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SUPERVISED PRACTICE AND PRESCRIBING

Pharmacists who train to become supplementary prescribers will have to become used to a new way of learning — “supervised practice” — according to this week’s news feature (p46). This will involve working alongside another health professional to develop the skills required for prescribing, by copying and practising.

The relationship between the supervisor and pharmacist will be the key to the success of the pharmacist’s training, but finding an appropriate person to be the supervisor will be no easy task.

And pharmacists may find this style of training particularly challenging because, unlike other health professions, pharmacy has not yet developed a strong mentoring culture. In medicine and nursing, for example, as well as many other groups outside the health sector, it is common for an individual on the lower rungs of his or her career ladder to have a professional relationship with a person higher up. This senior figure (or mentor) may be part of the same organisation or in an entirely different company, but the mentor, wherever he or she is based, is there to offer support and advice on a regular basis either face to face, by e-mail or by telephone.

It is a matter for regret that when the National Association of Women Pharmacists offered such a mentoring service a few years ago, it was not particularly popular, as an article on p57 describes. It is hard to believe that many pharmacists would not benefit from mentoring in the way that other health professionals have done. Is it because they are unaware of what is on offer, or is it a deep-seated reluctance to seek advice because pharmacists believe they are expected to know all the answers? In the hope of encouraging greater uptake of mentoring, *The Journal* would like to hear from pharmacists who have experienced it.

ROBOTS IN THE VALLEYS

Robots may not actually be marching up and down the valleys like in some remake of *Doctor Who*, but automated dispensing systems are to become the norm in Welsh hospital pharmacies following a decision by the National Assembly to earmark £500,000 for the first wave of an all-Wales project (see p39). Although automation has already made an appearance at a number of individual hospitals in England, this is the first time that a national co-ordinated project has been considered. As such, it is a clear sign of devolution in action. Both Wales and Scotland are now setting their own priorities and moving slowly but surely away from the direction of travel in England.