locum cover in Pharmacies. Tying them to one Pharmacy is crazy.
283	reconsider the whole proposal
284	No need to define temporary absence atall
287	The length of the absence needs to be hugely increased
292	No
293	Just leave current arrangements alone most assistants have only a few years of their working lives left
294	no
299	I feel the whole thing has being dealt with inadequately as I think this was initially brought in to allow pharmacists lunches but also covers emergencies which may last for much longer than one hour!..Also I feel this is being too harsh on pharmaceutical assistants and overlooks their years of experience.
302	period of 1 hour is unrealistic and unreasonable
303	15 hours weekly as a arbitrary period. it is more than 1 full day and less than 2 full days, it is effectiverty 1.66 days which in practical terms is difficult to roster for. smaller pharmacies with one owner/pharmacist may not have the ability to employ an assistant for 2 full days every week. 9 hours is a practical workable time period if minimum weekly hours are to be met
305	No
310	Leave it alone.most assistants will be retired in a few years
311	The role should be retired. How can it be deemed safe??
315	Allow the assistants to work for one day a week unsupervised and allow for them to be subject to c.p.d. to ensure that knowledge is up to date and can be demonstrated.
316	Yes

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326	No
332	Leave as is
334	no
343	nothing further to add
348	You could tear up the legislation and get to work on actually improving the pharmacy profession instead of focusing on getting rid of poor people close to retirement
350	As stated, temporary absence is too short
360	No
363	It's a disgrace that at this point in time the PSI effectively decide to use force to retire pharmaceutical assistants. This is a form of constructive dismissal as these people will be very limited in the cover they can now provide. For the most part these staff members will be reaching retirement age in the next 5yrs anyway so why now? I am a younger pharmacist who has worked alongside several assistants in the last 10yrs, the wealth of knowledge is second to none and they are certainly far better equipped than many of the non-national pharmacists who are allowed to register.
365	Throw it out the window. You either allow pharmaceutical assistants to exist, or you don't. Once more, this is evidence of how far removed from reality the PSI is.
367	No
372	Allow PA to cover anytime the pharmacist is absent without putting a time frame on it
373	Cpd brought in to ensure up to date with new therapies etc.
375	The PSI should engage in a constructive manner with the PAA to address the issues raised in it's August 2008 submission and in respondent's replies to the survey questions. The Draft Statutory Instrument should not be submitted to the PSI Council for consideration and approval until the outcome of these consultations is completed. Any reforms eventually agreed should be based on robust evidence, be proportionate, consistent, cost effective and above all agreed by those parties most affected. PAs have a contribution to make to the delivery by the PSI of its strategy to meet patient needs.
378	The existing rules should stay in place
379	Pharmaceutical assistants should be able to work in their capacity of dispensing and checking prescriptions, supervising pharmacy sales and counselling patients as they have done for the whole of their careers
382	Proper consultation with the PAA
383	The PSI should engage with the PAA in a meaningful way whereby a consensus is met by both parties.
385	PAs should have a contribution to make to the delivery by the PSI of its strategy to meet patient needs. They should meet with the PAA to achieve this. These proposals are an insult to PAs who have given great service to Pharmacy in Ireland over the years and to the shops they work in.
386	I completely disagree with having professional task list
388	The PSI should engage in a constructive manner with the PAA to address the issues raised in its August 2018 submission and in respondent's replies to the survey questions. As a consequence, the draft Statutory Instrument should not be submitted to the PSI Council for consideration and approval until the outcome of these consultations are completed. Whatever

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	reforms are eventually agreed should be based on robust evidence, be proportionate, consistent, cost effective and above all agreed by consensus by the parties most affected. PAs have a contribution to make to the delivery by the PSI of its strategy to meet patient needs.
389	As above, introduce mandatory CPD to match that for pharmacists
391	The PSI should engage with the PAA to address all issues raised. Whatever reforms are agreed should be based on robust evidence, be consistent cost effective and above all agreed by consensus by the parties most affected. The PAs are thin on the ground as a lot have retired and they should be allowed to continue as they have been. I am 40 years working and qualified 36 years and I have the knowledge, experience and work ethic second to none.
394	CPD and fitness to practise
395	The PSI should engage in a constructive manner with the P.A.A. in issues raised in its August 2018 submission and in respondents' replies to the survey questions. The P.S.I. should present a rationale as to why these arrangements are being considered before attempting to re-write P.A.s working lives.
396	The PSI should engage in a constructive manner with the PAA to address the issues raised in its August 2018 submission and in respondent's replies to the survey questions. As a consequence, the draft Statutory Instrument should not be submitted to the PSI Council for consideration and approval until the outcome of these consultations are completed. Whatever reforms are eventually agreed should be based on robust evidence, be proportionate, consistent, cost effective and above all agreed by consensus by the parties most affected. P. A.'s have a contribution to make to the delivery by the PSI of its strategy to meet patient needs.
398	Pharmacy assistants should be able to work under the same conditions as a on duty pharmacist.
400	no
403	yes revert to what was in place as they have provided excellent professional service for years
404	If the PSI regulated with patient safety being the first priority assistants would be held to account and would have to be fit to practice and would have to show that they do CPD. this is the only way patients can be assured of best practice all the time the shop is open. Anything short of this is the PSI being negligent. The idea of adding up a few minutes at a time is just bizarre. Are you suggesting using a stopwatch ? Just a bit daft is it not ?
409	There's already a chronic shortage of pharmacists. Many pharmaceutical assistants have already been forced to retire due to the requirement to work 15 hrs a week in the pharmacy where they are covering for the pharmacist. These new restrictions are going to make things far worse for everyone (except for smug people sat with feet up on desk in ivory towers!) The profession is also losing good pharmacists who are pursuing other careers because of the unnecessary, costly and onerous regulations and systems being introduced by the PSI, IOP and the HSE. It's becoming increasingly embarrassing and difficult to be an MPSI. I shall be glad to retire too.
416	Yes they should be allowed cover for longer periods with cpd requirements
418	Not to put such restrictive guidelines in place to prevent them from working in a timely and safe manner
422	no
426	Leave the current PA arrangement as they are, however, impose fitness to practise and CPD requirements as required. However I strongly disagree with some of the aspects of what is being proposed. It will seriously undermine a lot of people whom have served the community in the past.
428	no
433	Na
437	I reiterate my comments above. Mandatory CPD and proper inclusion into IOP would be a great achievement

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439	See no 16 answer
441	This approach is totally uncalled for. Current arrangements work fine and as your explanatory notes detail, such assistants have been qualified since 1985, thereby accumulating 30 years experience at the coal face of pharmacy. Individuals with such commitment and dedication to the profession should not have their livelihoods snatched from them in the twilight of their careers
442	Yes. The assistants should be allowed to carry out the duties of the pharmacist as they have done for years
443	No - leave it as it is.
444	There is nothing fair or workable about these proposed rules. These rules will do nothing to improve patient safety. There is 336 assistants on the register. Each of them covering just one hour a day in an average pharmacy amounts to about six and a half thousand items being dispensed by people that are not regulated properly. If the PSI did the job right this would not be an issue
445	Remove or leave as is.
447	Again, I'm concerned with the lack of detail so far with the professional task list. I feel that it should be drawn up and communicated with the profession for a vote or opinion before written into law.
448	Definitely. Refer to your mission statement. regulate the entire profession and accept that assistants exist whether we like it or not. employers are put in a very bad position here. should these rules come into law the entire assistants register would become redundant. who is responsible for compensation?. Through no fault of their own they will no longer be able to perform the tasks we employed them to do. There must be a better way.
451	A person is either fit to do the job they qualified for or they are not . Assistants cannot be fit or unfit at various times during the day depending on who else is physically present. We do not see anything in these proposed rules offering assurances to the public. Regulate by making all persons with a licence to be fit for purpose and things would make much more sence
452	there are many improvements the society could make. use what is already in the 2007 act to regulate to protect the public. you can "take steps to improve the profession of pharmacy" you can determine the criteria for registration including continued registration. you can carry out investigation into the fitness to practice of persons applying for registration. failing all this you have had 11 years to change alter and amend the act. Legislation is amended all the time.
453	Set out requirements for CPD particularly in areas of rapid changes and developments; Mabs, diabetic medicines, other Hi-tech medication
454	maybe upskilling and exams
455	I think they are a professional organisation that have worked well as part of the primary care team and the changes being proposed would basically make them redundant in the majority of cases. This would be a huge loss of experience and cover to an already stretched sector.
456	The clinical knowledge of some pharmaceutical assistants I've worked with over the years has shocked and scared me. They need to partake in OSCE like exams to show their capacity to retain their role.
457	One hour is too long, they need to be defined more as above
464	Enforcement of the requirement for the Assistant to be employed in the Pharmacy working along with the Supervising Pharmacist for a minimum of 2 days per week - there have always been situations where some Pharmacies employ an Assistant to cover odd days - this is very wrong & differs greatly from the Assistant who is covering a temporary absence in familiar surroundings where they know the routine , the support staff & the regular patients .
466	Stop this rubbish
469	No

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471	NO TRADITIONALLY A PHARMACEUTICAL ASSISTANT COVERED THE PHARMACIST IN HIS OR HER TEMPORARY ABSENCE AND THIS RULE SHOULD BE LEFT UNCHANGED
473	for practical purposes, a period of longer than 1 hour should be considered, eg a full working day to cover pharmacist day off, and 2 weeks holidays once a year.
474	See comments on Q16
476	Man up. Admit the errors of the past. Regulate for patient safety. Respect the fact that Qualified assistants met your criteria for registration. No offence is committed when they transact the business of the Pharmacist regardless of how long the Pharmacist is absent. That is what you the PSI qualified them to do . Any change now reflects very badly on your predecessors. Think again.
480	No.The situation will resolve itself naturally over the next 10 years.There is no need at this juncture for regulatory muscle flexing which will in essence impair an individuals ability to be employed.
481	holiday cover arrangements
482	leave as is
483	The changes should be dropped
484	this whole proposition can be improved on!! the pharmaceutical assistants should be allowed to carry on in the same professional capacity as they have done for the last number of years. I am horrified by the way you society is treating these people.
487	The proposed changes to the period of time a pharmaceutical assistant can cover for should be abandoned. The original agreement that NO ONE has had an issue with should stand it was fair and helped many patients and pharmacists within the community. The task list is absolutely ridiculous! These individuals are trained and experienced and may act in the absence of a pharmacist. That should be it. There is absolutely no need for a task list. They are competent and should be allowed to continue in this competent capacity.
488	See comments on Q16
491	the hour is too short
494	Please see all comments expressed in previous questions.
496	As a supervising pharmacist working alongside a pharmaceutical assistant who has worked in the profession for more than 40 years, I think that to limit her duties and discredit her experience is entirely unsuitable. I think that it should be left to the individual discretion of the supervising pharmacist as to what duties are suitable to be performed and those that are not.
497	No
499	yes
509	Qualified assistants have been a fact of life in pharmacy for a long time now. They have served pharmacists well over the years and at this point most of them must be almost at retirement age. If pharmacy as a profession has survived this long with them in my opinion it's hardly worth the trouble to change.
510	CPD
511	Regulation is all about accountability and fitness to practice. Sort that as you should have been doing since 2007 and petty totting up of a few minutes here and there becomes irrelevant. What kind of mentality is running our society. I am ashamed to be a member.
513	no
515	no
519	All of it
521	We need a clear view for the number of hours that a pharmaceutical assistment can cover for a pharmacist, is it one hour or nine houes
523	Yes
531	Better conditions for pharmaceutical assistants

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533	No
535	I would prefer if you used your energy to regulate for prescribing by pharmacists in hospitals and clinics so we could contribute meaningfully to patient care and safety, and yet NOTHING has been done about this for years and we now lag the English speaking world by 18 years.
536	No
538	Not sure
539	The arrangements for pharmaceutical assistants to act in the temporary absence of the registered pharmacist should take into account the historical context and ensure that assistants who qualified have the right to work in until retirement and that the arrangements should be proportional to the risks, and take into account the service provided over the years by this group.
540	Our qualification precludes is from keeping open shop . This is outdated, but we are not an unintelligent bunch of people who can be relied on to carry out pharmacy work . If ongoing learning is required then bring it into force , but don't down grade our qualification, achieved by hard work. Working in pharmacy next to colleagues who qualified in pharmacy at the same time as us, we have learned on the job , just the same as they have.
541	Increase time allows cover, phase in arrangement over 10 years , by then most assistants will be retired anyway
542	No
544	See previous comment above
548	no
549	Is this the proposed arrangements that you refer to? Very unclear question here and I'd expect better for the fees
550	Why did what's not broken .. I've worked with both and some so called pharmacists out there should not be aloud to sell sudocream so stop this nonsense of a crusade
552	No comment
554	yes the PSi could start again
555	No
556	PA have provided a valuable service to community pharmacy and the PSi should fully embrace and encourage their continued engagement in the provision of community pharmacy services.
558	No
560	I feel that the pharmacist should be allowed to leave and the pharmacy remain open even if a pharmaceutical assistant is not present
561	There should always be a pharmacy assistant in the pharmacy where there is no other pharmacist to cover, as the 10-12 hours shift without a break for a pharmacist are not ok
563	No
564	No
565	i think at this stage my views have been clear i personally implore you not to go ahead with these proposed changes it will only have an adverse effect on me
568	No
571	It's working fine as it stands
579	No
580	TBD
582	No
585	All the pharmaceutical assistants should have the technician certificate
586	Pharmaceutical assistants need to demonstrate through some form of examination be it oral or written that they understand the law,the regulations and the limits of their position when it comes to dealing with medication and advising the public. They are qualified for a long time,

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	there is no evidence in my opinion that risk increases when they are in charge without the pharmacist. I think it is essential that they demonstrate minimum standards of knowledge and understanding
594	no
595	Every aspect of this proposal should be reviewed - I am unaware of increased risk or increased incidence of errors by Pharmaceutical Assistants therefore I can see no logical basis for the introduction of these rules.
596	NA
597	The assistants provide an excellent service.
598	One hour is a disgrace and completely undermines pharmaceutical assistants qualifications and ability
601	nothing
603	The role of the pharmacist has been stretched to breaking point. The role of the assistant is essential in supporting the pharmacist in their duties.
605	If the PSI were to regulate properly and consider patient safety rather than bringing about the demise of assistants the issue would not be so complicated. Hold everyone to account ensure everyone you give a licence to is fit to practice. If the 2007 act needs to be amended then concentrate on that. If the PSI had begun to regulate in 2007 that would have given you 11 years to change things. Assistants should not have to suffer because the Act was poorly drawn up. S.I's are drawn up regularly and necessary rules are made regularly. This petty carry on is totally unnecessary and does not provide in any way for patient safety.
606	no
607	Regulate . The assistants cannot regulate themselves that is your job. Proper regulation with real patient safety coming first is what is needed. These rules can only be compared to using a band aid to dress an open festering wound. The PSI should man up. Put a wrong right and get on with the job.
609	Yes . Most importantly PAs have been willing to be included in Fitness to Practice and this can be amended to include PAs . It seems senseless& unfair after 40 years to remove our ability to work , indeed it may even be unconstitutional. We put the safety of the public at the highest priority and are willing to work for it . Our employers need us and we need our jobs .
611	Yes, the proposed rules are excessively restrictive for professional working people who have held this degree for a long time. I think it's unfair to impose these restrictions at this stage of their career. A better move would be to get them involved in CPD such as pharmacists are and ensure they continue to expand their professional knowledge until retirement age. If restrictions are to be placed I am of the opinion that the assistants should be able to cover holidays and days off of the pharmacist as they have been doing
614	I believe if there is a concern about QA's they should have to do CPD and a test at this point to work under the current rules. There is not a problem with any of the QA's that I have worked with and they have vast experience.
615	Given my experience with Pharmaceutical Assistants, the system is working fine at the moment and Pharmaceutical Assistants are very professional, requesting assistance when required and above are patient-centered
617	Should be allowed to cover absence of more than one hour. They had done so all their working lives. Well capable. The new rules were ridiculous. It makes the job of the pharmacist even harder. Life throws up unforeseen circumstances where the pharmacist has to leave for family reasons etc. it's v restrictive. What if the pratt has taken a lunch break of one hour. And then here is a family emergency in the afternoon?? There should be more time allowed in legislation to allow assistant to cover absence.
618	Acknowledge their experience. Proposing to remove them is I believe illegal and shows the PSI to be extremely rigid and bringing in further rules for the sake of it.

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619	Of course there is. Regulate and stop bullying
620	one hour temporary absence is crazy, it makes assistants jobs untenable?
621	Honour the qualification you conferred, respect the people you give a licence to and protect the public properly. these proposed rules only serve to make all assistants worthless while there is no attempt at proper regulation
624	Yes, look at it again and think about how it will effect these individuals and their ability to work (they will no longer be able to be employed as they currently are), it will deem them effectively as technicians not as assistants. Consider their
625	Maybe instead of undermining a well skilled and established professional you might look into cpd for assistants. this may help the issue of "risk" to the public
626	mandatory CPD would be appropriate.
627	No
630	See my answer to 16.
631	I believe it shouldnt be happening in the first place
633	Unsure of timescale for introducing (any) changes.
634	the length of time of temporary absence be increased
635	The temporary absence of 1 hr is useless especially when services will be restricted. I work in community and no pharmacy will allow this and this will just mean no temporary absence/no breaks for pharmacist/ loss of jobs for PAs. I find this to be a strange solution to a problem that wasn't really there and will not exist in 10 years as PAs will likely have retired by then. Instead of being so regressive the PSI should be looking at CPD and development for PAs and technicians.
636	Educate yourselves on what protecting the public in real life situations means. Its not about ticking boxes. Try to make rules that serve a real purpose instead of petty little ones that only serve to destroy careers and offers no assurances to anyone. The PSI are only confusing the public . How can someone that has been doing a job they qualified to do for over 40 years suddenly become a big a risk ? Has the PSI been playing Russian roulette with patient safety up to now ?
637	if assistants are regulated properly then there would be no need to destroy them, they should not be punished because the PSI are not doing thier job properly
638	No
641	I think the arrangements should be left alone ! Where is the funding coming from for yet another regulatory body within the psi
642	Longer time period allowed and decision of supervising Pharmacist as to whether PA is competent to act in their absence
644	Let assistants do the job that they are well able to do. As they already have been all along!
646	if the pharm assistant is working min 3 days along with superintendent/supervising/support pharmacist and is assigned to 1 pharmacy only, and understands their role surely 1day/week and 1-4hrs in any day is acceptable.
647	Yes. If the PSI was acting in the best interest of myself and all other members of the public they would stop all this silly carry on and start to regulate properly. All persons issued with a licence should be held to account for their own actions and should be fit to practice. If a person is not fit to practice how can a responsible organisation issue them a licence to dispense any medicine to the public. The PSI should be better than this.
650	See last answer.
652	Needs to be guidance to employers on how to deal with the HR consequences of this. Is this anti- constitutional ? Does the QA not have a constitutional right to earn a living? This SI seems to restrict this right to 7 hours per week
655	Assistants should be able to work as they have done for years

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659	Let the pharmacist decide whether or not his QA is able enough to cover in his /her absence
661	They should be allowed go to lectures like the pharmacist
664	All of it. Think Patient first, and the need for practical cover and arrangements to be implemented within the small businesses that most of the pharmacies are.
667	These rules will have a disasterous impact on independent community pharmacies outside large urban areas. Women who have worked in the most professional manner, with total commitment to the health and safety of patients, will end up unemployed and unemployable. Pharmacists like me will end up working 60 hour weeks, with noone to bounce concerns or seek advice and support from. The outcome will be increased risk to the public.
668	If patient safety is the genuine concern for these rules, the only way that this can be addressed is to include pharmaceutical assistants in CPD and competency framework (practice review)
669	The 15 hours per week rule could be workable, the assistant could then be of benefit to the pharmacist as has always been the case
671	treat these people as professionals and not as some type of imposter who has suddenly appeared in the pharmacy world... respect people for their commitment and experience in the profession. Let the newly qualified pharmacists learn from them, how to properly treat patients..QA's are more tuned into patient care than the majority of new qualified pharmacists and licums (who don't even want to be there).. let the QA and older qualified pharmacist learn from the younger ones... new procedures, regulations and technology . There is a place for everyone in the community pharmacy.. over regulate and we will destroy community pharmacy. Be aware that many of our newly trained pharmacists are not willing to work in community pharmacy so I can see a real problem in the very near future with community pharmacy taking a hit and being replaced by chains where pharmacists come and go with absolutely no continuity for patients.
672	Continue as before as 40 years experience
676	If allowed access to continuing education and being allowed to submit an portfolio for review similar to the way in which a pharmacist is , this would be a much more satisfactory outcome
678	pharmaceutical assistants were the backbone of pharmacy
679	Pharmaceutical Assistants need to be recognised for the contribution they provide to the Pharmacy sector Covering 1 hour per day in the temporary absence is not adequate or workable in any pharmacy Temporary absence must include days off short absences etc as has been the case up to now so there should be no reason to change this
681	No they should be allowed to continue working under the present arrangements.
685	I feel that they should be able to continue to work as normal. There have been no fitness to practice cases against assistants that I am aware of. They are professionals with a wealth of knowledge that many newly qualified Pharmacists will take years to learn, They are an asset to the profession.
686	Many of the terms of extremely difficult for the pharmacist to work around. The terms may very well require updating and definition - however imposing rules on dispensing etc. is unworkable
687	Which arrangements-- the current ones or the 'proposed' ones, or is this question suggesting that this is already 'fait accompli'?
691	Yes Fitness to practice & extending the competency framework toPharmaceutial Assistants
693	Again, any assistant i have ever worked with I have found to be competent, most working in their roles well over 20 years. I just find this whole introduction of rules to be entirely disrespectful to the individuals concerned. Why is the PSI suddenly reviewing the competency of people that up until now have been considered fit to practise in all usual duties? - in practise -if a phamaceutical assistant is presented with a prescription for a paediatric antibiotic or for methotrexate (as appears to be suggested by the task list) - should they say to the member of the public "I'm sorry but you will have to return in an hour when the pharmacist is back" - how

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	does that instill confidence in the public. These rules in my view are unjust to the pharmaceutical assistant profession as a whole.
694	The entire document needs to be rewritten from the start.
695	Depending what goes forward may be some should be altered.
697	I do not agree with the new definition of temporary absence and think it is most unfair to pharmaceutical assistants.
699	No.
700	arrange for pharmaceutical assistants to enter for continuing education
701	I think I've said enough!
702	Pharmaceutical assistants shouldn't be discriminated
704	These are an aging co-hort. if there is no plans to continue this then why not Phase out this and include more robust measures to deal with break times in the work place?
706	Yes, given that our patient safety record thus far is second to none, no changes need to be made as in 10 years or less we will all be retired .
709	no
712	As per above.
714	if it is felt QA can not fulfill their legislated role then either abolish or retrain, i do not think restriction is appropriate
715	please see above re training /skills development. are any of those on this working group actually working with a pa or indeed are they practicing pharmacists or pa's?
721	Leave us alone
723	Yes. Granting them leave to work for longer periods of time than these proposed rules allow for. The current proposed changes are insulting to assistants who are more than competent to, and have been covering pharmacist leave for decades
724	As above
727	As above...one day per week and normal annual leave. If the assistant is the only option open to the pharmacy.No person will do full annual leave without a break/day off so if available another pharmacist may oblige a pharmacy to cover one day and so break the time cover of the assistant who is employed by this pharmacy full time.The shortage of pharmacists in rural areas means a pharmacy is lucky to employ an assistant plus full-time pharmacist.I would agree the assistant know the pharmacy.
728	Cpd or minimum standards
729	A clear definition of the role of the assistant
730	Perhaps if there is a requirement put in place for pharmaceutical assistants to complete regular cpd cycles the same as pharmacists then we could be satisfied that they are competent to cover any period of time where a pharmacist is absent from the pharmacy.
734	As above I disagree with any changes to the existing rules
766	A competency framework to practice should be set up
767	Yes. Many years ago JAM teachers were unskilled during dinner months to become fully qualified primary school teachers. Two years ago Architectural Technicians were upskilled to become fully registered architects. As far as I know, the Pharmaceutical Assistant training/ qualification was ended and replaced with the Pharmaceutical Technician course. Consequently there must be very few PAs still in employment. It should be remembered that before the introduction of the B.Sc Pharm, all 'chemists' were trained under a 4-yr apprenticeship, same way as PAs were trained. This I know as my late sister was a PA and I worked in a pharmacy at weekends and holidays while in college. there course
769	no
770	Engage in a constructive manner with the PAA to address issues raised in its August 2018 submission. Any reforms should be based on robust evidence only.

