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Royal
Pharmaceutical
Society
of Great Britain

Historic pharmacy fixtures and fittings lost in warehouse fire

Historic pharmacy fixtures and fittings belonging to the museum of the Royal Pharmaceutical Society were destroyed in the fire that devastated an industrial estate in Leyton, east London, on the night of 24 May.

The museum's property was in a warehouse used by art storage firm Momart. The fire made headline news at the time because the losses included more than 100 items from the Charles Saatchi collection, among which were artworks by leading figures in the "Britart" movement of celebrated modern artists.

Momart warned the Society's museum within 24 hours that its property may have perished, but it was only able to provide confirmation last week. The delay was partly because Momart was at the time moving material between warehouses and could not immediately establish whether or not specific items were still in the destroyed unit. In addition, access to the burnt-out site was held up by safety checks and forensic investigations.

The Society's museum acquired the pharmacy fixtures and fittings from two London sites in the 1990s. One was a community pharmacy at 24 Upper Tachbrook Street, Pimlico, and the other was the dispensary of the former German Hospital in Dalston. The community pharmacy items, dating from the end of the 19th century, were acquired with the aid of a grant in 1997. The German Hospital items, dating from the 1930s, were donated to the museum in 1999.

The fixtures and fittings had been in storage with Momart since the museum acquired them. The acquisitions also included other objects such as storage jars, but only a few of these were lost in the fire. Most are stored or on display at the Society's Lambeth headquarters. Although many objects from the museum collections are currently in storage away from the headquarters building, no others were with Momart.

Briony Hudson, keeper of the Society's museum collections, said: "The destruction of



The Upper Tachbrook Street pharmacy shortly before the fixtures and fittings were sold to the Society's museum



The German Hospital dispensary

these two collections is a really sad loss to the museum. Both sets of fittings were extremely good examples of their type, and a great deal of work had been carried out by museum staff to ensure their entry into the Society's collections. The only consolation is that most of the smaller objects from both sites have survived, so we can still tell the stories of these pharmacies in the future."

The Society is to negotiate with its insurers about compensation for the lost items.

This week

- **Museum treasures lost in fire**
Historic items from the Society's museum have been lost in a fire (p31).
- **New edition of MEP published**
The 28th edition of 'Medicines, ethics and practice' is now available (p32).
- **50 branches win extra funding**
A total of 50 Society branches have been awarded extra funding (p32).

CPP to accredit courses for dispensing assistants

The Royal Pharmaceutical Society has appointed the College of Pharmacy Practice as its accrediting agent to determine training programmes that are equivalent to level 2 of the Scottish/National Vocational Qualification in pharmacy services. The CPP has been offered a three-year contract.

From 1 January 2005 pharmacists will have a professional obligation to ensure that dispensing/pharmacy assistants are competent in the areas in which they work to a minimum standard equivalent to level 2 of the pharmacy services S/NVQ or are undertaking training towards it. Assistants who have not been declared exempt from further training under the "grandparent clause" arrangements will be required to undertake either an S/NVQ level 2 programme or a programme accredited by the CPP as equivalent to S/NVQ level 2. An assistant whose work does not include the full range of S/NVQ level 2 activities may undertake just the relevant units of the programme.

Course providers wishing to submit their training courses for mapping should contact the CPP at 28 Warwick Row, Coventry CV1 1EY (tel 024 7622 1359; fax 024 7652 1110; e-mail info@collpharm.org.uk).

Transcript from June Council meeting now available

A transcript of the open sessions of the Royal Pharmaceutical Society's June Council meeting is now available to download from the Council page within the "About the Society" section of the Society's website. It is also available via www.pjonline.com. The transcript supplements *The Journal's* reports on matters raised at the Council meeting (*PJ*, 19 June, pp 775-84) and allows readers to gain a flavour of the debate that led to the Council's decisions.

MEP 29th edition gives new practice guidance

The 28th edition of 'Medicines, ethics and practice: A guide for pharmacists' has now been published by the Royal Pharmaceutical Society. As well as updating the information in the 27th edition, it includes new practice guidance relating to pharmacy support staff and to supplementary prescribing by pharmacists.

This new information appears in Section 3.3 (Improving the quality of pharmacy practice). A new section 3.3.3 has been added to take account of the Society's policy on minimum training and competence requirements for pharmacy support staff as from January 2005. It describes the regulatory framework being put into place for pharmacy technicians and sets out the new professional requirements for the training of dispensing/pharmacy assistants as well as the existing requirements relating to the competence of medicines counter assistants.

A new section 3.3.4 summarises the policy framework for supplementary prescribing by pharmacists and the requirements for pharmacists who wish to be registered as supplementary prescribers.

In Part 1 of the guide, which covers general legal requirements, the main changes in the new edition are in Section 1.2 (Medicines for human use), which includes new information on midwives and Controlled Drugs, on NHS prescriptions for the treatment of addicts and on the supply of Controlled Drugs to addicts. In addition, Section 1.4 (Non-medicinal poisons) includes new information relating to the sale or supply of strychnine.

'Medicines, ethics and practice' is published by the Society as a day-to-day refer-

ence source for practising pharmacists. Copies of the new edition are being sent direct to members with registered addresses in Britain, the Isle of Man and the Channel Islands, other than those who pay the reduced retention fee for members aged over 60 years who are not in gainful employment. Copies are also being sent to preregistration trainees and, in bulk, to all UK schools of pharmacy.

