

CHARTER PROFESSIONALISM
OF THE **PHARMACIST**
FOUNDATION FOR ACTING PROFESSIONALLY AND ETHICALLY



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PREFACE

Dutch pharmacists need a description of the foundation on which they practice their profession:

1. Changes in society (such as new technologies, developments in patient status, definitions of being sick and healthy, chains of care, market forces in care, cost control) and in professional practice (such as co-responsibility for pharmacotherapy outcomes) lead to a need for professional guidance.
2. A foundation is needed to support the various elements of the quality building of the profession such as the Professional Code, the Professional Statute, the Dutch Pharmacy Standard (Nederlandse Apotheeknorm, NAN), the Hospital Pharmacy Standard (Ziekenhuisapotheek Standaard, ZAS), Pharmaceutical Care Guidelines, Quality Indicators, and Quality Profile; Each document that the professional organization drafts, including pharmaceutical care guidelines, should be in line with the professional foundation.
3. A shared foundation is needed to identify the common ground that characterizes and links pharmacists working in their different areas.

Consequently, the Board of the Royal Dutch Pharmacists Association (Koninklijke Nederlandse Maatschappij ter bevordering der Pharmacie, KNMP) charged a Professionalism Working Group with the following assignment:

- To draft a document describing the pharmacist's professionalism;
- To ensure broad support among both the colleagues and stakeholders;
- To draft a description of the pharmacist's professionalism that applies to all pharmacists and has an international appeal.

This assignment resulted in this Charter.

The Board of KNMP greatly appreciates the way that the request has been dealt with, and is convinced that the Charter will support pharmacists in their profession.

I do wholeheartedly support this Charter.

Rik van der Meer, KNMP Chairman 2012-2014

CHAPTER 1

PROFESSIONAL CONTEXT OF THE PHARMACIST

Pharmacy is the field of expertise that ensures the availability, accessibility, and the responsible use of medicines. The pharmacist is the professional who is particularly competent within that field. In a number of aspects pharmacy practice in the Netherlands has developed differently compared to other countries. Dutch pharmacists behave autonomously, can delegate tasks in a professional and responsible manner to competent assistants, are trained in pharmacotherapy and have easy access to prescribers, are accustomed to working as part of a team, and experience significant patient loyalty.

However, the role and position in society of the pharmacist as a professional are not self-evident. The professional should be more aware than ever before of his actions in situations that require his¹ expertise, but in which decisions are not made exclusively by him or in which he himself cannot give a unanimous opinion based solely on his own competences and expertise. Such dilemmas and issues are a natural part of the existence of a professional. This demands a foundation for the profession..

The aim of this Charter is therefore to answer the following question:

What is the professional foundation on which the pharmacist bases his identity and his professional behaviour?

The answer to this question clarifies the unique role that the pharmacist plays within society, clearly states what the patient and society may expect from the pharmacist, and provides direction with regard to:

- the system of norms and values that govern the profession;
- the social role of the pharmacist;
- the position of the profession within the field of healthcare and pharmacy as a whole;
- the responsibilities of the pharmacist for which he can be held accountable.

In order to answer this question, it is essential to specify what defines the profession today, which knowledge domain makes the profession unique and on which values this profession is based.

1.1 The professional pharmacist

Regardless of their working environment, pharmacists, as highly qualified professionals, are faced in their daily practice with the issues raised by working in today's complex society. These issues become clearly evident in daily practice, in the relationship with the patient and care providers, in the introduction of technological developments and in social developments. Dealing with such issues is an inevitable part of the task of the professional and the competences of a pharmacist, both now and in the future.

1. Please note: where this Charter states 'he', 'him' and 'his', this should also be understood as 'she' and 'her'.

The content of this 'Charter Professionalism of the Pharmacist' applies to all pharmacists who are directly or indirectly involved in medicines, including primary care pharmacists, hospital pharmacists, pharmacists in the pharmaceutical industry, pharmacists employed by regulatory bodies, healthcare insurance, policy-making bodies, research institutes and in education.

1.2 Relationship with the patient

Pharmacists are primarily visible in the healthcare chain. However, not all professional pharmacists are employed in direct patient care. Pharmacists are employed throughout the pharmaceutical chain, from design and production to the dispensing of a medicine and counselling. Regardless of where each pharmacist works, however, his professional actions take place in a context in which:

- the patient is at the centre of the practice;
- a confidential relationship between pharmacist and patient is essential;
- decisions are taken bearing in mind the patient's expectations and experiences;
- success is determined by the outcome achieved for the patient;
- the patient's needs determine the place of practice
- each patient receives access to the medicine in the same way and to the same extent;
- patient care is supported by the product, the documentation and the administration.

