Are pharmacists’ clinical skills adequate?

As I write this, the second-year medical students in Bristol are currently having their two-week introductory teaching block on Pharmacology and Therapeutics. The job of the pharmacist in supporting the delivery of safe and rational prescribing has unsurprisingly come up.

When I was a medical student, I remember sitting in with a community pharmacist for a morning to find out more about what they did. My enduring memory is of lots of paperwork and filling up those little brown plastic bottles using a triangular pill counter.

The medical student of today would witness a far more diverse role, with clinical pharmacists – and in particular, pharmacist independent prescribers – managing a range of minor ailments, running clinics for the treatment of long-term diseases, and providing medication optimisation services.

Prescribing is multifaceted

One of the principal learning outcomes for our students is understanding the different stages of prescribing. It is not simply a case of writing out a scrip, but is a multifaceted process that, crucially, starts with making a diagnosis. Indeed, the central theme of the curriculum for our second-year medical students is diagnosis – a complex process that involves information gathering and clinical reasoning. Ensuring this is accurate and timely is fundamental to good therapeutic decision-making.

For pharmacists, clinical skills training is a key element of becoming an independent prescriber and undertaking patient-facing roles. In this month’s issue of Prescriber, Briegeen Girvin and Diane Wilson discuss the training currently provided (p19). The aim of training is to support disease management, rather than the diagnosis of disease, which remains in the remit of doctors. Nevertheless, it is perhaps telling that pharmacists lack confidence in their skills in this area. And there is additional evidence that some doctors express resistance to pharmacist prescribers, citing among other factors inadequate clinical skills.

Modern medical treatment is increasingly complex, with widespread multimorbidity and polypharmacy. The clinical pharmacist has an essential and growing role to play in the management of this therapeutic complexity, as well as helping to support new models of care. Given the concerns highlighted above, there is an urgency for evidence to identify core learning needs and to highlight potential knowledge and skills gaps, thus informing improvements in training programmes to facilitate the effective delivery of pharmacists’ expanding responsibilities.

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