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Review Article

A systematic review in select countries of the role of the pharmacist in consultations and sales of non-prescription medicines in community pharmacy

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Abstract

Background: Much has been studied in regard to non-prescription medicines (NPMs), but the impact of greater emphasis toward patient self-selection of such agents is still not well understood, and evidence in the literature might be equivocal.
Objective: The aim was to examine whether or not pharmacist interventions are important in the sale of NPMs and to summarize the evidence of pharmacists' contribution in maintaining patient safety and improving the quality of consultations involving NPMs.
Methods: Seven online databases were searched to identify the literature on studies conducted within the UK and in countries comparable to the UK reporting on consultations and selling of NPMs published between 1980 and 2013. All study designs except for quantitative surveys were eligible for inclusion into the review. The data extraction and quality assessment were performed according to the National Institute for Health and Care Excellence guidelines. The data extracted from the studies were analyzed and presented qualitatively.
Results: Eighty-three studies from an original 12,879 citations were included in this review. Just under half of the studies were published between 2000 and 2009 ($n = 38$; 46%). Thirty-three (44%) of the studies were conducted in the UK. The review showed that in terms of the contribution of community pharmacy staff in consultations for NPMs, non-pharmacist staff dealt with a large proportion of the consultations and pharmacists were usually involved in the consultation through referral from non-pharmacist staff member. Counseling was not consistently offered to everyone. Where counseling was provided it was not always of sufficient quality. Consultations were performed much better when symptoms were presented compared to when people made a direct product request. Pharmacists were reported to conduct better consultations than non-pharmacist staff. There was evidence to suggest that where counseling was appropriately provided this afforded the person a safe environment to utilize their NPMs.
Conclusions: Seeking methods to develop better engagement with customers accessing pharmacy services for NPMs is necessary to enhance the interaction between these two parties. Efforts to enhance the community pharmacy environment to bring about a more positive experience for people using pharmacy is needed at present and will be important if the model for the selection of NPMs is modified in the UK. More studies are needed to allow a better understanding of the impact self-selection may have on patient safety in the community pharmacy context.

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Introduction/background

The law surrounding supply of non-prescription medicines (NPMs) varies from country to country. In Australia and New Zealand there is a pharmacist category of NPMs (S3) that can only be supplied with the intervention of and counseling from a pharmacist. In the US, NPMs are freely available for self-selection on open shelves and in large quantities. In much of Europe medicines may only be sold from a pharmacy. Finland all counseling about NPMs must be given by a pharmacist. Under the current United Kingdom (UK) law, there are two categories of NPMs: General sales list medicines and pharmacy medicines (P), where supply of P medicines is only permissible only under supervision of a pharmacist. Various stakeholders, including the General Pharmaceutical Council (GPhC) are examining a proposal to permit self-selection of P medicines in UK community pharmacies. One key feature this decision hinges on is the assurance that patient safety will not be compromised by this proposed change which is likely to result in a large number of currently available P medicines being sold without the opportunity for a pharmacist to intervene. To gain an understanding of the possible impact this wider availability of P medicines may have in UK community pharmacies, a review of studies examining the current role that pharmacists play when undertaking consultations of NPMs was undertaken. The overarching aim of this review was to examine whether or not pharmacist interventions are important in the sale of NPMs and to summarize the evidence of pharmacists' contribution in maintaining patient safety and improving the quality of consultations involving NPMs. Implicit in these aims is the need to examine non-pharmacist staff roles in supply of NPMs. A secondary aim of this review was to identify the future research agenda.

The sale and supply of medicines in the United Kingdom (UK) is regulated by the Medicines Act 1986.[1] This act defines three medicine categories each with their own restrictions regarding the sale and supply of these medicines. Prescription-only medicines (POMs) can only be obtained from a pharmacy or a dispensing general practice surgery with a legal prescription written by a general practitioner or other suitably qualified health care professional.[2] Pharmacy (P) medicines are available without prescription but may only be sold from a registered pharmacy premise and the sale should be supervised by a pharmacist. The last group is the medicines on the general sales list (GSL). GSL medicines can be bought without a prescription and are available in any retail outlet.[1] Most of the new medicines entering the market start as POM, but after a few years a medicine may be reclassified (deregulated). Reclassification is normally requested by the company that holds the marketing authorization, but could also be initiated by other interested parties, for example, the professional body or community pharmacy chains. All applications concerning reclassification are evaluated by the Medicines and Health Products Regulatory Agency (MHRA). They investigate whether or not a medicine could be reclassified according to several criteria included in the Human Medicines Regulations 2012, regulation 62 (3) (POM to P) and regulation 62 (5) (P to GSL).[3]

Various stakeholders, including the General Pharmaceutical Council (GPhC), are examining a proposal to allow self-selection of P medicines in UK pharmacies, without the supervision of a pharmacist.[4] This move is being deemed necessary to allow patients better/easier access to medicines for the management of minor ailments. One key feature this decision hinges on is the assurance that patient safety will not be compromised by this proposed change.[5]

The primary aim of this systematic review was to identify and summarize the available evidence of the role pharmacists play in maintaining and guaranteeing patient safety and improving the quality of consultations for supply of P medicines, and to establish whether or not the intervention of a pharmacist is important in the sale of P medicines in community pharmacies. A secondary aim was to proffer a research agenda in this area of pharmacy practice.

Methods

Review team and review method

This systematic review is reported in accordance with the Preferred Reporting Items for