



PGEU STATEMENT

Why Pharmacies Need Fully Qualified Pharmacists

Approved by the PGEU General Assembly on 10 March 2009

General Comments

The Pharmaceutical Group of the European Union (PGEU) is the association representing community pharmacists in 30 European countries. In Europe over 400.000 community pharmacists provide services throughout a network of more than 160.000 pharmacies, to an estimated 46 million European citizens daily.

PGEU's objective is to promote the role of pharmacists as key players in healthcare systems throughout Europe and to ensure that the views of the pharmacy profession are taken into account in the EU decision-making process.

As part of its programme of pharmacy privatization, the Swedish Government is currently considering whether to remove or reduce obligations relating to the level of Pharmacist involvement in the pharmacy. The purpose of this statement is to point out the considerable dangers in such a course of action.

The Pharmacy Workforce

Most pharmacies in Europe rely both on fully qualified Pharmacists (see below for an explanation of what that means) and staff who have other levels of qualification. Depending on the country, such staff may be described as prescriptionists (e.g. in some Nordic countries), pharmacy technicians, or pharmacy assistants.

No two pharmacy systems are exactly the same in Europe. The way pharmacies are organised tends to reflect different approaches to pharmacy sector regulation. Such regulatory approaches themselves reflect different economic and health policy traditions.

Such differences may also be reflected in the structure of the pharmacy workforce. In practice this means that there may be a different ratio of Pharmacists to other staff in the pharmacy. So for example, in countries such as Ireland and Italy on average more fully qualified Pharmacists work in the pharmacy than staff with other levels of qualification, while in countries such as the UK, Netherlands and Denmark the reverse is true.

However the pharmacy is organized, what is crucial is that the overall effectiveness of the pharmacy, in terms maximizing patient safety, is assured.

Pharmacy Qualifications in the EU

The basic principles of the higher education studies leading to qualification as a Pharmacist are harmonized at EU level. Such studies must be of at least five years duration, including at least four years practical and theoretical training and six month traineeship in a pharmacy. The training includes, at least, instruction in fourteen core subjects ranging from microbiology to professional ethics.¹

Harmonisation of pharmacy degree studies has three positive consequences.

First, the rules make it easier for Pharmacists to move from one country to another, thus addressing shortages of Pharmacists in particular countries.

Second, partly as a result of initiatives at EU level, there is increasing emphasis on the ability of patients to move freely between countries in order to obtain care. Harmonisation gives some assurance to the patient that the professional of title of Pharmacist means much the same thing in any EU country.

¹ EU Directive 2005/36

Third, the rules firmly ground the profession of Pharmacist in a number of Europe wide recognized competences. This distinguishes Pharmacists from other members of the pharmacy team with different levels of qualification, whose education or training is purely a national matter, and which varies from country to country.

Pharmacists and Patient Safety

Virtually everyone in Europe takes medication, ranging from occasional use of Non Prescription Medicines such as paracetamol to long term use of a number of prescription medicines simultaneously.

Almost all medicines have the capacity to injure or kill. Many medicines provoke adverse reactions. Some medicines are incompatible with one and other.

Medication errors are a significant source of harm to European patients.²

Even where medicines are taken safely, they are not always taken in such a way as to maximize their therapeutic effect. Poor adherence to medicines is a vast and generally underestimated cost to European health systems, both in terms of wasted medicines and worse health outcomes³.

The professional role and mission of the Pharmacist can be simply stated: it is to minimize all these sources of danger, harm, and reduced effect.

As Europe's population ages, and dependence on medicines increases, it is a role that is increasing, not diminishing, in importance. Furthermore, the pharmacist role in health promotion and disease prevention is gaining in importance as he/she is increasingly involved in passing across public health messages.

The Pharmacist's Responsibility

Other members of the pharmacy team such as prescriptionists and technicians play an important role in the pharmacy. Their contribution should not be ignored or downplayed. But the fact remains that they do not hold the same level of education and professional training (and in some cases ethical obligation) as a Pharmacist. In the pharmacy, however it is organised or structured in terms of employees, it is Pharmacists who have the ultimate responsibility to the patient.

The importance of face to face contact between the Pharmacist and the patient, and the professional responsibility of the Pharmacist, has been recognised by the European Court of Justice on several occasions⁴, by the European Parliament⁵, the European Commission⁶ and the Council of Europe⁷.

