

# Is your balance right?

Of those pharmacists in England and Wales who have now got to grips with undertaking medicines use reviews, many may be reflecting on the quantity and quality of their work. Some pharmacists seem to have taken to the service with ease and have found MURs a rewarding professional exercise.

However, some feel under pressure to complete the maximum number for which they will be remunerated (up to 400 for the past year; the limit for 2007–08 yet to be announced). Anecdotal evidence suggests that the larger multiples may have an expectation that their staff will do their full quota. Other pharmacists do not understand how any professional person can possibly reach that target and find that undertaking an MUR is much more time-consuming than they were originally led to believe. Yet others look on and have still to take the plunge. Why is there such a variation in response?

Part of the answer may be found in this week's **News feature** (p451) and in **Meetings** (p465): an MUR should not be confused with a clinical medication review. MURs should be beneficial and efficient. Patients can be given advice on why a particular medicine should be taken in the morning and not in the evening, for example, or their inhaler technique can be checked and a suggestion made for improving it — all done and dusted in about 15 minutes. Too much emphasis on clinical issues and the medicines usage element is swallowed up in discussions that may be more appropriate for a pharmacist who is a supplementary or independent prescriber — or even a GP. This is not to suggest that pharmacists should not pick up clinical problems and take appropriate action if necessary, but they should remember that they are not being paid to conduct clinical reviews as an advanced service and should focus on what they are being paid for. It will be interesting to see how pharmacists in Scotland, about to be paid for a similar service, will fare (p447).

## How to avoid becoming a fossil

In the *BMJ* for 7 April (p724), Nigel Hawkes, health editor for *The Times*, writes a provocative wake-up call for the medical royal colleges: "The royal colleges must up their game — or die." He argues that, with a couple of exceptions, they have been supine in reacting to the expectations placed on them by the changes in medical regulation. While they provide the framework for postgraduate education, bolstered by examination fee income from doctors at home and abroad, they do little else. And then comes the sting: "British organisations tend to follow a pattern. Formed to promote shared interests, they enjoy a vigorous and effective youth, a mature but more compliant middle age, and sink finally into a dotage, where they simply exist," declares Mr Hawkes. As examples he lists some of the City livery companies, including the Cordwainers and the Plaisterers.

The message for pharmacy is to ensure that as the profession pursues its own plans for a royal college it does not reject any activity today that might underpin its influence tomorrow. Otherwise there is a danger that the royal college might eventually "join the City fossils", whereby, like them, it will "do no harm and provide much innocent enjoyment".

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