

SOP for when a pharmacist is unavailable

All supplies of POM and P medicines from a registered retail pharmacy premises must be made under the supervision of a pharmacist. GSL medicines do not require supervision, but do require a pharmacist to be in personal control of the premises. If a pharmacist is not in personal control e.g. they are late attending/left for the afternoon no sales of medicines (including GSL) can be made. The safest option is to close the pharmacy – see Medicines Ethics and Practice – A guide for Pharmacists.

If the pharmacist is on the premises, but in private consultation (e.g. MUR), see below:

The Pharmacist has professional responsibility for any sales or supplies which take place when they are on duty thus the Pharmacist in Personal Control should satisfy themselves that safe systems are in place

Guidance on Pharmacist Supervision and Private Consultation.

This has been written in response to the recent guidance issued by RPSGB mainly to cover circumstances where the Pharmacist is on the premises but in the consulting room (Pharmacist “supervision”). **The Pharmacist must be on the premises**

- Only trained and qualified staff may sell any medicines
 - The sale of medicine protocol is adhered to
 - WWHAM questions to be used when responding to symptoms
 - If the patient has warning symptoms they are asked to wait for the Pharmacist, or their telephone number is taken in order for the “consultation to be completed” by the Pharmacist at a later time
 - No substances on **Care Card** are sold
 - No substances on Potential Abuse list are sold
- Completed prescriptions on the shelf may be given to the patient provided that:
 - The SOP for Prescription Transfer is followed
 - There is no message on the bag indicating that counselling information is required
 - Only bagged prescriptions are handed out
- FOR ACT Checking:
 - The ACT technician is present at all times
 - Only suitably trained staff are involved in the Dispensing process
 - The SOP for ACT is followed at all times
 - Only prescriptions which have been previously “screened” by the duty Pharmacist may be completed
 - **Any doubts leave**
- Incomplete prescriptions may be dispensed and given out under the following circumstances

- Owings in the owings box may be made up provided they had been previously screened by the Pharmacist and annotated as suitable for Technician checking
- In doing so another member of staff must be involved in the dispensing process
- The SOP for ACT is followed
- The SOP for owings and prescription transfer is followed

- Incomplete prescriptions on the bench (part bagged) may be given out as is and an owings docket issued
- The SOP for owings and prescription transfer is followed

- Incomplete prescriptions on the bench (part bagged) may be completed if the stock is available and the prescription has previously been annotated as suitable for Technician checking.
- The SOP for ACT is followed
- The SOP for prescription transfer is followed
- **Incomplete prescriptions in boxes may only be completed if the prescription has previously been annotated as suitable for Technician checking and the ACT and another member of dispensing staff is available. For this reason only in exceptional circumstances should prescriptions in this phase be given out – it may indicate that there a query on the prescription.**

Patient Safety is Paramount

Date prepared 10/06/06

Review 10/06/08