

PHARMACIST PRESCRIBING — FROM CONCEPT TO REALITY

By Gareth Jones, MRPharmS

Supplementary prescribing training is not being tailored to meet the needs of pharmacists, and the requirements of the clinical management plans, the bedrock of supplementary prescribing, are grey. These were some of the views expressed at the *Hospital Pharmacist* conference by pharmacists on the supplementary prescribing courses, which demonstrated that many issues are still unresolved in this latest advancement in pharmacy practice. Other opinions expressed suggested that the new legislation and training attached to pharmacist prescribing is required just to legitimise what is already widespread practice in hospitals, and its purpose is simply to plug the current significant gaps in the medical workforce. On a more positive note, much was said about how pharmacist supplementary prescribing can contribute to patient care.

This year's conference brought together pharmacists from around the country with people who shaped the concept of pharmacist prescribing, such as Dr June Crown, representatives of government and the Royal Pharmaceutical Society and one pharmacist representing those who are currently training and will be prescribing for their patients within the next few months. The intention was to answer questions such as "why should pharmacists prescribe?", "how will patients and hospitals benefit from having pharmacist prescribers?" and "where is supplementary prescribing taking the profession?"

The driving force behind pharmacist supplementary prescribing is a desire for

patients to have an improved access to health care staff, a better quality of care, greater convenience and increased choice. From the point of view of the National Health Service, extending prescribing rights to pharmacists helps meet the goal of making better use of the skills of the workforce.

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At the British Pharmaceutical Conference in September 2003, Health Minister Rosie Winterton said that supplementary prescribing for pharmacists was a watershed. "Supplementary prescribing by pharmacists offers huge potential to improve patient care, particularly for people with long-term conditions, by making much better use of pharmacists' skills," she said.

Further support for pharmacist prescribing is given in "A vision for pharmacy in the new NHS" and "Pharmacy in a new age".

Clinical management plans set out the treatment plan, and are agreed by the patient, the supplementary prescriber and the independent prescriber

(usually the diagnosing clinician). They will set out how the patient will be managed, list the circumstances under which patients should be referred back to the independent prescriber and describe the responsibilities of the supplementary prescriber. Concern has been expressed that the first supplementary prescribers are leaving themselves open to legal action if courts do not recognise the legality of the clinical management plan under which they prescribe. However, clear advice and examples are available from the Department of Health website (doh.gov.uk/supplementaryprescribing) with further examples being provided by the London supplementary prescribing for pharmacists project team (available at www.druginfozone.nhs.uk).

Over 150 pharmacists in Great Britain are enrolled on current courses, the majority working in hospitals. The end point of accreditation as a supplementary prescriber should be the same for both nurses and pharmacists. But is it realistic to accredit courses to take both nurse and pharmacist trainees? The skills of the two professions are quite different, as demonstrated by the entry level training. Nurse training of pharmacology varies at different institutions from a few hours up to 100 hours.¹ Compare this to pharmacists who have a much deeper and broader understanding of pharmacology, which is a core element of the four-year undergraduate degree. There are, of course, skills required to prescribe in which initial nursing training equips nurses better than pharmacists. How, therefore, can the training be focused and relevant when it is being delivered at the same

time to two disparate professions?

Looking further forward, pharmacists may be in the position to prescribe independently. Hospital pharmacists are accustomed to altering and stopping prescriptions and writing discharge prescriptions, but will they have the opportunity to do much more? It must therefore be asked whether the new prescribing role, while it may bring training, recognition and legitimacy to practice, is anything new.

Will pharmacists prescribe any better than doctors? There is currently little published evidence that pharmacists can prescribe even as well as doctors. It will therefore be important for further developments in the field of pharmacist prescribing that clear evidence is generated to demonstrate its safety and efficacy. Unless pharmacists can show that they are better than other health professionals at prescribing, then, in taking on prescribing roles, the profession may be moving in a direction where pharmacists no longer have a unique feature to differentiate themselves from others.

The outstanding question, however, remains. Is pharmacist supplementary prescribing just about covering workforce gaps in the health care system, or does it offer tangible benefits to patients? Only when the pharmacists currently training start to undertake their roles in the new year will the answer become clearer.

REFERENCES

1. Leathard HL. Understanding medicines: conceptual analysis of nurses' needs for knowledge and understanding of pharmacology. *Nurse Education Today* 2001;21:266-71.

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