PSI
The Pharmacy Regulator
An Rialtóir Cógaisíochta

Public consultation report on draft Guidelines to support Safe Staffing in Retail Pharmacy Businesses

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Contents

1. Introduction

1.1 Purpose of this report

This report summarises the feedback received during the public consultation on draft Guidelines intended to support safe staffing in pharmacies, conducted from 9 January to 6 February 2026.

The Guidelines have been prepared with a view to publication in compliance with Regulation 14 of the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008), which provides that the PSI Council may publish Guidelines for the purpose of facilitating compliance with these Regulations.

1.2 About the public consultation

To support the introduction of safe staffing Guidelines, draft guidelines were presented to the PSI Council at its meeting of 11 December 2025. The PSI Council approved the draft Guidelines to be issued for public consultation.

1.2.1 Background to this consultation

The PSI Workforce Intelligence Report, published in September 2023, offered an overview of Ireland's pharmacy workforce and included recommendations for its long-term sustainability. The report's recommendations and actions were developed following extensive consultation and engagement with pharmacists and others, and from analysis of evidence and perspectives from a literature review, workforce survey and focus groups. One recommendation, to be delivered within 1-2 years, was for the PSI to issue Guidelines outlining what is expected from pharmacy owners, superintendent pharmacists, and supervising pharmacists to ensure safe staffing levels, proper staff mix, and sufficient rest breaks in community pharmacies.

Safe staffing is a foundational component of all healthcare settings, including pharmacies. It is essential that staffing arrangements, in any given pharmacy, support that particular community pharmacy environment and that consideration is given to the complexity and range of services being provided to the public. The Guidelines are intended to assist those in pharmacy governance roles and all pharmacists in fulfilling their professional obligations according to the Code of Conduct. The development of these Guidelines acknowledges the importance of allowing pharmacists to concentrate on their work and maintain adequate, skilled staffing, to provide safe services to patients and the public.

The final Guidelines will be issued under Regulation 14 of the Regulation of Retail Pharmacy Business Regulations 2008 (as amended) (the Regulations').

The Guidelines highlight considerations for all pharmacists and those in governance positions (pharmacy owners, superintendent and supervising pharmacists) to help pharmacies comply with the need to maintain appropriate staffing, having regard to the health, safety and convenience of the public, as outlined in the Regulations. They are intended to support owners and superintendent pharmacists in meeting their obligations under these Regulations.

The purpose of the Guidelines includes:

1. Clarifying the responsibilities of those in governance roles in staffing decisions.
2. Supporting ongoing improvements in quality and patient safety.
3. Introducing a main principle and accompanying descriptive indicators to embed safe staffing assessment and practice.
4. Highlighting the link between staff wellbeing, staff retention and patient safety.

The Guidelines establish a fundamental principle, supported by four observable indicators, designed to ensure safe staffing levels are in place within each pharmacy practice. A self-assessment checklist is provided for individuals in governance roles to use alongside these Guidelines.

Pharmacy owners, superintendent pharmacists, and supervising pharmacists in the pharmacy each hold specific responsibilities to deliver the four key indicators and promote and maintain safe staffing within the pharmacy. The tenets of individual responsibility and appropriate governance accountability are balanced in the framework of the Guidelines. Each pharmacist and owner will be challenged to meet and deliver the principal requirements within the parameters of their own role(s).

1.2.2 How we gathered feedback during the consultation period.

The public consultation was open to all pharmacists, pharmaceutical assistants, pharmacy owners, and members of the public. The consultation commenced on 9 January 2026 and concluded on 6 February 2026. Feedback was invited by completing an online survey or making a submission by email or by post.

The initial consultation email was sent to stakeholders and registrants on 9 January 2026; registered pharmacists (7936), pharmaceutical assistants (144) and pharmacies (1728[1]).

[1] The number of emails issued to retail pharmacy businesses is lower than the number of pharmacies on the RPB Register as some chain/group pharmacies use the same email address for a number of their pharmacies. Therefore, 2002 pharmacies were contacted through 1728 emails

In addition:

- Reminder emails were sent to all registered pharmacists (n=7914, pharmaceutical assistants (n=140) and pharmacies(n=1731) on 29 January 2026.
- A targeted email to a number of stakeholder organisations was also sent on 9 January 2026 including the HSE, organisations that advocate for or represent patients or the public, organisations responsible for the education and training of pharmacists, representative groups for community pharmacies and hospital pharmacists and other health and social care regulators.
- The Pharmacy Workforce Working Group were also contacted by email on 9 January 2026.
- Additional information was made available on the PSI website and information was shared on the PSI's social media channels throughout the consultation period. During the consultation period the PSI consultation webpage had 863 views and 655 active users.

