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Response to Watson R (2009) Commentary on Ndosu M & Newell R (2009) Nurses' knowledge of pharmacology behind drugs they commonly administer. *Journal of Clinical Nursing* 18, 570–580 in *Journal of Clinical Nursing* 18, 620

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Post peer reviewed final draft

First, we would like to thank Roger Watson for his very kind appraisal of our paper (Ndosu & Newell 2009). Watson makes several pertinent points in his commentary (Watson 2009). First, we believe that the introduction and roll out of nurse prescribing makes the findings in our paper all the more relevant, as this initiative places greater responsibility than previously on nurses during the general process of medication management. Accordingly, even in this era of guideline driven prescribing, nurses will be making more decisions regarding appropriateness of prescription in the context of dosage, interactions, contraindications and the consequences of polypharmacy, all issues with potentially significant consequences for patients.

Second, even non-prescribing nurses do require a working knowledge of the above issues, for at least the following reasons. Nurses are required to recognise and, if necessary, challenge inappropriate prescribing. A recent study locally in which one of us (RN) was involved confirmed once again that nurses are often the most frequent completers of incident forms related to drug errors. Moreover, nurses are a first point of contact for patients seeking advice about the medication they have been prescribed, and should be able to offer this advice from a position of pharmacology knowledge, at least of commonly used drugs. In our study, the kind of knowledge tested was neither extensive nor arcane, but was relatively simple information about precisely such common medicines.

Naturally, all these points support the notion of competence raised by Watson. There is, however, a further issue about such competence, and that is the problem of basic numeracy. In our experience, this seems lacking even at postregistration level, and is as much a cause for concern as issues of knowledge.

Finally, Watson draws attention to the finding that more experienced nurses are more knowledgeable and suggests that this is perhaps predictable but unacceptable. We are uncertain as to how predictable the finding was, given that there is considerable suggestion in the drug error literature that experienced practitioners make as many or more errors than typos, but certainly endorse the comment with regard to acceptability very strongly.

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