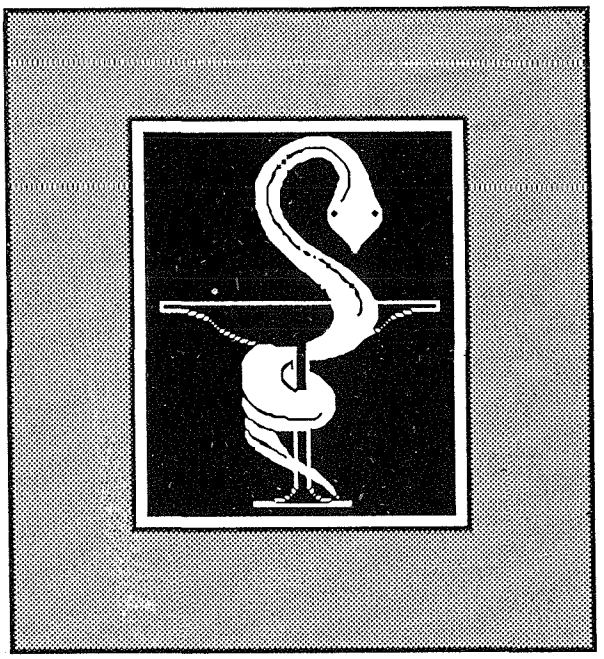


CHAMBER OF PHARMACISTS

MALTA

THE REORGANISATION OF THE GOVERNMENT PHARMACEUTICAL SERVICES

SEPTEMBER 1988

The Chamber of Pharmacists held a visual presentation of its Report on the 'Reorganisation of the Government Pharmaceutical Services on Friday, 9th September at the Federation of Professional Bodies, Paceville. The presentation was made by the President of the Chamber, Mrs. Mary Ann Sant Fournier, B.Pharm., M.Phil., to the Hon. Minister for Social Policy, Dr. Louis Galea, B.A., LL.D., M.P., who attended all proceedings and delivered a concluding address.

The guests included the Chief Government Medical Officer, Dr. J.J. Giglio, M.D., D.P.H., D.I.H., B.Pharm., the Principal Medical Officer, Dr. A. Vassallo, M.D., B.Pharm., D.P.H., D.I.H. M.F.C.M., the Chief Pharmacist, and pharmacists, especially those working in the sector, and pharmacy students. This report, which is being reproduced in full, was compiled by Mrs. Maria Brincat, B.Pharm., aided by Ms. Margot Zammit Montebello, B.Pharm.

REPORT ON THE REORGANISATION OF THE GOVERNMENT PHARMACEUTICAL SERVICES

1. Introduction

The Pharmacy Profession is a keystone in the health care system. The profession of pharmacy has a long standing history of service to the general public. Like other professions, the role of the pharmacist has also changed over the years. The new role, the modern aspect of pharmacy practice carries just as much responsibility if not more, because of the great potency of today's drugs. There has also been a change from a product oriented profession to one of greater involvement with the patient increasing communication with other professionals.

The aim of this study is to provide a framework for the reorganisation of the Government Pharmaceutical Service. This reorganisation involves:

1. raising of pharmacists to Professional Status;
2. the setting up of a service with various departments, providing opportunities for advancement, and incentives for specialisation.

The important role of the pharmacist for the success of therapy has been amply documented. Medicines alone are not enough for health. Unless taken correctly, for the correct amount of time, they can be worse than useless. It is therefore inconceivable that a government pharmaceutical service be allowed to continue in its current state of struggle for survival. Action has to be taken now.

We are confident that implementation of the proposals put forward in this report, will lead to the high standard pharmaceutical service which this country deserves.

2. Current Working Conditions

The current areas involving pharmacists are:

a. Medical Stores
b. Hospitals

The number of hospital pharmacists has always been small. For years, the post of Chief Pharmacist was vacant, the government pharmaceutical services being run by a non-pharmacist. In 1978 when the student worker scheme was introduced, the pharmacy students were allocated to different parts of the pharmaceutical service and an effort was made to introduce modern areas of hospital pharmacy practice. These students (government sponsored) were bound to work with government for two years after graduation or pay a hefty fine. In spite of this, few of the new graduates stayed on to finish the two years in government service. The reasons are not too difficult to identify.

