

Assessing quality is fundamental to pharmacy

In this month's *Pharmacy in Practice* Christine Knott concludes the series on research funding by exploring why research outcomes must be disseminated and how this can be best achieved for different target audiences (p136). Publishing your findings is important even if they are negative. Indeed, the pharmaceutical industry has been accused of publication bias by not submitting for publication the research that gave negative outcomes — and this is potentially a widespread occurrence. For instance, one group of researchers compared FDA data on selective serotonin reuptake inhibitors with published literature.¹ They found that 94% of published trials were positive, whereas the FDA analysis showed that only 51% were positive. Delaying the publication of trial data has also occurred, as found with



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Enhance trial of ezetimibe,² and we have also seen the changing of a primary end point after a study has started.³ Although there may be short-comings in the way some of the pharmaceutical industry has dealt with publishing study results it remains the duty of all individuals who have conducted research to endeavour to present the results to a wider audience. Indeed all studies passed by an ethics committee should be published, or at least submitted for peer review with a view to publication; this includes pharmacy research.

Measuring pharmacy services quality

Assuring the quality of pharmacy services and the person conducting those services are the subjects of two papers this month. Raliat

Onatade, from King's College Hospital, describes how a set of quality indicators for the local pharmacy service were developed (p141). These indicators are used to measure aspects of the service and to demonstrate and monitor improvements by repeat testing. One of the difficulties of measuring outcomes of clinical pharmacy services is that it is not usually possible to single out the effect of the pharmacist's service from other interventions the patient receives. We are therefore often left measuring processes of care such as tasks under-taken and how well they were done.

Measuring the quality of pharmacist prescribers

Ensuring the quality of pharmacist independent prescribing is an important objective for University examiners. Although it is a straightforward process to test knowledge and ability to access information from appropriate sources, assessing pharmacists' ability to perform practical tasks is more problematic. In the article by Barry Strickland-Hodge (p122) one of the methods described to measure prescribing competence is the objective structured clinical examination (OSCE). OSCEs are used to evaluate practical tests such as performing procedures and demonstrating techniques.

It is a great pity that pharmacists conducting medicines use reviews (MURs) are not required to undertake OSCEs. To demonstrate competence to perform MURs all that is required is to pass a test on knowledge, which is often very clinically oriented. The real skill required for an MUR is the ability to consult with patients. Consultation skills for pharmacists running MURs are neither taught nor assessed.

Assessing quality of internet 'pharmacies'

The latest White Paper on community pharmacy again suggests the way forward for pharmacy is the development of clinical services.⁴ This is welcome but is unlikely to

become reality while medicine supply provides the main source of income. Supplying medicines will always be the core function for pharmacy and ensuring safe supply of appropriate medicines is essential. It is a worry, therefore, that there are increasing numbers of counterfeit medicines in circulation and more than 50% of those internet websites selling medicines who conceal their address are estimated by the WHO to be selling counterfeits. In the first of two articles on counterfeit medicines the extent of the problem and systems for reporting counterfeit medicines are introduced (p144). The public are demanding choice in the way they obtain medicines, and internet order and supply are likely to grow. It



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is therefore vital that greater effort needs to be made to inform and educate the public about which sites are likely to be safe and how to recognise a safe website. This important area is likely to become one that pharmacists will need to address sooner rather than later. ❖

Duncan Petty, consultant editor

References

1. Erick H, Turner EH, Matthew AM, Linardatos E. Selective publication of antidepressant trials and its influence on apparent efficacy. *NEJM* 2008; **358**: 252–60.
2. Kastelein JJ, Akdim F, Stroes ES *et al*. Simvastatin with or without ezetimibe in familial hypercholesterolemia. *NEJM* 2008; **358**(14): 1431–43.
3. US House of Representatives. Committee on Energy and Commerce. December 11 2007. Commentary on drug safety available at <http://energycommerce.house.gov/Investigations/DrugSafety.1211047.Merck.ltr.pdf>
4. Department of Health. *Pharmacy in England: building on strengths — delivering the future*. Department of Health, 2008.