

# Learning from nurse prescribing

The debate on extending formal prescribing rights to pharmacists will continue for some time. It is readily accepted that a number of key aspects require to be resolved before the process becomes a reality. However, the concept requires careful nurturing and promotion at this formative stage, if only to convince sceptics of its real advantages and to maintain the necessary level of interest and enthusiasm among supporters along the way.

The path to an extended prescribing role for pharmacists will throw up considerable obstacles but these should not come from within the profession itself. Clearly nurses do things differently and we may well glean valuable lessons from the nurse prescribing agenda that could inform our process. Certainly we should not seek to belittle the efforts of those pharmacists venturing forth on this pioneering challenge.

The recent *Pharmaceutical Journal* editorial, "Learning from nurse prescribing" (*PJ*, February 24, p237), raised a few interesting points, particularly in the statement: "Those who think that prescribing will place them alongside doctors, raise their status in the eyes of patients and other professionals and transform them into a 'true' clinical profession are heading for disappointment." These issues appear to contradict the comments raised in an earlier editorial on "Pharmacist prescribing" (*PJ*, February 10, p173) and are worthy of fuller consideration. Pharmacists will be well aware of their responsibility, enshrined in the Code of Ethics, to keep abreast of changes in pharmacy practice and to demonstrate competence as effective practitioners. Yet the article appears to obstruct efforts to promote and demonstrate professional competence and an attempt to embrace future developments.

I sense we have less to fear from the medical profession as its members struggle with an ever-increasing workload and demands on their time. Doctors could be convinced of the real merit in sharing in a greater degree of responsibility for patient care with pharmacists. Positioning pharmacists alongside doctors may be an ambitious aspiration at the outset, more perhaps the desired endpoint, but not the initial goal. The eventual determinant will likely be the patient or their carer, and we may be best directed to engage with their representative bodies if we are positively to influence the end result. Inference of a competitive nature to these developments, from the pharmacy perspective, is not helpful. The respective professions are complementary to each other and debate on

By D. A. M. Thomson

future prescribing rights should engage representatives of all the organisations involved.

The profession of pharmacy is already well respected, enjoying a high level of status among patients and professionals alike. Our ability to provide accurate information on a wide range of medications and ailments is indicative of our specialised training. Clinical pharmacy is an increasingly important component of our service and is one area where we can demonstrate a marked degree of expertise. However, nothing should be taken for granted. This specialism, unique to pharmacy and essential in the care of our patients, is often treated as a closely guarded secret. We desperately need to

promote our expertise and convince others that the introduction of this type of new development would radically improve the care of patients. As proposed changes in the National Health Service start to materialise, there is a real risk of developments happening around us without our involvement. As a consequence, new services could develop without pharmacy participation. Observation of pharmacy provision elsewhere, particularly on the continent, suggests that a more proactive and assertive approach be adopted in seeking involvement in the redesign of the health service.

The article goes on to claim, "It is more realistic to see pharmacist prescribing simply as an element of medicines management that is not important in its own right." It may be more appropriate to consider the antonym in that it would be unrealistic to consider this development as unimportant. Medicines management is an integral component of

pharmaceutical care. Effective and positive promotion of pharmacist prescribing could so easily advance this and related developments.

The opportunities afforded to the profession from Government devolution, and increasingly diverging health services, allows similar developments to progress at a varying pace within each constituent country. The consultative document on "Proposals to extend nurse prescribing in Scotland" is only one of a growing number of examples. Commitment has been given in the Scottish Health Plan, "Our National Health", to develop pharmacy prescribing with equal emphasis given to both of the main strands of the profession. Indeed, far from being a lower priority in primary care, a number of pilot projects, allowing the direct supply of prescribable over-the-counter prod-

ucts from community pharmacies, are currently operational, and more will follow. Also within the plan, a commitment is given that current developments, including the model schemes for pharmaceutical care, will be extended to include chronic conditions and will support arrangements to allow pharmacists to prescribe a broader range of medicines, conduct medication reviews and monitor certain treatments.

Increasingly within the profession there will be a need to communicate and share examples of good practice more effectively. An awareness of developments within constituent countries would also inform the debate. Possibly, if the respective health plan publications had featured to the same extent in the pharmaceutical press and had an equivalent weight of endorsement, then we might all be better informed. Perhaps consideration should be given to a more effective devolution of Royal Pharmaceutical Society resource from Lambeth to equip the Scottish and Welsh departments more effectively as they rise to meet the challenges and opportunities emerging within these countries. This model has been successfully adopted by several of the royal colleges, the British Medical Association and the Association of the British Pharmaceutical Industry with apparent success.

The future direction within the respective health services will herald a pace of change unsurpassed in the practice of pharmacy. My comments are not to make any xenophobic stance but to stimulate ideas on how we can adopt a more consistent standard of communication and sharing of ideas to the mutual benefit of the profession and the patients we serve.

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*Mr Thomson is director of pharmacy at the Greater Glasgow Primary Care NHS Trust. He is currently vice-chairman of the Scottish Executive of the Royal Pharmaceutical Society*