



# Royal Pharmaceutical Society of Great Britain

Helping pharmacists achieve excellence

22 September 2010

Roy Drepaul  
16/139  
Medicines and Healthcare products Regulatory Agency  
Market Towers  
1 Nine Elms Lane  
London, SW8 5NQ

WING TANG

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Dear Sir/Madam,

## **Re: Consultation MLX 370 – Intention to amend EEA Regulations 2008**

Please find below the response of the Royal Pharmaceutical Society of Great Britain to the above consultation.

We are currently the professional and regulatory body for pharmacists in England, Scotland and Wales. There will be de-merger of our regulatory and professional roles in September 2010 which will see the establishment of a new General Pharmaceutical Council and a new Professional body.

### **Proposals to allow pharmacists to make an emergency sale of Schedule 4 and 5 Controlled Drugs and to be able to make an emergency sale of Phenobarbital or Phenobarbital sodium for patients of EEA doctors and dentists**

We support the proposal to enable pharmacists following use of their professional judgement to be able to make an emergency supply of up to 5 days treatment of schedule 4 and 5 controlled drugs and also the proposal to allow pharmacists to make an emergency sale of Phenobarbital or Phenobarbital sodium to patients of EEA doctors and Dentists.

Pharmacists are healthcare professionals who use their professional judgement on a daily basis in the care of patients and these proposals would bring the care of patients of EEA doctors and dentists into line with patients of UK doctors and dentists without compromising patient or public safety.

It is important to emphasise that the final decision on whether or not to make an emergency supply and indeed whether or not to make a supply against an EEA prescription rests with the professional judgement of the pharmacist which is an important safeguard.

## **General Comments**

Whilst we agree with the proposals above, there is however a practical problem linked to confirmation of registration of EEA doctors and dentists which should be addressed. This problem has a direct impact on the how pharmacists are exercising their discretion when deciding whether or not to make a supply.

From the experience of pharmacists so far when presented with prescriptions from EEA doctors and dentists, confirmation of registration is a major problem and although lists of EEA competent authorities for doctors and dentists are available, most EEA countries do not have an online register with English language support, and in many cases may not have a register at all.

Therefore there are real problems in checking registration status and additional clarity and assurance from MHRA and the Royal Pharmaceutical Society together with other pharmacy bodies to confirm that inability to check the registration status of a prescriber is not necessarily a legal barrier to the safe, responsible and legal supply of medicine against an EEA prescription or on an emergency basis would be beneficial.

We hope these comments are useful.

Thank you for contacting the Society.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Wing Tang', with a stylized flourish at the end.

Wing Tang MRPharmS GDL

Senior Legal and Ethical Pharmacist