ROYAL COLLEGE OF PHARMACY

Legislative Changes (including supervision)

Dr Justine Scanlan
Director of Pharmacy
November 2026

Look at this through 3 lens

1. Why? Healthcare Landscape
2. What? Policy & Regulation
3. How? Professional Landscape



WHY? The Healthcare Landscape: From COVID-19 to 2026

Digital Transformation

Shift from hospital to community care

Integrated Care Systems

Focus on Long Term conditions

Patient Expectation

Workforce Challenges



The Healthcare Landscape



NHS SCOTLAND

NHS Scotland Operational Improvement Plan



Llywodraeth Cymru
Welsh Government

POLICY AND STRATEGY, DOCUMENT

2024 plan for health and social care

Following support by Cabinet in the summer 2024 a set of refreshed actions have been agreed to support the delivery of a healthier Wales.

First published: 9 December 2024

Last updated: 9 December 2024

In Summary

England: three major shifts — **hospital to community, analogue to digital, and sickness to prevention** — supported by workforce, financial and operating-model reform.

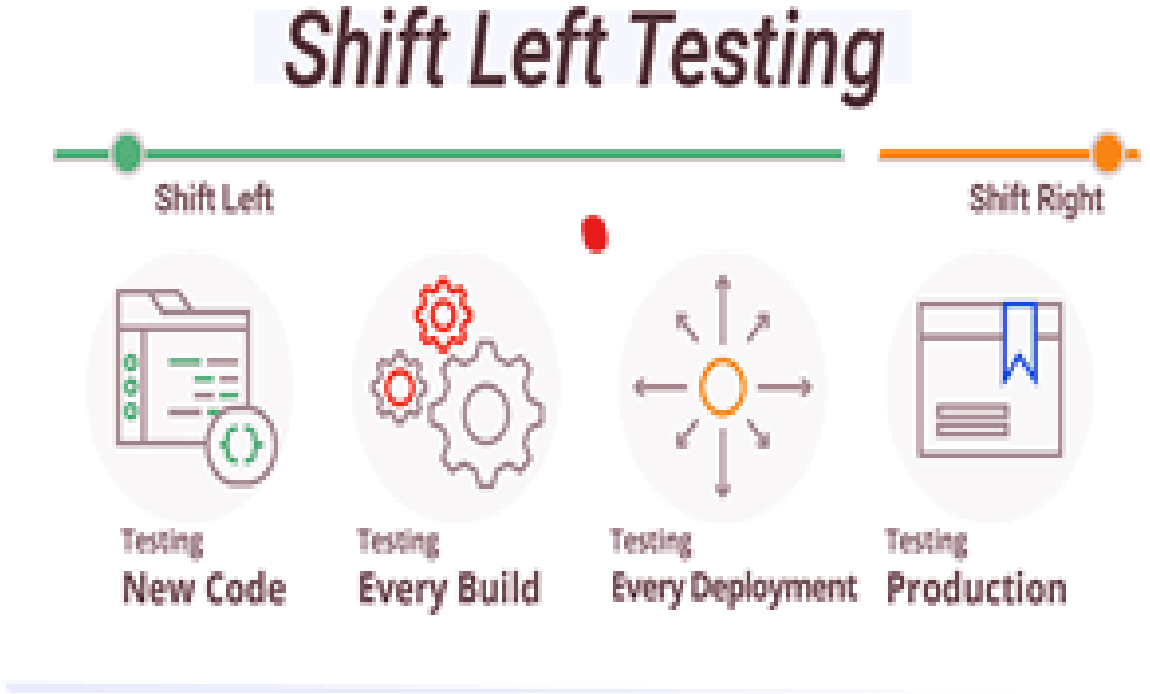
Northern Ireland: stabilise, reform and deliver — initially addressing financial, workforce and waiting-list pressures, then expanding neighbourhood, primary and community care

Scotland: immediate operational improvement through extra capacity, shorter waits, diagnostics, Hospital at Home, frailty services, primary care, a digital “front door” and prevention.

Wales: a broader integrated model built around prevention, person-centred care, equity, sustainability, digital and data, workforce development, quality and care closer to home

LEFT SHIFT THEORY – why relevant?







NHS 3 LEFT SHIFTS**:** they propose shifting resources and professional capability "left" — away from reactive hospital treatment and towards earlier, local, digitally enabled care. For pharmacy, that implies a larger clinical and prescribing role in community and neighbourhood services.

