Legal wise or legal ignorant?
The more I speak to pharmacists the more I realise that many pharmacists do not understand the legal environment in which they work. And this is to their detriment. Transgressions are reported to the Pharmacy Council for investigation, and usually disciplinary action follows. How much of this could be avoided if the pharmacist knew the law and took simple steps to avoid the transgression?

I am convinced that part of the problem is that we (and I include myself here) are much more comfortable with the situation as it was when we graduated than with the many changes that have occurred over the years. Sometimes it appears that pharmacists are blatantly ignoring the law, but I bet that many are in fact actually applying the laws of twenty or thirty years ago.

Ask yourself these questions:
- What are the legal responsibilities of a responsible pharmacist?
- What are the legal responsibilities of a tutor?
- Whose fault is it if an intern or a learner pharmacist’s assistant is not registered?
- What is the difference in the training and scope of practice of a pharmacist’s assistant fifteen years ago and today?
- May you prescribe if you have undertaken Primary Care Drug Therapy (PCDT) training?
- When may you legally sell ibuprofen as a Schedule 2 product? Do all sales meet these requirements?
- Which oral contraceptives may be sold as Schedule 2? (When did that happen?)
- How is the Office of Health Standards Compliance going to affect you? (Say what?)
- What is the difference between a package insert and a patient information leaflet?

How many pharmacists actually know all the answers and apply them in practice?

Supplementary training: when may a pharmacist prescribe?
One case in point is that of supplementary training in PCDT. Pioneer work was needed when this was first introduced as pharmacists in this country had not previously had training or permission to prescribe. The Department of Health was prepared to issue permits to pharmacists with a PCDT qualification so that they could initiate therapy for a limited number of conditions with a limited number of medicines. For a long time, the system worked fairly well but it later became difficult, if not impossible, to get a permit.

However, there has been renewed interest in the qualification, and there is currently one university that runs a PCDT course which certainly enriches the pharmacist’s professional knowledge and skills. So far so good. The problem arises when pharmacists who have completed the course, and have been evaluated as competent, start seeing patients and prescribing for them without the necessary legal authorisation. In other words, they have not received a Section 22A(15) permit. So they will run into problems because they are working outside their scope of practice.

Similarly, apart from the Section 22A(15) permit, there are some pharmacists who participated in a Department of Health initiative to use pharmacists as “family planning” pharmacists, i.e. they were trained and received a permit for initiation and continuation of hormonal contraceptive therapy. Other pharmacists, who did not participate in that programme, may have attended training courses but without the permit they may not prescribe hormonal contraceptives.

When the Council receives a complaint, whether from a patient or because of an inspection report, that pharmacists are selling scheduled medicines without a valid prescription, it will not help that they have passed a course. They must have the necessary legal permission.

This landscape will change!
Of course, you know that I am particularly excited by the developments that have taken place at the Pharmacy Council recently. The plans for updating the PCDT training to comply with the Primary Health Care Standard Treatment Guidelines and Essential Medicines List are well underway. The draft scope of practice and qualification for the Authorised Pharmacist Prescriber is even more exciting: they were published for public comment and should be finalised relatively soon.

Scope of practice of pharmacist’s assistants
I will have more to say on this next month, but this is an area that greatly concerns me. Council inspections routinely show that there are pharmacists who permit pharmacist’s assistants to work outside their scope of practice. Do you even know what a basic pharmacist’s assistant’s scope of practice is? How does it differ from the scope of practice of a post-basic pharmacist’s assistant? And what is your role in this? How do both differ from a pharmacist’s scope of practice?

I feel an article waiting to be written…

Lorraine Osman