



## Pharmacist as an Integral Member of the Medical Team: *An Opinion on Changing Perceptions of Extended Roles*

### Áine Hackett

Lead Pharmacist, (Polypharmacy & Primary Care Network), St Georges University Hospital NHS Trust, London

[Aine.hackett@stgeorges.nhs.uk](mailto:Aine.hackett@stgeorges.nhs.uk)

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Pharmaceutical products account for the third largest spend for the National Health Service (NHS), with the bill in England alone, exceeding £17 billion per year<sup>1</sup>. The majority of patients admitted into hospital take medicines or will have done so at some point prior to their admission. So, predictably pharmacy and in particular the pharmacist in the NHS 10-year plan, is defined as having “an essential role to play”<sup>2</sup>.

NHS reformers are looking to pharmacists to help tackle the on-going dilemma that is an ageing population, rising co-morbidities and a shortage of doctors and nurses. In fact, my current role as lead pharmacist for polypharmacy and designated Primary Care Network (PCN) fit into transformation plans. Pharmacists are primed to deliver on the aspirations of the NHS Long term plan with a reach that extends beyond previously designated roles. Our coverage is pervasive, with expanded roles in domiciliary care, medicines administration, medication safety, electronic prescribing, clinics, ward rounds, monitoring of high cost drugs and funding, quality assurance, theatre and anaesthetics.

Since joining the General Pharmaceutical Council (GPhC) register in the summer of 2015, I have worked in different trusts across several specialities. More recently I completed a clinically enhanced independent prescribing course and whilst performing physical examination on patients, I was bemused by the variety of responses when I introduced myself as a Pharmacist. In hindsight, this response was probably unsurprising and reflects the public perception of traditional pharmacy roles.

We live in a generation of prevalent media domination of public opinion, at the forefront of this are medical dramas and documentaries, which to an extent influence people’s insight into professional roles. In 2015, a study to determine how pharmacists were depicted in the broadcast media in the United States of America between 1970 and 2013, found that of the 231 pharmacist portrayals identified, 145 (63%) were negative roles, 56 (24%) were neutral, and 30 (13%) were positive. Additionally, very few pharmacist characters were ever cast in



recurring roles.<sup>3,4</sup> Even within St Georges Hospital where the Channel 4® documentary ‘24 Hours in A &E’<sup>5</sup> is filmed, pharmacists have not yet been featured, despite being a regular member of the frontline healthcare team.

To the general public, a pharmacist is defined as “a person one can go to when one needs a prescription or something for a minor ailment”<sup>6</sup> but that is a small part of the job of a modern pharmacist. How can the profession change the public perception? Will the NHS 10-year plan change this, and should we expect to be more visible in the forthcoming years?

As exciting as the continued growth potential of the profession is, especially in secondary care, pharmacists do have the potential of developing an identity crisis. For years pharmacists have worked hard to be integrated into multi-disciplinary teams. With the crossover of roles between the dispensing pharmacist vs the prescribing pharmacist, we risk becoming the profession with a confused or indeterminate identity within the health service to the public. I believe we need to be advocating what our profession does, more than merely ‘showing an advert of informing public how to access the chemist for minor ailments, to reduce hospital encounters’. We must and should create awareness of our profession as a vital, indispensable pillar supporting the NHS. I started this piece trying to determine what the general public might define what a pharmacist is, so it seems fitting to end it with a pharmacist’s definition of a pharmacist. For me, I am a medicines specialist who can act in many different roles, spanning from a friendly conversationalist to providing a listening ear for patients with a supportive role in therapy.

Fundamentally, my aim is to make medicine use more effective both clinically and financially and to improve the NHS ability to provide care to those who need it, when they need and for as long as they need it. That for me is integral in keeping the NHS the great institution that it is.

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