

INSIGHT INTO THE DEVELOPMENTS OF PHARMACY PRACTICE IN ESTONIA

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- ▶ Changes in
 - ▶ pharmacy legislation,
 - ▶ pharmacy education,
 - ▶ community pharmacy practice,
 - ▶ hospital pharmacy practice.

PRESENTATION OUTLINE



LEGISLATION



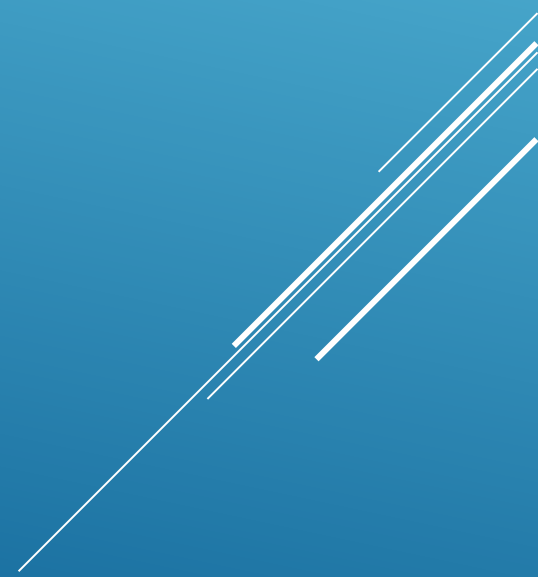
- ▶ Restrictions to vertical and horizontal integration in pharmacy sector.
- ▶ Implementation period will be ending in June 2019 and in April 2020, respectively.
- ▶ Different stakeholders still wait for the impact analysis.
- ▶ In March 2018 Chancellor of Justice declared:
 - ▶ pharmacy ownership reform conforms to Constitution of Estonia;
 - ▶ no need for additional legal regulations for implementation of ownership reform.

LEGISLATION

- ▶ In June 2019 – branch pharmacies to main pharmacies
 - ▶ new outlet could be open only by pharmacists;
 - ▶ about 70 branch pharmacies have to change ownership or close their doors;
 - ▶ access to medicines could decrease in smaller places where about half of operating pharmacies are branch pharmacies;
 - ▶ pharmacy chains apply for extension of the transition period.

LEGISLATION 2

PHARMACY EDUCATION



- ▶ Need to prepare pharmacy student for professional life and role(s) they will take in society after graduation.
- ▶ No longer acceptable to assume that competency is automatically reached by education and training.
- ▶ For entry-level pharmacists, competency guidelines based on curriculum outcomes have been developed in Canada, Australia, and the UK.
- ▶ Several existing frameworks evaluating changes in the performance and competency of practicing pharmacists.

COMPETENCY-BASED EDUCATION

The tool includes personal and patient care competencies presented in 13 domains and 50 particularly defined competences. More oriented to community pharmacy.

Personal competencies

- learning and knowledge
- values
- communication and organizational skills
- knowledge of the science of medicines
- understanding of industrial pharmacy

Patient care competencies

- patient consultation and assessment
- need for drug treatment
- drug interactions
- provision of drug product
- patient education
- provision of information and service
- monitoring of drug therapy
- evaluation of outcomes

EUROPEAN PHARMACY COMPETENCY FRAMEWORK (EPCF)

- ▶ UT, Institute of Pharmacy, acted as a partner in the EPCF project, and volunteered to pilot the tool for evaluation of the existing pharmacy programme:
 - ▶ to construct a curriculum mapping matrix;
 - ▶ to assess the pharmacy curriculum outcome based competency level, and
 - ▶ to identify the pharmacy curriculum gaps and evaluate the expediency of the EPCF as a curriculum mapping tool.

EPCF AS A TOOL FOR CURRICULUM EVALUATION

- ▶ Personal competencies were assessed higher than patient care competencies.
- ▶ In almost all domains, the competency levels were perceived to be at a higher level by academia than the pharmacy sector representatives.
- ▶ Competency evaluation
 - ▶ for academia as knowledge-delivered level,
 - ▶ for other stakeholders as mix of perceived (viewpoint of students) and realized (viewpoint of practicing specialists and employers) levels.

COMPETENCIES OF ENTRY-LEVEL PHARMACISTS

▶ Issues addressed in the pharmacy programme organization and training methods:

- ▶ support more patient care competencies linking the pharmacy programme with practice on different fields of pharmacy starting already from the first years of studies;
- ▶ support the reflection and practical implementation of theoretical knowledge, more broad use of problem-based learning in different subjects;
- ▶ introduce business and entrepreneurship subjects to the pharmacy programme due to the pharmacy ownership reform in 2020;
- ▶ develop more detailed requirements for pharmacy students and for internship supervisors at community and hospital pharmacies as pharmacy internship play very important role in implementing of professional competencies.

CURRICULUM GAPS

- ▶ Updating description of aims and outcomes of pharmacy programme.
- ▶ Development of competency-based modules within programme.
- ▶ Novel teaching methods.
- ▶ Involvement of practicing specialists in teaching process.

REDESIGNING OF PHARMACY PROGRAMME



COMMUNITY PHARMACY PRACTICE



- ▶ Medication list
 - ▶ for physician:
 - ▶ 6 month view to prescribed and dispensed medicines; expired and canceled prescriptions;
 - ▶ new/repeat prescribing, interactions check;
 - ▶ for patient
 - ▶ list of currently used medicines: indication, administration details, consumption with food and drink.
 - ▶ for pharmacist?

COMMUNITY PHARMACY PRACTICE



Täna

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Printi

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MEDICATION LIST PHYSICIAN VIEW

Kuupäev: 11.01.16 - 17.01.16

Perearst: Mati Murakas

Patsient: Mari Maasikas

Küsimuste korral pöördu oma perearsti poole.

Jooksev nädal

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Printi skeem

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| Lisainfo | Hommikul enne sööki | Peale sööki | Klaasi piimaga | | | | Vajadusel | | |
| Esmaspäev 11.01.16 | ☀ | 1 tablett | | 1 tablett | | | 1/2 tabletti | 1/2 tabletti | 1 annus |
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| Kolmapäev 13.01.16 | ☀ | 1 tablett | | 1 tablett | | | 1/2 tabletti | 1/2 tabletti | 1 annus |
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MEDICATION LIST PATIENT VIEW

- ▶ Developed in 2012 and updated in 2016.
- ▶ The QGCPS cover description of services provided and principles of quality handling of medicines in pharmacy.
- ▶ The indicators included to QGCPS assist pharmacists in self-evaluation of daily professional activities.

QUALITY GUIDELINES FOR COMMUNITY PHARMACY SERVICES (QGCPS)



- ▶ In 2014 and 2016, a study was conducted amongst community pharmacies (in 2014 n=479 and in 2016 n=493) by using an internet-based eFormular survey platform.
- ▶ In both years, 43% of the community pharmacies in Estonia responded.
- ▶ In 2014 and 2016, 2/3 of pharmacies provided regular counselling about medication use details, but only 1/5 of pharmacies had private dispensing area for medicines.
- ▶ Safety aspects were discussed in about 1/3 of pharmacies.
- ▶ By 2016 about 1/2 of pharmacies provided different extended services. However, the number and type of services was constantly changing.
- ▶ About 1/3 of pharmacies were participating in health promotion campaigns.

QGCPS-BASED SELF-EVALUATION



THE FIRST PHARMACY „OSCAR“

- ▶ Health promotion and disease prevention in collaboration with National Institute for Health Development
 - ▶ smoking cessation
 - ▶ pilot project spring 2018;
 - ▶ 8 hours CPD course.
 - ▶ Naloxon replacement therapy, syringe exchange
 - ▶ under development.

DEVELOPMENT OF EXTENDED SERVICES



Innovative,
Integrated and
Individualised Care



Next Chapter in Patient Care: **Medication Review**



- ▶ The initiative to develop MUR services started in September 2017 with meeting of working group involving: community and hospital pharmacists, general practitioners, representatives of pharmacy schools, Estonian Health Insurance Fund and Estonian State Agency of Medicines.
- ▶ The national standards for MUR services are currently developed in Estonia.
- ▶ Information about the needs for CPD in MUR will be collected to initiate MUR courses in the future.
- ▶ We welcome joint meetings with colleagues from Latvia and Lithuania to learn possibilities for further collaboration.

MEDICATION USE REVIEW (MUR)

HOSPITAL PHARMACY PRACTICE



- ▶ May 2014 – EAHP „**European Statements of Hospital Pharmacy**“
- ▶ April 2016 – EAHP „Implementation team“
- ▶ October 2016 – EAHP „1st EAHP meeting of Implementation Ambassadors“

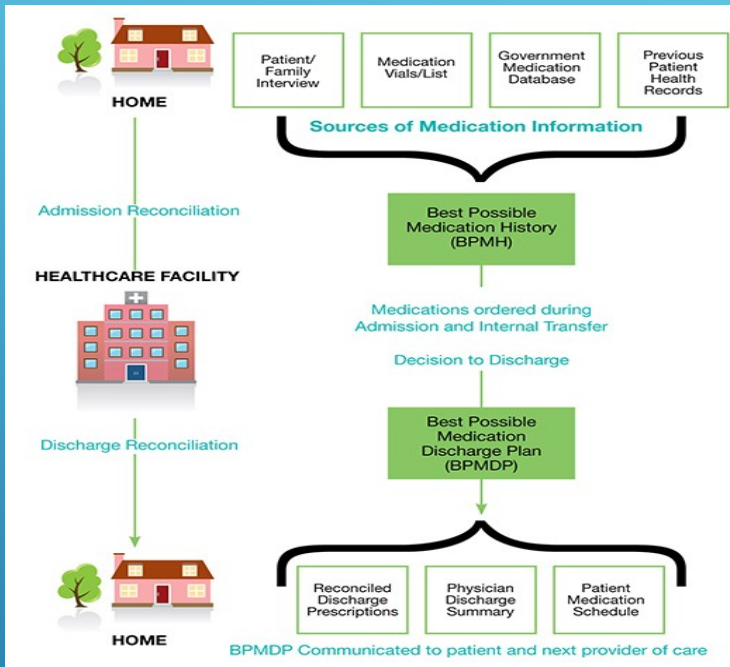


FUTURE DEVELOPMENTS OF HOSPITAL PHARMACY IN EUROPE

- ▶ December 2015 – Good Hospital Pharmacy Practice in Estonia.
- ▶ EAHP – „Self-assessment tool“ – based evaluation of hospital pharmacies in Estonia.

LOCAL INITIATIVES





Majority of medication errors occur during care transitions.¹

Poor communication at transitions causes:

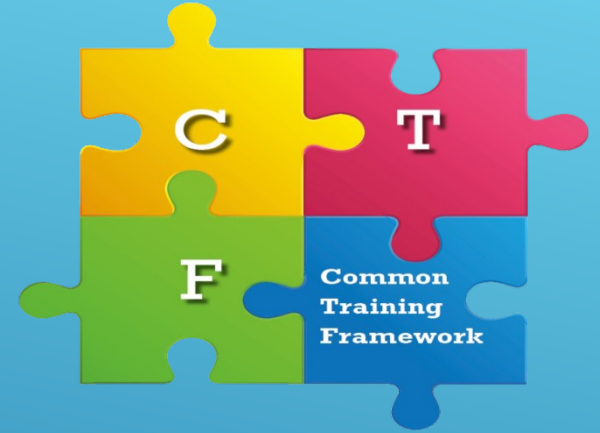
Approximately $\frac{1}{2}$ of hospital-related medication errors

20% of adverse drug events

This often results in readmissions and/or emergency department visits.

MEDICATION RECONCILIATION

- ▶ EAHP project
 - ▶ The overriding motivation for creating the common training framework (CTF) for hospital pharmacy specialisation is ***“to enhance the quality of, safety of, and equity of access to, patient care in every European country”***. Underlining this motivation are five key benefits that highlight why a CTF is so important for EAHP and its members. These include the **patient benefit**, improving **labour mobility** and the benefits that arise from that, a **benchmark for all European countries** to strive for, a **vital strategic tool** for realizing the European Statements of Hospital Pharmacy and the culmination of decades of EAHP and member advocacy.



COMMON TRAINING FRAMEWORK





Our key is in collaboration!





Thank you!