These are:

a. Non professional status of the pharmacist
b. Degrading working conditions
c. Lack of job satisfaction

2.1 Professional Status

The graduate pharmacist, a professional, starts service at grade 34, way below the professional grade (17) he deserves. If the service provided to the public by the department of health is to be up to the required standard the status of the pharmacist must be reviewed. It should be noted that UK accreditisation for teaching hospitals as far as hospital pharmacy is concerned requires the pharmacist to be involved in taking patient histories, I.V. additive preparations drug information, patient counselling and other clinical pharmacy practices. This cannot be achieved in Malta before stability in the department is ascertained.

The warrant to practice and code of ethics issued by the pharmacy board are clear indications of the professionalism of the pharmacist.

Table I compares the years of study spent at university of students of various courses and their starting grade of employment with govern-

Table 1 — Comparison of University Courses and starting Grade of Employment with government

Profession	Years of Study	Grade	Remuneration
Pharmacy	4 years	34	2335 x 68 — 2802
Dentistry	4 years	18	2810 — 1st year
House Surgeon Medicine (Houseman)	5 years	18	2970 x 81 — 3292 2nd year
B.Pharm.Tech. (Enemalta)	4 years	17	2970 x 81 — 3292
B.Educ.	4 years	30	2335 x 81 — 2962
Law (Solicitor)	4 years	17	2970 x 81 — 3292
(Advocate for legal aid)		27	2695 x 68 — 2962

NOTE: Pharmacists start at the lowest grade of all the professions.

ment. This shows clearly the discrimination being perpetuated against the pharmacist.

The entry requirements for the B.Pharm. (Hons.) are specifically Physics, Chemistry and Biology. and not any combination of subjects. The grades required are 1B and 2C at 'A' level, identical to those required for Medicine and Surgery.

2.2 Degrading Environment

The current location of the inpatients hospital pharmacy, at the basement of St. Luke's Hospital is most unsatisfactory. The temperature is too high in summer and a suitable level of hygiene is lacking. This pharmacy should be relocated to a place in St. Luke's Hospital which will provide the appropriate working environment for the pharmacists and which will also be more convenient and welcoming to the patients calling for medicines.

2.3 Lack of job satisfaction

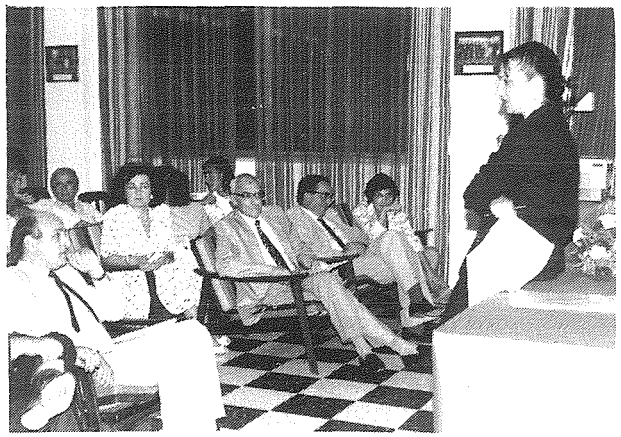
There is one major area of dissatisfaction which is the procurement section. Six 1986 graduates were assigned to this section. They were responsible for all the clerical (secretarial) work required such as phoning agents, chasing engineers and other hospital staff for approval of equipment. The procurement section can be described as the major exit point for the previous batch of graduates. Attention should be paid, not to have a repetition of this with the 1988 graduates.

3. The Government Pharmaceutical Services

3.1 Services directed to patients or other professionals

(i) Ward Pharmacy

This term describes the involvement of pharmacists in the wards with patients and doctors. The Ward Pharmacist is not concerned with diagnosis. The doctor will determine the type of drug therapy, but the pharmacist can help particularise the medication to be used. The pharmacist should be in a position to supply the physician with evaluated information on pharmaceutical and therapeutic aspects of drug as well as on the changing awareness of the toxic profile of drugs. He can help decide which dosage form or formulation of an active principle should be used and the best route of administration of a medicine; he may be expected to undertake the responsibility for deciding the formulation of a medicine or other treatment which the clinician has prescribed; and he may take specific responsibility for dosage calculations(1).