Additional copies are available from the Pharmaceutical Press, Customer Services, PO Box 151, Wallingford, Oxfordshire OX10 8QU (tel 01491 829272; fax 01491 829292; e-mail: rpsgb@cabi.org). Copies may also be ordered online at www.pharmpress.com. The guide costs £12.95, including postage and packing.

The Society's Fitness to Practise and Legal Affairs Directorate reminds pharmacists that it is a requirement of the Society's Code of Ethics that the current edition of the guide should be available for consultation in all dispensaries. It says that pharmacists should not rely on information and guidance given in previous editions, which may no longer be accurate.

Given below are the first additions to the list of medicines for human use included in the new edition. Cumulative lists of additions and amendments will be printed in *The Journal* in the first issue of each month.

Abilify tablets POM
 Imigran Radis tablets POM
 Levemir preparations POM
 Strattera capsules POM
 Striant tablets POM

Extra funding for 50 branches

A total of 50 branches of the Royal Pharmaceutical Society are to receive extra funding to support their meetings during 2004.

In response to feedback at the 2003 branch secretaries' meeting, the Society invited all its 130 branches to apply for additional funding. The 50 applications submitted were judged against quality criteria by a panel that included branch secretaries, members of the Council and Society staff. The criteria included supporting continuing professional development, meeting priority topics such as supplementary prescribing and medicines management, holding multidisciplinary meetings and encouraging new attenders at meetings.

All 50 applications were successful. The payments made range from £250 to £4,000.

Council member Dr Nicola Gray, who has been closely involved with the work to support the branch network, said: "The branches have a key role to play in the future development of the profession. The 2001 'Shaping up for the future' review helped identify the need for change and this is now happening."

She also praised the work of branches taking part in a pilot scheme looking at a branch model for the future. She said: "Nine branches are exploring new ways of organising their programmes in order to capture best practice and appeal to a wider pharmacist audience."

Looking ahead, Dr Gray acknowledged that the branch network would be heavily involved in supporting CPD. She said that the Society was developing a toolkit to support CPD in the branches. It would be available for the autumn. She added that the Society is also recruiting a team of trained facilitators to help support CPD in the branches.

Law and ethics bulletin

Dispensing overseas prescriptions

The Royal Pharmaceutical Society's fitness to practise and legal affairs directorate has received calls from pharmacists who have been approached by American or Canadian counterparts to dispense prescriptions written by doctors registered in the US. Pharmacists are reminded that such prescriptions are not valid in the UK and any supplies of prescription-only medicines to patients against prescriptions signed by US registered doctors would be unlawful.

Even if such prescriptions were to be signed by UK registered doctors, pharmacists should note that guidance from the General Medical Council states that doctors must prescribe drugs or treatment (including repeat prescriptions) only where they have adequate knowledge of a patient's health and medical needs. Given this, the prescriber would need to be consulted to ascertain his or her reasons for prescribing for a patient abroad. Pharmacists would need to be satisfied of

the professional appropriateness of dispensing such a prescription, if the doctor has not performed a clinical assessment of the patient or has adequate knowledge of their medical history.

Should a pharmacist supply against a valid prescription for a patient abroad, consideration would need to be given to ensuring that the patient receives his or her medication safely and promptly and is adequately counselled on its appropriate use.

Service Specification 8 of the Code of Ethics must be complied with whenever dispensed medicines are not to be handed directly to the patient or the patient's representative. Pharmacists are advised to consult the Medicines and Healthcare products Regulatory Agency in relation to export requirements, and patients should contact the embassy of the country into which the medicines are to be sent for any import requirements. Consideration should also be given to labelling and packaging requirements. Information may be obtained from carriers experienced in the export of medicines and from HM Customs and Excise.

Persons lawfully conducting a retail pharmacy business may undertake wholesaling activity without the need for a wholesale dealer's licence, provided that the sale constitutes no more than an inconsiderable part of the business. Although this has not been subject to judicial interpretation, it is believed that a pharmacy will fall within this exemption if its wholesaling activity accounts for no more than 5 per cent of its total medicines trade.

Assuming that the appropriate enquiries have been made of the MHRA with respect to wholesale dealer's licence requirements, pharmacists can export to hospitals, clinics, other wholesale businesses, doctors resident abroad (provided that the doctor supplies his patients and does not order the medicines for his own use) and pharmacies (provided that the medicines are then supplied to a patient).

The fitness to practise and legal affairs directorate has produced a fact sheet giving guidance on exporting medicines. "The export of medicines" (Fact Sheet 4) can be accessed on the Society's website (www.rpsgb.org/pdfs/factsheet4.pdf).

Reprimand for pharmacist who had a “history of heavy and chaotic drinking”

Problems resulting from a “history of chaotic and heavy drinking” have led to a pharmacist being reprimanded by the Statutory Committee.

At its meeting on 16 September 2003, the committee resumed its inquiry into the case of Matthew Richard Jacques, of 46 Whernside Road, Woodthorpe, Nottingham. At the opening of the inquiry on 22 April 2002 the committee had received information that on 5 January 2001 Mr Jacques had pleaded guilty at Leicester magistrates’ court to driving a car with excess alcohol in his breath. He had been fined £150, ordered to pay £55 costs and banned from holding a driving licence for 24 months.

The committee had also received a complaint from the Council of the Royal Pharmaceutical Society alleging that, while employed as a pharmacist at Leicester general hospital, Mr Jacques had attended work on 30 June 2000 while smelling of drink and unfit for work, that he had failed to provide the required level of on-call services on or around 22–23 February 2001, thereby compromising patient care, and that he had had a number of alcohol-related sickness absences during his employment.

