

# Personal control redefined

Under the provisions of the Medicines Act 1968, a community pharmacy should be under the personal control of a pharmacist. What precisely this means has never been tested in the courts and the Royal Pharmaceutical Society and its Statutory Committee have employed a flexible interpretation in which each case is viewed on its merits. 'Medicines, ethics and practice' advises us that, for example, a pharmacist's personal control is deemed to remain in place during a temporary absence such as a 45-minute lunch break, but if the pharmacist leaves for the whole afternoon then personal control ceases at once and the entire premises must be closed immediately.

Such a fuzzy interpretation does not satisfy the current Statutory Committee chairman, Lord Fraser of Carmyllie, QC, and he has now set down his exegesis of the wording of the Act, in which personal control no longer focuses on the pharmacist's physical presence (p203). During the pharmacist's absence — even a prolonged one — the premises may remain open for any business that does not require a pharmacist's presence or approval.

Of course, the pharmacist would need to be sure that the pharmacy staff have clear, unequivocal instructions as to the limitations on their activities. And it may be advisable to arrange the premises so that the dispensary and pharmacy medicines can be securely closed off. Furthermore, nothing in the new interpretation has any impact on the arrangements a pharmacist may have under an NHS contract.

Nevertheless, pharmacists should welcome the clarification provided by the chairman's new interpretation. With appropriate safeguards in place, a pharmacist may now more easily and confidently leave the premises to engage in a broader range of health care activities.

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## New contraception advice guidance

New guidance has been issued by the Department of Health regarding the provision of contraceptive services to people aged under 16 years in England (p175). The guidance says that health care professionals are justified in giving confidential advice and treatment to under-16s provided the young person understands the advice and that the advice or treatment is in their best interests. This means that there is no obligation to inform the young person's parents or guardians.

The guidance applies to pharmacists who provide emergency hormonal contraception under a patient group direction (provided the PGD itself specifies that supply to under-16s can be made). However, it is not relevant to the supply of EHC over the counter. EHC is licensed as a pharmacy medicine for over-16s only and community pharmacists must be satisfied that the client is aged at least 16 years, as has been the case since over-the-counter EHC was introduced in 2001. If not, then they should be sympathetic and offer to help the client obtain EHC by a more appropriate route.

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