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773	The PSI should engage in a constructive manner with the PAA. PAs have a contribution to make to pharmacy.
774	The Psi should engage in a constructive manner with the PAA to address the issues raised in its August 2018 submission and in respondents replies to the survey questions.
776	see above
777	engage in a constructive manner with P.A.A to address the issues
778	The PSI should engage in a constructive manner with the PAA to address the issues raised in its August 2018 submission and in respondents replies to the survey questions. As a consequence, the draft Statutory Instrument should not be submitted to the PSI Council for consideration and approval until the outcome of these consultations are completed. Whatever reforms are eventually agreed should be based on robust evidence, be proportionate, consistent, cost effective and above all agreed by consensus by the parties most affected. PA's have a contribution to make to the delivery by the PSI of its strategy to meet patient needs.
782	Pharmaceutical assistants should be doing CPD and included in eportfolio assessment.
785	I believe the PSI should engage in a constructive manner with the PAA
791	Scrap the proposed restrictive "rules" that are not evidence based and are disproportionate. Instead, include pharmaceutical assistants in statutory regulated competency framework.
792	The PSI should engage in a constructive manner with the PAA to address the issues
794	Continuing professional development courses for pharmaceutical assistants; Respect for their training & commitment to their profession; Acknowledgement of the important contributions made by pharmaceutical assistants in support of pharmacies & the public in general.
795	More flexibility and trust required
797	In my opinion this whole situation could be handled in a more sensitive and respectful manner. There should be better interaction between the main parties involved, ie. the PSI and the PAA. Reform can be achieved surely whilst still respecting the views and experience of the PAs who have spent their career in this realm. This does not seem to be the case and many PAs are now fearful for their employability for the last few years of their careers, which taking everything into account seems to be unfair on this cohort. It would seem preferable to impose the same criteria of CPD to ensure competency for these PAs and allow them to work out their years in a dignified manner.
798	These professionals should be valued as they have in the past when it suited pharmacists to do so and not introduce ridiculous restrictions. They should be allowed to work as their qualification states and given the respect they deserve.
799	The psi should engage with the pas to address the issues
800	Whatever reforms are eventually agreed should be based on robust evidence, be proportionate, consistent, cost effective and above all agreed by consensus by the parties most affected
801	The entire situation has been handled dreadfully, these rules are misogynist in so far as I believe if PA's were men in their late 50's I do not think any body would dare destroy their careers in this shameful way
802	Leave as it is an only a few years left
804	no
806	It would make more sense to keep temporary absence arrangements as they are, and bring Assistants under the umbrella of the IOP for CPD and practice review. As an exercise, I would suggest that a sample cohort of Pharmaceutical Assistants go through a practice review process to assess their competency against registered pharmacists.
808	Leave things as they were in the 2007 Pharmacy Act and wait a few years and all PA's will be retired, I would also like to know why we have been paying a Registration Fees all these years??? I do hope to get replies to my queries.
812	I find it a poor decision on the PSI to propose this

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813	It is a poor proposal I suggest it is reviewed
814	I do not think professional task list is necessary for professionals with this level of experience.
817	The PSI should engage in a constructive manner with the PAA to address the issues raised in its August 2018 submission and in respondents replies to the surveys questions....as a consequence the draft statutory instrument should not be submitted to the PSI council for consideration and approval until the outcome of these consultations are completed....whatever reforms are eventually agreed should be based on robust evidence be proportionate consistent cost effective and above all agreed by consensus by the parties most affected...
819	Yes, abandon the proposal and maintain the status quo
821	Pa s have a contribution to make to the delivery by the psi of its strategy to meet pstient needs
822	The PSI should engage in a constructive manner with the PAA to address the issues raised in its August 2018 submission and in respondent's replies to the survey questions. As a consequence, the draft Statutory Instrument should not be submitted to the PSI Council for consideration and approval until the outcome of the consultations are compete.
823	I have worked a long number of years as a PA I consider my job to be highly professional .exisiting community pharmacists working longer hours will disimprove patient safety .The law needs to be changed not the working conditions of hundreds of QA
828	The Psi need to los with the paa and come up with a conclusion from consensus based on robust evidence
829	PAs have a contribution to make to the delivery by thePSI of its strategy to meet patient needs
830	The PSI should engage in a constructive manner with the PAA to assress the issues raised in its August 2018 submission and in respondents replies to the survey questions. As a consequence, the draft Statutory instrument should not be submitted to the PSI Council for consideration and approval until the outcome of these consultations are completed.Whatever reforms are eventually agreed should be based on robust evidence, be proportionate, consistent, cost effective and above all agreed by consensus by the parties most affected. PAs have a contribution to make to the delivery by the PSI of its strategy to meet patient needs.
832	The survey will prove no use unless consideration is given to the comments on each question. It will be extremely difficult to quantify these comments in a fair and accurate manner. Any reforms will not be of benefit to the patients (who are always the primary concern) unless there is meaningful discussion or as I have suggested previously mediation with the PAs to achieve the end goal of providing a level of respect for my qualification for the remaining years which I will practice in a Pharmacy as a Pharmaceutical Assistant.
833	This whole proposal can be improved on. It should be withdrawn. I would welcome an opportunity to be part of any consultative forum where the issues - patient safety, RPAs legitimate expectation, practical limits, CPD and FTP could be worked through and a workable solution could be found
834	The PSI should engage with the PAA in a constructive manner and address the issues raised here and in the August 2018 submission and in respondent's replies to the survey quesions. There should be no submission of a draft report to the council until this consultation has taken place. Any reforms suggested need to be backed up by robust evidence, need to be proportionate, consistent, cost effective and agreed by consensus. It is ridiculous that there is no evidence base to back up this proposal making it irrelevant. We are taught and encouraged to practice evidence based practice and it is now time for the PSI to practice what they preach.
835	The PSI should engage in a constructive manner with the PAA to address the issues raised in its August 2018 submission and in respondents replies to the survey questions. As a consequence, the draft Statutory Instrument should not be submitted to the PSI Council for considerations and approval until the outcome of these consultantions are completed. Whatever reforms are eventually agreed should be based on robust evidence, be

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	proportionate, consistent, cost effective and above all agreed by consensus by the parties most affected. PAs have a contribution to make to the delivery by the PSI of its strategy to meet patient needs
837	continue as of now
839	engage in a constructive manner with PAA to address issues raised
841	no
843	A more reasonable way to address the concerns of the PSI would be to develop a core competency framework for PAs, require all PAs to undergo a practice review with the IOP, make CPD mandatory for PAs and make fitness to practise applicable to PAs.
845	n/a
849	THERE SHOULD BE CONSULTATION BETWEEN ASSISTANTS AND THE PSI
851	No
853	The psi should engage in a constructive manner with the PAA to address issues
854	More consultation between the P.A.A & the P.S I.to address issues.
855	No
857	The PSI should engage in a constructive manner with the PAA to address the issues
859	The PSI should engage in a positive manner with the PAA to address these issues.
860	no
861	The PSI should engage in a constructive manner with the PAA to address the issues
863	The PSI should engage in a constructive manner with the PAA to address the issues
864	The PSI should engage in a constructive manner with the PAA to address the issues.
865	yes.Pharmacists should have more a more professional attitude to Q.A.s and realize we are to be depended on rather than hassling us at this late stage in our careers
867	Engage in constructive manner with PAA
868	The psi should engage in constructive manor with paa's to address issues
869	the ongoing present arrangement should continue , if it aint broke dont fix it !
871	Engage in a constructive manner with PAA to address the issues!!
874	It's seems common sense should be used here and formal engagement with the PAA
875	PSI should engage with PAA to address issues raised in August 2018 submission.
877	The Working Group Report states that inspections have revealed that PAs were working not in line with the 1994 agreement. If this is "broken" then that is what should be fixed. These proposal are proposing "a fix" for something that is not broken. It is a flaw in the 2007 Act that PAs are not subject to, Fitness to Practice or CPD. This does not mean that they do not engage in CPD. In my experience they do. As regards to fitness to practice, the Pharmacist who employs and supervises them, should make that judgement. Ultimately it is the Pharmacist who has to take responsibility.
880	Engage in constructive manner with PAA
883	A robust evidence base must be provided for any changes to be made to PAs existing practice
887	Engage in constructive manner with PA the address the issues
889	The PSI should engage in a constructive manner with the PAA to address the issues raised in its August 2018 submission and in respondent's replies to the survey questions. As a consequence, the draft Statutory Instrument should not be submitted to the PSI council for consideration and approval until the outcome of these consultations are completed. Whatever reforms are eventually agreed should be based on robust evidence, be proportionate, consistent, cost effective and above all agreed by consensus by the parties most affected. PAs have a contribution to make to the delivery by the PSI of it's strategy to meet patient needs.
893	CPD

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895	More access to courses for fit to practice
897	Vaccine training
899	Acknowledge the professionalism of QAs over the years and show them the respect they are due.
903	Allow for greater professional involvement and provide for a truer reflection of how assistants currently work in the Irish system
905	Yes - new aspects are not implementable in practice
906	THE PSI SHOULD ENGAGE IN A CONSTRUCTIVE MANNER WITH THE PAA TO ADDRESS THE ISSUES RAISED IN ITS AUG 2018 SUBMISSION AND IN RESPONDENTS' REPLIES TO THE SURVEY QUESTIONS
907	Whatever reforms are agreed must be by consensus of both parties.
908	Don't devalue a set of professional people who have been an extremely supportive branch of the pharmacy service, most of whom are women close to retirement age. It seems to be a slight on a vulnerable section of our workforce. There are many pharmacists, I hate to admit, that do not give as good attention to detail as the assistants I have worked alongside over the years. None of those would ever go outside their remit or act outside of their capacity instead referring when necessary. Why restrict what they can dispense now? They have had no such restrictions over the past 40 years, why now? And why not hold workshops to educate them rather than tying their hands until they have no option to retire as their value becomes depleted to that of a glorified technician.
909	The PSI should engage in a constructive manner with the PAA to address the issues raised in its August 2018 submission and in respondents' replies to the survey questions. As a consequence, the draft Statutory Instrument should not be submitted to the PSI Council for consideration and approval until these consultations are completed. Whatever reforms are eventually agreed should be based on robust evidence, be proportionate, consistent, cost-effective and, above all, agreed by consensus by the parties most affected. PAs have a contribution to make to the delivery by the PSI of its strategy to meet patient needs.
910	Dialogue between both parties
911	No
912	Have meaningful talks with the PAs and in conjunction with pharmacists as they have been working with PAs for years and together with CPD and Fitness to practice can bring to an end the stalemate situation for all.
913	Talk to the PAA and do the proper and decent thing
914	Yes the hours of cover need to be increased
916	The PSI should engage in a constructive manner with PAA to address the issues raised in its August 2018 submission and in respondents' replies to survey questions. As a consequence, the draft statutory instrument should not be submitted to the PSI council for consideration and approval until the outcome of these consultations are completed. Whatever reforms are eventually agreed should be based on robust evidence, be proportionate, consistent, cost effective and above all agreed by consensus by the parties most affected. PAs have a contribution to make to the delivery by the PSI of its strategy to meet patient needs.
917	The PSI should engage with the PAAs to address the issues raised in its August 2018 submission and in respondent's reply to the survey questions
918	Show respect to them and their years of expertise and professionalism by changing the rules at this point in their careers?.
920	I strongly believe these arrangements and proposed rules are grossly unjust and that the PSI should engage in a constructive manner with the PAA to discuss and address these issues. What other regulatory body does not include discussion with those it regulates and especially a group who have worked so long, who were essential to keeping Pharmacies open and patients

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	safe ,during times of Pharmacist shortages,not too long ago.The PSI has a short memory for it's long-suffering PAs indeed .Gold dust not so long ago,Saw dust now it would seem.
922	Ask the pharmacists who manage the pharmacies in Ireland .
923	The psi should engage in a constructive manner with the PAA to address the issues raised in its August 2018 submission and in respondent,s replies to the survey questions
925	The PSI should engage in a constructed manner with the PAA to address the issues raised in its AUgust 2018 submission and in respondents replies to the survey questions
927	As PA's are covering pharmacists absences should it not be them that converse with PA's if pharmacists have concerns and not the PSI ??
928	Temporary absence should be undefined as qualified assistants are a group of competent, experienced, skilled professionals.
929	Yes
931	I believe that temporary absence should be undefined as qualified assistants are an experienced, professional, skilled group of people who have been working in the sector for the last 40 years
932	PAs have a contribution to make to the delivery by the PSI of its strategy to meet patient needs
934	Engage with PAA directly .They deserve a lot more respect from PSI
935	Engage with assistants
936	Whatever reforms ae eventually agreed should be based on robust evidence ,be proportionate ,consistent,,cost effective ,and above all agreed by consensus by the parties most affected
937	GET RID OF THIS
938	Yes. Consider including them in CPD review like pharmacists and judging their competence that way and then restricting if necessary. Unfair to make a large group of mainly older people lose their livelihoods when they have contributed alot to pharmacy services. We do care for our patients but so do the pharmacy assistants. They are professionals too and their experience should be respected
939	Holiday cover and other absence
942	it is essential that the PSI deal with this fairly . This is so cruel to these brilliant women .
944	The PSI should meet with the PAA and agree a basis for going forward
945	Please engage in dialogue to allow me to continue my career
946	The PSI should engage in a constructive manner with the PAA to address the issues raised in August 2018.
947	Talk to them face to face ! From what I hear the PSI have hardly acknowledged PAs at Council Meetings which to me is horrible . This is not the mindset of Pharrmacy People in general . There is no kindness or empathy here . Shame on you
948	PAs have a contribution to make to the delivery by the PSI of its strategy to meet patient needs.
949	PAs have a contribution to make to the delivery by the PSI oc irs strategy to meet patient needs.
951	ThE PSil should engage in a constructive manner with the PAA to address the issues raised in its August 2018 submission and in respondent's replies to the survey questions.
955	See above
962	Psi should engage with the assistants association to define absence
963	ThE PSI and the PAA should engage in a constructive manner to address the issues raised in its August 2018 submission. Whatever reforms eventually agreed should be based on robust eveidence , be proportionate,consistant, cost effectiveand above all agreed by consensus by the parties most affected. PAs have a contribution to make to the delivery by the PSI of its strategy to meet patient needs
964	Leave them alone

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965	20 years I am attending this pharmacy and will continue for many more if things are left as is ! This isn't Dublin and we all know one another and are happy with the service we have
966	Yes let them continue their professional work without interference!
967	This is an issue between the PAA and the PSI. The PSI should engage with the PAA concerning any issues raised in this survey or submissions before the draft statutory instrument is submitted to the Council for consideration.
968	The PAA and the PSI must engage in discussions concerning any issues raised in this survey or submissions prior to the draft statutory instrument being submitted to the Council for consideration.
969	All of it
970	The PSI should have the decency and respect we deserve ,to constructively engage with the PAA to address the issues raised in its August 2018 submission and in respondents replies to the survey questions .As a consequence , the draft Statutory Instrument should not be submitted to the PSI Council for consideration and approval until the outcome of these consultations are completed .PAs have a huge contribution to make to the delivery by the PSI of it's strategy to meet patient needs. I plead with you all to take a step back and actually see the unfairness of this proposal . Thank you
973	The PSI should engage in a constructive manner with the PAA to address the issues raised
974	the PSI should engage in a constructive manner with the PAA to address the issues raised.
975	Yes if the PSI engaged in constructive discussions with the PA Association so as to maintain the professional standards that PA's have provided to patients over the last 50 years! To me as an onlooker it looks like an attempt to downgrade a professional core of women
976	The psi should engage in a constructive manner with PAA to address the issues
977	The P.S.I. should engage with the Pharmaceutical Assistants Association to address issues raised in the August submissions and in respondents replies to the survey. Therefore the draft Statutory Instrument should not be submitted to the .P.S.I. Council for approval without this being done first
980	it is essential for the PSI to engage with the assistants fairly at his stage of their career
981	The PSI should engage in a constructive manner with the PAA to address the issues raised. This is as cruel as i have ever seen in my life .
982	See above...too stringent
983	The proposals go beyond what has already been overwhelmingly rejected in a previous public consultation. Too much money and energy has already been expended on an exercise with little or no potential to improve the safety of the public. This would be addressed by including PAs in the existing CPD and Fitness to Practice regulations.
984	Every aspect. Treat us with the respect we deserve,have more faith in our professional ability,dont degrade and humiliate us in this way.
985	i think the current practice works very well and should remain
987	The PSI should engage in a constructive manner with the PAA to address the issues raised in its August 2018 submission and in respondent's replies to the survey questions. As a consequence, the draft Statutory Instrument should not be submitted to the PSI Council for consideration and approval until the outcome of these consultations are completed. Whatever reforms are eventually agreed should be based on robust evidence, be proportionate, consistent, cost effective and above all agreed by consensus by the parties most affected. PAs have a contribution to make to the delivery by the PSI of its strategy to meet patient needs.
988	The PSI should engage in a constructive manner with the PAA to address the issues raised in the August 2018 submission and in response to the surveys questions. whatever reforms are eventually agreed should be based on robust evidence, cost effective and agreed by consensus by the parties most affected.
989	What has worked well for 60 years should not be interfered with !

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990	Give them respect. Leave things as they are.
991	The PSI and the PAA should address in a constructive manner the issues raised and the replies to the survey. The draft Statutory Instrument should not be submitted to the PSI council for consideration and approval until these consultations are completed.
992	Courses to do so n case
993	Dont know
994	The PSI should engage in a constructive manner with the PAA to address the issues raised in its August 2018 submission and in respondent's replies to the survey questions. As a consequence, the draft Statutory Instrument should not be submitted to the PSI Council for consideration and approval until the outcome of these consultations are completed. Whatever reforms are eventually agreed should be based on robust evidence, be proportionate, consistent, cost effective and above all agreed by consensus by the parties most affected. PAs have a contribution to make to the delivery by the PSI of its strategy to meet patient needs.
995	The PSI must engage properly with the parties most affected - Qualified Pharmaceutical Assistants - and any changes must be made based on robust and objective evidence only.
998	The Psi should engage in a constructive manner with the PAA to address the issues raised in its August 2018 submission and in respondents replies to the survey questions. Until the outcome of these consultations are completed the draft statutory instrument should not be submitted to the Psi Council for consideration and approval. Whatever reforms are eventually agreed should be based on robust evidence, be proportionate, consistent, cost effective and agreed by the affected parties. Pa's have a contribution to make to the delivery by the Psi of its strategy to meet patient needs.
1000	Discourse between Council and PA's about how they can move forward in a constructive and inclusive way so that these professionals can continue to contribute to customer/patient care as they have been doing for their entire career.
1001	Dialogue between both parties
1002	The PSI should engage in constructive manner with the PAA to address the issues raised in August 2018 submission and in respondent;s replies to the survey questions.The draft Statutory instrument should not be submitted to the PSI council for consideration and approval until the outcome of these consultations are completed.
1005	I feel until the last pharmaceutical assistant has retired they should be allowed to continue their current practice without restriction reflective of the care they have been providing for many years alongside pharmacists.
1007	Talk to the PAA and constructively se what would be a good way to go forward that would be of benefit to all concerned.
1010	Proposed legislation appears to leave the patient out of the equation entirely.
1012	THE PSI SHOULD ENGAGE IN A CONSTRUCTIVE MANNER WITH THE PAA TO ADDRESS THE ISSUES RAISED IN ITS AUGUST 2018 SUBMISSION AND IN RESPONDENT'S REPLIES TO THE SURVEY QUESTIONS.AS A CONSEQUENCE,THE DRAFT STATUTORY INSTRUMENT SHOULD NOT BE SUBMITTED TO THE PSI COUNCIL FOR CONSIDERATION AN APPROVAL UNTIL THE OUTCOME OF THESE CONSULTATIONS ARE COMPLETED.WHATEVER REFORMS ARE EVENTUALLY AGREED SHOULD BE BASED ON ROBUST EVIDENCE,BE PROPORTIONATE,CONSISTENT,COST EFFECTIVE AND ABOVE ALL AGREED BY CONSENSUS BY THE PARTIES MOST AFFECTED.PA's HAVE A CONTRIBUTION TO MAKE TO THE DELIVERY BY THE PSI OF ITS STRATEGY TO MEET PATIENT NEEEDS.
1013	I feel there are many aspects that can be improved on. I don't think the rules are appropriate and they would only serve to diminish the profession in the eyes of the public which I don't feel is fair as many pharm assistants are as good as if not better than some pharmacists. There is a lot to be said for experience and the patient care they provide

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1014	This crusade is a total waste of PSI resources. A short interval of time will see off the Qualified Assistants and Irish Pharmacy will be the poorer for that.
1017	no
1018	yesrecording absence periods would be good ...also cpd would be an improvement
1019	APPRECIATE OUR CONTRIBUTION
1020	No change on the hours they are qualified to work
1025	ALLOWED TO COVER FOR LONGER PERIODS IF CPD IN PLACE
1026	yes introduce cpd for assistantstreat them with respectintroduce a monitoring system for the absence periods which is auditable and be up front in dealing with these valuable servants of the public
1027	No
1030	whatever reforms are eventually agreed they should be based on robust evidence,be proportionate , consistent , cost effective,and above all agreed by consensus by the parties most affected.
1031	Dialogue with the PAA to deliver a way forward that meets patients and pharmacists needs
1034	Yes I feel the PSI should consult with the PA Association in a meaningful manner which would move us forward to deliver even better patient care and safety and that is the main point of this survey for both parties .
1038	I dont see any reason why Assistants cannot continue in the role they have and be upskilled if necessary. They are in my opinion very competent and professional in their work
1039	Retain the full rights of their qualification
1040	Whatever reforms are eventually agreed should be based on robust evidence, be proportionate, consistent, cost effective and above all agreed by consensus by the parties most affected.
1041	Pharmaceutical Assistants have a rightful qualification and should not be cast aside.
1042	see 16 above and treat people with dignity
1043	Whatever reforms are agreed should be based on robust evidence
1048	Pharmaceutical assistants comprise a closed category with dwindling numbers. Excessively onerous conditions should not be imposed now in the collective twilight of their careers.
1050	PSI should engage in a constructive manner with the PAA to address the issues with its August 2012 submission
1052	no, I think the PAs should be left to work out the 1st few years of their dedicated lives to our pharmacy sector
1053	Trust the judgement of the supervising pharmacist
1055	totally discriminatory
1057	The PSI should engage in a constructive manner with the PAA to address the issues raised in its August 2018 submission and in respondent's replies to the survey questions. As a consequence, the draft Statutory Instrument should not be submitted to the PSI Council for consideration and approval until the outcome of these consultations are completed.If the option to use the qualification as we have traditionally is to be removed.It is my belief that we should be entitled to compensation from the pharmaceutical society.The predicament that pharmaceutical assistants are currently placed in is entirely as a consequence of their dealing with the situation since the introduction of the 2007 pharmacy act.Clearly as the organization responsible for the provision of a course,the accreditation of same and the maintenance of a register they are accountable.Application to up skill was consistently denied through the years.This is in complete contrast to all other professional organizations who have utilized this route to resolve similar issues.Their failure in this regard is now central to the problem.The pharmaceutical society has to accept its responsibility for their role in all of this and not attempt to evade the issue.

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1058	PA's have a contribution to make to the delivery by the PSI of its strategy to meet patient needs. Reform needs to be based on robust evidence.
1059	Most organizations would be glad to have such an experienced ethical group in their midst. Baffling to think you want to stamp them out. Totally unacceptable behavior
1060	This type of discrimination would not be tolerated in any other profession
1061	Should consult more with pharmaceutical assistants and pharmacists
1063	In my opinion, this smacks of complete bullying on behalf of a powerful group upon a small vulnerable group of ethical professionals.
1064	PSI should engage in a professional manner with the assistants association and provide evidence that the PA is a risk to patient safety
1065	As a Superintendent Pharmacist I would be much more comfortable leaving this Pharmacy in the hands of our Qualified Assistant who knows everyone really well and their Medication Histories etc than a newly qualified Pharmacist who could not yet have acquired the same level of experience despite their degree appearing superior.
1066	I have to ask what the PSI fears? From what I know the youngest of the PAs will be at pension age in about 10 to 12 years so why not leave matters as they are. As a patient someone who knows me is of paramount importance, knows my personal idiosyncracies, why I like to stick with the same brands, why I'm ill in the first place and to do that you need the same locum on duty when the pharmacist is absent.
1067	They need to engage in conversation with the PAA
1068	no
1069	As point 5... at least one day a week plus holidays and occasional absence
1070	Do not change current guidelines. Just ensure that CPD is compulsory for PA's as well as pharmacists.
1071	Introduce CPD. It works well as it is. Do not define temp absence and create hassle and legal implications for your own pharmacists.
1072	I would be quite happy to be subject to mandatory CPD and reviews under the core competence framework. That way I would feel more secure that in the future this would not make my job unviable. While I am answering this survey on my own behalf only, there will be many other RPAs who share my concerns and the best way to deal with these would be through our representative body, the PAA. These consultations, between PSI and PAS should take place before this draft SI is submitted for discussion to PSI Council as it is not acceptable as it stands.
1073	Restrict the maximum times of cover to two days in any one week and for continuous holidays request a locum pharmacist to assist the PA so that there is professional assistance and communication at all times.
1074	I have always been very satisfied with any QA I worked with
1075	CPD should be ongoing for assistants as for pharmacists
1076	It works well as is
1077	no restrictions
1078	Most assistants must be about 60/65. Essentially putting people out of a job five years before retirement. Any I know cover Saturdays or evenings etc. Putting their livelihoods at risk when most will be retired in a few years. Disagree with the one hour limit but agree with the other aspects like signing a log, professional task list etc
1079	The PSI should engage in a constructive manner with the PAR to address the issues
1081	as outlined above
1082	As above - CPD and fitness to practice
1084	Just let me have a familiar face, someone who knows me, my health needs to be there when pharmacy owner is not
1085	as above - Improved CPD and fitness to practice

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1087	PSI should engage with PAA to address the issues and come to a more reasonable and realistic outcome
1090	It has worked very well for the past 35+ years by staff who were qualified by the PSI and served us all very well so don't need to change.
1092	I believe that qualified phar.assis are already well qualified to cover temp absence considering their experience skill competency and participation in COD. I am at a loss as to why you would downgrade this group of professionals as this is what is being done
1093	Offer the assistants an opportunity for CPD and allow them to continue in their current role.
1095	Engage with all stakeholders involved to conclude this issue before tax payers money is spent in the High Court.
1096	N/a
1098	No
1100	The PSI should engage in a constructive manner with the PAA to address the issues
1102	THERE IS NO NEED TO PUT A TIME LIMIT ON TEMPORARY ABSENCE. THE PSI BESTOWED THE THEIR QUALIFICATION TO PHARMACEUTICAL ASSISTANTS WHO SUCCESSFULLY COMPLETED A FOUR YEAR COURSE AND EXAMS THE ABILITY TO COVER DURING THE TEMPORARY ABSENCE OF THE PHARMACIST. YOU ARE EITHER QUALIFIED TO DO THE JOB OR YOU ARE NOT . NO NEED TO PUT A " TIME LIMIT "ON ONES QUALIFICATION.
1105	Increase the length of time that 'temporary absence' defines
1110	Greater collaboration with pharmaceutical assistants in the setting of arrangements
1111	I believe that the current regulations provide ample protection to the Pharmacist, The PSI. and most importantly the community.
1113	Temporary absence should be entrusted to the professional discretion of the pharmacy superintendents. Not to be another piece of useless needless legislation.
1114	Temporary absence was traditionally interpreted to cover days and hours off and holidays. PA's were the original locus. This arrangement has always worked well in reality and current proposals would render it inoperable. Original legislation would have allowed pharmacist discretion to apply rules. The way forward I'd suggest is to elevate the status of PA to that they deserve after a lifelong service to pharmacy and the public
1115	The supervising pharmacist should have the authority to decide on the temporary absence of the pharmacist
1118	Thw PSI should engage in a constructive manner with PAA.
1122	Keep things as they are now
1123	Yes , that as they are registered with the PSI that if they are acting in the temporary absence of a pharmacist, that they should be held equally responsible to a pharmacist when acting in that capacity.
1124	Just let them do their jobs that they've been doing for years to the best of their ability and knowledge.
1126	If there is an improvement collaborate with the PA who would know better.
1127	No
1128	The PSI should engage in a constructive manner with the PAA to address the issues raised in its August 2018 submission and in respondents replies to the survey questiond.As a consequence,the draft Statutory Instrument should not be submitted to the PSI Council for onsideration and approval until the outcome of these consultations are completed.Whatever reforms are eventually agreed should be based on robust evidence,be proportionate,consistent,cost effective and above all agreed by consensus by the parties most affected.PAs have a contribution to make to the delivery by the PSI of its strategy to meet patient needs.
1129	Perhaps a day a week for the sake of the pharmacist, holidays and occasional short absences.

