

## A Professional Body for Pharmacy

It is becoming increasingly unpopular to say that you are a professional at the moment. Neither the former Taoiseach nor the Minister for Health and Children are well disposed towards professions and professionals. The Department of Finance provided advice to the Government that along with '*simplification*' of medicines payment schemes it should seek a '*reduction in payments to well-off professionals*'. George Bernard Shaw quipped the '*every profession is a conspiracy against the public*'. The HSE hierarchy seem to espouse this maxim in its media and politician briefings about those healthcare professionals with whom it disagrees. Consequently, for the profession of pharmacy to make its voice heard is extremely difficult.

Now, more than ever, Ireland needs pharmacy and pharmacists to establish a professional body. Why? After waiting more years than most of us would care to remember, the Government finally moved in 2007 to separate the regulatory functions of the former Pharmaceutical Society of Ireland from those of representation and leadership by the creation of a new body. That regulator is now enacting the regulations set out in the Pharmacy Act 2007 and through its plan of action will bring about wholesale changes in some sectors of the profession in line with accepted best practice. Community Pharmacy has a representative body that has been partially successful in representing its members' interests in the terms and conditions of their contracts with the HSE. The HPAI continues to represent its members concerns and with recent developments in the HSE may yet make progress. So why create another body and why does Ireland need it?

Because none of these bodies has the job of representing pharmacy and pharmacists as a whole, none of them is required to provide leadership for the profession both as a form of clinical practice and as a scientific discipline, and none of them can therefore speak on behalf of pharmacy to the policy makers, to the public and to the regulator. Because Ireland cannot continue to implement the types of ill-conceived and ill-judged health policies today, as it has those of successive governments over the past twenty five years, all of which have perversely ignored or misrepresented, the actual and potential contribution of pharmacists to the delivery of care, management, policy and research in the health arena.

At present when those outside the profession think of pharmacy they see several bodies. The Pharmaceutical Society of Ireland has retained its name but changed its function, which is source of much confusion. It has become the regulator of the 'retail pharmacy' sector with some additional responsibilities and may yet get more. The Irish Pharmaceutical Union has become synonymous in the minds of the public, legislators and media with Community Pharmacy proprietors, even though it represents some employees and aspires to represent other sectors. The Hospital Pharmacists Association of Ireland, primarily because of its size, is rarely able to make itself heard in the public media. Pharmacists working in other roles in the health service and in other regulators such as the Irish Medicines Board have no-one to represent their views and no channel through which they can contribute to the development of the profession. To people outside the Pharmaceutical Industry, even those who should have taken the trouble to find out (e.g. the HEA<sup>1</sup> in its report on pharmacy manpower – 'Bacon report'), who and what the 'Qualified Person' does, and who regulates them (The Irish Medicines Board) remains a mystery. Academia

does not have a body and neither do pharmacy students, a fact that left the final year students with no-one to look out for them, as the dispute between the HSE and Community Pharmacy showed. And those pharmacists who, through changes in their personal or work lives, do not find it feasible or desirable to subject themselves to annual re-certification, will be excluded from contributing to the profession – a loss that neither pharmacy nor the country can afford..

The role and responsibilities of pharmacists now and in the future are not understood by those outside the profession because they have not been stated as a general proposition on behalf of pharmacy and pharmacists as a group. The Pharmacy Act 2007 does not make this general statement either, and nothing the Minister has said, nor anything the HSE has done, leads to conclusion that they have a clear idea of the roles that pharmacists do, and could, fulfill. In every branch of the profession much is going on at the moment and each of the pharmacy bodies referred to above is working hard to fulfill their functions in the absence of such a statement. But for the profession, and for each of you reading this article, this is not enough. The absence of a body capable of speaking authoritatively on behalf of the profession is hindering and limiting what those bodies can achieve and it is demoralizing pharmacists and pharmacy students and damaging their relationships with patients, and with other healthcare professionals.

