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Literature Review

Ghost Pharmacists in the Philippines: A Critical Analysis of Professional Accountability, Patient Safety, and Leadership

Emil Arca

School of Pharmacy, Graduate Studies, Philippine Women's University, Manila, Philippines
Email: 2025t1118@pwu.edu.ph

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Abstract

Ghost pharmacist practice in the Philippines presents ethical, professional, regulatory, and leadership concerns because the use of a pharmacist's credentials without genuine professional presence creates a gap between formal regulatory compliance and actual professional responsibility. The primary objective of this critical analysis is to examine ethical and professional issues, stakeholder responsibilities, leadership response, patient access and regulatory enforcement, potential root causes, professional accountability, and public trust. Institutional Theory, Professional Ethics Theory, and Systems Theory provide complementary lenses for examining the institutional, professional, organizational, and systemic dimensions of the practice. The analysis indicates that ghost pharmacist practice cannot be adequately examined as individual misconduct alone, as organizational practices, regulatory oversight, commercial pressures, and professional conditions may also influence its persistence. However, these factors should not be interpreted as direct causes where empirical evidence is limited. Professional accountability extends to pharmacists and to organizations responsible for pharmacy operations, while regulatory authorities have responsibilities for effective oversight and enforcement. Appropriate responses require evidence-based investigation, due process, and proportionate enforcement while protecting legitimate patient access to medicines. Genuine pharmacist presence, appropriate staffing, organizational safeguards, confidential reporting, and consistent regulatory oversight may strengthen professional accountability and reduce opportunities for nominal compliance. Addressing ghost pharmacist practice therefore requires coordinated responses across professional, organizational, institutional, and system levels, with patient welfare as the primary consideration in pharmacy practice, leadership, and regulatory decision-making.

Keywords: Community Pharmacy, Ethical Leadership, Patient Safety, Philippine Pharmacy Act, Professional Accountability.

1. Introduction

In the Philippines, several factors can compromise the safe use of medicinal products, including economic conditions, health literacy, patient characteristics, social media influence, health professionals' practices, industry advertising, patient expectations, and product quality (Hartigan-Go, 2012). Within this context, ghost pharmacist practice presents ethical, professional, regulatory, and leadership concerns. Yolanda Robles, former dean of the University of the Philippines College of Pharmacy, reported that some pharmacies exploit compliance gaps by displaying professional certificates despite the absence of a licensed pharmacist on site (Tubeza, 2013). "Ghost pharmacist" practice refers to the use of a

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pharmacist's professional credentials to satisfy regulatory requirements without genuine presence or active performance of professional duties.

Other reports have raised similar concerns about pharmacist presence and regulatory compliance. Poudel et al. (2016) reported partial non-adherence to legal requirements among pharmacy establishments in Nepal, including the absence of authorized personnel during the dispensing of restricted substances. Although from a different regulatory context, this evidence highlights the importance of linking pharmacist presence to professional responsibility and patient protection.

Ghost pharmacist practice raises fundamental ethical concerns. Beneficence, nonmaleficence, justice, and respect for patient autonomy are reflected in modern healthcare and pharmacy ethical codes (Fino et al., 2020). Separating professional credentials from genuine professional duties conflicts with these principles. Javadi et al. (2018) further identified ethical challenges in pharmacy practice involving professional responsibilities, regulatory compliance, medication-error management, professional relationships, financial concerns, and other practice conditions.

The absence of a registered pharmacist during pharmacy operations can weaken professional oversight of dispensing and patient care, potentially increasing risks related to counseling, medicine use, and medication-related problems. Counterfeit over-the-counter medicines are also a documented public-health concern among Filipino consumers (Gallego Jr. et al., 2024). However, available evidence does not establish a direct association between pharmacist absence and counterfeit-medicine exposure.

