

news

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From the Midlands to the heart of Europe

Following her appointment as President-elect of the EAHP, Ms Joan Peppard tells Pat Kelly of her plans for the future and how pharmacy is changing across Europe



Ms Joan Peppard

Ms Joan Peppard has long been an influential figure in Irish pharmacy. The Chief Pharmacist at the Midlands Regional Hospital (MRH), Tullamore, previously held the post of Director of Professional Development at the European Association of Hospital Pharmacists (EAHP) and has served on numerous key Irish committees at local, regional and national levels.

Ms Peppard was also President of the Hospital Pharmacists' Association from 2004-2006, and again from 2011-2012 and was a key player in the national negotiations on the reform of hospital pharmacy, which resulted in the Report on the Reform of Hospital Pharmacy in Ireland in 2011. She was also instrumental in setting up a clinical skills course for hospital pharmacists and created the post of Antimicrobial Pharmacist in the MRH, a move that was subsequently emulated in many hospitals across the country.

Now the EAHP has recognised these and many other achievements and particularly Ms Peppard's dedication to improving patient care and named her as President-elect of the organisation in a bid to draw on her experience and enthusiasm on the European stage.

So how does she feel about taking on extra responsibilities along with her already considerable workload? "I had a chat with Dr Roberto Frontini (current EAHP President) and he will introduce me to meetings on a gradual basis, so already the duty is beginning to fill up," Ms Peppard tells *Irish Pharmacist* (IP) in an exclusive interview.

In terms of objectives, she has already set her sights on standards. "In May of this year, we had a conference with various patient representatives, other healthcare professionals, nurses and doctors, as well

as hospital pharmacists," she says. "We agreed on the European Statements on Hospital Pharmacy and the implementation of those across Europe will be my primary goal."

"It's a clear framework that every country can aspire to and each country will hit different statements at different levels but it gives us a clear goal for everyone to aim for, no matter where we are starting from." This will allow measurements of different achievements over time, she elaborates.

This will also mean that any patient across Europe will be assured of receiving the same standard of practice and one of the challenges will be different jurisdictions and operating systems. However Ms Peppard points out that even in

Ireland is actually behind now in terms of IT in hospital pharmacy, so we all have our different challenges across the different countries." So implementation of the Standards is a "marathon rather than a sprint," Ms Peppard points out.

One of the objectives will be to identify good practice initiatives and where one is found in a certain country, this can be shared across the rest of Europe at a special session of the annual EAHP Conference. Monitoring and supporting the prescribing of antimicrobials is one area in which Ireland can share its best practice initiative, Ms Peppard says. "This can help improve safety for patients and improve cost savings," she explains.

In terms of an expanded role for pharmacists, this is also covered in the Euro-

pean hospital pharmacy specialisation, reveals Ms Peppard. "Since October last year the European Parliament has created an avenue whereby specialisation across Europe could be established for hospital pharmacists. If we can set up an educational course or competency framework that is recognised in different countries, that will allow hospital pharmacists to be mobile between different countries and that will also enhance and share practice."

As well as operating on a strategic level, the EAHP is also working on issues for hospital pharmacists that affect patients and one of these is in the area of medicines shortages. An EAHP survey from last year showed that almost 100 per cent of hospital pharmacists had a problem with a medication shortage in the past year and almost 80 per cent had had a problem in the previous month. That can affect patients because the preferred treatment may not be available.

This can result in the pharmacists being forced to alter the care pathway and could also result in increased cost if the original drug needed to be imported from America or Canada, for example. "Working with our community and industrial colleagues and patient organisations, we are going to talk to the EC about this because it is a Europe-wide problem, not just in Ireland."

"We are going to the EC because they take a pan-European view on this and we hope they may be able to do something about it," she told IP.

Undaunted by the challenge ahead and looking ahead to her new leadership role, Ms Peppard concluded: "I have to thank the hospital management (Chugh Claffey) and Pharmacy Department here at MRH Tullamore for their support and encouragement. I'm looking forward to it."

'In the UK, they were the first to identify small injuries clinics run by nurses and in some cases pharmacists. That's a good model'

In Ireland, there are variables that present challenges to standardised levels of care. "Every pharmacist in Ireland should be able to assess and support patient care, along with a multidisciplinary team, to the same levels," she tells IP. "This has to be done with regard to different needs — for example if you are in ICU, you will have different needs to someone in the general medical ward, for example. So it's not uniform anywhere at the moment but these standards give us a common goal to aim for and achieve."

There are varying levels of IT development across different countries, Ms Peppard points out. "The Report on the Reform of Hospital Pharmacy identified that

European Statements. "In the UK, for example, some pharmacists are now gaining the additional qualifications and training required to prescribe but I'm not sure how widely practiced this is in Europe," she comments. "Uniformity of care is good but there will always be leaders. In the UK, for example, they were the first to identify small injuries clinics run by nurses and in some cases pharmacists. That's a good practice model that can be followed so there will be initiatives in different countries that can be shared and different countries will adopt those at different rates, depending on staffing and educational circumstances."

One area of particular interest is pan-

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