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1131	All qualified assistants I am aware of keep up to speed in further education ,believe this should be mandatory for all as with pharmacists,cannot believe they are being treated in this manner ,I have 100% confidence in them ,cannot say the same about pharnastist especially those coming out of college in recent years ,they really lack knowledge and common sense when dealing with the public
1132	All of it need to be reconsidered as offering a job for one hour per day potentially split into a few shifts, alerting the public to the absence of the pharmacist and putting together a task list is all very insulting to professionals that have had long and stable careers up until now and been a reliable source of cover for pharmacists when it suited them
1133	These assistants have acquired lots of good experience. Let them use this and when in doubt the pharmacist is always available. Like all professionals they need to be acknowledged case by case. Some of these assistants may well deal with the public far better than the registered pharmacist. Do not throw out the baby with the bathwater?????
1134	The PSI should engage in a constructive manner with the PAA to address the issues raised in its August 2018 submission and in respondent's replies to the survey questions. As a consequence,the draft Statutory Instrument should not be submitted to the PSI Council for consideration and approval until the outcome of these consultations are completed..Whatever reforms are eventually agreed should be based on robust evidence,be proportionate,consistent,cost effective and above all agreed by consensus by the parties most affected. PA's have a contribution to make to the delivery by the PSI of its strategy to meet patient needs.
1136	no
1137	The PSI should reengage with PAA to try and resolve the issues raised by this draft rule
1139	by defining temporary absence without job losses.
1140	I have a few opinions, but again it is difficult to give them as I have no CURRENT (apologies for the bold, please read as italic) standard to measure the proposal off
1141	The PSI should engage in a constructive and genuine manner with PAA to address issues raised by this consultation. The draft SI should not be submitted to the PSI Council for consideration and approval until the outcome of these consultations is complete. Reforms if any should be based on robust evidence, be proportionate, consistent, cost effective and above all agreed by consensus by the parties most affected PAs and Community Pharmacists. PAs are valuable assets to the pharmacy workforce and can contribute substantially to the delivery of the PSI straegy to meet patients needs safely
1142	I don't see any need for a change of the present regulations
1143	In my opinion, the current situation where a pharmacist assistant can cover temporary absences should not be changed
1144	Hope the PSI & the PAA can meet & resolve the discrepancies on this proposed draft rule.
1145	Please engage in a meaningful and constructive manner with the PAA to resolve this matter once and for all.
1146	No comment
1148	set a minimum standard to be reached within 2 or 3 years, but start cpd and iio reviews now. But dont issue any ultimatiums unless an assisstant is proven not to be up to scratch
1151	I never have had any issues in the past with my local qualified assistant and I don't see this changing.Shame on those who are trying to demean their qualifications.
1153	The PSI should engage in a constructive manner with the PAAto address the issues raised its August 2018 submissionand in respondats replies to the survey questions.As a consequence ,the draft S.I should not be submitted to the PSI Council for consideration and approval until the outcome of these consultations is completed. Whatever reforms are eventually agreed should be based on robust evidence ,be proportionate,consistent,cost effectiveand above all

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	agreed by consensus by the parties most affected. PAs have a contribution to make to the delivery by the PSI of its strategy to meet patient needs.
1154	The PSI should engage in a constructive manner with the PAA to address the issues raised in its August 2018 submission and my replies to the survey questions. The draft Statutory Instrument should not be submitted to the PSI Council for consideration and approval until the outcome of these consultations are completed. Whatever reforms are eventually agreed should be based on robust evidence, be proportionate, consistent, cost effective, of most benefit to the patient and above all agreed by consensus by the parties most affected. PAs have a contribution to make to the delivery by the PSI of its strategy to meet patient needs.
1156	Qualifications are not recognised, despite being experienced in professional practise for longer than many pharmacists.. Why is such valuable knowledge and such a wealth of experience disregarded rather than appreciated ?
1157	Pharmaceutical Assistants whom I know have 35-45 years experience. They are very professional. If this goes ahead the Pharmaceutical Society are losing a very valuable group of people who have benefited the profession for many many years.
1158	This draft submission should not be submitted to the PSI council for approval until reforms are agreed by the parties most affected.
1160	I know that this has been a thorny subject for P.S.I for many years. It is a pity that retraining wasn't offered years ago. I feel sad for those mostly women who have worked professionally in pharmacies for many years are now considered only fit for the scrap heap.
1163	Tear it up and start again. It's not fair.
1164	the period defined as 'temporary absence' should be extended
1166	The PSI should engage in a constructive manner with us to address the issues raised in its August 2018 submission and replies to the survey questions. As a consequence, the draft Statutory Instrument should not be submitted to the PSI Council for consideration and approval until the outcome of these consultations are completed. Whatever reforms are eventually agreed should be based on robust evidence, be proportionate, consistent, cost effective and above all agreed by consensus by the parties most affected. We have a contribution to make to the delivery by the PSI of its strategy to meet patient needs.
1167	There certainly is. The Qualified Pharmaceutical Assistants need to be consulted with in a meaningful manner and their accumulated knowledge and wisdom, experience and dedication taken on board before any drastic changes to their conditions of work, which will impact upon them to the extent that their qualifications (put in place by the Society itself) will be negated and rendered valueless contrary to the Constitution.
1169	Proposed arrangements are too restrictive
1170	It seems that these proposed arrangements could be very divisive in pharmacies where the pharmacist and assistants have been working well for many years. Can more be done to prevent this division?
1171	Engage in a constructive manner with paa
1173	Assaistants alwaly worj in the tempory absence of a pharmacist and this akways works well there no need to change what is already working well
1176	PSI need to engage constructively with PAA on the threat to the jobs of PAs arising from these proposals
1181	The qualification has been discontinued for some time so all registered assistants who have worked in Pharmacy should be competent to act and regulations for continued training should be mandatory.
1184	As Stated above the arrangements are overly restrictive and should be revised.
1185	I believe that the Pharmaceutical assistants are as competent to act in the absence of a registered pharmacist in any case. These individuals have years of experience and have safely and competently carried on their duties as Pharmaceutical assistants for the last almost 60

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	years. They have had hands on experience and knowledge to carry out the job of a pharmacist in their absence and it makes no sense to me that a newly qualified pharmacist who has not gained the wealth of experience that the Pharmaceutical assistant has, is more qualified to be left alone in a RPB than a Pharmaceutical assistant who may have been there working with the Pharmacist for maybe 30 years.
1186	As question 17
1187	The PSI should engage in a constructive manner with the PAA to address the issues
1188	The psi should engage with the paa to address the issues
1190	No
1191	Yes. Rebook at the whole proposal!
1192	I would query how the public will be notified of an absence
1193	Engage in a constructive manner with PAA to address the issues
1194	Engage constructively with the PAA to address the issues
1196	I think the new rules are unnecessary. There are very few PAs remaining, they have years of experience and are perfectly capable of providing advice and healthcare to the public. Their careers may be severely hampered by these new proposals.
1197	I am concerned that the rules seem to be equating the pharmaceutical assistant with a pharmacy technician.
1198	You have not addressed the fact that you are discriminating against pharmacy assistants and their right to work. You are consciously destroying their livelihood.
1199	By defining temporary absence without any job losses
1201	Yes include us under fitness to practice
1202	The PSI should engage in a constructive manner with the PAA to address the issues raised in its August 2018 submission and in respondent's replies to the survey questions. As a consequence, the draft Statutory Instrument should not be submitted to the PSI Council for consideration and approval until the outcome of these consultations are completed. Whatever reforms are eventually agreed should be based on robust evidence, be proportionate, consistent, cost effective and above all agreed by consensus by the parties most affected. PAs have a contribution to make to the delivery by the PSI of its strategy to meet patient needs.
1204	Again, every aspect. In particular, the PSI needs to engage with the PAA on a constructive, meaningful level in order to discuss and address issues effectively.
1205	yes there is. i would ask you to begin again with the blank page you promised us back in 2012 and do your job properly. REGULATE. we have been asking the society to regulate us properly for at least six years now. if you concentrated on protecting the public and not trying to bring about our demise everyone would be better served. ticking boxes and totting up minutes every day is a demeaning job for inspectors. maybe some of you who are trying to make rules for a profession you have never worked at should spend some time on the shop floor. then maybe you would understand how you could do your job better.
1206	I feel it's very unfair in what the council are trying to do. People will lose jobs if the amended changes were to be brought in. Why change things now after so many years. There is only a max of 11 years until the last pharmaceutical assistant reaches retirement age, if the council can wait since 1994 I'm sure they can wait another few years. You say they are a risk to public safety and that the customers should be made aware of their qualifications, well then why don't you make it compulsory that assistants carry out cpd majority of them do anyways.
1207	pharmaceutical assistants are a valuable asset to the pharmacy. Their years of experience and knowledge is fantastic.
1208	From regularly dealing with a P.A in my pharmacy and receiving a high level of service I cannot see how altering the way they work can improve the service. I would be concerned that this would impact on my current service if I was dealing with locum pharmacists whom I am unfamiliar with. I feel the current system offers me continuity. I feel that the PSI are acting like

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	they are on a witch hunt for P.A's. I do not believe the consideration has been given to the client. When I go to the pharmacy I wish to discuss my medication with someone who is suitably qualified be it the pharmacist or PA.
1209	PSI should engage constructively with PAA to address the issues raised in August 2018.
1210	Act in negotiation and tandem with pharmaceutical assistants to resolves the issues brought up in August.
1211	Continuing education requirements
1212	WHY FIX SOMETHING WHEN IT IS NOT BROKEN??I PERSONALLY HAVE SERVED MY COMMUNITY TO THE BEST OF MY ABILITY FOR OVER 40YEARS WORKING IN THURLES.AND SERVED THE ROLE OF QUALIFIED ASSISTANT IN A CARING PROFESSIONAL MANNER.WHEN I RETIRE I WILL LEAVE MY POST WITH MY WEEKS WAGES AND LOTS OF MEMORIES
1213	The PSI should engage in a constructive manner with the PAA to address the issues
1214	The PSI should engage in a constructive manner with the PAA to address the issues
1216	There was nothing wrong in the first place!
1217	The PSI should engage in a constructive manner with the PAA to address the issues raised in its August 2018 submission and in respondent's replies to the survey questions. As a consequence, the draft Statutory Instrument should not be submitted to the PSI Council for consideration and approval until the outcome of these consultations are completed. Whatever reforms are eventually agreed should be based on robust evidence, be proportionate, consistent, cost effective and above all agreed by consensus by the parties most affected. PAs have a contribution to make to the delivery by the PSI of its strategy to meet patient needs.
1219	These proposed arrangements are an insult to all pharmacy staff who are registered with PSI
1220	Continued professional development
1221	CPD
1222	Yes, stop trying to block pharmacy assistants from doing their job. The role should be between pharmacist and assistant.
1223	Engage in a constructive manner with the P.P.A. to address the issues.
1224	As above
1225	The PSI should engage in a constructive manner with the PAA to address the issues raised in its August 2018 submission and replies to the survey questions The draft Statutory instrument should to be submitted to the PSI Council for consideration and approval until the outcome of these consultations are completed
1226	The existing arrangements for qualified registered Pharmaceutical Assistants to act in the temporary absence of the registered pharmacist has been demonstrated to benefit both pharmacists and pharmaceutical assistants, and indeed myself during the past 34 years in the profession of Pharmaceutical Assistant without any issues arising. Therefore I cannot understand the motives for this onslaught on my qualification and profession at this time.
1227	Of course all service provision is open to improvement and requiring PAs to carry our mandatory CPD in the same manner as pharmacists would be an improvement.
1228	You can improve on it by making a fresh start and regulate to protect the public. Stop this dreadful vendetta against Assistants who have done nothing wrong. They have asked you to regulate them as they are on your register and cannot regulate themselves . Clearly the people regulating the pharmacy profession do not have a clue how the profession works on the ground. Ticking a load of boxes and counting the minutes up to an hour every day does nothing to protect the public. I do not understand how intelligent and well educated people can really think these proposals will do any good for the pharmacy profession. They will certainly do very little service to the public.
1229	We have, for the last 40yrs, sought to be upgraded, through education modules, CPD, or specific exams if required, but have been ignored.It was done with the Druggists and is conducted in other professions such as nursing.We have attended ICCPE courses and others to

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	upgrade and maintain our pharmacy education when they were not mandatory. We are assets to Pharmacy, a valuable and experienced human resource. Not a liability, or a section to be downgraded, humiliated and hounded out of our profession. Shame on you! Give us an opportunity to maintain and improve our standards with mandatory CPD, rather than treat us as outcasts. We have made a valuable contribution to the health and safety of our patients over the years and deserve to be treated with some semblance of respect and dignity. There are many professionals in the past who qualified with a diploma which has now become a degree. Nurses being a prime example. I strongly suspect that diploma qualified nurses are not treated in such a discriminatory fashion by either their colleagues or their organisation to whom they are registered paid up members as we are. I suspect because they have a strong union may be at least one reason, or maybe their organisation values them as experienced professionals. How refreshing that would be for us!
1230	If it's not broken, and it hasn't been why and what are they trying to fix. Prefer to deal with a mature experienced PA any day than some locum. And has this quango considered the possible legal and labour issues that could arise. Maybe they should consider actually interacting in a genuine manner with the the PAs.
1233	Any changes made should be agreed by consensus by the parties MOST affected.
1234	Pharmaceutical assistants have years of experience and training and many reaching retirement and should be treasured with more respect
1235	Talk to the PAA to discuss this issue as they are the people who have worked for many years in community pharmacy
1236	Leave them as they were
1237	Whatever changes eventually made, should be agreed by consensus by the parties most affected
1238	This needs further discussion
1239	thinks can always be improved with education professional networkig etc i would not feel as comfortable with a student just out of college being in charge over someone of 40 years experience
1241	Whatever reforms agreed upon should be agreed by consensus by the parties most affected.
1242	The PSI should address it's failure to engage in a meaningful and constructive manner with the PAA to discuss the issues raised in the August '18 submission and the respondents replies to the survey questions. Therefore the draft Statutory Instrument should not be submitted to the PSI Council until such time as these consultations are completed. Futhernore, whatever reforms are eventually agreed should be based on actual factual robust evidence, they should be proportional, consistant and above all must be agreed by consensus by the parties most affected. Surely the pahrmacists who are their employers should also be consulted. They are satisfied with with service provided by the PAs and happy to employ us. Is their opinion of no interest to the PSI
1243	Engage in a constructive manner with PAA to address the issues
1244	Whatever reoferms are eventually agreed upon should be based on consensus by the parties most affected
1245	It is my understanding that PA's have been practiscing for a large number of years and no further PA's have completed training for 30 years. It has not been my understanding or others I have spoken to's understanding that their practice is any less than competent. There is obvisouly not a great number of years left that PA's will be practiscing therfore why is there a need to remove them from there full practicie now? Why would the PSI waste money on trying to amend something that is functioning perfectly well for all these years?
1246	The PSishould engage with the PAA to address the issues raised in this submission and inrespondants repliesto the survey questions as a consequence the draft statutory instrument should not be submitted to the PSI council for consideration and approval until the outcome of

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	these consultations are completed .PAs have a contribution to make to the delivery by the PSI of its strategy to meet patient needs
1248	The PSI should engage in constructive manner with the PAA to address the issues raised in Aug 18 submission and in respondents replies to survey
1249	make cpd compulsory and link into iioP mandatory
1251	See all earlier comments. Also, I wish to note that the format of the comment box is very unsatisfactory. One cannot see one's comments collectively and needs to be reformed for future consultations. Finally, the timing of this consultation is peculiar. The PSI has decided to hold a public consultations on 3 important issues from mid July to mid August which is peak holiday season when it is unlikely that many people will have the time to engage. A cynical view might consider this deliberate. Furthermore, three consultation processes should not be run concurrently as it is likely to act as an impediment to responding to all three.
1252	Yes, stop threatening thier position in the work place. They provide an excellent service to the pharmacist and the general public. In all my dealing both personal and work related I have found qualified assistants knowledgeable, conscientious and helpful. Why are you trying to change something that works so well.
1253	Leave as is
1255	Listen to what the assistants have to say because most of them have many many years of experience behind them.
1256	Allow Registered Qualified Pharmaceutical Assistants to work as their qualification states .This Public Consultation Document is ageist, anti-women and discriminatory.
1257	The PSI should engage in a constructive manner with the PAA to address the issues raised in its August 2018 submission and in respondent's replies to the survey questions. As a consequence, the draft Statutory Instrument should not be submitted to the PSI Council for consideration and approval until the outcome of these consultations are completed. Whatever reforms are eventually agreed should be based on robust evidence, be proportionate, consistent, cost effective and above all agreed by consensus by the parties most affected. PAs have a contribution to make to the delivery by the PSI of its strategy to meet patient needs.
1258	Engage with the affected individuals .
1259	engage in constructive manner with PAA to address issues raised. Unfair proposal.
1262	The proposed Statutory Instrument is unsatisfactory for the working PA. It endangers their ability to work professionally in the capacity in which they were employed. PSI needs to engage with PAA in a meaningful way to solve issue of temporary absence. Does PSI intend to continue charging us a registration fee for covering one hour ? Will they support a framework for CPD and fitness to practice?
1263	LET THEM CONTINUE TO PRACTICE
1264	Continuing education should be compulsory and recognised
1265	Both parties talk to one another
1268	There is always room for improvement.education is key,and after 35 years working as a qualified assistant my desire for knowledge has never waned.so if patient safety is the main concern here then please afford us the same courtesy as is afforded the pharmacist i.e. Cpd etc.it,s the least we deserve after dedicating our lives to the profession of pharmacy.as a qualified assistant I strive at all times to deliver an excellent service to all Members of the community that I encounter most of whom I know on first name terms. Let us all work together to reach a solution that will satisfy all parties.we all want the same thing and that is in executing our duties we never lose sight of our duty of care to the people whom we serve and our communities.
1269	The 1994 agreement should include CPD plus ePortfolio

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1270	The assistants are only doing the job they received qualifications for over 35 years ago. Continued education is no problem. Patient safety is the most important thing and if there is any evidence that assistants pose a risk in this matter let it be known
1271	Yes by the abandonment of the rigid time period basis and recognising/defining what is a genuine temporary absence
1273	Update them as you have been with pharmacists....you are ommitting them by design
1274	The proposal in it's entirety is an attempt to discredit a profession
1275	I think the P A s should be highly valued and appreciated for all the help support and experience they have given and will continue to offer if allowed. There is no reason to specify temporary absence as the P A will be prepared to help when required
1276	yes enter into in all assitants and pharmacists retire at 67-70
1277	Whatever reforms are eventually agreed should be based on robust evidence, be proportionate, consistent and agreed by parties most affected. The proposed set of amendments fails to address and acknowledge the professional careers and contributions of yet another group of Irish women.
1278	Increase the cover time to at least 8 hours so a full day can be covered. 1 hour is impractical
1280	The PSI should engage in a constructive manner with the PAA to address the issues raised in its August 2018 submission
1281	PAs have a contribution to make to the delivery by the PSI of its strategy to meet patient needs.
1282	proper discussion between the pharmaceutical assistants and the psi
1284	Myself and my family have been looked after in an extremely Professional , Courteous and friendly manner for the last 20 years.
1285	Disagree with the proposed changes
1287	Leave as has been for decades
1289	Look at errors that have been made in the past and see how many have been made by pharmacists and assistants. Surely We should have always been included in CPD. Look at what happens in other countries especially the Netherlands and follow their example
1292	Pharmaceutical Assistants may meet with psi and PSI have the decency to interact with PAA in a POSITIVE and PROGRESSIVE manner
1293	leave the rules as they are .
1294	The PSI should have the manners to engage with the PAA and come to some proper agreement that would be suitable for both parties and more importantly safe and effective for pharmacy cover and patients alike
1295	Leave well alone.we have only few years left.Can this not be agreed by consensus by all parties in a constructive and non-biased manner
1296	Leave things as they are
1297	Yes..Give them respect and cease this proposed nonsense.
1298	I would prefer the psi engaged in dialogue with pharmaceutical assistants to resolve this issue and stop the persecution, it is unfounded.
1299	The PSI should have the courtesy to liaise with the PAA before any reforms are made.
1300	Yes be more realistic with the amount of time . They have kept the profession alive for years . It is unfair to take people's jobs away from them
1304	The P. S.I. should engage with PAA to address the issues raised in its August 2018 submission and in its respondent's replies to the survey questions. As a consequence, the draft Statutory Instrument should not be submitted to the PSI. Council for consideration and approval until the outcome of these consultations are completed. WHATEVER REFORMS ARE EVENTUALLY AGREED SHOULD BE BASED ON ROBUST EVIDENCE, BE PROPORTIONATE, CONSISTENT, COST

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	EFFECTIVE AND ABOVE ALL AGREED BY CONSENSUS BY THE PARTIES MOST AFFECTED.PAs have a contribution to make to deliver by the PSI of its strategy to meet patient needs.
1306	The PSI should engage with the PAA to address the issues raised in the August 2018 submission and the in the respondants replies to the survey questions. The draft statutory Instrument should not be submitted to the PSI for consideration until the outcome of these consultations are completed. Reforms agreed should be based on strong evidence and agreed by all parties affected. PA's have a contribution to make to the delivery by the PSI of its strategy to meet patients needs through their long hands on experience and service to the Irish public.
1307	Rules re task list are ridiculous. PA's have a wealth of experience and should be respected more. Make CPD mandatory and Fitness to Practice. And a practice review with IIOP. Allow Superintendent Pharmacists to sign off that they are happy with PA knowledge and competence. Restricting the hours they can work and the tasks they can carry out will lead to loss of livelihood for many. It's very unfair. PA's will all be retired in a few years time. Don't end their careers for them in such an awful way.
1308	CPD FOR ASSITANTS AND ASSISTANTS PROVIDING LOCUM COVER
1311	Engage in sensible dialogue with pharmaceutical assistants, pharmacists to settle tis issue once and for all. It is causing undue stress and uncertainty to a cohorts of worker that don't deserve it. Make the legislative changes required .

Appendix N

Email responses

No.	Email	Date
1	I refer to the draft rules for public consultation, proposed by the Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 I find this apparent “need” for redefining the meaning of temporary absence of the pharmacist extremely offensive for all involved. Qualified pharmaceutical assistants are highly qualified and knowledgeable professionals with a wealth of knowledge spanning 4 decades or more. At what point over the last 40 years has there ever been a need to question their qualification or the service they have offered in the community? When has there ever been cases of negligence or health and safety worries surrounding assistants? They worked seamlessly alongside pharmacists for many years, working in the role in which they were qualified and entitled to, covering temporary absences. This working relationship among pharmacists and assistants has been a fantastic arrangement over the years and never caused any problems. All of a sudden now it seems important to redefine their role, bearing in mind that many of the remaining assistants are coming towards the end of their working careers. The vast majority are females in their 60s and this bullying tactic being considered by the PSI is simply unnecessary, upsetting and demeaning. As pharmacists, our primary concern is always to provide the absolute best service to our patients, keeping their safety at the centre of all of our actions. To suggest that we would even consider endangering patients by hiring people who are not capable of doing the job is a massive insult. I have worked with various pharmaceutical assistants over the years and I drew the same conclusion every time. Their wealth of knowledge and experience was a HUGE asset to the pharmacy and they are a very valuable member of any pharmacy team. You cannot compete with 30-40 years’ experience. Members of the community have complete and utter trust and respect for them as professionals. I have lost count of the number of times over the years that patients have returned to thank the assistant for their help in recognising/diagnosing something and either providing them with an effective remedy or referring them as needed. I have seen them deal with more serious situations like asthma attacks, anaphylaxis, stings etc. All in a completely calm and timely manner. The list is endless, as is my respect for these professionals. As a superintendent pharmacist of a community pharmacy I can honestly say that I can leave my assistant in my temporary absence and the pharmacy will be in very safe hands. She knows all of our patients and has a wonderful relationship with them. I work alongside her for 8 hours every week and she is an enormous help and support to me. I often find myself asking for a second opinion from her when it comes to rashes as her experience means her knowledge is far superior to mine. Why would I hire a locum to cover my holidays and day off when I have a wonderful assistant who knows the systems, and day to day running of the pharmacy. A locum without the same experience would not	July 18, 2018

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instill the same trust in my patients. Hiring an unknown locum would result in undue and unnecessary stress to the entire pharmacy team. A pharmacist who is not familiar with the running of our shop would require additional support and it would result in my technician staying in the shop over lunch rather than taking their entitled hour off. None of us would feel confident leaving a locum pharmacist by themselves when they would struggle with queries by themselves. Not to detract from locums but realistically they cannot be relied upon to do the same job as my pharmaceutical assistant who needs no direction or support.

Point number 4 in particular irks me greatly. "temporary absence of the registered pharmacist" means any period, not exceeding one hour, during which the registered pharmacist is not physically present at the premises where a retail pharmacy business is carried on." This is completely ludicrous. Putting a fixed number of hours on temporary absence is not, I feel, a decision for the PSI to make. There was never a need to put such a stringent confine on this and there is STILL NO NEED for this. We as superintendent pharmacists are more than capable of leaving procedures in place and trusting that we are hiring professionals who can carry out the responsibilities that they are trained to do. Why does the PSI insist on persevering with this nonsense? Even writing this I shake my head at this "logic". Somehow these brilliantly trained individuals are no longer deemed safe to do their job but it is okay to cover an hour a day. Who might I ask will employ anyone for an hour per day? A professional task list limiting what duties they can perform is beyond insulting. The pharmaceutical assistants are entitled to cover temporary absences when the pharmacist is not there and this should include the pharmacist's days off during the week, holidays, maternity leaves and anything that constitutes temporary absences. The PSI is not making allowances for temporary absences such as sickness, personal issues, funerals etc. If I was sick for more than 1 hour per day my assistant could not continue to work for me? In my ill health I would need to find a locum at the last minute or close the shop? Whoever is imposing these restrictions needs to step into the real world. Each superintendent pharmacist is more than qualified to determine if a pharmaceutical assistant is fit to cover temporary absences. We as a profession are stretched to the limit, facing long hours with no breaks and our pharmaceutical assistants are a great support.

These proposed restrictions on working hours will pose a massive threat to self-worth, self-esteem and mental health to all pharmaceutical assistants. It shows a great lack of respect and empathy and is undermining and ageist. I ask for the PSI to deal with this matter in a fair manner and think of the implications for all. As a professional body: shame on you.

Temporary absence is exactly that. It requires no further definition.