2. Consultation feedback received

2.1 Who we heard from and feedback received

A total of 73 responses were received via the online survey. The survey responses included 70 responses provided by individuals and three responses provided on behalf of organisations, including independent pharmacies, and Nursing Homes Ireland.

In addition, five in scope responses were received via email (out of seven email responses received in total), including a response from:

- the Irish Pharmacy Union (IPU) and,
- the Irish Institute of Pharmacy (IIOP)

No responses to the consultation were received by post.

A total of 78 responses were received overall.

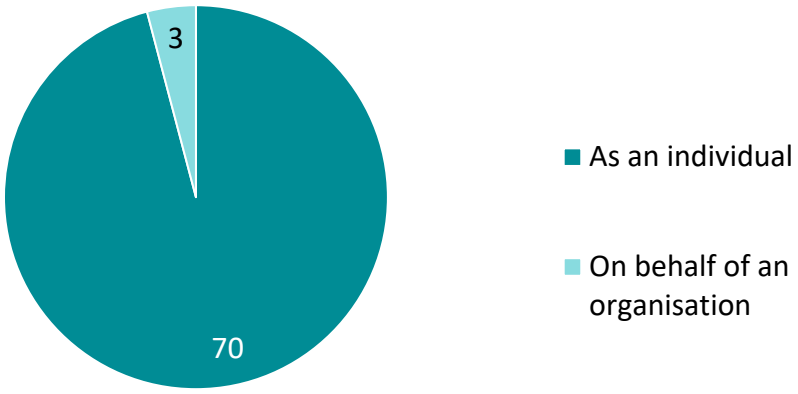
The term 'respondents' which is used below includes both individuals and organisations.

Questions 1-4

At the beginning of the consultation survey, we first explained our data protection policy to respondents and asked if they were happy to continue with the survey. All respondents answered 'Yes' to proceed with the survey.

Next, we asked respondents to tell us if they were responding as an individual or on behalf of an organisation, 95.89% of respondents told us they were responding as individuals (n=70).

Are you responding as an individual or on behalf of an organisation? (n=73)

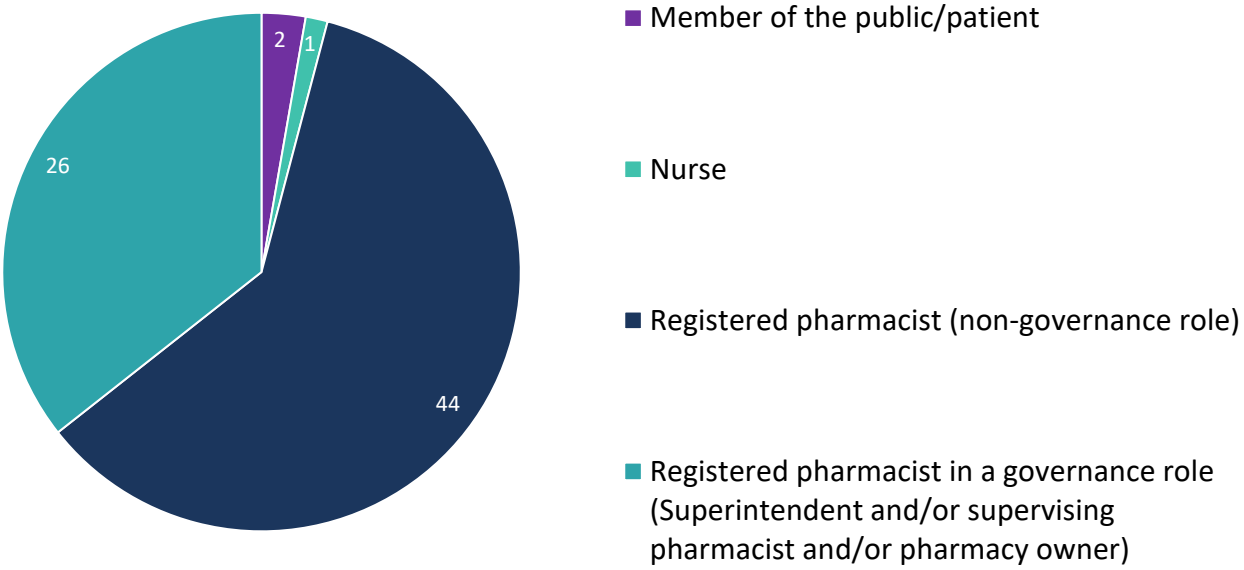


We then asked respondents in circumstances where they were responding on behalf of an organisation, which organisations they were responding from. Of these, two out of three respondents provided details of the organisation they were responding on behalf of. These included an independent pharmacy and Nursing Homes Ireland.

