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PHARMACIST**

Clinical pharmacist

Introduction

The clinical pharmacy profession is a patient-centred branch of pharmacy practice that guarantees the safe, efficient, and appropriate use of medications. In order to maximise medication therapy and enhance patient outcomes, clinical chemists work in conjunction with physicians, nurses, and other medical specialists.

Pharmacists with clinical experience are directly involved in patient care decisions, helping to create, monitor, and modify treatment plans, in contrast to traditional pharmacists who solely administer medications. (Hepler & Strand, 1990; Al-Quteimat & Amer, 2016) This includes treatment plans which clinical pharmacist manage to best suit individual patients.

Current functioning of the service

Clinical pharmacists now play a central role in patient-centred care across hospitals, clinics, and community settings. Their responsibilities extend beyond dispensing medicines to include medication reviews, identifying drug interactions and ensuring safe, effective therapy. (Al-Quteimat and Amer, 2016) They also perform therapeutic drug monitoring, adjusting doses for medicines such as antibiotics or anticoagulants. (Rutter and Newby, 2021)

Pharmacists provide patient counselling, promoting medicine adherence and awareness of side effects, and support chronic disease management for conditions like diabetes, asthma, and hypertension. In many settings, they also hold prescribing rights, improving access to timely care. (NHS England, 2022) For example, in diabetes clinics, pharmacists may adjust insulin doses, educate patients on blood sugar control, and monitor for hypoglycaemia. (Carter et al., 2021)

In hospitals, clinical pharmacists join ward rounds, review prescriptions, and prevent medication errors. They play a key role in antimicrobial stewardship, helping to combat antibiotic resistance. (ASHP, 2020; Baqir et al., 2019) In primary care, they manage repeat prescriptions and ensure continuity of care, reducing pressure on doctors. (Royal Pharmaceutical Society, 2021) Through these activities, clinical pharmacists contribute to safer, more efficient, and collaborative healthcare.



Brief history

In the 1960s, chemists in the US started to leave the dispensary to provide direct patient care, giving rise to the idea of clinical pharmacy. The “clinical era” of pharmacy began with this change. (Wiedenmayer et al., 2006).

Globally, pharmacy schools started incorporating clinical pharmacy into their courses in the 1970s and 1980s. The World Health Organisation (WHO, 1997) popularised the term “pharmaceutical care,” emphasising the chemist’s duty to guarantee that medications provide the desired therapeutic effects.

Clinical pharmacy has spread into community pharmacies, outpatient clinics, and hospitals by the 1990s. Pharmacists’ clinical involvement, prescription reviews, therapeutic monitoring, and patient education were formalised in nations like the UK, Canada, and Australia. (Bond et al., 2008; Basak et al., 2009) Clinical pharmacy services are known to be crucial for lowering drug mistakes, enhancing therapeutic results, and guaranteeing affordable medical delivery. (Al-Jedai et al., 2016; Carter et al., 2021)

Two challenges faced by clinical pharmacist

Challenge 1: Lack of Workers and Training Requirements

The lack of qualified clinical chemists and unequal access to advanced training programs are major obstacles. This is not as easily accessible compared to popular courses like nursing and pharmacy.

Despite the fact that clinical pharmacy is increasingly taught at more universities, there are still gaps in curricular requirements and few postgraduate options. (Al-Jedai et al., 2016; Basak et al., 2009) University should have a wide range of courses, clinical pharmacist is also an important role.

The primary focus of chemists in many poor nations is still dispensing because of staffing and financial constraints. (Al-Quteimat & Amer, 2016)

To maintain high-quality clinical practice, mentorship and ongoing professional development are crucial. (Rutter & Newby, 2021)



Challenge 2: Professional Recognition and Integration

Being fully incorporated into teams of healthcare professionals is sometimes a challenge for clinical chemists. In certain organisations, collaboration is limited and influence is diminished due to other professionals' ignorance about the chemist's role. (WHO, 1997; Anderson et al., 2017)

Progress may also be slowed by obstacles such as organisational resistance, limited access to medical records, and limited prescription authority. (Carter et al., 2021)

To get past these obstacles, learning between professions, strong leadership, and policy support are required. (Royal Pharmaceutical Society, 2021) This will allow clinical team to be able to carry on with their work. All professionals should be aware of the different professions around them.

