

The soul of pharmacy

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Outline

- To what extent is the state of the pharmacy profession the result of its innate nature, and the natures of those who practise as pharmacists, and to what extent can deliberate action be taken to intervene, to nurture?
- Tackling the “dream deferred”; Toby Clark on the role of “healers”
- Engagement in policymaking and the setting and operationalisation of professional standards – far from dry and barren!



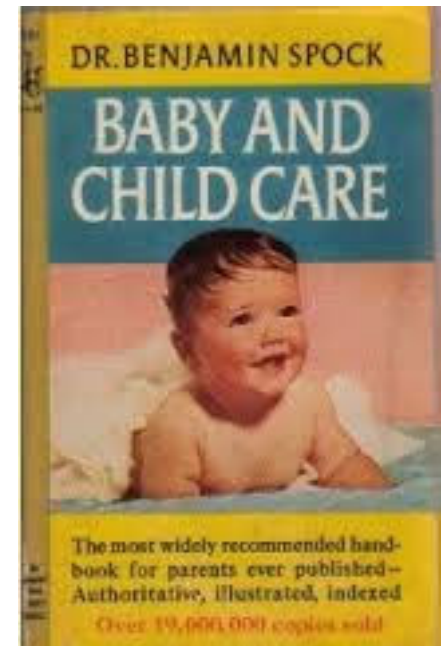
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“Nature versus nurture” – an obsession

- To what extent is the future of a child predetermined by its innate nature, and to what extent can it be shaped by its environment, and whether that is nurturing enough?
- To what extent is the state of the pharmacy profession the result of its innate nature, and the natures of those who practise as pharmacists, and to what extent can deliberate action be taken to intervene, to nurture?



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EDITORIAL

Barriers to pharmacy practice change: Is it our nature or nurture?

CPJ/RPC • NOVEMBER/DECEMBER 2016 • VOL 149, NO 6

- **Is it our nature—Are we selecting the wrong people for pharmacy?**
- **Is it nurture—The culture we have created?**

“It may be that our public-facing culture is what drives a certain type of applicant to pharmacy—one who is less inclined toward patient care. It may be, in the community setting at least, that the corporatization of the profession has constrained our ability to live up to our own professional ideals. However, our culture is us; that is, we are the ones who create it, live in it and, for the time being, corporations are a part of the deal.”



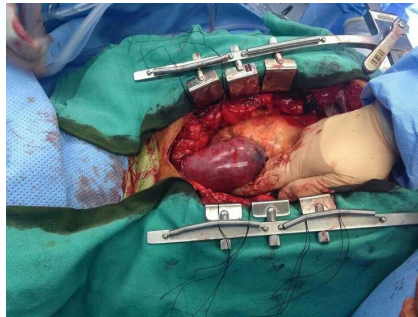
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Privileging the clinical, at what expense?

- Traditionally, society has expressed greater admiration (and deference) for the abstract than the applied, placing theoretical physics (for instance) at the apex of intellectual endeavour.
- In healthcare, we have also been guilty of this sort of “ranking”



“Ah, Andy, but they put their hands in the body of the kirk”



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A simplistic prescription?

- “Worldwide, the profession of pharmacy is changing its focus from being a product-oriented to a **patient-centered** approach. Governments and funders increasingly recognize the role of pharmacists as **medication/ drug experts** being pivotal to successful health care delivery. ... Notwithstanding the important contribution of other health professionals, pharmacists, with their **unique focus on all aspects of medicines**, are ideally placed to provide medicines optimization in both hospital and community settings; indeed, this is increasingly recognized as their **societal purpose**.”

Shaw J *et al.* AJPE 2015; 79(8): 115.



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HARVEY A. K. WHITNEY
LECTURE

A dream deferred

CHARLES D. HEPLER

Am J Health-Syst Pharm. 2010; 67:1319-25

“Universal clinical pharmacy is surely pharmacy’s dream deferred.”