The Food and Drug Administration (FDA) is mandated to protect public health through health-product regulation (Republic Act No. 9711, 2009), while Republic Act No. 10918 (2016) establishes pharmacists' responsibilities in the safe use of medicines, patient counseling, and health promotion. Ghost pharmacist practice therefore represents a gap between formal regulatory compliance and genuine professional practice. Addressing this gap requires leadership that balances patient protection, medicine access, professional standards, and organizational accountability while recognizing potential organizational and regulatory weaknesses.

Despite these concerns, direct empirical evidence on the prevalence of ghost pharmacist practice in the Philippines remains limited. Existing literature provides a basis for examining its ethical, professional, regulatory, organizational, and leadership dimensions, but does not establish the current prevalence or direct causes of the practice.

2. Literature Review

Pharmacists play an important role in pharmaceutical safety, patient outcomes, and pharmacovigilance (Carandang, Gumop-as, et al., 2024). Their role extends beyond the dispensing of medicines to include professional oversight and the promotion of appropriate medicine use. Community pharmacists are important in addressing healthcare service gaps and promoting the judicious use of medicines (Cristuta & Cesar, 2024). These responsibilities create a clear conflict with the ghost pharmacist arrangements. The concern is therefore not limited to regulatory compliance but involves the loss of professional functions expected from pharmacists in community pharmacy practice.

The broader pharmaceutical sector is also affected by governance and accountability concerns. Corruption in the pharmaceutical sector can undermine access to medicines, misappropriate resources, and contribute to health disparities (Wong et al., 2024). Although this literature does not specifically establish ghost pharmacist practice as a form of

pharmaceutical-sector corruption, it provides a relevant governance perspective for examining arrangements in which professional credentials may be used for purposes other than genuine professional practice. Pharmacy ethics literature likewise emphasizes the ethical responsibilities associated with professional practice and patient protection (Fino et al., 2020). These broader sources provide contextual support but should not be interpreted as direct evidence of ghost pharmacist practice.

The Pharmacists' Code of Ethics establishes ethical guidelines intended to protect the welfare and interests of patients and the general public (Professional Regulatory Board of Pharmacy, Resolution No. 23, 2021). This provides a direct professional basis for examining ghost pharmacist practice. Setiawan et al. (2023) found that, despite the existence of a regulatory framework in Indonesia, implementation faced challenges due to insufficient oversight, limited legal understanding among pharmacists, and barriers to accessing legal resources. The findings highlight the importance of effective regulatory oversight and legal literacy in safeguarding patients. In similar contexts, these issues underscore the broader regulatory principle that pharmacist licensure should reflect authentic professional presence, accountability, and the actual provision of pharmaceutical services. Consequently, the gap between professional credentials and actual practice may point to a larger governance issue rather than being solely a concern in the Philippines.

However, differences in regulatory systems necessitate caution when making direct comparisons across countries. Despite these international and contemporary insights, there is a lack of direct scholarly evidence specifically addressing ghost pharmacist practice in the Philippines. The existing evidence primarily comprises regulatory and professional sources, reports, and broader literature related to pharmacy practice, ethics, and pharmaceutical governance. While these sources establish the professional, regulatory, and governance context of the issue, they do not reveal its current prevalence or fully elucidate its organizational and systemic dimensions. This gap in evidence supports the need for a critical analysis to investigate ghost pharmacist practice concerning professional accountability, patient safety, stakeholder responsibilities, organizational governance, leadership, and public trust.

2.1. Theoretical Framework

This phenomenon is examined through Institutional Theory, Professional Ethics Theory, and Systems Theory, which provide complementary perspectives on ghost pharmacists in the Philippines. Institutional Theory helps explain how regulatory requirements, professional norms, and organizational expectations can shape pharmacy practice, while also allowing consideration of possible gaps between formal compliance and actual professional practice (Amenta & Ramsey, 2010).

Professional Ethics Theory provides a basis for examining the responsibilities of pharmacists, particularly accountability, professional integrity, competence, and the obligation to protect patients and the public (Abbott, 1983). However, an ethical analysis should not attribute the problem solely to individual misconduct, as organizational and regulatory conditions may influence professional behavior.