Conclusion

From delivering medications, clinical pharmacy has developed into a crucial part of patient-centered care. Clinical pharmacists minimise adverse drug responses, lower hospital readmission rates, and enhance patient health outcomes by ensuring the safe, sensible, and efficient administration of medications. This is a very important career, many people should be encouraged to take this role seriously. But there are still issues facing the industry, primary among them being a lack of skilled workers and poor integration in clinical teams. Clinical pharmacy services will be able to keep expanding and raising the standard of healthcare globally if these problems are resolved through improved education, more robust healthcare regulations, and improved cooperation. Clinical chemists will play a significant role in enhancing patient satisfaction, safety, and efficiency as healthcare systems transition to personalised medicine. I personally believe more colleges and universities should offer courses for clinical pharmacy.

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Task 2 - NHS

The National Health Service (NHS) is one of the most important public health systems in the world. It was founded in 1948 to provide free healthcare to all people in the United Kingdom. The NHS was created to make sure that everyone could get medical treatment, no matter their income or social status. This idea changed the way healthcare was delivered and became a model for other countries. (Webster, 2002) Today people under the age of 18 are entitled to free medical care.

Before the NHS was formed, healthcare in the UK was very unequal. People had to pay for most medical care, and poor families often could not afford to see a doctor. Voluntary hospitals were put in place they were run by charities, but this was not accessible to everyone. Working people could use the National Insurance Act of 1911, which allowed them to see a doctor, but only if they paid. This meant that many people, especially women, children, and the unemployed, were left out. (Baly, 1995)

There was a need for an improved health system during the Second World War (1939–1945). To care for both soldiers and civilians, medical services were organised nationwide. This demonstrated that a nation could successfully manage its public health system. Webster (2002) A new welfare state was suggested in a 1942 report by Sir William Beveridge in order to combat "want, disease, ignorance, squalor, and idleness." Social reform, including the notion of a free national health service, was based on his Beveridge Report. (Beveridge,1942)

The NHS was officially launched on 5 July 1948 under the leadership of Aneurin Bevan, the Minister of Health in the Labour government. Bevan believed that healthcare should be a basic right, not a privilege. The NHS was built on three key principles: "It meets the needs of everyone. It is free at the point of delivery. It is based on clinical need, not the ability to pay."(NHS, 2023)

Due to these ideas, everyone in Britain was able to receive medical care without worrying about their financial situation. With tax funding, hospitals, physicians, nurses, and dentists were consolidated into a single system. The NHS became a truly national service as a result. (Ham, 2014)

In order to address new issues including an ageing population, emerging illnesses, and advancements in medical technology, the NHS has expanded and evolved over time. The NHS is currently divided into four distinct systems:NHS England, NHS Scotland, NHS Wales, and Northern Ireland's Health and Social Care. Each system is responsible for healthcare in its part of the UK, but all follow the same founding principles (Nuffield Trust, 2022).

In the UK, the Secretary of State for Health leads the Department of Health and Social Care (DHSC), which is in charge of overseeing the NHS. The NHS England organisation is in charge of funding and planning for healthcare. It collaborates with Integrated Care Systems (ICSs), which combine social services, community services, general practitioners, and hospitals to enhance local health outcomes (NHS England, 2022) The majority of funding comes from regular taxes, with a small amount coming from National Insurance contributions. While the

majority of NHS services are provided without charge, some, like prescription drugs and dental care, may have minimal fees (Ham, 2014).

Among the many services offered by the NHS are primary care (GPs, chemists and dentists), secondary care (hospitals, specialists) and public health initiatives like screening and vaccination. The system also prioritises enhancing patient choice, digital healthcare, and prevention (NHS, 2023).

The NHS still represents equality, but it faces many obstacles. Services are under pressure due to a combination of increased demand, worker shortages, and restricted finance (Kings Fund, 2023). Concerns over lengthy wait times and differences in location are intensifying. Critics contend that the basic principles of universal care are in danger due to government reforms and privatisation (Pollock, 2005). Nonetheless, supporters point out that the NHS still provides high-quality treatment and has used integrated care models and technology to meet today's needs (Nuffield Trust, 2022) as there are an increase in recognition of new diseases and illnesses for example COVID.

In conclusion, after the horrors of war, a yearning for justice and compassion gave rise to the NHS. It was intended to provide healthcare to everyone, regardless of wealth, based on need. Despite its difficulties, the NHS is still regarded as one of the most important organisations in the UK. More than 75 years after its founding, its basic principles of equality, universality, and public service still direct its operations. In order for the NHS to effectively serve future generations, it is imperative that these ideals be upheld. I personally believe the NHS is vital without any organisation they're pros and cons. This organisation has benefited many people and continues to save lives.

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