At both hearings, Geoff Hudson, of Penningtons (solicitors), presented the facts of the case.

Julie O’Malley, of counsel, instructed by Carr-Hepburn (solicitors), appeared at both hearings on behalf of Mr Jacques, who was present.

Giving the committee’s reasons for the adjournment after the first hearing, the chairman (Lord Fraser of Carmyllie, QC) said that Mr Jacques had admitted the conviction and the matters complained of by the Society.

The most serious of the complaints was that, when Mr Jacques was on call at the hospital on the night of 22 February 2001, the coronary care unit attempted to contact him seeking to obtain antibiotics for a patient. He

had been called at midnight and said he would be in the hospital in half an hour. He never arrived. The reason was that he had been at a party; although he left to go home he had fallen asleep because he had consumed an excessive quantity of alcohol. As a result, the patient was unable to have the medicine administered until 8am the next morning.

The chairman said Mr Jacques had appeared to appreciate the gravity of the situation; he unilaterally terminated his employment with the hospital. There had been a history of chaotic and heavy drinking; if that had continued, the committee would have to order his name to be removed from the register.

However, Lord Fraser continued, Mr Jacques’s present employers had reported nothing to suggest that he had in any way failed in his duties, and there was no indication that he had been under the influence of alcohol when required to discharge his duties as a pharmacist.

The chairman said that the committee had decided to adjourn the inquiry for a year, during which Mr Jacques was strongly recommended to continue to receive counselling and support. He would then be asked to produce a report on his conduct, a psychiatric assessment and a clear prognosis of his ability to refrain from excessive consumption of alcohol.

At the conclusion of the resumed hearing, the chairman said Mr Jacques had followed some of the suggestions made by the committee, but not all as fully as might have been wished. However, letters on his behalf had been submitted from his employers and from the director of Birdsgrove House. The committee wished him to continue attending there as an outpatient for a further two years.

The committee administered a reprimand to Mr Jacques.

Restoration for man who had practised without indemnity cover for a number of years

The Statutory Committee has restored to the register the name of a pharmacist who had been struck off after he had practised without professional indemnity for a number of years, had failed to keep proper records of Controlled Drugs and had neglected the routine administration of paperwork (*PJ*, 16 February 2002, p227).

At its meeting on 18 September 2003, the committee heard an application for restoration from John Dickinson, of 9 Brockwell Centre, Durham Road, Cramlington. Mr Dickinson’s name had been removed on 24 September 2001.

Geoff Hudson, of Penningtons (solicitors) attended to give the facts of the case.

Jane Collier, of counsel, instructed by Hay & Kilner (solicitors) represented Mr Dickinson, who was present at the hearing.

The committee heard that Mr Dickinson had reorganised his business, appointing a superintendent pharmacist and a pharmacist manager, and had made arrangements to pay his professional indemnity insurance premium by direct debit.

Giving the committee’s decision, the chairman (Lord Fraser of Carmyllie, QC) said the matter for greatest concern at the 2001 inquiry had been that, over a period of some five years, Mr Dickinson had neglected to have in place the requisite indemnity cover. Had there been a successful claim against him during that time, the consequences for him might have been catastrophic and, more importantly, a gross injustice might have been done to a member of the public having a valid claim for damages not fully met.

However, Mr Dickinson had addressed all the issues that had concerned the committee, and its members were impressed by what he had done.

Mr Dickinson’s name was ordered to be restored to the register.

Name restored to the register after striking-off for the possession of cannabis resin

The Statutory Committee has restored to the register the name of a pharmacist who had been struck off after a conviction for possession of cannabis resin with intent to supply, contrary to Section 5(3) of the Misuse of Drugs Act 1971.

At its meeting on 17 September 2003 the committee heard an application for restoration from Paul Robert Crawford, of 4 South Avenue, Goring-by-Sea, Worthing. Mr Crawford’s name had been ordered to be removed at a hearing on 16 May 2000 (*PJ*, 19 August 2000, p262).

Geoff Hudson, of Penningtons (solicitors), attended in order to present the facts of the case.

David Reissner, of Charles Russell (solicitors), represented Mr Crawford, who was present at the hearing.

The committee was reminded that Mr Crawford’s conviction had followed an incident in which the police had discovered a 250g block of cannabis resin in his car. Mr Crawford had explained that he had been asked to deliver a package by someone he did not know at a party he had attended. On his way home he had been involved in an accident and the police had searched his vehicle. Mr Crawford had said he had suspected that it was cannabis he was being asked to deliver but he had not been aware of the amount involved. He had explained

that his judgement had been impaired by alcohol.

Giving the committee’s decision, the chairman (Lord Fraser of Carmyllie, QC) said that it was clear that Mr Crawford returned before the committee much chastened, wiser and with a greater sense of personal responsibility. He had learned a lot, the hard way. During his time off the register Mr Crawford had used his time constructively, undertaking academic studies and latterly working in a dispensary. He had also provided three good references.

The committee directed that Mr Crawford’s name should be restored to the register.

Prescription fraud leads to pharmacist's striking off

The operation of a scheme by which the Prescription Pricing Authority was defrauded over a protracted period has led to the removal of a pharmacist's name from the register by the Statutory Committee.

