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IS EXCELLENCE ACHIEVABLE?

Helping pharmacists achieve excellence is what the Royal Pharmaceutical Society says it does, but is excellence achievable? One pharmacist argued recently in *The Journal* (6 July, p32) that excellence is a transitory state; it can (and should) be striven for, it can be obtained — occasionally — (and should be celebrated when it is) but it cannot be maintained continuously.

Another problem with excellence is whether it can apply to all. If all pharmacists are excellent, are some not more excellent than others? And if all pharmacists are excellent, does excellence simply become the norm?

The pursuit of excellence has relevance in the debate over continuing professional development. A survey of pharmacists in Northern Ireland (see p89) found that many supported CPD but few believed they had time for it. The were in favour of mandatory CPD but did not want to be disciplined for failing to make the grade. Perhaps a belief that CPD means that excellence must be achieved and maintained at all costs might be behind this.

A senior figure in the railway industry was recently quoted as saying: "I'm not interested in immediate best practice, but I do want consistency of 'rather better' practice than we have got at the moment. My biggest prize in the short term is eliminating bad practice. We will move the weighted average performance up much quicker by stopping doing bad things rather than pretending we can strive for the very best immediately."

These comments have a resonance for all. One practical and helpful way of introducing realistic CPD might be to concentrate less in the short term on saying "What good things did I do or learn today?" and look rather at "What bad practices or habits did I stop doing today?"

YELLOW CARDS AGAIN

The 6 July issue of *The Journal* carried a number of items about the yellow card scheme for reporting adverse drug reactions, and we carry another article in this week's issue (see p109). It reveals a low level of understanding among pharmacists about what they can and cannot report, echoing much of what Dr Edmund Mason from the Medicines Control Agency wrote on 6 July (p25). However, this week's article carries a checklist that every pharmacist can quickly read, photocopy and pin up in the workplace. Lack of knowledge is one thing, but these "key messages" should give many pharmacists greater confidence to reach for those yellow cards.