LEFT SHIFT in Healthcare









Self Care & Prevention	Primary Care	Community Care	Hospital

Money and Resources

Stay Left, Shift Left

eHealth Ireland
@ehealthireland

Preventative/Proactive Healthcare — Emergency / Elective

- Life Style
- Nutrition
- Screening
- Monitoring/ Scanning
- Genetics
- Environment
- Immunisation

The Continuum of Care

"Shift Left !"

Home Care

- Independent Healthy Living
- Integrated Care & Home Support
- Chronic Disease Management
- Assisted Living

Primary/Community Care

- GP Practice
- Primary Care Centre
- Community Unit
- Specialist Nurses

Acute Care

- Acute Hospital
- Speciality Clinic
- High Dependency

Clinician Experience

Quality of Life

Quality of Care

Shift Left – Highest Quality of Life at the highest possible cost avoidance

Cost of Care

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What does this mean for Pharmacy?

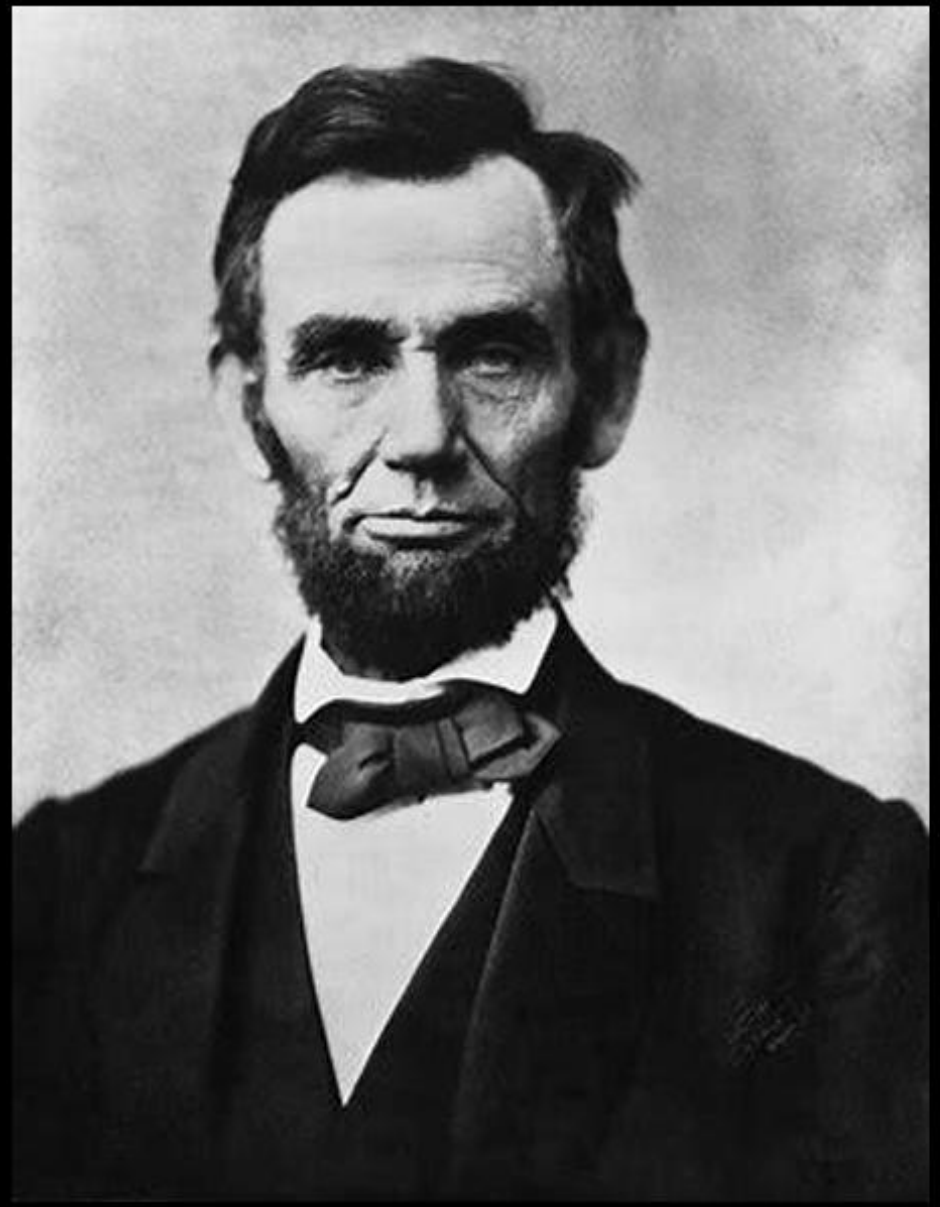
- **The Public, patients and NHS (managed sector and community pharmacy) and private sector need pharmacists**