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2	I refer to the draft rules for public consultation that the Council of the PSI has proposed as to what constitutes the temporary absence of a Pharmacist. As a Pharmacy Owner, I find it difficult to understand how a time limit can be put on temporary absence of a Pharmacist. Pharmaceutical Assistants are highly qualified professionals, who have provided cover for Pharmacists for many years. They have a wealth of experience in the pharmacy sector. Their dedication to pharmacy is priceless and in my experience they take their role in the absence of a Pharmacist very seriously. On a personal note, I cannot express in words the respect and gratitude I have for my Pharmaceutical Assistant. My Pharmaceutical Assistant has worked in the pharmacy for the past 20 years. Her wealth of experience and her knowledge never ceases to amaze me. While I understand that the personal integrity of the Pharmaceutical Assistant is not in question, I do feel that if these proposals go ahead, it will have a devastating effect on the Pharmaceutical Assistant's personal health, self-esteem and on the pharmacy sector. My Superintendent Pharmacist and Pharmaceutical Assistant have an excellent and respectful working relationship. The welfare of our customers is of the utmost importance and because my Pharmaceutical Assistant works with my Superintendent Pharmacist there is continuity and familiarity with all issues in the pharmacy. My customers have developed a very special relationship with my Pharmaceutical Assistant and have returned to the pharmacy on countless occasions to seek her opinion and express their gratitude for her advice. I am fully confident as is my Superintendent Pharmacist that I can leave my pharmacy knowing that it is in the safe and professional care of my highly experienced Pharmaceutical Assistant. I would ask the PSI to consider the implications that these proposals will have on the Pharmacy Sector but more importantly on the Pharmaceutical Assistants.	July 18, 2018
3	The proposals for temporary absence are completely without any touch to existing practice. Honor the rights of the pharmaceutical assistants take responsibility, and apologies for the way you have dealt with them, completely ignoring their value in the pharmaceutical work practice. ██████████ ██████████	July 21, 2018

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4	To whom it may concern, I am writing to express my concern and disappointment towards this Consultation on Temporary Absence, that upon agreement, renders pharmaceutical assistants in Ireland only capable of working one hour per day and limits the amount of responsibility they have significantly. There are many contributing factors towards my opinion which I will cover with you now. Firstly, I cannot understand why a qualification and training given to these assistants is something that is simply to be snatched back from them now. It is my understanding that Ireland is a country often recognised for its high levels of education. Entering any pharmacy here, I have the comfort in knowing that these ladies were trained effectively back when they earned their qualification. If this is something that is not up to standard now all of a sudden, then why weren't relevant training programmes put in place for them? It's my opinion that offering further education and training to these assistants with many years experience is an obvious step forward. Carrying on from that, they say that experience is life's best teacher. Quite frankly, I feel much more comfortable speaking to a pharmaceutical assistant than I do speaking to a newly qualified pharmacist. Sure, they may have a more modern and up to date education, but I'd much rather be administered my prescription from someone who has been doing this for 40 years. Not once, have I ever had an issue with a pharmaceutical assistant but numerous times I have witnessed slip ups from the newly trained. Nothing drastic, and I am sure they are also on their way to becoming noteworthy pharmacists but it might help to have them under the watchful eyes of those trained long before them. Putting myself aside, I can't even think of the impact these changes would have on the livelihood's of the ladies involved. Some of these have raised families on their own with this qualification and now it's to be taken away from them? To me, this seems extremely unjust and a very flawed system. The little regard that has been given to these highly experienced and qualified people looks like a slap in the face. I am quite proud of all the work they have put in over the years and think they should be treated accordingly. Finally, I would love to know what happens next. If these changes go forward then what becomes of their lives? Working one hour a day is hardly enough for anyone to survive on. You really expect that after 40 years of hard work and dedication to the field, they are just to find work in another sector now? For most, education is no longer an option. It makes me quite upset that the one's who offered this qualification in the first place, are now putting full responsibility and punishment on the ones they gave it to. Honestly, it puts a lot of distrust in the Irish Education System for me now and I know it will be the same for many. Why bother getting a qualification now if its going to be taken from us down the line? In conclusion, I completely disagree with the changes being proposed in this Consultation on Temporary Absence. As it stands, I am one-hundred percent confident and comfortable in the roles of pharmaceutical assistants. Their	July 29, 2018

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	experience, expertise, training and knowledge has never given me any doubt in trusting their abilities. They have provided so much to the pharmaceutical sector over the years and should be acknowledged and rewarded for that, at the very least, given the extra training necessary to bring them up to speed with current requirements. To think that they are now being turned a blind eye to is hypocritical, unjust to them and their customers and quite shameful of the of the PSI, who trained these Pharmaceutical Assistants and awarded this Qualification. Kind Regards, 	
5	Dear Sir/Madam, My name is  and I am writing in response to the draft rules you have proposed under which Pharmaceutical Assistants may act in the temporary absence of a registered pharmacist. I would like to start by saying how bewildered I am by your proposals to wipe out the rights of 336 Registered Pharmaceutical Assistants to earn a livelihood. I simply cannot understand why there is such a drive to effectively eliminate a <i>qualification</i> that was formulated and validated by the PSI. These people went to college and worked hard to get their qualifications in order to have a career. If you deem their education as "not up to date", then why not provide re-training/up-skilling? However, instead of organising simple training classes you would just rather take their qualifications away from them? That is not how education works and you are masking your mistakes and failures to help these workers by robbing them of their qualifications? This is simply <i>inexcusable</i> in my opinion. All of the affected individuals, who have a wealth of experience are within 10 years of retirement, and you propose to make 30-40 years of experience in the field <i>invalid</i>? This makes <i>no</i> sense. I am not sure you understand how much of a consequence this will have for pharmacy services throughout the country. Not to mention their families. So many patients find comfort, safety and a friend in these Assistants and you want them replaced? The Regulator also <i>boldly</i> claims that these experienced Pharmaceutical Assistants are "<i>incapable</i>" of working more than 1 hour per day. In this hour, they are <i>legally not allowed</i> to the following: dispense medicines for children, dispense Warfarin or Methotrexate, dispense <i>emergency</i> supplies <i>requested by a GP/patient</i> or dispense medicines new to patients. You also deem these workers <i>incapable</i> of dispensing prescriptions with more than 5 items or dispensing emergency contraceptives. You are simply denying them the right to do their jobs. The worst part is, that's not even half of it. What is the end goal here? What are you setting out to achieve? As a recent college graduate myself, I would understand if there was a need to give today's graduates positions they have worked for. However, as a customer and a patient, I would be more trusting and comfortable to be assisted by someone with a lifetimes worth of experience, knowledge and passion for the job that they do. I know a few people in your crosshairs who are affected by this and they are scared for their futures, their homes and their families. They are wonderful people who have devoted their lives to helping others. By going ahead with your proposals, you are <i>willingly</i> putting people's livelihoods at risk.	July 31, 2018



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	In this email, there are 3 words I have underlined - <i>inexcusable</i>, <i>invalid</i> and <i>incapable</i>. (i). I find it <i>inexcusable</i> that the PSI want to put an end to these people's careers and strip them of their right to work in their profession. (ii). The PSI's reasonings are <i>invalid</i> - you want to revoke a qualification you consider out of date, yet totally failed in maintaining it by not providing adequate training and up-skilling. (iii). The PSI is <i>incapable</i> of understanding how much hurt this will cause families around the country. Yet you seem content to do so - and it is sickening. I hope you take my stance and the stance of countless others into consideration before taking further action. Regards, [REDACTED]	
6	To whom it concerns, I find it very hard to digest the amount of time and resources being WASTED by the PSI on the Pharmacy Assistant temporary absence issue. I am one of the lucky ones who has had the opportunity to work with a qualified assistant for the past 20 yrs. There are highly qualified individuals far more than what is graduating out of the schools of Pharmacy at the moment. There are only 2-3 classes of them left - the lady I work with is 66 ! Why is this such an issue when in the next 5-10 years they will be obsolete. I find it appalling the amount of time and money being wasted by the PSI on this, someone up there must have an awful scunner against the qualified assistants who I said are so knowledgeable and an asset to anyone who is lucky enough to employ one. I am a tutor pharmacist and my assistant was a huge help in the training and moulding of my student into if I say so myself fantastic pharmacist. Please explain Yours Sincerely [REDACTED]	July 31, 2018
7	Submission on behalf of [REDACTED] Registration number [REDACTED] I have been working competently as a Qualified Pharmaceutical Assistant for 40 years and I am astonished at the proposed changes on "The Temporary Absence of a Pharmacist from a Pharmacy" and the proposed reservations on what a Qualified Pharmaceutical Assistant may dispense under such circumstances. In coming to its decision, the Registration and Qualifications Committee had only one qualified Pharmaceutical Assistant (PA) present during the decision making process thus compromising the process due to the lack of proper representation. This same individual was the only Qualified Pharmaceutical Assistant on the Working group which was established last year. The outcome from the Working Groups' first meeting (21st July 2017) states that the recommendations for inclusion in a draft set of rules regarding the period of time a PA operated in the temporary absence of a pharmacist were not "unanimously agreed but were arrived at through a majority decision". There were 5 attendees at the meeting, only one of which was a PA, again highlighting lack of proper representation. The second meeting from the working group discusses the bench marking of the PA qualification to a report which was produced by NARIC UK. Again it states that "not all of the working group members were satisfied with this report". It is very difficult to draw	August 2, 2018

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	parallels and try to benchmark a qualification from that period in time. The current pharmacy degree has moved from a very theoretical, non patient facing training to include several patient-facing and on the job shadowing blocks. Experiential learning has been shown to be invaluable and over 40 years in the workplace I have never stopped learning but this does not seem to have been considered in the NARIC report. Just because I qualified over 40 years ago does not mean I am incompetent. The agenda for the third meeting from the working group point 5 to "discuss whether any particular stakeholder views should be sought"this was not mentioned in the discussion section. As valued members of the pharmacy team, should community pharmacists in the wider community not have been consulted that actually employ the PAs and their feedback considered. As a PA I have over 40 years valuable experience, have kept abreast with the on-going changes in pharmacy, e.g. introduction of the High-tech medicine scheme and competently dispense and counsel patients on a daily basis. Patient safety is paramount in my job and this is never compromised. Why now am I deemed to be unfit to practise ? I am more than willing, given the opportunity to prove my competency and provide the assurance that I practice safely and competently at all times. I agree all health professionals should be regulated and the PSI as a regulatory body should ensure all PAs registered are regulated and provide the necessary tools for us to demonstrate this. The PSI state that "the public cannot be effectively protected by other means in a more immediate cost-beneficial manner"....where the public consulted in the those communities served by PAs ? As it affects such a small group this would not have been unreasonable. Has there been complaints, serious errors or patient safety issues against any PAs over and above those of pharmacists ? Or any at all ? It is only cost-beneficial to the PSI not the 300+ PAs on the register. If these proposed changes are implemented, I will most definitely suffer loss of earnings and potential unemployment as my terms of employment will change. If a case is brought to the Labour Court, it will potentially be seen as one of the worst case scenarios in relation to established rights and employers may be put in the situation that redundancies may have to be paid and the potential issuance of proceedings against the PSI Furthermore, PAs provided essential temporary relief for pharmacists over the years when there were very few pharmacists in Ireland relative to today as Trinity College was the only university providing the course when the PA qualification was established and some pharmacies would not be in existence but for the service provided by PAs in those interim years. PAs ensured pharmacists were able take adequate breaks and provided appropriate holiday cover when required. It seems very unjust to dismiss PAs and their <i>inherent</i> qualification. We have rights and it is not fair to categorically take away our livelihood without giving us the opportunity to prove ourselves.	
8	To whom it concerns: This potential change is ill thought out, it will create problems within pharmacies and will not improve patient care. There is a manpower problem within community pharmacy, we cannot get enough pharmacists. Existing community pharmacists working longer hours will dis improve patient safety. The people who drafted the 2007 Act chose to ignore QUALIFIED pharmaceutical assistants as they do not fit linearly within practice. In 2007 or now if there is a political will a "grandparent clause" could and should have regularised the QUALIFIED pharmaceutical assistants as has happened previously in our profession i.e. chemists and druggists became pharmacists, alternatively the society should recognise the unique position of our valued QUALIFIED pharmaceutical assistants and allow a sunset clause. I compare and contrast their	

	proposed treatment with nurses, all newly qualified nurses have level 7 or 8 degree status but many of their older colleagues did not have to complete a degree and have a diploma or certificate which equates to level 5 or 6. There is no apartheid in their register indicating that the older nurses cannot offer safe professional care. If patient safety has not been compromised from 2007-2018 by the current QUALIFIED pharmaceutical assistants working arrangements then conceivably that will continue for another 11 years, by which time most QA's will have retired. Fairness and equality have no bearing on patient safety however we must treat all colleagues equally and fairly, we are a compassionate and caring profession, imposing these measures on very experienced healthcare practitioners because of a weakness in the law is far from compassionate and caring. The law should be changed not the working conditions of hundreds of QUALIFIED assistants, with subsequent negative follow on effects to the pharmacists they work with and pharmacies they work in which will in turn affect patient care. Regards [REDACTED] Superintendent Pharmacist [REDACTED] pharmacy and [REDACTED] pharmacy, [REDACTED] (Note a copy of this submission was also submitted thru the Pharmaceutical Assistants Association survey)	
9	To whom it may concern, I am contacting you in connection with the Pharmaceutical Assistants temporary absence dispute. This is my submission: I have been an acting Pharmaceutical Assistant in [REDACTED] Pharmacy, [REDACTED] since 1977 (41yrs). In all that time there has never been an issue either by a customer or my employer. I am professional in every capacity as I take my role very seriously. If my status is changed I will be made prematurely redundant and have no form of income. Are the PSI going to compensate me fully to pay my bills and mortgage? I will not rest on this matter as they are taking it too far. Could they not leave us alone, as most of us are nearing an age of retirement and just let us be for the last few years of full time employment. Our qualifications never diminished, if anything they have got stronger with each passing year. I am more than capable to work independently in the temporary absence of a Pharmacist in the dispensary and I am well equipped and capable due to my years of experience and qualifications to answer any questions regarding dosages, patients files, patient information or drug information. How can I be deemed not fit for practice after 41 years of experience working independently and now be reduced to just covering lunch hours? Where is the justice in this? I have been a long serving member of the IPU and the profession and to be treated so unprofessionally and a total lack of respect for my career it is	August 6, 2018

[REDACTED]

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	unjust and totally unacceptable. My current employer is fully supportive and feels a complete injustice is being done to one of her employees. Trusting you look upon this submission favourably with respect for my position Kindest Regards, [REDACTED]	
10	Hi [REDACTED] Thank you for accepting an email from me on the consultation of Temporary Absence. I do not agree with Rule 4(1) as no evidence to support a "one" hour rule has been provided. PAs have covered temporary absence for over 40 years and there is no evidence published by the PSI, HIQA or HSE to demonstrate that their professional behavior in the supply of medicines has had any adverse consequences for patients. Rule 4(1) will restrict the rights of PAs to earn a living. It will cause the wholesaler eradication of a profession. I believe it is unconstitutional and an unjust attack on women as the majority of PAs are female The PSI should publish the evidence it has that PAs in dispensing medicines pose material risk to to patient safety. If no such evidence should be found the draft Statutory instrument should be withdrawn. Whatever reforms are eventually agreed, they should above all be agreed by consensus of the parties most affected. Thanking You, [REDACTED] PA qualified in 1978	August 6, 2018
11	Hi [REDACTED] Thank you for accepting an email from me on the consultation of Temporary Absence. I do not agree with Rule 4(1) as no evidence to support a "one" hour rule has been provided. PAs have covered temporary absence for over 40 years and there is no evidence published by the PSI, HIQA or HSE to demonstrate that their professional behavior in the supply of medicines has had any adverse consequences for patients.	August 9, 2018

[REDACTED]

	Rule 4(1) will restrict the rights of PAs to earn a living. It will cause the wholesaler eradication of a profession. I believe it is unconstitutional and an unjust attack on women as the majority of PAs are female The PSI should publish the evidence it has that PAs in dispensing medicines pose material risk to patient safety. If no such evidence should be found the draft Statutory instrument should be withdrawn. Whatever reforms are eventually agreed, they should above all be agreed by consensus of the parties most affected. Thanking You,  PA qualified in 1982	
12	P.S.I. from;  16 Aug 2018. Dear Sir or Madam, With regard to the above,I and many other Pharmaceutical Assistants sent submissions on a previous consultation in March 2016. It appears our concerns and opinions raised at that time have been ignored and the new draft rules as proposed is proof of same. I wish to highlight the following; I am a Qualified Pharmaceutical Assistant and have worked as a Qualified Pharmaceutical Assistant for 37 years. This has been a successful and rewarding career to date. I object to the proposal to limit my working cover to one hour per day. This proposal if implemented will have a detrimental impact on my employment status. I object that the proposed draft rules contain a professional task list that I am excluded from performing during Temporary Absence. This proposal if implemented will have a detrimental impact on my employment status. I object to Sect 8 (4) which states: The Council shall review the professional task list referred to in Paragraph (1) at intervals not exceeding five years.	August 12, 2018



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	This proposal if implemented will have a detrimental impact on my employment status. To ignore the fact that the above proposals will not impact on my employment prospects and my ability to earn a living as I have done for the past 37 years is absurd. The H.S.E and the P.S.I are involved in promoting Health Awareness and Mental Health Awareness in Ireland. Have these bodies considered for one moment the wellbeing of the Pharmaceutical Assistants in this whole process? Yours, 	
13	Dear Sir/Madam, My name is  and I am writing in response to the draft rules you have proposed, under which Pharmaceutical Assistants may act in a temporary absence of a registered pharmacist. I would like to start by saying how baffled I am by your proposals to more or less wipe out the rights of 336 Registered Pharmaceutical Assistants to work and earn a livelihood. I simply can't understand the desire to effectively eliminate a qualification that was formulated and validated by the PSI. These people went to college and worked hard to get their qualifications in order to have a career. If you believe their education isn't "up-to-date", then why not provide re-training/up-skilling? However, instead of organizing simple training classes, you would rather just take away their qualifications? That is <i>not</i> how education works, and it's inexcusable behaviour to rob workers of their qualification, rather than to acknowledge and improve from your own mistakes in dealing with those workers. All of the affected individuals, who have a wealth of experience, are within 10 years of retirement - and yet, you propose to make 30-40 years' worth of experience in the field invalid anyway? That doesn't make any sense. I don't believe you understand how much of an impact this will have on pharmacy services throughout the country, not to mention the families of the Assistants. So many patients find comfort, safety, and a friend in these Assistants - but you want them replaced? The Regulator also boldly claims that these experienced Pharmaceutical Assistants are "incapable of providing temporary cover" for more than 1 hour per day. And even then, they're not allowed to legally:	August 12, 2018



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	-Dispense medicines to children -Dispense Warfarin or Methotrexate -Dispense emergency supplies requested by a GP/patient -Dispense medicines new to patients You also deem them to be incapable of dispensing prescriptions with more than 5 items, or emergency contraceptives. In short, you're simply denying them the right to do their jobs. The worst part is that there's still so much more to critique. What's the end goal here? What are you trying to achieve with all this? I understand that there might be a need to give today's college graduates positions that they've worked for, speaking as a recent graduate. But as a customer and a patient, I would be more trusting and comfortable to be assisted by someone with a lifetime's worth of experience, knowledge and passion for the job that they do. I know a few people in your cross-hairs who will be affected by this, and they're scared for their futures, their homes, and their families. They are wonderful people who have devoted their lives to helping others, and deserve to keep doing so for as long as they can. By going ahead with your proposals, you are willingly putting people's livelihoods at risk. It's not right. It's not right to end these's peoples careers for no justifiable reason. It's not right to consider them unqualified without even bothering to re-train them. And it's not right to render them unemployable and putting their lives and families at risk. I ask you to understand where I'm coming from, along with everyone else who has written to you or raised objections elsewhere, and to consider better alternatives. Please. Regards, 	
14	Good afternoon I am including a copy of a letter with regard to the draft rules on temp absence. It was composed earlier in the year when the results of the working group were published and before the draft rules were officially published As mentioned in the letter if the professional task list mirrors those tasks listed in the risk matrix in the report, this would seriously restrict our PA's ability to carry out their role and we would be making her redundant	August 12, 2018

One aspect which I would consider to be particularly onerous on the pharmaceutical assistant would be Notification to members of the public, I feel like it would be very hard for a fellow professional to have to tell patients who they may have been looking after for over 20 years that all of a sudden their abilities have been downgraded.

Letter

To whom it may concern

I have read the Working Group on Temporary Absence Report and was surprised to see the risk assessment matrix results. I understand the draft rules still have to undergo legal counsel review but if they were to come into effect it would severely impact our assistants capacity to undertake her current role.

[REDACTED] has worked for [REDACTED] trading as [REDACTED] since April 1997 in the capacity of Pharmaceutical Assistant.

When we took over [REDACTED] pharmacy in March 2016 [REDACTED] was retained in her position as a valuable member of the dispensary staff.

[REDACTED] currently provides temporary absence cover for 1 ½ hours for 2 morning per week and every second Saturday along with working alongside the pharmacist for the remainder of her weekly hours.

The new rules would completely remove her ability to work the Saturdays unsupervised and make the mornings temporary cover/supervised cover unworkable for the business and our patients would suffer.

The pharmacy is busy dispensing over 10,000 items per month. We could not have a situation where [REDACTED] was on her own for an hour and able to dispense some prescriptions but not able to dispense for example warfarin containing, methotrexate containing, or prescriptions with more than 5 items. It would also cause too much pressure on the other pharmacist during periods where both are working to filter prescriptions [REDACTED] could or couldn't dispense.

In order for me to feel comfortable that the dispensary was not under significant additional pressure and in order to ensure patient safety we would have to hire an additional pharmacist resource to replace [REDACTED] current hours.

	██████████ is a valued member of our team providing excellent patient care for many years, the cost of her role is currently justified because of her ability to work alongside and in the absence of the pharmacist. This would not be the case should her abilities be downgraded. The position of Pharmaceutical Assistant therefore would become a redundant one. As such I have discussed this with her and informed her that should these rules be implemented we will be making her position redundant and hiring an additional pharmacist instead to replace her hours. ██████████ Superintendent Pharmacist	
15	Dear Registrar, I am writing in response to the proposal on the Temporary Absence of pharmacist from a pharmacy. I tried to fill in the survey but it doesn't seem to be available so I'll just send a short email to express my thoughts. Until recently, I never had an interaction with a Pharmaceutical Assistant and my only knowledge was through lectures at college where we were told there were a small number still working in Ireland as the profession has become more regulated over recent years. Since starting my first supervising role a few months ago, I have been lucky enough to get to know my first Pharmaceutical Assistant and have had plenty of follow up calls and messages with him on a regular basis. I feel comfortable knowing that the pharmacy is in very capable and conscientious hands. He has been working in pharmacy for decades and has a plethora of knowledge that is only gained from years working in the field. I can safely say that I would much prefer to have him taking over from me instead of the vast majority of people who cover for me. He knows the customers, the dynamic of this pharmacy and the Irish system in great detail and I have learned a lot from him. I genuinely feel that the safety and health of my patients would be in better hands if he was to take over from me on my day off. It can sometimes prove very stressful taking over from a new locum who is inexperienced or even worse a pharmacist who is careless. I understand that being newly qualified is a stage we must all go through but the fact is that the pharmacy I work in is a safer place for my patients when the Pharmaceutical Assistant is here instead of them.	August 13, 2018

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	I feel that introducing the new maximum of one hour per day is not practical and will in effect push Pharmaceutical Assistants out the door before they are ready to retire. I wonder if there have been many complaints made against pharmaceutical assistants in general? My own experience has been an incredibly positive one. I hope this is helpful feedback and is taken into consideration. Thanks for reading,  	
16	As a qualified assistant of over 35 years experience, I disagree in the strongest possible terms to the proposed changes to Temporary Absence. From the year I qualified we as a group have had to fight tooth and nail for the right to practice under the terms of the qualification conferred on us by the PSI. Should these proposed changes be implemented , my rights to earn a living from my qualification would be wiped out. No pharmacist could be expected to employ a qualified assistant where the rules governing Temporary Absence are so restrictive. They do not take into account the everyday challenges of life such as unexpected sickness, traffic delays, family emergencies etc. And so defy all common sense and logic. As to my opinion on what the maximum time for Temporary Absence should be, I feel that the current time agreed as per the 1994 agreement though not perfect is generally fair to both qualified assistants and Pharmacists. Re. Question 7, It is obvious that a pharmacist must have confidence and trust in who ever is left to look after patients in his/her absence. In the majority of cases qualified assistants have worked in the one pharmacy for many years , the pharmacist knows their capabilities and would not employ them if their was any doubt as to their ability to act in a professional manner. Where the duty register is concerned I see no need for the qualified assistant to enter the length of Temporary Absence every time the pharmacist steps outside the door. The register as it exists now is fit for purpose and any changes as per the proposed changes are unnecessary. I also feel the " necessity " to inform the public that one is a qualified assistant is nonessential, Not because qualified assistants are trying to mislead people into believing that they are "pharmacists " but for the very practical reason that the majority of patients have never heard of qualified assistants ,and would not realise that we are qualified to dispense their prescriptions and give them professional advice re.their medication . When they hear the word assistant, they associate it with OTC assistants and may doubt the validity of the advice they have been given ,regardless of the fact that the Assistant has probably more than 30 years experience and a qualification validated by the PSI. Personally I have no problem if a patient asks if I am the pharmacist in saying "no, but I am qualified to cover while the pharmacist is absent."	Aug 13, 2018

	RE. Question no 11 ,I strongly disagree with the council formulating a professional task list for qualified assistants , with the exception of functions restricted to pharmacists under specified medical legislation e.g. Vaccination schemes, qualified assistants have always carried out their duties within their remit professionally and with the utmost care, any change to this rule would have a devastating effect on our ability to earn a living from our qualification as we know it. As new clinical services become available I can understand that qualified assistants may or may not be permitted to provide such services but hopefully a decision could be reached following meaningful consultation or training in the new service if necessary. On a personal note, I have worked in pharmacy for nearly 40 years and I take my duty of care to patients very seriously. All I ask is that I be allowed to continue to work until my retirement under the terms of the qualification granted to me by the PSI. Yours sincerely, [REDACTED]	
17	To whom it may concern, I am writing to you in regards to the "Public consultation on Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules" I believe that there is no need to effectively destroy a person's qualification when there are no grounds to do so. I believe in the PA's of our country, having worked with many of them over many years myself. I am not going to go through all the ins and outs of different sections or articles to explain in detail why I disagree. I understand that a patient is the number one priority at all times. Having worked in a pharmacy, I completely understand this but I also understand the vital role that pharmacists, qualified assistants and technicians play in a community. Trust is something that has been earned by the majority of these QUALIFIED assistants over many many years of hard work. Ask any doctor, patient or colleague and I'm sure the majority will tell you the same. Ask any patient who walks through the door of the pharmacy who they'll trust to speak to more? A fresh faced 20 something year old or a person who is older? I think you already know the answer to this. I know I do and I'm a 20 something year old. I believe that with over 30 years' experience, they are one of the most important members in a pharmaceutical organisation.	Aug 13, 2018

	My mother is one of these women. A woman in her late 50's. A woman that still has one dependant child living at home and possibly for the rest of his life. A woman that is the solitary earner in the household. A woman who has worked so hard for her children and husband. A woman that has worked hard for most of her life – only in a pharmacy. A woman that is very well known to doctors, nurses and dentists in her area. A woman that is a huge part of the community as they TRUST her in her job. A woman that is only years from retirement. A woman that has already been reduced to half rate of pay for most of the working week. A woman who will do anything for her job. A woman that has loved her job whole heartedly until now and is heartbroken. This woman's story is only one of many. To kill someone's qualification only 7 years before they retire is cruel and unjust. Hearing my mother crying on the other end of the phone over her JOB is not something I ever expected to hear. To listen to her voice, tired and anxious, due to her lack of sleep over worry is the most upsetting thing to listen to. How about letting the qualification die out on it's own? Would save a lot of people a lot of hassle but most importantly it will save a lot of jobs.. Anyone I have spoken to has seen that that is the most straightforward way around this issue. Common sense needs to prevail. Warm Regards, 	
18	To whom it may concern, as a qualified Pharmaceutical Assistant I find myself yet again in a position of having to defend the qualification you as a society actually gave me. Considering how few of us are left ,what is the point of these continued efforts to downgrade us? Do all the years of loyalty to both employers and customers mean nothing? Most of us are female, many the sole earner in a household and as a single woman myself I need to make my own living.	Aug 13, 2018

