Supervision Working Party

Purpose - The purpose of the meeting was to establish AIM's position on supervision and decide if this position aligned with the updated PPG position of 23rd May 2019.

Background Summary - There have been a number of discussion papers produced from various pharmacy organisations over the past 5 or 6 years as the opportunity to review supervision in pharmacy was necessary in light of the work done by the 'Rebalancing Board'

Community pharmacy is encouraged to take on more patient facing service roles which will require pharmacists to step away from direct observational supervision of the assembly and potentially the accuracy checking process.

The Responsible Pharmacist Regulations enable the pharmacist to be away from the premises for up to 2 hours but this rarely happens in practice as the pharmacy fails to operate fully under the existing rules.

The recognition of Technicians as professionals has not been backed up with a clear definition of the roles and services they can undertake in a safe and effective way.

We should see the requirement for supervision in regulation 220 of the Human Medicines Regulations as a requirement for a pharmacist (usually the RP) to oversee arrangements that are in place when a medicine other than a GSL item is handed out by someone who is not a pharmacist.

Summary on AIM Position

1. There should always be one pharmacist per premises except in exceptional circumstances, such as adverse weather conditions that prevents travel
2. There is currently no accepted definition of supervision, which the group felt was the best option, as we would not want the definition to be too restrictive. It may not be possible to get legislation passed within a reasonable timeframe, so instead we could request guidance, initially from the GPhC (or, alternatively DHSC or NHSE), on what would satisfy the requirement for supervision under differing circumstances. We could consider drafting what we think the guidance should look like. Identified the following circumstance where guidance needs to be different but not limited to.

    - P Meds (supervision may eg not involve consulting PMR
    - Acute POMs (standard supervision)
    - CDs (supervision will require ensuring prescription is genuine and may require pharmacist's consideration of risk of abuse/patient security if not supply by instalments/consideration of CD register/increase in dosage of eg MST)
    - Repeat POMs (less intensive supervision may be required)
    - MDS (the way pharmacists supervise conventional supplies of POMs is different where eg technicians are filling MDS trays, especially if manual)
    - Robotics (What a pharmacist does when a product is manually picked and labelled may not be what is required if a robot used)
    - Distance Selling (Medicines will usually be repeats – see above)
    - Collection & Delivery (Supervision not required for supply if a collection & delivery point used, so supervision will be at pharmacy)
    - Hub & Spoke (a combination of repeats and other issues over eg accountability)

- Medication Collection (issues like dispensing under supervision of pharmacist A on one day and collection of bagged item by patient when pharmacist B is the RP)

3. Under the Rebalancing Board's proposals, the superintendent pharmacist would put in place arrangements for the safe and effective provision of non-GSL medicines, and the RP would be accountable for ensuring they are followed.
4. Other staff should be empowered to take on progressive dispensary roles.
5. Important to engage with the sector to help ensure robust systems and to ensure the message is employee pharmacist friendly, enabling them to use clinical skills to the best effect while ensuring the safety of the public and confidence in the profession is maintained.