Not all users of medicines in a broad sense (see the definition in Annex 2) would describe themselves as patients. However, as pharmacists provide all visitors to a pharmacy and all medicine users with the care, respect, privacy and prevention that is common practice in healthcare, the term 'patient' is used throughout this document.

The patient is not in a position to have an insight into all processes throughout the entire chain of development, production, distribution, safety and quality control of the medicine and the pharmaceutical care. Responsibility for the final outcome of these processes rests with the pharmacist, who during his work must constantly ask himself whether this method of production, monitoring, providing information on or dispensing medicines offers patients the most benefit. The pharmacist must also ask himself what information he is providing to the patient about these processes and how he discusses that information with the patient. The latter forms part of pharmaceutical patient care (FPZ).

Every pharmacist must find a balance between the expectations and needs of the individual patient and solidarity with all citizens and society, and must therefore contribute towards the efficiency of care and pharmacotherapy (treatment with medicines). This professional behaviour is facilitated by the available information about medicines, conditions and patients. With the aid of knowledge systems, the professional (the pharmacist) translates this complex data set into care for individual patients.

1.3 Relationships with other professionals

A pharmacist acts in collaboration with other professionals. The pharmacist has his own responsibility and accountability within this collaboration. For all pharmacists, the interests of the patient and society serve as guidance for collaboration with professionals in both healthcare (the healthcare chain) and others within the pharmaceutical chain.

Every pharmacist has a network of relationships with, for instance, the pharmaceutical industry, the wholesaler, prescribers and other care providers, and the patient/medicine user or his representative/carers. In addition, a great deal of efficiency is achieved through the delegation of tasks to, and coordination with, pharmacist's assistants, laboratory technicians and other staff members.

The complex decision-making process regarding the best treatment requires a balance between the various angles of approach, options and interests. A precondition for this is a collaboration on equal terms between the various professionals (general practitioners, medical specialists, primary care psychologists and so on) at an academic level. Mutual transparency and knowledge sharing is essential in this process.

In this network from design to dispensing medicines in primary and secondary healthcare, the pharmacist independently decides whether or not to produce, sell or dispense the medicine, and is also fully accountable for this decision.

1.4 Relationships within the profession

Pharmacists work within the pharmaceutical industry, the pharmaceutical wholesale companies, at clinics and hospitals, at community pharmacies, but for instance also within policy-making organizations, healthcare insurance companies, research laboratories, for the government, or in academic and post-academic education and research. Pharmacists' expertise is also applied in functions within other disciplines, such as veterinary medicine and the food industry. In spite of the different settings, pharmacists have a common practice, supported by the academic education and a common goal: promoting the wellbeing of the patient.

With this goal in mind, pharmacists work together and are also greatly dependent on each other. This mutual relationship between pharmacists is vital in order to safeguard the continuity of pharmaceutical care and the health care chain. Awareness of the mutual dependence and the shared values of pharmacists largely determines the strength and quality of the profession. The integrity of the pharmaceutical chain is determined by the mutual trust that pharmacists have in different roles and in different areas. Also, when pharmacists are not in daily contact with each other, the profession guarantees an environment in which pharmacists can easily approach one another as professional pharmacists.

The society and the profession both have an interest in this 'common practice'. A pharmacist cannot perform properly without the work of other pharmacists. This is evident in processes such data transfer, off-label use of medicines, and especially recalls. The quality of the products and services provided by pharmacists can only be brought about and guaranteed by the existence of a shared knowledgebase and a professional basis for a large mutual trust between pharmacists.

CHAPTER 2

THE PHARMACISTS' KNOWLEDGE DOMAIN AND CORE VALUES

The profession is characterized by the fact that it links two areas of expertise: the provision of a medicine, the product, and care for the patient. The pharmacist brings these two areas together and classes it as his domain (pharmaceutical care). Within this domain, the pharmacist makes his own independent assessments. This means that every pharmacist is a pharmaceutical care provider with a typical identity, knowledge and specific core values. This in turn demands an autonomous definition of the knowledge domain and, at the same time, establishing the core values.

2.1 The pharmacist's knowledge domain

The basis for the pharmacist's knowledge domain is a unique combination of knowledge about

- the medicine;
- the human body;
- the human behaviour.

