THE EFFECT OF MEMBERSHIP IN THE EUROPEAN COMMUNITY ON MALTESE PHARMACISTS

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Introduction

On 16th July, 1990, Malta applied formally to become a full member of the European Community. There is no doubt that membership of the European Community will have a considerable effect on the lives of all the people and in particular the professions. Pharmacists in Malta will also be effected by this, and the profession has already reported to the Government on this situation, after closely analysing the situation prevailing in other EC member states as regards the pharmacy profession (Pharmacy in the European Community, 1990).

Aim

The aim of this dissertation was to analyse what would be the effects of EC membership on Maltese pharmacists, especially as regards freedom of movement of professionals. Moreover, this dissertation was also intended to analyse the implications of the EC pharmaceutical directives-(432/85/EEC, 433/85/EEC, 434/85/EEC, 435/85/EEC (Official Journal of the European Communities, 1985) and to suggest recommendations for action for pharmacy education and practice in Malta, with special emphasis on the traditional areas i.e. Community and Hospital Pharmacy, so that the profession would be harmonised with that of other EC member states, before Malta actually obtains full EC membership. A manpower survey was also carried out with the aim of establishing the human resources available and also, the future needs of pharmacy in Malta, in the light of the developments which should be implemented on the basis of the recommendations of the EC workshop organised by the Malta Chamber of Pharmacists and the European Regions of the Commonwealth Pharmaceutical Associations and the various reports and recommendations of the Chamber's working groups (Pharmacy in the European Community, 1985; Pharmacy Education in Malta, 1988; The Reorganisation of the Government Pharmaceutical Services, 1991).

Methodology

Preliminary information and documentation was obtained through personal communication with the following:

- EC Directorate officials
- a professional Market Intelligence Company
- Royal Pharmaceutical Society of Great Britain
- Malta Chamber of Pharmacists

The manpower study was based on three surveys:

- i) a survey carried out on all registered pharmacists in Malta
- ii) a survey carried out on pharmacy students at the University of Malta
- iii) a survey aimed to indicate the needs of pharmacy in Malta

In the first survey, a questionnaire was distributed t all 414 registered pharmacists in Malta. 149 questionnaires (36.0%) were returned. This survey was intended to assess:

- areas of practice and experience of Maltese pharmacists
- plans for the future of Maltese pharmacists
- opinions about European Community membership

This survey had a margin of error of plus or minus three percentage points.

The second survey, on a questionnaire basis, was among a sample consisting of 50 second year and 50 fourth year students in the Department of Pharmacy, University of Malta. This was intended to assess:

- the aspirations' and demands of pharmacy students as regards their future practice;
- intentions of the students with regards to continuing education programmes and membership in professional bodies.

This survey had a margin of error of plus or minus five percentage points.

The third survey was aimed to indicate the areas where pharmacists could practice in Malta, other than areas in which they are already

involved to date. It was based on the latest manpower survey which established the state-of-the-art, the various reports and updates of the profession (The Reorganisation of the Government Pharmaceutical Services, 1991).

Results

Table 1 shows the areas where Maltese pharmacists practice and where pharmacy students wish to practice after graduation.

Table 1:

	Pharmacists	Students
Community	48.0%	34.0%
Laboratories	14.0%	9.0%
Advertising and Marketing	13.0%	7.0%
Government Pharmaceutical Services	5.8%	34.0%
Industry	5.1%	8.0%
Academic/Research	5.0%	1.0%
Wholesale/Distribution	4.0%	1.0%
Agricultural/Veterinary	1.0%	3.0%
Other	4.1%	3.0%

Table 2 shows the pharmacists' opinion whether EC membership would be favourable or not for the profession.

Table 2:

Yes	82.6%
No	4.0%
No opinion	13.4%

Table 3 lists the reasons why 82.6% of the pharmacists think that EC membership would be favourable.

Table 3:

Professional Status	52.4%
More opportunities for advancement	16.6%
Chances for work abroad increases	14.8%
Chances of studying abroad increases	9.3%
Improves standard of the profession	6.9%

Table 4 lists the reasons why 4.0% of the pharmacists believe that EC membership will not be beneficial for Maltese pharmacy.