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	You can surely understand therefore how very worrying and distressing your proposed changes are and how they will so negatively impact on our ability to make a living and remain employed at a level we have worked very hard to maintain. In these difficult economic times many must continue to work with no private pension to look forward to and certainly no golden parachute. Maintaining our qualification is therefore extremely important. Consider also the Pharmacist, especially the small, rural, independants. Many depend on us and will also certainly be let down by this new proposal. In an already high pressure job it is very important to be able to have lunch, go on holiday and be absent in the various emergencies that occur in real life, knowing that you have a trusted, qualified Pharmaceutical Assistant who knows your customers ,to cover for you. As it is, many pharmacies already find it difficult to get locum Pharmacists, especially outside cities. This is where we as group are an asset as we are in the main settled in and know our communities. Working in the same pharmacy for many years as I and many of my colleagues have, the relationship built up between our customers and ourselves cannot be underestimated. While we can dispense their prescriptions and look after their healthcare needs, sometimes they just need to talk to someone they know and trust.....a trust built up over the years. Mental health being such a high profile issue now makes this even more important. I qualified as a Pharmaceutical Assistant in good faith, worked diligently for years in with the expectation of a secure future in my chosen field. Your proposal puts that future in jeopardy and compromises my and many of my fellow Assistants ability to earn a living.....completely unjust would you not agree? [REDACTED]	
19	To whom it may concern, I am writing to inform you of my strong objection to the proposals regarding temporary absence, and the PSI should withdraw its proposals until all the issues set out in the PPA's August 2018 submission are settled. I strongly feel that the effect on the pharmaceutical assistants in this proposal will be extremely negative, including loss of employment and financial issues. PA's have covered pharmacists temporary absence for over 40 years and there is no published PSI, HIQA, or HSE evidence to show that there professional behaviour in the supply of meds has had adverse consequences for patients.	Aug 14, 2018

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	On the contrary, pharmacists that employ and work with PA's trust their professional competency and experience. Therefore, if the rationale of rule 4(1) is genuinely to regulate and to protect patients safety, limiting temporary absence to one hour per day is misjudged and excessive. Most rural pharmacies utilise PA's in order to prevent significant risk to patient safety through pharmacist dispensing errors due to 9 or more hours work per day, 7 days a week. Rule 4(1) will restrict the employability of PA's and will have a detrimental effect on the ability of the PA's to earn a living. Their employability depends on being able to cover normal absences associated with a pharmacist working in independent community pharmacies. I believe the maximum time should be controlled by the supervising pharmacist when he or she is temporarily absent, and not specified by the PSI. The solution lies with bringing PA's under the PSI's core competency framework and making them subject to practice review and fitness to practice requirements. PA's are qualified, experienced and skilled professionals competent to dispense medicines. To ensure competency PA's should be covered by the same regulations as pharmacists. The PSI should publish the evidence that PA's in dispensing medicines pose a risk to patient safety. If no such evidence can be found, the draft statutory instrument should be withdrawn. Yours sincerely,  Qualified Pharmaceutical Assistant Registration Number: 	
20	Name:  Address:   Dear  I am writing to you in relation to draft rules proposed by the PSI Council in relation to temporary cover of pharmacies, more specifically by Pharmaceutical Assistants. Since 1890, Pharmaceutical Assistants have provided the patients of Ireland's pharmacies with an extremely professional service and have supported the pharmacists to a wonderful degree. SO much so that I would not have any	Aug 14,2018

concerns when the pharmacist might be on a day off or busy for other reasons. I am therefore disgusted at the consultation process that the PSI is embarking on. Having read the draft rules, it is clear that the PSI is working to effectively eradicate the role of the Pharmaceutical Assistant. This is completely unnecessary and unwelcome to me as a long serving pharmacy patient. By reducing the number of tasks that a Pharmaceutical Assistant can do, they will in effect become a redundant profession. This will have a massive affect on those people's livelihoods, not to mention their own mental and physical health. Of even greater concern (without diminishing the welfare of the Pharmaceutical Assistants) is the impact that this will very obviously have on patient safety. From speaking to my own pharmacist, I understand that it is increasingly difficult to obtain pharmacist cover for holidays compared to the last few years. This will only increase with the upcoming Brexit in March 2019, where nobody knows whether pharmacists will be able to register from the UK, where so many of the pharmacists working in Ireland have completed their training. With a certain decrease in the number of pharmacists, this will without doubt increase the workload on already very busy pharmacists currently working in pharmacies. If the Pharmaceutical Assistant role was reduced in such a way as is proposed, this would mean the effective number of pharmacist would decrease by a further 250-300. This will without any doubt whatsoever impact negatively on patient care. Patient safety will be severely impacted and also the time that I currently am able to spend with the pharmacist during consultations will most likely disappear. I am deeply concerned that the PSI appears to be sacrificing patient safety in such a way. No evidence has been published that there is a problem with the Pharmaceutical Assistants, so it leads me to wonder why this has been deemed necessary. I have no concerns whatsoever with the level of professional service provided to me by Pharmaceutical Assistants. I only see them working in synergy with the rest of the pharmacy team. Indeed I have only heard good comments about them from the pharmacists I have spoken to. I do have concerns whether the PSI is acting in the best interests of patients like myself, and indeed failing miserably on it's own mission statement, published on the PSI website. The number of Pharmaceutical Assistants will continue to fall over the next few years as they reach retirement, so in about ten years, this very valuable cohort of professional people will reduce to zero. I therefore ask that this ridiculous process is stopped and the status quo is retained at the earliest time. I look forward to hearing from you as a matter of great urgency. Yours sincerely, 
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21	To Whom It May Concern, I qualified in 1982 as a Pharmaceutical Assistant having completed a four year course of study which comprised of a three year apprenticeship followed by an intensive academic year of lectures, in both theory and practical, which took place at the School Of Pharmacy, Shrewsbury Rd. and final exams which were held in Trinity College. Since qualifying, I have worked in Community Pharmacy on a full time basis. The career path I chose 40 years ago, to which I am totally dedicated, has brought many challenges over the years - advances in patient treatments, new drugs, etc. So the learning and study didn't end with qualification, but continues daily, so that we are equipped with the most up to date information to enable us to dispense, advise, inform and counsel our patients appropriately. One of the more recent challenges however is not related to medicine knowledge or patient care. This challenge is due to the changes being brought about due to the Pharmacy Act 2007 with relation to my status as a Qualified Assistant! The determination by the PSI in the proposed Draft Rules to define "temporary absence" as meaning 1 hour per day is outrageous and an encroachment on my Qualification, which was examined and awarded by the PSI itself for over 36 years. Of even greater concern is the latest proposal, whereby the PSI are now looking at what duties a Qualified Assistant may or may not do "on behalf" of the pharmacist. As I recall, I am qualified to carry out ALL of the duties of the pharmacist - but I cannot own or manage my own pharmacy. If these proposed changes to my qualification are passed and become law, then it will put me in the position of being un-employable, as far as my Pharmacy qualification goes- and that cannot be permitted surely! My own employer has already said so to me. We have a very good working relationship, he relies on me for many reasons, not the least of which is the tremendous experience I have gained through my years in Pharmacy, but if I cannot provide professional cover, he and other pharmacists will not or can no longer employ us Assistants. And that, surely, is taking away my livelihood and undermining my Qualification in one fell swoop . Surely a more appropriate way to deal with this would be to include us PAs in CPD and move forward together as a body united in providing a professional, caring and progressive service to our patients and the public in general! I would hope for a satisfactory and decent response from my colleagues in the PSI. After all, we have the same goal - to see the standard of pharmacy in Ireland and patient safety and care to be second to none. Respectfully Yours, 	Aug 14 2018
22	To Whom it may concern, I am writing in support of the current position of Pharmaceutical Assistants working in the Irish Healthcare system. From my experience working full time with a permanently employed Pharmaceutical Assistant in our RPB I can state that I have confidence in her ability to perform the duties required on a daily basis.	Aug 14, 2018

	The new proposals seem to have been designed to make it as difficult and so restrictive that the role, as being suggested, of Pharmaceutical Assistant will become unworkable and therefore making Pharmaceutical Assistants unemployable or being demoted to role of a technician if this wish or need to continue to work for obvious reasons (eg financial, mental wellbeing). Until recently they have had a reasonable expectation to continue in employment if they wish up to retirement age. The Pharmacy Act of 2007 and the Pharmaceutical Society have excluded this unique cohort of Professionally qualified people who pay their annual subscription to remain on the register from the IOP so as to allow them to document the learning as is the case for registered Pharmacists. Provision should have been made for their learning needs using criteria that apply to others working in the profession. The RQF level 3 comparison suggests that the qualification equates to a leaving certificate qualification. My understanding is that all PA's completed their leaving certificate before beginning their studies as a PA. How would the Pharmacy Degree of 1985 compare to today's in terms of RQF. Pharmaceutical Assistants are valuable resource in the Irish Pharmacy environment who have contributed the careers work to the welfare of the patients they care for. To impose the suggested proposals relating to the temporary absence will have a detrimental effect on these people. The focus is and should always be the safety of the public. This topic requires further consideration and a innovative approach from the Pharmaceutical Society. A delay of the proposals to facilitate planning for their futures should be considered. Yours Sincerely, 	
23	To whom it may concern, I as a qualified assistant and who after years of dedicated service just can,t content myself to just submit the online survey and not make yet another attempt to fight for my rights.How a group or groups of people who know nothing about how I conduct my work or how I look after the general public day after day,year after year could think that I won,t fight these proposals all the way ,obviously have no notion of how I and my fellow assistants operate.To read these draft proposals confirms for me that you the psi have not informed yourselves or taken the time to fully check out the people in question ie the qualified assistant.Do you think that we haven't an ethic between us?Have you any idea of the lengths we go to to ensure our customers are looked after?. I and I,m sure all assistants see myself as very much part of team of people striving tirelessly for the betterment of those we serve.You need not concern yourselves about the public being in any doubt as to the qualification I hold when I serve them because it has never interested me to parade myself as a pharmacist.I am nothing more or less than a qualified assistant and my job satisfaction is in the	Aug 14, 2018



	satisfaction my customers voice continuously and the running joke is don,t tell me ,tell my boss.To be mistaken for the pharmacist surely signifies that no distinction could be made between how I conducted their needs and how a pharmacist would. Think very hard on how you determine what you deem potential risk to the general public or risk to the safety of the public. I have worked too hard to build up the relationship I enjoy with the customers who I know by their first name and they me. I have to much respect for the the people I serve to give them any less than one hundred per cent and more . It,s a sad reality that all of us dealing with the public pose a potential risk to their safety and that is why It is number one priority in the dispensary I work in.Am I a greater risk than a pharmacist? ,If so show me the evidence and I will step down. I work solely in one pharmacy ,I did work between two pharmacies owned by my boss but due to a psi inspection report I was said to be working outside the code of practice (I had to look that one up as I never was asked or agreed to this) My boss then centered me in one branch only and after an inspection to that pharmacy ,guess what ,It was reported once again that I was working outside the code of practice.I wrote a letter to the psi but it obviously did,nt in your opinion warrant a reply. I have on many occasion after a locum has covered and this is in no way disrespectful to locums had to follow up on scripts dispensed where no consideration was given to the patient history,a must when dispensing medication.You could excuse anyone reading the proposed draft that I never took interactions into consideration.I do know how to check for interactions believe it or not.I dispence no prescription and least of all one that has a drug I,m not familiar with high tech or otherwise without a me researching same fully before delivery to the customer,They deserve no less. Don,t underestimate my commitment to pharmacy,the people I serve and the public in general.I trust you will pay attention to my request to be given the respect I and my fellow assistants don,t only deserve but have earned.If you the psi don,t already know I do work to and abide by the same rules and ethics as all working in pharmacy and I deem the public to be in safe hands .I make no apology for the passion with which I object to your draft proposals and will not stand by and let you trash my qualification. Yours sincerely, 	
24	Dear sir/madam, I would like to point our that if the proposed directive is implemented in its current format, it will impact negatively on my ability to continue in my profession as a Qualified Pharmaceutical Assistant. It will have adverse effect on the livelihood of all QA's and will reduce considerably my ability to provide for the needs of my family. I have worked as a QA since qualifying in 1981 and have at all times endeavoured to perform my duties in a professional manner.	Aug 14, 2018



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	In conclusion, I would like to point out that myself and my colleagues have considerable experience and have been fulfilling our roles as designated by the the PSI without incident in modern record. Yours Faithfully,  Sent from my iPad	
25	Dear Sirs, I write to you as a PA who has worked in pharmacy for the past 40 years. I work for a small business which provides excellent professional service to its customers. The pharmacy team consists of pharmacist, pa, and technician. I work under the PSI guidelines and because of that restriction it has become increasing difficult for many pharmaceutical assistants to obtain work in any pharmacy for greater than 15 hours weekly. If the proposed rules are implemented I will lose my job. My current employer will have to try and source a locum for his day off and work longer hours in the week. This surely will have an impact on patient safety. These proposed rules effectively wipe out the pa qualification as they will no longer be able to dispense all medication whether a pharmacist is present or not. I find it incomprehensible that a Regulator has the power to eradicate a qualification, which has existed since 1890, with the stroke of a pen. Are we the "thin edge of the wedge"? In 20/30 years time will the same apply to pharmacists who qualified under the requirements other than the 5 years masters programme be similarly treated? If the PSI are truly concerned about patient safety why have they not ensured that Pas come under the core competency agreement and mandatory cpd instead of just pure eradication. The number of us is small and falling year by year. I urge you not to implement these rules, engage with the PAA and return to the status quo.	Aug 14, 2018



Appendix O

Stakeholder Submissions

1	Submission by the Irish Pharmacy Union to the Pharmaceutical Society of Ireland on the draft PSI (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 August 2018 The Irish Pharmacy Union (IPU), the representative body for 2,288 pharmacists and 1,761 pharmacies, welcomes the opportunity to make a submission, on behalf of our members, to the Pharmaceutical Society of Ireland (PSI) on the draft PSI (Temporary Absence of Pharmacist from Pharmacy) Rules 2018. Current PSI Code of Practice The current <i>PSI Code of Practice Governing the Temporary Absence Clause of the Pharmacy Act 1890</i> has been in place since 1994. The following are the key points in the Code which are of most relevance to the new draft rules: • The assistant who will be performing professional duties of the pharmacist in his temporary absence shall be employed in the pharmacy concerned on a permanent basis for not less than 15 hours per week; • The assistant shall be entitled to cover short absences, such as lunch hours, two half days or one day off per week and unscheduled short absences; • In the event of the temporary absence caused by illness of the pharmacist: ➤ The Society shall be notified as soon as possible, but not later than one calendar week from the date of first absence; ➤ If the pharmacist has been absent for a second calendar week the Registrar shall be so informed and the direction of the Registrar in relation to the continuation of cover shall be acted upon by the	August 3, 2018
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	pharmaceutical assistant who has been covering in the event of such an illness; • In the event of the temporary absence caused by the pharmacist's holiday entitlements: ➤ The pharmaceutical assistant shall be entitled to cover two working weeks per annum; ➤ The maximum number of days which the pharmaceutical assistant can cover shall not exceed 14 calendar days in any single absence. Pharmacy Act 2007 When the Pharmacy Act 2007 was being drafted, it was our understanding that the PSI was not minded to be too prescriptive about the definition of temporary absence, as the cohort of pharmaceutical assistants was finite and had not given the PSI any cause for concern. Consequently, this is a self-limiting issue as most pharmaceutical assistants are going to reach retirement age over the next few years. However, over the past number of years, during pharmacy inspections, PSI inspectors have insisted that pharmacy owners abide by the above-mentioned Code, i.e. that the pharmaceutical assistant must be employed in the pharmacy for a minimum of 15 hours per week before they can cover in the temporary absence of the pharmacist, such as lunches, one day off per week, two weeks' holiday per year and unscheduled short absences. Draft PSI Rules on Temporary Absence The draft PSI (Temporary Absence of Pharmacist from Pharmacy) Rules 2018 propose the following key changes to the above-mentioned Code: • Temporary absence will be reduced to one hour per day; • Members of the public attending the pharmacy must be notified when a pharmaceutical assistant is acting in the temporary absence of a pharmacist;	
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• The PSI Council will publish a professional task list setting out what may and may not be done by a pharmaceutical assistant when acting in the temporary absence of a pharmacist. Working Group on Temporary Absence The draft Rules were proposed by a Working Group set up by the PSI Council in July 2017. In its report, published in April 2018, the Group acknowledged that their recommendations were influenced by: • A report commissioned by the PSI which assessed the pharmaceutical assistant qualification as being comparable to Level 5 or Leaving Certificate standard; • The fact that CPD for pharmaceutical assistants is not mandatory; • The fact that pharmaceutical assistants are not subject to fitness to practise; • The introduction over the years of highly complex medicine regimes including high tech medicines; • The fact that pharmaceutical assistants are excluded from administering vaccinations. The Group undertook a risk assessment of the work that could be carried out by a pharmaceutical assistant during the temporary absence of a pharmacist and concluded that a pharmaceutical assistant could be allowed to repeat therapies that have been initiated and assessed by a pharmacist but that the assessment and dispensing of all new therapies would be outside their scope. IPU Proposal The IPU understands that the objective of the draft Rules is to address hypothetical risks identified by the Working Group regarding the competence and capacity of pharmaceutical assistants to act in the temporary absence of the pharmacist rather than in response to concerns arising out of actual reported incidents. The IPU recognises that this risk has been identified and the absence of appropriate assurances that the risk has been minimised. However, these exceedingly restrictive draft Rules effectively render the pharmaceutical assistant qualification next-to-worthless and put at grave risk the	
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	continuing employment and employability of the remaining cohort of pharmaceutical assistants, most of whom have decades of practical experience and have accumulated significant experiential learning. Additionally, many pharmaceutical assistants participate in IPU Academy continuing education events. The IPU is of the view that a more equitable and reasonable way to address the concerns of the Working Group and to determine the suitability of a pharmaceutical assistant to act in the temporary absence of a pharmacist would be to: • Develop a Core Competency Framework for pharmaceutical assistants, similar to that which applies to pharmacists; • Require all pharmaceutical assistants on the PSI register to undergo a practice review with the Irish Institute of Pharmacy; • Amend the PSI (CPD) Rules 2015 to extend mandatory CPD to pharmaceutical assistants (in the meantime, pharmaceutical assistants could make a statutory declaration that they would undertake CPD and complete an ePortfolio); • Amend the Pharmacy Act 2007 to make fitness to practise applicable to pharmaceutical assistants (amendments to Part 6 of the Act are currently underway to align the Act with the Supreme Court decision in the case of Corbally v. Medical Council & Others); • Convert the current Code of Practice Governing Temporary Absence into statutory Rules. Such actions would provide the necessary assurance to the PSI Council and to the public of the competence, knowledge and skills of pharmaceutical assistants, and pharmaceutical assistants would be able to continue to act safely in the temporary absence of a pharmacist under the current conditions. We would be happy to meet with the PSI to discuss or clarify any of the issues raised in this submission.	
2	Submission by PAA to insert *See Appendix P	August 14, 2018

3	Submission by TD Dear madam/sir As primary care spokesperson for for Fianna Fáil and as a practicing Pharmacist I'd like to make the following submission regarding the proposed statutory instrument affecting the terms under which pharmaceutical assistance currently operate. I have read the submission from the Irish pharmaceutical union and my opinions are largely similar To what the IPU have expressed. I'd like to see the reasoning behind why the current conditions under which Pharmaceutical assistants operate are proposed to be changed. Is there data to suggest there is an issue with the current set up? I'd also like to know the reasoning behind why one hour is proposed as the amount a time a PA can be in the pharmacy without a supervising Pharmacist being present. I would like to see the current arrangement being maintained but see no reason why pharmaceutical assistants shouldn't have to partake in continuing professional development and be monitored for same. I look forward to a reasoned common sense debate on this issue and hope that the very valuable role pharmaceutical assistants have played in the provision of community pharmacy services is supported and allowed to continue. Yours sincerely John Brassil TD Sent from my iPad	August 14, 2018
4	Submission by TD To Whom it May Concern: I write further to a request by PSI for submissions in relation to proposed amendments of classification of Pharmaceutical Assistants and the hours associated with dispensing medicines on a weekly basis. I received representations from many such personnel who believe and fear their employment may be curtailed or lost in the event of their hours being reduced from 15 to 3 hours as proposed. I believe that any proposed amendment to the 1994 agreement should only be agreed and proceeded with in the event of an agreement between both parties. Any such agreement for example may be one which accommodates a phased reduction of hours over a period of years while newly appointed Pharmaceutical Assistants are coming into the profession and this would have increased expectations in relation	August 14, 2018

	education attains and qualifications. I also note the Review Board included only one representative of the Pharmaceutical Assistants Sectors and in representations made to be they expressed their disappointment at such a low representation on the Board. I expect that any recommendation will be the subject of appropriate analysis by relevant Oireachtas Committee before final consideration by the Minister for Health. Thanking you for your consideration and I look forward to hearing from you. Kindest Regards, Barry Cowen TD Fianna Fail Spokesperson on Public Expenditure and Reform Constituency Office, Patrick Street, Tullamore, Co. Offaly. (057) 9321976	
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PSI Consultation on the

Pharmaceutical Society of Ireland (Temporary Absence of

Pharmacist from Pharmacy) Rules 2018

Submission

from the

Pharmaceutical Assistants Association (PAA)

August 2018

Introduction

The PSI's draft rules are fundamentally flawed.

There is no clinical evidence to support the proposed rule changes.

The cost implications and societal and operational impacts have not been addressed by the PSI never mind quantified.

The acquired rights and legitimate expectations of the 336 registered pharmaceutical assistants (PAs) affected by the proposed rule changes have been ignored, as have their workplace rights.

Due to the absence of evidence-based research to justify any change to the status quo and the false premises upon which the PSI bases its proposals, the PAA submits that the Statutory Instrument should be withdrawn.

At the heart of the situation is that the Government decided not to regulate PAs in the Pharmacy Act 2007. Retrofitting that mistake by means of a Statutory Instrument is not the solution.

The PAA would like to enter into a constructive dialogue with the PSI, without pre-conditions, before any rules are adopted to find solutions that are relevant, workable and 'fit for purpose'.

This submission seeks to explain in more detail the precise reasons for this recommended course of action.

Impacts

At the outset, our views on the expected impacts of the proposed rule change are highlighted.

Expected Impacts

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

The PSI failed to identify any impacts.

The PSI should quantify the impacts identified by the PAA and be satisfied that the costs and operational changes are reasonable and proportionate to the actual clinical risks they are seeking to mitigate.

Impact from the perspective of the experts – pharmacists and pharmaceutical assistants

In the absence of evidence based decision-making in the formulation of these proposed rules by the PSI Working Group on Temporary Absence, the PAA commissioned their own research on the impact of the proposed rules on the pharmacy industry and public health and safety (the full reports will be launched mid September). The preliminary findings from the research, a survey undertaken with pharmacists and one undertaken with pharmaceutical assistants, indicate that:

1. Pharmacy services will be reduced, particularly in rural areas
- ☐ Of the 130 pharmacists who completed the online survey, 77% agreed that it will be difficult to maintain the current service they provide if the proposed rules are implemented, 17% are uncertain as to how their service will be impacted.
- These pharmacists depend on their pharmaceutical assistant to provide temporary absence cover for their holidays (59%), lunch hour (57%), pharmacist's day off (85%), late nights (10%), other leave such as illness, meetings, funerals, childcare emergencies (67%).
- ☐ Independent rural pharmacies will be proportionately more impacted than pharmacy chains and independent pharmacies in urban areas as explained by these pharmacists working in towns with population of 5000 or less

"My qualified assistant has worked with us for 26 years and has always been highly professional in her work keeping up with developments. She is extremely capable. We have great difficulty in obtaining pharmacist relief, as the younger pharmacist prefers an urban workplace. If my workload increased I would strongly have to consider putting my pharmacy up for sale or failing that closing which would impact on the local community especially as our local GP has recently retired and his practice is looked after by A GP practice in the nearest town which is over 20Km away"

"It is not possible to get locum cover so if the pharmaceutical assistant can't cover I may have to remain closed some Saturdays. Major impact on my business...Major implications for my work/life balance. It's fairly disastrous for pharmacy in Ireland"

"May have to close one pharmacy"

"We find it hard to find a pharmacist to work in a small independent pharmacy"

"It will be necessary to reduce our opening hours – which will have an impact on patient care"

2. Jobs will be lost

- ☐ 76% of pharmacist respondents who currently employ a pharmaceutical assistant will not be in a position to do so if their pharmaceutical assistant can only cover 1 hour in temporary absence and be restricted in what they can dispense, 17% will have to review their situation. Once again it will be smaller independent pharmacies that will be impacted most, with 40% of respondents working in pharmacy chains disagreeing or neither agreeing or disagreeing with the proposition that they will no longer be in a position to employ pharmaceutical assistant compared to 23% of independent community pharmacies.

"It is the end of my personal life, my family life will suffer immeasurably as I will have work 13 hours extra per week.. I will no longer be able to pop to the bank or a funeral or collect my kids from school or watch their football match I will be a prisoner at work from 9am to 6pm every day...it is the most unfair proposal I have every seen, my assistant is more use and better than any pharmacist I have ever employed" (independent pharmacy in town with population of 5000 or less)

- ☐ Of the 140, pharmaceutical assistants surveyed, 75% cited the loss of their jobs as an outcome of implementing the PSI proposed rules.

"I will lose my job as I I work for a small independent pharmacy who will not be in a position to employ another pharmacist to provide cover"

"My services would no longer be required as I would not be able to cover for my employer. I am a widow with 10 more years on my mortgage. I would become unemployable"

"My job will be gone and I'll be replaced by a pharmacist"

3. Pharmaceutical assistant's qualification will be downgraded

- 98% of pharmaceutical assistants surveyed will no longer be able to undertake the unique role they are qualified to do "perform the duties of the pharmacist in his temporary absence", making them unemployable as these pharmaceutical assistants explain:

"will make me unemployable .. if I couldn't perform normal duties as a Pharmaceutical Assistant ... why would they keep me"

"My services would no longer be required as I would not be able to cover for my employer. I am a widow with 10 more years on my mortgage. I would become unemployable".

I will now be of no benefit to my pharmacist, he will have to employ another pharmacist which for an independent pharmacy would be expensive, and will result in loss of days/ hours for me"

Appendix J

- ☐ 98% of pharmaceutical assistants surveyed believe their qualification will be worthless. From discussion with their employers, to remain working they will be downgraded to technician, counter-hand, administration, reducing their income by nearly half as outlined by these pharmaceutical assistants.

"My understanding is that I can remain working as a technician, clearly with a reduction in my income"

"I think my work at very best will be downgraded to technician work or just administration paperwork e.g. GMS returns with rates of pay reduced to match"

"My employer will no longer hold me on my present rate of pay, as basically I will be no more than an "unqualified" technician. My personal financial situation will be untenable as I have mortgage repayments based on my present income"

4. The proposed rules if implemented will impact on patient care and pose health and safety risks to patients.

- ☐ Majority of pharmacists(60%) working in pharmacies that employ pharmaceutical assistant already work at least 40 hours with 20% of these working 50 hours or more.

