

THE ITALIAN AND BRITISH PHARMACY MODEL: A COMPARISON



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Comparative Tables on the different methods and roles of Pharmacists in Italy and the United Kingdom based on personal experience at Browns Pharmacy (Birmingham, England) and Farmacia di Santa Maria Nuova (Bertinoro, Italy)



Antiaen Covid-19 screening test

ply of medicines owned by hospital pharmacle

Theray preparation service ence of the laboratory for galenic preparation

Galenic formulations supply

Emergency supply

Online pharmacy

Patient consuelling

Packages unwrapping

Orders for missing products

Private prescriptions

ful managment and dispen of Controlled Drugs (CDs)

Table 7 of F.U. XII
les I, III, III, IV: substances of exclusive judicial interest, with strong

- Bispensing (Labelling) → Pharmacy Technician
- Checking → Pharmacist
- Collection or Delivery → Patient



Yes Only supplied to the patient

Yes TRAYS

No Medicines Act 1968 Regulation 10

Yes except for CDs of Schedules 2 and 3

ed charge of 9.35 pounds for each it

on the prescription unless the patient falls into one of the exemption classes Label with patient and medicine infor

Yes PATIENT INFORMATION LEAFLET
Yes "EPS"

VERY FREQUENT

Directive 2011/62/EU

For all types of medicines
Yes W.W.H.A.M.

offered by Universities

OWINGS

Yes Controlled Drug Regulation 2013

****/

«Locum» refers to a person who stands in temporarily for some else of the same profession People can attend a course to become pharmacy techinicians («dispensers»). An «accuracy checker» is a dispenser

who can also check the prescriptions Immunisations
Travel vaccinations
Children immunisations
Occupational health
Sexual health screening Emergency contraception Antibiotics supply for UTI ew Medicine Service (NMS)

TRAYS
Containers in which
the prescribed
medicines are
divided into
individual dosages
for each day of the
week and into four
time slots:
MORNING
LUNCH TIME
AFTERNOON

- From November 2019 digital-only introduced across England. Patients
 may choose to have
 a paper prescription
 if they do not want
 to specify a
 pharmacy.



PATIENT CONSUELLING

Practice Certificate in Independent Prescribing
This 40 credit Masters course (level 7) lasts 6 months and
comprises two compulsory 20 credit modules which are
taken consecutively and an overarching non-credit
bearing module that includes the period of supervised
learning in practice and portfolio. This course is currently
open to pharmacists, physiotherapists, podiotrists, nurses
mildwises, parameters and

managment and dispensing of Controlled of Controlled Drugs in Italy and the United Kingdom on the left. Main

highlighted.



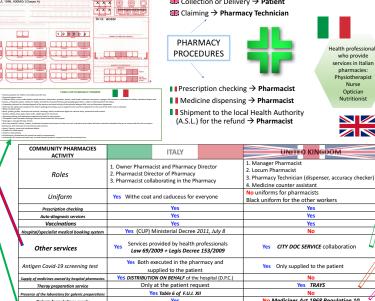


Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the cognition of professi qualifications



Conclusions

Finally, it has been shown that both ways of exercising the pharmaceutical profession are valid and efficient but, being able to draw the advantageous aspects from one and the other and unifying them, it would be possible to create a more effective and optimal territorial pharmaceutical assistance model for the patient.



Yes Ministerial Decree 31 Marzo 2008

Zero cost for the generics Law 405/2001 art. 7

"BOLLINO" presenting licence barcodes
Yes PACKAGE LEAFLET

Yes ON REQUEST
Directive 2011/62/EU

Not for prescription medicines

Yes
No only doctors and veterinarians car

prescribe medicines in Italy

National Tariff of Medicines all. B, note 3
Yes in the shortest possible time

Yes (es D.P.R. 309/1990

Drugs with narcotic and psychotropic action

Manufacture name ADD 4753037 Marketing authorization number «ALC»	/	_
The common logo for legally operating online pharmacies/retaile EU countries was first introduced by <u>Directive 2011/62/EU</u> Falsified Medicines Directive) as one of the measures to	(The fight	

NON-MEDICINAL PRODUCTS FOR HEALTH Medical Devices; in Vitro Diagnostic Medical

+ TABLE FOR OWNERS OF PHARMACIES

0

Devices; Cosmetics; Special Medical Foods; Foo

Total M points Sense I make dela richaria

as facilitiest modicines. It is up to EU countries, however, to mine the specific conditions for the retail supply of medicinal acts to the public.

