Let's not make similar mistakes over supervision as were made over errors

By Mark Koziol, chairman of the Pharmacists’ Defence Association

The Leading article entitled “Where are the multiples?” (PJ, 30 May 2009, p629) demonstrated that sometimes getting all interested parties in pharmacy to agree to one message and to follow in one direction is simply not possible. Although no one wants things to go wrong in the pharmacy, it is nevertheless a fact of life that if it does, then it is usually to the employers’ advantage if the employee or locum rather than the employer suffers the consequences.

These days much of pharmacy is controlled by big money and large institutions, and serious incidents that can be attributed to the erroneous actions of an individual pharmacist are much easier to manage at board level and in terms of public relations, particularly if the employer is under scrutiny from large investors or a primary care organisation. Lurking not too far in the distance, the re-establishment of remote supervision is something that the Society of Apothecaries (SoA) has made mention of any such ambition. This is a good thing and one faced by Mrs Lee occurring in the future.

Nevertheless, the fact that the Society is now involved in a reactive campaign is to be welcomed. Rather late in the day the man-}

Darins at Lambeth have concluded that they must now support pharmacists if they are to have any hope of persuading them to join them voluntarily in less than a year’s time. At last, matters that previously did not register as priorities in the general scheme of things such as workplace pressure, are now big Society projects.

With its uncertain future, the Society finds itself in disconcerting and unfamiliar territory. It is now forced to be much more receptive to the members’ concerns and this is something that we should all welcome.

But, as pharmacists, we too must learn how to manage this overdue volte-face and we must make no apology for exploiting it ruthlessly if we are truly to avoid disasters like the one faced by Mrs Lee occurring in the future.

Responsible pharmacist regulations

Lurking not too far in the distance, the responsible pharmacist regulations go live on 1 October 2009, and this will be followed by the start of the process to roll out remote supervision. These two developments are causing practising pharmacists considerable concern. These provisions are being introduced by changes in legislation and, just like the 1968 Medicines Act, they not only introduce some brand new criminal offences for pharmacists, but also many new professional ones. By making individual pharmacists responsible for the safe and effective running of the entire pharmacy, in so far as it relates to medicines, whether or not a pharmacist is present in the pharmacy, these proposals provide employers with more opportunities to “hang out to dry” their employees and locums when errors happen in the future. There is no doubt that operating a pharmacy in the absence of a pharmacist also introduces new risks to the public. All these factors in combination represent a disaster waiting to happen.

Despite these concerns and widespread protests from pharmacists and organisations like the Pharmacists’ Defence Association (PDA), since these ideas were put forward by the Department of Health four years ago, the Society has been resolute in its support of them. When expressions of concern raised by the PDA finally reached the Houses of Parliament, DoH spokesmen were able to pacify Parliament by explaining that they were working closely with the professional body and also that the Government would never push to implement the proposals faster than the rate at which the profession wanted to go. It is my firmly held belief that had it not been for the Society’s acquiescence to these policies, the responsible pharmacist regulations would not have resembled the current offering. The start date would not be 1 October 2009 and the plan to operate a pharmacy in the absence of a pharmacist (remote supervision) would never have even left the drawing board.

However, it is too late to change the plan and this is why we must now exploit the new eager-to-please mentality at Lambeth in order to persuade the Society to make a U-turn on these matters. The Society is desperate to show pharmacists that it can represent their concerns, but in my view it can have no credibility in claiming to defend the profession from the criminal consequences of a simple dispensing error, while it is a willing partner to a DoH programme, which brings with it brand new professional and criminal sanctions not to mention an employer get-out-of-jail-free card.

The DoH will find it difficult to argue its case in support of remote supervision in Parliament if the professional regulator, a pharmacist union and many individual pharmacists are against it. There is also the matter of timing, and here there must be no delay. The Society will only enjoy its status as regulator until 2010 and, thereafter, will transform into the partner to a DoH programme, which brings with it brand new professional and criminal sanctions not to mention an employer get-out-of-jail-free card.

As pharmacists we know that eradicating the cause of an illness is a much better approach than treating the symptoms. So we must now ask the suddenly energised Society to go further than just the decriminalisation of dispensing errors — we must demand that it also deals with dangers emerging on the horizon and denounce remote supervision long before it can harm the professional and the public interest.

I started by suggesting that getting all parties in pharmacy to agree to one message and follow in one direction is harder than it sounds, but timing is everything. I urge all pharmacists to seize the moment and make their views known to the Society. In this way we can force it to get in tune with the interests of pharmacists and patients alike.