Respondents were provided with a number of categories to best describe themselves. The breakdown of responses from the 73 respondents is as follows:

- Registered pharmacist in a governance role (Superintendent and/or supervising pharmacist and/or pharmacy owner) = 26/73 respondents (35.62%)
- Registered pharmacist (non-governance role) = 44/73 respondents (60.27%)
- Member of the public/patient= 2/73 respondents (2.74%)
- Other = 1/73, Nurse (Nursing Home Ireland) (1.37%)

Which of the following best describes you? (n=73)



2.2 Consultation responses

2.2.1 Email responses

Five in scope responses to the public consultation were received by email, including responses from the IIOP and IPU. Two out of five email responses provided answers to Questions 5-10 from the online survey and are included in the information in Section 2.2.2.

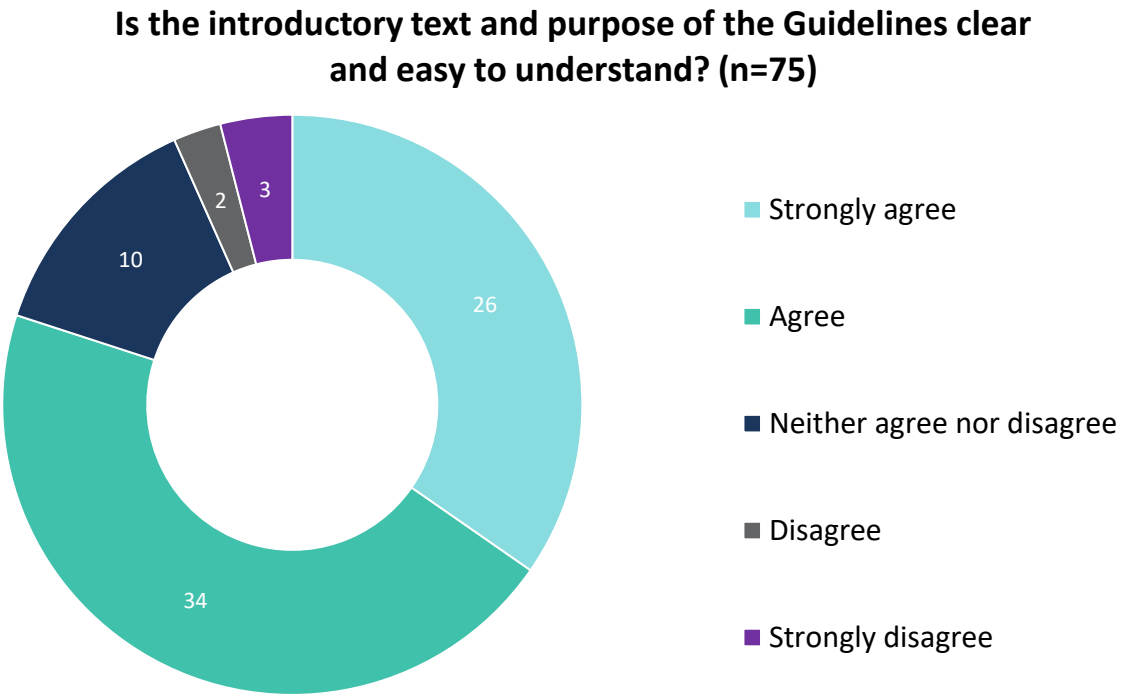
A number of themes were identified within the email responses, and these are included in the responses to Questions 11-13 (where applicable responses were provided) in Section 2.2.2 and also described in the Discussion section of this report.

2.2.2 Survey feedback on the draft Guidelines

Question 5: Is the introductory text and purpose of the Guidelines clear and easy to understand?

73/73 online respondents and 2/5 email respondents, total responses **n=75**.

- Strongly agree – 26/75 (34.67%)
- Agree -34/75 (45.33%)
- Neither agree nor disagree -10/75 (13.33%)
- Disagree -2/75 (2.67%)
- Strongly disagree -3/75 (4%)



If a respondent selected 'disagree' or 'strongly disagree', they then proceeded to question 6.

