Reprofessionalization of Pharmacy as Pharmaceutical Care

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Reprofessionalization of Pharmacy as Pharmaceutical Care

• Reflection on previously discussed History:
• Our predecessors probably had job descriptions that were very similar to one another.
• Keep in mind the needs of people at that time; life was different from what it is today.
• Travelling from place to place was difficult, basic life functions were not facilitated by modern day conveniences.
• Tasks centered around keeping each other safe, finding food, reproducing and protecting one another.
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• Knowledge and science led to inventions and developments that assisted the day to day tasks of finding food and such.

• This led to variations in how mankind could spend their time, and specialization in the field of science, arts and leisure developed further.

• People became more mobile, across seas and over continents. Communities no longer knew each of their neighbors. In order to be distinctive everyone wanted to find what they were good at, and provide unique services to those around them.
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• Hence professions became more specific, jobs more specialized.
• A variety of alliances and organizations began to develop of merchants involved in similar activities.
• These organizations were often formed with self serving interests, limiting competition as well as setting standards.
• By the eighteenth century, many of these standards or restrictions had been adopted by governmental bodies, giving the force of law to the previously voluntary requirements.
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- **Occupation vs. Profession:**
- There was increasing complexity of some jobs
- People began to differentiate between:
  - *Work activity that was a job*
  - *Lifelong or long term devotion to an occupation*
  - *The specialized knowledge and unique requirements of a profession.*
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• Characteristics of profession:
  1. The service offered are closely linked to major human values.
  2. The service requires a degree of knowledge, skill, and understanding, beyond a layman’s ability to evaluate.
  3. The services are individualized in nature, cannot readily be standardized or mass produced.
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• Charles D. Hepler wrote extensively about pharmacy and its professional status. Some of his conclusions about pharmacy in the nineteenth century:
  • *Value*: Concerned with health
  • *Degree of knowledge*: Special training
  • *Highly individualized*: The pharmacist compounded many prescriptions specifically for a patient immediately before dispensing.
  • **Pharmacy of the nineteenth century surely was a profession.**
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- How about pharmacy in the twentieth century?
- Amendments of the Federal Food, Drug And Cosmetic Acts
  - Millions of dollars in premarket testing
  - Advances in technology allowed mass production of ready to dispense dosage forms
  - Prescriptions become so standardized
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- Extensive premarket testing to ensure safety of patients, companies wanted revenue on their spent money.
- Mass production of ready to dispense tablets, suppositories, liquids, injectables; the need for individual compounding decreased.
- In some instances, the only individualization was the patient name and prescription number.
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• “The complexity of most pharmaceutical services was reduced in the public mind, and often in reality, to the infamous sequence of counting, pouring, licking, and sticking”

• **Pharmacy, always plagued by the image of the merchant interested primarily in moving the drug products, and thus had come perilously close to losing any valid status as a profession.**
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- **Pharmaceutical Care as Reprofessionalization:**
  
  Luckily the same development that threatened pharmacy- the industrialization of the pharmaceutical industry in the first half of the twentieth century- also provided the profession with a valuable opportunity.

- Few drugs
- Explosion of knowledge of chemicals (drug discovery, pathophysiology of many diseases)

*Table 3.1 Pharmacy & world Events, 1951- present*
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- Time for physics - 1600’s
- Time chemistry made great strides - 1800’s and early 1900’s
- 1900’s time of biology (1953 DNA as genetic material)
- Underlying pathophysiologies and metabolic basis of diseases better understood.
- Powerful new drugs were identified or created
- Thousands of compounds were tested for antibacterial, antifungal, and antiviral activity
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• Astute pharmacists *Brodie, Francke, Parker*, begin to conceptualize a new role for pharmacists that would involve the specialized provision of information.....
  **Clinical pharmacy.**

• **Hepler** identified basis for the clinical pharmacy movement

1. Drug information
2. Drug distribution (decentralized)
3. Teaching and research programs in pharmacology and biopharmaceutics.

Hepler CD Am J Pharm Educ 1987
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- At university of California- San Francisco
- Train student for a role that did not previously exist!
- Ninth Floor Project, 1966 began with the following goals:
  - To develop a hospital floor based pharmaceutical services that would provide maximal patient safety in the utilization of drugs
  - To charge the pharmacist with the responsibility for all phases of drug distribution, except the administration of medication to the patient
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• To provide an unbiased and easily available source of reliable drug information
• To provide clinical experience for interns and residents
• To design and conduct studies in cooperation with the physician and nurse, within the framework of the team approach.
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• All of these roles were radical departures from the prior functions of pharmacists.
• But gradually, the worth of such services took hold, and schools of pharmacy across the United States began to create a demand for clinical pharmacy services.
• Other movements: Publication of *drug intelligence and clinical pharmacy* 1967
• Two pharmacy therapeutics textbooks came out of San Francisco 1972
• 1974 federal government required the pharmacist to conduct monthly drug regimen reviews
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• Profession once again?
• Thus the clinical pharmacy movement created the opportunity for pharmacy to continue as a **profession** worthy of the respect and trust of its patients.
  • Involved in the healthcare of patients
  • Required specialized knowledge
  • Individualized

[The 3 basic characteristics of a profession.]

[Image of pills and healthcare-related content.]
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- **Affirmation of the trend: The Milis Report**

- 1975, American association of colleges of pharmacy (AACP) commissioned a study of a 12 member group headed by Dr John Millis

- 161 page report “Pharmacists For The Future: The Report Of The Study Commission On Pharmacy”

- 14 recommendations
Among deficiencies in the health care system is the unavailability of adequate information for those who consume, prescribe, dispense, and administer drugs. Pharmacists are health professionals who could make an important contribution to the health care system of the future by providing information about drugs to consumers and health professionals. Education and training of pharmacists must be developed to meet these important responsibilities.
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• Recommendation #2

Pharmacy should be conceived basically as a knowledge system that renders a health service by concerning itself with understanding drugs and their effects upon people and animals.
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• Recommendation #3

A pharmacist must be defined as an individual who is engaged in one of the steps of a system called pharmacy.... A pharmacist is characterized by the common denominator of drug knowledge and the differentiated additional knowledge and skill required by his particular role.
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• Recommendation #4

The system of pharmacy must be described as being both effective and efficient in developing, manufacturing, and distributing drug products. However, it cannot be described at present as either effective or efficient in developing, organizing, and distributing knowledge and information about drugs.
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• Recommendation #5

Major attention should be given to the problems of drug information—specifically in defining who needs to know, what he needs to know, and how these needs can best be met with speed and economy.
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- Recommendation #6

Despite the real and multifaceted differentiation in the practice roles of pharmacists, there is a common body of knowledge, skill, attitudes, and behavior all pharmacists must possess. The objectives of pharmacy education must be stated in terms of both the common knowledge and skill and of the differentiated and/or additional knowledge and skill required for specific practice roles.
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• Recommendation #7

The Study Commission recommends the following three component educational objectives for pharmacy education:

a. The mastery of the knowledge and the acquisition of the skills common to all of the roles of pharmacy practice.

b. The mastery of the additional knowledge and the acquisition of the additional skill needed for those differentiated roles that require additional pharmacy knowledge and experience.

c. The mastery of the additional knowledge and the acquisition of the additional skills needed for those differentiated roles that require additional knowledge and skill other than pharmacy.