

Singing in unison

For once, the pharmacy bodies seem to be singing from the same song sheet. What they are singing about is the consultation carried out by the Medicines and Healthcare products Regulatory Agency and Department of Health on proposals to introduce independent prescribing for all UK pharmacists, which comes to an end next week.

The leading bodies approached by *The Journal* all draw the same conclusion that pharmacists should be able to prescribe from a full formulary and for any condition, provided they prescribe within their own areas of competence (p607).

This is the only realistic position to adopt. Community pharmacists are already experienced independent prescribers of any pharmacy medicine sold — after a customer

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describes a set of symptoms which the pharmacist does not believe requires a GP consultation for a prescription-only medicine. In addition, pharmacists involved in many of the minor ailments schemes, for example, are independently prescribing, as are, to some extent, those pharmacists who supply medicines under patient group directions.

Since many GPs opted out of their out-of-hours responsibilities in April and practices are now closed at weekends, there is an even greater imperative to give pharmacists the freedom to prescribe independently.

Although, in theory, pharmacists are entitled to sell emergency supplies of prescription-only medicines (“Medicines, ethics and practice”, vol 28, July 2004, p12) it is not always easy for patients to obtain supplies this way. How much time and resources might be saved if patients knew that their local pharmacist would be able to help them promptly instead of, say, their having to go to the local accident and emergency department?

The limiting factor for all this will be pharmacists’ ability to be primary diagnosticians. Some specialist hospital pharmacists may have the opportunity and access to appropriate tests to develop the skills and expertise to be able to diagnose and prescribe within a particular clinical discipline. Community pharmacists, like GPs, are generalists and tend not to become involved in the management of complicated or tricky medical conditions. But in the way that medical consultants can make a primary diagnosis and the GP then prescribes the appropriate medicine, there is no reason why a GP cannot make the primary diagnosis and a pharmacist decide on the best medicines for a patient. There are training and clinical governance issues to be considered but, in this instance, independent prescribing in many ways is more straightforward than supplementary prescribing. If there is the will, a way should be found.

Editor and editorial director

Olivia Timbs
Tel 020 7572 2414

Deputy editor

Andrew Haynes, MRPharmS
The Society section
Tel 020 7572 2421

Managing editor

Graeme Smith, MRPharmS
Letters and other contributions
Tel 020 7572 2426

Assistant editor

Michael Thompson
Editor — PJ Online
Tel 020 7572 2428

News editor

Harriet Adcock, MRPharmS
Tel 020 7572 2415

News and feature writers

Dawn Connelly, MRPharmS
Tel 020 7572 2427
Tom Moberly
Tel 020 7572 2417
Hannah Pike, MRPharmS
Notice-board
Tel 020 7572 2430

Contributions editors

Gemma Cleveland
Reviews
Tel 020 7572 2416
Lin-Nam Wang, MRPharmS
Continuing professional development
Tel 020 7572 2413

Production editor

Christopher Icha

Website controller

Gowan Clews
Tel 020 7572 2418

Personal assistant to the editor

Emma Kerby-Evans
Tel 020 7572 2414

Administrative assistant

Pauline Heslop
Branch meetings, copyright, permissions
Tel 020 7572 2422

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