CURRENT SITUATION OF PHARMACY PRACTICE IN LATVIA AND OUR VISION FOR THE FUTURE

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Pärnu
CURRENT SITUATION (I)

• Shortcomings in legal regulation. As a result:
  – pharmacies can operate in the absence of pharmacist,
  – there is no division of responsibilities between the pharmacy licence holder and pharmacy manager (certified pharmacist) – *pro forma* the sole responsibility for operation of pharmacy lies on pharmacy manager only,
  – formally, supplementary services (blood pressure measurement, blood sugar measurement etc) are not alowed in pharmacy .

• The quality system in pharmacies is of low level – regulations set requirements to develop particular process descriptions in every pharmacy. They are primarily focused on the organisation of work in the pharmacy, not to provision of substantially/professionaly qualitative services.
CURRENT SITUATION (II)

• Division between competencies of pharmacists and of pharmacy technicians is set on paper only – it does not work in the real life.
• As for the retail business, income of pharmacies consists of sold goods only – therefore pharmacies compete with prices, marketing tricks, sales promotion etc only.
• There’s fight for territorial coverage, esp. among big pharmacy retail companies, as a result owners of small and medium pharmacy retail enterprise sell their business.
• Decrease in number of residents in provincial towns and rural areas with pronounced influence of pharmacy existence/survival in the particular area/town.
• Various forms of business integration – incl. vertical integration: wholesaler owns pharmacies, hospitals, health care centers etc.
AS A RESULT:

1) Professionalism loses meaning - there is only selling!

2) Quality loses meaning - there is only price – the lowest price wins!

3) Patients, their needs and preferences lose meaning - there is only ...
CRITERIA FOR LOCATION OF PHARMACIES

Still in force – number of inhabitants, distance depending on special pharmaceutical activities (preparation of medicinal products, 24h services).

On one hand:
• protection of existing pharmacies, incl. small and medium pharmacy enterprises (app. 30% of all pharmacies) owned mainly by pharmacist;

On the other hand:
• there is no possibility to open new pharmacies, incl. for pharmacist;
• there are many unprofitable or marginal pharmacies, preventing healthy competition and development of professional field;
• discourages new pharmacies, therefore accessibility of pharmaceutical care in rural areas.
CONCLUSIONS

• Stagnancy or even regression in the professional sphere:
  – many unprofitable pharmacies,
  – pharmacies have no free financial resources to invest in development,
  – competition by means of price is depleted – practically there is no competition.
• Professionals feel dependent and un-recognized, therefore low-motivated – not just financially, but emotionally as well, and there is no satisfaction with work.
• Pharmacy customers cannot be sure, if they receive services according to their needs and preferences.
The Tribal Wisdom of Dacota Indians:
«When you discover, that you are riding a dead horse, the best strategy is to dismount.»
WHAT DO WE DO?

- Declare that «No horse is too dead to beat».
- Lower the standards so that dead horses can be included.
- Reclassify the dead horse as «living-impaired.»
- Say things like, «This is the way we have always ridden this horse.»
- Appoint a committee to study the horse.
- Form a quality circle to find uses for dead horses.
- Purchase an aftermarket product to make dead horses run faster.
- Call the dead horse a «joint venture» and let others ride it.
WHAT WE SHOULD DO?

• Change the status or pharmacy from retail business to service provider.
• Amend regulations developing service payment-focused system. So we could enhance competition of pharmacies with range of services provided and quality of services.
• To consolidate responsibility for surveillance of Pharmacy Quality System (PQS), development and gradual implementation in regulations.
• To strengthen role of pharmacist
• To initiate specialisation of pharmacists.
• Create system to ensure equal availability of pharmaceutical care for all Latvian inhabitants.
QUALITY SYSTEM OF PHARMACEUTICAL CARE
PHARMACY QUALITY SYSTEM
CURRENT STATUS

• PSL Pharmaceutical care strategic board – to promote establishment, maintenance, development and supervision of professional, innovative, qualitative, customer focused system of pharmaceutical care in Latvia;

• Pharmaceutical care project manager staff unit at PSL; project manager develops system of pharmaceutical care quality – Pharmacy Quality System, plans and administers development of documentation, discussions, collaborates in processes of development, collaborates with the board;

• Minimal requirements prepared:
  – BMI and waist measurement,
  – blood pressure measurement,
  – blood lipid measurement,
  – blood glucose measurement

• In-process:
  – consultation for self-care,
  – medication use review.
PHARMACY QUALITY SYSTEM

MAINTENANCE OF QUALIFICATION OF PROFESSIONALS

• Pharmacy Quality System (PQS) guidelines sets requirements for competencies and skills of professional providing service:
  – catalogue of competencies,
  – minimal requirements for amount and content of training,
  – minimal requirements for maintenance of competencies and skills;

• PSL develops catalogue of competencies, sets requirements for amount and content of training in line with continuous education system;

• Training is provided by continuous education programmes accredited at PSL Committee of Professional Qualification Sertification;

• After training pharmacist takes test organized by PSL, and receives sertificate of compliance of competencies and skills to requirements of PQS for particular service;

• Complies to requirements for maintenance of competencies and skills in scope of 5 year period according to the continuous education system.