At its meeting on 23 October 2003 the committee inquired into the case of Atul Gordhandas Kantaria, of 3 Chalk Farm Parade, Adelaide Road, London NW3. Information had been received that on 14 February 2003, at Southwark Crown Court, Mr Kantaria had been convicted of eight counts of false accounting. He had been fined a total of £12,500 and ordered to pay £3,000 to the PPA and £2,500 costs.

The facts of the case were given by Geoff Hudson, of Penningtons (solicitors).

David Reissner, of Charles Russell (solicitors), appeared on behalf of Mr Kantaria, who was present at the inquiry.

The committee heard that, over a period, Mr Kantaria had withheld low-cost prescriptions and kept the difference between the prescription charge and the actual cost price of the medicines.

Giving the committee's decision, the chairman (Lord Fraser of Carmyllie, QC) said

that the offences, contested at the trial, had been admitted to the committee. The actual loss to the Prescription Pricing Authority had probably been less than £700 but the payment of £3,000 ordered by the judge appeared to have been to reflect the cost to the PPA of its investigation. Mr Kantaria's scheme had continued over a protracted period; it was plain that he acted dishonestly, in a systematic way, for gain.

"Sheer greed"

In passing sentence, continued the chairman, the trial judge had said: "This was a case of sheer greed . . . you have been caught out on clear evidence of defrauding the NHS system, not in a grand way involving huge sums of money but in what I have described as a 'drip, drip' of fraud difficult to detect."

The judge had added that Mr Kantaria had throughout his trial been "trying to throw dust in everyone's eyes with numerous spurious points of detail, almost every one of which has been demonstrated to be false . . . You are not fit to be a registered pharmacist". It was difficult to think of clearer circumstances of the reputation of the profession being brought into disrepute

than to have a learned judge commenting in open court in that way, said the chairman.

He quoted a ruling in a case held before the General Medical Council which included the statement: ". . . the purpose of today's hearing in not to punish you a second time for the offences of which you were convicted but to protect the public interest by preserving public trust in the profession and retaining high standards of conduct as well as protecting members of the public. . . The committee have balanced the need to protect the public interest against the consequences of any order that might deprive you of your livelihood". The Statutory Committee, the chairman said, followed the same approach as the GMC.

Quoting a the same decision in the case involving a doctor, the chairman said: "For all professional persons, including doctors, a finding of dishonesty lies at the top end in the spectrum of gravity of misconduct". The same applied to the profession of pharmacists, said Lord Fraser.

Mr Kantaria was ordered to be struck off the register. He had three months in which to appeal.

Case adjourned for pharmacist who was over the alcohol limit as he drove to work

A pharmacist who had been stopped by the police while driving his car to work and found to be three times over the limit for alcohol has had his case adjourned by the Statutory Committee.

At its meeting on 20 October 2003 the committee inquired into the case of David Michael Beldon, of Clayton Heights, Sunderland Road, East Boldon, Tyne & Wear. Information had been received that on 26 March 2003, at South Tyneside magistrates' court, Mr Beldon had pleaded guilty to driving a car when the proportion of alcohol in his blood, 279mg in 100ml, exceeded the prescribed limit. He had been fined £1,000, ordered to pay £55 costs, and disqualified from driving for 30 months.

Geoff Hudson, of Penningtons' (solicitors), appeared before the committee to present the facts of the case.

Mr Beldon, who attended the hearing, was represented by Philip Grey, of counsel, instructed by Charles Russell (solicitors).

The committee heard that Mr Beldon had been stopped by the police at 9am on 22 November 2002 and found to be over the limit. The police constable who stopped him had been of the view he was in no state to open his pharmacy, which had been his intention.

The chairman (Lord Fraser of Carmyllie, QC) giving the committee's decision, said

that Mr Beldon had been fortunate not to have received a more severe sentence, as the alcohol in his blood at 9am was some three times over the limit. It was particularly worrying that he was on his way to open his pharmacy.

At that time, the chairman said, Mr Beldon's state of alcoholic decline had so alarmed the police officer and one of the Society's inspectors that they visited him repeatedly in an effort to help him; at first, he had done little to help himself.

Significant improvement

If that had been the only evidence, continued Lord Fraser, the committee would have directed the removal of Mr Beldon's name from the register. However, after a seven-week period at Birdsgrove House he had undergone a significant improvement in both his health and his attitude. He had been alcohol-free since January 2003, he had kept in touch with his counsellors and Alcoholics Anonymous and improved in his demeanour and the care of his patients.

However, the nine months elapsing since then was too short a period for the committee to be confident that Mr Beldon would not relapse, said Lord Fraser. The case would be adjourned until February 2005. If nothing adverse was then reported, Mr Beldon could expect no more than a reprimand.

Pharmacist's name restored

An application for restoration to the register by Ritesh Maganlal Shah was granted by the Statutory Committee at its meeting on 22 October 2003. The committee had ordered the removal of Mr Shah's name from the register on 15 August 2000 after his conviction for falsifying prescription forms (*PJ*, 24 February 2001, p245).

Geoff Hudson, of Penningtons (solicitors), presented the facts of the case to the committee.

John Jones, of counsel, instructed by Gandecha & Pau, solicitors, appeared on behalf of Mr Shah, who attended the hearing.

Giving the committee's decision, the chairman (Lord Fraser of Carmyllie, QC) said that Mr Shah's name had been removed after his conviction for 12 offences of falsifying prescription forms for risperidone. The charges had arisen following a significant error in prescribing by a general practitioner; Mr Shah had taken advantage of that error and financially benefited by about £1,500.

