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# A spectrum of skills



The different elements of clinical pharmacy were examined in last month's *British Journal of Clinical Pharmacy*. Contributors debated how the role of the clinical pharmacist should be defined, and what it should and (perhaps controversially) should not include.

In this issue of the journal we publish two responses to this. First, Catherine Duggan, chair of the UK Clinical Pharmacy Association, makes the point that, rather than struggling with 'labels', the key challenge is how we translate our wide range of skills into practice (p169). Whether we can or cannot agree on a definition of clinical pharmacy, Dr Duggan reminds us that it is how we respond to the needs of our patients that will ultimately define our role.

Despite concerns that our key pharmaceutical sciences are being lost as we champion the clinical cause (*The British Journal of Clinical Pharmacy* 2009;1:151), Dr Duggan states that our science skills have a fundamental place in the delivery of patient care, and that the pharmacy White Paper should provide an opportunity to unify the 'science camp' and the 'clinical camp'.

A good illustration of combining these skills can be found in a Therapeutics article and associated Case Study in this month's journal (p171-4), which focus on the pharmacist's role in therapeutic drug monitoring. These articles describe how the pharmacist applies pharmacokinetic principles, drug absorption profiles and knowledge of formulation to calculate and adjust phenytoin doses for a patient with

multiple co-morbidities. Such tasks may well be a regular part of the job for some of our readers, but the author notes that many pharmacists find pharmacokinetics difficult or unfamiliar. Similarly, some of the clinical questions posed in our regular Prescriber's Corner section (p183) may be challenging for readers who have less direct contact with patients.

The second response to the debate about how we define our role comes in the form of a letter from one of our readers, pointing out that pharmacy must retain its broad spectrum of skills, and will be more prosperous for it (p190). There is room to practice (and specialise in) all aspects of pharmacy and, rather than focusing on individual skills, it is the synergy of the team that is important, the letter points out.

Collaboration is not a new concept for pharmacy or any other profession, but there seems to remain a perception that 'clinical' pharmacy is somehow exclusive, and operates on a different level to the rest of pharmacy. If readers were to take a straw poll of their colleagues, asking which aspects of their role are 'clinical', I suspect the responses would be wide-ranging.

The bottom line appears to be that we should not try to pigeonhole our practice, but should embrace our diverse knowledge.

Our profession benefits from a broad spectrum of skills. Our challenge is to recognise how these skills complement each other and can be combined to optimise the care of our patients.

**Hannah Pike, MRPharmS  
Editor**