This month, I once again served on a Pharmacy Council disciplinary committee. This time, there were once again many cases where pharmacist’s assistants had made dispensing errors. Some were very serious.

Why is it happening? What can you do to prevent it? How can you protect yourself from making the mistakes in the first place?

Perhaps the first place to begin is to look at the dispensing process. Have you ever asked yourself, “What exactly is dispensing? What exactly am I supposed to do? What exactly is the pharmacist supposed to do? Why?”

If you haven’t, perhaps now is a good time to do just that. And while you’re at it, do you fully understand where your role in the dispensing process ends and the pharmacist’s role begins? Or is it the other way round? Where does the pharmacist’s role finish and yours begin?

**Scope of practice**

Before we start looking at the dispensing process, it’s always important to remind ourselves of the scope of practice of pharmacist’s assistants and pharmacists. At disciplinary hearings, many pharmacist’s assistants are charged with practising outside their scope of practice, and their pharmacist’s are charged with failure to exercise proper and/or reasonable care in respect of control over the dispensing process, by permitting pharmacist’s assistants to work outside their scope of practice.

In many cases, this can be avoided if the pharmacist’s assistant is fully aware of his or her responsibility and that of the supervising pharmacist.

**Pharmacist’s assistants: basic**

A basic level pharmacist’s assistant has a well-defined scope of practice, and it must be said from the start that all activities must be under the direct personal supervision of a pharmacist in a pharmacy. This means that even when the assistant is responsible for an interaction from start to finish, such as the selling of unscheduled medicines in a community pharmacy, the pharmacist is there to help the assistant should there be any doubt about the activity.

Can a basic level assistant handle medicine? Yes, under well-defined circumstances. Schedule 0 and Schedule 1 medicines may be sold by basic level assistants, not Schedule 2 medicines, and not prescription medicines.

Basic level assistants working in community, hospital or manufacturing pharmacies may assist with compounding or manufacturing of non-sterile medicines; there must be a formula and standard operating procedures approved by the responsible pharmacist. An example of compounding in a community or hospital pharmacy would be when a prescription is received that requires the dispenser to mix a cream or ointment, such as ointments used for nappy rash, using two or three products or even individual ingredients such as Friar’s Balsam.

Repackaging of medicines may only take place under strict conditions, and basic level pharmacist’s assistants may be employed in this area of practice. It does not take place in all community or hospital pharmacies, however, as most are unable to meet the requirements for repackaging.

An important role that the basic level pharmacist’s assistant may play is in the distribution and control of stock in the pharmacy. Current training stresses the importance of this function.

What about the provision of information to individuals in order to promote health? Everyone registered as a health professional, including basic level pharmacist’s assistants, is called on to provide health information to the public. In this case, the information has to do with promoting health. What kind of information would this be? It’s not specific information about medicines, but is likely to include lifestyle information and public health issues. When selling an over-the-counter laxative, for example, it would be appropriate for the assistant to talk to the consumer about the importance of eating foods containing fibre and drinking enough water.
Pharmacist’s assistants: post basic

Obviously, the post basic pharmacist’s assistant can do all the basic level assistant does, and more.

What else can the post basic assistant do? Schedule 2 medicines are added to their scope of practice, along with a number of activities relating to dispensing. A critical addition is that the post basic assistant may (and, in fact, must) provide instructions about the correct use of any medicine supplied to consumers.

We must read this section carefully. It says that one of the activities of the post basic assistant is the “reading and preparation of a prescription, the selection, manipulation or compounding of the medicine, the labelling and supply of the medicine in an appropriate container following the interpretation and evaluation of the prescription by a pharmacist”.

It must also be remembered that not all post basic assistants work under direct personal supervision of a pharmacist in a pharmacy. We’ll talk about dispensing under indirect supervision as well.

Dispensing procedures: who can do what?

If you consult the Good Pharmacy Practice (GPP) manual, you will see that there are three phases in the dispensing of medicines.

• Phase 1: Interpretation and evaluation of the prescription.
• Phase 2: Preparation and labelling of the prescribed medicine.
• Phase 3: Provision of information and instructions to the patient to ensure the safe and effective use of medicine.

It is clear from the scope of practice that only a pharmacist may perform Phase 1. So, every single prescription that comes into the pharmacy must first be seen by the pharmacist before the pharmacist’s assistant takes over. The pharmacist must also take responsibility for the entire prescription, so the pharmacist must check the work of the assistant before the medicines are handed over to the patient.

In fact, the GPP is explicit: it says that the pharmacist must be available in the pharmacy to intervene, to advise, and to check any prescription dispensed under his/her supervision for accuracy and completeness. More than that, the pharmacist must accept legal liability for the correctness of the dispensing of the medicine, and confirm that the medicine was, in fact, supplied, by signing the prescription after it has been dispensed.

Clearly this is not possible if a post basic pharmacist’s assistant is working under indirect supervision, but we will examine the reasons why this is not necessary.

Post basic pharmacist’s assistants must remember: if they are working in a community or hospital pharmacy, they are acting outside their scope of practice if they do not give the prescription to the pharmacist to interpret and evaluate before it is dispensed, and if they hand the medicines to the patient before the pharmacist has checked the prescription for correctness and signed it.

Phase 1: interpretation and evaluation of the prescription

The pharmacist must perform and take responsibility for Phase 1 of the dispensing process. The GPP explains this phase as being independent evaluation of a prescription with regard to appropriateness of items prescribed for the individual, legality, content and correctness. As guidance on how this can be done, it says that this includes evaluating the dosage, safety of the medicine, interactions with other medicines used by the patient, pharmaceutical and pharmacological incompatibilities, treatment duplications and possible allergies to the medicine prescribed.

