



Department of Health & Social Care

*From Baroness Merron
Parliamentary Under-Secretary of State for
Women's Health and Mental Health*

*39 Victoria Street
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29 October 2025

My Lords,

I thank you for the important and constructive debate on The draft Human Medicines (Authorisation by Pharmacists and Supervision by Pharmacy Technicians) Order 2025 on 21 October 2025.

I thank the noble Baroness Hollins, Baroness Ritchie of Downpatrick, Baroness Bennett of Manor Castle, Lord Scriven and Lord Kamall for their contributions. I am pleased to follow up in more detail on the points raised.

Many of the questions raised during the debate and at consultation relate to how these new rules will be implemented. The Government has been clear that practice matters cannot be set out in legislation and will be set by the pharmacy regulators and professional leadership bodies such as the Royal Pharmaceutical Society and Association of Pharmacy Technicians UK. New pharmacy standards and guidance are being developed to support these changes in the draft Order and will set clear professional expectations for pharmacists and pharmacy technicians. This may be expected to include, amongst things, considerations when making an authorisation, record keeping requirements where an authorisation is given in writing or orally, medicines or scenarios that may require pharmacist intervention or escalation before being handed out, establishment of appropriate safeguards to manage any risks and guidance to help businesses and pharmacy services develop standard operating procedures.

The legislation is permissive and take up is voluntary, but we acknowledge that many individual pharmacists have reservations about how these flexibilities will be implemented into practice. We therefore encourage those individuals to engage in the development of the professional standards and guidance, to ensure those concerns are addressed and the standards and guidance are supportive and conducive to implementing these changes safely into practice.

Authorisations – conditions and ability to alter or withdraw

Baroness Hollins and Lord Scriven raised questions around the dangers of vague or inappropriate authorisations, what happens if there are multiple authorisations, and who can withdraw or alter an authorisation. The draft Order does not prevent multiple authorisations and provides that the authorising pharmacist may set conditions or restrictions and only the pharmacist who gave an authorisation can alter or withdraw an authorisation. The authorising pharmacist is responsible and accountable for the authorisations they give. The legislation makes it clear that in granting an authorisation, the pharmacist must have due regard to patient safety and a failure to do so may constitute misconduct on their part. This does not stop another pharmacist intervening or stopping a supply should the circumstances require such action to protect patient safety. In practice we would expect that authorisations and associated standard operating procedures and training would be comprehensive and cover most scenarios one might expect in the normal operation of a pharmacy. This might include detailed instructions on when intervention by a pharmacist is required and recognise that an authorisation may need switching on or off dependent on staff levels, an

individual's training and other factors that may impact on whether it is professionally appropriate to operate under an authorisation and ensure the safe and effective supply of medicines.

Remote/en masse supervision

Baroness Hollins asked if an authorisation can be given for a group of pharmacies allowing supervision en masse. The proposals do not enable remote supervision or change the legal requirement that a responsible pharmacist must be signed in at a registered premises when dispensing activities are taking place. We acknowledge the concerns that a superintendent pharmacist, perhaps across many pharmacies, could override the responsible pharmacist and authorise pharmacy technicians remotely. Our view is that this type of delegation would not be professionally appropriate, and therefore professional regulation and standards is where the risk of this should be managed.

Training of Pharmacy technicians

Lord Scriven and Lord Kamall raised questions on whether current training of pharmacy technicians is sufficient. Pharmacy technicians undertake two years of focused training in clinical settings, and they can provide clinical and dispensing services that are appropriate to their level of training at the point of registration. Post-registration training is widely available to support technicians to prepare for these new roles and enables them to take responsibility for many activities which previously would have been solely the responsibility of a pharmacist.

We also welcome the General Pharmaceutical Council consultation on draft standards for the initial education and training of pharmacy technicians. Pharmacy technicians are playing an increasingly important role in delivering pharmacy and clinical services across a range of settings, and it is therefore right that initial education and training is reviewed and updated to ensure new entrants are equipped with the knowledge and skills demanded in modern pharmacy practice.

Accountability

Baroness Hollins and Lord Scriven raised question on who would be accountable. As is the case under current supervision arrangements, pharmacists and pharmacy technicians are accountable for their own decisions and actions. This draft Order does not change the duties of the responsible pharmacist, superintendent pharmacist or chief pharmacist, who are ultimately responsible for the safe and effective operation of a retail pharmacy business or pharmacy service. This is an important backstop in the context of patient safety and both professions are subject to the fitness to practice standards that the regulator imposes.

Northern Ireland

Baroness Ritchie of Downpatrick asked why there has been a two-year delay in regulating pharmacy technicians in Northern Ireland. As I explained in my closing speech, professional regulation of pharmacy professionals is devolved in Northern Ireland. The Department of Health NI aims to regulate pharmacy technicians by April 2027. Once complete, the Department of Health and Social Care intends to support the legislative changes required to bring these measures into force in Northern Ireland at the earliest opportunity. This commitment is set out in the [Government's response to the public consultation](#) on this draft legislation and The Department of Health NI – [Health and Social Care NI - Three Year Plan](#).

Pharmacy funding

Lord Scriven raised concerns about the dispensing fee contractors receive and fears that reforms under this legislation are used to reduce dispensing costs. As is custom and practice, the Department of Health and Social Care will consult Community Pharmacy England on any proposed

changes to reimbursement and remuneration of pharmacy contractors. We will continue to work with stakeholders to clearly define a role for the sector that is sustainable and fairly funded and to harness its potential to further support the NHS in future. Future funding will of course need to take into consideration wider budgetary constraints and pressures on the NHS.

Monitoring and review

And finally, Baroness Hollins asked for clarity on monitoring arrangements with regard to the impact of the changes on dispensing errors. The Department has committed to undertaking a review of the measures introduced by this Order within five years of it being made and a report of the review will be published. This is set out in the Explanatory Memorandum of this draft Order.

I hope this letter provided further clarification on the points raised. I am copying this letter to the Peers who spoke during the debate, and I will deposit this letter in the libraries of both Houses.

All good wishes,

A handwritten signature in dark ink, appearing to read 'Gillian', with a stylized flourish underneath.

BARONESS MERRON