- Public and patients value pharmacy professionals as autonomous practitioners for delivering expert pharmaceutical care.
- We will deliver expert, up to date, evidence-based care underpinned by expert pharmaceutical scientific knowledge.
- Patients understand the wide range of activities from prevention to treatment to supply chain to prescription, that pharmacy professionals bring.
- The next generation (specialist and generalist) pharmacist prescribers will
  - allow access to urgent clinical care,
  - work to prevent of ill health,
  - ensure optimal outcomes (value and sustainability) from medicines.
  - provide holistic care and shared decision making
- Public and patient have confidence in our training and education to deliver care to them.
- We will be trained to the same enhanced clinical level on registration, creating a more flexible workforce which will make it easier to move between sectors.
- We will be supported by a pharmacy team of registrant and non registrant staff.
- All team members are educated to the appropriate level with the aim of delivering excellence.

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"The dogmas of the quiet past are inadequate to the stormy present."

Abraham Lincoln

WHAT? THE CASE FOR CHANGE

Department of Health & Social Care

Guidance

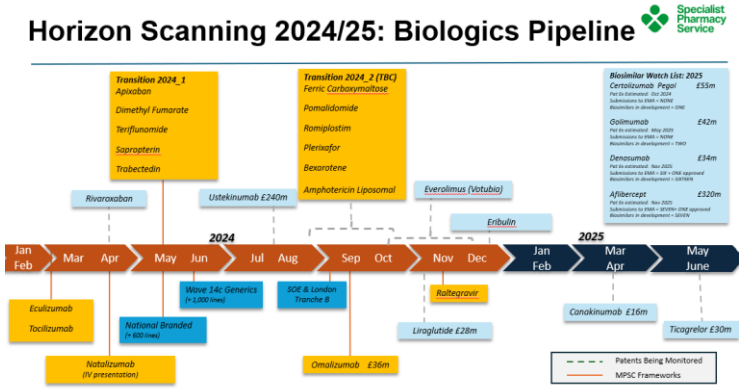
Transforming NHS pharmacy aseptic services in England

Published 29 October 2020

Carter: Key Messages

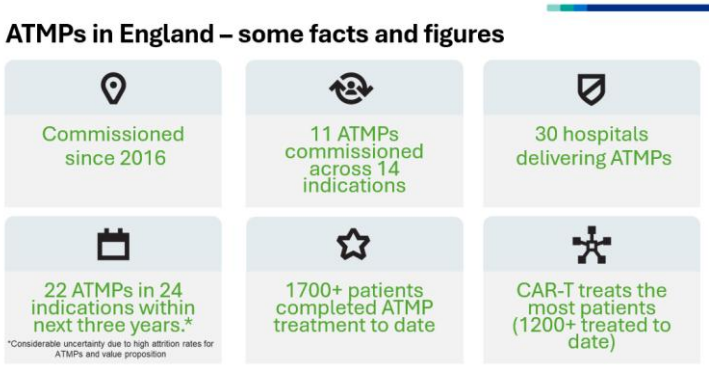
- Existing aseptic services are **fragmented, variable and lack capacity** for rising demand.
- Create a national **hub-and-spoke network**: regional hubs manufacture standardised, high-volume injectable medicines; local units concentrate on complex and bespoke products.
- Expand **ready-to-administer medicines** to improve safety, reduce ward preparation and release nursing time.
- Invest in **modern facilities, automation, digital systems, standardised data and stronger quality assurance**.
- Develop a sustainable specialist workforce through **nationally consistent training and clearer career pathways**.
- Increase resilience while supporting **treatment closer to home** and generating productivity savings.