While the pharmacist’s assistant’s training includes the legal requirements for prescriptions, it does not equip the assistant to interpret and evaluate the prescription. The pharmacist’s training is done at university level, and includes chemistry, physics, physiology, biochemistry, pathophysiology, pharmaceutical chemistry, pharmaceutics, microbiology, pharmacology and pharmacy law, all of which are important in equipping them to evaluate whether the prescription is appropriate for a particular patient. Pharmacists must apply their knowledge in pharmacy practice, and experience helps them to do so quickly and efficiently.

The pharmacist’s role is not only to evaluate but, if necessary, to intervene. The pharmacist is responsible for optimising therapeutic outcomes, wherever possible. The judgement exercised requires both theoretical knowledge and practical experience.

If potential problems are identified, it is the role of the pharmacist to discuss possible interventions with the prescriber and/or the patient, if necessary. It is not the role of the pharmacist’s assistant.

What happens at primary healthcare clinics? When working under indirect supervision, there is no pharmacist to evaluate the prescription. Post basic pharmacist’s assistants working in these clinics have a different responsibility.

In most cases, the National Department of Health’s Standard Treatment Guidelines (STGs) and Essential Medicines List (EML) for Primary Health Care are used by nursing sisters and doctors to decide on treatment options for patients at the clinics. Experts in various medical fields contributed to determining appropriate protocols for the management of conditions that are presented at primary health care settings. The STGs and EML are used to guide provincial pharmacy and therapeutics committees. Many authorities use the STGs and EML as published, while others develop their own protocols, based on the STGs and EML.

The post basic pharmacist’s assistants working in primary healthcare clinics have the assurance that the protocols represent...
appropriate therapy, based on evidence of safety, efficacy and cost-effectiveness, and that they have been thoroughly checked by experts.

It is therefore their responsibility to ensure that the prescription written by the primary care nurse or doctor is appropriate for the diagnosed condition, using the STGs or the appropriate protocol as a reference. For example, in a private sector pharmacy, consumers may buy aspirin for pain and fever. In primary health care, if the STGs are used, aspirin will only be given for prevention of blood clots and strokes, at a lower dose than that used for pain.

**Phase 2: preparation and labelling of the prescribed medicine**

This is the phase at which the post basic pharmacist’s assistant has the most responsibility. It includes picking, packaging and labelling of medicine, checking expiry dates and keeping appropriate dispensing records.

It is at this stage that most dispensing errors happen. Complaints that are received at Pharmacy Council include cases of giving the wrong medicine, labelling medicine incorrectly, and supply of expired medicines. Sometimes, the pharmacist has signed the prescription off, even though he or she has not checked it properly.

Deaths have occurred because the wrong medicine was given, and because the dosage hasn't been read correctly. It may make a huge difference if you supply milligrams instead of micrograms, for example.

A recent case involved a bottle of antibiotic powder that was given to a customer. It should have been reconstituted with water before it was handed over. Understandably, the mother of the patient was very upset because she knew that she shouldn't give her child 5 ml of powder. Luckily, she knew enough to complain.

Keeping appropriate dispensing records includes keeping information on the sale of Schedule 2 medicines. This is another area where the assistant can be proactive. Does your pharmacy keep the same records for Schedule 2 medicines that it does for higher schedules? The Medicines and Related Substances Act, 101 of 1965, requires the recording of Schedule 2 sales in a prescription book or other permanent record. Not a “Schedule 2 register”, as you’ll hear some older pharmacists say. The easiest way of doing this is to have a patient profile on the dispensary computer and enter the sale on the patient’s record. In that way, you have the reassurance that all the required information is stored correctly.

**Phase 3: handing of medicines to the patient or caregiver**

At this stage, both knowledge and communication skills are important. The post basic pharmacist’s assistant may hand the medicines to the patient or caregiver, and must provide instructions about the correct use of this medicine. According to the GPP, this includes advice and instructions, and may include a patient information leaflet or other written material. The intention is that the patient or caregiver must know exactly how to take the medicine so that it will be safe and effective.

What kind of advice may be given here? What advice can you give that will result in the medicine being safer or more effective? Some medicines must be taken on an empty stomach because they are absorbed faster or better. Others are absorbed better after a fatty meal. If someone feels nauseous when they take medicines, they may not bother to take them. That really wouldn’t be effective. Perhaps taking it with a meal reduces the nausea, while still allowing it to be absorbed sufficiently.

What about topical medicines? Why do we tell people to use only a small amount of a cortisone cream and to rub it in well? Why does it make a difference if we take medicines at the same time every day? And why do we have to continue to use a steroid inhaler for asthma if we don’t have any symptoms?

These questions are just a few of the questions we need to answer before they are even asked. The patient may not think to ask the question, but we need to think everything that if done or not done will affect the safety and efficacy of the medicine.

Should you counsel the patient or should the pharmacist? It depends on the complexity of the situation. Your role is to advise the patient on the correct use of the medicine. The pharmacist’s role is to discuss any other aspects that affect medicine use, such as the clinical condition and the therapeutic outcomes, with the patient.

**The bottom line**

Make sure that your pharmacist is given the prescription for evaluation before you pick the medicines. When you have prepared the prescription, take it to the pharmacist to check and sign. Decide with the pharmacist who of you should speak to the patient or caregiver.

Take the time to do things carefully and correctly. It’s worth your while.

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