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PSI
CUMANN CÓGAISEOIRÍ NA hÉIREANN
The Pharmaceutical Society of Ireland
AN RIALTÓIR CÓGAISÍOCHTA
THE PHARMACY REGULATOR

5th May 2015

**Re: Draft Standards for Medicines Management for Nurses and Midwives**

Dear Ms Walsh

The Pharmaceutical Society of Ireland (PSI) as the independent statutory body, established by the Pharmacy Act 2007 charged with and accountable for, the effective regulation of pharmacists and pharmacies in their delivery of pharmacy services in Ireland, welcomes the opportunity to provide input into the Draft Standards for Medicines Management for Nurses and Midwives. The PSI recognises the importance of the availability of such standards for nurses and midwives in providing a structured framework in the area of medicines management which is of benefit to all professionals and has the potential to enhance patient safety.

The PSI carries out its role in the public interest to protect the health, safety and welfare of the public by regulating the pharmacy profession and pharmacies. Under the Pharmacy Act, the PSI is required to:

- maintain registers of pharmacists, pharmaceutical assistants and pharmacies;
- prescribe the qualifications required for practice as a pharmacist, accredit education and training programmes leading to qualification, and ensure that pharmacists undertake appropriate continuing professional development;
- ensure compliance with the pharmacy and medicines laws of the State;
- set professional standards and provide advice and guidance in relation to pharmacy practice;
- receive and act on complaints and information about the competence and conduct of pharmacists and pharmacy owners and conduct inquiries into complaints and impose sanctions as appropriate;
- report and be accountable to the Minister for Health, the Department of Health, and to the Oireachtas.

The primary role of the PSI Council is the protection of public health and the assurance of patient safety through the effective regulation of the profession and practice of pharmacy.

PSI is of the view that the supply chain for all classes of medicines must be safe, protected and guarantee patient safety, and recognises the importance of the role of the proposed standards in assisting nurses and midwives in their professional practice in this area. The area of medicines and health legislation is complex, necessarily dynamic and it is vitally important that it provides and ensures a holistic framework of regulation that guarantees that patients are protected. In this context I would raise the following points for your consideration:

- Pharmacy and medicines legislation establishes dispensing as a process which is carried out solely by a pharmacist in the course of his/her professional practice. Regulation 9 of the Regulation of Retail Pharmacy Business Regulations SI No 488 of 2008 require that a registered pharmacist reviews each prescription having regard to the pharmaceutical and therapeutic appropriateness of the medicine therapy for the patient concerned before dispensing and subsequent supply to the patient. The regulations also require that a pharmacist counsels each patient upon supply, on all such matters deemed significant in the exercise of his or her professional judgement. "Dispensing" describes a multifaceted activity and it is important there is clarity and consistency of use of this term. I note that the document states that supply and administration of medicines are the two main activities of medicines management that nurses and midwives carry out in professional practice and encourage the premise of the document in providing for this clarity. It is best practice and legally provided for that dispensing of medicines is carried out by a pharmacist. I encourage the continued recognition throughout the document of the distinct areas of professional practice.
- The use of term 'transporting' in the standards, in the context of medicine supply, may give rise to ambiguity, with the PSI preferring the term 'supply'. When a nurse or a midwife acts in such a way to supply medicines to a patient in the community, I would suggest that the standards could include a reminder for nurses and midwives to offer counselling to patients on their prescribed medications. Regulation 9 of the Regulation of Retail Pharmacy Businesses Regulations 2008 states that pharmacists must undertake a "review of medicine therapy" and conduct "counselling of patients in the supply of medicinal products on foot of a prescription". In this context, and in the role of "carer" the nurse, and pharmacist will have significant interaction for patient benefit and this liaison to ensure that relevant information is provided to the patient for the rational, correct and safe use of medicines should always be utilised to maximum benefit for best patient outcomes.
- As you will be aware, the Health (Pricing and Supply of Medical Goods) Act 2013, governs the prescribing of generic medicines. Following the enactment of this legislation, the Medical Practitioners Act 2007 has been amended, so that medical practitioners may now face Fitness to Practise inquiries if regulations on generic prescribing are not correctly complied with. You may wish to consider whether you would deem it helpful to reference this in the standards.
- Regarding facsimile prescriptions, the PSI wishes to clearly highlight that faxed/photocopied prescriptions and medication charts (or copies thereof) are not legally valid prescriptions. While potentially they may be used in some circumstances as a support from a prescriber, in an emergency supply request, they do not authorise the supply of a medicinal product. You may wish to consider reinforcing such rules governing the use of faxed prescriptions in the draft standards, as they currently stand, so that there is no potential for ambiguity as to what constitutes a legally valid prescription which may be dispensed by a pharmacist.
- In the case of residential care settings, you may wish to consider if reference to the importance of continuing enhancement of inter-professional liaison and relationships could be developed. In particular I am minded of the HIQA National Quality Standards for Residential Care Settings for Older People in Ireland (2009). These guidelines recommended that "each resident on long-term medication is reviewed by his/her medical practitioner at least on a three-monthly basis, in conjunction with nursing staff and the

pharmacist". (*I note that these guidelines are currently under review, following public consultation*). This could only be of value from the perspective of enhancing patient care and outcomes, and optimising the professional care delivered by all practitioners involved.

- The area of controlled drug supply, as currently presented in the guidance, is robust. I would suggest that when considering the management of requisitions for controlled drugs, it may be helpful to reference the requirements to be cognisant of the protocols in place in particular institutions, and the specific legal requirements that must be adhered to when writing a requisition for a controlled drug. In this regard, you might wish to reference the applicable section of the Misuse of Drugs Regulations in the standards document.

As noted in the consultation introduction, the PSI very much agrees that safe quality medicines management practices are shared between nurses, midwives, medical practitioners, pharmacists and others. In this context, I look forward to further advancements and welcome further opportunity to participate in, and contribute to, this important patient safety and medicines management initiative.

Yours sincerely

Damhnait

Damhnait Gaughan
Acting Head of Communications