A Word in Your Ear

Scheduling of medicines

It’s been a long time since I wrote a column called “A Word in Your Ear”. I do hope that some pharmacist’s assistants actually remember it! Every issue, I used to write one page with bits and pieces of information that I thought might interest you, or that I thought I should mention.

Gradually, the one page became two and often three pages, so we published it as a professional article instead.

Why am I writing a one page “Word in Your Ear” this month instead of a professional article? I have to tell you it’s my own fault. In the Summer issue of 2014, I wrote about the control of Schedule 0, 1 and 2 medicines. This was followed in Autumn 2014 by an article of Schedules 3 to 8. The intention was to have an article in this issue on those troublesome medicines that fall into more than one schedule. After all, it’s irritating to both the consumer and the pharmacist’s assistant when someone wants a medicine, e.g. diclofenac, only to be told that they can either have only the topical application or perhaps they can have a limited quantity of a specific strength. The consumer often doesn’t understand why they can’t have the same quantity and strength that the doctor prescribed for them. So it’s seriously important for you to understand this because you or the pharmacist may have to explain to the consumer why you can’t supply it.

The article was therefore a logical follow-up to the previous two articles. And it will be, I promise. The reason that it isn’t in this issue is that I seriously underestimated the amount of time and research that I would need to put into writing the article. I found that I needed to look at clinical issues surrounding each medicine, and of course I must be 100% sure of my facts before I can share them with you. So I apologise. I have a choice – I can rush and finish the article quickly, which poses a risk of including information that may not be totally correct, or I can apologise, and continue with the article for the next issue.

My choice is therefore that I will include the article in the Spring 2015 issue. The problem isn’t going to go away so let’s do it properly! In the meantime, I’d like to give you some self-study. Please go and look on the shelves and identify medicines like this. Think about why they appear in different schedules. And it would be wonderful if you wrote to me and gave me your opinion!

Watch this space (well, actually this journal!)

I started writing this column thinking that I would also share with you what has been on my mind lately. I have been speaking to pharmacists and pharmacist’s assistants about who does what, when and why. Sounds confusing? I have no doubt that exactly a year ago you read the article in SAPA that dealt with the new Good Pharmacy Standard for supervision of pharmacy support personnel. It spelt out in scary detail the responsibilities that both pharmacists and pharmacist’s assistants have, and ended by urging you to ensure that you always work within your scope of practice.

The last talk that I gave was attended by about equal numbers of pharmacists and pharmacist’s assistants. I found that, as the talk progressed, I spoke increasingly to the assistants, telling them what their rights are, and why they should insist that their pharmacist complies with the supervision standard.

I know that over the years I have written about your responsibilities, as a pharmacist’s assistants. We speak about the patient’s rights a lot, and we forget that you, as a person registered with the Pharmacy Council, also have rights. You have the right to work in an environment that helps you to comply with the law. You have a right to be protected from disciplinary hearings that could be avoided if your pharmacist supervised you properly. It sounds to me as if it’s time that I wrote something about what your rights are, so as soon as I’ve finished the article on the schedules for the Spring issue, I’ll begin on the article on rights for Summer.