



BRUNEL UNIVERSITY

Pharmacy: new roles in healthcare

VIRGINIA MATTHEWS explains why pharmacists are essential and valuable members of the healthcare team both in the community and in hospitals

If your image of a pharmacist is of a kindly but elderly man or woman in a white coat dispensing patent cough medicine and waterproof plasters, then you are at least 20 years out of date. For while pharmacists are certainly experts in medicines of all descriptions, their role in public healthcare is becoming “more mainstream and proactive than ever

before”, according to David Pruce, director of practice and quality improvement at the Royal Pharmaceutical Society of Great Britain or RPSGB.

Whether they work in what is known as community pharmacy – chemists shops and other retail outlets – or in hospital dispensaries and GPs’ surgeries, pharmacists are taking an expanding role in everything from contraceptive advice



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and smoking cessation clinics to the detection and treatment of diabetes. In the process, they are lifting the burden of routine healthcare from the shoulders of busy general practitioners and offering their customers on-the-spot advice and medication – without a prior appointment of course.

While pharmacists say they have no desire to replace GPs in the medical diagnosis field, and will always send clients with serious symptoms outside the coughs and colds arena to see their family doctor, their unparalleled five years' training in medicines makes them the UK's experts in the choice and correct use of drugs to treat anything from asthma to heart disease; as well as the more familiar minor ailments such as sore throats and acne.

No longer locked away in backroom pharmacies or dispensaries, but actively encouraged to meet the people for whom the drugs are prescribed, today's pharmacist is seen as a vital part of the healthcare team.

To practice as a British pharmacist, you need an all-important A-level in chemistry together with other A or AS levels such as biology and maths, a four-year Master of Pharmacy degree from a UK School of Pharmacy, one year's pre-registration training in a "live" pharmacy and, following an exam, compulsory registration with the RPSGB itself.

After that little lot though – and it's designed to give new pharmacists a thorough grounding in the vital skill of

patient communication, as well as detailed knowledge of how all the pills and potions work – your choice of specialism, thanks to the modernisation of the NHS, is expanding all the time.

Aside from the obvious career routes in public-facing sectors such as community and hospital pharmacy, there are also many behind-the-scenes opportunities in research, teaching, administration, management and, increasingly, in senior clinical roles. A large number of qualified pharmacists also choose to take up positions in the pharmaceutical industry itself each year; helping to refine existing products and develop new drugs with commercial potential.

'It makes sense both for the NHS and the pharmacy profession to become more involved'

As a result of their training, pharmacists already play a key role in managing the planning, choice and use of one of the NHS's most important resources – its £8bn a year drugs bill. If hospital-based, they will, in partnership with doctors, both choose and assess the effectiveness of patients' medication as well as oversee that it is safely and accurately dispensed; increasingly via automation.

Their training in drugs management means that pharmacists can decide whether a patient should take the drugs in pill or liquid form, whether they need

an injection or whether – as in the case of a coronary heart disease patient – they are physically able to swallow a particular tablet or not.

While it was once routine procedure to throw away all the medication brought in by patients from overseas, sophisticated pharmacy checking procedures mean that medication from abroad can nowadays be checked for safety and may continue to be used.

With automatic dispensing now a reality in many hospitals, pharmacists no longer physically put pills in bottles; nor, in fact, do many pharmacy technicians – the level below. Far from remaining behind the scenes at the dispensary, pharmacists are nowadays to be found accompanying hospital doctors on their ward rounds and talking to patients. Just as community pharmacists can help free up GP time by taking on more responsibility for routine medication, those in hospitals are helping to free up doctors to concentrate more on their diagnosis work.

With millions of pounds each year being wasted on unused or discarded medicines, the problem of "non-compliance" – people not taking the drugs prescribed to them – is a serious one. Both hospital pharmacists and the soon-to-be upgraded pharmacy technicians are now encouraged to meet patients face-to-face and to discuss with them their medication regimes. In their absence, much of the routine pharmacy dispensing work is quite literally handled by state-of-the-art robotics.

Says David Pruce: “We want hospital patients and pharmacy customers to become more aware of what is being dispensed to them and to understand that choice is a major principle of our changing health service.”

In the community, where patients with urgent symptoms have already become accustomed to discussing their ailments with pharmacists, the pharmacy revolution is even more apparent. A growing number of medicines have been “de-listed” and are now available over the counter alongside aspirins and flu remedies; allowing people with minor ailments to self-prescribe.

For those that do need prescriptions, repeat and supplementary prescribing by qualified pharmacists can save countless trips to the GP to have a prescription renewed.

“We are not back-up GPs,” says David Pruce, “but all of us in the NHS want to see our skills in medicines put to better use in the health service. At a time when GPs and hospital doctors are under a lot of pressure, it makes sense both for the NHS and the pharmacy profession to become more involved.”

While traditional chemist shops still

devote much of their space to lipsticks or to film processing, a growing number of community pharmacies put healthcare at the very top of the priority list with smoking cessation, weight loss and cholesterol clinics as well as routine testing for asthma, blood pressure, diabetes and heart disease. For most community pharmacists, the bulk of their annual revenue – some 85 per cent – comes from the NHS.

Many of the newer premises have private consulting rooms and treatment areas in addition to the shop floor where customers may receive acupuncture or osteopathy treatments, arrange pre-holiday vaccinations or learn more about the morning-after pill or gluten-free diets. Routine phlebotomy – blood-testing to you or me – is now standard practice at many pharmacies.

“Behaviour support” sessions for newly “clean” drug addicts in need of methadone or ex-smokers needing a pat on the back and a friendly face are another part of the equation.

The future of community pharmacy will include touch-screen technology to enable customers to receive on-the-spot, printable information on specific health problems such as angina or

migraines, as well as hi-tech “well points” which can take your blood pressure, measure your heart rate and use height and weight readings to come up with an individual Body Mass Index reading.

With community pharmacists now recognized as the nation’s experts in the use of drugs to treat chronic illnesses such as asthma, diabetes and hypertension, it is little wonder that a large proportion of calls to the NHS Direct telephone helpline service are now re-routed to pharmacies, rather than to doctors’ surgeries.

As a career, pharmacy has always looked safe, solid and eminently respectable. From now on, says David Pruce, it looks like becoming a whole lot more exciting too.

Useful websites

- Royal Pharmaceutical Society of Great Britain
www.rpsgb.org.uk
- NHS Careers
www.nhscareers.nhs.uk
- National Pharmaceutical Association
www.npa.co.uk