Question 6: Please outline why you don't agree that the introductory text and/or purpose of the Guidelines are clear and easy to understand.

The most common themes from the comments provided by 5/5 respondents who disagreed or strongly disagreed with Question 5 were:

Theme	No. of responses
Specificity of Guidelines Respondents indicated that the Guidelines are too verbose and do not provide explicit recommendations for staffing levels or skill distribution across different operational settings.	4
Administrative burden A respondent indicated that implementation of the Guidelines is likely to result in an increased volume of paperwork required within the pharmacy.	1

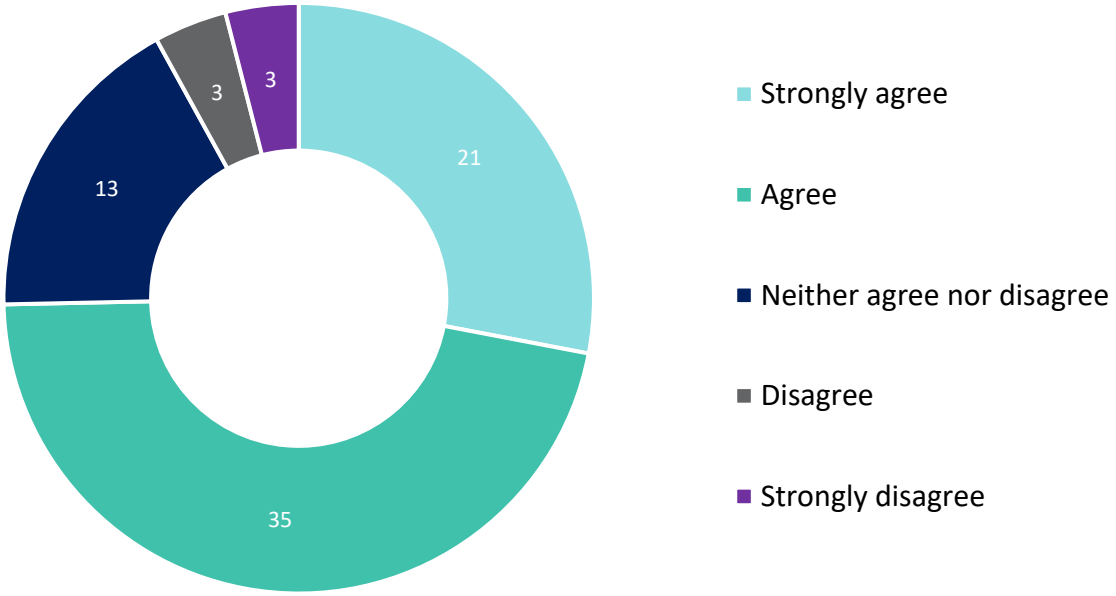
All comments available on request

Question 7: The Guidelines provide one primary principle and four indicators that should be met. Is this information clear and easy to understand?

73/73 online respondents and 2/5 email respondents, total responses **n=75**.

- Strongly agree – 21/75 (28%)
- Agree -35/75 (46.67%)
- Neither agree nor disagree -13/75 (17.33%)
- Disagree -3/75 (4%)
- Strongly disagree -3/75 (4%)

The Guidelines provide one primary principle and four indicators that should be met. Is this information clear and easy to understand? n=75



If a respondent selected 'disagree' or 'strongly disagree,' then they proceeded to question 8.

Question 8: Please outline why you don't agree that the one primary principle and four indicators that should be met is not clear or easy to understand

The most common themes from the comments provided by 6/6 respondents who disagreed or strongly disagreed to Question 7 were:

Theme	No. of responses
Further clarity required on the ratio of staff to service provision Respondents expressed that the Guidelines ought to specify clear figures for both the number of items dispensed and services delivered, corresponding to the necessary staffing levels. They also mentioned that predicting peak times in a pharmacy can be challenging.	3
Accountability concerns One respondent noted their concerns in terms of responsibility and accountability in relation to having staffing levels documented within the pharmacy, particularly in relation to the role of a supervising pharmacist.	1
Independent pharmacies A respondent noted that independent pharmacies are presently burdened with paperwork and costs, raising concerns that the	1

