



Original Research

A conceptual framework toward identifying and analyzing challenges to the advancement of pharmacy



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A B S T R A C T

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Background: Pharmacists and health care professionals are faced with increasing and changing health care needs around the world. To meet these demands, they are required to continuously upgrade and develop their professions. Reprofessionalization is therefore crucial to the successful delivery of health services, but traditional theories might provide little practical guidance to evaluating the overall status of a profession.

Objective: This study proposes a new conceptual framework of three interrelated professional sectors: education, regulation and practice, and uses it to identify and analyze challenges facing the pharmacy profession in Jordan.

Methods: A multiple-method qualitative study comprised of semi-structured interviews and focus groups was conducted in Amman, Jordan. To explore and identify the challenges, a purposively recruited cross-sector sample of 53 key informants, stakeholders and pharmacists were interviewed. Interview transcripts were translated and analyzed using QSR NVivo 10. Thematic analysis identified eight main challenges facing pharmacy in Jordan. The original participants were then invited to participate in focus groups, the purpose of which was to validate the interview findings, map them against the conceptual framework and discuss recommendations for development.

Results: The eight validated challenges span the following areas: graduates preparedness for practice, pharmacy education accreditation and quality assurance, pre-registration requirements, workforce development, workforce planning, remuneration and wage rate, pharmacy assistants, and Pharm.D. pharmacists. Focus group participants used the framework to map each of the challenges to the primary sector-to-sector disconnect that they perceived to explain it. A list of recommendations addressing each of the challenges was also devised.

Conclusions: The framework was found to offer valuable insight as an explanatory and diagnostic tool in policy-relevant research. By emphasizing the processual and contextual nature of reprofessionalization, the framework presents an alternative approach to traditional theories. This study also raises important questions regarding the status of pharmacy in Jordan and aims to provide guidance for local development and much-needed reprofessionalization drives.

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Introduction

Sociological theorists have long been interested in the theory of professions and what distinguishes them from other occupations. According to an early idealistic 'normative' approach to defining a profession, values and ethical codes give the professions their key

stabilizing function in society^{1,2}; but this categorization of an occupation – largely based on unsubstantiated privilege granted by society – was not deemed a sufficient measure for discriminating between occupations.^{3,4} The argument was therefore further expanded by the 'trait' approach to include, in addition to a code of ethics, a combined range of defining characteristics or traits (e.g. self-regulation, training, licensing, examinations, and professional associations)^{5,6}; the varied interpretations of the trait approach and its arbitrarily set lists of criteria explain its failure to produce a

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consensus.⁴ Interactionist views, on the other hand, examine the dynamics of professionalism as a form of service provision rather than a set of traits; this ‘occupational control’ approach argues that professionals deploy exclusive services to exert market control over their occupation.^{3,7,8} Freidson proposed that in addition to this occupational control or ‘dominance,’ ‘autonomy’ – or the ability to control one’s work activities – is also needed to give professional power to an occupational group.⁹ Sceptics, however, attribute the narrowing of knowledge gaps and the rise of new and highly-specialized occupations to the decline of these professional powers.^{10,11} Within the theories of professions, there appears to be no unified holistic approach to what constitutes the professionalization of an occupation – or the process of it becoming a profession.

Professionalization and pharmacy

Throughout these ongoing disagreements, debates and theoretical evolutions, the profession of medicine – firmly rooted in the historic Hippocratic Oath – has always been “the example of choice when sociological theories about the professions were discussed.”¹² As the division of health care labor progressed, the professionalization of pharmacy and other health care occupations began to increasingly feature in such discussions.^{3,13,14} The professionalization of pharmacists is set within the evolutionary stages of pharmacy practice models. Manufacturing, compounding and distributing medicines were key features of practice in the 19th century; the establishment of sale and supply restriction laws, pharmacy schools and representative associations across Europe, the U.S and Asia signaled the start of professional regulation, official representation, and organized education of pharmacy.¹⁵ The large loss of pharmacists’ manufacturing and compounding roles to the advent of the 20th century pharmaceutical industry was coupled with the consequential loss of their social purpose as compounders and distributors; hospital pharmacists had more varied activities but as in community practice, the emphasis shifted to the ‘product.’¹⁶ These events coincided with pharmacy beginning to feature in discussions – albeit with negative connotations – on sociological theories of the professions.