The chairman said Mr Shah had set out in detail the steps he had taken to ensure he kept up to date with pharmaceutical practice. Given the time that had elapsed since his removal, the committee could consider the restoration of his name. Mr Shah should, however, appreciate that if a similar misappropriation should occur in the future, the period of removal from the register would not just be three years but might be permanent.

Mr Shah's name was ordered to be restored to the register

Who is accountable and responsible for supplying dispensed medicines

In this article, **Jackie Giltrow** explains where the boundaries of professional accountability and responsibility lie when a prescription is dispensed

Pharmacists are used to being accountable for the quality of the services that they provide and issues relating to a pharmacist's professional responsibility and accountability in relation to the supply of dispensed medicines are not new. These issues have, however, recently been the subject of lengthy debate at one of the Society's Infringement Committee meetings.

The Committee had before it a case where Patient A had handed in two prescriptions to a pharmacy, one for herself and one for Patient B. The prescriptions were dispensed the next day by Pharmacist C. Patient A's medicines were correctly prepared but incorrectly labelled with Patient B's name. These items were put in the prescription bag containing Patient B's medicines. The prescription bag containing both patients' medicine was then put ready for collection.

A locum, Pharmacist D, who made no checks before supplying the dispensed medicines, handed the bag out the following day. During investigation by a Society inspector, Pharmacist D stated that he was unaware that he had any responsibility for the supply of the medicines that had been dispensed and checked by another pharmacist. However, if Pharmacist D had checked that the names on both prescriptions matched the names on the prescription bag, the error would have been picked up and could have been rectified.

Law

The Committee viewed this case against the legislative backdrop of the Medicines Act 1968 (the Act), under which the Society has enforcement authority. Section 52 of the Act effectively states that supplies of non general sales list medicines against prescriptions from registered retail pharmacy premises must take place by, or under, the supervision of a pharmacist.

It is important to note that this section of the Act relates to the supervision of supply of medicines (and not the preparation or dispensing of medicines, which is covered elsewhere in the legislation) because there is legal liability for the pharmacist supervising supplies of medicines. There is also legal liability on the part of the owners of registered retail pharmacies, including sole traders, partnerships, bodies corporate and the directors, managers, secretaries or other similar officers of bodies corporate.

Section 64 of the Act effectively states that no person shall, to the prejudice of the patient, supply any medicine which is not of the nature or quality specified by the prescription. Prejudice is not intended to mean injury or damage and there is no need to prove actual harm.

Under Section 64, the pharmacist by whom, or under whose supervision, the supply is made is liable in addition to the "person lawfully conducting the retail pharmacy business" (eg, the owner). There is also legal liability on the part of the directors, managers, secretaries or other similar officers of bodies corporate if it is proved that the offence was committed by consent, connivance or negligence (or all of these) of such officers.

Section 85 of the Act refers to the labelling of medicines and Section 58 relates to the unlawful supply of a prescription only medicine (POM) in the absence of a prescription. In the case before the Committee, incorrectly labelled POMs were handed to the wrong patient. However, Section 121 of the Act does provide for a defence due to the default of another person. Hence, where you can prove that the offence occurred as a consequence of the default of another, or that you have exercised all due diligence to ensure that no offences under Sections 64 and 85 were committed, this may be a defence to criminal action.

Ethics

In addition to the legislative provisions surrounding the supply of medicines and dispensing errors, the Committee considered the concepts of professional responsibility and accountability, which are central to any profession. To be responsible is to be prepared to give an account of your professional judgements, acts and omissions in relation to your professional role. Accountability flows from such responsibility. Hence, anyone who is responsible is also accountable.

In professional ethics accountability is of paramount importance. The pharmacy profession is, therefore, not unique in enshrining concepts of accountability and responsibility in its Code of Ethics. In particular, Part 2 A.1 of the Code states: "Pharmacists assuming responsibility for any pharmacy functions whether as an employee, locum, adviser or otherwise are professionally accountable for all decisions to supply a medicine or offer advice . . ."

Additional duties are placed on pharmacists who own a pharmacy, superintendent pharmacists and pharmacist managers in hospitals and trusts and other fields of practice under Part 2 A.2 of the Code. In particular,

pharmacists are responsible for "ensuring that a retrievable record of the pharmacist taking responsibility for the provision of each pharmacy service is maintained and that an identifiable pharmacist is accountable for all activities of non-pharmacists involved in the provision of pharmacy services."

Because the case before the Infringement Committee raised several important issues in relation to where each pharmacist's professional responsibilities begin and end in relation to dispensing, a Law and Ethics Bulletin was published (*PJ*, 28 February, p261). This stated:

"... Pharmacists are advised that an identifiable pharmacist must be accountable for every professional activity undertaken. The transfer of medicines to the patient forms part of the dispensing process and, therefore, the pharmacist on duty when the supply is made cannot absolve himself or herself from responsibility for that supply on the basis that he or she did not dispense the medicine."

Responsibility and accountability

Feedback from the Bulletin has highlighted the fact that many pharmacists are confused about the boundaries of their responsibilities and accountabilities. The preparation, dispensing and supplying of medicines by pharmacists is still such an integral part of many pharmacists' roles that further clarification is warranted, together with an understanding of how the implications of this case can be handled practically in the workplace.

Accountability is a complex issue and the level of an individual's accountability can vary depending on the circumstances as the examples below seek to show.

