November 2026

Briefing: 027/26: Pharmacy supervision: NHS Terms of Service changes

On 10 December 2026, changes to the NHS Terms of Service will confirm that NHS pharmacies in England may use the supervision arrangements introduced by changes to the Human Medicines Regulations (HMRs).

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment) (No. 3) Regulations 2026, currently laid before Parliament, will enable both **pharmacist-authorised staff** and **pharmacist-authorised pharmacy technicians** to supply pharmacy and prescription-only dispensed medicines *at or from* NHS pharmacies. These routes will operate in accordance with the changes to the Human Medicines Regulations (HMRs) and their related conditions, made last year. Pharmacists may continue to supply medicines themselves or supervise supplies, in the usual way.

Implementation of these two new supply options will be guided by the General Pharmaceutical Council's (GPhC) new guidance on the authorisations, and for responsible pharmacists (RPs) and superintendent pharmacists, and revised RP Rules; as well as the Royal College of Pharmacy's guidance on the authorisations. All are still to be published in final form. The GPhC's drafts were included in its consultation earlier this year.

The existing and two new supply routes for NHS pharmacies

Existing/new to the Terms of Service	NHS Terms of Service permitted supply routes from an NHS community pharmacy
Existing and continuing	**Pharmacist supplies or supervises supply of medicines** Pharmacist may be in the consulting room but must be able to intervene in the supply (under SOPs) if necessary
New **(In force in the HMRs since 7 January 2026)**	**Pharmacist authorised staff may hand out checked and bagged prescriptions** Pharmacist may be treated as absent (e.g. in the consultation room). For the pharmacist's absence see below. (Human Medicines Regulation 2012, Regulation 220B (supply))

New **(In force in the HMRs from 10 December 2026)**	**Pharmacist authorised pharmacy technicians may undertake or supervise the preparation, assembly, dispensing and sale and supply of medicines** Pharmacist delegates part of the dispensing process Pharmacist may be treated as absent (e.g. in the consultation room). (Medicines Act 1968, Section 10 and 10A (dispensing preparation) and Human Medicines Regulations 2012, Regulation 220A (sale or supply))

Additional key considerations

Authorisations: Pharmacist authorisations will be subject to significant controls and guidance from the GPhC and Royal College of Pharmacy, which are still to be published. For example, the GPhC is likely to require that, generally, each authorisation should be in writing and signed by the pharmacist giving the authorisation and the person receiving it. While this could be onerous, if many individual authorisations are issued, in practice one authorisation could be drafted broadly and for a year's duration and, therefore, practical to use and signed annually. The scope and form of authorisations should also be considered.

Pharmacist clinical check: A pharmacist must still complete a clinical check for each prescription, in the usual way. Authorising a pharmacy technician does not remove this requirement.

Pharmacist presence at/absence from the NHS Pharmacy Premises

Generally, a pharmacist must be present at an NHS pharmacy for the supply of NHS dispensed medicines and appliances.

Generally, a pharmacist must be present at an NHS pharmacy for NHS-commissioned services to be provided. Until now, this was achieved indirectly for supplies of medicines and appliances: because dispensed medicines had to be supplied to patients under a pharmacist's (direct) supervision, a pharmacist had to be on the premises. The new supervision arrangements break that link, so supervision alone will no longer guarantee a pharmacist's presence.

To close this gap, the NHS Terms of Service will now expressly require a pharmacist to be present at the pharmacy whenever dispensed medicines and appliances are supplied to patients. This is a standalone requirement, separate from the rules on supervision. Its purpose is

to make sure that dispensed medicines and appliances continue to be provided with a pharmacist on the premises. But there are two exceptions set out below.

Two situations in which checked-and-bagged dispensed medicines may be handed out when no pharmacist is at the premises

Situation in which the pharmacist may be absent (no pharmacist is present)	Activity allowed	Other considerations/ information includes	Opening hours example
Business hours that are NOT NHS opening hours e.g. Lunch break when the remaining retail area remains open even though the pharmacist is absent and the pharmacy is closed	Pharmacist-authorised staff may hand out checked-and-bagged dispensed prescriptions	RP must be signed in and on a permitted absence Clinical check has been carried out by a pharmacist	Example: NHS opening hours are 09:00–13:00 and 14:00–18:00; the remaining retail area stays open during the lunch break between 13:00 and 14:00
During NHS core or supplementary opening hours Rest break under the Working Time Regulations that is no longer than 20 minutes. The pharmacy remains open, but the pharmacist is having a break.	Pharmacist-authorised staff may hand out checked-and-bagged dispensed prescriptions	RP must be signed in and on a permitted absence Clinical check has been carried out by a pharmacist	The pharmacy is not closed for lunch and its NHS opening hours are 09:00 –17:00. During the day the pharmacist takes a short break.