Medicines are more complex ..... and there are more of them









"To move UK healthcare beyond an over-reliance on pills by combining social prescribing, lifestyle medicine, psychosocial interventions and safe deprescribing. As well as reducing unnecessary and inappropriate prescribing, this integrated approach will improve outcomes and reduce health inequalities"

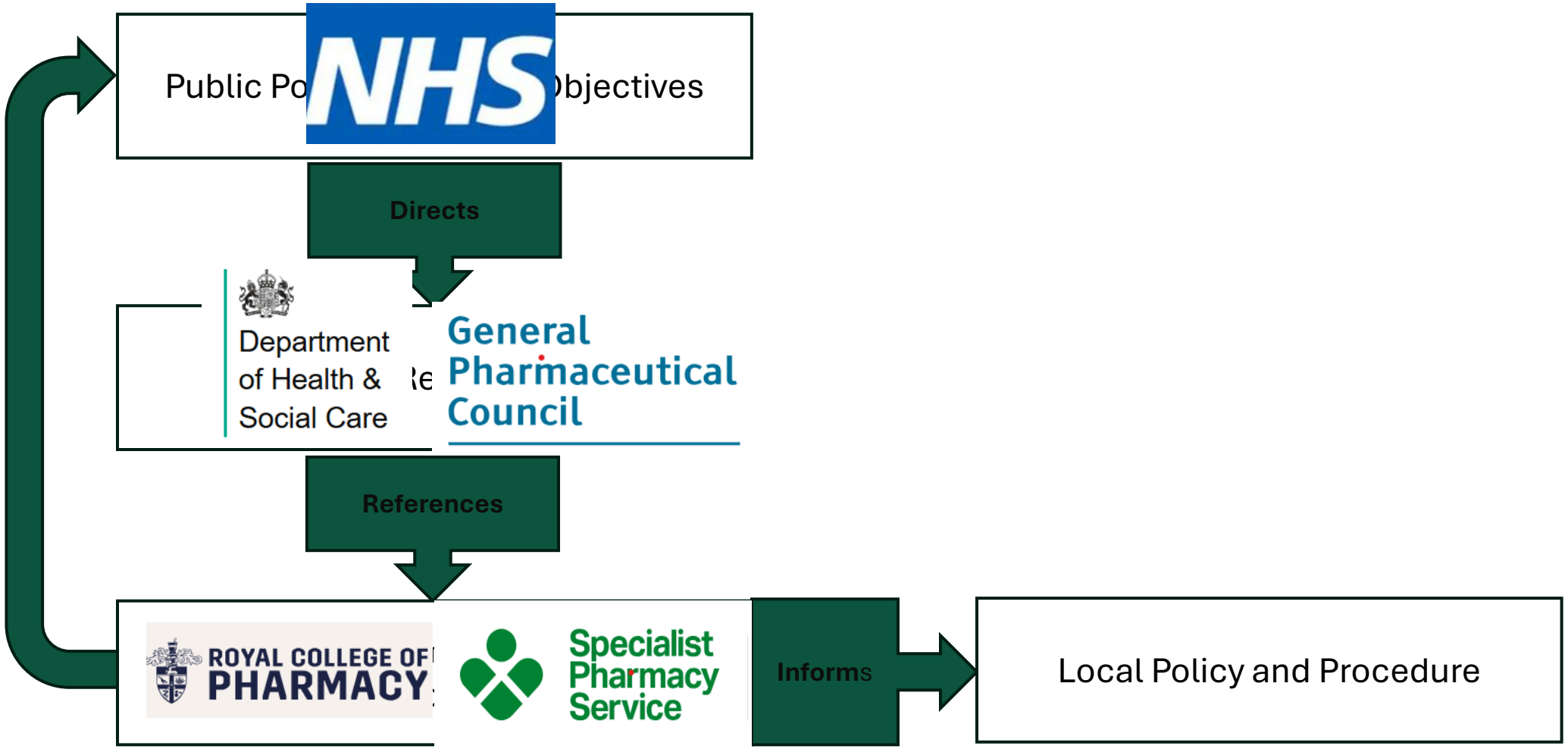
WHAT? Regulatory Developments

- Pharmacy Technicians supply under PGD (2024)
- Legislation on Pharmacy Supervision (July 2025)
  - Enable pharmacists to deliver more patient-facing clinical services and enable pharmacy technicians to maximise their contribution to pharmaceutical care through effective use of skills and expertise.
  - Any member of the pharmacy team to hand out checked and bagged prescriptions in the absence of a pharmacist. (January 2026)
  - Pharmacists to authorise registered pharmacy technicians to carry out, or supervise others to carry out, the preparation, assembly, dispensing, sale and supply of medicines. (January 2026)
  - Pharmacy technicians to supervise the preparation, assembly and dispensing of medicines in hospital aseptic facilities. (December 2026)
- Decentralised Manufacture (July 2025)
- Clinical Trial Regulations: The Medicines for Human Use (Clinical Trials) (Amendment) Regulations 2025 will come into force 28th April 2026, replacing 2004 regulations.
- Hub and Spoke Dispensing (October 2025)
- Consultation on pharmacist flexibilities (December 2025)
- Vaccine supply and deployment (April 2026)

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Relationship of Policy, Regulation and Guidance





“A time of turbulence is a dangerous time, but its greatest danger is a temptation to deny reality.”