The present position of Community Pharmacy is a delicate one. The change in the HSE's position vis-à-vis the IPU is welcome but the substantive issues are unresolved. Significantly this was not attained because the HSE and their political masters came to accept the role of the pharmacist as the IPU sees it, let alone being prepared to pay for it. It seems more likely that their apparent willingness to negotiate was a combination of the intense political pressure on TDs and Senators that was generated across the country, the indication by the other health professions that they would not accept the HSE's interpretation of competition law in its dealings with them, and crucially, the Doran Group's contention, that contrary to the HSE view, that the Community Pharmacy sector was more complex than was contended, and that the supply, distribution and payment systems for medicines could not be reduced to a single fee-per-item of service business model. To resolve the issues the IPU will need to all of its resources and skills and probably yet more nationwide political lobbying. This will not be easy because the dispute can still be portrayed as one about payment for supply. The IPU must in its public pronouncements defend its members interests and especially during periods of negotiation, maintain its position until a negotiated compromise can be agreed. Its ability to discuss is limited by its need to engage in realpolitik. Apart from the present circumstances, the IPU's trade union functions preclude it from being a voice for the whole of pharmacy. The IPU and pharmacy would have benefited, and could still benefit, from a professional body that could speak about the role of pharmacists in promoting the health and well-being of the public through the safe and effective use of medicines free from an interest in the terms and conditions of contracts. Only the Society was available to the media during the dispute and its role had changed.

The Pharmaceutical Society of Ireland is a regulator. Its principal functions are<sup>2</sup>;

- To regulate the profession of pharmacy in the State having regard to the need to protect, maintain and promote the health and safety of the public

- To promote a high standard of education and training for persons seeking to become pharmacists
- To ensure that those persons and pharmacists obtain appropriate experience
- To ensure that pharmacists undertake appropriate continuing professional development, including the acquisition of specialization and,
- Otherwise to supervise compliance with this act and the instruments made under it

These are the ends to which it is enacting regulations and upon which it will be judged. To do this the Society must be independent of, and be seen to be separate from, the professionals that it regulates. Hence, the Council has a majority of non-pharmacists. It must be separate from Government but accountable to it and separate from the health service and those organizations that employ pharmacists. These factors preclude the regulator from being publicly critical of policy and prohibit it from taking sides in disputes involving pharmacists.

In order to regulate the Society needs to, and has begun to engage pharmacists, since regulation is best enacted with informed consent. The Society cannot formulate its standards and regulations by itself, it needs the expertise and experience of others to help it. The relationship between a regulator and its clients is a wary one, it is circumscribed by the regulations, and clients, individually and collectively may seek to clarify the scope and application of the regulations if they consider them to be ill-defined or inappropriately interpreted. The Society has to find resources to perform its functions and it is likely that the Minister will allow it to obtain those resources from fees rather than from public funds, but even this will mean limited resources. All of these factors will influence the procedures and policies of the Society and it will change as it matures, but they will not alter the fact that it cannot act as a representative body. Consequently, the regulator needs such a body to work with and to whom it can give and from which it receive advice.

The Society also has a subsidiary function to<sup>2</sup>;

- give the Minister such information and advice about such matters relating to its functions as the Minister may call for.

However, advising is not the same as advocacy, just as regulation is not the same as representation. The Society's view as a regulator, is that of a body that sets and monitors compliance with standards and regulations and takes action when they are not met. It is through setting and enforcing standards and regulations that it helps to protect, maintain and promote the health and safety of the public. Regulators usually conduct consultations in order to enable them to improve their standards, regulations and procedures to enhance their utility and to facilitate compliance with them by their clients; in other words to support their work for the public. Regulators do not conduct consultations in order to present the views of those it regulates, whether for the purpose of providing advice or not – its voice should be separate from, and distinguishable from, that of its clients. For the production of its Interim 2020 document<sup>3</sup> the Society adopted a process that included consultation. The process, the scope of the document and its content leave much to be desired, however well-intentioned was its inception. But the greatest danger is that in advising the Minister by presenting 'consultative' documents of this type, that the Society will be treated as substitute for a professional, representative body by the DoHC, the HSE and the Media and consequently, perceived as less independent from the profession than it

should be, by the public. This would be unfortunate for the Society and it would be damaging for pharmacy. The Minister and the HSE need advice from a body that represents pharmacy and pharmacists as well as from the regulator and from the existing pharmacy organizations. It seems that they need to be advised that this is what they need.