Example 1 Pharmacist E undertakes a clinical check of a prescription but fails to identify that the prescriber has ordered an overdose of a particular drug. The medicines are assembled, dispensed, checked and bagged up by adequately trained technicians. The medicines are then supplied to the patient by Pharmacist F who has the details of the prescription in

This article is intended to assist with the interpretation of the requirements of the Code of Ethics in relation to pharmacists' responsibilities for the supply of dispensed medicines. It is not intended to constitute authoritative advice on issues relating to civil liability (ie, where a pharmacist may be sued for damages by a patient or other party).

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Pharmacists supplying medicines dispensed by another pharmacist may not be entitled to rely on that pharmacist's skill and competence

front of him but who also fails to identify the overdose.

Who is professionally liable in these circumstances? Both pharmacists have a duty of care to the patient and both are professionally accountable for those parts of the dispensing process for which they are responsible. In the absence of written standard operating procedures (SOPs) defining individual responsibilities, both pharmacists are likely to be professionally accountable.

Example 2 The second scenario is identical to the first except that the pharmacy has written procedures. According to these procedures, the first pharmacist accepts responsibility for undertaking the clinical check and there is an audit trail to identify the responsible professional for each part of the dispensing process. Who is liable professionally in these circumstances?

Both pharmacists have a duty of care to the patient and both are professionally accountable for those parts of the dispensing process that they take responsibility for. Here there are clear lines of responsibility and clear audit trails identifying each professional accountable for each stage of the process. However, the second pharmacist accepts responsibility for supplying the medicine to the patient and has access to the prescription at the time of supply.

It is still likely that both pharmacists would be professionally accountable. However, the presence of written procedures identifying the responsibilities of each professional coupled with a comprehensive audit trail

throughout the dispensing process may mitigate the second pharmacist's professional accountability on the basis that he should have been entitled to rely on his colleague's skill and competence to undertake the clinical check (see below for further comment on competence).

Example 3 The third scenario is identical to the second, but Pharmacist F does not have access to the patient's prescription. In these circumstances, both pharmacists have a duty of care to the patient and both are professionally accountable for those parts of the dispensing process that they are responsible for.

Again, there are clear lines of responsibility and clear audit trails. However, because the supplying pharmacist does not have the prescription when handing over the dispensed medicines it is arguable that he is entitled to rely on the skills and competence of his colleague who has undertaken the clinical check of the prescription.

From the three scenarios, it is clear that responsibility and accountability is a question of degree. Sometimes responsibilities are clear but more often there is a blurring of the lines between individuals' responsibilities.

In the case before the Committee it was decided that an advisory letter should be issued to Pharmacist D, which outlined his professional responsibilities in relation to the supply of medicines. A harsher view was taken of Pharmacist C in the light of his recent previous history of dispensing errors.

Individual cases are looked at on their merits.

Practice points

As far back as 1999 the Society published a document "Achieving excellence in pharmacy through clinical governance". It listed the four main components of clinical governance as:

- Defining clear lines of responsibility and accountability for the overall quality of care
- Establishing a comprehensive programme of quality improvement activities
- Having clear policies aimed at managing risks
- Establishing procedures for all professional groups to identify and remedy poor performance.

Although these components have been refined over time, the fundamental concepts still hold true. Below are some practical ways to ensure that you are operating safe dispensing systems, by incorporating the principles of clinical governance. At the end of the day this safeguards not only the patient's best interests but also your own.

Employee pharmacists should be aware of any policies or procedures that their employer has in place to minimise risks.

Written standard operating procedures The Society recognises the importance of the use of written SOPs to assist in defining the lines of responsibility and accountability for each stage of the dispensing process. From 1 January 2005, pharmacists will be required to put into place and operate written SOPs for dispensing. This applies to both community and hospital sectors and will cover all of the activities that occur from the time a prescription is received in the pharmacy, or by a pharmacist, until medicines or other prescribed items have been collected or supplied to a patient.

In practical terms this will assist pharmacists clarify which pharmacist is responsible for what part of the dispensing process (see 'Medicines, ethics and practice — a guide for pharmacists' for full details).

Training and continuing professional development

It goes without saying that you need to ensure that you can rely on the skill and competence of fellow professional colleagues if you are to be in a position to accept their professional judgement. Ensuring that members of the dispensing team are suitably trained, up to date and competent to undertake the tasks for which they are responsible is important if you are not to be placed in a position of double checking everything that they do.

Quality improvement activities Audit is one way to identify where improvements to a system need to be made. It involves a systematic evaluation of professional work against set

standards. For example, the use of error logs and regular auditing of such logs can identify possible problems and individual training needs.

Audits can identify risk areas in processes and flag up a need to change a system or process in order to minimise the risk of errors. Audits can also identify errors occurring in the handing out of dispensed medicines and a review can lead to changes in the dispensing process, such as the use of numbered docketts when patients hand in prescriptions or the retention of the original prescription with the dispensed medicine until the medicine is supplied.

In the wider context, error reports made to the National Patient Safety Agency can help to identify national trends in medication errors and enable steps to be taken to reduce the incidence of such errors. The agency collect reports from the whole country and initiates preventative measures, so that all can learn from each case, and patient safety throughout the NHS can be improved. In addition, many primary care organisations operate local reporting systems for community pharmacy and pharmacists are encouraged to report medication errors at local level in order that a wider picture of the errors made can be obtained and steps taken to minimise risks.