Systems theorists aim to elucidate the dynamics of intricate, structured systems of many kinds (Whitchurch & Constantine, 1993). Systems Theory further broadens the analysis by viewing ghost pharmacist arrangements as an issue involving interacting actors and structures, including pharmacists, pharmacy owners or managers, regulatory authorities, and the wider health system.

Taken together, these perspectives support a critical examination of how institutional conditions, professional obligations, and relationships within the regulatory and healthcare

system may contribute to the persistence of ghost pharmacist practices and shape the effectiveness of organizational and regulatory responses.

3. Methods

This analysis was conducted as a desk-based critical evaluation, rather than as a systematic or scoping review. Therefore, no formal PRISMA-style screening or quantitative record-counting procedures were implemented. The search was purposive, aimed at identifying relevant peer-reviewed publications from 2012 to 2026, Philippine laws and regulatory documents, professional standards, and selected comparative evidence pertinent to the analytical objectives. Relevant sources were searched in Google Scholar, PubMed, Scopus, and Phil-E Journal in August 2026.

The literature search used combinations of terms addressing "ghost pharmacist," "ghost pharmacists," "pharmacist presence," "pharmacist supervision," "community pharmacy," "pharmacy regulation," "pharmacy ethics," "professional accountability," "pharmacy governance," "patient safety," "good pharmacy practice," "pharmacovigilance," "pharmacist burnout," "pharmacist staffing," "counterfeit medicines," "pharmacy leadership," and "Philippines." Sources were included when they addressed Philippine pharmacy practice, professional responsibilities, regulation, patient safety, organizational or professional accountability, or relevant comparative evidence.

Sources lacking sufficient relevance to the study objectives or reasonable applicability to the Philippine context were excluded. Evidence was assessed according to relevance, source authority, consistency with the study objectives and analytical dimensions, and applicability to Philippine pharmacy practice. Philippine laws, regulatory documents, and professional standards were prioritized for legal and professional claims, while peer-reviewed literature informed ethical, professional, organizational, and patient-safety interpretations. The analysis examined the relationships among regulatory requirements, professional obligations, organizational practices, and patient safety, with particular attention to the tensions between individual accountability and organizational responsibility and between regulatory enforcement and continued patient access to medicines.

Institutional Theory, Professional Ethics Theory, and Systems Theory guided interpretation as complementary analytical lenses rather than explanations of causation. Where evidence was indirect or insufficient to establish causation, findings were interpreted as potential contributing factors rather than established causes. The analysis was organized across seven analytical dimensions: Ethical and Professional Issues, Stakeholder Responsibilities, Leadership Response, Balance Between Patient Access and Enforcement, Root Causes, Professional Accountability, and Regaining Public Trust. Some references fall outside the specified publication date range because they are foundational studies and theoretical sources retained to establish the theoretical framework and provide conceptual foundations for the analysis.

4. Results and Discussion

The analysis identifies a fundamental gap between formal regulatory compliance and genuine professional practice. The use of a pharmacist's credentials without corresponding professional presence may create nominal compliance while separating professional licensure from the responsibilities it represents.

International regulatory experience provides a comparative perspective. In South Africa, pharmacy regulations require direct personal supervision by a responsible pharmacist and establish conditions governing pharmacist absence, including safeguards for medicines, documentation, and public notification when no pharmacist is present (South African Pharmacy Council, 2008). Section 1.2.3 under the professional honour and dignity provisions specifies that a pharmacist must not use or permit the use of their qualifications or position to mislead or defraud. This demonstrates that regulatory accountability can extend beyond formal designation to actual professional supervision and organizational safeguards. For the Philippines, the South African model supports consideration of stronger mechanisms for verifying genuine pharmacist presence while recognizing local workforce and access conditions.

