

# A survey of junior doctors' attitudes towards pharmacists and how their interaction can be improved

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**AIM** • To assess the attitudes of junior doctors towards pharmacists and how interactions between doctors and pharmacists can be improved.

**DESIGN** • Semi-structured interviews with preregistration and senior house officers.

**SETTING** • Two NHS hospitals within the same trust in England.

**RESULTS** • 22 doctors (18 preregistration and 4 senior house officers) were interviewed. All found the input from pharmacists helpful. Most doctors would like more interaction with pharmacists to help improve their prescribing.

**CONCLUSIONS** • Pharmacists are recognised as having an important role in the clinical management of patients. Doctors value their work and would like them to play a greater role in their continuing education.

By 2005, the Department of Health aims to reduce serious complications relating to drug treatment by 40 per cent.<sup>1</sup> This target is spurred on by the fact that some of the most common adverse events in hospital patients are problems arising from drug treatment.<sup>2</sup> The Audit Commission highlighted, in "A spoonful of sugar", that a good clinical pharmacy department is essential in the attempt to reduce the risk of medication errors and adverse events in hospitals.<sup>3</sup> The Commission also recommended that pharmacists should play an active role in a multi-disciplinary clinical team.

The reasons for prescribing errors have been extensively explored,<sup>4,7</sup> and errors may occur in up to 5 per cent of prescriptions.<sup>7</sup> Most often these errors are related to the prescriber not having immediate access to relevant information relating to the drug or to the patient.<sup>5</sup> The involvement of pharmacists has reduced such errors and saved money in drug prescribing.<sup>8,9</sup> Pharmacists should no longer be seen as just dispensers of drugs. Their role should include initiating and monitoring medication, and suggesting alternatives if appropriate.<sup>10</sup>

It is unclear what doctors think about the ever-expanding role of pharmacists, given that prescribing has traditionally been the domain of doctors. This study assesses the attitudes of junior doctors towards pharmacists and how the interaction between them can be improved.

## METHOD

From December 2001 to July 2002, 22 junior doctors (18 preregistration and four senior house officers) were questioned on their working relationship with pharmacists in a semi-structured interview. Their responses were immediately transcribed on to a formatted proforma. The interview concentrated on their interaction with pharmacists and how this could be improved. All

of the doctors came from the same National Health Service trust in England and their names were obtained from a list provided by the trust's personnel department.

Junior doctors were chosen because drug prescribing is usually delegated to the most junior members of the medical team. In addition, they tend to have the greatest contact with ward pharmacists. The role of the ward pharmacist is to examine drug charts for prescribing errors and, where needed, highlight any errors or pharmaceutical alterations to the prescriber (usually as a note attached to the drug chart).

**Statistical analysis** SC grouped similar responses from the interviewees. The transcripts were then coded by SC and confirmed by CC. Any difficulties regarding coding were resolved through discussions among the authors of this paper. The data were transferred on to a statistical software package, SPSS 11.0, for data analysis and interpretation.

## RESULTS

**Amount of interaction with pharmacists** All 22 doctors appreciated the presence of a pharmacist on their ward. Six doctors thought that they could be less diligent in their prescribing because they believed any mistakes were most likely to be detected by pharmacists. However, 16 out of the 22 doctors would like more personal interaction with the ward pharmacist rather than just reading a note attached to the drug chart.

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This would allow them to ask about the need for certain changes and put further drug-related questions. However, 11 doctors found it was not easy to have regular contact with pharmacists because they were not on the wards at the same time. Furthermore, all the doctors agreed that they should be informed by notes rather than being "bleeped". Fourteen doctors were occasionally annoyed when pharmacists questioned a new drug prescription, especially if it was written following advice from senior doctors. Eight of the 14 believed that this infringed their autonomy to prescribe. Five of those surveyed wondered who monitored the pharmacists.

**How could pharmacist improve your drug prescribing habits?** Twenty doctors believed they had insufficient feedback on their drug prescribing practice. A total of 12 doctors stated that they would prefer a pharmacist to teach them about drug prescribing, seven specified a senior doctor, two believed they needed no further information and one was unsure.

