



**MALTA
CHAMBER OF
PHARMACISTS**
Kamra tal-Ispizjara ta' Malta

**Submissions to the Political Parties on the vision for Pharmacy
by the Kamra Tal-Ispizjara Ta' Malta
Electoral Campaign 2017**

1. Exclusion of Pharmacists, and other health professionals, from the scope of proposed Directive 'on a proportionality test before adoption of new regulation of professions' (COM(2016) 822 final).

1.1. Malta should be credibly proactive in interacting with other member states to ensure the Exclusion of pharmacists and other health care professionals from the scope of the proposed Directive on a proportionality test before the adoption of new regulation of professions.

1.2 This directive is envisaged by the Chamber together with its health professional colleagues, doctors and dentists, and their three umbrella organisations the PGEU, CED and CPME, as undermining the achievement of the high standard of professional services to patients by these professionals in Malta.

2. Sustainable and equitable accessibility to cancer and innovative medicines and medicines for rare diseases to all eligible patients should be ensured.

2.1. At present, several cancer medicines are being given with full or partial reimbursement by Malta Community Chest Fund (MCCF).

2.2. Whilst not wishing to detract from the humanitarian initiatives of the MCCF, these and other innovative medicines and medicines for rare diseases should

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Pharmaceutical Group of the European Union (PGEU), EuroPharm Forum (WHO/Euro)
International Pharmacy Federation (FIP), Commonwealth Pharmaceutical Association



be procured by Government and not through “institutionalized” charity initiatives.

2.3. A robust system should be in place which is sustainable and equitable and which enables people to have access to medicines that they need for these serious conditions.

3. A fair and equitable Government Formulary List (GFL) for all patient types – personalised medicine

3.1. The present GFL system is discriminatory towards patients who are non-responders to treatment options available on the formulary. This could be of two types: either when a brand is changed and the patient is not then adequately controlled or experiences side effects which may lead to treatment discontinuation or because of genetic predisposition, or state of the disease, when the patient seizes to or does not respond to treatment.

3.2. It is highly desirable to provide these patients with alternative value added models for better management of their condition and better outcomes.

3.3. This would also decrease wastage of resources, whereby patients are maintained on relatively expensive treatments which are of no benefit to them.

3.4. More robust guidelines are necessary and alternative methods of patient support should be explored and implemented. This should include more Health Technology Assessments (HTA) which should be transparent.



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3.5. A multidisciplinary Committee to review introduction of new medicines should include representation of the Chamber and of patients.

4. Pharmacy Of Your Choice (POYC) - further development *onwards and upwards*

4.1. POYC was introduced to enable better access of patients to their pharmacists' professional services and their medicines, in the community.

4.2. POYC *clinical* services by community pharmacists should be enabled by credibly and effectively reducing the administrative onus to a bare minimum and providing the professional tools, including access to relevant patient data, state of the art ICT and interoperable solutions for better patient care, adherence to and reduction of wastage of medicines and professional satisfaction.

4.3. This would set the stage for the enabling of seamless care between community and hospital pharmacy for better patient care and medicines management, of course supported by a state of the art software solutions.

4.4. Introducing structured medicines review packages by Community Pharmacists in POYC as value added remunerated packages promoting better medicines usage, decreasing wastage and enhancing adherence and outcomes.

4.5. POYC unit procurement should be a thing of the past and transitory. It should be changed to a country specific reimbursement system based on successful EU models.

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5. Pharmacist prescribing should be implemented immediately in collaboration with the Chamber.

5.1 . This should include repeat prescribing of POYC medicines.

6. Point of care testing value added packages for community pharmacists in support of the management of chronic conditions in the community, including diabetes, hyperlipidaemia, obesity, INR testing, vaccination, to mention a few possibilities.
7. Assisting the Chamber in its CPD programme development for the Pharmacy Profession with the introduction of a grant in the negotiated package in 2019 for POYC Pharmacists.
8. Revision of draconian Medicines Act penalties forthwith according to legislative proposal previously submitted to the authorities concerned.

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Executive Council.

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