Audit trails The importance of audit trails cannot be overstated. These are a means to identify responsible professionals throughout each stage of the dispensing process. The IT systems used in pharmacy do not easily capture this information but, it is hoped, this situation will improve with the electronic transfer of prescriptions. Currently, many pharmacies use “dispensed by” and “checked by” boxes on dispensing labels to maintain an audit trail for the assembly and accuracy checking processes, which are useful in determining responsibilities at each of these stages.

Other risk management policies There are many other ways to minimise risks of dispensing errors. Some of these are fairly obvious but include: patient counselling, use of proper accuracy checking procedures and remedying poor performance.

The Society deals with many dispensing errors, some of which would have been easily picked up if the patient or representative had been adequately counselled at the point of supply. Proper accuracy checking includes ensuring that staff are only delegated dispensing duties within their sphere of competence. The Society advises the use of a double checking procedure for dispensed medicines. On occasions when pharmacists are working alone, a mental break should be taken between dispensing and checking so that any preconceived ideas about the prescription are forgotten. It is essential that all accuracy checks are made against the prescription, re-reading the prescription first.

The use of transparent dispensing bags enables a final visual check of the dispensed medicines at the point of supply and they are a useful example of an attempt to add safety checks into the dispensing operation system. However, this is by no means a fail safe method of final checking — it is unlikely that errors involving medicines dispensed from bulk packs would be detected because the original stock pots are not available to check against.

Summary

Remedying poor performance is imperative if pharmacists are to operate in a safe environment. Pharmacists are currently under a duty to report to the Society concerns that a member's professional competence or ability to practise may be impaired and could put the public at risk.

This duty to report is to be extended to other health care professionals in light of recent high profile cases, in particular Harold Shipman. In the interim, work is on going at

the Society to provide comprehensive guidelines to any pharmacist involved in setting up local schemes to identify and remedy poor performance. This includes advisers within the NHS, or on a local pharmaceutical committee, managers of pharmacists in hospitals or in a pharmacy chain.

However, in my experience of investigating errors, most problems occur because of systems problems not individuals. Pharmacists, therefore, need to ensure the systems they use have been thought through carefully and adopt the principles of clinical governance.

It is important to remember that, whatever systems are put in place, errors with medicines will occur. Thankfully, within the pharmacy profession, the number of reported errors are a small percentage of the total number of items dispensed. If you find yourself in the position of having made an error you will be held to account. You need to be in a position to ensure that you have taken all reasonable steps to minimise the risk in your dispensing process and that you have taken all reasonable steps to deal with the error and its consequences once you are made aware of the error.

References

1. Royal Pharmaceutical Society of Great Britain. Achieving excellence in pharmacy through clinical governance, 1999. Available at www.rpsgb.org. (accessed 22 June 2004).
2. Royal Pharmaceutical Society of Great Britain. Medicines, ethics and practice – a guide for pharmacists, number 27, July 2003.

Resources

- Audit templates are available from the Society's website, www.rpsgb.org, by e-mail audit@rpsgb.org and on CD-ROM (tel 020 7572 2208).
- A helpful fact sheet, 'Dealing with dispensing errors' can be found on the Society's website. Information in the fact sheet has been drawn from the experience of the Society's inspectors, and others, who regularly have to deal with patients who have been on the wrong end of a dispensing error.

Society members' groups

The Royal Pharmaceutical Society has established special interest groups for community pharmacists, for veterinary pharmacists, for industrial, regulatory and technical pharmacists, for hospital pharmacists and for pharmacy academic staff. The groups hold meetings to consider topics of interest within their own fields of practice and they provide a source of advice to the Society's Council on specialist matters. Details of the groups can be obtained from the Society. Contact details are given below.

Community Pharmacists Group The Community Pharmacists Group, formed at the beginning of 1994, is open to all pharmacists engaged in the practice of community pharmacy. The group committee has the discretion to grant membership to pharmacists who are not engaged in community pharmacy practice but who have a direct involvement or demonstrable interest in that aspect of pharmacy. Contact: Ann Harrington, practice division (tel 020 7572 2411).

Veterinary Pharmacists Group The Veterinary Pharmacists Group is open to all pharmacists who are engaged in, or actively considering engaging in, the preparation or supply of agricultural chemicals, veterinary medicines and allied products. Other pharmacists may be granted membership at the discretion of the group committee. Contact: Liz Griffiths, practice division (tel 020 7572 2408).

Industrial Pharmacists Group The Industrial Pharmacists Group is for pharmacists who are engaged in industrial practice, those who act as consultants to industry, those whose work is concerned substantially with questions of industrial pharmaceutical practice and those whose work concerns, or who have an interest in, industrial, regulatory or technical matters affecting pharmacy. Contact: Ann Harrington, practice division (tel 020 7572 2411).

Hospital Pharmacists Group The Hospital Pharmacists Group is for pharmacists who work in National Health Service, private or armed forces hospitals and those employed by, or acting as consultants to, NHS health authorities, health boards and trusts. Also eligible are pharmacists working in the prison service, community pharmacists seconded to provide a service within a private hospital and other pharmacists whose work is significantly concerned with matters relating to the practice of hospital pharmacy. Contact: Liz Griffiths, practice division (tel 020 7572 2408).

Academic Pharmacy Group The Academic Pharmacy Group is open to pharmacists and other academic staff who make a significant contribution to pharmacy teaching and research in a United Kingdom school of pharmacy or a recognised pharmacy academic practice unit. Contact: Rachel Ollerearnshaw, education division (tel 020 7572 2375).

