

# Department of Health urged to appoint Chief Pharmacy Officer



## **Ireland out of line with neighbouring Countries according to IPU**

The Irish Pharmacy Union (IPU) is urging the Department of Health to recruit a Chief Pharmacy Officer (CPO) as a matter of priority. The appointment of a CPO, the IPU argues, would ensure that medicine supply is consistently addressed at the most senior levels of the health service as well as ensuring a strategic vision for the future of community-based pharmacy care within the Department of Health.

Chief Pharmacy Officers exist in many other healthcare systems, including our nearest neighbours in Northern Ireland, England, and Scotland as well as in many US states. The role typically involves policy and strategy development, national oversight of medicine supply, pharmacy regulations and maximising the potential of the community pharmacy sector to achieve better patient outcomes at a local level.

Speaking at the IPU AGM, at which pharmacists voted in favour of the immediate recruitment of the CPO role, President Dermot Twomey outlined the necessity for the position, “Medicines are the most significant healthcare intervention for our population and having a CPO is clearly in the interests of Irish patients.

“Ireland currently has a Chief Medical Officer, Chief Nursing Officer, Chief Dentistry Officer, and

a Chief Veterinary Officer. All support essential aspects of Irish healthcare, or animal welfare in the case of the CVO. However, none of their respective areas could function without the pharmacy sector. It is inappropriate in 2022 that medicine supply and the strategic direction of the community and hospital pharmacy sectors is an afterthought at the highest levels of the health service.”

“The absence of an Irish CPO makes us an outlier in modern healthcare systems. Those jurisdictions that have created such a position have demonstrated the value it represents. For example, pharmacists in Scotland operate according to a clear national pharmacy strategy which is integrated into the wider health service. Through this simple but effective structure, pharmacists’ specialist knowledge in medicines is utilised to best effect for people’s health and well-being. Why can’t we take a similar approach here?

Several recent challenges encountered by the community pharmacy sector highlight the need for this appointment, Mr Twomey argued. “There was an inexplicable delay enlisting community pharmacy as part of the COVID-19 vaccination campaign. This delay was then repeated when it came to the booster campaign when pharmacists were initially not included for no logical reason and despite the clear public demand within our local communities. I believe the delayed booster rollout in particular would not have happened if a CPO had been in place. Community pharmacies are currently being inundated with patients concerned about the shortage of HRT medication to treat symptoms associated with the menopause. Again, a CPO would help to address this through a concerted national action plan.

“The Irish State spent €2.3 billion on medications in 2020. In that context alone, the expense of setting up an office to oversee this spend seems modest and justified,” Mr Twomey argued. “Medicine supply and the regulation of pharmacies is a complex web of several different bodies. The complexity and bureaucracy of our system is one of the main reasons Ireland often lags other countries in the introduction of new medications to treat patients. When there is no single individual with oversight of the entire sector it is easy to see how it fails to evolve.”

Emerging from the pandemic, a CPO should be tasked with developing a new vision to maximise the potential of the community pharmacy sector Mr Twomey suggests: “Successive governments have committed to expanding the role of the pharmacist, but this well-intentioned promise has never resulted in an iota of action. Sláintecare seeks to deliver care at the lowest point of complexity and in many cases that is the community pharmacy sector. A CPO could deliver meaningful and rapid change to benefit patients.”

“There are several immediate priorities that would face a CPO. For instance, the Department is planning on reversing improvements to prescription and controlled drug legislation instigated during the pandemic which had the effect of making our systems more efficient and more

importantly allowed better care for our patients. This is the exact type of bureaucratic box ticking that a CPO could identify and prevent”

Concluding, Mr Twomey said now is the right time to reintroduce this vital role into the health system. “The upcoming changes of the Chief and Deputy Chief Medical Officers make it opportune to rethink and modernise the clinical leadership of the Department of Health. Valuable lessons can be taken from the pandemic, and we can learn from the experience of the Chief Pharmacy Officer role as employed by Ireland’s nearest neighbours. The time to do this is now and we hope that the decision makers will not miss this opportunity.”