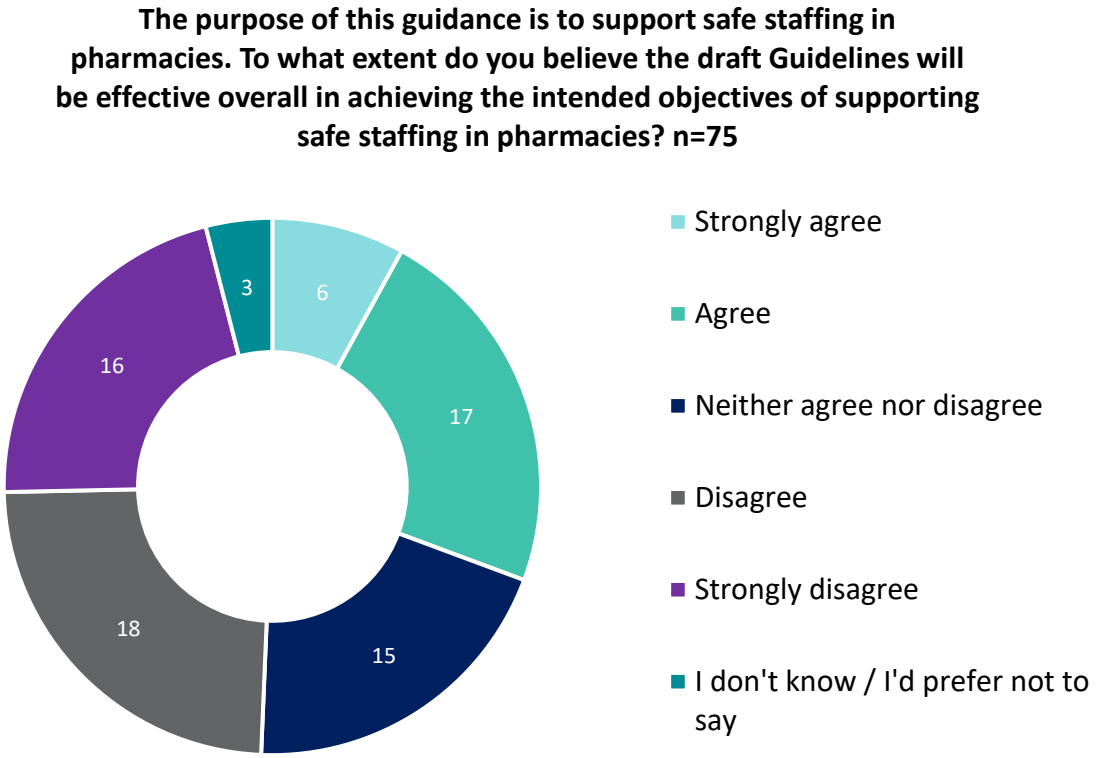
implementation of new Guidelines may further increase these challenges.	
Format of the Guidelines A respondent offered feedback regarding the layout of the Guidelines, suggesting that it would be preferable to present the principle and all four indicators on the same page.	1

All comments available on request

Question 9: The purpose of this guidance is to support safe staffing in pharmacies. To what extent do you believe the draft Guidelines will be effective overall in achieving the intended objectives of supporting safe staffing in pharmacies?

73/73 online respondents and 2/5 email respondents, total responses **n=75**.

- Strongly agree – 6/75 (8%)
- Agree -17/75 (22.67%)
- Neither agree nor disagree -15/75 (20%)
- Disagree -18/75 (24%)
- Strongly disagree -16/75 (21.33%)
- I don't know/I'd prefer not to say- 3/75 (4%)



If a respondent selected 'disagree' or 'strongly disagree,' then they proceeded to question 10.

Question 10: Please outline why you don't agree that the draft Guidelines will be effective overall in achieving the intended objectives of supporting safe staffing in pharmacies?

Some respondents provided feedback under this question that wasn't relevant, but the feedback provided is considered in the discussion section of the report. The most common themes from the comments provided by 34/34 respondents who disagreed or strongly disagreed with Question 9 were:

Theme	No. of responses
Further clarity required on the ratio of staff to service provision Respondents indicated that the Guidelines should establish minimum staffing levels, including ensuring adequate professional coverage by pharmacists relative to dispensing volume and service provision. Additionally, they observed that clearly articulated definitions of an appropriate staffing mix would be beneficial, as there is a risk that pharmacy owners might interpret the Guidelines primarily to serve commercial interests.	6
Breaks/Rest Periods for pharmacists: Respondents expressed that pharmacists should receive protected breaks in accordance with the Organisation of Working Time Act. It was highlighted that supervising pharmacists are often employees, which limits their influence over staffing levels and workplace conditions. As there is no requirement for more than one pharmacist to provide professional cover or a required level of support staff, respondents observed that pharmacists are frequently unable to leave the premises for a rest break. It was noted that the implementation of a delineated pharmacy model would facilitate the provision of rest breaks.	9
Accountability concerns Respondents noted their concerns in terms of responsibility in relation to having staffing levels documented within the pharmacy, particularly in relation to the role of a supervising pharmacist. It was noted that on occasions, concerns raised by supervising pharmacists are not taken into consideration by pharmacy owners.	2
Specificity of Guidelines Respondents indicated that the Guidelines are too general and do not provide explicit recommendations for staffing levels or skill distribution across different operational settings.	2
Pharmacy chains/groups	2

Respondents indicated that the Guidelines would support independent/ non-chain pharmacies. However, concerns were raised regarding the potential for pharmacy groups and chains to prioritise commercial budgets and targets over maintaining appropriate staffing levels.	
Enforcement of Guidelines Respondents indicated concerns regarding the Guidelines' lack of enforceability, noting that this limitation may impede meaningful progress toward achieving safe staffing levels in pharmacies.	2

All comments available on request

Question 11: What, if anything, could be done to improve the clarity, structure or content of the Guidelines?

The most common themes from the comments provided by 51/78 (73 online survey responses and 5 email responses) respondents were:

Theme	No. of responses
Further clarity required on the ratio of staff to service provision Respondents expressed views and concerns, including that: a) Guidelines should include a ratio of pharmacists to items dispensed or a minimum number of technicians to pharmacists employed. b) Guidelines should be operational rather than principle-based c) Enforcement based on the number of items a pharmacy dispenses per month	17
Breaks/Rest Periods for pharmacists Respondents expressed views and concerns, including that: a) A set amount of time should be mandated for a pharmacist's rest break b) PSI should sanction pharmacies that do not provide rest breaks c) Pharmacies should close for a period of time during the day to facilitate rest breaks similar to GP surgeries d) The emphasis should be on pharmacy owners/employers to implement mandatory rest breaks e) Risk to patient safety and medication errors due to pharmacists on duty being unable to take rest breaks	12
Training/supports required	3

Respondents emphasised the importance of dedicated training time related to their roles within the pharmacy team. They also suggested that further attention should be paid to creating guidance for those in governance roles to help them conduct risk assessments for services and determine suitable staffing levels. Additionally, respondents noted that the successful implementation of the Guidelines will rely on the availability of support within the sector to foster capability development in this area.	
Patient safety One respondent noted that the emphasis on patient safety should be reiterated; it was noted that pharmacy owners may consider commercial decisions over patient safety.	1
Supportive of the Guidelines A number of respondents made positive comments regarding the Guidelines and welcomed their introduction.	3

All comments available on request

Question 12: Are there any aspects of safe staffing not covered in the draft Guidelines?

The most common themes from the comments provided by 37/78 (73 online survey responses and 5 email responses) respondents were:

Theme	No. of responses
Further clarity required on the ratio of staff to service provision Respondents expressed views and concerns, including that: a) The Guidelines need to be clearer for pharmacy owners b) The Guidelines should specify the minimum staffing skill mix required to cover varying volumes of business within the pharmacy.	6
Breaks/Rest Periods for pharmacists Respondents expressed views and concerns, including that: a) Staff health and safety should have a greater emphasis, including the provision of rest breaks b) The requirement for double pharmacist cover to facilitate rest breaks where the pharmacy cannot close for lunch c) The legislative requirement regarding the supervision of the sale and supply of medicines prevents the provision of rest breaks for pharmacists/ the pharmacist from being able to leave the premises d) Provision of a mandatory lunch break for pharmacists	10

Financial factors Some respondents noted that financial profit may impact the ability of a pharmacy to either increase or maintain staffing levels.	3
Locum pharmacists Respondents observed that the draft Guidelines do not address the functions of locum pharmacists within the pharmacy, nor do they consider the responsibilities of locum agencies.	2
Escalation of issues to the pharmacy owner Respondents indicated that ultimate responsibility over staffing levels in the pharmacy rests with the pharmacy owner or employer. Additionally, they observed that the supervising pharmacist can escalate concerns to the superintendent pharmacist and/or the pharmacy owner; however, in certain instances, these issues may remain unresolved, potentially affecting the likelihood of further concerns being brought forward by the supervising pharmacist.	2

All comments available on request

Question 13: Do you have any other comments on the draft Guidelines to support safe staffing in pharmacies?

