



## 23rd Seminar of the Chamber

Presentation delivered by Isabelle Adenot, Chairman of the National Council of the Chamber of Pharmacists

Minister,  
Members of parliament,  
Chairmen,  
Directors,  
Friends in the francophone Chambers,  
Colleagues,  
Ladies and gentlemen,

The world of pharmacy is not an island of itself, isolated from the rest of the world. Quite the opposite in fact, the world of pharmacy is one of the most sensitive points of our society, through its proximity to the public and through the **permanent confrontation between its economic concerns and the ethics of its mission of public service.**

Currently, my mission as manager of the orientations of our Chamber, leads me to a point of convergence of all our professions. **They all tell me of their concerns.** Each them knows that it is not in my temperament to be morose, and still less to be pessimistic. I believe fundamentally in our profession and in its future. Better still, it pleases me to note that the focus on modernity of our Chamber and by all those involved is bearing fruit.

Even so, beyond discussions, at the end of 2010 as we are now, **many orientations need to be revisited, many dossiers await resolute decisions, and many words await their substantive implementation.** Which, in different times could have been management differently, but now more than ever, requires determination and constancy, overall cohesion and to be placed in the long term perspective, an unflinching ethic and pragmatic spirit.

Because the economic crisis is very real, and it is causing difficulties for many pharmacists. All the professions are being severely tested. **Disarray in the face of the future is widespread and deep. The exasperation is real. The profession is complaining.**

**During my regional travels I can sense this tacit and collective anger.**

I have also considered the situation to be **sufficiently serious**, and just the once it cannot hurt, to begin with some unaccustomed words for an occasion such as a Chamber seminar.

Without distorting the reality, they paint a context which, at the moment conditions our approach to everything.

In the light of such circumstances, there is nothing surprising in that pharmacists are tempted to adopt an individualist attitude and to express reticence about these changes. And, even so, however legitimate this reaction may be, it is a reflex that is counter what is dictated by due consideration: **concerted action and accepted changes**.

All of you that have a responsibility in the service of our profession, will know that while the Chamber counts on you in your own specific field, **it is also committed** to supporting you. It undertakes to design the future, to contribute to the necessary changes and to construct the 'collective'. It is committed because it believes fervently, as you do Minister, in **pharmacy that is true to its identity, innovative pharmacy that is ever more attentive to the needs of the population**.

At the first seminar of the Chamber, you, Minister, addressed the major current issues for the profession and presented the perspectives for 2010. Where are we now with these matters, one year later?

Your major law on "hospital, patients, health and territories", has become a reality and has profoundly transformed our health system, with the creation of Regional Health Agencies. **This new organisational structure for healthcare needs fully to integrate the services provided by pharmacists in contact with the public.**

The President of the Republic in presenting his wishes for healthcare professionals himself reminded us that: *"the idea needs to be accepted that first line treatment is mainly but not exclusively dispensed by general practitioners.*

*Dispensing pharmacists, and private practice nurses are a component in this service of first line treatment."*

Each regional agency can thus count on the relevant Councils of our Chamber, to contribute to the organisation of treatment in the territories. In this respect, because their missions are focused on the protection of the public, these Councils would not understand their not being called upon to the extent that the future URPS [Unions régionales de professionnels de santé] (regional unions of healthcare professionals) would be.

Beyond the organisation of treatment, your law has also modified all our practices.

**Let us begin with laboratory biology:** with the ordinance published in January, medical biology has confirmed its place in the treatment journey for patients.

The dialogue with the clinician is strengthened. Having become a separate medical discipline, medical biology is now practiced identically in towns as it is in hospitals. All should be accredited by 2016.

It must be noted that this reform underpins very rapid and profound restructuring. For its part, the Chamber is in particular monitoring and will continue to monitor over time that this restructuring does not detract from the independence of professionals, or the

proximity with the public. And while the Chamber will fully play its educational part in engaging professionals on the route to this accreditation, it will also ensure that this accreditation does not transform into some kind of **infernal machine**. An infernal machine for producing procedures for procedures, **remote from the professional realities**.

You were also committed, Minister, to most or even all of the decrees being published. This is in fact the case for many of them.

Amongst these, let us particularly praise **those co-ordinating the action of health professionals the way they interact**, and those relating to therapeutic education or their co-operation. In this respect, the issues are of key importance. The same applies to our capacity to construct a world of healthcare where men and women are of primary importance. Let us make no mistake, let us not forget this. This is what this is about. No single person has all the keys. Corporatism is not normal currency. **The Chamber of Pharmacists will remember with vigour and determination**, whenever necessary, that in this respect, the diversity of those involved is a source of mutual enrichment for the greater benefit of patients.

Another important decree, **is the one relating to telemedicine**. How in effect can one ignore the impact of the digital revolution of the world of healthcare? There is no doubt that it will completely change practices. Bionic medicine has already proved itself; sensors that enable the monitoring of certain pathologies have also become a reality. The Internet enables exchanges in real time. It was time for the Public Health Code [CSP] to take these technologies into account.

The profession, which has been fully computerised, will be able to support the rise in the application of telemedicine and will be certain to assume its role fully in this. The Chamber for its part will ensure that telemedicine does not dehumanise healthcare. We will also ensure that the security of personal healthcare data is preserved. For this purpose, having in 2008 deployed the RPPS (Répertoire Partagé des Professionnels de Santé) [shared healthcare professionals' database] and subsequently having put in place the administrative simplification linked to this tool which enables authentication, we will help pharmacists, within their companies and in all circumstances, to enhance the confidentiality of stored data. **I have entrusted a specific mission** to one of our councillors, with a view to preparing recommendations for 2011.

