



Nurses practising in pharmacies: Beware the pitfalls

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Nowadays most leading community pharmacies have a professional nurse³ in their employment or utilise the services of a professional nurse in pharmacy clinics on a part-time basis. This development has been recognised as an indispensable part of the contribution by community pharmacists to the primary healthcare network in South Africa and supporting access to pharmaceutical services.

The services provided by professional nurses in community pharmacy clinics range from the management of wellness centres, baby clinics, primary healthcare screening services, immunisation and general health promotion, to mention a few. These services complement and broaden the scope of practice of pharmacists in providing services within or from a community pharmacy, in the best interest of the general public.

It is, however, important to remember that the acts performed by professional nurses in clinics in community pharmacies are also regulated by restrictions and conditions as prescribed in the Nursing Act, Act 33 of 2005, and under the watchful eye of the South African Nursing Council. This would mean that professional nurses must also only perform those acts or provide such services as prescribed in terms of their scope of practice and in accordance with the requirements of, for example, the Medicines and Related Substances Act, Act 101 of 1965, as amended ("the Medicines Act")^{1,3}.

In employing a professional nurse in a clinic in a community pharmacy, pharmacy owners / Responsible Pharmacists (RPs) should be aware and take cognisance of the restrictions and conditions mentioned above. The following might be some of the so-called "pitfalls" to be considered in managing the professional relationship between pharmacist and professional nurse in a pharmacy. This is a personal viewpoint (i.e. not intended to be a "legal opinion" of any kind) and based on enquires / questions received at the offices of SAACP.

Scope of practice

It was emphasised above that a pharmacy owner / RP must ensure that he or she is fully informed regarding the scope of practice of a

professional nurse employed by him or her³. The well-known saying that: "ignorance of the law is no excuse" would, therefore also be applicable to community pharmacy owners / RPs in allowing professional nurses to perform certain acts and provide certain services, which fall within the scope of practice of a professional nurse, in a pharmacy.

It might even be necessary that the pharmacy owner / RP should ensure that the professional nurse has completed accredited training / courses in primary healthcare and not merely assume that such training was part of the education and training of such nurse.

Authorised prescriber

Section 22A(5) of the Medicines Act authorises a pharmacist or a pharmacist's intern or a pharmacist's assistant acting under the personal supervision of a pharmacist and upon a written prescription of an authorised prescriber to sell (dispense) any schedule 2 – 6 substance. In terms of section 22A(17)(a) an "authorised prescriber" includes a "nurse". However, section 22A(14)(b) determines that no "nurse" may prescribe a medicine or scheduled substance unless he or she has been authorised to do so by his or her professional council².

It would therefore be to the benefit of any pharmacy owner / RP in considering utilising a nurse as "authorised prescriber" to first verify whether such nurse has been authorised as (legally) required. The situation within public healthcare facilities and authorising nurses in accordance with section 56(6) of the Nursing Act, Act 33/2005, is a different matter and not discussed here.

Permits

Section 22A(15) of the Medicines Act provides that the Director-General (DG) of the National Department of Health (NDOH) may issue a permit to any person performing a health service, authorising such person to acquire, possess, use or supply any specified schedule 1 - 5 substance, and such permit will be subject to such conditions as the DG may determine¹. Many pharmacists, who have successfully completed a primary care drug therapy course, have applied and been issued with these permits. Registered nurses may also apply, and many employed by community pharmacies have been issued with the permits concerned, subject to conditions as determined by the DG¹.

In general, most professional nurses employed in community pharmacies applied for permits for purposes of the administration of a (very) limited number of medicines appearing on the Essential Medicine List (EML) for primary healthcare and as approved for purposes of administration only (i.e. not for sale).

The “pitfall” to consider is that these permits have not been issued to professional nurses in community pharmacies to authorise them to prescribe any medicine for dispensing by a pharmacist (and to claim for such supply).

Dispensing licences

Section 22C(1) of the Medicines Act allows for a professional nurse to apply to the DG of the NDOH for a licence to compound and dispense medicines, on the prescribed conditions¹. There are community pharmacy owners / RPs who have assisted the nurse(s) employed in their pharmacies financially and otherwise to apply for these licences. The reason being that if the nurse concerned is not busy in the pharmacy clinic he / she could assist with dispensing in the pharmacy.

The application for a licence could be for a:

- Licence to dispense; or
- Licence to compound and dispense.

The licence referred to above shall not be issued unless the applicant (nurse) has successfully completed a supplementary course determined by the South African Pharmacy Council after consultation with the South African Nursing Council¹.

The possible “pitfall” is that no person shall compound or dispense a medicine in a pharmacy unless he or she is authorised thereto in terms of the Pharmacy Act, 1974, or is the holder of a licence referred to above¹. The mere fact that the scope of practice of a professional nurse would allow him / her to supply medicine would not also authorise such a nurse to dispense medicine on a prescription in a pharmacy.

The licence referred to is normally valid for a period of five years from the date of issue, provided that the holder pays the applicable annual fee. Again, something which needs to be followed up annually before it becomes a “pitfall”.

Registration

Although very obvious, it could be necessary to ensure and verify the registration status of a professional nurse during the period of employment in a pharmacy.

Nurses practising in community pharmacies are here to stay. It is thus important to remember that whatever services are provided within the confines of a pharmacy or from a pharmacy, remain the responsibility of the RP of such a pharmacy. This would include the acts performed by another healthcare professional employed in such pharmacy and the ensuing compliance with relevant legislation.

References:

1. Medicines and Related Substances Act, Act 101 of 1965, as amended, and the General Regulations published in terms of the Act
2. Debbie Hoffman, Senior Manager: Legal Services and Professional Conduct, South African Pharmacy Council
3. Section 1 (definition of a professional nurse) and sections 30 and 31 of the Nursing Act, 2005, Act 33 of 2005