The medicine

The pharmacist has knowledge of the development and production of medicines, physicochemical aspects of medicines and the behaviour of medicines in and outside the human body.

The human body

The pharmacist has knowledge of the anatomy and physiology of the human body, and in particular the physiology that is influenced by illness and health and how the body interacts with the medicine.

Human behaviour

The pharmacist has knowledge of human behaviour in relation to illness and health and how this can be influenced by human actions as well as by medical and pharmaceutical actions and by the interaction with the medicine. This knowledge translates into an understanding of the best way to deploy, use or apply medicines.

Competence and specialization

Knowledge without the competence to apply and transfer this knowledge is of little value. Because knowledge becomes outdated, a pharmacist has a responsibility to keep up to date with all new developments within his knowledge domain. He himself also plays an innovative role in this process. Within the knowledge domain pharmacists can specialize in positions that place a greater focus on the product, on the patient, or on other elements of the provision of medicines.

2.2 The pharmacist's core values

To ensure that the pharmacist acts professionally in society, a Hippocrates oath is delivered when the academic pharmacist education is completed.

Society expects a professional pharmacist to be aware of, and to act and demonstrably behave according to the core values of the profession. The pharmacist promotes these core values, as does the professional association (as a representative of the profession), which supports the individual pharmacist in enforcing, and ensuring the possibility to act according to these values.

The pharmacist's core values are:

1. commitment to the patient's well-being;
2. pharmaceutical expertise;
3. social responsibility;
4. reliability and care;
5. professional autonomy

These core values apply to all pharmacists.

2.3 Short illustrations of the core values

Commitment to the patient's well-being

Every pharmacist is directly or also indirectly involved in the patient's well-being: as a direct care provider, as a compounder or developer of medicines or within the educational sector or regulations.

Pharmaceutical expertise

Like any other professional, the pharmacist also has specific expertise and competences that he can use to provide the best possible service to society. The expertise is related to the pharmacist's specific knowledge domain. It systematically and frequently maintained.

Social responsibility

This core value emphasizes that the pharmacist's actions are efficient and transparent not only for the individual patient but also for society, and that the pharmacist feels a sense of responsibility for the social consequences of his actions.

Reliability and care

Medicines in general are powerful substances. They can be highly effective, but at the same time unsafe. The quality assurance of the pharmacist's actions must therefore be beyond doubt.

The pharmacist is aware of the consequences of carelessness during both the development and use of medicines as well as with respect to the confidentiality of all he learns in his professional practice.

Professional autonomy

The autonomy of the pharmacist stands in an independent relationship with that of other care providers, healthcare insurers and the patient's right of self-determination. The pharmacist is responsible for his decisions and adheres to the frameworks established by society. He ensures the pharmaceutical judgment whilst maintaining a balance between commitment to the patient and the socially responsible course of action.

CHAPTER 3

THE PHARMACIST AS A PROFESSIONAL IN PRACTICE

As outlined above, accountability for the professional's actions takes place within a social context on the basis of a knowledge domain, and supported by core values. These form the foundation of the profession and determine his actions and identity as a pharmacist.

Pharmacists have a common practice as pharmacists within which the profession continues to develop. This professional practice can be regarded as a complex social activity in which objectives are achieved that are unique to this activity, especially through the commitment of the participants to achieving excellence according to specific standards and values.²

Within their common practice, pharmacists strive to achieve excellence in the practice of their profession. They safeguard quality, and maintain the values and the interests of the profession. They also ensure the continued development of the profession and a living relationship with society.

3.1 Ethical views regarding professional behaviour

Pharmacists, wherever they work, encounter a wide range of views about what makes a good life or a good society and what is the possible basis for this. As a result, they are faced with a wide range of concepts about what 'proper professional behaviour' means in a specific situation. And there are also no self-evident, broadly shared ethical views within the profession itself. Whereas the four principles of bioethics (beneficence, nonmaleficence, justice and respect for autonomy) were previously dominant within the health professions, awareness has now arisen that these principles are not sufficient as full healthcare ethics. Criticism from, inter alia, pharmaceutical ethics³ indicates that there is no unequivocal way of choosing between conflicting principles, or determining which principle has priority. New insights from, for example, care ethics and virtue ethics make it clear that choices and deliberations cannot be made exclusively from the perspective of the four principles. A pharmacist puts the patient at the centre of practice, meets health-related needs and encourages the patient to take ownership regarding the decisions about use of medicines. Finding the right balance between what is desirable, what is sensible and what is the right thing to do, demands practical wisdom based on both professional expertise as well as life experience.

