Achieving concordance, have pharmacists got the right skills?

Concordance is a style of consulting and it might be a skill that pharmacists need more training to perform well.[1] In this month's *Pharmacy in Practice* Wendy Clyne (p253) describes why and how the Medicines Partnership Programme (now at NPC Plus) produced *A competency framework for shared decision-making: achieving concordance for taking medicines*.

Developing the competency framework

To arrive at the framework, health care professionals and patients were asked to describe the behaviours that they considered to be characteristic of a good concordant consultation. The resulting guide describes 59 behaviours in eight areas of competence that support concordant practice. The skills pharmacists need to actively support people with their medicines described in this guide are essential for pharmacist prescribers, during the dispensing process, for MURs and medication reviews. The competency framework is a tool that has many uses; for example, to help ensure that individual health professionals possess all the relevant skills, or to support individuals' continuing education and professional development.

Observation sessions help us to learn

Although it would be rather artificial to try and cover 59 behaviours in a consultation the guide will help individuals, and in particular observers, to help assess whether the competency areas are being met. General practitioners use similar 10-point criteria to demonstrate their consultation skills when submitting video assessments for their MRCGP examination. Some pharmacists might find it uncomfortable to have their consultations observed and commented upon, but this is an extremely valuable way to learn. Students of mine are always horrified at the prospect of observed consultations even within the protected environment of a seminar room, but usually, afterwards they mark this as very enjoyable and rewarding way to learn.

Do patients feel sufficiently involved?

The Picker Institute have recently identified that half of inpatients prescribed new medicines said they had 'definitely' been involved as much as they wanted to be in decisions about which medicines would be best for them. However, around 30% reported some involvement but wanted more — and 12% felt they 'were not involved at all'.[3] The hospital environment is not always ideally suited to shared-decision consultations. Patients may be too ill or confused to be involved; there is a lack of confidentiality when issues are discussed — and being surrounded by half a dozen people in white coats while you are in your pyjamas can be intimidating. However, individuals should be asked for their views on decisions about their treatment even if this involves the pharmacist returning for a one-to-one chat after the ward round.

Reducing medicines waste

Two articles this issue explore how pharmacists can reduce waste from unnecessary prescribing and dispensing of medicines. Rachel Bruce (p243) found that a pharmacy services to care homes could significantly reduce waste through individual medication reviews and by reducing over-ordering of items by care home staff. Savings of £160,000/annum in eight homes were identified. In addition, potential errors were reduced by highlighting discrepancies between care home administration records and GP records.

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Deanna Gilman, in her pre-registration audit project, identified reasons why aseptically prepared items for paediatric wards were sometimes wasted (p250). Although the level of waste was only 5% this amounted to a potential £40,000 per annum. Since the NHS spends some £10 billion per annum on medicines even a small percentage of waste amounts to a great deal of money.

Reducing waste is always popular with health care managers — and the public — and collecting evidence on pharmacists' ability to reduce waste should help in commissioning, or justifying the continuation, of pharmacy services.

Duncan Petty, consultant editor

References

1. Salter C, Holland R, Harvey R, Henwood K. *'I haven't even phoned my doctor yet.' The advice giving role of the pharmacist during consultations for medication review with patients aged 80 or more: qualitative discourse analysis*, 2007; *BMJ* doi:10.1136/bmj.39171.577106.55
2. Clyne W, Granby T, Picton C. *A competency framework for shared decision-making: achieving concordance for taking medicines*, 2007. Medicines Partnership Programme/NPC Plus, Keele. http://www.keele.ac.uk/schools/pharm/npcplus/medicinespartner/compframwork_decisionmaking.htm
3. Richards N, Coulter A. *Is the NHS becoming more patient-centred? Trends from the national surveys of NHS patients in England 2002-07*. Picker Institute September 2007. http://www.pickereurope.org/Filestore/Publications/Trends_2007_final.pdf