

# PJ PRACTICE CHECKLIST

## SALE OF MEDICINES PROTOCOLS

The ethical requirements for pharmacies to have written protocols came into force 18 months ago and those regarding training for staff regularly employed on the medicines counter, took effect on July 1. This card reviews the key aspects of the use of the protocols in pharmacy practice

### COUNCIL STATEMENT

From January 1, 1995, there should be a written protocol in each pharmacy covering the procedure to be followed in that pharmacy when a medicine is supplied or advice on treatment of a medical condition sought.

### AIM

The aim of a protocol is to ensure safe and effective use of non-prescription medicines. This includes the provision of information and the ready availability of professional advice.

### WHAT IS A PROTOCOL?

A protocol is a written formalisation of a procedure. Protocols for the sale of medicines or provision of advice in a pharmacy will, ideally, be unique to the workings of individual pharmacists and pharmacies. In practice, general procedures are often used which can be customised to reflect actual practices.

### WHY ARE THEY REQUIRED?

An increasing tendency to purchase non-prescription medicines has meant that interactions with prescribed products, purchase of medicines with the same ingredients, inaccurate self-diagnosis, problems of abuse or addiction and masking of serious symptoms are concerns that are frequently encountered. The first point of contact in three-quarters of all non-prescription medicine transactions in

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pharmacies is the counter assistant. Following a protocol ensures a consistency of approach when medicines are sold from a pharmacy: it enables staff to recognise when and to what extent to involve the pharmacist in the sale; it indicates that the purchase of a medicine is no ordinary retail purchase (the presence of a pharmacist is a unique feature); it also encourages customer access to information and professional advice.

### PHARMACIST INVOLVEMENT

The protocol must indicate the specific circumstances in which referral to the pharmacist is essential. These will include requests from customers who fall into risk groups, requests for "new" pharmacy medicines and requests for medicines which are likely to be misused or abused. In these the pharmacist must be specifically involved in the sale as opposed to simply supervising it in the legal sense of being aware of it.

### KEY PRACTICE POINTS

A successful protocol must be:

**Simple** — so that it is understood by all staff who use it. No two sales are identical, but the procedure will usually follow a general pattern and it is this that the protocol must outline.

**Acceptable** — to customers, to pharmacy personnel, to Royal Pharmaceutical Society inspectors and to consumer groups. It must balance the need to obtain sufficient detailed personal information against a willingness by the purchaser to provide it.

**Workable** — because too complex a procedure will become a chore and will fall

into disuse or be forgotten. An over-zealous approach or intrusive questioning and inflexible adherence to procedures will be unwelcome with customers and create time pressures for pharmacy staff. Local and seasonal factors are also relevant.

### REQUESTS FOR ADVICE

When assistance is requested for help in choosing a suitable product, sufficient information must be obtained to ensure that an appropriate recommendation can be made. The initial questions which are incorporated into the protocol have two purposes: first, to filter the straightforward request which can be safely dealt with by a supervised, trained assistant, and second, to be a starting point for more detailed inquiries.

### USE OF MNEMONICS

Several mnemonics are used to help ensure adequate inquiries are made. They are useful for both counter staff and the pharmacist. The most common is WWHAM (see below). However, no mnemonic is fully comprehensive. They serve as a starting point from which further inquiries can be made. It is not necessary to ask the set questions. These are valuable prompts but it is better to

#### WWHAM

- W Who is the medicine for?
- W What is the medicine for?
- H How long have the symptoms been present?
- A Action already taken
- M Medicines taken for other reasons, prescribed or otherwise?

reflect the customer's vocabulary and listen to the information being volunteered, seeking clarification when necessary.

### WHEN TO REFER

The circumstances in which assistants must refer to the pharmacist will be essentially the same as when responding to requests for a medicine by name. Until an assistant has received sufficient training on product knowledge any product recommendations will need to be made by the pharmacist even though the assistant may be able to gather the relevant information.

### AUDIT

It is important to check whether protocols are being followed and to identify any problems that staff are experiencing in implementing them. In addition, it is necessary to check that all referrals specified in the protocol do occur and that the pharmacist is fully involved in the sale. Protocols should be regularly reviewed and amended in the light of experience and practice.