The President, Mrs. M.A. Sant Fournier presenting the report. Seated front row L. to R.: The Hon. Minister for Social Policy, Dr. L. Galea, The Chief Government Medical Officer, Dr. J. Giglio, The Principal Medical Officer, Dr. A. Vassallo and Pharmacist Mrs. M. Brincat.

The first degree course is of itself not sufficient to enable a pharmacist to take on this role and individuals should be helped and encouraged to specialise in the area.

In Malta the first attempt to set up ward pharmacy was made in 1986. However as the number of pharmacists dwindled, so did this service. Currently another team of ward pharmacists has been set up consisting of one senior pharmacist and four newly graduated pharmacists. These pharmacists also have to relieve the shift pharmacists so that in practice there may be only one pharmacist, which is highly inadequate.

(ii) In/Out Patient Dispensing

Dispensing in hospital involves:

(a) the provision of medication to the wards, theatres, etc. in the hospital, an activity currently carried out from the **inpatient pharmacy**. As already stated, the current location of this pharmacy is most unsatisfactory.

(b) the dispensing to hospital outpatients and to those who are entitled to free medication either because of chronic diseases or low income. Dispensing to outpatients is carried out from two points, a new outpatients pharmacy which is so set up as to facilitate and permit patient counselling, and the old outpatients pharmacy.

(1) Nuffield Report (Summary), The Pharmaceutical Journal, 1986.

At present the inpatients pharmacy is run by a newly graduated pharmacist, under the supervision of a senior pharmacist who is in charge of all hospital pharmacies. The pharmacist in charge of the pharmacy is responsible for the smooth running of the pharmacy, the procurement of special items, including emergency antibiotics and supervision of staff. The shift pharmacist dispenses dangerous drugs, special items and carries out supervision of dispensing.

The outpatients pharmacy falls under the responsibility of the same senior pharmacist in charge of the inpatients pharmacy. There are now three new pharmacy graduates directly responsible for these pharmacies, one in charge of the old outpatients, two at the new outpatients, one carrying out supervision of staff, the other counselling of patients. More pharmacists should be involved in the provision of medication counselling. There are some medicaments, e.g. those involving a special applicator or device or those whose therapy must be closely followed together with dietary advice, in respect of which advice should be offered the first time they are dispensed or when a change in therapy is involved.

An example of a group who are due to form an increasing proportion of the population are the elderly, a group, which is known to consume far more drugs than the population at large.

Unfortunately, there is a lack of sufficiently qualified staff involved in dispensing. The new pharmacy technician students have received little tuition in this respect.

(iii) Drug Information

A question answering service is something that needs to be readily available at the hospital, and the provision of evaluated information requires in those giving it recognition of the clinical context within which the information is to be used.

Initially this unit was set up in 1986. It was run by a pharmacist and had slowly built up a reputation for itself. Once the pharmacist resigned, the service ceased to exist in an organised manner. Pharmacy students and pharmacy technicians become responsible for answering queries. Furthermore, most of the questions are asked after 2.30 p.m. when the housemen are without their consultant. During these times only a pharmacy technician was available for answering queries. In view of what has just been stated above, it is no wonder that the reputation built up quickly fizzled out completely.

The service has been resumed again with the new graduates. The unit is run by a pharmacist during working hours and there is a shift pharmacist available after office hours, thus a 24 hour service exists. The drug information pharmacist is also responsible for the dispensing and procurement of antidotes.

(iv) Inspectorate

Though provisions were made for a pharmacy inspectorate to exist consisting of pharmacists this has never really existed. An inspectorate is necessary not simply to report and punish, but to regularise, direct, and ascertain good standards of pharmaceutical practice form manufacture to dispensing.

(v) Other Hospitals

The pharmacist's professional expertise is as essential at the other hospitals as it is at St. Luke's. It is most worrying to know that for years these hospitals have operated without a pharmacist. Currently there is one pharmacist at Boffa Hospital, one at Has-Serh and one at Mount Carmel. All these fall under the supervision of a senior pharmacist.

One must remember that these hospitals are specialized hospitals and the pharmacist in charge should be encouraged to gain further experience and extend his knowledge in the field.

