

For July i2P
Pharma-goss
With Rollo Manning

3 July 2006

THE FUTURE IS HERE

This columnist believes there is a need for a National discussion on the future with a “warts and all” approach to the current situation. A call has been sent to people interested in contributing and some 20 people have indicated an interest.

Is this enough?

It is hoped that as the project gathers momentum more will be interested in putting forward their views.

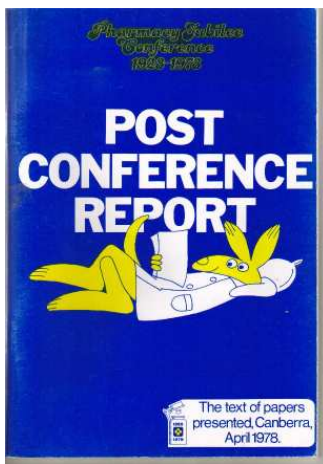
It is important from the outset to understand where pharmacy has come from over the past 30 years.

In 1978 the Pharmacy Guild held its 50th anniversary conference in Canberra with the theme of “towards 2000”. Papers were given by eminent speakers forecasting the changes they believed should happen in the years ahead.

One of the most sought after speakers at the time was a man by the name of Colin Trevena. He owned the pharmacy in the small country town of Boorowa in the south west of New South Wales. Before computers reached out Colin had a card system on which was logged the conversations he had with clients and progress notes on their condition. His “practice” was outcome driven. Better pharmaceutical outcomes better health could have been the motto.

Why is it that now we have so few Colin Trevena’s around and more and more people pouring over software trying to develop the web based privacy friendly secured languaged patient information system?

Is it that hard?



We do our banking online so why not our messaging on patients so doctors and pharmacists can be privy to the same information?

The first question the people who have indicated an interest in the future will be asked will be

Why the past 30 years has failed to produce people with the vision Colin Trevena had back in the 1970s.

Colin did not stop at the patient record cards. He went on while the electronic computer use was gathering momentum and developed (in conjunction with Ted Crook in Canberra, an information system for pharmacists with good data on resources that were available for the public and private sectors. Then when it was possible to put the yellow PBS book up electronically the project quickly gathered momentum and became Chemdata which later turned into Amfac Chemdata and later Amfac. It was the pioneer of pharmacy information systems and is still used by a large share of pharmacies today.

Where is the next Chemdata?

Where are the visionaries like Colin Trevena?

Step forward if you believe you have it in you.

The first thing the “panel” will be asked is why the past 30 years has failed to produce the clinical pharmacy model that was forecast back in 1978.

What are your thoughts?

Let’s not reinvent the wheel and be asking in 30 years from now – where is that clinical pharmacy *i2P* said in 2006 should come about.



The current situation

- ✚ Developing clinical practice pharmacies as mooted in 1978 has failed
- ✚ Clinical Practice pharmacies are still needed
- ✚ The pharmacy to be truly a “community” asset needs a partner with money and interest in the success of a clinical pharmacist.
- ✚ Models of how this has been done in other countries should be investigated - especially the US.
- ✚ Expressions of interest should be sought to elicit partners who are interested in developing a broader role for the pharmacist graduate in community health.
- ✚ The fanatical desire to maintain control of 100% of a pharmacy business (by pharmacists) should be set aside. People who care for the future of the pharmacy profession and the contribution it can make to primary health must be able to share their thinking without being branded as renegades and traitors to the cause.
- ✚ Acknowledge that pharmacists can only move ahead in the health care system when their income is not tied to the sale of a product.
- ✚ Recent graduates are leaving the traditional retail pharmacy practice for more challenging roles in Divisions of General Practice, pharmaceutical manufacturers, university research establishments and public service opportunities.
- ✚ Pharmacy trade press, conferences, seminars, workshops and off shore events are flooding the horizon with propaganda that seeks to maintain the status quo.

The infrastructure for mounting new initiatives needs examining and modifications sought to change legislation if the current laws are inhibiting forward planning.

A CHALLENGE AHEAD FOR PHARMACY BOARDS

The messages and emails have been flying around since a renowned pharmacy chain started selling Paracetamol Tablets 500mgm 100 at special discount prices with dump bins and banners.

The selling of a Schedule Two product by specialising out at a cheap price is surely not in accord with the Poisons Schedules or the listing as an s2 in the Standard for the Uniform Scheduling of Drugs and Poisons.

So what happens? Pharmacists in the neighboring suburbs become angered, tell mates, take photos (see right) and generally express their disgust at the action that is demeaning for the second most trusted profession. But really what is this happening?

Surely it is the most unprofessional conduct that could be perpetrated on the innocent public by a profession that likes to pride itself on ethical conduct.

The Pharmacy Boards in whatever jurisdiction should be on to this like the proverbial “ton of bricks” and wipe the operator (owner pharmacist) off the register and never allow them to practice again. A message has to be sent that, in the words of the Guild cliché - *“medicines are not ordinary items of commerce”*. Okay if this is the case and is commonly used wording for a meaning of medicine will somebody do something to stamp out discounting of s2 medicines.

If it can't be done because of some law - then change the law.

Maybe a reader who is a member of a Pharmacy Board would like to explain how this practice is allowed to continue.



