

Management skills — like clinical knowledge — must be updated and supported through education

In this month's *Soapbox* (p154) Howard McNulty argues that pharmacy management and leadership should form part of the RPSGB approved indicative undergraduate syllabus and should have strong presence in the new professional body. There is clearly a need for the profession to establish managerial standards and qualifications, supported with continuing education (CE) and continuing professional development (CPD).

Who needs management skills?

Management for pharmacist is an important component in all branches of the profession whether this is community pharmacy, hospital pharmacy or academia. Although principles of management could form part of the undergraduate course it might be argued that for most pharmacists learning management skills is best done when there is a need for their use and opportunity to practice them.

CE and CPD providers

Pharmacists working for the NHS or larger employers would usually have access to CE and CPD, but for self-employed practitioners and smaller organisations then the professional body could have an important role in providing access to

training. Universities could also play a larger role in provision of management training within the context of pharmacy practice.

In the second article in the series on independent and supplementary prescribing (p173) Barry Strickland-Hodge looks in more detail at CPD and considers ways in which pharmacists could address their and their employers' CPD needs.

CPD cannot be ignored

Demonstrating that CPD has been achieved will become a requirement for revalidation. How this will work for supplementary and independent prescribers has not been addressed by the profession. However, even if the professional body does not address it then individual employers and insurance companies may, so adopting a self-directed approach to CPD is recommended.

Holes in the evidence base for wound dressing choices need patching up

Making recommendations about choices of wound dressings is something that many pharmacists struggle with. To help us Nita Flowers (p180) provides a summary of available dressings and the evidence base supporting choice. Pharmacists have taken a keen interest in evidence-based medicine (EBM) for many years (we were running medicines information based upon available high-quality evidence a long time before the doctors cottoned on to EBM) and we are usually uncomfortable when there is so little evidence on a subject. A review of 99 studies found not one grade A study and review of 13 randomised controlled trials found no benefit in healing

times between gauze, foam or alginate dressings. This lack of evidence leaves the choice open to personal preference and 'experience'. And with much information coming from marketing messages this is not ideal, especially when such large proportions of hospitals and primary care drug budgets are spent on dressings.

Patients need educating about complementary and alternative medicines use

In the *Oncology special section* (p161) Steve Williamson and Louise Maguire report on a study aimed at determining the use of complementary medicines (CAMs) by oncology patients. A sample of oncology patients suggested that 27% (12/44) were taking CAMs and half of the patients did not mention that they took CAMs. Patients did not view CAMs as medicines and were not aware that health care professionals wanted to know they took CAMs.

The definition of CAMs used by health care professionals can vary so it is perhaps not surprising that patients are unclear what a CAM is; what a 'medicine' is and when a CAM could have important interactions with their condition or other medicines. The onus is with health care professionals to ensure they have fully explored what the patient takes when doing a medicine review or taking a drug history. Because patients will self-medicate education is also required about what CAMs are known to have clinically important interactions and should be avoided in particular patients, such as those CAMs that interact with warfarin or with certain types of cancer. ❀

Duncan Petty, consultant editor