3.2 Activities related to drugs

(i) Procurement

Although the procurement section is a very important section, it is the section which pharmacists find least satisfying. There are two sections, a 'non stock item' section and a 'stock item section' each being the responsibility of a senior pharmacist. Five newly graduated pharmacists are then in charge of special sections, e.g. dangerous drugs, injections, equipment, etc.

The problems that regularly arise in this area indicate that a major study of the whole procurement procedure should be undertaken and the section reorganised as necessary.

(ii) Manufacture

The areas into which this can be divided are:

— I.V. Preparations

— Extemporaeous Preparations

Some improvement has been made in some areas but much progress has to be made for satisfactory standards to be reached. A new graduate is now in charge of the extemporaneous preparations. Unfortunately there is no pharmacist in charge of the I.V. preparations sections.

(iii) Quality Control

Quality control is carried out at Evans Laboratories. A pharmacist is in charge of this area.

(iv) Radiopharmacy

There exists no organised set up for the handling of radiopharmaceuticals. Unless people with proper knowledge handle these preparations, unnecessary exposure to radioactivity may be taking place.

4. Recommendations

4.1 Professional Status

As seen from Table I pharmacists financial status compares adversely with that of other university graduates.

Table II lists the current grades for Pharmacists within the Government Pharmaceutical Service.

Table III is the proposed regrading of pharmacists, a regrading which gives them their due professional recognition and status. This is the first step towards the adequate manning of the Government Pharmaceutical Service.

The structure being proposed allows for expansion within the departments.

Table II — Current Salary Scales and Grades for Pharmacists

Scale No.	Pay	Grade
34	2335 x 68 — 2802	Pharmacist/Analyst IA
*26	2802 x 81 — 2962	Pharmacist/Analyst I
17	2970 x 81 — 3292	Senior Pharmacist
15	2069 x 81 — 3470	Chief Pharmacist

*NOTE: Other grades within this salary scale are:
— Public Cleansing Officer II
— Officer in charge Pitkali Centre
— Health Inspector II
NONE of these have a University degree.

Table III — Proposed Pharmacist Salary Scales

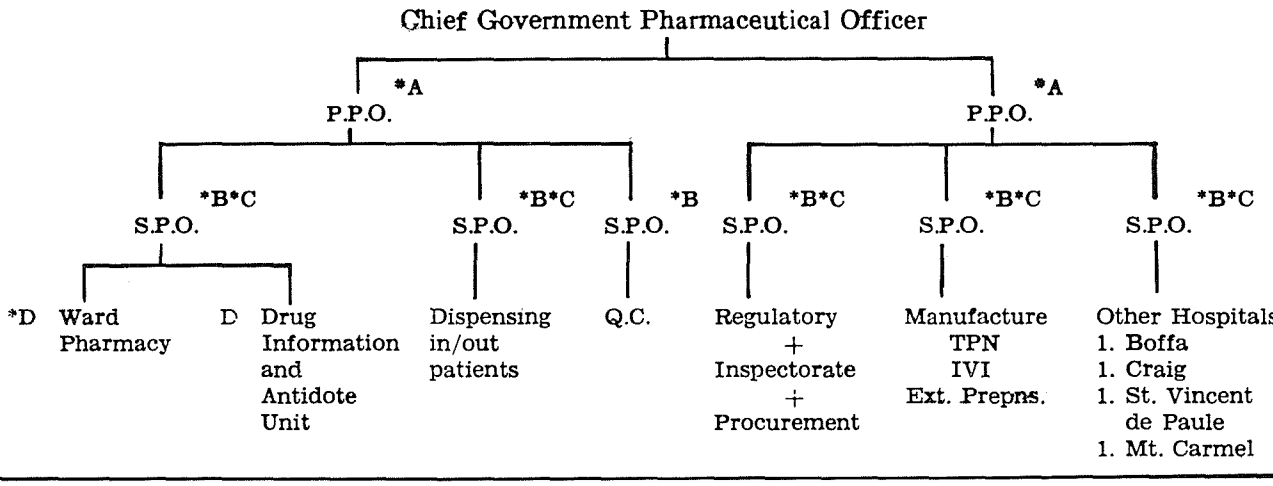
Grade	Scale No.
Pharmacist I P.O.I	17
Pharmacist II P.O.II	12
Senior Pharmacist	5
Principal Pharmaceutical Officer	4
Chief Government Pharmaceutical Officer	2

4.2 Reorganisation

In conjunction with recognition of the professional status, a reorganisation of the pharmaceutical department must be undertaken. The following structure has been drawn up after consultation with the Chief Pharmacist, hospital pharmacists and pharmacy students. Fig. I illustrates the proposed structure and requires the involvement of about 40 pharmacists. This we must emphasise is the bare minimum to maintain the service. Many more pharmacists are required if the service is to be run in the way required by modern hospital pharmacy practice.

