Ethical Dilemma in Pharmacy Practice

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Case No 19: The Responsible Pharmacist

You are a self-employed locum pharmacist. You are due to locum at a community pharmacy where you have never worked before. Your working day is 9am to 6pm. You already know that the pharmacy has a large number of methadone clients and dosette boxes. The day before you are due to work there the area manager contacts you. He explains that the current system is that the two dispensary staff start work at 8am to dispense the methadone for the day and also to prepare dosette boxes. He asks if you would agree to sign in as the responsible pharmacist from 8am via the Company’s electronic register (available on the internet, via a password which he will give you) but there is no need for you to be on the premises until 9am when the pharmacy opens. He adds ‘there shouldn’t be a problem – the locum last week was happy to do it’.
Ethics in Pharmacy Practice:

Pharmacists are an important part of healthcare multidisciplinary team ensuring that medicines are used in the safest and most effective way. It is significant that pharmacists always maintain their professional integrity and attempt to provide the best service to their patients. (5)

For professional decision making, we need to follow suggested framework which involves different steps before making a final conclusion. This framework revolves around four-steps approach: (4)

1. Gather relevant facts
2. Priorities and ascribe values
3. Generate a range of options
4. Choose an option

What issues should I consider? (4)

- Law relating to responsible pharmacist.
- Key responsibilities and standards of professional performance in the code of Ethics.
- Principles of negligence.
- Interest of staff and general public
- Awareness of SOP’s regarding dosette boxes
- Controlled drug’s cupboard key control

We need to look into these 4 steps for our final decisions.

Step 1: Gather relevant facts:

This step has been broken down into further steps and we need to check if these steps applies in our case.
1. **What criminal laws apply:**

The **Misuse of Drugs (Safe Custody) Regulations 1973** as amended details the storage and safe custody requirements for Controlled Drugs. The **Misuse of Drugs Regulations 2001** (and subsequent amendments) defines the classes of person who are authorised to supply and possess Controlled Drugs while acting in their professional capacities. Methadone is schedule 2 controlled drug and possession; supply and procurement is authorised for pharmacists and other classes of persons named in the 2001 Regulation. Furthermore, under the misuse of drugs (safe custody) regulations 1973, methadone is recommended to be kept in safe custody under the direct supervision of a pharmacist due to potential misuse. It is illegal for pharmacy staff to open the CD cupboard without the authorisation of the pharmacist. According to **Human Medicines regulation 2012**, it is a good practice to assemble and dispense medicines in the presence of the pharmacist and if there is any patient’s harm due to the incorrect dispensing of medicine, then pharmacist is held responsible and he may have to face fitness to practice committee.
2. **What administrative laws apply:**

The terms of pharmacy services regarding opening hours and enhanced services are set out in schedule 4 of **NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013**. NHS community pharmacy contract services apply in this case as they must have contracted hours under the **NHS regulations 2013** and unable to open the pharmacy without contracted hours. Furthermore, they must have signed up for essential services which are commissioned by NHS England. Under section 72A of The Medicine (Pharmacies) (Responsible Pharmacist) Regulations 2008, responsible pharmacist should comply with legal duty of the pharmacy procedure. (2) Administrative law does not apply in this case.

3. **What civil laws apply:**

Pharmacist has a duty of care towards the patients and it should be maintained at all times. In this case, if pharmacist decided to remotely login as a responsible pharmacist without his presence and pharmacy staff can dispense methadone and dosette boxes then he is not aware of right strength, right quantity and stability of the drug. Pharmacist should be expected to recognise any potential harm to the patient and in case of any dispensing error, pharmacist is deemed to be negligent. To prove negligence, three criteria should be met- duty of care, pharmacist fail to meet this duty and patient harm.

4. **What professional standards and guidance apply:**

GPhC has produced 9 standard which every pharmacy professional has to comply with. Out of these 9 standards only standard 8 applies in this scenario.

