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ESSENTIAL LINK IN THE HEALTH CARE CHAIN

Crystal ball-gazing is a dangerous sport; the more sure you are that something will happen, the more likely you are to be left with egg on your face. However, *The Journal* is convinced that 2003 will see the beginnings of a real change to pharmacy practice with the first pharmacists writing their own prescriptions by the end of the year. So we make no excuses for devoting much of this issue to the challenges that lie ahead (pp7–8 and 19–27).

The challenge most likely to cause short-term headaches is training. Although the broad outline of what the curriculum will need to cover is now established, how training will be carried out in practice is far from clear. As our news feature (p7) suggests, many basic questions still need to be addressed, such as where will training take place. Another issue that still needs clarification is how funds for training are to be made available and who will foot the bill to cover pharmacists' existing responsibilities while they are being trained. For these reasons alone, it is likely that the first supplementary pharmacist prescribers in England will be found in hospitals or working directly for primary care trusts. In Scotland, things may move a little faster for community pharmacists, although in Wales the pattern is likely to be more English in nature.

But these difficulties should not be seen as anything more than teething problems. Within a couple of years, there will be well over 1,000 pharmacists prescribing — in all parts of the United Kingdom and in all branches of pharmacy. Many pharmacists will rightly argue that it will be nothing new — that every time a patient is sold a pharmacy medicine, the pharmacist is prescribing. But there will be a critical change in emphasis that will make all the difference. And it will come from patients.

Although pharmacist prescribing may be slow to catch on, as the years pass increasing numbers of patients will appreciate the clinical contribution that pharmacists make. Once a doctor has determined what the matter is, patients will be referred to a pharmacist for the next stage of their care. Because of this, patients will understand that pharmacists are much more knowledgeable than doctors when it comes to prescribing the right medication. Patients will also begin to be aware that pharmacists give them far greater support than previously offered and that if they suffer side effects someone with a real grasp of the facts will be able to sort them out.

As the vast majority of interactions with the health service end with a prescription, this enhancement in the clinical role of pharmacists and the fact that they are set to become an essential link in the health care chain should give the profession the respect that so many crave.