- ☐ Findings from the survey show that 83% of pharmacists will have to increase the number of hours they already work if the registered pharmaceutical assistant qualified to dispense medication in their temporary absence and hugely experienced (70% of the 140 pharmaceutical assistants survey have between 35 and 41 years experience) can not no longer do so. These pharmacist respondents sum up the impact the loss of this qualified and experienced manpower will have:

"At a time when pharmacist numbers are critically low in terms of realistic availability, the undoubted and well acknowledged impact of Brexit to add further stress to those same numbers, the PSI are astonishingly trying to remove the role of Pharmaceutical assistant by default thereby decreasing the numbers of qualified, experienced and professional people by about 300. The role of the PSI, as laid down in the code of conduct for pharmacist is about patient care. this move would only diminish patient care and to a considerable level"

"This potential change is ill thought out, it will create problems within pharmacies and will not improve patient care. There is a manpower problem within community pharmacy, we cannot get enough pharmacists. Existing community pharmacists working longer hours will disimprove patient safety"

"Implementing this rule change without an increase supply of available pharmacists to cover shortfalls will cause huge problems in the industry. There is an increase in pharmacists on the register but this is not translating into an increase in pharmacists available to work. This ill thought out measure will exacerbate and already difficult situation"

"The proposed changes will also lead to a major pharmacist supply problem as the availability is currently not there as things stand. Likewise the standard of Locum

pharmacists is not to the standard required (language, experience etc) and the profession is better served by leaving things as they currently stand"

"Putting more strain on the pharmacy industry, it is at tipping point already. What is the alternative? Hiring newly qualified pharmacists that have way less experience and .. twice as likely to make mistakes hindering patient safety"

"I will be losing a highly competent and committed staff member who has been an integral part of my pharmacy's development...I will have to work longer hours and employ the services of locums that neither I nor my customers know or trust to the same level as my PA"

5. Cost of the impact of the proposed rules on pharmacies and tax payers

- ☐ 80% of pharmacist surveyed agreed that their pharmacy business would incur additional costs, 15% were uncertain and only 5% disagreed there would be extra costs involved. This pharmacist provides an example of these costs

"The locum situation in Named Counties this summer has been ridiculous, The rate per hour being demanded before a locum accepts a days work has forced pharmacy businesses to incur massive additional staff costs this summer.... Pharmacy is under massive changes and taking away staff members that have been at the forefront for the growth of the business will have untold implications for the trade"

- ☐ Cost of redundancy to pharmacist will be substantial considering that in this survey of 130 pharmacists, 76% of pharmacists will no longer be in a position to employ a pharmaceutical assistant if the proposed rules implemented. Almost half of the 140 pharmaceutical assistants who completed survey (49%) have worked over 20 years in the same pharmacy and 29% have worked 10 to 20 years in the same pharmacy, with 81% work 16 hours or more, the majority (58%) work between 16 and 30 hours on average. The tax payer will be required to foot the bill for compensation for loss of livelihood which will be substantial, as over half of current pharmaceutical assistants still have another at least 7 years before being eligible for the State pension (estimated cost over €42 million¹). This pharmacist points to the cost

"I may have to decide to seek a compensation claim from the PSI for the cost of redundancy if the new retrospective regulation comes in to force. This claim among all the pharmacies involved could have serious financial impact on the PSI"

The PSI's Approach to Decision-Making

The approach undertaken by the PSI's six member working group under the auspices of the Registration and Qualification Recognition Committee in considering the drafting of rules under Section 30 of the Pharmacy Act 2007 was amateurish at best, certainly partisan in its approach and fell well short of the professional standards expected of a regulatory statutory body.

¹ PA working 30 hours per week, average salary €40000

The PAA has published an assessment of the flaws and weaknesses of the supposedly deliberative approach and requests (again) that its analysis be published so as to give survey respondents and wider stakeholders a fully picture of what actually happened.²

The main areas of concern to the PAA and its members are as follows:

1. A cursory attitude was adopted; so much so that decisions on the complex issue of what constitutes 'temporary absence' was made in the first two hours of deliberation (out of a total of just ten hours of meetings). Specifically, the decision of the working group to define temporary absence to one hour per day was not based on any evidence, nor a detailed assessment of clinical risk impacts.
2. The working group failed dismally to respect Government guidelines on the preparation of changes to the regulatory arrangements that will have a negative impact of PA's careers, qualifications and job prospects. The impacts of the proposed rule changes have not be presented.
3. The PSI's recommendations are based on value judgements, perceptions and a negative view of the contribution that PAs can make to the pharmacy profession.
4. The PSI failed to carry out an assessment of PA's roles and responsibilities based on benchmark data from comparable countries (such as the Netherlands).

As a public body the PSI has a duty to be measured, balanced and genuine with the ultimate aim of leading to the profession it regulates better outcomes and greater understanding of the benefits and consequences of all its proposed actions.

Against this background, we submit that the PSI should therefore re-consider the robustness of the evidence that has informed its approach to temporary absence issue to date.

Drivers for Change

The PSI identified five main reasons, as follow, why the rule changes were deemed necessary:

- The qualification of PAs was 'considerably below' the qualification of registered pharmacists.
- Unlike pharmacists, PAs are not required by law to undertake continuous professional development (CPD).
- Unlike pharmacists, PAs are not subject to fitness to practice.
- The changing face of pharmacy practice, including a significant increase in the use of high-tech medicines.
- A rule change was justified on the basis of the risk assessment undertaken.

As the PSI's staring point is grounded on its understanding of these issues, each are addressed hereunder in turn.

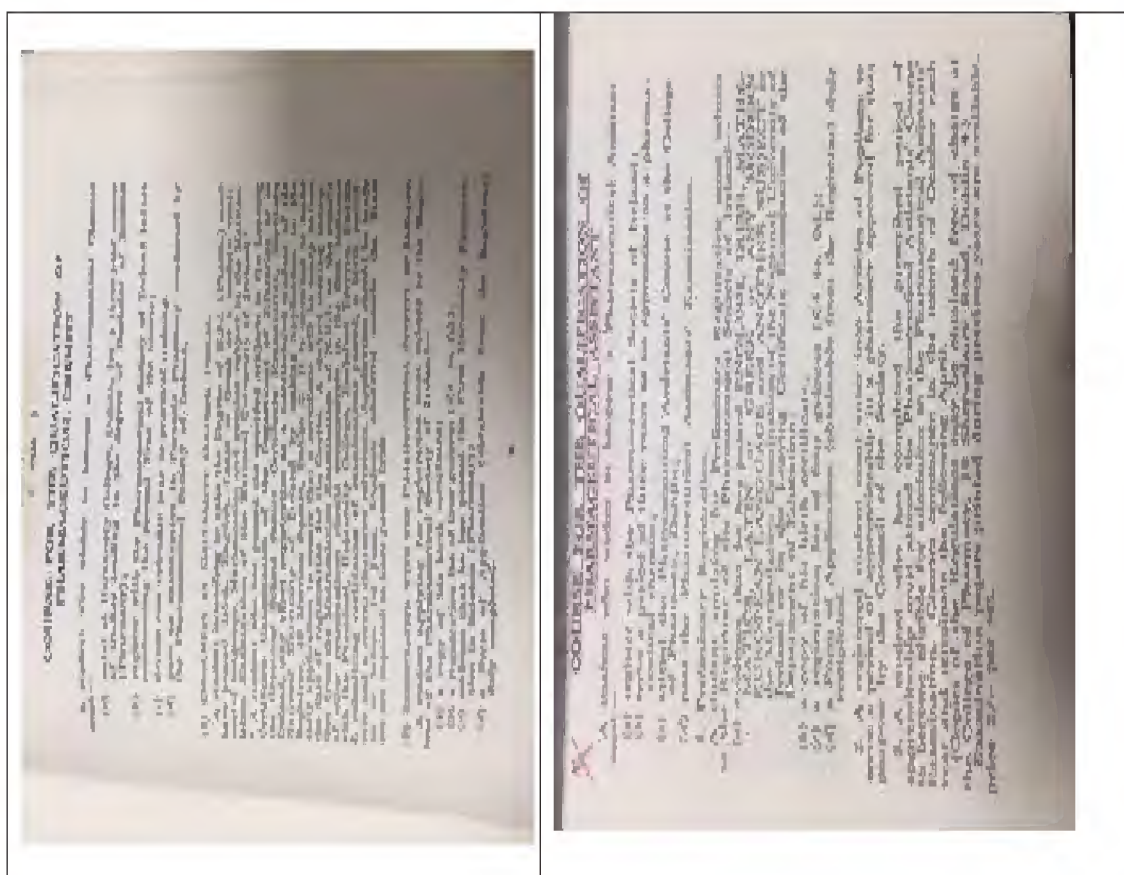
² Pharmaceutical Assistants Association, *Shadow Report on the PSI Working Group on Temporary Absence Report* (April 2018), June 2018.

Professional Qualifications

The majority of the current cohort of PAs completed their professional qualifications during the 1970s.

The PSI asserts, using the NARIC study as the base for its views, that the course for the qualification of a PA is the equivalent of the Leaving Certificate. As the Leaving Certificate was the entry requirement to get on the course in the first place, this finding is wrong in fact and in substance.

Hereunder are the prevailing guidelines (1970) for this course as well as the course for the qualification of pharmaceutical chemists.



Source: The Calendar of the Pharmaceutical Society of Ireland (1970)

The entry requirements for both course were the same i.e. Leaving Certificate.

PAs had to spend three years in an apprenticeship arrangement before they qualified. Chemists only had to get a year's practical training.

Both PAs and chemists were qualified to dispense medicines.

In a fundamental manner, the PSI appears to ignore this critical matter as it is suggesting, should the rule change be implemented, that PAs would no longer be able to perform this core task in every pharmacy.

In addition, the PSI did not ask the NARIC researchers to assess the impact of thirty to over forty years in-pharmacy experience accumulated by PAs. The principle of Recognition of Prior Learning should have been factored into the assessment.

Basing a rule change on an assessment of a professional qualification dating back to the 1970s is misleading as it ignores the significant practical experience that PAs have garnered over the past forty years.

CPD/Fitness to Practice

PAA survey of PAs indicates that the majority of PAs engage in CPD, keeping abreast of relevant advances in scientific and technical progress and clinical practice in many ways

- ☐ 96% of respondents read journal articles, updates from Irish Medicine Board, information leaflets on new medication; other sources referred to included Medscape, in-house education events.
- ☐ 76% participate in IPU academy learning events and/or Irish Institute of Pharmacy learning events;

The PAA would be quite happy for PAs to be covered by mandatory CPD arrangements and a robust Fitness to Practice requirement. It is the view of PAA and IPU that mandatory CPD could be achieved through an amendment to Health and Social Care Professionals Act 2005. This Act has been amended over the years to make all healthcare professionals as defined under the Health Identifiers Act 2014 except pharmaceutical assistants subject to mandatory CPD.

PAs would have no issue complying with the PSI core competency framework for pharmacists as this is a much better solution than the proposed professional task list.

While some of these proposals would require an amendment to the Pharmacy Act 2007, the PAA is open to working with the PSI to produce operational guidelines in the meantime.

In addition, the PAA is willing to engage in a constructive manner with the Irish Institute of Pharmacy.

The Changing Face of Pharmacy

In drafting its proposed rule changes, the PSI made no reference to its report (November 2016) *Future Pharmacy Practice in Ireland: Meeting Patients' Needs*. While this report did not specifically examine the potential role and contribution of PAs, it is clear that this professional group will be required to play its part in the delivery of the ambitions and tasks identified.

Appendix J

There are several important statements, as follows, in the strategy document relevant to PAs (and the proposed rule changes).

1. There should be a focus on patient safety based on making the best use of pharmacists' expertise.
2. The profession (that includes PAs) 'has a critical role to play within the healthcare system.'
3. Due consideration should be given to the effective deployment of the pharmacy workforce.
4. The role of pharmacists (and PAs) includes the delivery of national information and awareness campaigns, prevention and early intervention initiatives, screening services as well as initiatives supporting and empowering people to look after their own health and wellbeing.
5. There should be a greater delegation of operational roles to trained staff members.
6. The pharmacist (and PA) has a role to counsel patients in the supply of non-prescription medicines.
7. The pharmacist's potential (and indeed that of PAs) is under-utilised.

The PSI needs to explain to the PAA how its members are expected to contribute to the achievement of the PSI's strategy as set out in the November 2016 report.

Risk Assessment

It is best practice in making regulations that all changes proposed are based on evidence.

The PSI indicated that a risk assessment was undertaken of the work that could be undertaken by a PA in relation to risk to patient safety 'of using persons with limited qualifications to undertake the full range of tasks undertaken by a registered pharmacist.'³

No such risk assessment was in fact carried out. In reality, some members of the working group came to significant conclusions based on personal views and perceptions rather than considering risk-based evidence data.

There is no clinical evidence to hand to justify the PSI conclusion that PAs should no longer be allowed to dispense medicines. For example, the PSI Preliminary Proceedings Committee Annual Reports make no reference to complaints against PAs.

Therefore the PSI should justify the disproportionate nature of its proposal to ban PAs from dispensing medicines.

Better Regulation

In its report that allegedly supports the rule changes, the PSI attaches - quite correctly - huge significance to the principles of regulatory change as articulated in the Government's (2004) White Paper on Better Regulation.

³page 23 of the Report of the Working Group on Temporary Absence.

Appendix J

The PAA submits that the PSI has failed to meet all the basic five tests/principles that must be proven and satisfied before significant regulatory change is considered.

Necessity: Instance of clinical negligence affecting patient safety as been more prevalent among PAs has not been reported what is the justification for the proposed rule change?

On the contrary, evidence from the PAA survey of pharmacists who employ or work with PAs point to professional, safe and ethical practice by PAs. Pharmacy owners and superintendent pharmacist, acknowledged experts under S.I. No. 488 of 2008, are satisfied that the PAs they employ to act in temporary absence of pharmacist have the knowledge, skills and fitness to act. When asked in the PAA survey, if the PA they employ or work with demonstrates the 25 competencies outlined in the PSI Core Competency Framework for pharmacists, the findings indicate over 90% of PAs were competent in 12 domains, over 80 % were competent in a further 10 domains and over 70% in 3 domains (see Appendix One for details).

Furthermore many went on to highlight how:

“Our PA demonstrates all of the above very well she has seen many changes in Pharmacy and has adapted to them all, she exhibits and works towards the core competencies the same as any pharmacist in our business , she is a competent and capable member of staff who attends CPD and Webinars regularly she all ready works under a pharmacist and in line with the regulation which enables her to do day off cover , I can not see the reason for changing this. Her qualification will be taken from her and she will not be able to legally do the job she was employed to do , when all along she has been working and adhering to the regulations as required and keeping her CPD up to date”

“The PA is far superior to a lot of pharmacists I have worked with in all areas of pharmacy and nothing can substitute the vast experience she has in the sector”

“Pharmaceutical Assistant I work with has more years experience and practical knowledge than any qualified pharmacists available to work locum or part time and I think credit should be given to them for years of work and emphasis placed on continuity of staff in a pharmacy rather than a task-based list”

“The level of interest and competence of my PA is on a par with my own and will in no way be replicated in a locum pharmacist doing a few days in my pharmacy. I am seriously considering selling my pharmacy than see it being compromised by anything less than the 100% commitment which I and my staff have provided our customers for 30+ years. A sad day for an independent pharmacy”

“a competent pharmaceutical assistant as I have in my employment, who works full time in my pharmacy is better placed to cover temporary absence than a locum pharmacist that has never worked in my pharmacy before”

“Pharmaceutical Assistants are a vital element of our Dispensing Pharmacy. Their experience and knowledge from many years in the dispensary is being undervalued and placed secondary to an elongated academic qualification. For accuracy, knowledge and professionalism I would place them on par with an MPharm graduate”

Effectiveness: It is a requirement of regulatory change that the measures should be properly targeted. Effectiveness also demands that regulations have to be enforced. The PSI has the necessary powers to inspect pharmacies to ensure that patient safety is not jeopardised. However, the PSI has not addressed enforcement, nor the additional cost of enforcement.

Proportionality: The PSI is required to demonstrate that the advantages of the new regime outweigh the disadvantages of the status quo. No such assessment has been completed. In particular, the PSI has not calculated the costs resulting from its proposed rule changes. These will involve redundancies, the closure of some rural pharmacies, and the reduction in opening hours as evident by PAA surveys. In addition, the PSI should have assessed a series of other options, including for example regulating PAs by way of amendments to the Pharmacy Act and/or a self-regulation by pharmacists.

Transparency: The PSI is required not only to discuss with stakeholders but to provide a considered response to submissions made by way of public consultation. None of the material points made by some 600 respondents in 2016 have been addressed. In fact, the April 2018 Report (on Temporary Absence) ignored submissions made on a draft Statutory Instrument published in 2016. The PSI has failed to publish documents essential to get a better appreciation of its position, in particular the risk assessment of PAs that it claims to have completed. Most worrying perhaps is that a minority of the six-person working group did not agree with the PSI's approach.

Consistency: All proposals for regulatory change should address anomalies and inconsistencies. The PSI is, on the one hand, effectively giving registered chemists the pretext to fire all the PAs employed (as they will no longer be able to dispense), while on the other hand the PSI is looking to the whole pharmacy profession to up its game and do more to meet patients' needs.

The only logic following this brief analysis is that the PSI should withdraw its proposal.

PSI Survey

Having regard to these over-arching comments, the PAA will be advising its members to respond to the PSI on-line survey in line with the enclosed briefing note (Appendix Two).

The PAA expects the PSI to respond to the serious criticisms set out in this submission - and in relation to the responses to the questions set out in the survey - before it submits the draft Statutory Instrument to the PSI Council.

Conclusion

The PAA is open to engaging with the PSI in a constructive manner, perhaps with the assistance of a third party facilitator, to reach a satisfactory resolution to the issues of temporary absence and the competency framework for PAs.

The PAA strongly recommends that the PSI consider the Association's minority report on temporary absence and better reflect the key issues set out in that report before the draft Statutory Instrument is referred to the PSI Council.⁴

PAA Recommendations for Rule Development

- ❑ Pharmaceutical Assistants are mandated to undertake CPD as one of the criteria for re-registration each year and are subject to the PSI Core Competency Framework.
- ❑ Pharmaceutical Assistants are included in the quality assurance process, requiring them to undergo the Practice Review process that evaluates four competencies: clinical knowledge, gathering information process, patient management and education and communication skills.
- Pharmacists make a statutory declaration that in 'temporary absence', cover will be provided by the pharmaceutical assistant employed by the pharmacist who has demonstrated competencies as outlined in PSI Core Competency Framework.

August 2018

⁴Pharmaceutical Assistants Association (June 2018), *Shadow Report on the PSI Working Group on Temporary Absence Report (April 2018)*.

Appendix One

Core Competencies demonstrated by PAs as judged by 99 respondents who act in role of pharmacy owner and/or superintendent pharmacists

Competency	Yes	Some what	No
1. Practice 'patient-centred' care e.g. ensures patient safety, empowers patient to manage their medication and health	93%	6%	1%
2. Practice professionally e.g. maintains patient confidentiality; obtains consent, treats with empathy, respect	95%	5%	
3. Practice legally e.g. understand and applies medicine, data protection, health and safety, consumer law	97%	3%	
4. Practice ethically e.g. makes and justifies decisions reflecting pharmacy and medicine laws	96%	3%	1%
5. Engages in appropriate continuing professional development e.g. understands and accepts importance of life-long learning	79%	16%	5%
6. Leadership skills e.g. contributes to developing and improving services for patients	73%	18%	9%
7. Decision-making skills e.g. gathers information from reliable sources to enable well founded decisions	88%	9%	3%
8. Team working skills e.g. collaborates and ensures effective handover to ensure continuity of patient care	92%	5%	3%
9. Communication skills e.g. communicates effectively with patients + carers using appropriate language, checking for understanding	94%	5%	1%
10. Manufactures and compounds medicines e.g. demonstrates the ability to perform pharmaceutical calculations accurately	85%	13%	2%
11. Manages the medicines supply chain e.g. stores medicines in a safe, organised, systematic and secure manner	96%	4%	
12. Reviews and dispenses medicines accurately e.g. applies knowledge to undertake a therapeutic review of the prescription to ensure pharmaceutical and clinical appropriateness of treatment	88%	12%	
13. Patient consultation skills e.g. Ensures medicines selection and advice reflects best evidence and guidance	92%	8%	
14. Patient counselling skills e.g. counsels patients providing appropriate information, ensuring understanding of optimal use.	92%	8%	
15. Reviews and manages patient medicines e.g. recognises and manages adverse drug reactions, inappropriate dosage	87%	12%	1%
16. Identifies and manages medication safety issues e.g. keeps abreast of emerging medication safety information	85%	10%	
17. Provides medicines information and education e.g. Provides accurate, quality and safe information and advice to patients, etc	90%	1%	
18. Public Health e.g. Identifies the primary healthcare needs of patients taking into account cultural and social setting of patient	80%	15%	5%
19. Health promotion e.g. provides information, advice and education on	80%	17%	3%

Appendix J

disease prevention and control and healthy lifestyle			
20. Research skills e.g. Possesses skills to investigate a medicine	76%	21%	3%
21. Self-management skills e.g. demonstrates organisation and efficiency in carrying out their work	91%	8%	1%
22. Workplace management skills e.g. works effectively with supervising/ superintendent pharmacist and documented procedures	91%	6%	3%
23. Human resources management skills e.g. engages with systems and procedures for performance management	76%	16%	6%
24. Financial management skills e.g. Demonstrates awareness of the health service reimbursement scheme	86%	12%	2%
25. Quality assurance e.g. understands the role of policies and procedures in the organizational structure	88%	10%	2%

Appendix Two

Suggested Replies to PSI Survey Questions

Introduction

PAs should indicate in their response to the first question that they have fundamental objections to the PSI's proposals and that the PSI should withdraw its proposals until all the issues set out in the PAA's (August 2018) submission are settled by way of a collaborative dialogue between the PAA and the PSI.

Question 4

Rule 4 (1)

Strongly disagree

- PA's qualifications allow them to dispense medicines and by extension they can cover temporary absences.
 - No evidence to support a 'one hour' rule has been provided. The PSI should investigate the practice of temporary absence in other comparable jurisdictions before coming forward with a revised proposal.
 - PAs have covered pharmacists' temporary absences over forty years and there is no evidence published by the PSI, HIQA, or HSE to demonstrate that their professional behavior in the supply of medicines, the safe and rational use of medicines has had adverse consequences for patients. On the contrary, pharmacists that employ and work with PAs attest their professional competency and experience as 'exemplary'. Hence if the rationale of Rule 4 (1) is genuinely to regulate to protect patient safety, limiting temporary absence to one hour per day, is misjudged and in all likelihood will create patient safety issues.
- ☐ In the majority of pharmacies outside large urban areas, PAs enable local pharmacies provide a six full day service, by covering in the temporary absence of the pharmacist.
- ☐ Requiring a pharmacist to work nine or more hours per day, six days a week poses significant risk to patient safety and also breaches the Working Time Directive Regulations.

- ☐ Rule 4 (1) therefore does not represent a proportionate response to patient safety as clinical evidence does not support the contention that PAs in dispensing medication pose a unique risk above that of a pharmacist to patient safety.
- ☐ It is arguable that an indirect consequence of the application of Rule 4 (1) would be that PAs would no longer be allowed to dispense medicines even if they worked under the supervision of a registered pharmacist who was not on temporary absence.
- ☐ Rule 4 (1) will restrict the rights of PAs to earn a living as their employability depends on being able to cover normal absences associated with a pharmacist (owner or employed) working in independent community pharmacies.

Question 5

If don't agree with proposed time, what do you believe should be the maximum time.....

- ☐ Whenever the supervising pharmacist, who is required under the Pharmacy Act 2008 to be in whole time charge is absent, he/she is in temporarily absent. That is the time the PA should and is qualified to cover and would in normal circumstances cover lunch hour, days off, holidays, late nights, meetings.
- ☐ Defining temporary absence in terms of exact hours will make it an offence for a pharmacist to be absent for five minutes over the time set. In normal day to day live, things happen that cannot be foreseen, people have accidents, children become ill, traffic jams etc.
- If patient safety is at the heart of pharmacy regulation, ensuring all those handling medicines are competent to undertake their work safely should be the focus of any reforms. The solution therefore lies with bringing PAs under the PSI's core competency framework and making them subject to practice review and fitness to practice requirements.
- ☐ Pharmacists could be required to outline on registration how temporary absence will be operate on their premise, citing name of PA, CPD undertaken, SOP on hand over and support they will provide whilst temporary absent.

Question 6

Rule 4 (2) allow time to be taken as one single hour or 2 more period amounting to hour, etc.

Strongly disagree

- For the reasons listed above and in the PAA's submission.

Question 7

Rule 5 (1)

Agree

- ☐ This is already covered by Pharmacy Act 2007.
- ☐ Pharmacists employing PAs to cover their temporary absence are well placed to judge the competency of PAs (skills, experience and knowledge) ensuring patient safety and mitigating the need to define temporary absence to a set time.
- ☐ Pharmacists have worked with the PA providing cover so know their practice better than a locum pharmacist they may never work with.

Question 8

Rule 5 (2)

Neither agree or disagree

- ☐ It was not the intention of the 2007 legislation that PAs would manage a pharmacy. However, PAs are qualified to transact the business of the pharmacist in their temporary absence, including dispensing medicines, and indeed to carry out this task when they are present.

Question 9

Rule 6 (Duty Register)

Strongly disagree

- ☐ This question is ambiguous. Under the Pharmacy Act 2007, a duty register already requires a pharmacist and a PA to record hours. If this question implies that a separate register is established to just record when a PA is covering temporary absence i.e. every

time pharmacist leaves premise e.g. to buy sandwich, this is over bureaucratic and waste of time and resources.

- ☐ This is a disproportionate requirement.

Question 10

Rule 7 (make patients aware)

Strongly disagree

- ☐ Patients need assurance that the persons working in the pharmacy (those qualified to dispense advice and medicines) are qualified to perform these tasks. Distinguishing between superintendent pharmacist, supervising pharmacist, pharmacist, pharmaceutical assistant, locum pharmacist will create anxiety not provide assurance to patients. What will provide assurance is someone familiar to them who they know and trust to dispense their medication. What patients find most upsetting is having to deal with a locum, parachuted in for holiday cover etc. This is where the patient is most at risk.
- ☐ This proposal could be addressed if PSI registration certificates for all qualified staff were displayed in the pharmacy.

Question 11

Rule 8 (1) professional tasks

Strongly disagree

- PAs are qualified, experienced and skilled professionals, competent to dispense medicines. To ensure competency is maintained PAs should be covered by the PSI's CPD and core competency framework, which includes practice review.
- ☐ Defining the roles and responsibilities of PAs should be enshrined in primary legislation in the same manner as other persons working in a pharmacy.