The situation in this country is in stark contrast to that in the UK and in its constituent countries<sup>4,5</sup>. Although they too are to have a regulator with a broadly similar remit and powers, there is to be a phased handover of powers from the Society to the regulator (the General Pharmaceutical Council) by 2010, not the 'big bang' approach used here. A second significant difference is that from the outset, the UK Department of Health made it clear, that it wished there to be a professional body to represent pharmacy and pharmacists<sup>4</sup>. It did so because it could envisage the present and future roles that pharmacists could, and would fulfill.

- As the safe and effective prescribing and of medicines becomes more complex and greater responsibilities are placed upon the profession, the science and practice of pharmacy must retain strong professional and clinical leadership to navigate an increasingly demanding, complex and rewarding role for the profession<sup>4</sup>.

The UK government also established a mechanism that it resourced, to determine the concerns and wishes of pharmacists and others about the form and process of formation of a new professional body<sup>5</sup>. At the last National Pharmacy Summit the Minister promised a second Pharmacy Act, but did not speak of a professional body and perhaps does not see the need for one.

However Ireland needs one because there are plenty of pharmacy-wide issues to resolve in this country, here are a few of them;

- The services approach to advocating pharmacy's case for development has serious limitations. A profession should not be defined by the services it provides but by the roles that it fulfills and the expertise that its members possess and which they deploy on behalf of society. From those roles and from that expertise flows the logic of their involvement in the individual and collaborative delivery of healthcare. The services that are developed to provide that healthcare are the pragmatic operationalising of the roles and expertise of the pharmacist. By allowing itself to be drawn by the Minister and by the HSE into a services approach, pharmacy is laying itself open to argumentation that 1) there is insufficient evidence to support the provision of some services by pharmacists, 2) services are developed by aligning the wants and capabilities of the service provider and the health service, but in fact our health service has, historically, been quite poor at this process, it has usually developed services in response to pressure from professions, 3) the costing of such services becomes as important a factor as the service itself, 4) the HSE and DoHC will choose the services that they want (constrained by political considerations) and those that they can afford (constrained by their present budget structure and projected income), 5) the evaluation and provision of services must take account of the need for audit, quality assessment and risk management, each of which adds to the burden of administration on practitioners. All of this could result in a 'pick-and-mix' scenario in which

pharmacy could find itself defined as a supply profession despite the best intentions of the IPU and PSI. At present the most visible focus is on Community practice, but hospital practice has faced this problem of defining and justifying services other than dispensing and supply for many years which is why the capability of hospital pharmacy practice and therefore patient care varies so much from one hospital to the next as different administrators adopted local policies.

- The HSE approach to medicines utilization has been to divide up the process into different stages (manufacturing, wholesaling, dispensing) and to devise an outcome for each individual stage as though they were separate, non-interacting entities and as though the hospital sector and the Primary Care sector could be divided up even though hospital prescribers determine much of the prescribing that goes on in Primary Care and even though Community Pharmacies dispense hospital medicines such as High Tech products. There is nothing to suggest so far, that the HSE has seen that this does not fit with reality and that changing costs and behaviours in one sector influences what the costs and behaviours in the others.
- The Department of Health and Children has no Pharmaceutical Policy but it needs one<sup>6</sup>. Everything about its approach to medicines has suffered because of this limited vision. It has been without a Chief Pharmacist for some time although it is reportedly considering a part-time role of some sort, possibly for an academic. However, the role of the Chief Pharmacist was concerned with legislation, not policy, and this was symptomatic of the limited view of pharmacy and of medicines<sup>7</sup>. Unless the Department develops a Pharmaceutical Policy and employs the experts needed to develop one, it will never optimize the contribution of pharmacists or of medicines to this country.
- The Health Information and Quality Authority is gradually developing the capacity to perform its functions. Among these is Health Technology Assessment, the systematic and comprehensive assessment of the efficacy, safety and value of healthcare interventions (medicines, surgery, nutrition; treatments or investigations). This will create guidelines for the rational and cost effective use of healthcare resources and will lead to explicit rationing by the health service. Such rationing leads to practitioners having to decide between the population-oriented criteria of Health Technology Assessment and their personal, clinical and professional judgment about the care requirements of an individual patient. This will create professional and ethical dilemmas for pharmacists of a type that only a few have faced before.