OFFICIAL NOTICES

Communications to the Royal Pharmaceutical Society should be addressed, unless otherwise stated, to: The Secretary and Registrar, Royal Pharmaceutical Society of Great Britain, 1 Lambeth High Street, London SE1 7JN (tel 020 7735 9141; fax 020 7735 7629). Official Notices also appear in the Notice-Board section of PJ Online (www.pjonline.com/notices).

Erasures from Register on direction of Statutory Committee

The name of the following person was erased from the Register of Pharmaceutical Chemists on 17 June 2004 following the direction of the Statutory Committee at its meeting on 9 December 2003 and the subsequent withdrawal of an appeal to the High Court:

Bharatkumar Ramanbhai Patel (registration number 74635), of Newington Pharmacy, 47 Newington Road, Ramsgate, Kent.

The name of the following person was erased from the Register of Pharmaceutical Chemists on 22 June 2004 following the direction of the Statutory Committee at its meeting on 18 March 2004:

Rajnikant Jashbhai Patel (registration number 72854), of 2 Staplehurst Road, Hither Green, London SE13.

Ann Lewis

Secretary and Registrar

Wales annual general meeting

The 28th annual general meeting of members of the Royal Pharmaceutical Society resident in Wales will be held at Aberdare Hall, University of Wales, Cardiff, on Wednesday 7 July 2004 from 7.30 to 8pm. Refreshments will be served from 6.30pm.

The agenda will be as follows:

1. Results of the 2004 Welsh Executive election
2. Chairman's report
3. Any other business

The annual lecture, entitled "A Welsh perspective of the pharmaceutical industry" follows at 8pm. The speaker is Roger Jones, chairman of the Welsh Development Agency. There will be opportunity for questions and discussion following the lecture, and before the conclusion of the evening at 9.30pm.

Catherine O'Brien

Secretary, Welsh Executive

TRIBUTES

Snowdon In a tribute to the late Derek Winston Snowdon (*PJ*, 1 May, p555), GEORGE SPRAY writes: I was saddened to learn of the death of Derek Snowdon, yet pleased to read the fulsome tribute paid to him by Betty Jackson. My perspective of him when I was a student was different to hers, but the description she gave of the man was instantly recognisable. Belatedly, I would like to add a few words of appreciation for this Sunderland pharmacognosist.

I cannot remember any student having had a bad word for him, which in itself is a fairly rigorous test. His lectures were always well-prepared, well-delivered and, due to his dead-pan humour, memorable and on occasions, hilarious. So I can still remember the lecture he gave on *Rauwolfia*, and the way he pretended to have trouble pronouncing *ajmalinine*, *ajmalicine* and the rest of the alkaloids. In another lecture he produced a block of opium, which he ceremonially weighed, before passing it round for examination. It came back to him somewhat lighter, which caused him to give his famous forlorn, deep sigh, and head shake, Oliver Hardy style. He used an expression "bond-spotters", reserved for students determined to find fault with any molecular structure he had drawn. "I am well aware," he would say in defence, "that carbon is neither trivalent nor pentavalent, so please concentrate on the pharmacognosy."

Practical classes, when we were trying to draw what was down a microscope, would bring out his best performances. He would look over my shoulder at my ignoble efforts, and give his sigh, slowly close his eyes, and depart with a couple of quiet tuts, and the head shake.

I got to know him better on outings with the rambling club, which was a pharmacognosy department institution. There was hardly a subject on which he could not give an informed opinion or advice. When a topic arose where he felt he did not have a lot of information, his deep attention and questions were flattering. There would always be small groups debating as we walked, and he would quietly ask an incisive question, and alter the whole course of the discussion.

In any description of him or his activities (pharmacognosist, lecturer, botanist, photographer or wit) one just cannot escape using the word "good". I am glad that I met him, and I certainly will not forget him,

and the same must be true for most of his ex-students.

The Diary

Announcements of branch and regional meetings for the Diary column should reach *The Journal* by 1pm on the Tuesday before publication. Branch programme cards are welcome at the beginning of the season, provided that branches subsequently notify *The Journal* in good time about any programme changes and any essential meeting information that was not available when the card was printed.

DIARY

Tuesday 6 July

Central Lancashire "Non-GP prescribing: pushing forward the boundaries" by Jayne McGurran (nurse prescriber), Louise Winstanley (pharmacist prescriber) and Karen Pemberton (practice nurse). St Catherine's Hospice. Buffet. 7 for 7.30pm.

Thursday 8 July

Bolton "Simvastatin over the counter". Education Centre, Royal Bolton Hospital, Farnworth. Buffet. 7.30 for 8pm. Joint meeting with Wigan branch.
Wigan See Bolton.

Friday 9 July

Clwyd A night at the races. Chester Race Course (meet near the one-furlong post). 6.15pm.

PERSONAL

This column is intended for announcements of births, engagements, marriages, anniversaries, etc. The charge for an insertion is £20 for up to 25 words, and £8 for every additional 10 or fewer words. Personal cheques only (payable to The Pharmaceutical Journal) should be sent with the notice to the Editor, The Pharmaceutical Journal, 1 Lambeth High Street, London SE1 7JN. The sender's address and membership number, if applicable, should be on the reverse of the cheque.

Births

Peskett Paul (ex-Square 1981-85) and Elaine are delighted to announce the arrival of Sophie Anne Charlotte on 4 June, nine weeks early.

Correction

The news item about a new edition of 'Medicines, ethics and practice: a guide for pharmacists' (p32) wrongly referred to an out-of-date Code of Ethics requirement that the current edition should be available in all dispensaries.