The most common themes from the comments provided by 37/78 (73 online survey responses and 5 email responses) respondents were:

Theme	No. of responses
Breaks/Rest Periods for pharmacists Respondents expressed views and concerns, including that: a) Clear, specific guidance is needed on how pharmacist lunch breaks should be managed. b) The administrative workload and the demands of sourcing medicines within the pharmacy make it difficult for pharmacists to take a lunch break. c) There are concerns about safe staffing levels when pharmacists are unable to leave the premises to take a rest break. d) The PSI should review the extent of pharmacist involvement required in the sale and supply of OTC medicines	9
Positive Comments Respondents shared positive feedback about the draft Guidelines, describing them as both welcome and long overdue. They appreciated that safe staffing was being addressed and also highlighted the appendix	9

as a valuable reflection tool for individuals in pharmacy governance roles.	
Specificity of Guidelines Respondents indicated a need for clearer, more enforceable Guidelines to support consistent compliance with safe staffing requirements.	5
Further clarity required on the ratio of staff to service provision Respondents indicated that the PSI should implement more stringent Guidelines governing staffing and skill-mix ratios, reflecting the specific service demands of each pharmacy.	3
Regulatory considerations One respondent expressed concern that the proposed safe-staffing Guidelines, to be issued under Regulation 14 of the Regulation of Retail Pharmacy Business Regulations 2008 (as amended), would carry more significant legislative implications than other PSI guidance. The respondent noted that substantial guidance already exists and did not consider additional guidance of this nature to be warranted. They highlighted that the inclusion of checklists and requirements for further documentation may inadvertently increase the administrative burden on pharmacists, contrary to the intended aim of reducing such pressures.	1

All comments available on request

3. Discussion

The PSI appreciates the feedback provided during the consultation process on the draft safe staffing Guidelines and gratefully acknowledges the consideration and time taken by all who have contributed to this consultation. The quantitative and qualitative inputs have revealed several themes, and the issues identified are outlined below.

3.1 Specificity of Guidelines, including the provision of a staff to services ratio

Firstly, it is noted that there is positive support for the draft safe staffing Guidelines for pharmacies, but it is suggested that the Guidelines would benefit from refinement. Several comments received during the consultation indicated that the draft Guidelines could benefit from greater clarity or specificity. Some respondents described the Guidelines as 'vague' or felt they would be more effective if made 'much more operational.' The majority of feedback, however, focused on specific elements that respondents considered insufficiently clear or detailed; notably, additional clarification was requested regarding the ratio of staff to service provision within the pharmacy.

The PSI acknowledges that respondents are seeking further clarity on the appropriate skill mix of pharmacy staff required for certain levels of service provision within pharmacies, including benchmarking on the volume of items dispensed within a specific timeframe,

professional services provided, and the sale and supply of OTC medicines. Each pharmacy will need to assess its own staffing requirements by considering factors such as the volume and complexity of items dispensed, the demographics and needs of its patient population, the range of professional services delivered, opening hours, and any other operational characteristics relevant to its practice.

The PSI has developed principles-based Guidelines with one overarching principle and four accompanying indicators to support the provision of safe staffing, to provide flexibility for implementation. We acknowledge that the pharmacist(s) providing professional cover, the support staff, the staff skill mix and the professional services provided will be unique to each pharmacy. More prescriptive Guidelines would not provide the required adaptability for those in governance roles when implementing the Guidelines.

3.2 Pharmacist breaks/rest periods

The PSI Workforce Intelligence Report 2023 emphasised that ensuring adequate rest periods and breaks throughout the working day is essential for maintaining patient safety and safeguarding the health and wellbeing of the pharmacy team.

Work breaks represent an essential component of staff welfare across all healthcare settings, including pharmacies. For pharmacists, breaks are crucial not only for well-being but also for maintaining patient safety. Ensuring appropriate and structured breaks necessitates leadership and action from those in governance roles. The PSI recognises that pharmacists performing tasks such as dispensing prescription medicines, providing professional services to patients, in addition to counselling patients on the safe use of their medication in the absence of defined and scheduled breaks, introduces preventable risks to both pharmacist welfare and patient outcomes. If a pharmacist deems that they are compromised in their ability to provide care to patients due to the lack of a rest break, it is their responsibility to address this with the relevant person.

