



Original Research

Pharmacists' adoption into practice of newly reclassified medicines from diverse therapeutic areas in Scotland: A quantitative study of factors associated with decision-making

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Abstract

Background: In the UK, over 90 medicines that were previously available only through prescription have been reclassified to allow over-the-counter (OTC) availability via pharmacies. Pharmacists are personally responsible for undertaking or supervising the sales and supplies of these OTC 'pharmacy only' (P) medicines. Reclassification facilitates pharmacy management of a wide range of conditions.

Objective: This research aimed to evaluate Scottish community pharmacists' perspectives of newly reclassified 'P' medicines from diverse therapeutic areas and to identify factors associated with their adoption into practice of these medicines.

Methods: A cross-sectional postal survey of all community pharmacies in Scotland ($N = 1138$) was undertaken. The questionnaire was mailed to the pharmacist responsible for OTC medicines. Four newly reclassified 'P' medicines: omeprazole, naproxen, simvastatin and chloramphenicol eye drops were evaluated. Outcomes of interests included pharmacist support for the reclassified status, perceived adoption into practice of these medicines (i.e., how often they supplied each of these medicines) and factors associated with decision-making. Analyses included descriptive, bivariate correlation, principal component factor and binary regression.

Results: Five hundred sixty-three pharmacists responded (response rate: 49.5%). Newly reclassified medicines studied had been adopted into practice by the respondent pharmacists to varying degrees. A high majority of the respondents expressed support for the reclassified status (82.4%) and perceived that the level of adoption into practice of OTC chloramphenicol was high (92.1%). In contrast, over 80% of respondents had not yet made a supply of OTC simvastatin to patients, mainly owing to pharmacists' perceptions of lack of evidence of efficacy of the OTC dose and patient demand. Decision-making was

Funding: This study was partly funded by Community Pharmacy Scotland and relates to Ph.D. work by VP.

Conflicts of interests: There are no conflicts of interests to declare.

Information about presentation of the work as an abstract or poster: Paudyal V, Hansford D, Cunningham ITS, Stewart D. An investigation into factors affecting the adoption of new non-prescription medicines by community pharmacists. *Pharmacy Practice* 2010; 8 (Suppl 1): 51–52. [Oral presentation - International Social Pharmacy Workshop. Lisbon. 2010]

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influenced by factors such as perceived benefits to patients and pharmacy practice; e.g., respondents who agreed that reclassified naproxen was a good opportunity to develop their professional role were significantly more likely to rate their support for the reclassified status highly than those who were unsure or disagreed (odds ratio = 3.7 (95% confidence interval: 2.1–6.7); *P* value <0.001).

Conclusions: Key factors informing decisions to adopt the reclassified medicines into pharmacists' practice relate to perceptions regarding the benefits of reclassification to patient care and their professional roles. The results have relevance to future reclassification decisions.

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Keywords: Decision making; Over the counter; OTC; Pharmacy; Pharmacist; Pharmacy medicines; Reclassification

Introduction

Promotion of pharmacy-led management of healthcare has been one of the key priorities of recent UK and international health policies.^{1–4} In the UK, management of minor ailments through general medical practices (a service funded by taxation and free at the point of care) is estimated to cost the National Health Service (NHS) approximately £2 billion a year, with 80% of the cost accounted for physician' time spent on approximately 57 million consultations.⁵

In the UK, the Medicines Act 1968⁶ regulates the supply of medicines (Box 1). The ongoing reclassification of medicines from 'Prescription Only' (POM) to 'Pharmacy' (P) and 'General Sales List (GSL)' availability aims to enhance pharmacy-led management of health problems.⁷ Since the reclassifications of loperamide, ibuprofen and terfenadine in 1983, over 90 medicines have been reclassified from POM to P availability including medicines for long-term use such as simvastatin for the prevention of coronary events.⁸ Pharmacists in the UK are now able to supply medicines for conditions such as irritable bowel syndrome, migraine, chlamydia and arthritis without a prescription.⁹ Medicines belonging to therapeutic classifications such as the angiotensin-converting-enzyme inhibitors, inhaled corticosteroids, short- and long-acting β_2 -adrenergic agonists, β -blockers, diuretics, calcium-channel blockers and bisphosphonates are potential candidates for reclassification.⁹ Similar reclassifications are also taking place in the rest of Europe¹⁰ and the US.¹¹

Knowledge of pharmacists' perspectives on adoption into practice of reclassified medicines is sparse. Such research is imperative to identify key factors associated with pharmacists' decision-making process. These factors can have relevance to stakeholders such as professional bodies, regulatory authorities and the pharmaceutical industries during the process of reclassification. Pharmacists and their staff are source of advice and support for

patients requesting reclassified 'P' medicines and hence professional decision-making could have direct bearing on patient outcomes.

Factors associated with adoption of new medicines by medical practitioners have been relatively well researched.^{12,13} For example, personal perceptions regarding the importance of efficacy and safety of medicines were more important for decision-making over the cost of prescribing in primary care settings (e.g., general practices).¹³ Hospital doctors, pharmaceutical representatives and prescribing advisers were all found to be influential.¹³ Research undertaken in secondary care (i.e., hospitals) reflected the importance of decision-making structures within an organisation.¹²

The use of theoretical models in innovation adoption research allows researchers to systematically collect, analyse and or interpret data.¹⁴ Previous research of change in community pharmacy practice has most commonly applied organizational theory to aid research tool development and data interpretation.^{14–21} However, as organizational change starts with and is mediated through new behaviors and decisions on the part of individuals,^{22–24} a focus on individuals' perspectives of change merits research. Of note, it has been suggested that individuals within health care organisations should not be regarded as passive adopters of innovations.²⁵ Individuals participate in complex adoption processes such as 'seeking innovation as well as experimenting, evaluating, developing attitudes about, challenging, complaining and gaining experience and/or modifying to fit their needs'.²⁵ Failure to understand situations of conditions under which individuals are likely to undertake new behaviors have been often blamed for potential adopters' resistance to change.^{23,26–28} It is essential that key members of organizations are both active supporters of change and are ready to adopt change, otherwise, implementation is usually deemed 'impossible'.²⁹

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