**Standard 8** states that “Pharmacy professionals must speak up when they have concerns or when things go wrong” (1)

At all times, pharmacist should be adhered to standard 8 and speak up if there is anything goes wrong. As mentioned by the area manager, previous locum was remotely login as a responsible pharmacist and all dispensing of methadone and dosette has been done without his presence. This is not a good practice and can cause patient’s harm so it should be challenged and can be reported to relevant authority e.g GPhC. In this scenario, we have the option to speak to the area manager about the poor practice and behaviour and should make things correct in order to improve the quality of care and pharmacy practice.
**GPhC guidance for Responsible pharmacist:**
GPhC has produced a guidance for responsible pharmacist which states that “securing the safe and effective running of the registered pharmacy.” There are certain activities which can be done in the absence of the responsible pharmacist and they are laid out in Appendix A of the GPhC guidance for responsible pharmacist. In order to secure the safe and effective running of the pharmacy business, responsible pharmacist must be signed in, display his notice board and personally satisfied about effective running of the pharmacy. Dosette box dispensing can be done in the absence of the pharmacist but if there is any risk of dispensing error then this activity should be avoided. Dispensing methadone and accessing CD cupboard without pharmacist’s presence is not mentioned in the appendix A so conducting this activity would be considered as illegal. 

5. **Where else can I look or who can I ask for help:**
In this scenario, I can read about legislative laws, GPhC standards and responsible pharmacist guidance in order to be fully satisfied before making any decision. I can also contact RPS for any professional advice.

**Step 2: Priorities and Ascribe values:**

a. **Patient and carers:**
Patient is always my first priority and any decision I made should not harm patient. In this scenario, if pharmacy staff does not dispense dosette boxes and methadone then it can affect patient e.g methadone patient can be agitated for not getting methadone on time. Furthermore, if there is any urgent dosette box for the same day then patient would not be able to get it on time and would miss dose. Moreover, patient’s carer collecting dosette box on behalf of patient might have to wait longer which can affect their schedule.

b. **Other healthcare profession and your profession:**
My ultimate concern is to provide person-centred care and I should ensure that integrity of pharmacy profession should be maintained at all times. Because of my decisions, if patient don’t get medicines on time they can lose their trust on the pharmacy. They can also complain to their doctor and pharmacy profession can be in question.
c. **Your staff, your employer:**

Because of my decision, there is possibility that employer can have financial impact on the business and can lose trust on my professional abilities. If I fail to follow my area manager’s instruction, I would be held accountable for my actions and I have duty to maintain people’s confidence on my employer and profession. My colleague might not be able to work earlier so might be hesitant to work with me.

d. **Yourself:**

As mentioned earlier, I have duty to maintain people’s confidence on my profession whilst reducing patient’s harm. Because of my actions, I might be able to get regular work or don’t get work in the future at all. I need to make sure that I am not breaking any law and I would not be punished for being negligent.

**Step 3: Generate a range of options:**

There are different options which we can generate in order to make final decision.

**Option 1: Refusal to login in remotely as a Responsible Pharmacist**

If I refuse to login in remotely as a responsible pharmacist then I need to see the impact on the patient. Because of my action, methadone would not be dispensed on time and patient would be agitated. Pharmacy would have financial loss because of delayed services. I would not be able to get any locum work in this pharmacy in future but I would cover myself for not breaking law and being negligent in providing patient care.

**Option 2: Recommending area manager to start shift earlier**

Another good option is to give option to area manager for starting shift earlier i-e start work at 8am instead of 9am. In this case, methadone would be dispensed and checked on time and urgent dosette boxes for that day would be easily dispensed and checked. I would not be breaching any NHS contract services or laws. Management only need to pay for an hour extra pay which would be nothing considering any financial. In this case, benefit would outweigh risk without compromising patient harm.
Option 3: Refusal to work as a pharmacist

Because of the unawareness of local SOP’s and staff skills, I can refuse to work as a pharmacist. In this case, I would not compromise my duty of care and area manager still have time to find an alternative.

Option 4: Agree to work as per area manager’s instructions

If I choose to work as per area manager’s instructions, then I would be held accountable for my action. Methadone is a controlled drug and access of CD cupboard keys in pharmacist’s absence is criminal offence. If there is any dispensing error, then I would be held accountable and can face fitness to practice committee. Only advantage is that patient would get medications on time and area manager would give locum work in future.

Option 5: Advance dispensing of methadone:

Pharmacy can dispense methadone a day advance but if CD cupboard is not big enough to keep all bottles then storage would be an issue.

Step 4: Choose an option:

After careful consideration of the scenario and reviewing all laws and guidance, I have come to conclusion to choose option 2 which is proposing area manager to start work an hour earlier. This is one of the safest options which is not breaching any law and NHS contract. Patient would have same confidence on the pharmacy and all medications including methadone would be supplied on time.

Word count with scenario & references: 1760
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References:


