Supervision is part of the Medicines Act 1968. The Act requires medicines sales and supplies to be made by a pharmacist or by a person acting under the supervision of a pharmacist. Supervision is not defined, nor is there any specific requirement that the pharmacist under whose supervision the transaction takes place must be physically present. However, an old case taken under that Act stated that the pharmacist must be aware of the sale and be able to intervene, which is clearly a requirement for physical presence.

The Royal Pharmaceutical Society’s code of ethics used to state that the pharmacist must be aware of the transaction and in a position to intervene. This requirement was removed in 2007 when the code became more principle-based and less prescriptive. Also, the current NHS terms of service require drugs or appliances to be “provided” by or under the direct supervision of a pharmacist.

In 2006 the Health Act enabled changes to be made to the supervision requirements of the Medicines Act — any potential changes have yet to be consulted on. The Medicines (Responsible Pharmacist) Regulations 2008 guidance states: “The government has stated its intention to consult on proposals for the content of the supervision regulations later. That consultation will include proposals for the content of regulations under section 72A(7) of the Medicines Act on the pharmacist’s ability to supervise the dispensing and sale of medicines from a location other than the pharmacy (known as ‘remote supervision’) and supervision by the responsible pharmacist in a pharmacy where [he or she] is not the responsible pharmacist. The aim is to support consideration of these proposals within the context of wider consultation on pharmacist supervision.”

So we know that the consultation on supervision will happen in the future: we want to make sure members of the pharmacy profession have thought about the issues and have formulated a view before that.

The national pharmacy boards have discussed the issues around supervision and have developed eight overarching draft principles. We would like to hear members’ views on these. We would like to use these principles to shape the supervision models of the future. In order to hear members’ views we will be running a series of local practice forum webinars and meetings in England as well as a Great Britain-wide discussion on the general virtual network (see Panel for further details).

**Eight principles**

The eight principles the Society has developed that could help shape the future of the profession are:

- Patients and the public have a right to access medicines (including prescription only medicines, pharmacy medicines and general sale list medicines), quality assured medicines information and pharmaceutical services
- Patient safety and well-being are paramount and these need to be ensured via quality systems and processes
- Patients should have their medicines supplied overseen by a pharmacist and they should have a right to counselling about their medicines
- Patients have a right to expect that a pharmacist will perform a professional check on every prescription dispensed
- The need and respect for the pharmacy profession must be protected
- Any changes to supervision should not lead to an increase in risk and any changes in workload must be at an acceptable level for the profession
- A pharmacist can only be responsible for one pharmacy at any one time.
- Supervision models may differ in different settings but there must be adequate staffing levels to deliver the services required

We are aware that the situations within the sectors of pharmacy will be different, and that these principles may need to be applied and implemented in a variety of ways in hospital and community practice, and we will be exploring these issues throughout the coming weeks in the pages of The Pharmaceutical Journal. We will also be looking again at the responsible pharmacist Regulations and how these work with the supervision requirements currently and in the future.

Current practice around supervision guarantees the universal availability of professional advice from a pharmacist in a community pharmacy — one of the unique benefits that pharmacy offers the public. However, there may be situations where the current supervision regulations could be changed to facilitate professional development and improve patient care by enabling more efficient practice and reducing pressure on pharmacists’ time while still maintaining patient safety.