Genuine pharmacist presence is central to professional oversight of medication-related activities. Its absence may increase risks involving dispensing, patient counseling, and medication-related problems, while counterfeit or poor-quality over-the-counter medicines remain a separate public-health concern among Filipino consumers (Gallego Jr. et al., 2024). Republic Act No. 10918 establishes that allowing a pharmacist's certificate of registration to be used or displayed in an establishment where the pharmacist is not actually employed and practicing constitutes grounds for disciplinary action. Thus, ghost pharmacist practice represents not only regulatory noncompliance but also a disconnect between professional credentials and professional responsibility.

Regulatory enforcement is therefore necessary but may be insufficient when limited to individual sanctions. Effective leadership must connect individual accountability with organizational safeguards and regulatory oversight to promote genuine pharmacist presence and patient protection.

4.1. Ethical and Professional Issues

The International Pharmaceutical Federation (FIP) established recommendations characterizing Good Pharmacy Practice (GPP) as pharmacy practice that addresses the needs of individuals using pharmacists' services to provide optimal, evidence-informed care (Fathelrahman et al., 2016). This standard emphasizes that pharmacy practice requires genuine professional involvement, not merely the presence of a pharmacist's credentials.

Ghost pharmacist practice conflicts with nonmaleficence, beneficence, respect for patient autonomy, and professional accountability. The absence of genuine pharmacist supervision may increase the risk of dispensing errors, inadequate medication counseling, and inappropriate medicine use. It may also compromise patient autonomy when patients reasonably assume that professional oversight is available despite the pharmacist not being present. The potential exposure to counterfeit or poor-quality over-the-counter medicines further increases the importance of genuine professional supervision (Gallego Jr. et al., 2024).

Professional accountability requires pharmacists to accept responsibility for their credentials and professional duties. Using professional credentials without genuine practice separates the license from the responsibilities it represents and weakens its function as a safeguard for patient protection. Pharmacy owners and managers also have a responsibility to provide conditions that support lawful and safe pharmacy practice. Thus, the ethical concern extends beyond the pharmacist's conduct to the organizational conditions that permit professional credentials to substitute for actual professional service.

4.2. Stakeholder Responsibilities

Pharmacist counseling contributes to increased patient satisfaction and an improved treatment experience (Johar et al., 2026), reinforcing the pharmacist's role in supporting

informed health decisions. The Professional Regulation Commission (PRC), under the Modernization Act of 2000, has the authority to investigate and discipline professionals and to suspend or revoke professional licenses and registrations (Republic Act No. 8981, 2000).

Section 44(c) of Republic Act No. 10918 (2016) provides for the revocation or suspension of the certificate of registration and the cancellation of special or temporary permits for unprofessional conduct, immorality, malpractice, incompetence, gross negligence, or imprudence in the practice of pharmacy. These mechanisms establish individual professional accountability but do not necessarily address the organizational conditions that may facilitate the practice.

Pharmacy owners and managers have corresponding organizational responsibilities. When pharmacists are used primarily to satisfy regulatory requirements, responsibility extends beyond individual misconduct to organizational practices that may prioritize operational or financial objectives over professional standards. Weak monitoring may further allow nominal compliance to persist. Regulatory authorities and professional organizations therefore have responsibilities for maintaining consistent professional standards and effective oversight.

The implications extend to public trust. Repeated unethical practices may undermine confidence in pharmacies, pharmacists, and the healthcare system. Ghost pharmacist practice should therefore be addressed as a governance problem involving professional conduct, organizational responsibility, regulatory oversight, and patient protection.

4.3. Leadership Response

Leadership must enhance mechanisms to verify whether the pharmacist associated with a pharmacy is genuinely present and fulfilling the professional duties mandated by law and professional standards (Professional Regulatory Board of Pharmacy, 2021). This verification is crucial because the FDA drugstore declaration and undertaking stipulate that pharmacy establishments must operate during business hours under the supervision of a PRC-registered pharmacist (FDA, 2009). Therefore, leadership should prioritize not only compliance with formal licensing but also the actual execution of professional responsibilities.

