

**BREAKING THROUGH THE  
RECOGNITION BARRIER –  
FROM ADVISORY ROLE TO A  
RESPONSIBILITY BEARING ROLE**

**By**

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# WHO/FIP 8 Star Pharmacist



**Communicator**

**Life-long learner**

**Teacher**

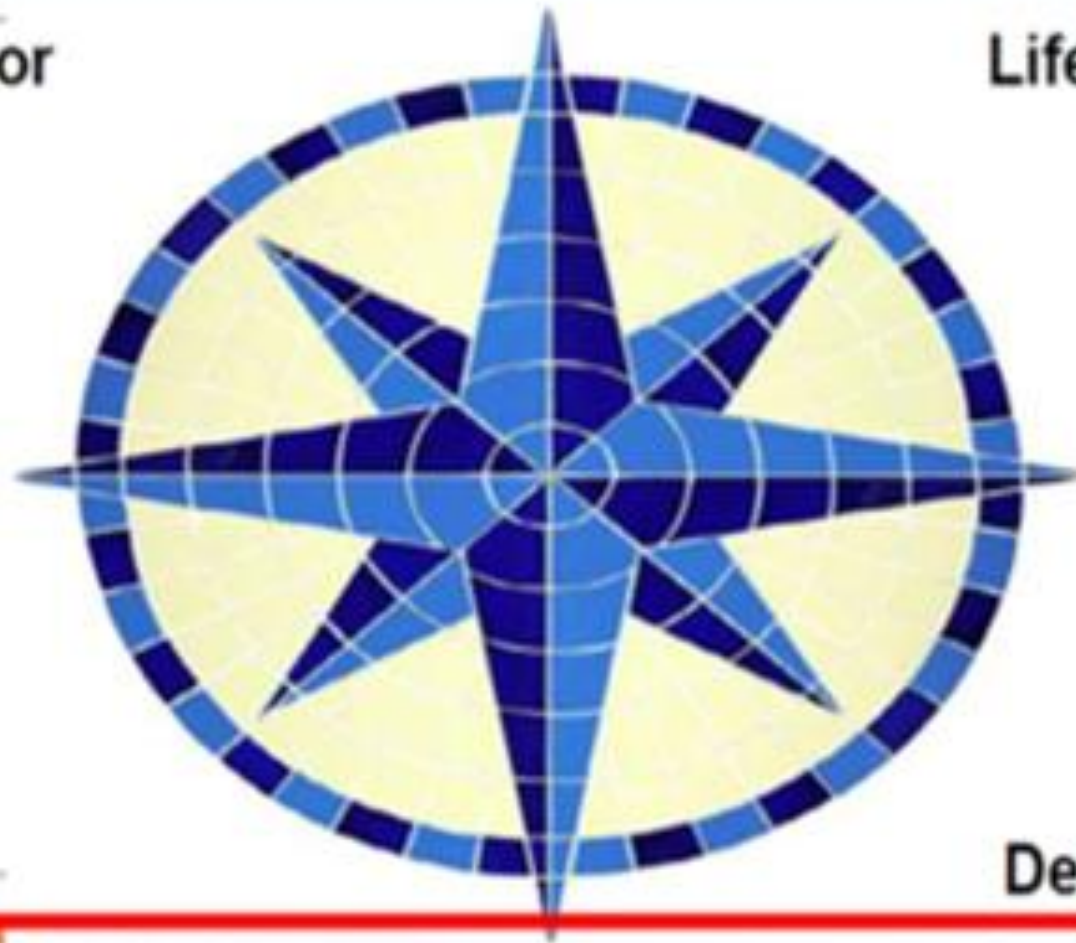
**Researcher**

**Caregiver**

**Manager**

**Leader**

**Decision Maker**





# IN ANCIENT TIMES.....



10. DAMIAN and COSMAS  
(About 300 A.D.)

# **IS THERE A PROBLEM OF RECOGNITION IN THE COMMUNITY PHARMACY**

- Public Perception**
- Sellers of Medicines – shop model**
- Like a doctor**
- Can get any medicine from the assistant**
- MPS have stated that public ignorant of the role of the pharmacist**

# COMMUNITY PHARMACY

- Sellers of Non-Health Related products
- **Discount Culture – Price War**
- Taken for granted – bring medicines to be counselled for free.
- Current Malaysian Laws – empower pharmacists to a great extend
- **Question – Are our Community Pharmacists embracing this empowerment?**

# COMMUNITY PHARMACY

- Dispensing Separation – the solution??
- **Dispensing Function – Pharmacist Purview**
- Dispensing at Ward Level - Nurses
- **Function Separation – Group C to Group B**
- Current Situation – practice  
Pharmaceutical Care?