“Our professional history is not destiny, either. Fundamental change is always possible, even when we do not expect it. If miracles result from natural processes that we had not noticed or had not understood, they should make us reassess our understanding. Maybe we can work in harmony with those processes.”

“I have heard people urge us to behave as warriors in the cause of patient care. I agree that warriors are needed. Warriors got us to where we are today. But we also need wizards. [A wizard’s job is to understand what is happening well enough to recognize opportunities and take advantage of them.](#) Health reform will bring us many opportunities.”



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Question

- What do we actually mean by “unique focus on all aspects of medicines”?
- Only applied clinical pharmacology and therapeutics?
- Or dare we say it



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The risks

- We risk creating an artificial barrier (and hierarchy; a “privileging”) between those who are seen as engaged in **patient-centred** practice and those who are seen as “merely” engaged in **product-oriented** tasks.



Non-distributive practice
(cognitive)

Distributive practice



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BUT.....

- We can nurture our profession by
 - recognising
 - celebrating
 - accommodating

our **diversity** today, not just because we have to, but because we choose to.

There is space for **all**!

That is our “**soul**”....



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We can

- We can nurture our profession by
 - recognising
 - celebrating
 - protecting

our **pharmaceutical roots**

and ensuring continued competence in the areas that make pharmacists different, unique and irreplaceable!



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JOHN W. WEBB LECTURE

*The greatest leadership sin is to remain
passive in the face of challenges.*

—Toby Clark

Leading healers to exceed

TOBY CLARK

Am J Health-Syst Pharm. 2013; 70:625-31



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Toby Clark

- “The leader must weave together the concept of **practice standards** and quality measurement in a way that is well understood by the healers. The healers must understand that **standards are tools** that can be effectively used for the purposes of education, control, evaluation, and planning for the future. Leaders should know that professional practice standards exist for the purpose of improving the quality of our services to patients and that standards need to be used as the basis for measuring quality.”



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Is this, all too often, our knee-jerk response?

- Engagement in policymaking and the setting and operationalisation of professional standards may sometimes seem inexcusably dry, barren of the passion that enlivens the healer.



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To the contrary....

- It is by ensuring that pharmacy has a seat at that table, by shaping and contributing to the normative, that we can nurture the profession, expand the remit of pharmacists to the very limits of their competence, share in the obligations and responsibilities, and serve society.



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DESCRIPTIVE REPORT

Revision of the International Pharmaceutical Federation's Basel Statements on the future of hospital pharmacy: From Basel to Bangkok

Conclusion. Systematic revision of the FIP Basel Statements resulted in an updated reflection of aspirational goals for the future of hospital pharmacy practice. While this revision reflects the development of new goals for hospital pharmacy practice, the core principles of the Basel Statements remain an essential foundation for the discipline.

Am J Health-Syst Pharm. 2016; 73:1077-86



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Essential medicines for universal health coverage



Veronika J Wirtz, Hans V Hogerzeil*, Andrew L Gray*, Maryam Bigdeli, Cornelis P de Joncheere, Margaret A Ewen, Martha Gyansa-Lutterodt, Sun Jing, Vera L Luiza, Regina M Mbindyo, Helene Möller, Corrina Moucheraud, Bernard Pécoul, Lembit Rägo, Arash Rashidian, Dennis Ross-Degnan, Peter N Stephens, Yot Teerawattananon, Ellen F M't Hoen, Anita K Wagner, Prashant Yadav, Michael R Reich*

“Governments and the main public or private payers should establish **independent pharmaceutical analytics units** (or equivalent) to focus on generating information for action to promote quality use, in conjunction with other objectives.”



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Medication Without Harm



WHO Global Patient Safety Challenge



Reduce the level of severe, avoidable harm related to medications by 50% over 5 years, globally



**Speak up
for patient safety!**

No one should be harmed
in health care



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THANK YOU!



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