Thirteen of those surveyed believed that pharmacists had greater knowledge concerning drug treatment than their consultants, especially when the medical condition was not within the consultant's speciality. A total of 15 would be happy to attend regular prescribing tutorials, however, five would be unable to attend due to unavoidable commitments and two were unsure.

A majority of those interviewed agreed that a pharmacist should accompany ward rounds. One said that the inconsistency of prescribing among medical teams, even within a team, was confusing and hoped a pharmacist would resolve this.

## DISCUSSION

If the "6R" approach — right person, right drug, right dose, right route, right frequency and right date — to prescribing drugs is

performed in every case, then prescribing errors would decrease greatly.<sup>11</sup> Nevertheless, errors will continue as a result of human nature.

Some have suggested that doctors need to improve their prescribing knowledge and eliminate their sometimes lax attitude towards prescribing.<sup>12</sup> Gaps in knowledge were indeed highlighted in this study. Many of those questioned believed that this could be rectified with greater advice from pharmacists. The majority were of the opinion that pharmacists were the most appropriate people to correct this deficiency. This is probably because pharmacists were regarded as the "drug experts". It also became clear that some doctors would like additional tutorials on prescribing. It is debatable whether these tutorials are necessary after graduation, since such knowledge should have been acquired during the five/six years at medical school. A possible solution would be to encourage newly qualified doctors to undertake formal prescribing training, similar to those programmes used by pharmacists and nurse prescribers.<sup>13</sup>

As medicine progresses, it becomes increasingly difficult to keep abreast of all the latest treatments and protocols. This may be the reason for the confusion among some doctors concerning the inconsistency of prescribing patterns of different medical teams. Understandably, some doctors believed that a pharmacist joining a ward round would help resolve these problems.

Furthermore, with the increasing specialisation of medicine, there are fewer doctors who truly practise general medicine. As a consequence, they become less aware of the latest treatments outside their speciality.<sup>14</sup> One should also appreciate that each different medical team may have a different treatment ethos, and pharmacists need to respond accordingly.

This study involved a relatively small number of doctors within one NHS trust, which makes generalisation difficult. However, it is likely that this trust has doctors and pharmacists who are representative of other hospitals. The doctors surveyed believed in greater interaction with pharmacists and all valued their input. Nevertheless, some believed that pharmacists challenged their authority, which may lead to disharmony in the working relationship. Some doctors contradicted themselves by saying that they would like greater personal contact with pharmacists but would rather not be "bleeped" by them.

Pharmacists have an essential role in reducing the frequency of prescribing errors.<sup>15</sup> However, it is likely that any increase in their commitments will impact on their ability to detect such errors.<sup>16,17</sup> This is compounded by the significant shortage of pharmacists in the UK. Subsequently, it is important that the monitoring role of pharmacists is protected, especially when some doctors assume someone else will detect their mistakes.<sup>6</sup> It is clear that doctors value pharmacists and would like them to play a greater role in their education.

*This paper was accepted for publication on 23 December 2002.*

## Panel 1: Examples of the doctors' responses

### INTERACTION WITH PHARMACISTS

"I don't have very much personal contact with them [pharmacists] even though I see them a lot on the wards. All they seem to do is just leave little notes for us [doctors] on the drug charts so we can read them and correct whatever they want . . . or sometimes not. It would be better if we could actually speak to each other from time to time, which would make a better working relationship."

"It's like 'them and us' [pharmacists and doctors] . . . I'm sure that we're not too busy to spend time just chatting to each other. They just look at the drug charts and then disappear off the wards."

### DILIGENCE OF PRESCRIBING

"There is not much point worrying about the interaction of a drug or its dose because you know that any problems will be picked up by them [pharmacists]."

### TEACHING FROM PHARMACISTS

"All we [pre-registration house officers] get from the pharmacists is one hour of formal teaching on how to prescribe during our six months here . . . it would good to get more because I didn't get much at med school."

"It would be good to get the pharmacists to join us on the ward rounds since drugs have such a large part to play in patient management. Also the pharmacists can tell the consultant he shouldn't be prescribing certain drugs instead of us [junior doctors] who are just being told what to do by them [consultants] anyway."

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