Digital attendance or verification mechanisms could serve as additional tools for monitoring pharmacist presence and documenting compliance, as long as they adhere to regulatory requirements and incorporate appropriate safeguards for privacy, security, accuracy, and validation. These technologies should be viewed as potential compliance measures rather than definitive solutions. They ought to complement, rather than replace, risk-based inspections, evidence-based investigations, confidential reporting, and professional judgment. Leadership capacity plays an important role in strengthening pharmacy practice and addressing complex professional challenges (Goode et al., 2019; Gregory et al., 2020). Regulatory leadership should combine verification mechanisms with risk-based inspections, evidence-based investigations, confidential reporting, and appropriate organizational safeguards.

In instances where suspected ghost pharmacist arrangements are identified, leadership must ensure that investigations establish relevant evidence regarding pharmacist presence, professional responsibilities, and organizational practices before any regulatory action is taken. Corrective measures should focus on both individual accountability and the organizational conditions that allow for nominal compliance while ensuring due process. Consequently, effective leadership should be evaluated not solely by punitive actions but by its ability to foster genuine pharmacist presence, organizational accountability, patient protection, and sustained compliance.

4.4. Balance Between Patient Access and Enforcement

The FDA drugstore declaration and undertaking require a pharmacy establishment to operate during business hours under the supervision of a PRC-registered pharmacist at all times (FDA, 2009). Enforcement therefore creates a leadership dilemma when regulatory action may disrupt patients' access to medicines, particularly in communities with limited alternatives.

Closing or suspending a non-compliant pharmacy may address the regulatory violation but may also create an access problem. The appropriate response is to enforce professional requirements while maintaining safe access to medicines. When a pharmacy cannot meet staffing requirements, management should arrange a qualified replacement pharmacist or another lawful alternative. Patient dependence on a pharmacy should not justify continued operation without the required professional supervision. Patient access therefore cannot justify unsafe practice, but enforcement should be implemented in a manner that minimizes avoidable disruption to legitimate patient needs.

4.5. Root Causes

Carandang, Puguon Jr., et al. (2024) identified salary dissatisfaction, limited incentives and promotion opportunities, and inadequate staffing as major conditions associated with pharmacists' burnout. These conditions may create an environment in which pharmacists become more vulnerable to improper employment arrangements; however, the evidence does not establish that they directly cause participation in ghost pharmacist arrangements.

Addressing individual misconduct without examining the conditions surrounding ghost pharmacist arrangements may limit the effectiveness of corrective measures. Potential contributing factors include inadequate compensation, excessive workload, insufficient staffing, commercial pressure, weak supervision, and organizational cultures that treat pharmacists primarily as regulatory requirements. These factors may help explain how improper arrangements become established but do not justify professional misconduct.

Organizational responses should therefore address both individual accountability and the conditions in which pharmacy professionals work. Appropriate staffing, reasonable workloads, ethical employment practices, professional development, and clearly defined responsibilities may reduce vulnerabilities associated with improper arrangements. Pharmacy owners should also recognize that pharmacists provide professional assessment, pharmaceutical evaluation, guidance, and intervention rather than merely satisfying a licensing requirement.

Pharmacy practice in the Philippines requires continued development, and public understanding of pharmacists' professional role remains an important consideration (Ball & Salenga, 2017). Organizational policies should establish clear requirements for pharmacist presence, professional duties, prescription supervision, documentation, incident reporting, and consequences for violations. Confidential reporting mechanisms should also be available to allow employees to report suspected misconduct without unnecessary fear of retaliation.

4.6. Professional Accountability

Professional accountability must operate at both the individual and organizational levels. Pharmacists, as essential members of the healthcare team, significantly contribute to public health service provision amid rising global health needs (Faller et al., 2020). Their professional license carries personal responsibility and cannot be separated from the duties associated with professional practice.