Table 4:

Too early to make judgements	39.8%
Little effect on pharmacy	24.1%
Long way to go to bring the profession to EC standards	22.3%
No opinion expressed	13.8%

Discussion

i) Community

From Table 1, one could conclude that community pharmacy is still the traditional area where most Maltese pharmacists practice - 48% - and where a large proportion of students - 34% - wish to practice. However, the question of demand and supply in this big area of practice is outweighed by the relatively large number of new pharmacies that have opened in the last six years - 1987 - 1992 - with ten new pharmacies opening in 1991 only. The population per pharmacy ratio in Malta is one of the lowest when compared to that of the member countries of the European Community. Indeed, Malta, with a ratio of about 2000 persons per pharmacy is last but one between Belgium and Greece (Analysis of the European Community, 1991). Improvement in the community pharmaceutical service should not lie in the increase in the number of new pharmacies but rather there should be primarily enforcement of the law regarding the presence of pharmacists at all times that the pharmacies are open, a serious short coming which has been repeatedly pointed out by the profession and which was supported by the EC workshop (Pharmacy in the European Communities, 1985), as were also the requirements for Geographical distribution of pharmacies which are provided for in the Maltese Regulations for the opening of pharmacies. Furthermore, human resources available in the near future should prove to be useful in ensuring that all pharmacies are assured the presence of pharmacists of all times and possibly the employment of more pharmacists in each pharmacy so as to allow for leave, sick leave, etc. Moreover, the pharmacist could have enough time available to be able to provide the extended advisory role for the ultimate benefit of the community (Pharm. J., 1986).

ii) Government Pharmaceutical Services

On the other hand, again from Table 1, the small ratio of pharmacists employed with the Government Pharmaceutical Services shows that this is an area which is under-utilized and underestimates the benefit of the pharmacist's professional services. This is an area which should attract more pharmacists but which has such a low percentage - 5.9% - mainly because of the lack of incentive and job satisfaction which has existed throughout the years (Pharmacy in the European Community, 1990; The Reorganisation of the Government Pharmaceutical Services, 1991). One of the main deterrents has been the lack of the professional status of pharmacists in Government Service, i.e. pharmacists are the only graduates who enter the civil service at a Grade which does not recognise pharmacy as a profession, as opposed to say, other colleagues in the Health Service, such as Medical Doctors and Dentists. There has since been an interim agreement between the representatives of Pharmacists and the Government whereby the salary of Pharmacists has been raised to the present level enjoyed by their colleagues in the Health service (The Pharmit, 1991). This has encouraged motivated graduates to enter or remain in the service. The figure of 34% of students wishing to enter the service on graduation is also encouraging and would offer the necessary human resources as required.

Figure 1 shows the present situation within the Government Pharmaceutical Services and the proposed situation with regards to human resources in the light of the recent updates to the existing reports (The Reorganisation of the Government Pharmaceutical Services, 1991) and the outcome of the student surveys carried out.

Figure 1:

	Situation at present	Proposed situation
Out-patients dispensary	2	+4
In-patients dispensary	2	+5
Clinical pharmacy services	6	+18*
Health centres dispensaries	5	+5
Other hospitals	8	+4*

Number of pharmacists with the Government Pharmaceutical Services

* Does not include the number of ward pharmacists

Four more pharmacists are needed at the out-patients dispensary so as to take over the 'special' and 'non-stock' items, the detoxification unit and also, to provide a patient counselling service. At the in-patients dispensary, five more pharmacists are needed so as to offer a 24-b ur service and to take charge of the medicinal gases. At the Health Centers dispensaries, five more pharmacists are needed so as to offer patient counselling services and aid in the general dispening procedures. The peripheral hospitals need more pharmacists so as to provide the basic dispensing roles and offer patient counselling services. The number of ward pharmacists needed varies according to the number of occupied beds in each hospital, but assuming that each ward pharmacist would visit a patient two or three times a week, the numbers needed would work out to be about 35-40 ward pharmacists.

