

The Pharmacy Council

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The Health Care Professions Act (HCPA) determines the organisation, roles and responsibilities of the Pharmacy Council of Malta. The Council's work affects all members of the pharmacy profession in all areas of practice as well as beneficiaries or stakeholders of the professional services it relates to.

The Pharmacy Council addresses issues related to both pharmacists and pharmacy technicians. A general outline and description of The Council's current activities and the challenges it faces will be discussed as well as its vision for the future of the profession and its practice.

Functions of the Pharmacy Council

As members of a regulated profession, pharmacists need to meet certain qualification and experience criteria that attest to having the necessary expertise

to practise. In Malta, the criteria to be utilised for licensing a Pharmacist are defined via Articles 13 and 14 of the Health Care Professions Act (HCPA).

Once licensed by the competent authority, a Pharmacist becomes authorised to practise within the unique legal, professional and ethical rules within the national territory.

This activity represents the *core functions* of the Council. The Council primarily ensures that persons wishing to be licensed as pharmacists meet the necessary

requirements. A Register of such persons is kept and maintained by the Council. Consequently the Council must ensure that at all times such practice meets strict professional and ethical standards and if not, it is empowered to take strict disciplinary measures to protect the reputation of the profession and safeguard patients against the risk of misconduct or even malpractice.

To do so, the Council needs to have the necessary *legal mandate* and authority to act in this manner. This is afforded to it via the HCPA that defines its composition and its roles, functions, operational parameters and general procedures. The HCPA also defines the limits of authority of the Council to regulate the profession and its practice by defining those professions it regulates and the tools afforded to it to regulate these professions (reference should be made to Part III of the Act).

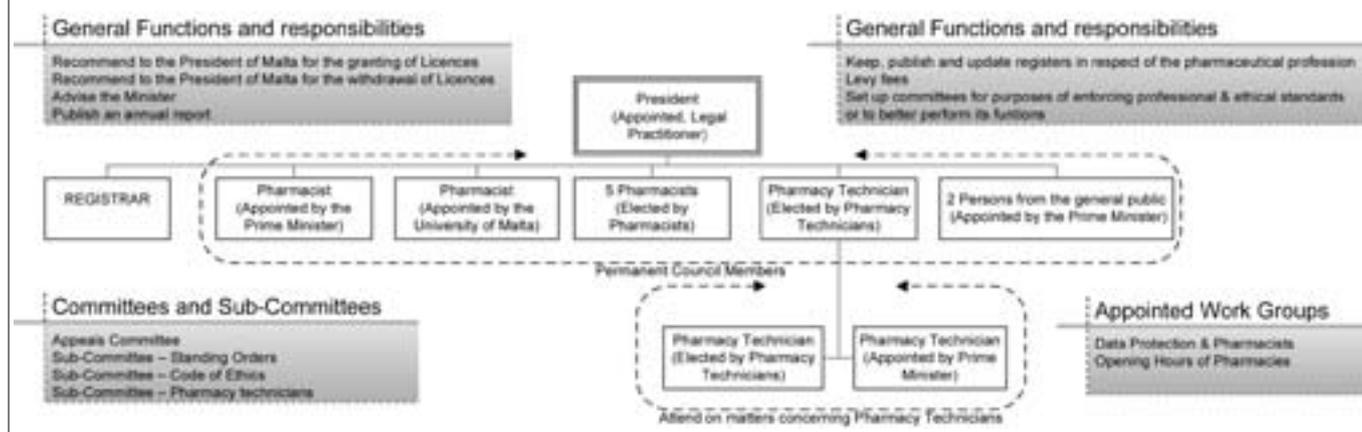
The composition of the Council

The HCPA (Article 15) determines that the Council be composed of 11 permanent members and two Pharmacy Technicians that may attend when any matter concerning Pharmacy Technicians is discussed. Of the permanent members, six are elected by the profession and five are appointed by Government or other institutions (Figure 1). The only full-time and remunerated staff member is the Registrar who is also responsible for the day-to-day administration of the Council's affairs.

The scope of this composition is to maintain a balance between ensuring that the profession may harbour and apply the principle of self-regulation while at the same time ensuring adequate representation of civil society, and the beneficiary of the profession's activities – the patient. Moreover, the term of office of all Council members is of three years. This gives the Council a higher degree of stability thus allowing it more space and time to act in the longer term and facilitates for a higher degree of continuity. All this should help instil confidence in the activity of the Council as being representative of the profession and its beneficiaries, acting in a planned, coherent and transparent manner and most of all, being accountable for its actions.

Figure 1

The composition and general roles and functions of the Pharmacy Council



Council activities

The Council has only been recently established and takes over and builds on the experience and achievements of the Pharmacy Board. The activities of the Pharmacy Council over the past two years are illustrated in the annual reports for 2004 and 2005. The first priority of the Council was to ensure it has adequate and updated legal tools to carry out its functions. For this purpose it established a sub-committee to update the Council's standing orders, that define how the Council executes its roles and functions.