Pharmacists`Society of Latvia
Pärnu, April 18, 2015
CONTINUOUS EDUCATION OF PHARMACISTS AND PHARMACY TECHNICIANS
LEGAL BASIS

Pharmaceutical law (in force since 1998)

Article 38:

(2) A pharmacist and pharmacist’s assistant who work in a pharmacy shall be:

2) raise professional qualifications by taking part in the continuous education process recognised by the Latvian Pharmacist Society.
CONTINUOUS EDUCATION OF PHARMACISTS AND PHARMACY TECHNICIANS

• Conception approved by Board of PSL on May 30, 2012.
• Approved by Consultative Board of Pharmacy at Health ministry (Nov 28, 2012) – with approval of Pharmacy trade union, Pharmacy society, Pharmacy owner association, Society for development of pharmacies, Latvian Free Pharmacist Union;
• Came into force on April 1, 2013.
• Transition period – from April 1, 2013 to March 31, 2018, gradual re-registration of UN-CERTIFIED pharmacists and PHARMACY TECHNICIANS;
• Reporting to PSL started on April 1, 2014
• We monitor compliance of professionals to the requirements for continuous education set by PSL, but we have no legal «tools» to employ with non-compliers.
FORMS OF CE ACTIVITIES

• Lectures;
• Activities equal to modules – supervision of student practice, preparation of lecture or publication etc.
• Modules:
  – at least 6 x 45 min presence;
  – to achieve one particular aim or to develop competencies of particular group;
  – test;
AIM – to promote qualitative trainings focused to establishment and development of practical skills, active participation of learners in CPD activities, independent work – modules and equal activities.
**EVALUATION CRITERIA AND PRINCIPLES**

- Evaluation system for educational activities:

<table>
<thead>
<tr>
<th>CE FORM</th>
<th>FORM OF TRAINING/LEARNING</th>
<th>FORM OF TEST</th>
<th>Per 45 min</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge-based</td>
<td>Lecture, independent learning</td>
<td>MCQs, oral test etc</td>
<td>1 CEP</td>
</tr>
<tr>
<td>Problem-based</td>
<td>Role play, case-analysis, process modelling, problem solving</td>
<td>Unassisted case analysis and problem solving</td>
<td>1.5 CEPs</td>
</tr>
<tr>
<td>Practice-based</td>
<td>Various forms of activities in the classroom + independent tasks in the practice/report</td>
<td>Practice case description and analysis, report on application of acquired competencies in practice</td>
<td>2 CEPs</td>
</tr>
</tbody>
</table>
Participation in CE activities is mandatory for **ALL** pharmacists and **PHARMACY TECHNICIANS** in pharmacies;

**Every 5 years** – reporting of results, report on amount of CE in CEPs;

**Consequences:**
- arrest of registration in Pharmacist and pharmacy technician registry – **has no rights to provide pharmaceutical care**;
- pharmacy manager – **cannot re-certify and cannot be pharmacy manager anymore**.

**Alternative solution in case of uncompliance - examination.**

**Individual approach to cases!**

Supervised by PSL Commitee of Pharmacist Qualification certification, accredited according to ISO/IEC 17024-2012
# REQUIREMENTS

<table>
<thead>
<tr>
<th>Amount of CE activities:</th>
<th>Pharmacy technician</th>
<th>Pharmacist</th>
<th>Certified pharmacist</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>During 5 year transition period:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>During 5 years TOTAL</td>
<td>80 CEPs</td>
<td>120 CEPs</td>
<td>150 CEPs</td>
</tr>
<tr>
<td>incl. in form of modules or equal activities, at least</td>
<td>40 CEPs</td>
<td>60 CEPs</td>
<td>75 CEPs</td>
</tr>
<tr>
<td><strong>After transition period:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>During 5 years TOTAL</td>
<td>100 CEPs</td>
<td>150 CEPs</td>
<td>200 CEPs</td>
</tr>
<tr>
<td>incl. in form of modules or equal activities, at least</td>
<td>80 CEP</td>
<td>120 CEPs</td>
<td>160 CEPs</td>
</tr>
</tbody>
</table>

**COMPETENCY GROUPS**

- Pharmaceutical care;
- Community health;
- Personal competencies

- Pharmaceutical care;
- Community health;
- Personal competencies

- Pharmaceutical care;
- Community health;
- Management
- Personal competencies
PSL - Vision

New, stronger, more sustainable and – completely different!
THANK YOU AND GOOD DAY FOR ALL OF US!