At the same time, it has become more important for the professional to make moral judgments and decisions consciously. The profession and the individual pharmacist are faced with the increasingly pressing question as to what a good professional, in other words what a good pharmacist, does. Certainly in view of the unavoidable fact that a pharmacist must reach decisions in response to dilemmas that can have far-reaching consequences. A clearer definition of what can be expected of a professional and the values on which he bases his professional work helps him when making these decisions.

2. According to Jan Vorstenbosch: Fortune, Fame and Fairness in: *Werkzame idealen, ethische reflecties op professionaliteit* [Working ideals, ethical reflections on professionalism], Assen 2007

3. JWingfield and Badcott, *Pharmacy Ethics and Decision Making* 2007, p. 25.

3.2 A definition of 'profession'

Professions are dynamic; a definition is static. This makes any definition of a profession temporary from the very start. A generally recognized definition can, however, serve as a basis for a description of professionalism which takes into account the permanent factors whilst at the same time looking ahead to the development of the profession. A frequently used definition of (the medical) 'profession' is that of Cruess and Cruess (2004):

Profession: an occupation whose core element is work based upon the mastery of a complex body of knowledge and skills. It is a vocation in which knowledge of some department of science or learning or the practice of an art founded upon it is used in the service of others. Its members are governed by codes of ethics and profess a commitment to competence, integrity and morality, altruism, and the promotion of the public good within their domain. These commitments form the basis of a social contract between a profession and society, which in return grants the profession a monopoly over the use of its knowledge base, the right to considerable autonomy in practice and the privilege of self-regulation. Professions and their members are accountable to those served and to society⁴.

A few additions must be made to this definition. Professions can suffer from a degree of self-preservation and strive to achieve a one-sided monopoly over the status it has acquired that is no longer acceptable to society. A profession needs a strong commitment to self-regulation to ensure that it does not lose social legitimacy. Professions can lose sight of their social necessity and thereby alienate themselves from their social mandate. Pharmacists between them, and their professional associations are bound to encourage and promote self-regulation. And new professionals must be given a fair opportunity to join the profession based on their own qualities and views.

3.3 Professional practice

The above definition emphasizes autonomy in practice. The practice of every professional, and therefore also that of the pharmacist, comprises four components:

- meet a social need or necessity within the practice;
- a clear stance regarding the responsibility of the individual professional for meeting the social needs;
- the expectation to work in the patient's interest;
- a requirement to work within the healthcare paradigm.

The pharmacist exercises his profession within a professional practice, based on the awareness of responsibility for the patient's medication-related needs. He does so with commitment and responsibility. Even where there is no direct contact with the patient, the pharmacist works from the realization that patients are intrinsically vulnerable in three different respects: vulnerable in relation to their illness, vulnerable due to the risks associated with the use of medicines and vulnerable as a result of dependence on the pharmacist due to a lack of knowledge about medicines.

The unique knowledge domain, and the core values (as outlined in Chapter 2) and the professional practice together safeguard the professionalism of the pharmacist. This is the foundation for his identity and actions.

4 Cruess SR, Johnston S, Cruess RP. "Profession": a working definition for medical educators. *Teach Learn Med.* 2004 Winter; 16(1):74-76. Also on http://www.tandfonline.com/doi/pdf/s15328015t1m1601_15.

ANNEX 1

EXECUTIVE SUMMARY

This Charter answers following question: 'What is the professional foundation on which the pharmacist bases his identity and his professional behaviour?'

Taking into account the position of the pharmacist in society, the patients, other professionals and other pharmacists, three elements are identified that constitute the foundation for the professionalism of the pharmacist. This Charter is valid for all pharmacists, wherever they work.

Knowledge domain

The foundation for the knowledge domain of the pharmacists is the unique combination of knowledge about (1) the medicine, (2) the human body and (3) the human behaviour.

Core values

Society expects a professional pharmacist to be aware of, and to act and demonstrably behave himself according to the core values of the profession. The core values are (1) commitment to the patient's well-being, (2) pharmaceutical expertise, (3) social responsibility, (4) reliability and care and (5) professional autonomy.