iii) Academic

Elsewhere, the teaching of pharmacy has been the subject of analysis in order that the pharmacy education is harmonised with that of other countries (Supplement of Farmacia Portuguesa, 1988). The necessary developments in pharmacy practice as represented here would require further upgrading of the academic framework of the Course of Pharmacy in the Department of Pharmacy at the University of Malta (Pharmacy in the European Community, 1990). The present academic staff complement - three full-timers, five permanent part-timers and a large number of visiting part-time lecturers and demonstrators is considered to be low compared to the student population - 161. As has been indicated

elsewhere, the pharmacy profession has specific EC directives just as the Medical and Dental professions. Whilst provisions have been made by the authorities concerned to restrict entry into the latter two courses, because of declared special needs, there have been no restrictions on the entry to the B.Pharm course. Indeed, since 1988, the number of students entering the course has overshot the 80 students mark (1988 - 81 students; 1990 - 80 students). Recommendations on intake have been made by the profession and the EC workshop (Pharmacy in the European Community, 1990). Entry into a vocational course such as pharmacy, should be based not only on the achievement of basic entry requirements but also on e.g., communication skills, possibly assessed on an interview basis, and on the requirements established as necessary for the future practice of a Health-related profession.

On the other hand, provisions for demographic changes and reorganisation needs of the profession have to be taken into consideration. Further allocations of human resources would be needed in order so that the core pharmacy subjects are taught by suitably qualified pharmacists. Material resources need also to be increased. Provisions need to be made to establish post-graduate specialization, especially in hospital and community pharmacy as laid down in the recently proposed EC directives (Pharmacy in the European Community, 1990).

iv) Opinions

Tables 2, 3 and 4 give a picture of the opinions of Maltese pharmacists about EC membership. However, the fact that in Table 2, there were 13.4% options wth no opinion, and in Table 4, the major reason - 39.0% for non-agreement as the fact that it is too early to make judgements show that more Maltese pharmacists need to take greater interest and inform themselves better about the implications of EC membership. The expressed favourable opinions (82.6%) however, show that Maltese pharmacists in their majority have been well informed and are favourably inclined towards EC membership in the belief that improvements made in order to harmonise with other EC countries would upgrade the standard of the profession (6.9%) and contribute towards the recognition of professional status of Maltese pharmacist (52.4%).

The expressed opinions of "more opportunities for advancement" (16.6%); "chances of work abroad increase" (14.8%) and "chances of studying abroad increase" (9.3%) reflects on the probability that on membership Maltese pharmacists would avail themselves of the free movement and right of establishment of professionals.

Conclusion

The specific directives of the European Community for the pharmacy profession were analysed as they affect Maltese pharmacists in the light of Malta's application to join the EC as a full member. The influence of EC membership in this context was also discussed with reference to the experience of other member countries and the reports on this matter by professional associations both local and abroad. The practice of community pharmacy and hospital pharmacy and pharmacy education received particular emphasis in this project. A manpower survey established that up to March 1992, Maltese pharmacists - 48% - were practicing in the traditional area of community pharmacy with a high percentage of students (34%) wishing to practice in the same area after graduation.

The low percentage of pharmacists (5.8%) in the Government Pharmaceutical Services was related to general job dissatisfaction and lack of incentives but a high percentage of students (34%) wishing to enter this area of practice would satisfy the requirements (approximately 100 pharmacists) which have been discussed on the basis of recent updated studies carried out in this sector.

Other areas of practice have been studied and the percentage of pharmacists working in Industrial and Public Health Laboratories (14%) and in Advertising and Marketing (13%) denotes a favourable trend of pharmacist involvement in these areas. Serious consideration of the Directives on education and post-graduate and specialization recommendations made in this respect, would further develop the Academic framework of the Pharmacy Course at the University of Malta.

Further provisions for other training at undergraduate level and continuing education would increase the probability of involvement in such areas as wholesale, agricultural/veterinary and Industry where for example, the requirements for the 'qualified' person in the Directive concerned strongly points at the pharmacist. The expressed opinions of pharmacists on EC membership emphasised that on EC membership, Maltese pharmacists would avail themselves of their acquired right to free movement to study in other EC member countries and to their right of establishment. This does not preclude, however, EC pharmacists from 'reciprocating', especially in the light of Malta's ideal climatic conditions and language characteristics. English and Italian-speaking pharmacists may request the right of establishment and hospital industrial pharmacists may want to take up posts in industry, for example. Wholesalers or owners of franchises may attempt to set up depots or branches in Malta. Unofficial "reconnaissance" to this effect has already been reported.

Provisions and safeguards should be made in the laws and regulations governing all aspects of the Profession of Pharmacy before final legislation is drafted so that while Maltese pharmacists and the community may benefit from EC membership their livelihood and the cultural characteristics of the delivery of this essential service is safeguarded.

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