Question 12

Rule 8 (2) consider risk when developing task list

Strongly disagree

- ❑ Such an approach it is not at all appropriate not least because the PSI failed to carry out a robust clinical risk assessment as part of the deliberative process in the formulation of these draft rules.
- ❑ The PSI should publish the evidence it has that PAs in dispensing medicines pose a material risk to patient safety. If no such evidence can be found the draft Statutory Instrument should be withdrawn.
- ❑ All health care professionals pose a potential risk to patients. In every other profession risk reduction is achieved through education (CPD) and competency framework (such as practice review). This is the only rational way to address risk and by extension patient safety.
- ❑ The PSI should engage with the PAA to explore how in practical terms PAs could be covered by CPD, a competency framework and fitness to practice rules.

Question 13

Rule 8 (3)

Strongly disagree

- The regulation of PAs, as with pharmacists generally, should be based on a risk-based approach that is proportionate and where the patient's safety is the key determinant.
- ❑ Only when there is robust evidence to hand will it be possible to re-cast the current roles and responsibilities of PAs.
- ❑ The PSI should review the professional tasks undertaken by PAs (with equivalent qualifications) in other jurisdictions before presenting final proposals.

Question 14

Rule 8 (4)

Neither agree nor disagree

Question 15

Not relevant until the PSI completes a benchmark review of the roles and responsibilities of PAs in other comparable jurisdictions.

Question 16

☐ Omitted cover for holidays, days off, and other short absences.

Question 17

The PSI should engage in a constructive manner with the PAA to address the issues raised in its August 2018 submission and in respondents' replies to the survey questions.

As a consequence, the draft Statutory Instrument should not be submitted to the PSI Council for consideration and approval until the outcome of these consultations is completed.

Whatever reforms are eventually agreed should be based on robust evidence, be proportionate, consistent, cost effective and above all agreed by consensus by the parties most affected.

PAs have a contribution to make to the delivery by the PSI of its strategy to meet patient needs.



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

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

Please consider the [draft rules](#) and complete this survey. The consultation process will close on 14 August 2018 at 5pm. You may wish to consult this [information note on pharmaceutical assistants](#).

Data Protection and Freedom of Information:

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

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

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

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

☐ Yes

☐ No



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

2. Which category best describes you?

- ☐ Patient and/or member of the public
- ☐ Healthcare professional (non-pharmacist)
- ☐ Pharmacy Owner
- ☐ Pharmacist registered with the PSI
- ☐ Pharmaceutical Assistant registered with the PSI
- ☐ Member of a pharmacy team (non-pharmacist)
- ☐ Involved in healthcare education or training
- ☐ Representing public/patient interests
- ☐ Representing interests of healthcare professionals
- ☐ Employer of healthcare professionals
- ☐ Government body or department
- ☐ Regulator
- ☐ Industry

Other (please specify)

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

- ☐ Own behalf
- ☐ On behalf of an organisation

If you would like to provide your name or the name of your organisation please use the box below.

4. The period of 'temporary absence of the registered pharmacist' is restricted by Rule 4(1) to any period in a day, not exceeding one hour, where the pharmacist is not physically present in the pharmacy.

Do you agree that the time period for temporary absence of a pharmacist should not exceed one hour?

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

If you would like to provide a comment please use the box below.

5. If you do not agree with the proposed time, what, do you believe, should be the maximum time period for the 'temporary absence of a registered pharmacist', whereby the pharmacist is not physically present in the pharmacy?

6. Rule 4(2) allows the period of temporary absence to be taken as one single period of 1 hour or as two or more periods of time amounting to 1 hour, in a given day. Do you agree that cumulative periods should be used to calculate the one-hour period?

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

If you would like to provide a comment please use the box below.

7. Pharmacy Owners, superintendent and supervising pharmacists

Rule 5 (1) acknowledges the requirements already in place in S.I. No. 488 of 2008. It requires that, in so far as possible, in circumstances where a pharmaceutical assistant is acting in temporary absence of pharmacist that the superintendent and/or pharmacy owner be satisfied as to the knowledge, skills and fitness to so act. Do you agree with this principle?

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

If you would like to provide a comment on how this could be achieved, please use the box below.

8. Rule 5 (2) states a pharmaceutical assistant acting on behalf of a registered pharmacist in the temporary absence of the registered pharmacist shall not act in the capacity of the superintendent pharmacist or supervising pharmacist in respect of the pharmacy concerned. Do you agree with this principle?

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

If you would like to provide a comment please use the box below.

9. Inclusion in duty register

Rule 6 provides that it should be clearly recorded in the pharmacy's duty register when a pharmaceutical assistant acts in the 'temporary absence of the registered pharmacist'. Do you agree with this proposed rule?

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

If you would like to provide a comment please use the box below.

10. Notification to members of the public

Rule 7 provides that a patient and/or member of the public should be made aware when a pharmaceutical assistant acts in the 'temporary absence of the registered pharmacist'. Do you agree with this proposed rule?

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

If you would like to provide a comment on how this can be achieved, please use the box below.

11. Professional Task List

Rule 8 (1) provides the Council with a mechanism to further provide what may be done by a pharmaceutical assistant when acting in the temporary absence of a pharmacist, in the form of a professional task list. Do you agree with this approach?

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

If you would like to provide a comment please use the box below.

12. Rule 8 (2) provides that the Council shall consider the potential risks arising for patients as a criteria when approving the professional task list. Do you agree that this is appropriate?

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

If you would like to provide a comment please use the box below.

13. Rule 8 (3) will allow the Council to publish the professional task list on the PSI's website. Do you agree with this approach?

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

If you would like to provide a comment please use the box below.

14. Rule 8 (4) provides that the Council shall review the professional task list at intervals not exceeding five years. Do you agree that this is appropriate?

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

15. How frequently do you believe the professional task list should be reviewed?

- ☐ 3 years
- ☐ 4 years
- ☐ 5 years
- ☐ Each time a new clinical service is introduced

If you would like to provide a comment please use the box below.

16. Please re-read the proposed rules. These rules will set out the arrangements under which pharmaceutical assistants may act in the temporary absence of a registered pharmacist.

In your opinion, is there any aspect of the arrangements for pharmaceutical assistants to act in the 'temporary absence of the registered pharmacist' which has been omitted or dealt with inadequately?

Appendix J

17. Finally, in your opinion, is there any aspect of the arrangements for pharmaceutical assistants to act in the 'temporary absence of the registered pharmacist' which can be improved on?



STATUTORY INSTRUMENTS.

S.I. No. XXX of 2018

PHARMACEUTICAL SOCIETY OF IRELAND (TEMPORARY ABSENCE OF
PHARMACIST FROM PHARMACY) RULES 2018

(Prn. [•])

S.I. No. of 2018

PHARMACEUTICAL SOCIETY OF IRELAND (TEMPORARY ABSENCE OF
PHARMACIST FROM PHARMACY) RULES 2018

The Council of the Pharmaceutical Society of Ireland, in exercise of the functions conferred on the said Society by sections 11 and 30(2) of the Pharmacy Act 2007 (*No. 20 of 2007*) (as adapted by the Health and Children (Alteration of Name of Department and Title of Minister) Order 2011 (S.I. No. 219 of 2011)), with the consent of the Minister for Health, hereby makes the following rules:-

Citation

1. These Rules may be cited as the Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2017.

Commencement

2. These Rules come into operation on xxxxxxxx.

Definitions

3. In these Rules—

“Act” means the Pharmacy Act 2007 (*No. 20 of 2007*);

“duty register” means the ongoing, contemporaneous and retrievable record maintained in accordance with Regulation 5(1)(c) of the Regulations;

“professional task list” means a list of professional activities normally conducted by a pharmacist which may be performed by a pharmaceutical assistant when acting in the temporary absence of a pharmacist;

“registered pharmaceutical assistant” means a person whose name is entered in the Register of Pharmaceutical Assistants kept by the Council under section 13(1)(a)(iii) of the Act;

“registered pharmacist” means a person whose name is entered in the register of pharmacists kept by the Council under section 13(1)(a)(i) of the Act;

“Regulations” means the Regulation of Retail Pharmacy Business Regulations 2008 (S.I. No. 488 of 2008);

“superintendent pharmacist” has the meaning assigned to it by Regulation 3(1) of the Regulations;

“supervising pharmacist” has the meaning assigned to it by Regulation 3(1) of the Regulations;

“temporary absence of the registered pharmacist” has the meaning assigned to it by Rule 4.

Meaning of “temporary absence of the registered pharmacist”

4. (1) Subject to paragraph (2), for the purpose of these Rules and section 30 of the Act, “temporary absence of the registered pharmacist” means any period, not exceeding one hour, during which the registered pharmacist is not physically present at the premises where a retail pharmacy business is carried on.

(2) Where the registered pharmacist has already been absent from the premises for—

(a) a period of one hour, or

(b) two or more periods together amounting to one hour of absence,

on any day, any further absence by the registered pharmacist does not constitute “temporary absence of the registered pharmacist”.

Pharmacy owners, superintendent pharmacists and supervising pharmacists

5. (1) These Rules are without prejudice to the discharge of the roles and responsibilities of the pharmacy owner, the superintendent pharmacist and the supervising pharmacist in the premises of a retail pharmacy business where a registered pharmaceutical assistant is acting on behalf of a registered pharmacist in the temporary absence of the registered pharmacist, including the duty of the pharmacy owner and the superintendent pharmacist under Regulation 5(1)(h) of the Regulations to ensure that the registered pharmaceutical assistant has the requisite knowledge, skills and fitness to so act.

(2) A pharmaceutical assistant acting on behalf of a registered pharmacist in the temporary absence of the registered pharmacist shall not act in the capacity of the superintendent pharmacist or supervising pharmacist in respect of the retail pharmacy business concerned.

Inclusion in duty register

6. The pharmacy owner and the superintendent pharmacist shall ensure that the duty register clearly indicates the period of time during which a pharmaceutical assistant is acting on behalf of a registered pharmacist in the temporary absence of the registered pharmacist.

Notification to members of public

7. The pharmacy owner and the superintendent pharmacist shall ensure that, when a registered pharmaceutical assistant acts on behalf of a registered pharmacist in the temporary absence of the registered pharmacist, steps are taken to notify any member of the public attending the premises of the retail pharmacy business that the pharmaceutical assistant is so acting.

Professional task list

8. (1) The Council shall approve and publish a professional task list setting out what may and may not be done by a registered pharmaceutical assistant when he or she is acting on behalf of a registered pharmacist in the temporary absence of the registered pharmacist.

(2) For the purposes of paragraph (1), when approving the professional task list, the Council shall assess the professional activities considered in the context of potential risks arising to patients.

(3) The Council shall publish the professional task list referred to in paragraph (1) on the Society’s website.

(4) The Council shall review the professional task list referred to in paragraph (1) at intervals not exceeding five years.

DRAFT

EXPLANATORY NOTE

(This note is not part of the Instrument and does not purport to be a legal interpretation).

These Rules relate to the situation where a registered pharmaceutical assistant acts on behalf of a registered pharmacist in the temporary absence of the registered pharmacist. They provide for the what constitutes “temporary absence of the registered pharmacist” in that context and lay down rules in relation to the recording of any such periods when a registered pharmaceutical assistant so acts and for the notification of same to member of the public attending the premises. In addition, they provide for the approval and publication by the Council of the Pharmaceutical Society of Ireland of a professional task list, setting out what may or may not be done by a registered pharmaceutical assistant so acting.

These Rules may be cited as the Pharmaceutical Society of Ireland (Temporary Absence of Pharmacist from Pharmacy) Rules 2018.

These Rules come into operation on xxxxxxxxx.

RECEIVED
27 JUN 2018

**Shadow Report on the PSI Working Group on
Temporary Absence Report (April 2018)**

Pharmaceutical Assistants Association

June 2018

Executive Summary

In summer 2017, a working group was established to assist the PSI Registration and Qualification Recognition (RQR) Committee in the work and progression of rules to be constituted under the provisions of Section 30 of the Pharmacy Act 2007 in relation to temporary absence. The completed report was submitted to the PSI Council on the 17 May 2018. The Council agreed to proceed with developing draft rules under section 30 of the Act, based on this proposed policy. The rules will be considered at the 21 June 2018 Council meeting and a public consultation will take place on these rules over the summer.

This shadow report has been drafted by the Pharmaceutical Assistants Association (PAA) to address aspects of the Working Group on Temporary Absence Report (April 2018) that it is considered are misleading and unfair to the established profession of pharmaceutical assistant, as more fully outlined in the sections A, B and C.

Section A highlights inadequacies identified in the deliberation process including the absence of a robust systematic approach in determining rules for temporary absence. A critical analysis of the deliberation process indicates that a cursory approach was taken in making decisions on complex issues such as what constitutes 'temporary absence'. For example the decision to define the temporary absence of the pharmacist to one hour per day was taken in the first two hours of deliberation based on opinion and perceived and contrived notions of risk not fact or evidence.

Section B points to the failure of the PSI working group to consider its obligations under the Public Sector Equality and Human Rights Duty to ensure the rules are necessary and proportionate. The deliberation process did not review the impact of any rule changes on the rights of pharmaceutical assistants including property rights/right to earn a livelihood. Nor was consideration given to the requirement to compensate pharmaceutical assistants which would flow from a legislative measure which rendered their professional qualifications meaningless or how this would be achieved. The recommendations were developed without reference to wider policy or legislation.

Section C illustrates how the Working Group Report bases its recommendations on a value judgement on the job role of pharmaceutical assistants building a case for restricting this role on inferences and in some instances providing misinformation, such as *"the fact that Pharmaceutical assistants have not undertaken CPD"*.



Appendix J

The shadow report concludes by making recommendations that can provide quality assurance around the competency of pharmaceutical assistants to act in the temporary absence of the pharmacist.



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Introduction

This shadow report seeks to highlight aspects of the Working Group on Temporary Absence Report (April 2018) which are considered misleading and serve to portray pharmaceutical assistants as a public safety risk making it unfair to the established profession of pharmaceutical assistant (the affected party) in a myriad of ways, as outlined in the sections below.

Background

Pharmaceutical assistants are persons who have passed the examination prescribed for that purpose by the Council of the Pharmaceutical Society of Ireland. Pharmaceutical assistants are competent pursuant to section 19 of the Pharmacy (Ireland) 1875 (Amendment) Act, 1890 (as amended by section 7(5) of the Pharmacy Act, 1951 and repealed by the Pharmacy Act, 2007) to transact the business of a pharmacist in his “temporary absence” but not “to keep open a shop on their own account”.

Once the qualification was obtained, the qualified pharmaceutical assistant had a statutory entitlement under section 19 of the 1875 Act to transact the business of a registered pharmacist in their absence. Although, the provision enabling the qualification has now been repealed, the right of existing pharmaceutical assistants to continue to practice their profession subsists and is acknowledged by different provisions of the Pharmacy Act, 2007 (not least section 30(1) and section 13 which provide for the maintenance of a Register of Pharmaceutical Assistants).

In 2016, the PSI Council developed a set of draft rules under section 30 of the Pharmacy Act 2007 in relation to temporary absence. A public consultation process took place in relation to these rules. Having considered the matter at its meeting in March 2017, the Council decided to reject the proposal presented, and requested further examination of the issue of temporary absence. A working group was established in the summer of 2017 to assist in the work and progression of rules to be constituted under the provisions of Section 30 of the Pharmacy Act 2007¹. As outlined in the Terms of Reference for the working group, it was to provide expertise, advice and input to

¹ Pharmacy Act 2007, 30. – (1) No offence is committed under section 26 where a registered pharmaceutical assistant acts on behalf of a registered pharmacist during the temporary absence of the registered pharmacist

(2) Rules made by the Council with the consent of the Minister may, for the purposes of subsection (1), provide further as to—

(a) what may or may not be done by a registered pharmaceutical assistant when acting on behalf of a registered pharmacist, and
(b) what constitutes the temporary absence of a registered pharmacist.

assist in developing policy options and drafting rules². The working group was a sub group of the PSI Registration and Qualification Recognition (RQR) Committee and was to report to them. The working group had six members, four of whom represented the interests of the PSI (see Appendix One for membership of working group). Each member of the working group had to sign a confidentiality agreement.

The objectives of the working group included:

1. Examine current practice, legal perspective and potential options in respect of the provision of Section 30 and review in the context of the requirements of the Act
2. Review factors and potentially transferable principles and criteria arising in other healthcare and relevant sectors and consider impact in policy and rule development
3. Avail of external expertise as deemed appropriate by the Working Group and RQR
4. Prepare a report based on findings containing recommendation for policy options in respect of Section 30
5. Prepare a draft set of rules for recommendation and consideration by Council³

The completed report was submitted to the PSI Council on the 17 May 2018. The Council considered the matter and accepted the Working Group report and its recommendations. It was agreed to proceed with developing draft rules under section 30 of the Act, based on this proposed policy. The rules will be considered at the 21 June 2018 Council meeting and a public consultation will take place on these rules over the summer.

The Working Group Report has been published on the PSI website and provides the rationale for the draft rules proposed. The Report will inform the public consultation. As set out the Open Government Partnership for public bodies engaging with the public when developing policy, services and legislation, a key principle in the consultation

“must be genuine, meaningful, balanced and with the ultimate objective of leading to better outcomes and greater understanding by all involved of the benefits and consequences of proceeding with a particular policy or legislation proposals”⁴.

² Page 31 Appendix Two – Terms of Reference Working Group on Temporary Absence Report (April 2018)

³ Page 31 Working Group on Temporary Absence Report (April 2018)

⁴ <https://www.per.gov.ie/wp-content/uploads/Consultation-Principles-Guidance.pdf>

It is considered that a consultation process based on the report of the working group will not be balanced and meaningful. The draft rules subject to the consultation are the product of a partisan process supported by a report that is misleading in its portrayal of the profession of pharmaceutical assistants. This shadow report attempts to redress this extraordinary lack of balance in the report which now appears on the PSI website.

Section A: The deliberation process did not adopt a robust systematic approach

For any decision and any course of action, a wide breadth of evidence should inform the selection of possible strategies to achieve goals. Different kinds of knowledge including scientific, personal experiences and systematic findings from professional inquiries should inform rulemaking. However it is evident from the Working Group Report that the deliberation process for developing temporary absence rules was undertaken in a superficial way.

Considering how the qualification and job role of pharmaceutical assistants is complex and difficult to grasp, coming from legislation commenced in 1890 and being a legacy qualification with the last award being made 30 years ago, the process for developing the recommendations and draft rules took just 10 hours of deliberation in total (5 x two hour meetings). The decision to define 'temporary absence' to one hour per day was made in the first two hours of the deliberation process. It is difficult to see how the depth of knowledge about the job role, experiences and competencies of pharmaceutical assistants warranted for such complex decision-making could be determined within the first hour of deliberation, particularly where the working group members were, in the main, not practicing pharmacists or pharmaceutical assistants. One can only deduce that opinions, notions of perceived and contrived risk and not evidence constructed and guided the assessment of risk to public safety:

- An in-depth analysis of the role, practice and competency of pharmaceutical assistants, all of whom having being practicing for at least 35 years, having passed an examination set by the PSI under Section 19 of the Pharmacy Act (Ireland) Amendment Act 1890 which deemed that they are "*competent to transact the business of a licentiate of the Pharmaceutical Society of Ireland in his temporary absence*" was not undertaken.
- The perspective of key stakeholders including pharmaceutical assistants and independent community pharmacists were not sought. Pharmaceutical assistants did not have an opportunity to share their experiences, their competencies, nor was their engagement with independent community pharmacists who employ and work directly with pharmaceutical



assistants, in some cases over 30 years. These are Superintendent pharmacists who have a legislative and professional obligation to ensure all staff under their management have the requisite knowledge, skills, including language skills and fitness to perform their work, and would therefore be key to inform process on competencies of pharmaceutical assistants.

- An analysis of the Learning from Complaints reports including dispensing errors was not undertaken, nor was there any evidence produced of statistics in relation to dispensing errors made by pharmaceutical assistants.
- There was no in-depth examination carried out of *“potential relevant circumstances pertaining to other healthcare professionals and healthcare models, which operate in a similar and/or equivalent framework”* (Objective 2 of Terms of Reference).

As stated in the Working Group Report, *“consideration was not given to mapping or to equivalency of qualification of the Irish Pharmaceutical Assistant qualification and the Pharmacy Assistant qualification in the Netherlands”*⁵, nor was consideration given to similar qualifications in Denmark and the Nordic countries. This is in spite of the Report noting, from Meeting Two, that *“pharmacy assistants in the Netherlands have a greater degree of independence from pharmacists than in Ireland and appear to exercise a significant role in the day-to-day running of the pharmacy”*. These similar qualifications from three other European countries offered *“relevant circumstances”* to provide evidence to weigh up practice and risk in relation to safeguarding public health and safety, but were not followed up. The reasons cited for not examining this potential evidence were the difficulty in directly translating frameworks for qualification as the countries involved *“had differing global health system controls in place e.g. demographic, requirements for patients to register with a particular pharmacy practice”*⁶

- Despite the PSI being set up to protect the safety of the public, consideration of rules under Section 30 (2) to require pharmaceutical assistants to accede to the PSI Core Competency Framework, undertake mandatory Continuous Professional Development, be subject to practice review or amend the Pharmacy act 2007 to include pharmaceutical assistants under Fitness to Practice was excluded for consideration by the Working Group, as outlined in the Report *“temporary absence and the provision of Fitness to Practice and CPD are separate matters”*⁷

⁵ page 13 Working Group on Temporary Absence Report (April 2018)

⁶ page 19 Working Group on Temporary Absence Report (April 2018)

⁷ Page 15 Working Group on Temporary Absence Report (April 2018)



It is evident from the above points that the processes used to analysis “temporary absence” in the context of the need to safeguard public health and safety was undertaken from a “perceived risk” perspective. The community pharmacy activity matrix, developed by the Working Group actually states this when it outlines how its rationale is based on “*perceived risk associated with the particular activity*”⁸. This ‘perceived risk’ is the basis for recommendations that will forbid pharmaceutical assistants dispensing an antibiotic for a child when working in temporary absence.

Section B: Obligations under the Public Sector Equality and Human Rights Duty ignored

All public bodies in Ireland have responsibility to promote equality, prevent discrimination and protect the human rights of their employees, customers, service users and everyone affected by their policies and plans. This is a legal obligation, called the Public Sector Equality and Human Rights Duty, and it originated in Section 42 of the Irish Human Rights and Equality Act 2014. It is evident from the Working Group Report that no consideration was given to the impact of any proposed rules on the rights of pharmaceutical assistants in circumstances where they now number 336 and, are nearly all women over the age of 55 years:

- There was no engagement with pharmaceutical assistants or community pharmacist to ascertain their practice, competencies, experiences and get their input into developing these recommendations (a member of the PAA was included in the Working Group but was precluded from engaging with the wider members due to the confidentiality clause imposed by PSI)
- Principle of proportionality and non-discrimination was ignored. An impact analysis of the draft rules on the property rights/right to earn a livelihood of pharmaceutical assistants was not alone not undertaken, but even considered so there is no way of the PSI Working Group knowing if the proposed rules are proportionate and necessary. The Report states in relation to the impact of restricting the ability of a pharmaceutical assistant to provide cover in the temporary absence of the pharmacist that “ *the legislation was in place from a public protection standpoint and that while changes in law can have consequences and extraneous impacts that a particular framework was envisaged and provided by the Oireachtas, and the PSI would have to deliver on this*”⁹
- No consideration was given to rules for the mandatory inclusion of pharmaceutical assistants in the PSI Core Competency Framework which encompasses Continuous Professional Development and Practice Review process or Fitness to Practice as mechanisms to safeguard

⁸ page 16 Working Group on Temporary Absence Report (April 2018)

⁹ Page 17 Working Group on Temporary Absence Report (April 2018)

public health and safety and protect the public interest. The Report noted that *“Continuing Professional Development and Fitness to Practice consideration were outside the scope of the group and that the task involved addressing an immediate risk scenario, not medium or long term aspects”*¹⁰

It is evident from points highlighted in Section B, that there has been a patent failure by the PSI Working Group to address the constitutional and fundamental rights of pharmaceutical assistants (not least the right to protection against discrimination on age and/or gender grounds) and the right to earn a livelihood and its associated personal and property rights (protected under Articles 40.3 and 43 of the Constitution and Article 1, Protocol 1, Articles 8 and Articles 14 of the European Convention on Human Rights binding on the PSI under the provisions of the European Convention on Human Rights Act, 2003) in developing and drafting the recommendations and rules for ‘temporary absence’ policy and legislation.

There is no doubt, even with a cursory examination of the recommendations that pharmaceutical assistants’ right to earn a livelihood will be impacted (see Appendix Two for a survey on work practices of pharmaceutical assistants carried out in 2014) and, even presuming that the changes were demonstrated to be necessary following a proper assessment, no consideration was given to the requirement to compensate pharmaceutical assistants which would flow from a legislative measure which rendered their professional qualifications meaningless or how this would be achieved.

Section C: Lack of Balance and Misinformation in the Evidence base for the Recommendations

The Report relies solely on NARIC Report ‘Benchmarking the Pharmaceutical Society of Ireland’s legacy Pharmaceutical Assistant qualification’, commissioned by the PSI, in determining risks around temporary absence for its recommendations and rules governing temporary absence. NARIC used the Regulated Qualifications Framework (RQF) in the context of the current UK education system as the benchmark. Despite the authors of the NARIC Report acknowledging from the outset *“the limitations of reviewing a legacy award offered over 20 years and last awarded more than 30 years ago, particularly in relation to the types of information (e.g. learning outcomes) and range of documentation available (including undocumented and unsourced PSI*

¹⁰ Page 18 Working Group on Temporary Absence Report (April 2018)

notes).... *The study does not provide a value judgement on the job role of Pharmaceutical Assistants in 2017*¹¹. It should be noted that all of the information provided to NARIC was provided by the PSI Executive and NARIC did not seek the input or experiences of the main stakeholders, Pharmaceutical Assistants, nor did they review notes of lectures, practical sessions, etc which are available from the Pharmaceutical Assistants Association.

The NARIC report is flawed in a number of ways:

- There is no comparison between examination papers of pharmaceutical assistants and pharmaceutical chemists (now called pharmacists) of the day. Currently there are 10 'pharmacists' who qualified prior to 1959, who would have the same learning outcomes etc as pharmaceutical assistants, as observed in the Working Group Report, *"between 1890 and 1958, no individual distinct course was provided for the Pharmaceutical Assistants qualification"*¹².
- Credit was not assigned for Recognition of Prior Learning (RPL) including 40 years of experiential learning
- It did not allow for the course outcomes, i.e. the fact that the qualification was designed to enable pharmaceutical assistants autonomously perform all the functions of a pharmacist in their temporary absence as soon as they passed the examination and registered with the Pharmaceutical Society of Ireland.

