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52. THE ITALIAN AND BRITISH PHARMACY MODEL: A COMPARISON

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This study looks at the different methods and roles of Pharmacists in Italy and the United Kingdom. The investigation was prompted by personal experience gained during a curricular internship in summer 2021, as part of an Erasmus student exchange program at Browns Pharmacy¹, a group of 11 pharmacies in Birmingham, in the English Midlands, and completed in 2022 in an Italian Pharmacy. The results are reported in the form of comparative Tables.

Although Pharmacists in both Italy and the UK hold ultimate responsibility for the appropriate dispensing of medicines, delivery to the general public is conducted differently. In Italy, drug dispensing takes place on presentation of the patient at the Pharmacy with a detailed medical prescription. The Italian pharmacist has a wide range of operational tasks: checking the appropriateness of the prescription, personally dispensing medicines in compliance with the procedures established by Legislative Decree 219/2006², receiving payment, and subsequently sending the prescription to the local Health Authority for refund. In the United Kingdom, preparation and control of medical prescriptions generally take place *a priori*, before the patient comes to the pharmacy. In the UK, the Pharmacist is flanked by a Pharmacy Technician, not a qualified Pharmacist, who deals with the bureaucratic aspects of dispensing. On receipt of the electronic prescription³, the Technician applies the 'unwrapping principle' to prepare the exact dosage prescribed by the doctor in advance of patient presentation. The Pharmacist then checks that the prescription is consistent with the therapy and that the technician has prepared it correctly, signs the label on the prepared packages, which, on request, can be delivered to the patient's home. This well-defined distinction of roles within the U.K. pharmacy service allows the Pharmacist to focus exclusively on the therapeutic aspects of the prescription. Another particular feature Britain's pharmaceutical service compared to the Italian system is the preparation, on request, of so-called "Trays", containers in which the medicines prescribed are divided into individual dosages for each day of the week and into four time slots (morning, lunch time, afternoon and evening). A further significant difference between the two prescription management systems is the price of medicines. Set up in 1946 with the National Service Act⁴, the British National Health Service is based, like the Italian system, on the Universalistic Beveridge Model. However, while in Italy the prescription charge, or co-payment, varies according to the medicine, in the UK, all medicines and medical appliances under The Human Medicines Regulation Act 2012⁵ have a fixed charge of 9.35 pounds, for every medicine or appliance on the prescription. Prescription charges are paid, however, only by those patients not falling within any of the various exemption classes. Galenic formulations have not been prepared in British pharmacies since 2010, when the General Pharmaceutical Council⁶ was established as the main pharmaceutical regulatory body, almost completely replacing the Royal Pharmaceutical Society of Great Britain⁷. The management of Controlled Drugs (CDs) is very similar in both countries: regulated in Italy, by the Tables and Sections of D.P.R. 309/1990⁸, and in the UK, by Schedules in the 2013 Controlled Drugs Regulation⁹. Both systems require locked cabinet custody of certain drug categories, purchase in compliance with predefined procedure and documentation, and a Register of inbound and outbound drug transfer. Likewise, pharmacies in both countries supply self-diagnosis tests and vaccinations. However, UK pharmacies do not have a hospital/specialist medical visit booking system, an innovative service now offered by Italian pharmacies and part of the so-called "Pharmacy of Services" model.

1. <https://brownspharmacy.com/>; 2. <https://www.gazzettaufficiale.it/eli/id/2006/06/21/006G0237/sg>; 3. <https://digital.nhs.uk/services/electronic-prescription-service>; 4. <https://www.nhs.uk/>; 5. <https://www.legislation.gov.uk/ukksi/2012/1916/contents>; Gordon E Appelbe and Joy Wingfield – "Dale and Appelbe's Pharmacy and Medicines Law" Tenth Edition 2014; 6. <https://www.pharmacyregulation.org/>; 7. <https://www.rpharms.com/>; 8. <https://www.gazzettaufficiale.it/eli/id/1990/10/31/090G0363/sg>; 9. BML group and Royal Pharmaceutical Society – "BNF (British National Formulary)" Edition 81 March-September 2021; Royal Pharmaceutical Society – "Medicines, Ethics and Practice" Edition 43 July 2019; <https://www.legislation.gov.uk/ukksi/2013/373/contents/made>.