As the pharmacy regulator, the PSI expects all pharmacists to exercise personal responsibility for all of their actions and all those occupying pharmacy governance roles; pharmacy owners, superintendent and supervising pharmacists, to take adequate and appropriate steps to ensure that all staff, including the pharmacist(s) on duty, have appropriate breaks during the working day.

The enforcement of the Organisation of Working Time Act falls under the remit of the Workplace Relations Commission (WRC), and covers rest periods, working hours, and notification requirements for rostered staff.

The PSI has developed draft Safe Staffing Guidelines as principles-based model to support those in pharmacy governance roles to ensure safe staffing levels, adequate skill mix and the provision of appropriate rest periods within pharmacies. These Guidelines are intended to help those in governance roles recognise and address any disparity between the

demands placed on pharmacy staff and the available human resource capacity required to meet evolving demands within the pharmacy environment.

The implementation of a delineated pharmacy operating model was also highlighted as an alternative support to facilitate rest breaks for pharmacists, and it was suggested that progressing this model of operation should be prioritised ahead of introducing Safe Staffing Guidelines.

On 2 October 2025, the PSI Council approved the public consultation report on proposed changes to the Retail Pharmacy Business Registration Rules, aiming to support the implementation of a Delineated Operating Model. The Council recommended these changes for approval and subsequent submission to the Minister for Health for her consent. PSI is continuing collaborative efforts with the Department of Health to align the legislative framework and ensure all necessary adjustments are made.

3.3 Regulatory Considerations

It was suggested that issuing the Guidelines under Regulation 14 of the Regulation of Retail Pharmacy Business Regulations 2008 (as amended), would carry more significant legislative implications than other PSI guidance. The Guidelines set out key responsibilities of pharmacists and those in pharmacy governance roles to support compliance with the Regulations. The Guidelines underpin and support the pharmacy owner and superintendent pharmacist in complying with their obligations, which are already provided for in Regulations 4 and 5. In addition, the Guidelines will provide support to supervising pharmacists and all other pharmacists in meeting their professional responsibilities under the Code of Conduct.

It was highlighted that the inclusion of checklists and requirements for further documentation may inadvertently increase the administrative burden on pharmacists. The Guidelines contain an accompanying self-assessment checklist for those in governance roles to consider in conjunction with the Guidelines. The self-assessment is not mandatory but is designed to support those in governance roles when evaluating the staffing levels in a pharmacy. The checklist provides flexibility as each indicator can be reviewed individually or collectively, as appropriate to the pharmacy team. The checklist is a tool, and it is not a mandatory requirement – it aligns and is supportive of other resources issued by PSI including the Pharmacy Assessment System.

3.4 Wider issues raised by respondents

A portion of the comments received by email respondents during the public consultation related to wider issues, beyond the draft Guidelines that we consulted on. Some wider issues identified are outlined below for information.

All comments and information received have been noted by PSI, and the wider issues which relate to safe staffing have been included in this report.

3.4.1 Operational Impacts

It was noted that community pharmacies routinely plan staffing to meet predictable fluctuations in workload; however, they highlighted ongoing challenges in securing a sufficient pool of trained staff. Recruitment and retention difficulties, particularly for pharmacists, technicians, and pharmacy governance roles, still remain an issue, despite recent improvements and the expansion of undergraduate pharmacy places.

3.4.2 Medicines Shortages

It was noted that medicine shortages are unpredictable and increasing in scale, and placing a requirement on individual pharmacies to maintain additional staffing to manage such system-level issues is overly burdensome. It was suggested that priority should be given to addressing the root causes of shortages and improving system-level processes.

3.4.3 Community Pharmacy Contactor Agreement

It was emphasised that pharmacists have a duty of care to ensure the ongoing provision of services to patients. They noted that, under the Community Pharmacy Contractor Agreement with the HSE, pharmacy contractors are required to keep their premises open for service provision during the days and hours set out in the contract.

The respondent highlighted that, in practice, pharmacists work to maintain service continuity in line with these contractual obligations and strive to ensure that their pharmacy remains open and accessible to patients during the agreed opening hours.

4. Conclusion

The PSI would like to thank all of the individuals and organisations who have taken part in this consultation. We are grateful for your feedback, which has been carefully considered and used to inform our review of the draft Guidelines.

This consultation report and updated Guidelines were considered by the PSI's Regulatory and Professional Policy Committee, and thereafter by the PSI Council at its meeting on 26 March 2026. Certain modifications were made to the original draft in the course of this consideration. The Council adopted this final draft at its meeting on 26 March 2026.