

# The community pharmacist: over qualified dispenser or health professional?

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**SUMMARY.** *This paper contributes to the debate introduced in a previous issue of this journal. The current and future roles of community pharmacists are outlined. It is suggested that although elements of their dispensing role are changing, pharmacists continue to have a vital function in the dispensing process. Proposed developments for the future role of community pharmacists in the treatment of minor illness are also discussed.*

## Introduction

IN a recent paper in this journal<sup>1</sup> it was asserted that the dispensing role of the community pharmacist is in 'an unstoppable decline' and that 'the proposed new community roles are currently being carried out by other members of the primary care team'. In this paper we respond to these assertions and suggest an alternative viewpoint on the current role of community pharmacists.

The Nuffield Committee of Inquiry into Pharmacy<sup>2</sup> and the recent government white paper on primary health care<sup>3</sup> have suggested an extension of the pharmacist's current activities with a more predominant role for the pharmacist in the provision of health care to the public. The implications of this extended role for pharmaceutical service delivery are considered.

## Current role of the community pharmacist

In the 10 years up to 1986 the annual number of prescriptions dispensed in pharmacies increased by more than 10%,<sup>3</sup> and currently the average community pharmacy dispenses 3000 prescriptions per month.<sup>4</sup> Thus the main function of the pharmacist is the dispensing of prescribed medicines and is likely to remain so for the foreseeable future. Nowadays most prescribed medication requires no formulation on the part of the pharmacist. Consequently the time spent in dispensing each prescription is less than in the past, and will be reduced still further with the increased availability of pre-packaged (original pack) medicines. Most pharmacists welcome these changes in the nature of dispensing. However, a reduction in the time taken to dispense the medicine does not necessarily equate with a reduced role for the pharmacist in the dispensing process.

There is a suggestion that the trend towards original pack dispensing removes the need for a highly trained pharmacist to dispense them.<sup>1</sup> It has further been suggested that computer technology (located in general practitioners' surgeries) may, instead, be relied upon to ensure that patients receive the appropriate medication.<sup>1</sup> But does this offer any advantages over the present situation? Currently, a pharmacist shares with the prescriber a legal responsibility for medicines dispensed in accordance with a prescription. This was highlighted by the case

in 1982 in which the pharmacist and the prescriber were ruled to be equally liable for a prescribed, and subsequently dispensed, overdose of Migril (ergotamine tartrate, Wellcome).<sup>5</sup> Thus it is in the pharmacist's as well as the prescriber's and patient's interest that prescriptions are checked thoroughly and the appropriate medication dispensed.

Fortunately the occurrence of such errors are at present extremely rare. The suggestion then that the pharmacist's supervisory and checking roles could adequately be replaced by a computer programme is simplistic and potentially dangerous. Computers are fallible. They can only perform as well as the programme they operate and ultimately rely on the capabilities of their operators. While computers can enhance the dispensing process (they already perform this role in the majority of pharmacies) they cannot make clinical, pharmaceutical or professional judgements. Pharmacists have the necessary knowledge base and are skilled in making such judgements. Moreover they are legally required to exercise these judgements for the ultimate benefit of the patient.

## Community pharmacist's role in addition to dispensing

It has been asserted that 'a degree in pharmacy seems to be an over qualification for reading a label on a box and comparing it with details on a prescription form'.<sup>1</sup> This statement is equivalent to describing a degree in medicine as an over qualification for reading the index of the *Monthly Index of Medical Specialities*, and clearly misses the point. Pharmacists' undergraduate and pre-registration training involves gaining pharmacological, pharmaceutical and clinical knowledge of drug compounds and medicaments, and the acquisition of pharmaceutical skills unique among health professionals. These attributes equip pharmacists to provide a service over and above that of dispensing medicines, whether just counting tablets or formulating a complex ointment. What then are pharmacists currently doing other than dispensing medicines?

At the point of handing over a dispensed medicine, pharmacists reiterate prescribers' instructions and give additional advice where appropriate. By reinforcing the prescriber's instructions, the pharmacist enhances the compliance of patients with their drug regimen. In addition, because of the ready accessibility of pharmacies in most communities, pharmacists are frequently sought for health care advice. This may involve the diagnosis and treatment of minor illness and, where appropriate, referral of patients to a general practitioner. A study of advice given by community pharmacists indicated that, 'Decent advice and professional sympathy are available: in around four out of ten cases pharmacists were rated highly for this; fewer than a fifth were considered poor'.<sup>6</sup>

Pharmacists are also a ready source of drug information for other health care professionals. A recent study<sup>7</sup> indicated that a majority of community pharmacists were consulted a significant number of times per week by general practitioners.

## Future role

Medicines are now rarely prepared from their ingredients within pharmacies. The commensurate change in the nature of dispensing is allowing pharmacists to develop the other aspects of their professional activities — this has become known as pharmacists' 'extended role'.

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The government's white paper on primary health care<sup>3</sup> has outlined the extended role of the pharmacist, and has in effect determined the development of pharmaceutical service delivery through to the 1990s and beyond. The white paper built on the findings and recommendations of the earlier Nuffield report<sup>2</sup> which considered the practice of pharmacy and the contribution of pharmacy to health care. Undoubtedly, for the foreseeable future the core of the pharmacists' activities will remain the dispensing of prescribed medicines, and this has been acknowledged by the Department of Health.<sup>3</sup> However, pharmacists are being encouraged to develop and expand the range of services they already offer.

A recent survey<sup>8</sup> showed that 90% of the individuals questioned reported suffering from at least one minor ailment within a specific two week period. Pharmacists are well placed to provide advice on the most sensible and effective ways of treating such ailments — a position recognized and supported in the white paper.

The Nuffield report recommended that pharmacists should participate more actively in the education of community health workers, such as those in residential homes for children, the handicapped and the elderly. Additionally, the white paper encouraged pharmacists to supervise the supply and safe keeping of medicines in such homes. Pharmacists may indeed serve as a bridge between the prescriber and community health workers to enhance the care of people in residential homes.<sup>9,10</sup> Moreover, pharmacists are also being encouraged to maintain records relating to elderly or confused patients who are on long term medication.<sup>3</sup>

A feature of the role of all health professionals is the provision of health care advice. Community pharmacies are well placed to provide such advice since they are visited daily by an estimated six million people.<sup>11</sup> This number includes healthy as well as ill people. Pharmacists are the only health professionals to whom there is quick and easy access without a prior appointment and who are able and willing to advise patients on minor health complaints as well as on health education. Advice may be provided via a personal consultation and/or by the provision of educational literature. In recognition of this the government has promised resources to promote health education through pharmacies.<sup>3</sup>

The expansion of the community pharmacists' role along with the National Pharmaceutical Association's 'Ask your pharmacist' campaign, and the advertising of medicines only available from pharmacies, is raising the profile of community pharmacists as providers of health care. It is to be hoped that other health professionals will respond positively to these developments, and regard them not as an erosion of occupational boundaries or of one profession attempting to raise its profile at the expense of others, but rather as beneficial developments for patients and health professionals. Indeed a recent study indicated a mutual appreciation among pharmacists and general practitioners of their professional functions and of their input to health care.<sup>12</sup>

Pharmacists advise patients on 'over the counter' medications, treat their minor illnesses, and when it is appropriate to do so, refer them to general practitioners. This allows a much more efficient use of the general practitioner's time, while ensuring that minor illnesses are seen and treated by a suitably qualified individual.

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