# GLOBAL COMMUNITY PHARMACY

- UK 2016 Proprietary Association of GB Report
- Australia – Conflict of Interest
- Canada – Pharmacist Self-perception
- USA – 50% want to quit the job
- Taiwan – Value Created by Separation?
- NZ – Pharmacy Vs Pharmacist



# COMMUNITY PHARMACY WAY FORWARD

- **Global Trends – creating value**
- **Pharmaceutical Care - long-term medical conditions**
- **Creating value >> Responsibility >> Recognition**
- **Creation of a Service-orientated Practice Model**
- **Professional Fee – Time, Knowledge, Skills**



# CAN PHARMACISTS PRESCRIBE IN THE COMMUNITY PHARMACY?

- **Poison Act 1952 i.e. for Non-Group B poisons where the role of the Community Pharmacist is clear.....medicines supplied, for the purpose of the medical, dental or animal **TREATMENT**, of a particular individual by a licensed pharmacist on the premises specified in his licence.**

**- Responsibility Bearing – Need Practice Model**

# **HOSPITAL / CLINICAL PHARMACY**

- Historical Perspective**
- UK in the 80s – into patient-orientated care**
- Major advancement in Public Hospitals**
- Clinical Pharmacists**
- Opinion Leaders in Public Domain**
- Specialist Speaker in Clinical Meetings**
- Invited by Medical Fraternity**

# **MEDICATION THERAPY ADHERENCE CLINICS (MTAC)**

- **Great Achievement**
- **Clinical Pharmacists – feeling appreciated?**
- **Patient's consent to see MTAC Pharmacist?  
Consent Form to be signed?**
- **Adherence or Management?**
- **Empowerment > Responsibility Bearing >>  
Recognition**

# IS THERE A PROBLEM IN ACADEMIA

- Diabetes Management Campaign
- **All relevant professions except pharmacist**
- Opinion Leaders in Medicines and Medicine Management
- Ignorance of Faculty of Medicine
- Dispensers of Medicine on prescription
- IPL



# **IS THERE A PROBLEM IN THE INDUSTRY**

- **Pharmacy Graduates not ready but demand high salary**
- **Employed as per legal requirement**
- **Public recognition of the pharmacist e.g. compared to the Engineer**
- **Not very visible opinion leaders from the industry**

# POSSIBLE CAUSES

- Too insular in mind-set
- **Supplier and dispenser of medicines**
- Confusion caused by too many terms
- Pharmacy Vs Pharmacist
- Profession does enough to promote itself?
- Pharmacy just a place to collect your medicines and quickly
- **Value Creation??**

# PATIENT

**MEDICAL DOCTOR**



**PHARMACIST**

**Medical Care**

**Pharmaceutical Care**

**DIAGNOSIS**

**PRESCRIPTION**

**Medicines and Medicines  
Management**

**Dispensing**

**OUTCOME  
MANAGAEMENT**

**RED OCEAN STRATEGY**

**BLUE OCEAN STRATEGY**

# 15-MEDICATION-RELATED PROBLEMS

1. **Untreated Conditions**

2. Appropriateness of drug 3. **Effectiveness**

4. Evidence-based practice 5. **Non-Drug measures** 6. Continuation of the Drug. 7. **Drugs being used to treat ADR.**

8. Appropriateness of Dosage Regimen 9. **Dose individualization**

10. Polypharmacy 11. **Contraindications**

12. ADR 13. **Interactions** 14. Monitoring of Side Effect 15. **Compliance**



# FOR OUTCOME MANAGEMENT TO WORK.....

- Empowerment for independent prescribing
- In the UK – BNF March 2017 – Pharmacists Prescribing

**Pharmacists Independent Prescribers can prescribe any medicine for any medical condition. They are able to prescribe, administer and give directions for the administration of Controlled Medicines.**

# ACHIEVING HIGHER LEVEL OF RECOGNITION IN CLINICAL PHARMACY

- **Taking full ownership**
- TDM
- **TPN**
- OCPS
- **MTAC to MTMC**
- **Acknowledgement from other professionals and patient**

# PRACTICE MODEL IN COMMUNITY PHARMACY

- **Product Orientation to Service Orientation**
- **Legal Empowerment – Dispensed Medicine**
- **Documentation**
- **MOH Guidelines – 2015**
- **Privacy and more Pharmacist contact**
- **Listing of Services**
- **Professional Fee**



QUEST PHARMACY

CONTROLLED MEDICINES



# CONSULTATION COUNSELLING ROOM

## PHARMACISTS

### Services

Dispensing  
Medicine Management  
Responding to Symptoms  
Oral Contraception  
Screening  
Weight Management  
Smoking Cessation  
Supplementation



# ARE PRESENT DAY PHARMACY GRADUATES READY?

- BASIC MEDICAL SCIENCES
- PHARMACEUTICAL CHEMISTRY
- PHARMACEUTICS AND PHARMACEUTICAL TECHNOLOGY
- PHARMACOLOGY
- CLINICAL PHARMACY
- PHARMACY PRACTICE

# MARKETING

- **Pharmacists – generally not good marketers of their own profession**
- **DIMS**
- **Own conferences**
- **Promoting own expertise**
- **independent area of practice**
- **Focus on patient care**

# CONCLUSION

In order to obtain the recognition that we so deserve, pharmacists need to focus on the blue-ocean strategy and contribute to patient care focussing on responsibility bearing roles in Medication Therapy Outcome Management and working towards empowerment in prescribing.



**THANK YOU FOR YOUR KIND ATTENTION.**

**Q and A.....**