The Philippine Pharmacy Act (2016) prohibits the use of a registered pharmacist's professional credentials to satisfy regulatory requirements without genuine professional

practice. Dispensing medicines also requires the appropriate professional supervision of a licensed pharmacist. Accountability should therefore extend beyond pharmacists to pharmacy owners, managers, and other individuals who knowingly facilitate ghost pharmacist arrangements. Focusing enforcement only on the pharmacist may leave the organizational conditions that sustain the practice unchanged.

Pharmacy executives should establish an ethical environment in which reporting misconduct is recognized as a professional responsibility rather than an act of disloyalty. Continuing professional development should address ethical decision-making, conflicts between commercial interests and patient welfare, professional accountability, leadership responsibility, and regulatory compliance. The distinction between compliance and accountability is therefore important: compliance asks whether a requirement has been met, whereas professional accountability asks whether the pharmacist and the organization have fulfilled their responsibilities to patients.

4.7. Regaining Public Trust

Public understanding of pharmacists' contributions to community health should be strengthened, including through mass media initiatives (Hussain & Jamshed, 2016). Ghost pharmacist practice can undermine public trust because patients rely on pharmacists for professional oversight in the use of medicines. Disciplinary action alone is insufficient to restore this trust; it must be supported by consistent evidence that pharmacies provide genuine professional services. Pharmacy officials should therefore demonstrate that ethical practice takes precedence over short-term material interests. Genuine pharmacist presence, accessible counseling, appropriate prescription assessment, transparent professional responsibilities, and consistent action against deliberate misconduct can demonstrate that professional standards are implemented in practice rather than maintained symbolically.

Regulatory authorities, professional organizations, educational institutions, and pharmacy establishments should work collectively to strengthen the professional identity of pharmacists. Pharmacists should be recognized as healthcare professionals whose role is grounded in patient care rather than merely in possessing a professional license.

4.8. Critical Synthesis of the Analysis

The table 1 synthesizes the critical findings of the analysis across seven analytical dimensions, highlighting the relationships among professional conduct, organizational responsibility, regulatory oversight, and patient protection.

Table 1. Critical Synthesis of the Analysis

Analytical dimension	Critical finding	Stakeholder / structural issue	Implication for practice	Supporting references
Ethical and Professional Issues	Ghost pharmacist practice separates professional credentials from genuine professional practice and conflicts with ethical and professional	Professional authority may exist without corresponding professional involvement and accountability.	Professional credentials should correspond to genuine practice, professional responsibility, and patient safety.	Fino et al. (2020); Gallego Jr. et al. (2024); Ibrahim et al. (2016); Professional Regulatory Board of Pharmacy, Resolution No. 23 (2021);

Analytical dimension	Critical finding	Stakeholder / structural issue	Implication for practice	Supporting references
	responsibilities. The absence of genuine supervision may increase risks to medication safety and patient care.			Republic Act No. 10918 (2016); Wong et al. (2024)
Stakeholder Responsibilities	Ghost pharmacist practice affects patients, pharmacists, pharmacy owners and managers, regulators, professional organizations, and the wider profession.	Focusing responsibility only on pharmacists may leave organizational and regulatory conditions unchanged.	Accountability should extend across stakeholders according to their respective professional and organizational responsibilities.	Johar et al. (2026); Professional Regulatory Board of Pharmacy, Resolution No. 23 (2021); Republic Act No. 9711 (2009); Republic Act No. 8981 (2000); Republic Act No. 10918 (2016)
Leadership Response	Effective leadership requires verification, investigation, monitoring, due process, and accountability rather than relying solely on punitive measures.	Weak verification and monitoring may permit nominal compliance to persist.	Digital verification, risk-based inspections, evidence-based investigation, confidential reporting, and ethical leadership may strengthen oversight.	FDA (2009); Goode et al. (2019); Gregory Jr. et al. (2020); Professional Regulatory Board of Pharmacy, Resolution No. 23 (2021)
Balance Between Patient Access and Enforcement	Enforcement may protect professional standards while potentially disrupting access to medicine, particularly where alternative sources are limited.	Patient access and regulatory compliance may come into tension.	Enforcement should maintain professional and safety requirements while minimizing avoidable disruption to legitimate patient access.	Republic Act No. 9711 (2009); Republic Act No. 10918 (2016)
Root Causes	Workforce and organizational conditions may contribute to vulnerability to	Compensation, workload, staffing, commercial pressure, and	Organizational conditions should be addressed alongside	Ball & Salenga (2017); Carandang, Puguon Jr., et al. (2024);