Let be the public by the specific specific



BRITISH CLASSIFICATION OF MEDICINAL PRODUCTS
GENERAL SALE LIST (GSL) MEDICINES: medicines that can be sold in registered pharmacies but also in

other retail outlets;

IF PHARMACY (P) MEDICINES: medicines that can be sold from a registered pharmacy by a pharmacists or a person acting under the supervision of a pharmacist;

IF PRESCRIPTION-ONLY MEDICINES (POM): medicines that are generally subject to the restriction of requiring a prescription written by an appropriate practitioner

cines IHRA	Classification			: 3: minor stimulants and other drugs that are less likely to be misused than those in Schedi	ule :
		Section A: Buprenorphine, Codeine, Methadone, Alfentanil, etc.		renorphine, tamazepam, tramadol, phenobarbital)	
		Section B: Alazepam, Barbital, Aprobarbital, etc.		4 part I: most of benzodiazepines (e.g. diazepam), non-benzodiazepines hypnotic (e.g. zopi	icon
			and Sativex (a cannabinoid oromucosal mouth spray)		
				4 part II: most of the anabolic and androgenic steroids and growth hormones	
	1			: 5: preparations of certain CDs (e.g. codeine, morphine) that are exempt from full control v	wher
				n medicinal products of specificaally low strenght	
	CD register		Template		
			For Controlled Drugs Schedules 2, 3		
			Retention for 2 years from the last registration		
			Supply registration within 48 h		
		Local Health Authority's signature on each page	Pharmacist or technician's initials for each operation		
		Electronic register (D.M. 11 Maggio 2010)	Electroni	c CD register	
	Approved	Template	Template		
	requisition	For Controlled Drugs sections A, B, C	For Controlled Drugs Schedules 2, 3 2 copies (the original for the NHS and the copy for the pharmacy) Retention with the CD register for 2 years		
	form	4 copies (the original for the pharmacy and the copies for the supplier)			
		Every entry and supply to be written down	Every ent	try and supply to be written down	
	addiction				
T.C.		Authorization by Central Narcotics Office needed before the destruction		ation required before the destruction ('T28 exemption') for CDs Sch. 2, 3, 4 (part I)	
I.C.				destruction in the CD register	
		Fill the CD register	Authorize	ed witness required only for Schedule 2 CDs	
				Section 7	
ARNAC				Pharmacist	
(T		balan and		aroule 44	
2		n symbol on packages of			
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	& «Ove	er the counter» medicines	. >	Training as a pharmaciet 1. Adminsion to a course of training as a pharmaciet shall be continued upon possession of a diologia or certificity giving access.	
SPILEDS	85°	BEFORE BREXIT	. /	Astumina to a course of training as a pastuncin than be contagned upon possession or a cipatina or cartificial giving access, in a Member State, to the studies in question, at universities or higher institutes of a level secognised as equivalent.	
		BEFURE	ν	2. Evidence of fermal qualifications as a pharmacist shall artest to training of at least five years' duration, including at least:	
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		(a) for year of follows thereing and restrict training at a minority or at a higher justices of a lead recoming as	

AFTER BREXIT

Can a European registered Pharmacist work in a British registered pharmacy?

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43 July 2019; https://www.legislation.gov.uk/uksi/2013/373/contents/made.



Nothing has changed. Italian graduates in Pharmacy who are allowed to practice the profession of pharmacist can request their registration to the GPhC. Once obtained, they can work as pharmacists in the United Kingdom.

he Pharmaceutical Group of European Union (PGEU) is an independent non-profit association th represents the interests of community pharmacists in the European geographical area. Based in Brussels, the PGEU currently has 32 countries belonging to the European Union or the European conomic Area, of which 26 are «ordinary members» (including Italy) and 6 are «observer member (including the UK). Its main purpose is to promote the contribution of pharmacists to European health systems, to society and to individual patients. https://www.preu.eu/



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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 socalled "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 Reqister 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. &}lt;a href="https://brownspharmacy.com/">https://www.gazzettaufficiale.it/eli/id/2006/06/21/0066037/sg; 3. https://www.nhs.uk/s5.https://www.legislation.gov.uk/uks/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.pharmacyregulation.org/; 7. https://www.pharmacyregulation.org/; 7. https://www.pharmacyregulation.org/; 7. https://www.pharmacyregulation.org/; 7. https://www.pharmacyregulation.org/; 7. https://www.pharmacyregulation.org/; 8. https://www.pharmacyregulation.org/; 9. https://www.pharmacyregulation