Another sub-committee was appointed to update the Code of Ethics. This has now been presented to the public for their views before its publication (http://www.sahha.gov.mt/showdoc.aspx?id=89&filesource=4&file=drftcodeofet_pharm.pdf). Consequently, more detailed Codes of Practice that give the principles enshrined in the Code of Ethics a more practical interpretation designed to fit the specific area of practice (e.g. Community Pharmacy) will be developed together with practitioners in the specific area of practice.

Where it was deemed relevant, the Council has appointed and will continue to appoint members of the profession and other experts to its sub-committees. This expands the interpretation of the principle of self-regulation by increasing practitioner participation in the definition of the rules that determine and define the practice of Pharmacy in Malta. It also helps ensure

that the Council's recommendations and activities better reflect current scientific knowledge, practice and realities.

Another priority is the maintenance of the Registers held by the Council. In this respect, the main challenges came from new legislation (specifically, the HCPA and the Data Protection Act) and from the information requirements demanded of the Council by national and EU institutions, hence the detailed questionnaire sent to all registered practitioners last year.

The Pharmacy Council is also a consultative body on new national and EU legislation and matters affecting the pharmaceutical profession, pharmacists and medicines. The Pharmacy Council is also active in the Forum Malta fl-Ewropa and makes submissions and recommendations in this respect.

Importantly, EU membership has brought about a new reality for the Council that now has to facilitate the exercise of EU nationals' (including Maltese persons) right for freedom of movement and establishment. Unfortunately, experience is teaching us that to keep with the demands of this role and responsibility is no easy task. The Council's very limited human and financial resources make it difficult to match those of its European counterparts especially in areas of disagreement. It is also difficult to be active members of the EU and its numerous institutions and decision-making fora. Despite our local limitations, the Council is striving to be

effective. It is undertaking initiatives that will help it secure EU funds and support aimed specifically at addressing these lacunae and limitations especially in terms of investment needed towards institution-building and EU participation.

The Council is also actively seeking to represent and protect the professions it regulates by also intervening with the authorities on issues and matters that concern the profession and patients but are not under its direct jurisdiction. Examples of this are proposals or opinions presented with respect to the list of essential equipment to be kept in a pharmacy, pharmacy opening hours, waiting room charges, the 'avian flu pandemic' and the National Formulary. In most cases, the proposals were drafted with the assistance of a sub-committee comprised of practitioners of relevant expertise.

The Council is taking initiatives to promote the important role in society of its regulated practitioners. One initiative is the issue of Council-registered pharmacist identification tags. In collaboration with the Medicines Authority it will be obligatory to wear this when practising in the Community. This will help promote the profession by helping patients to identify in the pharmacy that professional that may provide them with appropriate advice and guidance on their medicine and health related issues.

Together with the Office of the Data Commissioner the Council is developing

and will subsequently publish guidelines that will help regulated practitioners better understand the Data Protection Act and ensure conformity to the Act in their practice.

With the introduction of nominal registration fees, the Council is addressing its obligations to become not only a functionally but also a financially autonomous public entity. The Council now has its own funds and is making investments that will help it be of better service to the profession and the community it serves.

The Council's vision for the future

This autonomy will help the Council look ahead and act with confidence and certainty to achieve its vision. In this respect, the Council is taking action to bring under its wing all areas of practice within the medicines chain. It has already responded and made its proposals in respect of Qualified Persons. Similar initiatives are planned for Responsible Persons and medical representation.

Secondly, the Council is promoting collaboration and co-ordination between stakeholders in the field. It is in fact developing a more appropriate website, has opened the draft Code of Ethics to public consultation, met with consumer

associations, the Chamber of Pharmacists, the Malta College of Pharmacy Practice, the GRTU and government entities like the Medicines Authority and the Office of the Data Protection Commissioner. All these discussions are bearing fruit.

Conclusion

Through our leadership, activity and actions the Council aims to establish an appropriately defined and regulated environment that increases the prestige and public confidence in those professions regulated by the Council and which allows them to provide the most professional and ethical service that our community deserves.

I am a Pharmacist

I am a specialist in medications

I supply medicines and pharmaceuticals to those who need them.
I prepare and compound special dosage forms.
I control the storage and preservation of all medications in my care.

I am a custodian of medical information

My library is a ready source of drug knowledge.
My files contain thousands of specific drug names
and tens of thousands of facts about them.
My records include the medication and health history of entire families.
My journals and meetings report advances in pharmacy from around the world.

I am a companion of the physician

I am a partner in the case of every patient who takes any kind of medication.
I am a consultant on the merits of different therapeutic agents.
I am the connecting link between physician and patient
and the final check on the safety of medicines.

I am a counselor to the patient

I help the patient understand the proper use of prescription medication.
I assist in the patient's choice of non-prescription drugs
or in the decision to consult a physician.
I advise the patient on matters of prescription storage and potency.

I am a guardian of the public health

My pharmacy is a center for health-care information.
I encourage and promote sound personal health practices.
My services are available to all at all times.

This is my calling. This is my pride.

Anon

Source:
Pharmaceutical Dosage Forms
and Drug Delivery Systems
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Malvern PA (USA)