Analytical dimension	Critical finding	Stakeholder / structural issue	Implication for practice	Supporting references
	improper arrangements, but available evidence does not establish direct causation.	organizational culture may influence the environment in which improper arrangements occur.	individual accountability without treating them as justification for misconduct.	Javadi et al. (2018)
Professional Accountability	Professional accountability requires alignment between professional credentials, duties, and actual practice.	Responsibility extends to pharmacists and organizations involved in pharmacy operations.	Individual and organizational accountability should be strengthened through clear duties, oversight, and ethical employment practices.	Faller et al. (2020); Poudel et al. (2016); Professional Regulatory Board of Pharmacy, Resolution No. 23 (2021); Republic Act No. 8981 (2000); Republic Act No. 10918 (2016); Setiawan et al. (2023)
Regaining Public Trust	Ghost pharmacist practice can undermine confidence in pharmacists and pharmacies; disciplinary action alone is insufficient to restore trust.	Public perception of the profession may be affected by misconduct and limited understanding of pharmacists' professional contributions.	Genuine pharmacist presence, professional services, public education, transparency, and consistent ethical practice are necessary to strengthen trust.	Ball & Salenga (2017); (arandang, Gumop-as, et al. (2024); Hartigan-Go (2012); Hussain & Jamshed (2016)

Source: Author's compilation

The synthesis from Table 1 shows that ghost pharmacist practice extends beyond individual misconduct to organizational and regulatory accountability. Across the seven analytical dimensions which are ethical and professional issues, stakeholder responsibilities, leadership response, balance between patient access and enforcement, root causes, professional accountability, and regaining public trust the central concern is the gap between professional credentials and genuine professional practice. The analysis indicates that an effective response requires individual accountability alongside organizational safeguards, appropriate oversight, and protection of legitimate patient access. Some references are repeated across multiple analytical dimensions because the same evidence supports related findings concerning professional accountability, regulatory requirements, organizational responsibility, patient protection, and public trust. This reflects the interconnected nature of the seven analytical dimensions rather than duplication of evidence.

4.9. Leadership Framework

The leadership response integrates Table 1, which shows the seven analytical dimensions, into a coherent framework for addressing ghost pharmacist practice. Ethical and professional issues establish the obligation to align professional credentials with genuine professional practice and patient protection. Stakeholder responsibilities require accountability across pharmacists, pharmacy owners and managers, regulatory authorities, professional organizations, and other relevant actors. The leadership response should emphasize verification of genuine pharmacist presence, risk-based monitoring, evidence-based investigation, confidential reporting, corrective action, and due process. Balance between patient access and enforcement requires regulatory action that maintains professional and safety requirements while minimizing avoidable disruption to legitimate access to medicines.

Root causes should be examined through organizational and workforce conditions that may contribute to vulnerability to improper arrangements, without treating these factors as established causes. Professional accountability requires alignment among professional credentials, duties, and actual practice, with responsibility extending to both individuals and organizations. Regaining public trust ultimately depends on genuine pharmacist presence, consistent ethical practice, transparent accountability, and demonstrable protection of patients. These dimensions suggest that effective leadership should go beyond mere formal compliance and isolated punitive measures, moving toward coordinated responses that are professional, organizational, and regulatory in nature—responses that must protect patients, enhance accountability, and restore trust in pharmacy practice.

