

Great expectations

Crystal ball gazing is notoriously difficult. That does not mean that the process is not worthwhile, if only because it gives us the opportunity to take stock of the present and to decide what things are working, what things can safely be consigned to history and what things are valuable but require development.

The decision by the Council of the Royal Pharmaceutical Society to launch a consultation into the future of pharmacy — “Pharmacy 20:20” — and to develop a socially responsible vision of where pharmacy will be by the year 2020 (p277) is a case in point.

“Pharmacy 20:20” is the child of “Pharmacy in a new age” (PIANA), which was launched in 1995 and which is widely thought to have made a significant contribution to the development of the political pharmacy agenda over the past decade.

The hardest part for the crystal ball gazers will be deciding how far technologies will develop by 2020 and what impact they will have on the profession and patients.

Fifteen years ago, did anybody really understand that information and communication technologies, for example, would have changed as much as they have done? Will there be developments in the next 15 years that are beyond even the wildest imaginings of science fiction writers?

Will a combination of nanotechnology and genomics completely change the way medicines are developed, prescribed and administered?

These are just a couple of the issues that might be considered. There will be a great deal riding on the back of “Pharmacy 20:20” since there will be expectations both in government and the profession that it can play as significant a role as PIANA has done.

An obstacle to error reporting remains

It is human nature to try to avoid taking the blame when something goes wrong. Researchers at the University of Manchester have found that community pharmacists and their support staff do not like reporting their mistakes to national bodies such as the National Patient Safety Agency (p254).

This seems to contradict the findings of the NPSA itself, which has been working hard over the past three years to encourage a no-blame reporting system and has figures to prove that reports are on the increase.

For pharmacy, there is an obstacle built into the system that no amount of encouragement will overcome: the Medicines Act 1968. As long as the reporting of a dispensing error might lead to criminal charges the full scale of errors will remain unclear and the development of systems to overcome them will remain imperfect.

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