Professional practice

The pharmacist exercises his profession within a professional practice, based on the awareness of responsibility for the patient's medication-related needs. Even where there is no direct contact with the patient, the pharmacist works from the realization that patients are intrinsically vulnerable in three different respects: vulnerable in relation to their illness, vulnerable due to the risks associated with the use of medicines and vulnerable as a result of dependence on the pharmacist due to a lack of knowledge about medicines.

The integrity of the pharmaceutical chain is determined by the mutual trust that pharmacists have in one another in different roles and in different areas. The society and the profession both have an interest in this 'common practice'.

Conclusion

The question 'What is the professional foundation on which the pharmacist bases his identity and his professional behaviour?' has been answered in this Charter by defining the unique knowledge domain, the formulation of core values and the description of the professional practice.

DEFINITIONS

Medicine: a substance or combination of substances intended for administration or use for, or presented in any way as being suitable for:

- curing or preventing a disease, deficiency, wound or pain in human beings
- making a medical diagnosis in human beings, or
- restoring, improving or in any other way changing physiological functions in human beings by bringing about a pharmacological, immunological or metabolic effect.

N.B. This is the definition given in the Dutch Medicines Act (Geneesmiddelenwet). In this Charter the term 'medicines' is also used to refer to pharmaceutical products in a broader sense.

Patient: a patient is someone who is provided with medical, allied and/or nursing care. The patient is a person in need of care and who receives care or supervision from a care provider. This patient can have a disease, condition or injury. A patient has his own expertise with regard to the effect of a medicine, has his own perspective on his illness and its treatment and has a (sometimes limited) ability to manage his own care.

Pharmaceutical care (in this Charter): the care relating to the medicine, from design to dispensing. N.B. The international definition of Pharmaceutical care translates often into the Dutch concept of Pharmaceutical Patient Care (FPZ).

Pharmaceutical chain: the chain of institutions, people and activities that ensure that a medicine reaches the patient in a good quality condition.

Pharmaceutical industry: the division of the industry involved in inventing and producing medicines on a nonindividual scale.

Pharmaceutical patient care (FPZ): the care provided by the pharmacist and his team for the purpose of ensuring the best possible use of medicines by the individual patient in order to maintain or improve an optimal quality of life.

Pharmacist:

an academically trained professional who has expert knowledge of medicines and who works within the knowledge domain of pharmacy.⁵

5 The pharmacist holds a pharmacists' diploma and has obtained the academic title 'Master of Science'. The right to use the title of pharmacist is reserved to professionals registered under the Dutch Individual Healthcare Professions Act (Wet beroepen in de individuele gezondheidszorg, BIG). Only BIG-registered pharmacists are authorised to practice as a pharmacist in a pharmacy.

Remark: the basic pharmacist has a pharmacist diploma and the (academic) title Master of Science (MSc). Only a pharmacist registered in the Dutch 'BIG-register' is licensed to practice as a pharmacist in a pharmacy.

Pharmacy (establishment):

the place where the pharmacist practices his pharmaceutical (patient) care, in a coherent complex of rooms in which medicines are prepared, dispensed and stored for dispensing, or solely dispensed and stored for this purpose. A community pharmacy does not usually dispense medicines for patients who have been admitted to hospital; such dispensing takes place at a hospital pharmacy.

Pharmacy (profession):

the applied science that involves the development, production, preparation and/or dispensing of pharmaceuticals (medicinal substances, medicines), medication surveillance and medication reviews, the counselling and coaching of the individual patient, and advising groups of patients or other relevant parties.

Practice:

a complex social activity in which objectives that are inherent in this activity are achieved through the commitment of the participants to achieving excellence according to specific standards and values.

Profession:

an occupation whose core element is work based upon the mastery of a complex body of knowledge and skills. It is a vocation in which knowledge of some department of science or learning or the practice of an art founded upon it is used in the service of others. Its members are governed by codes of ethics and profess a commitment to competence, integrity and morality, altruism, and the promotion of the public good within their domain. These commitments form the basis of a social contract between a profession and society, which in return grants the profession a monopoly over the use of its knowledge base, the right to considerable autonomy in practice and the privilege of self-regulation. Professions and their members are accountable to those served and to society.

Professional:

a member of a profession.

Values/core values:

values are possibilities whose realization make lives good. Core values formulate the concrete objectives in a specific context, in a specific environment, for instance of a company, organization or profession.⁶

⁶ Waarden, normen en de last van het gedrag [Values, norms and the burden of behaviour], 2003) WRR, The Hague.