It has not been easy for the pharmacists in the UK to agree the type and composition of the professional they wish to establish but they are getting there with the wholehearted facilitation of their existing Society<sup>8</sup>. Of relevance to this country, in the light of the reference in the Pharmacy Act 2007 to, “the acquisition of specialization” is the proposal to form a ‘Committee of Special Interest Groups’ within the new UK professional body<sup>9</sup>. This would represent the various pharmacy organizations that exist in the UK at the moment and which represent the views of pharmacists in particular sectors of the health service or of pharmacists who care for particular groups of patients. This would enable these organizations to come together to make proposals and statements about issues common to all pharmacists and to highlight those problems and policies that affect some, but not all of them. This would counteract the tendency of health policy makers and health service managers in this

country to segment pharmacy into isolated sectors. Such an approach would also still allow the existing bodies to represent their members' views in their own right outside the professional body. As Catherine Duggan<sup>10</sup>, a leading practitioner, teacher and researcher who is Chair of the UK Clinical Pharmacy Association put it; "Harnessing the breadth of speciality across all sectors will be a challenge but there is an opportunity now to focus on the issues that unite the profession and work together to resolve the issues that divide it." The combination of a professional body and of sectoral and specialist pharmacy bodies would be more powerful than the present arrangement.

A profession needs to express the views of all of its members, drawing together their disparate experiences into a single perspective, to state and explain its role and its contribution to Society. It needs to address the problems in the provision of patient care that face pharmacists working alone in their own areas and working in collaboration with others. It needs to encourage the contribution of pharmacists to health service management and to other public service bodies. It needs to ensure that the unique scientific and clinical perspective of pharmacists is valued and applied in industry and in enterprise. It needs to look at future developments and to project their impact upon the roles and responsibilities of pharmacists. It needs to maintain itself and its members through continuing education and continual professional development. It needs to contribute to the development of practice and science in undergraduate and postgraduate third level education. And it needs to renew itself by advocating, enabling and funding practice research.

Pharmacy in Ireland needs a Professional body to provide;

- an unequivocal statement of the roles, values and aspiration of pharmacists
- strategic leadership for pharmacy and pharmacists
- representation to government
- practice support for pharmacists in pharmaceutical care, in population health, in public service and in the pharmaceutical industry
- representation to the regulator, the Pharmaceutical Society of Ireland
- advocacy for patients and vulnerable and disadvantaged groups about their access to and the provision of care around medicines
- engagement with other healthcare professions about collaboration in patient care and in the continual improvement in healthcare management
- an authoritative voice for the profession in the media
- support for continuing education and professional development
- advocacy and support for pharmacy practice research
- promotion of careers in pharmacy
- support for pharmacists who suffer personal and professional misfortune
- record and promote the heritage of pharmacy
- advocacy for the provision of pharmacists and of high quality medicines as a contribution to Global Health

Many practitioners and many pharmacy students have been disheartened and saddened by what has happened recently. Many are frustrated about the absence of a pharmacy voice in the Department, and in the health service. Many are concerned that their commitment to patient care and to the health of their clients has been called into question. The formation of a professional body for pharmacy will not instantly change

the difficult circumstances that exist today but it will give the profession, some balance, some leadership and the capacity to make a difference. Let us make it happen.

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