



PHARMACEUTICAL CARE NETWORK EUROPE

Working Conference 2011 – Abstract

Does pharmaceutical care impact on the safety of individual patients?

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The above mentioned participant in the PCNE WC 2009 wishes to submit following abstract for a poster or short oral communication (please type & then fax the form to the secretariat). Max. 350 words.

Title: Competencies, Pharmaceutical Care and the Patient Care Process		
Author(s): Henman, M, on behalf of Workshop 3, PCNE Working Conference 2009		
Type of abstract x Research	<input type="checkbox"/> Practice development	<input type="checkbox"/> Practice implementation
Aim Map the competencies for Pharmaceutical Care (PharmCare) to the patient care process and explore the implications.		
Method A multinational group conceptualized the competencies for pharmaceutical care through iterative description, debate and consensus formation.		
Result(s) Three stages were agreed; (1) competency listing; (2) patient care & PharmCare process conceptualization; (3) revision of list of competencies. The Canadian entry level competencies were taken and changes made; (a) Communication and Education were separated since pharmacists select and blend the elements required by the particular scenario; (b) 'Professional' was removed from the 'Collaboration and Teamwork' domain since practice is always supported, and often delivered by, teams, that include non-professional staff; (c) while PharmCare is for individuals, the wider context of health service provision imposes additional responsibilities. PharmCare is (i) assessment of patient's needs; (ii) selection of appropriate intervention(s); agreement with the patient of the PharmCare plan and (iv) scheduling of monitoring and follow up. Practitioners rapidly review a presenting problem to determine how to address it; those considered serious ± complex may be responded to in the four steps described above; others problems considered minor ± simple are resolved in association with medicines supply. Research into practice development has classed influencing factors as Individual or Systemic. These are crucial at the patient assessment step and determine whether the capability for PharmCare is translated into performance. Recent research has shown that with a high dispensing workload		

pharmacists adopt a 'fast dispensing' procedure that omits some usual steps. Workload is a Systemic Influence while Attitude is an Individual Influence in our model, and both are accommodated.

Consequently, it is necessary to add Performance Management competency because it incorporates Continuous Quality Improvement and Change Management, advanced management skills. Delivering PharmCare programmes requires more than devising them it also requires promotion of them to the practice team and to potential collaborators and users. If external stakeholders view pharmacy as a supply service this is contrary to the care process envisioned in PharmCare. Hence competence in Marketing and Social Marketing is needed.

+++ NB: PhD students get 50 Pound reduction on the conference fee if their abstract is accepted ++++