

## Do pharmacists extemporaneously dispense or do they use specials manufacturers?

C. A. Candlish, A. J. Worsley and S. Zaman

### Focal points

- Some pharmacists are willing to extemporaneously dispense many different types of preparation in community pharmacy
- Other pharmacists will not undertake any extemporaneous dispensing
- Only a few pharmacists were prepared to contact the prescriber to discuss possible alternatives for items not commercially available

### Introduction

Since the 1950s there has been a large rise in the number and types of medicines available from the pharmaceutical industry and a decline in routine extemporaneous dispensing in community pharmacy. Furthermore in the last decade there has been a growth in the availability of specials manufacturers who are able to prepare many of the items which would formerly be dispensed extemporaneously.<sup>1</sup> Taking into consideration bad publicity surrounding errors in calculation,<sup>2</sup> overall increase in workload, the increased requirements for record keeping and other new recommendations in new standards for good professional practice for extemporaneous dispensing from the Royal Pharmaceutical Society,<sup>3</sup> this study was undertaken to ascertain how many pharmacists were undertaking extemporaneous dispensing, why they were doing this and what alternatives were considered.

### Method

A simple self-completion structured questionnaire with a total of seventeen open and closed questions was devised and sent once in April 2001, to all 184 community pharmacies in Tyne and Wear with a 0191 telephone number in the local telephone directory. A stamped, addressed envelope was included with the questionnaire to aid response.

### Results

Eighty-two (45 per cent) responses were received. A further two questionnaires (1 per cent) were returned uncompleted (one pharmacy no longer trading and one did not dispense National Health Service prescriptions).

Fewer than 10 items per month were unavailable from the usual wholesaler sources in 83 per cent of pharmacies questioned. More than half of these unavailable items were not commercially available (54 per cent). The remaining items were unavailable because of manufacturers' problems, either recent discontinuation (25 per cent) or temporary manufacturing problems (21 per cent).

Actions taken by the community pharmacists to obtain the items were: order from specials manufacturer (41 per cent); dispense extemporaneously (31 per cent); contact prescriber to suggest an alternative (20 per cent); importation (8 per cent). Table 1 shows the numbers and types of extemporaneous dispensing undertaken.

The most common items extemporaneously dispensed were potassium permanganate solution, menthol in aqueous cream, diluted glyceryl trini-

**Table 1** Numbers of pharmacies willing to undertake extemporaneous dispensing for different types of preparation

Type of preparation	Number of willing pharmacies
Dilute creams	33
Dilute oral liquids	31
Dilute ointments	29
Make creams	28
Dilute external liquids	17
Make oral liquids	17
Make external liquids	16
Make ointments	16
Make oral suspensions	5
Make powders	1
Will not make anything	22

trate ointment, choline mixture and choral hydrate solution. The most common examples ordered from specials manufacturers were various preservative-free eye drops, topical coal tar preparations and diluted glyceryl trinitrate ointment.

### Discussion

There was only a small number of items which were not commercially available through the usual wholesaler ordering systems, and this number was in agreement with reports of increased shortages of medicines in the National Health Service.<sup>4</sup> However the finding that few pharmacists were prepared to contact the prescriber and discuss possible alternatives was surprising.

The findings of this work are in agreement with discussions ongoing in the pharmaceutical world for some time.<sup>1</sup> Some pharmacists appear to be willing to make many different types of preparation in their community pharmacy; however, others see extemporaneous dispensing as a task that has little or no place in the modern practice of pharmacy and these pharmacists will not undertake any extemporaneous dispensing.<sup>1</sup>

### References

- 1 Taylor K, Harding G. The future of pharmacy: you couldn't make it up. *Pharm J* 1999;263:235.
- 2 Anon. The death of a child. *Pharm J* 2000;264:390-2.
- 3 Medicines, ethics and practice: a guide for pharmacists. Royal Pharmaceutical Society of Great Britain; No 24, January 2001.
- 4 Anon. Managing drug shortages in the NHS. *Pharm J* 2001;267:187.