Despite pharmacists gaining occupational control over their service through preventing the unqualified from dispensing medicines, the pharmacy profession has historically been considered subordinate to the medical profession and its professional status has often been questioned. In his 1964 essay ‘The Professionalization of Everyone?’, Wilensky critically examines the “heroic struggles” of some occupations to join the rank of “clearly recognized and organized” professions and describes pharmacy as a “borderline” profession ancillary to medicine.¹³ Medical sociologists Denzin and Mettlin similarly argued for the “incomplete professionalization” of pharmacists and partly owed their allegedly failed “attempt to turn themselves from ordinary occupations into the prestigious groupings called professions” because of their lack of control on medicine, their social object.¹⁷ Freidson also agreed by concluding that pharmacy is “firmly subordinated to medicine” due to the inability of pharmacists to diagnose diseases and prescribe medicines, which compromises their professional ‘autonomy’ according to him.⁹ However, the provision of drug information and medication counseling by community pharmacists and the addition of clinical pharmacy to hospital settings would eventually redefine the essence of practice and somewhat neutralize the negative effects of the manufacturing industry.¹⁶ These developments formed the backdrop to the introduction of Hepler and Strand’s concept of pharmaceutical care.¹⁸ Shortly after, Dingwall and Wilson firmly reject Denzin and Mettlin’s claims, counter-arguing that pharmacy’s social object is not the medicine itself

but rather its median role for social change.¹⁹ Despite these developments, the ‘quasi’-status of pharmacy as a profession – as defined by the traditional sense of the word – still holds in contemporary literature.^{20,21}

Toward a new approach

The field of health professions is not static and shifts continuously as health care systems and the role of health care professionals develop and adapt over time; and many of the assumptions underlying the traditional professions theories do not survive the dynamic climate of health care.⁴ Pharmacists are continuously faced with increasingly demanding and complex health care needs and advancing technologies, forcing them to constantly re-evaluate their current practice models and envision future ones.²² According to Birenbaum,²³ these continuous efforts to upgrade and develop the status of pharmacy within changing health care environments is referred to as reprofessionalization. Reform drives in the name of reprofessionalization have become a recurring feature in the literature; the topic is examined through several lenses such as extending practice roles,^{20,24,25} advancing educational models,^{26–28} and reviewing existing regulatory systems.^{29,30} Birenbaum concedes that theoretical frameworks “fail to recognize the interactive and contextual nature of the development of the professions.”²³ According to Annandale,³¹ the relationship between theory and research is also reciprocal where “extant theories gradually fall out of fit with societies as they change and new approaches are called for.” This presents a structural problem for research aiming to identify challenges affecting the advancement of a profession and to assess if it’s time to reprofessionalize an occupation, without relying on or associating with ephemeral definitions that supposedly determines its professionalization. This paper presents an alternative approach to the traditional theories of the professions and professionalization. It describes a simple conceptual framework that redefines what constitutes a professional arena and tests it in a case study conducted on pharmacy in Jordan.

The conceptual framework

The conceptual framework describes that in any professional arena, there is a dynamic and complex interplay between the education, regulation and practice sectors. The framework was developed by Rouse in his work with the Accreditation Council for Pharmacy Education (ACPE), the U.S. national accreditation agency for pharmacy education. The conceptual framework, used widely in presentations, was intended to depict the separation of the entities responsible for education, practice and regulation, but at the same time the dynamic relationships that exist between the sectors, working in collaboration to advance the profession. It was first published in Version 1 of the Global Framework for Quality Assurance of Pharmacy Education – adopted by the International Pharmaceutical Federation (FIP) in 2008. FIP is the largest global body representing pharmacy and pharmaceutical sciences and whose goal is to support the development of the pharmacy profession. Fig. 1 illustrates the relationship between the three principal components of the framework. ‘Practice’ refers to the sector of the profession that provides a broad range of services to society in and from a variety of settings. ‘Regulation’ refers to the sector – within and/or outside the profession – that determines and enforces the statutory requirements for the organization and practice of pharmacy. ‘Education’ refers to the sector of the profession that prepares the members of the pharmacy workforce for practice; i.e. both pre-service education and continuing education (CE)/ continuing professional development (CPD).

The framework depicts that there should exist a dynamic

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