4.10. Pharmacy Leadership Statement

If I were the pharmacy leader responsible for addressing ghost pharmacist practice in the Philippines, I would prioritize patient protection while recognizing the workforce, economic, and access pressures that may contribute to its persistence. I would adopt a risk-based approach that responds firmly to deliberate misconduct while providing a defined and monitored pathway for establishments experiencing genuine staffing shortages.

My non-negotiable standard would be that a professional license must correspond to genuine professional practice and accountability. I would strengthen verification, evidence-based investigation, due process, confidential reporting, staffing support, and public education. I would work with regulators, pharmacy owners, pharmacists, professional organizations, educational institutions, and communities to promote sustainable change. Leadership success would be assessed not solely by sanctions imposed but by improvements in the pharmacist's role, safer pharmacy practice, professional accountability, and public trust.

4.11. Limitations

This analysis has limitations. It is based on publicly available literature, regulatory documents, and professional sources, while direct empirical evidence specifically examining ghost pharmacist practice in the Philippines remains limited. The findings, therefore, should not be interpreted as establishing causal relationships between identified organizational or workforce conditions and participation in ghost pharmacist arrangements.

5. Conclusion

Ghost pharmacist practice highlights a significant gap between formal regulatory compliance and authentic professional practice, impacting patient safety, professional accountability, organizational responsibility, and public trust. Addressing this issue requires more than individual sanctions; it necessitates shared accountability, effective regulatory oversight, evidence-based investigations, and organizational safeguards, all while ensuring legitimate patient access to medications. Workforce and organizational conditions may affect susceptibility to improper arrangements, but existing evidence does not demonstrate direct causation. Ultimately, sustained improvement hinges on the genuine presence of pharmacists, accountable pharmacy practices, and coordinated actions among professionals, organizations, and regulators focused on patient welfare. Future research should empirically investigate the prevalence, organizational determinants, regulatory enforcement patterns, and patient safety implications of ghost pharmacist practices through studies involving pharmacists, pharmacy owners, regulators, and patients.

5.1. Conflict of Interest Statement

The author declares no financial or personal relationships that could be perceived as competing interests in relation to this article. No pharmacy establishment, regulatory body, professional organization, or commercial entity had any role in the conception, analysis, or preparation of this manuscript.

5.2. Author Contributions

E.A.: All works solely done by the author, encompassing conceptualization, methodology, literature search and source selection, formal analysis, synthesis and interpretation, visualization, writing – original draft, review and editing, and project administration.

5.3. Funding Statement

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5.4. Informed Consent

Not applicable. This desk-based critical analysis relies exclusively on published literature, Philippine laws and regulatory documents, and professional standards. It involves no human participants, no interviews, and no collection of personal or patient-level data.

5.5. Ethical Approval

Not applicable. The study is a desk-based critical evaluation of publicly available literature and legal-professional documents and involves no human or animal subjects, no fieldwork, and no primary data collection requiring ethical clearance.

5.6. Data Availability

All sources analyzed in this article are publicly available and are cited in full in the reference list. These comprise Philippine statutes (Republic Act Nos. 8981, 9711, and 10918), FDA issuances, the Pharmacists' Code of Ethics (PRC Board of Pharmacy Resolution No. 23, Series of 2021), the South African Pharmacy Council regulations used for comparative purposes, and peer-reviewed literature. No new datasets were generated. Queries regarding the organization and categorization of the sources may be directed to the corresponding author [E.A.].

5.7. Declaration of Generative AI and AI-assisted Technologies

During the preparation of this manuscript, the author utilized Claude (Anthropic) for language editing and clarity improvement. All outputs generated with the assistance of the tool were critically reviewed and revised by the author to ensure factual accuracy, doctrinal correctness, and adherence to academic standards. The author assumes full responsibility for the integrity and content of this manuscript.

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