— **Peter Drucker,** ***Managing in Turbulent Times***

HOW? Professional Workforce Landscape

Pharmacy workforce numbers expanding:

- Pharmacists: from 46,952 (2019) to 56,480 (Dec 2025).
- Pharmacy technicians: from 19,460 (2019) to 23,067 (Dec 2025).
- Community pharmacists: around 28,700 (2024 headcount) – increased by 5% since 2021.

Independent prescribing skills expanding:

- Pharmacist IP numbers up from 7,820 (2020) to 20,521 (Dec 2025) largely due to NHS investment in workforce education and training.
- 2,600+ prescribers annually will join the workforce from September 2026.

Neighbourhood healthcare skills and capability developed:

- NHSE invested in appointing and training over 7,400 clinical pharmacists and pharmacy technicians in general practices and primary care networks since 2019.
- Currently 2,500 community pharmacists are prescribers – to increase by 1,800 a year from September 2026.

'Next generation' pharmacists:

- Fully trained after 5 years in independent prescribing, enhanced skills in professional judgement, clinical leadership, management of risk and uncertainty, diagnostics and consultations, knowledge of genomic medicines, personalised care, data and technology.
- For the first time, all pharmacists trained to the same enhanced clinical level on registration, previously took 8 years.

'Next generation' pharmacy technicians:

- Clinical practice expanded – pharmacy technicians able to supply and administer medicines under patient group directions.
- Changes to pharmacy supervision legislation come into force in 2026 – enabling them to do more.

NHS WORKFORCE PLAN

- **The NHS Workforce Plan expected in 2026 is a forthcoming 10-year strategy, due for publication in spring 2026, aimed at reshaping staffing needs based on the government's 10 Year Health Plan, with debates ongoing about staffing levels, AI use, and safety concerns.**

- The forthcoming **10-year NHS Workforce Plan** will redesign staffing around new care models—not simply expand today's workforce. It anticipates digitally enabled roles, revised skill requirements and stronger staff standards, with greater emphasis on productivity, training and wellbeing.

Legislation on Pharmacy Supervision (July 2025)

Enable pharmacists to deliver more patient-facing clinical services and enable pharmacy technicians to maximise their contribution to pharmaceutical care through effective use of skills and expertise.

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ENABLE (verb)



Cambridge Dictionary

To make someone able to do something, or make something possible



Collins Dictionary

To be given the opportunity to do a particular thing



Oxford Dictionary

To make it possible for something to happen or exist by creating the necessary conditions

Supervision: what does this mean in practice?

















Professional Body: RPSGB, RPS, RCPharm

RPSGB Law & Ethics Bulletin (17th December 2005)

- Interim Guidance for pharmacist supervision and private consultation areas

1. *The pharmacist must be aware of the transaction and in a position to intervene.*
2. *Professional oversight (which includes delegation) to a suitably trained, competent, confident and willing staff and that the pharmacist remains contactable. Professional judgement remains important in determining the appropriate level of supervision, physical presence and delegation based on the activity, skill mix, risks and circumstances. This should be supported by robust governance arrangements and standard operating procedures that maintain patient safety and timely access to medicines and services.*

- This interim Guidance will be reviewed in light of any changes to the current requirements of the Medicines Act Legislation.

Overarching Responsibility in Aseptic Services

- **GPhC Standards for Chief Pharmacists (January 2025)**
- Standard 3: Delegate responsibly and makes sure there are clear lines of accountability.
  - Provide clarity about roles, responsibilities and accountabilities of the pharmacy workforce.
  - Carry out appropriate risk assessment and only delegate to people who have the relevant skills, knowledge and experience, and who are confident about assuming the extra responsibility.
  - Communicate effectively and record delegation decisions accurately.

- **GPhC: Standards for pharmacy professionals (May 2017)**
- Standard 9: Pharmacy professionals must demonstrate leadership

- Delegate tasks only to people who are competent and appropriately trained or are in training and exercise proper oversight.

Mind the Gap!





"You make a living by what you get, you make a life by what you give."

Winston Churchill

ROYAL COLLEGE OF PHARMACY

Any questions?

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