GPhC and Royal College of Pharmacy Rules/Standards/Advice

Pharmacy owners are advised to follow the General Pharmaceutical Council's (GPhC) new guidance on the authorisations, and for responsible pharmacists (RPs) and superintendent pharmacists, and revised RP Rules, as well as the Royal College of Pharmacy guidance on authorisations. All are still to be published in final form.

FAQs

Do pharmacies have to use the new authorisation routes?

No. The changes are enabling, not mandatory. Pharmacists can continue to supply medicines themselves or supervise supplies in the usual way.

Are there any additional requirements to be met relating to authorisations and supply?

Yes. A lot. The requirements of the Human Medicines Regulations (HMRs), GPhC RP Rules, GPhC RP and superintendent pharmacist standards and guidance and the Royal College of Pharmacy guidance must all be met or considered as appropriate.

Does authorising a pharmacy technician mean the pharmacist may leave the NHS pharmacy premises?

No. Generally, a pharmacist must remain at the NHS premises for supplies of dispensed medicines and appliances, subject to the two exceptions.

Is the authorising pharmacist the same as the RP?

They may be, but the roles are different. The authorising pharmacist gives permission for specified activities. The RP has responsibility for the safe and effective running of the pharmacy.

Do we need two pharmacists: one authorising and one as the RP?

No. The same pharmacist can fulfil both roles. The requirement for an RP remains, whichever supply route is used.

If there are two pharmacists, one of whom is the RP. May the permitted RP absence (2 hours in the whole day/business hours) be taken at any time, including during NHS core or supplementary opening hours?

Yes, provided that a pharmacist remains on the NHS pharmacy premises when dispensed medicines and appliance are supplied (subject to the two exceptions).

Does a one-hour lunch break - when the RP is signed out and authorised staff are handing out checked and bagged dispensed medicines - count towards the RPs maximum 2-hour absence in a whole day/business hours?

Yes.

May a pharmacy technician carry out the pharmacist's clinical check?

No. The changes do not transfer the pharmacist's clinical check to a pharmacy technician. A pharmacist must still complete the clinical check in the usual way.

What does "checked-and-bagged hand-out" allow?

It allows a member of staff to hand over a prescription that has already been checked and bagged, in accordance with the pharmacist's authorisation. It is not permission for wider unsupervised dispensing.

When no pharmacist is at the premises, can checked-and-bagged prescriptions always be handed out?

No. Under the NHS Terms of Service, this is limited to two situations. During NHS opening hours, it is limited to a qualifying rest break of no more than 20 minutes. Outside NHS opening hours, it is limited to a period that is nevertheless within pharmacy business hours under the RP framework (no more than 2 hours in the whole day).

Can checked-and-bagged prescriptions be handed out if the pharmacist is in the pharmacy's consulting room and deemed to be absent?

Yes, subject to the HMR requirements and the GPhC standards and guidance and RP rules, and Royal College of Pharmacy guidance.

If an absence is allowed under RP rules, is it automatically allowed under the NHS Terms of Service?

No. The NHS requirements are additional to the RP absence rules.

Can these arrangements and particularly the RP absence be used to reduce NHS opening hours?

No. They do not change the pharmacy's NHS opening hours obligations. The intention is to provide flexibility without shortening effective NHS opening hours or reducing the commissioned services available during those opening hours.

Does this summary cover everything needed to introduce the new arrangements?

No. It explains the NHS Terms of Service changes in England, which take effect on 10 December 2026. Pharmacy owners and teams must also consider the applicability of the relevant medicine legislation, primarily the HMRs, the GPhC RP rules, related standards and supporting guidance, and the Royal College of Pharmacy guidance.

If you have any queries or require more information, please contact:

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