General

This structure provides opportunities for advancement. Opportunities and incentives for



NOTES
*A P.P.O. — Principle Pharmaceutical Officer, mainly Administrative Posts
*B S.P.O. — Senior Pharmaceutical Officers will be Heads of Section
*C Prime areas for future expansion
*D Pharmacists I, Pharmacists II

Fig. 1 Proposed Reorganisation of the Government Pharmaceutical Service

continuing education must also be provided. On the other hand, pharmacists who specialise in certain areas must not be simply promoted to administrative posts and 'wasting' them on administration. We feel that the correct way of recognising further academic qualifications is by giving such pharmacists joint posts with the University. Such an organisation will be possible once the Faculty of Pharmacy is set up. Heads of Departments in this faculty being given posts of headship within particular specialities e.g. head of clinical pharmacy in the government pharmaceutical service, or head of geriatric pharmacy.

A look at some of the sections will now be taken:

(i) Procurement Section

This section should be reorganised. Fig. 2 describes one possible way of doing this.

Narcotic and Psychotropic Section

A pharmacist should be responsible for the procurement of Narcotic and Psychotropic drugs. Since procurement is being included with Regulatory and Inspectorate, this pharmacist can also be responsible for the regulation of these drugs as well as acting as specialist in their procurement.

Administration and Preparation of Reports

The administrative staff required, who will be responsible for the drawing up of reports etc. should consist of:

a. people with a qualification in Business/Management/Accountancy
b. be of high intellectual level
c. be computer literate.

Specialists

This includes pharmacists, engineers ... whose expert advise will be used when required. There should be a designated number of professionals, who will be available for consultation. Such a list would increase the efficiency of the system.

The reasons for the above suggestions are:

a. The pharmacist is trained to be discriminating in product choice.
b. People like pharmacy technicians do not know or appreciate such product differences as I.M./I.V.
c. Medical practitioners do not know enough about generic formulations and factors effecting formulations
d. It is of utmost importance not to have shortages. This must be ascertained, together with good quality products.
e. It is common knowledge that one difference between a graduate and a non-graduate is his way of thinking and approach to problems. This is why people from Business Management and Accountancy are suggested as forming part of this section.

(ii) Ward Pharmacy and Drug Information

These two sections are under the same head because it is essential that there exists not only good communication between ward pharmacists and drug information but also that the latter can continuously be exposed to a clinical environment. This is a must if these pharmacists are to provide the evaluated information required of them. A team of five Ward pharmacists and four Drug Information pharmacists is suggested. This is the first step towards the proper organisation of Ward Pharmacy as well as a twenty four hour drug information service.

