Dispensing in Military General Practice

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SUMMARY: The author presents misgivings concerning the standards of dispensing in some military medical centres, and some ideas for their correction.

Introduction

The recent publication of the Annual Report of the Medical Defence Union has produced a list of errors in dispensing which have led to litigation against doctors. In September 1981 the Pharmaceutical Journal² indicated many of the types of error which appear commonplace, under the title of "Drug-delinquent Doctors."

Doctors who work in prescribing practices are responsible for the prescribing and dispensing of medications to those patients in their practices. This subject was discussed in some detail at the General Practice Trainers' Conference, held at Sennelager in Germany in September 1981, when concern was expressed that dispensing in some military practices may not be of a sufficiently high standard.

It was thought useful to reflect on the abilities of those dispensing medications in military general practices, and to consider recommendations.

Civilian Dispensing General Practices

Some civilian general practices are located over an accepted distance from the nearest dispensing chemist. This distance is specified by the local Family Practitioner Committee. Such practices may apply to the Family Practitioner Committee for authority to dispense directly to patients.

Section 66 of the Medicines Act³ empowers the Government to make recommendations to control the standards in general practice pharmacies. Up to the present, no such regulations have been made. However, pending probable issue of regulations under the Medicines Act, the Council of the Pharmaceutical Society has drawn up a guide to good dispensing practice⁴. In the opening paragraph it states that "the general practice pharmacist is the last link in the chain which is designed to ensure the quality, safety and efficiency of all medicines delivered to the patient."

In a single handed practice the doctor may dis-

pense all his own prescriptions. In larger practices it is usual to employ a dispenser, this person may not have any prior knowledge of the job, however the doctor can interview candidates before employing them. He will then be aware of the person's background and can usefully spend time on giving training, as he can expect a useful period of several years employment in the practice.

The likely candidate is the middle-aged lady, who may have gained two or three 'A' Level passes, but did not have the opportunity to use these or go to university. Her children may now all be at school, and she is probably from the local community.

From this description it is evident that the dispenser is likely to be an intelligent responsible person, well known to the patients in the practice and whom the doctor can readily trust with the task of dispensing. It is not necessary for this person to have a detailed knowledge of pharmacology to be safe and effective.

The Medical Defence Union is unlikely to dispute the fact that ultimate responsibility for dispensing to the patient lies with the doctor.

Dispensing in Military Practices

Practices in or near military hospitals will have the benefit and advice of a university trained pharmacist, who is very capable of accepting the responsibility for dispensing within his sphere of influence.

Large group practices in the Army sometimes have an RAMC-trained dispenser, Class 1. He has spent:-

- Six months at the School of Dispensing at the RAMC Training Centre.
- 12 months working under supervision in hospital.
- One month at D MED Ludgershall.
- Four months more at the School of Dispensing.

The regulations for his training are detailed in TTO MEMORANDA, Dispenser⁵. He is fully prepared for his responsibilities.

The smaller practices may be lucky and employ a qualified nurse, whose training will have given knowledge of the principles of dispensing and who will only require a little guidance and supervision by the doctor. Alternatively, they may have an RAMC medical assistant or a regimental medical assistant. In either case, these will have had training at the RAMC Training Centre. However, it is evident from the training objectives for medical assistants in the Manual for Medical Assistants⁶ that there is no training in interpretations of prescriptions and supply of medicines and drugs to patients for Classes 2 and 3, only for Class 1.

Despite advice to the contrary, regiments sometimes send their soldiers with least ability for RMA training. These will return and man the regimental aid post. In a small garrison it is these men who will be found dispensing medicines at the medical centre. Indeed they are often given this responsibility without any medical training at all, and sometimes they are allowed to remain only a matter of weeks before being moved to another regimental job. It was the feeling of all those attending the Trainers' Conference at Sennelager that it was often difficult for the Regimental Medical Officer to shoulder his responsibilities under such circumstances, and to maintain adequate control of the safety of dispensing.

Requirements in Peace and War

In the case of dispensing medicines to patients there must be no difference in the standards required whether in peacetime or war. The dangers to the patient are the same, and indeed, the likelihood of mistakes being made is probably greater under the stress of active operations.

Discussion

In civilian general practice the doctor has correctly accepted responsibility for his dispensing staff. However, he can choose his dispensing staff, arrange their training and maintain their standards. It seems

likely that these standards may be enforced by implementation of appropriate regulations.

The same responsibilities and standards should apply to military general practice, both in peacetime and war. At present the onus upon military doctors to accept their responsibilities is very great. They have little choice in or control over men employed in the medical centres and these men may have little knowledge of dispensing. The present courses for both RAMC medical assistants and regimental medical assistants at the RAMC Training Centre do not include training in dispensing for either Class 2 or Class 3.

To help remedy this, commanding officers of all units should be aware of the need to have men of the highest possible calibre allocated to their medical centres, where they may be required to undertake the dispensing of medicines. In addition the RAMC Training Centre should put more emphasis on the fundamentals of dispensing in the courses for medical assistants Classes 2 and 3.

It is recommended that medical assistants, when at the RAMC Training Centre, should receive an increase in training in dispensing. This would then enable the smaller training practices to have medical assistants satisfactorily trained and then keep one step ahead of likely changes in regulations by the Government. It is also recommended that more RAMC dispensers are trained and posted to the larger group practices within the Army, to maintain high standards and enhance these practices from the general practice vocational training point of view.

Unit medical officers should continue the education of these men and maintain the necessary standards in peace and war. Of course this will be made easier if the men, once chosen, trained and found satisfactory, can remain responsible for dispensing medications for as long as possible.

REFERENCES

- 1 Annual Report of the Medical Defence Union 1982
- 2 PHARM J. September 12 1981: 276.
- 3 Medicines Act, Section 66.
- 4 PHARM J. August 18 1979: 157.
- 5 TTO MEMORANDA. Dispenser, 3/Disp.
- 6 Manual for Medical Assistants of the RAMC Supplement No 3.