These aspects of the NARIC Report are not flagged in the Working Group Report. Instead the Working Group Report provides a value judgement on the job role of pharmaceutical assistants building a case for restrictions on the role by making inferences and in some instances providing misinformation, including:

- The Working Group Report states that *"the gap between the level of qualification held as a pharmacist and a pharmaceutical assistant as evidenced by the NARIC report was concerning in the context of the current regulatory framework"*¹³. This is no evidence provided for this statement and as outlined there are currently ten pharmacists on the PSI register who undertook basically the same course as pharmaceutical assistants; 167 pharmacists who qualified prior to 1978 and completed a three year basic degree; numerous more pharmacists who completed a four year degree. In this way of thinking, there will be a gap between the level of qualification of all of these pharmacists and those of pharmacist who completed the current

¹¹ page 38 Appendix Five. Executive Summary NARIC Report (June 2017) Working Group on Temporary Absence Report (April 2018)

¹² page 4 Working Group on Temporary Absence Report (April 2018)

¹³ page 15 Working Group on Temporary Absence Report (April 2018)

five years Masters programme. However, the gap in the level of qualification can not be known unless measured and in the context of 30 years ago, how relevant is it. Level of qualification does not predetermine level of competency for the purpose of the current regulatory framework, as if it did all qualifications of 30 or 40 years ago would have to be revisited and re-evaluated in relation to current regulatory frameworks in every profession. This would be totally discriminatory as older people, like pharmaceutical assistants, would have restrictions based on their practice impacting on their ability to earn a livelihood.

- The Working Group Report states *"the fact that Pharmaceutical assistants have not undertaken CPD"*¹⁴. This is an untruth. The majority of pharmaceutical assistants, like pharmacists have, since qualifying, engaged in CPD, attending the same seminars as pharmacists for the past 30 years (see Appendix Three for case study). CPD was a condition set for pharmacists and pharmaceutical assistants by PSI for renewing registration each year (to register had to tick a box agreeing to undertake appropriate CPD). Whilst pharmaceutical assistants are not mandated to engage in CPD under the Pharmacy Act 2007, to maintain professional practice, they engage in CPD, side by side with pharmacists. It should also be noted that the core competency framework and structures for recording CPD for pharmacists have only been in place since 2013.

Concluding Remarks

It is evident from the Working on Temporary Absence Report that the context within which the Working Group operated directed, shaped and constrained the range of possible choices and outcomes. The evidence used was cherry-picked and manipulated to build a case that supports the agenda of PSI, the construction of a group of highly skilled professionals, 'pharmaceutical assistants' as a serious risk to public safety. The outcome of presenting incomplete and false evidence can have catastrophic consequences, as illustrated in how a 16-word statement *'The British government has learned that Saddam Hussein recently sought significant quantities of uranium from Africa'* which was incorrect but used by US President George W. Bush to build his case for invasion of Iraq in his annual 'State of the Union' address.

No attempt has been made by the Working Group, the majority of whom serve the PSI, to undertake an evidence based risk assessment or to consider ways, such as mandated CPD,

¹⁴ Page 23 Working Group on Temporary Absence Report (April 2018)

inclusion in the PSI core competency framework, practice review process and Fitness to Practice, of ensuring that every pharmaceutical assistant like every pharmacist is competent to undertake their work. Instead the recommendations focus on curtailing the nearly 130 year work practices of pharmaceutical assistants. The position taken in this report reflects the failure of the PSI to act on their responsibilities to ensure all of those registered by the PSI undertake appropriate CPD, are competent and fit to practice and in this way provide quality assurances of standards in pharmacy practice and support the development of pharmacy practice for the benefits of patients and the wider health system.

Recommendations for Rule Development

- Pharmaceutical Assistants are mandated to undertake CPD as one of the criteria for re-registration each year and are subject to the PSI Core Competency Framework.
- Pharmaceutical Assistants are included in the quality assurance process, requiring them to undergo the Practice Review process that evaluates four competencies: clinical knowledge, gathering information process, patient management and education and communication skills.
- Pharmacists make a statutory declaration that in 'temporary absence', cover will be provided by the pharmaceutical assistant employed by the pharmacist who has demonstrated competencies in the four areas.

Appendix One: Working Group membership

The position and background/experience of members of the working group set up assist in the development of Rules constituted under the provision of section 30 of the Pharmacy act 2007.

Organisation	Position and Background
Pharmaceutical Society of Ireland (PSI)	• Mr. John Bryan, PSI Inspection and Enforcement Unit (ex Army), • Ms Damhnait Gaughan, PSI Education and Registration (B.Sc (Pharm) MPSI), • Joanne Kissane, PSI Council member (Superintendent pharmacist Lloyd's Pharmacy), • Ann Sheehan, PSI Council member (Business Development Specialist Consultancy, worked as senior Marketing/Sales Executive with Shannon Aerospace/Lufthansa, member of boards of CORU Optical Registration Board and the Nursing and Midwifery Board of Ireland, studying for degree in psychology). • Georgina Farren, co-opted by PSI (registered midwife and barrister, Midwifery Project Officer, Nursing and Midwifery Board of Ireland)
Pharmaceutical Assistants Association (PAA)	• Rita O'Brien, chairperson PAA (Pharmaceutical assistant, lecturer in DIT pharmacy technician course)

Appendix Two: Survey of Work Practices of Pharmaceutical Assistants (2014)

In 2014, the PAA undertook a survey of the work practices of pharmaceutical assistants. Two hundred and five pharmaceutical assistants responded to the questionnaire. The responses were analysed using SPSS. The survey found that in 2014:

- 60 per cent of respondents worked 15 to 30 hours per week, 25 per cent worked over 30 hours and 15 per cent worked less than 15 hours per week, usually one day a week in a pharmacy they have worked in for years.
- The majority, 77 per cent worked in one pharmacy, and have done for numerous years, the mean number of years being 18 years.
- 94 per cent of respondents were permanently employed in the pharmacies they worked in
- All covered the pharmacist's day off and other short absences including lunch hour and meetings. A majority also covered the pharmacist's holidays as agreed under the 1994 Code of Practice.

Appendix Three: A Case Study of Pharmaceutical Assistant's Engagement in CPD.

This case study outlines the real world experience of pharmaceutical assistants in relation to maintaining professional competencies through engagement in CPD. Pharmaceutical assistant A has worked in Pharmacy C for 21 hours per week for 15 years and covers pharmacist B's day off, lunch breaks, late nights and holidays. Pharmaceutical assistant A and pharmacist B attended together over the last 4 years the CPD courses listed below.

Course Name	Event Name
An Update on Oral Chemotherapy Agents (Autumn 2013)	Oral Chemotherapy
Drug Interactions	Drug Interactions
An Update on the Management of Pain	Pain Management
A Review of Insulin Therapy	Insulin Therapy
An Overview of Common Neurodegenerative Conditions	Neurodegenerative Conditions
Management of Common Ear, Nose and Throat Conditions	Management of ENT
The Use of Antimicrobials in the Community	Antimicrobials
Dermatology: Acne and Psoriasis	Dermatology: Acne and Psoriasis
The Management of Inflammatory Bowel Disease	The Management of Inflammatory Bowel Disease
Depression	Depression
Liver Disease	Liver Disease
Ischaemic Heart Disease – The Patient Journey	Ischaemic Heart Disease - The Patient Journey
Dermatology: Dry Skin and Eczema	Dermatology: Dry Skin and Eczema
Schizophrenia – An Update	Schizophrenia - An Update
Iron Regulation: Anaemia and Haemochromatosis	Iron Regulation: Anaemia and Haemochromatosis
Management of Allergies	Management of Allergies
An Update on Oral Chemotherapy Agents (Spring 2017)	An Update on Oral Chemotherapy Agents
Update on Drug Interactions and Adverse Drug Reactions	Update on Drug Interactions and Adverse Drug Reactions
Medication Safety in Your Practice	Medication Safety in Your Practice
Diabetes in Practice	Diabetes in Practice
Chronic Obstructive Pulmonary Disease	Chronic Obstructive Pulmonary Disease
Cancer Management – Supportive Medicines	Cancer Management - Supportive Medicines
Clinical Skills for Community Pharmacists	Clinical Skills for Community Pharmacists
Atrial Fibrillation	Atrial Fibrillation
Dyslipidaemia	Dyslipidaemia

Report of the Expert Group

ON THE DRAFT PHARMACEUTICAL SOCIETY OF IRELAND
(TEMPORARY ABSENCE OF PHARMACIST FROM PHARMACY)
RULES 2018

REPORT SUBMITTED TO THE PHARMACEUTICAL SOCIETY OF
IRELAND ON 5 DECEMBER, 2018

Report of the expert group on the appropriateness of the duties that a pharmaceutical assistant may perform during the absence of the pharmacist held on 20th November 2018

Members present:

- Kieran Ryan (Chair)
- Ronan Quirke
- Nicola Tyers (Report writer)

In attendance:

- John Bryan
- Damhnait Gaughan
- Siobhan Fitzgerald (Minute taker)

Declaration of interest

Ronan declared that he had for 18 years worked alongside a Pharmaceutical Assistant who retired (and for no other reason).

Background

Background information (appendix 1) had been provided to the Expert Group (hereafter known as the 'Group') and this covered the Pharmaceutical Society of Ireland (PSI) Council papers, the report from the Working Group, reports from the Pharmaceutical Assistants' Association (PAA), the public consultations, draft rules and requirements of this Expert Group (based on a range of expertise as outlined in appendix 2). It was reported that the draft rules had been agreed by Council in 2018 and now the Group was being asked to consider rule 8 relating to the tasks that a Pharmaceutical Assistant (PA) may perform due to a potential weakness in the drafting mechanism used.

The principles of Better Regulation were referred to in ensuring that a decision is based on these factors as listed below:

- Necessary
- Effective
- Proportionate
- Transparent
- Accountable
- Consistent

The Group discussed the background to the evolution of the draft rules for temporary absence that formed the basis of the work of this meeting and clarified why the challenge had arisen to the drafting mechanism.

Discussion

The timeline of the process in developing the temporary absence of pharmacist from pharmacy rules 2018 was discussed and a summary of the process that the Working Group on temporary absence went through was reported. The Working Group had developed a matrix of the roles that PAs could safely carry out in the absence of a pharmacist which can be found in appendix 7 of the Working Group report. It was reported that when considering these roles the Working Group had identified what tasks needed to be reserved for a pharmacist based on potential risk, what other professions had developed and the benchmarking of qualifications. In the absence of Quality and Qualifications Ireland agreeing to assess the PA qualification it is important to note that NARIC (The National

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Recognition Information Centre for the United Kingdom) did not make a statement on the mapping to the Irish system. What can be noted is that in the UK up to 1967 the diploma of Pharmaceutical Chemist was at level 5 and thereafter Degrees of Bachelor of Pharmacy were awarded at level 6. It is likely that the Irish qualification was targeted at a similar level. Discussion about the level of qualification ensued and it was noted that it is likely that there was a difference of two academic levels at the time that the PA qualification was awarded and this is consistent with the different roles. This difference in role at registration reflected the level of attainment of knowledge, skills and competence, especially in relation to making judgements. It was noted that the level of qualification changes over time – the contemporaneous standard, and continuing competence is achieved through continuing professional development. Although this was not a requirement for either profession for many years, it is recognised that this professional activity is central to ensuring continued competence.

A point was made that the experience gained from working in a role (especially as a member of a team) for a long period meant that the professional became an expert in that role (also known as expert generalist). This has resulted in a group of Pharmacist Assistants that are experts in their role and the Group recognised their input. The report on Supervision in Community Pharmacy (2013) highlights the expert technical role that pharmacy staff perform whilst also identifying safe, borderline and unsafe activities that can be carried out in relation to supervision and accountability, considering this in the context of temporary absence of a pharmacist. PAs have been able to enact their role in the absence of boundaries for many years, which would appear to be an omission and then in 1994 an agreement was made between the then PSI and Pharmaceutical Assistants' Association. This does not however address the PA scope of practice, but does suggest they can carry out the pharmacist's role in their absence, which could be for up to two weeks at a time. The culpability of pharmacy members within the pharmacy team was then discussed and it was highlighted that no individual is responsible for the personal acts or omissions (outside of the governance in place) of someone else and thus although a PA may be an expert in technical aspects they need to operate within the framework of competence. This once again linked back to defining what the scope of practice for a PA is.

Discussion then explored whether PAs want to be brought under regulatory powers and the evidence from the consultation highlights that PAs as a group want this. The case is specifically made by the PAA in relation to Continuing Professional Development (CPD) and Fitness to Practice (FTP) – and not needing any additional legislation to ensure this. This does not however address the gap in the level of qualification or scope of practice. On exploring whether CPD and FTP could be articulated for PAs, it was noted that this would need a change in the primary legislation that gives the PSI the power to act. The 2007 Act under 7 (2) (b) (i) does allow the PSI to conduct inquiries however there is no power to impose sanctions, thus preventing the Society from enforcing FTP on PAs. As this is not enforceable then no cases have been developed and hence no reports of any PA's lack of fitness have been reported, thus nothing is available to evidence the FTP failings of what is likely to be a minority of outliers (as for pharmacists) of this professional group. Also it is important to note that the 1994 agreement is not an agreement in statute and so not enforceable. There is a similar argument around CPD where pharmacist obligations are specifically mentioned in the Act under 7 (1) (d) although all registrants are asked to tick a box declaring CPD is undertaken on annual registration.

As the PSI had determined that powers regarding ensuring FTP and CPD are undertaken for PAs are not feasible under the Act, then defining rules under Section 30 were considered in addressing the scope of practice of this professional group. It was reported that Council had made this decision

previously and embarked on the route to develop rules around Section 30 and also to consult with a wide range of stakeholders including the PAs themselves and members of the public.

There was discussion around how the public can identify a PA from a pharmacist and the importance of this. It was noted that the PSI had a role in this to explain to the public the roles of the pharmacy team and how this operates in community pharmacy. As the Act states that a pharmacist is in personal control then what are the requirements around Section 30 that would meet public perceptions as well as ensure patient safety? Although PAs appear happy to be brought under regulatory powers, it appears to be specifically around CPD and FTP, which are routes of regulation that are not enforceable (and would need primary legislation to change). The consultations on temporary absence in both 2016 and 2018 show that PAs question using Section 30 to address the scope of practice, although it can be seen from the Pharmacy Act that this legislation does need rules to provide all levels with a framework on how temporary absence is to operate.

Consideration of draft rule 8

Given the difference in level of qualification of PAs then the absence of a scope of practice (also referred to as a task list) was considered as being at odds with the regulatory landscape and not consistent with the Pharmacy Act 2007, thus this needed to be defined in rules and was addressed by discussing each aspect of rule 8.

Activities which may be carried out by pharmaceutical assistant when acting on behalf of pharmacist

8.(1)When acting on behalf of a registered pharmacist during the temporary absence of the registered pharmacist, a registered pharmaceutical assistant may carry out the following in addition to his or her normal activities as a registered pharmaceutical assistant:

a) dispensing a repeatable prescription where:

- (i) it is not the first dispensing of the prescription, and
- (ii) the prescription is for medicinal products other than—
 - (I) high tech products,
 - (II) cytotoxic medicinal products, and
 - (III) narrow therapeutic index medications;

b) dispensing, or providing by sale or supply, pharmacy-only medicinal products and general sale medicinal products; and

c) supervising the sale or supply of pharmacy-only medicinal products and general sale medicinal products

The description of 8 (1) a) (i) (dispensing a repeatable prescription where this is not the first dispensing) was considered reasonable insofar as it is usually where there is a higher risk to patient safety and the prescription is assessed for clinical appropriateness and use of medication in pre-existing morbidities as well as its use with other medication is considered. This is not a technical aspect, but rather one that requires judgement based on knowledge and skills. The case of a 'simple' antibiotic was raised, however it would be difficult to identify when a range of antibiotics were safe or not without getting into a defining a list of what could be used and when. Based upon this discussion, on balance it was considered that this description of the role was reasonable.

The products listed in 8(1) a) (ii) (excluded from a repeatable prescription) were considered with (I) (**high tech products**) being a service commissioned by the Health Service Executive where pharmacists are paid for a consultation and share their clinical knowledge and expertise – this is a distinction from other dispensing and is where a pharmacist is the care provider. This section was considered as being reasonable based on the pharmacist being considered the care provider. It was

also agreed that **cytotoxic medicinal products (II)** were high risk medicines and as such should be reserved for pharmacist oversight, as regimes could change and the margin for error was also a risk. **Narrow therapeutic index medicines (III)** were then considered and discussion focused around what are these defined as? In a patient with renal failure this may be different from a patient with liver disease for example. Whilst the Group agreed with the principle that those with a smaller margin for drug dosing error was what was intended, they advised that the PSI should consider providing guidance around what may constitute a narrow therapeutic index medicine.

The Group then considered **8 (1) (b- dispensing/providing) and (c -supervising)** the sale or supply of pharmacy-only and general sale medicinal products – and considered this to be enabling and reasonable.

The Group then considered the scope of rule 8 against the principles of Better Regulation:

- Necessary – to date there has been no description of the scope of practice of a PA, which is a different level of qualification from a pharmacist, but in the temporary absence of a pharmacist (sometimes for up to 2 weeks) appears to enact the same role. The Group considered that undertaking the role as described in the 1994 agreement (prior to the Pharmacy Act 2007) for a long period of time is at odds to the pharmacist being in personal control of a pharmacy and needs a clear description of the scope of practice.
- Effective – the rules in relation to the scope of practice are clear on the boundaries of what constitutes good patient care. Should the rules be enacted then the PSI will need to ensure compliance and enforcement.
- Proportionate – the advantages of describing a clear scope of practice are that patient safety will be prioritised thus prioritising patient care. The professional group of PAs will however need supporting in how this is enacted as the scope has been undefined for many years. Potential resource issues will also need to be explored both for the PAs and for those operating the pharmacy (in relation to finances and availability of staff, especially in remote areas).
- Transparent – the PSI has gone through a process that has listened to a wide range of stakeholders (including the PAs) and has also utilised experts. Guidance from the PSI in relation to the PA role and how the public identifies the respective roles will be beneficial.
- Accountable – the rules will describe clear lines of accountability between the PAs and the pharmacist regarding their respective roles.
- Consistent – these rules will allow for consistency in how the role of PA is undertaken. Previously there had been no clarification of the scope of practice thus resulting in an anomaly.

The Group made a number of observations in the context of the rules as a whole and these included:

- Rural pharmacy locations where it can be very difficult to get a pharmacist locum for an extended period of time.
- The role of an experienced employed PA compared to a locum in providing continuity of service to patients in the temporary absence of a pharmacist.
- The availability of pharmacist locums
- The human rights (in relation to the right to work and gender) of Pharmacist Assistants who have operated for many years without a scope of practice and thus may have current roles amended
- A pragmatic guidance on how the public could be made aware of the roles of staff in a pharmacy through identification of Pharmacist, PA, Shop Assistant, Technician etc.

Appendix K

- Providing guidance on narrow therapeutic index medicines
- Notwithstanding the legislative issue of compelling PAs to fall under CPD and FTP, could guidance outlining the expectations of PAs in fulfilling requirements to maintain these aspects be provided
- Guidance be provided by the PSI with respect to the expectation on pharmacists in delegating duties of supervision in the period of temporary absence.

The Group supported the scope of practice described in the draft rule 8 and recommends accordingly in line with the terms of reference of this Group.

Appendix 1

Papers Provided to the Expert Group

- Terms of Reference of Expert Group on the assessment of the appropriateness of the duties that a pharmaceutical assistant may perform during the absence of the pharmacist
- Draft Pharmaceutical Society of Ireland Temporary Absence of a Pharmacist from Pharmacy Rules 2018
- Benchmarking the Pharmaceutical Society of Ireland's Legacy Qualification (2017), UK NARIC Benchmarking Report
- Working Group on Temporary Absence Report 2018
- Shadow Report on the PSI Working Group on Temporary Absence (April 2018), the Pharmaceutical Assistants Association
- Human Rights and Equality Impact Assessment of the Proposed Draft Pharmaceutical Society of Ireland Temporary Absence of a Pharmacist from Pharmacy Rules Report 2018 by the Pharmaceutical Assistants Association
- Pharmaceutical Assistants Association Chairpersons Address to Council (23/3/2017)
- Supervision in Community Pharmacy (2013), Bradley F., Schafheutle E.I., Willis S.C. & Noyce P.R. <https://pharmacyresearchuk.org/wp-content/uploads/2014/01/Supervision-in-Community-Pharmacy-Full-Report-070114.pdf>
- Public Consultation on Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from a Pharmacy) Rules 2018 https://www.thepsi.ie/Libraries/Consultations/Consultation_Report-Temporary_Absence_of_a_Pharmacist_from_a_Pharmacy_2018.sflb.ashx
- Public Consultation on draft Pharmaceutical Society of Ireland (Regulation of Temporary Absence Cover by Pharmaceutical Assistants) Rules 2016 https://www.thepsi.ie/Libraries/Consultations/Temporary_Absence_Public_Consultation_Report_2016.sflb.ashx

Appendix 2

Expertise of members of the Expert Group:

Ronan Quirke is a community pharmacist in Clonmel and has worked in community pharmacy for over 18 years; prior to that he was a hospital pharmacist in Dublin and the UK. He is a Senior Lecturer in the School of Pharmacy, University College Cork and an Adjunct Assistant Professor at the School of Pharmacy, Trinity College. He is the Alternate Chair of the Professional Conduct Committee of the PSI and was appointed by the Minister for Health to the Advisory Committee on Human Medicines at the Health Products Regulatory Authority. Previously, he has served as a Council Member of the PSI and was PSI President from 2005-2007. He is a former Chair of the Accreditation Committee for the Irish Schools of Pharmacy for the PSI and also served as Secretary of the Hospital Pharmacists Association of Ireland.

Nicola Tyers is a Pharmacist who has over 25 years of experience and is Director of the Pharmacy Training Company. Having previously worked at the GPhC as Head of Pre-registration and also for the previous regulator, the Royal Pharmaceutical Society (RPS) of Great Britain she has a deep understanding of regulation and the support system that registrants need. Regulatory work has included oversight and responsibility in Great Britain for first entry to the register (good character, health and performance), registration appeals, pre-registration tutors, pre-registration training sites, the registration assessment, annual membership of the register, input into the Pharmacy Order 2010, as well as input into the PSI's training requirements around emergency medicines and vaccinations training.

Previous roles include lecturing in Pharmacy in the academic sector in both Great Britain (currently within University College London and Medway School of Pharmacy as an external speaker) and New Zealand leading in pharmacy practice, experience of working within community pharmacy (in Eire, New Zealand and Great Britain), primary care settings and with pharmaceutical companies. Having developed an online learning resource for pre-registration tutors, Nicola has been working closely with NHS Education for Scotland and Health Education England to help develop tutors that are fit for purpose. Recent work has included working with a range of stakeholders including community pharmacies (pharmacists, technicians and counter staff) and pharmaceutical companies to develop novel services including training, having recently presented at Pfizer's National Hospital Pharmacy Forum.

Other current roles include being a Member of the Pharmaceutical Society of Ireland Accreditation Panel, Lay Member for Patient and Public Involvement at Medway CCG – a governance role, which also involves chairing and working closely with patients and members of GP Patient Participation Group, and is a member of the organising committee for West Kent and Medway RPS Local Practice Forum.

Kieran Ryan was appointed as Managing Director of Surgical Affairs at RCSI in August 2016. He is responsible for the development and implementation of the strategic direction for the Department of Surgical Affairs. Core to this brief is the delivery of our National Surgical Training Programmes, engagement with our Fellows and Members and specialty groups, promoting RCSI as a world leader in surgical training and medical education and provision of greater support and input to surgical practice. Kieran, as a member of the Senior Management Team, also supports our postgraduate faculties in delivering their remit and strategic objectives.

Prior to joining RCSI, Kieran was Chief Executive Officer of the Irish College of General Practitioners, a post he held since 2011. Prior to this, Kieran worked with the RCSI Department of Surgical Affairs as Research Manager and then Associate Director. He brings with him a wealth of experience and his expertise across the many facets of the healthcare ecosystem having previously worked as Head of

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Clinical Services in the Hermitage Medical Clinic, Head of Healthcare Practice at Aon Risk Services, GCP inspector with the Irish Medicines Board (now HPRA), Clinical Trials Manager with GSK as well as other clinical research roles with Covance CAPs and ICON.

Kieran holds a BSc (applied) in Chemistry and Mathematics from Kevin Street DIT and Trinity College Dublin, a MSc in Healthcare Ethics and Law and MSc in Healthcare Leadership and Management Development from RCSI.

Establishment and Purpose

An expert group will be established to provide their assessment of the appropriateness of the duties that a pharmaceutical assistant may perform during the temporary absence of the pharmacist in accordance with Section 30 of the Pharmacy Act 2007, the assessment will be made from the perspective of the patient, their expectations and their safety.

Background

For background information on pharmaceutical assistants and temporary absence please see paragraph entitled Background in the report of the Working Group on Temporary Absence Report.

Following acceptance of that report by the Council of the PSI draft rules (Statutory Instruments) were approved for public consultation. At the end of that process and following discussions with the Department of Health the draft rules were revised to include what can be undertaken by a pharmaceutical assistant during the temporary absence of a pharmacist.

Before undertaking the approval and consultation process the PSI will re-engage with significant stakeholders and provide their views and observations to Council. However, the PSI is also anxious that Council receive an independent view of the rules provisions from the perspective of risk, patient safety and expectation. Accordingly, an Expert Group will be established to assess the draft rules and provide to Council their assessment of the significant provisions on patient safety.

Membership of the Sub-Group

The expert group will comprise three members:

- One member with experience of pharmacy regulation and education

- A member with knowledge and experience of risk within health sector

- An experienced community pharmacist

Objectives

The objectives of the Group is/are to critically assess on the basis of risk, patient safety and public protection the provision/s contained within rule 8 of the draft statutory rules which provides for what can be done by a pharmaceutical assistant during the temporary absence of a pharmacist. The Group should assess the rule against the principles of regulation – necessary, effective, proportionate, transparent, accountable and consistent.

To provide a report detailing their deliberations

Corporate Governance

The Expert Group is obliged to conduct its activities within the Corporate Governance Framework and rules of the PSI.

Meetings

A meeting or meetings as necessary will be arranged by the executive in line with the advice of the Chairperson and the Group.

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

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

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

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

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

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

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

* 1. Data Protection and Freedom of Information:

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

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

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

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

☐ Yes

☐ No

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

2. Which category best describes you?

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

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

- ☐ Own behalf
- ☐ On behalf of an organisation

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

- ☐ Yes
- ☐ No

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

Appendix M

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

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

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

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

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

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

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

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

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

Appendix M

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

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

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

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

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

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

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

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

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

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

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

Appendix M

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

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

	Cytotoxic Medicinal Products	General Sale Medicinal Products	High Tech Products	Narrow Therapeutic Index Medications	Pharmacy-only Medicinal Products	Repeatable Prescription
Do you think the following definitions in Rule 8(2) are clear?	☐	☐	☐	☐	☐	☐

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

Appendix M

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

- ☐ No
- ☐ Yes. Please include any additional information or comments you would like to provide in relation to the proposed new Rule 8 of the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 below:

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

- ☐ No
- ☐ Yes. Please include any additional information or comments you would like to provide in relation to the draft Pharmaceutical Society of Ireland (Temporary Absence of a Pharmacist from Pharmacy) Rules 2018 as a whole below: