

# **THE INFLUENCE OF THE IMPLEMENTATION OF THE NATIONAL DRUG POLICY AND ITS EFFECT AT THE ROLE OF PHARMACISTS**

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Medicines use has grown dramatically increasing the expenditure of health care system, the population has aged, the prevalence of chronic disease has increased, new infectious diseases have emerged and the range of effective medications has broadened, the new medical technology has opened, the number of medicines on the market has increased dramatically over the last few decades, bringing some real innovations but also considerable challenges in controlling the quality and rational use of medicines and change the role of the pharmacists. Whereas previously the pharmacist worldwide was seen as responsible primarily for manufacturing and supplying medicines, today the pharmacist's role has evolved towards a clinical orientation. The new roles, skills and attitudes which pharmacists need to master in the condition of the national drug policy (NDP) providing if they are to become members of multi-disciplinary health care teams.

Our task was to investigate how the implementation of NDP affects the role of pharmacists and change the approaches to pharmaceutical education.

Pharmacy is practiced across a range of both traditional and new settings and levels of decision-making. As members of the health care team, pharmacists need to be able to assume many different functions. The first WHO Consultative Groups on the Role of the Pharmacist met in New Delhi in 1988 and in Tokyo in 1993. The concept of the seven-star pharmacist was introduced by WHO and FIP in 1997 to describe these roles. Pharmacists have the potential to improve therapeutic outcomes and patients' quality of life within available resources, and must position themselves appropriately within the health care system.

All above mentioned lead to changes in pharmacy education. Pharmacists stand at the interface between research and development, manufacturer, prescriber, patient

and the medicine itself. WHO has called for greater involvement of pharmacists in the general health care system and wider use of their broad academic background.

The forces behind the changes in pharmaceutical education are many and varied, and increasing in both number and intensity. The major economic and political forces affecting the health care system in most countries are also having an impact on the practice of pharmacy. As a result, radical changes are needed in pharmaceutical education. Pharmaceutical education has a corresponding responsibility to produce graduates who are competent to deliver pharmaceutical care. In its statement of policy, FIP says that the changes in the pharmacist's role must be reflected in the basic and continuing education of pharmacists, with a greater focus on student learning. The new paradigm for pharmacy requires that pharmacists are far more than experts in pharmaceutical chemistry and pharmaceuticals. In 1999, the European Association of Faculties of Pharmacy (EAFP) proposed a shift during the pharmacy study program from laboratory-based sciences to practice and clinical sciences.

As a result, radical changes are needed in pharmaceutical education. The role and function of pharmacists and pharmaceutical staff need to be reappraised and the educational outcomes of the evolving pharmacy curriculum should be clearly defined. Educational outcomes (pharmaceutical care with provision of both patient-centered care and population-centered care; systems management of resources (human, medical, informational and technological) and medication use systems; public health assuring effective and quality health and prevention services and developing public health policy) can be used as a new organizing framework that integrates science, professional attributes, interprofessional practice, and professionalism across new major headings of pharmaceutical care, systems management, and public health, as they are in the practice of pharmacy.

The educational change will require not only extensive curriculum revision and restructuring, but also a major commitment to faculty development to prepare teachers to educate pharmacists in a different way. The type and depth of didactic and experiential material to be included will be different. The amount and allocation of

educational resources will have to change. Schools and colleges of pharmacy should create, establish and evaluate practice models that could be used within evolving health care environments.

Pharmacy education has been in an almost constant state of change for the past 150 years, since the era when a pharmacist learned by being an apprentice. That era was followed by a combination of apprenticeships and courses at local apothecary schools, and then by matriculating in schools of pharmacy for degree programs that gradually have been extended over the years.

The past decade saw the entry-level degree for the profession change over from a bachelor of science degree to the doctorate in pharmacy (Pharm.D.). But for the past decade and more, the entire profession has been undergoing change, as it attempts to move away from primarily dispensing medications toward being the chief source of medication information in health care, toward disease state management, and even medication therapy management.

In recent years, there has been a shift in health sciences education towards a problem based learning approach. Problem-based pharmacy curricula have been introduced at universities in a number of countries, including the UK, Australia, the Netherlands and South Africa. In some countries, outcome competencies (Unit Standards) have been defined against which practice may be compared. These standards are used to assess health professionals' knowledge and skills in pre-registration examinations or in continuing professional development (CPD). CPD, including research and reflection on the outcomes of actions, contributes to the maintenance of life-long competency to practice. In its statement on CPD, FIP establishes a framework within which pharmacists can meet this obligation.

While the profession should articulate pharmaceutical care as the major contribution it has to offer to society, pharmaceutical education needs to develop the outcomes, competencies, content and process of the educational curriculum that is required to prepare students to render pharmaceutical care at the entry points in the health care system.