² See PGEU Booklet "Patient Safety: Maximising Patient Safety in Europe through the safe use of medicines" <http://www.pgeu.eu/Portals/6/documents/2007/Publications/PR/07.03.05E%20Patient%20Safety.pdf>

³ See PGEU Booklet "Targeting Adherence: Improving Patient Outcomes in Europe through Community Pharmacist's Intervention" <http://www.pgeu.eu/Portals/6/documents/2008/Publications/08.05.13E%20Targeting%20adherence.pdf>

⁴ Judgement of the Court of 11 December 2003, Deutscher Apothekerverband eV and 0800 DocMorris NV, C-322/01, (In particular see par 106) and Judgement of the Court of 7 March 1989. Heinz Schumacher v Hauptzollamt Frankfurt am Main-Ost. Case 215/87. (See page 20). See also Judgement of the Court in Case 141/07 Commission v Germany, and the Opinion of Advocate General Bot in case C-531/06 Commission v Italy paragraph 82 onwards

⁵ During the first and second readings of the community code on human medicinal products (Directive 2001/83/EEC), the EP approved an amendment asking for an obligatory presence of the Pharmacist in the pharmacy put forward by Dutch MEP Oomen-Ruijten. The amendment was not accepted by the Council for technical reasons (community competence).

In the view of PGEU, the immediate availability of Pharmacists to deal with patient requests and to supervise other members of the pharmacy team is an indispensable element in ensuring patient safety.

After all, we would not accept pilots without the highest level of qualification flying commercial planes. But Europe's citizens are exposed to far greater risk from drug misuse than from air traffic accidents.

It is perhaps for this reason that virtually all EU governments require a minimum level of Pharmacists supervision in the pharmacy, and why some EU Governments have in the recent past rejected such policies⁶. If Sweden adopts this policy, it will stand alone with Estonia.

The Dangers of De-Skilling

The economics of pharmacy are extraordinarily complex. Typically, pharmacies operate as private businesses, but within a regulated cost and remuneration structure. The purpose of such regulation is to address the social imperative of ensuring continuing supply across the territory, on a solidarity basis, in accordance with the highest standards of professional supervision.

EU governments are under constant and growing pressure to control pharmaceutical costs. It is clear that there are available trade-offs between cost and quality in the pharmacy sector. For example, Pharmacists tend to require higher remuneration than other members of the pharmacy team, for obvious reasons. Fewer Pharmacists and a greater proportion of other members of the pharmacy team would reduce the overall costs of maintaining a pharmacy, and in most countries this would ultimately be reflected in a lower overall cost to the health system (although not necessarily cheaper medicines).

While Europe's Pharmacists recognize the importance of controlling costs, we believe that lowering quality to reduce costs is a false economy. Lower quality would mean a higher risk of medicines misuse, error, poor adherence or unnecessary adverse reactions. All of these elements represent of course, huge costs to the health system.

But more than that, Europe's patients have the right to expect that when they go to the pharmacy the highest available standards are being applied. All the staff in the pharmacy have a role to play in that, but only the Pharmacist has the highest standards at the very heart of his or her professional mission, and the necessary training to deliver such standards.

Shortages of Pharmacists

Some EU states suffer from shortages of Pharmacists, particularly in countries where the number of pharmacies has increased rapidly in recent years (Norway is a good example). And of course shortages of health professionals generally is a significant problem. The European Commission has recently published a Green Paper on this issue.⁹

As regards Pharmacists in particular, in countries where the shortage is severe, such as the United States, Ireland or the UK, the response has generally not been to adopt a policy of relying on lesser qualified staff. The answer has been to adopt 'supply side' measures such as expanding the number

⁶ Commission Communication "A Stronger European-based Pharmaceutical Industry for the Benefit of the Patient A Call for Action" (COM 2003-385 final) highlights the role of the Pharmacist in informing patients on the correct and efficient use of medicines

⁷ Council of Europe Resolution Res AP(2001)2 concerning the pharmacist's role in the framework of health security

⁸ For example, the Parliament of the Netherlands rejected similar policies in 2004.

⁹ European Commission Green paper on On the European Workforce for Health COM(2008) 725 final http://ec.europa.eu/health/ph_systems/docs/workforce_gp_en.pdf

of Pharmacy courses in Higher Education. Other measures, such as encouraging non-practising Pharmacists to return to practice, can also contribute to solving the problem.

It is worth bearing in mind that in many ways there has never been a better time to be a Pharmacist – pharmaceutical practice is generally increasing in complexity, and the recognition of the key role that Pharmacists do and can play in health systems is increasing. It would be a tragedy if the opportunities for Pharmacists inherent in the evolution of health systems and drug therapy were not taken because the role of the Pharmacist in the pharmacy was no longer given the priority it deserves.

Conclusion

In the view of PGEU any policy of reducing the involvement of Pharmacists in the pharmacy would be short sighted in the extreme.

Such a policy would place Sweden outside the European mainstream as regards harmonization of education and training standards, and professional and patient mobility, at exactly the time that professional and patient mobility are becoming an increasing reality in Europe.

Such a policy would trade short term and uncertain economic gains (even if they can be assumed to exist) against the rights and needs of patients.

Such a policy would not address the fundamental issues in ensuring availability of the health workforce.

Europe' patients need pharmacies and they need Pharmacists. PGEU urges such polices to be reconsidered.

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