(iii) Dispensing In/Out Patients

The movement of repeat outpatient prescrip-

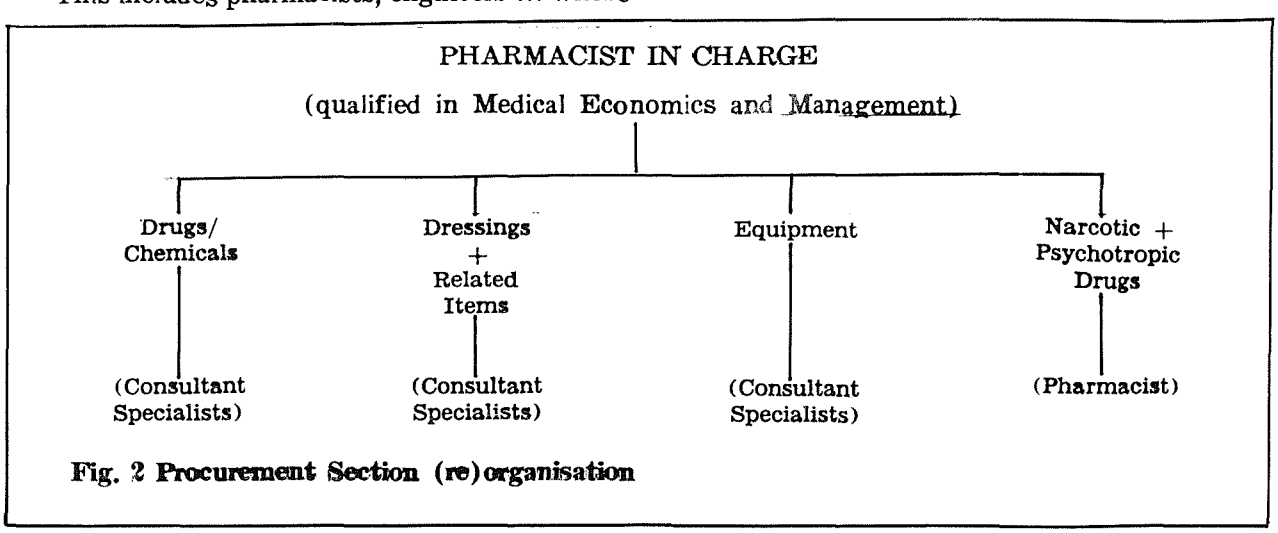
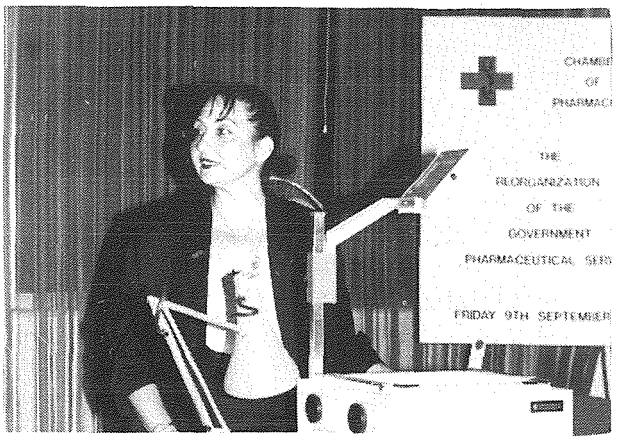


Fig. 2 Procurement Section (re)organisation

Section of the audience.



The President making the presentation.

tions from the hospital to community pharmacies will relieve some of the strain existing in the outpatients pharmacy, as well as giving the patient the opportunity of closer supervision and contact with the community pharmacist.

Counselling of patients must be given more importance. An initial compliment of five pharmacists to handle these two areas should be considered.

(iv) Quality Control and Government Laboratories

These should be included with the Government pharmaceutical services.

(v) Regulatory and Inspectorate

The inspectorate should have the responsibility of

a. inspecting pharmaceutical industry
b. pharmacies
c. all localities where pharmaceutical preparations are manufactured or repacked.

Where the ethical conduct of a pharmacist is involved, the inspectorate should have the authority to report such cases to a professional pharmaceutical council which will be concerned solely with the pharmacy profession.

vi. **Radiopharmacy**

There should be more involvement of pharmacists with the actual dispensing of these dangerous products.

vii. **Other Hospitals**

Though initially one pharmacist for each hospital is allocated, this is by no means enough. To mention just one hospital, St. Vincent de Paule, more pharmacists are needed because closer patient monitoring and counselling is required.

5. Notes

5.1 Conjoint Posts

Pharmacists with the necessary academic qualifications and inclination should be encouraged to specialise. Incentives for specialisation should include financial remuneration. This should be in the form of joint posts and lectureships with the University. Promoting these people to administrative posts would be a waste of their talents and resources. These specialists should be given further recognition by creating positions such as director of ward pharmacy, which positions will be joint positions between the hospital and the pharmacy school at University.

5.2 Geriatric Pharmacy

Specialisation in geriatric pharmacy is essential. Members of other sectors of the health care team are being sent abroad to specialise in geriatrics. Pharmacists should also be encouraged to specialise in this field.

An active role is already being played by the pharmacy department, in that a number of theses on the subject have already been undertaken.

