

# Control and supervision now separated

In a lively early evening debate, timed in order for working community pharmacists to join, the pros and cons of remote supervision were aired by Jeannette Howe, head of pharmacy at the Department of Health, and Mark Koziol, chairman of the Pharmacists' Defence Association, in a "hot topic" session: "Supervision and the responsible pharmacist."

Mrs Howe announced that the Government had decided to separate the concepts of "personal control" and "supervision" because they were often confused and merged, yet were governed by different parts of legislation. Personal control would be superseded by the concept of "responsible pharmacist" (RP) and this would clarify some of the anomalies currently enshrined in the Medicines Act 1968.

Personal control had been interpreted as the need for the physical presence of a pharmacist at all times, she reminded delegates. This was not fair to pharmacists, whose staff were unable to sell general sales list products if they were not present — a situation that did not occur in

other retail outlets. Neither could they hand over dispensed medicines to a patient in a pharmacy if the pharmacist were not present, although an untrained van driver could deliver them to a patient's house. These issues would be clarified by the new legislation, she said.

Mrs Howe also explained that the UK-wide establishment of RPs would be mandatory. Each and every pharmacy would have to have an RP (although there would be exceptional circumstances when it came to robotic dispensaries). The legislation would set out the statutory duties of a RP in order to secure the safe and effective running of a pharmacy. RPs would remain under the direction of a superintendent pharmacist and would have to display a notice with his or her name and registration number (removing the need to display a certificate).

Mr Koziol welcomed many of the implications of the RP. It would increase the responsibility for the pharmacist and give them a chance to have more autonomy away from head office control. He appreciated it would

give more of a structure to the career of a community pharmacist but he was concerned about the unintended consequences of the development of remote supervision as a result of the new legislation. He feared that patient safety would be compromised. How, he argued, could the absence of a pharmacist improve access for patients. Staff would be pushed beyond the level of their competency (from the best of intentions) to help patients when pharmacists were absent. Remote supervision would never be as good as having a pharmacist on the premises, whatever safeguards were in place. Mr Koziol was also concerned that remote supervision would be used to overcome difficulties faced by workforce shortages.

One of the most contentious issues yet to be resolved was how long a pharmacist would need to be on the Register before being entitled to become an RP: would it be a question of time or a question of an examination of some kind? This issue would be raised in the consultation and Mrs Howe urged all pharmacists to take part when it was announced.

## Research behind drug name similarities and hospital errors awarded practice poster prize

A poster showing the correlation between drug name similarities and the incidence of medication errors has won the BPC pharmacy practice poster prize.

Tessa Cheung, King's College London, and colleagues developed computer programs to measure similarities between both the spelling and pronunciation of drug names. They then examined the link between drug name likeness and the frequency of drug name confusion errors from a sample of 933 wrong-drug hospital errors. The similarity of 1,932 British approved names and their recommended international non-proprietary names were used as controls.

The researchers found higher similarity scores for 38.6 per cent more of the hospital-error drug name pairs than for the control pairs. They conclude that programs used to score drug name similarity could be used in

drug labelling systems to alert people to potential errors, as well as in the drug naming process to prevent the licensing of drugs with confusable names.

Second prize went to Alison Blenkinsopp, Keele University, and colleagues for their poster, "Community pharmacists' experience of providing medicines use reviews: findings from the national evaluation of the community pharmacy contractual framework".

Third prize went to Devina Halsall and colleagues, University of Manchester, for their poster, "How can community pharmacies provide quality of care? The patient and carer perspective".

Winners were presented with a cheque and certificate by Theo Raynor, BPC Practice Chairman. The prizes were supported by the *International Journal of Pharmacy Practice*.

## Practice Chairman '08



Carmel Hughes, professor of primary care pharmacy at Queen's University Belfast, was introduced as Practice Chairman for BPC 2008

Craig Strong

## Diabetes research proposal awarded £15,000 Servier research grant

A proposal to investigate the range and suitability of information for children with diabetes has won a £15,000 research grant. Charles Morecroft, from Liverpool John Moores University, was presented with the Servier Prescribing and Medicines Management Award 2007. He was commended for helping to identify the optimum way of improving education for this group.

Two best practice award grants of £2,500 were also presented. Jane Riley, from Leeds

Mental Health Trust, won a grant for her project — "Specialist mental health pharmacists secondment to primary care" — which aims to improve communication between GPs, primary care trusts and mental health trusts. The other grant went to Alia Gilani, from Greater Glasgow and Clyde NHS Trust, for her proposal for a community-based medication review service, targeting South Asians with long-term conditions through a multidisciplinary approach.

The awards were developed by a consortium including the Royal Pharmaceutical Society, the College of Pharmacy Practice Faculty of Prescribing and Medicines Management, the National Pharmacy Association, the Association for Nurse Prescribing and the College of Mental Health Pharmacists.

The grants were presented to the winners by Mike Wilcox, from Cornwall Primary Care Trust, the winner of last year's award.