It's not what we call it — it's the way that we do it!

Whether we practice 'clinical pharmacy', 'public health' or 'pharmaceutical care', our developing roles remain underpinned by the pharmaceutical sciences, says Catherine Duggan

The concept of 'getting the label right' is fundamental to all elements of pharmacy.

With the right label we can transform a product into a drug and a drug into a medicine. We can communicate the storage requirements of the drug, how it is to be used, how often, and when it will expire. A label is also a record of when and where the product was dispensed. In pharmacy, we have come to rely on labels to convey information and meaning.

However, a label does not always tell the full story. As the evidence base suggests, patients often find labels ambiguous, confusing or unhelpful, especially when the full information is not disclosed or the language is not user-friendly. Patients often require the pharmacist to translate the label, to provide further information or to explain the rationale for the medicine.

Labelling ourselves

What we call or label ourselves as practitioners in the pharmacy profession often serves to clarify our area or sector of practice. However, an unclear label can also alienate or confuse others.

Since its inception at the start of this year, *The British Journal of Clinical Pharmacy* can be commended for exploring different views about what we mean by 'clinical pharmacy', and who considers themselves to be clinical. Eminent leaders from our profession have considered how clinical pharmacy should be defined; what it is that differentiates clinical practice from public health or pharmaceutical care; and whether the 'clinical pharmacy' label fully considers our scientific and professional heritage.

Many members of the profession understand exactly what clinical pharmacy is, but many believe that 'being clinical' is exclusive and mainly hospital-based. Some believe that clinical pharmacy has developed to the detriment of the unique science our profession is based upon.

At this point in pharmacy's evolution, what we really need is a way to unify the 'science camp' and the 'clinical camp'. What makes pharmacy able to contribute and add value to patient care is the application of the unique science of pharmacy in practice. As Professor Alexander Florence stated recently "clinical must not mean the antithesis of pharmaceutical science" (*BJ Clin Pharm* 2009;1:151).

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In order to test the true meaning of the label 'clinical pharmacist' in practice, perhaps we need to return to the first principles of our profession.

As the editor pointed out in her reflections of the May issue of *BJ Clin Pharm* (2009;1:129): "Clinical pharmacists currently balance a range of skills that they have developed both at pharmacy school (such as the pharmaceutical sciences) and during professional training (such as screening and prescribing). It is the combination of these skills that has led the Government to recognise the potential for our role to develop."

Catherine Duggan

The recent White Paper '*Pharmacy in England: Building on strengths — delivering the future'*, sets out a clear vision for our profession to meet current and future health and social challenges using innovative, evidence-based services. At the very heart of the White Paper was a call for increased provision of clinical services across all sectors and specialities in pharmacy and a call for clinical leadership across the profession. None of these progressive aims diminish the fundamental place of our unique sciences in the delivery of better patient care.

We could argue that we do not have to choose between clinical pharmacy, pharmaceutical care, public health or

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science in practice. Professional labels are not as important as the activity and contribution of pharmacists and pharmacy staff to patient care; be it illness prevention, self-care, acute treatment or management of a long-term condition. What we would all expect of our profession is the competent application of pharmaceutical science in the practice of pharmacy.

So, what labels should we use to best define and explain our roles? Within the context of illness prevention, self-care, or management of minor ailments, our role could be termed 'public health'. The management of medicines prescribed during an acute admission, across the primary and secondary care interface or indeed for a long-term condition, could be described as 'clinical pharmacy'. And both could be regarded as aspects of pharmaceutical care.

It is important that new services offered by pharmacists, such as vascular screening, have been recognised as helping to "bridge traditional divides between clinical and public health interventions", as stated in Professor David Taylor's report, "Winning combinations: towards new models of preventative, personal and public health care" (*BJ Clin Pharm* 2009;1:135). These new services cannot be undertaken without making full use of our professional science skills.

In the head-to-head debate in the May issue of *BJ Clin Pharm* (2009;1:146) Martin Stephens, national clinical director with responsibility for hospital pharmacy, states that pharmacists should "contribute to improving health by engaging in public health initiatives in addition to our contribution to the safe and effective use of medicines". Surely this requires a combination of all of the elements and potential labels of practising pharmacy?

"The terms and labels used are not as important as the need for the practice of pharmacy to respond effectively and efficiently to patient and public need"

In essence, the terms and labels used are not as important as the need for the practice of pharmacy to respond effectively and efficiently to patient and public need. To do so, pharmacists must be able to translate their science skills into practice when new challenges arise, be they new technologies, new treatments or new services.

As Chair of the UK Clinical Pharmacy Association, I am fully aware of the heritage of the association in providing support and leadership to pharmacists in developing their clinical role and practice. The UKCPA has done so for almost 30 years, as have many other similar groups. What unites us across the specialities in clinical practice is the consistent importance of understanding and applying our pharmaceutical sciences to the clinical services we provide to our patients.

Together with the support that our groups provide for pharmacists, it should be the UKCPA's responsibility to communicate the contribution clinical pharmacy makes to patient care and the fundamental need for our science to underpin that practice.

By all means let us test the different labels and ensure that they are fit for use, but at no time should we forget the place of science in the delivery of public health, pharmaceutical care and clinical practice — elements that our profession is adequately equipped to deliver.

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