5.3 Job Sharing

Certain staff shortages can be met by employment of pharmacists part-time to share particular jobs. There are many lady pharmacists who could be interested in such arrangements, but one must not forget that adequate financial

remuneration is a must if interested candidates are to come forward.

5.4 Pharmacy Technicians

The term pharmacy technician has become somewhat of a misnomer, and is thus inappropriate. This is because batches of pharmacy technicians have been produced with:

i. little, if any scientific background;
ii. they are given work consisting largely of preparing packages for the hospital outpatients — without adequate training in dispensing;
iii. because of this insufficient scientific background, they are incapable of making significant contributions in such areas as manufacture;
iv. they are inadequately trained. There are two courses which lead to the pharmacy technician exam, an evening course, and a course at the hospital, while the students are already in government employment. These two categories of students do not receive the same kind of education and training.

Proposals

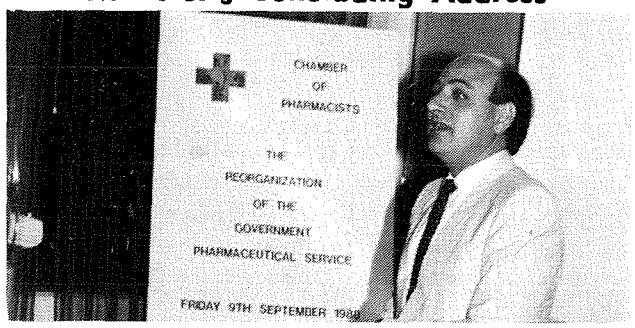
a. The production of pharmacy technicians should stop. There is no place for them in community pharmacy and they cannot really meet the hospital pharmacy requirements.
b. The technicians required in the government pharmaceutical service should be taken on as lab technicians (previous entry qualifications 1 'A' level and 5 'O' levels) and those employed in pharmacy, given further specific training for this kind of work without any warrant to practice in community pharmacy.
c. Existing pharmacy technicians will be retained at their present work.

5.5 Professional Board — Pharmacy Council

In spite of Pharmacy's long, traditional standing as a profession, the recognition of the profession is non-existent, in the administration's view. Not only is there no financail recognition as already pointed out, but there is also a lack of a proper professional board.

A professional board should consist of members of the particular profession. This professional board — **Pharmacy Council**, will then be responsible for the proper running of the profession. Pharmacists cannot be considered as paramedicals, they are professionals in their own right.

Minister's Concluding Address



The Honourable Minister of Social Policy, Dr. Louis Galea, brought the presentation to an end. In his concluding address Dr. Galea spoke about the importance of the health service and his belief that workers in the area of public health should realise that they are giving a service and that their work, whether pharmacist, doctor or any other, is not only a means of earning a living. It is essential that these people are not only given an academic training, but must be educated in their social role.

The Minister spoke of the government's awareness that there is a general lack of satisfaction among government workers, both with regards to financial remuneration for training received and the way the service is generally organised. For this reason the government has set up the Public Services Reform Commission to study the restructuring of the government service. There is a lack of adequate legislation to meet today's needs because legislation has not kept up with today's technical developments and social changes. He stated that this caused difficulties in implementing reports and proposals in spite of their excellence. Another drawback which the government has, is the lack of sufficient number of qualified personnel. The Minister mentioned government's action to change this by improving training conditions and by ensuring a better academic input into training courses.

Dr. Galea continued by saying that he was not at the time in a position to say just how much of the report will be adopted, but he assured those present that it would be looked into by the Public Services Reform Commission. If the report is acceptable and an agreement can be reached about it, then it should be possible to implement it even before the entire job of the Reform Commission is completed. Dr. Galea mentioned the work being done by the department in conjunction with the Chief Pharmacist re The Reorganisation of the government pharmaceutical Service.

Dr. Galea concluded his address by once again emphasising the great importance of the government service which will always be of national importance. He expressed his wish that things will change in the future; that workers will get the due recognition of their status and a general improvement of their working conditions. By being aware and recognising the situation in the private sector, it should be possible for government to keep the best trained people. The health service must be extended into the community and the pharmacist must become an integral member of the health care team. The pharmacist is a highly qualified individual and the general public must be educated into appreciating this.