

# Ends with a whimper

**N**ot with a bang but a whimper! Arguably one of the most contentious issues in the history of pharmacy — personal supervision — is about to be swept away. In the Health Bill, laid before Parliament at the end of last week, Sections 70 and 71 of the Medicines Act 1968 will be replaced if the Bill is passed.

Instead of community pharmacies being required to be under the personal control of a pharmacist, premises will have to display notices giving the name and registration date of the responsible pharmacist along with a statement that he or she is in charge of the business (p563). The Bill explicitly allows for supervision by a pharmacist who is not actually on the premises.

One of the more controversial aspects of this change is that the practical interpretation of the concept of supervision will no longer be enshrined in primary legislation. Instead, Regulations will define precisely what supervision entails.

The advantage of this to any government is that Regulations are easier to change than primary legislation because they do not need a new Act of Parliament. This has caused some disappointment in the Royal Pharmaceutical Society because it would rather see the changes in the Medicines Act enshrined in the new Bill.

Presumably, if changes to the concept of supervision were in the Health Bill, the details would need to be spelt out. And, when, where and how pharmacists could make best use of their clinical skills would be enshrined in the Act, as it is at present. This would make it easier for workforce planning and for ensuring the pharmacy network would be maintained. But with the details resting in Regulations, pharmacy life will be as flexible as any government might wish.

Nevertheless, many pharmacists will welcome the fundamental change to the concept of personal supervision as another step towards realising their clinical expectations.

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## Treatment of people with rare diseases

**S**hould someone with a rare disease expect more expensive treatment than people who suffer from more common conditions? This is one of the questions posed in this week's **News feature** (p569), which examines the way expensive treatments and orphan drugs are used and funded. One of the issues alluded to, but not explicitly covered, is that there seems to be some assumption that if people are unlucky enough to suffer from a rare condition, societal guilt and collective sympathy allows them to receive the most expensive treatments, irrespective of the consequences for other ill people. That is neither sensible nor fair.

With ever more expensive medicines likely to become available, the issue of rationing and equitable access needs to be debated, however rare the disease.

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