### THE PHARMACIST'S ROLE

Apart from supervising the activities of staff and intervening in the sale of medicines when necessary, the pharmacist must be available for consultation either via the assistant or directly with the customer. Even when the pharmacist is the initial point of contact with the customer, he must make the same inquiries expected of his staff. Not only does this set a good example, but it reinforces as good practice the need to obtain full details before deciding what action to take.



## ESSENTIAL PROTOCOL INGREDIENTS

Any protocol must specifically deal with the following:

- **HIGH RISK GROUPS** —The elderly, the very young, and pregnant or breast-feeding women require special attention to ensure that purchased medicines are suitable for the individual, are not contraindicated by his or her circumstances, and will not interact with other medicines the individual might be taking.
- **PHARMACIST SALE LIST** — The sale of certain medicines requires greater pharmacist involvement. The protocol must identify such medicines and specify how they are to be dealt with. At the least, additional information will be requested to ensure that the sale is appropriate and the pharmacist will either make the sale personally or be personally involved in the sale process. The list will include medicines which have been recently reclassified from prescription only to pharmacy status, those with a high potential for abuse or which are known to be misused locally, and medicines for specified conditions.
- **REQUESTS FOR MEDICINES BY NAME** — Ensure that the medicine is appropriate, safe, effective and not being abused. Non-risk group customers who request a medicine not included in the pharmacist sale list and previously used without problems should not experience undue difficulty with the purchase. The protocol must also indicate how to deal with prolonged use of a medicine and requests for more than one medicine.
- **RESPONSE TO SYMPTOMS** — Information, such as who and exactly what the request is for, the presence of any risk factors and the exclusion of the possibility of serious disease must be determined before any advice can be offered. The use of mnemonics as memory aids can help to ensure that the required aspects are covered, at least in outline, and that areas of concern will come to light. Regardless of who asks the questions, it is important that the customer perceives them as non-confrontational and helpful in achieving the object of the request.
- **CONFIDENTIALITY** — All staff involved in the sale of medicines become privy to sensitive personal information. It is essential that confidentiality of such information is recognised by both staff and customers.
- **PHARMACIST SUPERVISION** — The Medicines Act 1968 says that pharmacy medicines can only be sold through pharmacies either by a pharmacist or by a person acting under the supervision of a pharmacist. In effect, this means that staff must ensure that the pharmacist is in the vicinity of the medicines counter (this will probably include the dispensary) so that he can intervene in the sale if necessary and ensure that procedures are followed when such medicines are sold.

## STAFF TRAINING

### COUNCIL STATEMENT

From July 1, 1996, each member of staff whose work in a pharmacy regularly includes the sale of medicines must have completed a course covering all the knowledge syllabus in the NVQ level 2 retail certificate unit for chemist counter assistants, or be undertaking such a course.

### STAFF TRAINING

Appropriate questions will only be asked and an excellent service provided if staff selling medicines have undergone adequate training and possess up-to-date product knowledge.

### NEW STAFF INDUCTION

When commencing work on a medicines counter, an assistant must be given adequate training about the legislation governing the sale and supply of medicinal products and on the need, at least initially, to involve the pharmacist in all sales and requests for advice.

### ACCREDITED TRAINING

Suitable training is provided by a number of organisations and is available in a number of formats, eg, as distance learning modules with work-based task sheets or as attended

courses. Courses must comply with the Council Statement and be accredited by the College of Pharmacy Practice, which also issues accredited certification to all assistants who successfully complete approved training courses.

### CONTINUED UPDATE

After certification has been achieved, the assistant will be required to ensure that the knowledge gained is regularly updated, eg, by reading trade journals or attending training sessions.

### SALES WITHOUT THE PHARMACIST'S DIRECT INVOLVEMENT

Staff who have completed their training will, in some circumstances, be able to sell pharmacy medicines without reference to a pharmacist provided that the protocol has been followed and the pharmacist is in the medicines counter or dispensary area. At this stage the benefits to the pharmacist of having protocols begin to become apparent. As well as providing a better service, the pharmacist will be able to fulfil his professional duties in the knowledge that the assistant can be trusted to involve him whenever necessary.

### FURTHER READING

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