In addition to this, I am delighted that work has progressed with your departments in determining the rules for the creation and operation of pharmacy sites on the Internet. This is essential. Quite simply so that internet users can orient themselves within the jungle that is on offer, in order for them to be able to differentiate the true from the false, especially since the Internet favours counterfeit medicines and their unregulated circulation.

But while some important legislation has been produced, other legislation, **regrettably, is still not available**. In this case I am thinking of legislation that will map out **continuing professional development**.

I also have in mind legislation that relates to good practices in **the preparation of doses for administration**, which should put an end to a long, too long legal uncertainty

and to savage competition. Whenever I visit the regions, my colleagues, whether in community pharmacies or in hospitals, are always asking me about this lack of clear rules.

For years we have been telling them that the legislation is on its way. For years, we have been proved wrong. But knowing you, **I want to believe that 2010 will not go by without the appearance of this long-awaited legislation. The deferral of the reintroduction of drugs** into the treatment rates, strangely decided upon without the evaluation of this piloting drafted by IGAS (L'Inspection Générale des Affaires Sociales) [General inspectorate of social affairs] having been made public, will, we are sure, be the occasion for the publication of this legislation.

Other legislation, without a link with the HPST law [hospital, patients, health and territories], but which is just as important, is also awaited.

Dispensing pharmacists, whether employed or owner pharmacists, are looking for an **evolution in their practising structures**. At a time when over one in four pharmacies is run as an SEL (société d'exercice libéral) [self-employed practitioners' company or incorporated professional practice company], they are looking forward to the possibility of creating **holding companies between them**.

This development has long been anticipated by the legislator. The whole profession has worked towards a rapprochement and the consensus has become wide and very real. The profession is particular in agreement on the desire for employed pharmacists to be able to access the capital of such holdings while still remaining employees. Only one different assessment persists, concerning the phrasing of the voting rights with equities. This point is particularly important for us because it may affect the independence of pharmacists. Here too it is time to decide, especially as the decisions of the European Court of Justice relating to the ownership of the capital in pharmacies have been refined. The time has come therefore to implement this development without further delay. **The profession, Minister, needs this decree** and we know that we can count on your support in achieving its rapid publication.

This legislation would enable a new form of legal grouping for community pharmacies. It is true that, regardless of their professional environment, with resources becoming scarce and markets imposing their laws, pharmacists and their practice structures are legitimately seeking cost synergies with new critical mass. For all our professions, **regrouping is underway** through the merging of companies, hospital communities, multi-site laboratories, physical regrouping of community pharmacies, etc...

In this context, for the Chamber, the next big issue is finding the right kind of balance. A proper balance between operational critical mass and **proximity**. The right balance between centralised governance **and the independence** of professionals.

The independence of pharmacists, at this time of severe economic constraints, has been made vulnerable. This threat needs to be removed. The European Court of Justice has also frequently reaffirmed in its decisions, the importance of this independence, in the public interest. And it was essential that it should have reminded us that, while Europe has increasing weight in the field of healthcare, this can only be for the benefit of the population and not as a response to some kind of technocratic ideology.

In this respect, we are **awaiting the imminent decision of the European Commission** on the subject of a matter that has been already in play for some time, and which I have had to conclude would threaten our Chamber. Since my arrival in the post of Chairman, we have done all we could to try to convince the Commission that our action, as a Chamber, was neither corporatist, or anti-competitive, and that the whole philosophy, and all the activity of the Chamber ran counter to the spirit of closure. The Chamber has a mission of monitoring access to the profession in accordance with the rules that the legislator has set out for it. So logically, how can it be reproached for conforming to these rules?

Naturally, our action is, nonetheless resolutely European and is not limited, far from it, to facing up to these assaults from Community institutions.

We are thus contributing actively to **the drafting of the current Community directives**, which concern all our professions. And because healthcare professionals are mobile within the EU, we are working hard **to develop a European professional map**. This work, carried out by Patrick FORTUIT, has now earned us the encouragement and support of the Commissioner for the internal market, Mr Michel BARNIER. This is proof, if such were needed, of our commitment to serving public health and the confidence we command in this area.

To return to, and conclude with France in this tour of the profession's horizons, a word or two on another strong commitment through which our Chamber and pharmacists are contributing to improving public health: **the pharmaceutical record [dossier pharmaceutique/DP]**. Currently, over 75% of community pharmacies are connected to the system and nearly 11 million French people have invested their trust in pharmacists to open such a record. Congratulations to the profession, which, despite a difficult climate, has committed financially and professionally to this, for the greater good.

Currently, without underestimating this great step forward, I am convinced that we need to go very much further than this. The DP offers other very interesting perspectives both in terms of personalised monitoring of the patient and **in terms of a tool that can serve an entire profession**.

**For personalised monitoring**, with your departments, in July we launched a pilot scheme in the hospitals. The expectations of hospital professionals are high. The potential benefits for patients are considerable. For the internal organisation of blood transfusion establishments too. Did we know that according to Eunetpass, a pharmacist spends on average over 30 minutes reconstructing the treatment of a new arrival patient?

**From the professional tool standpoint**: with the DP infrastructure, in a few minutes we can relay, directly via professional data processing, urgent message from the DGS or AFSSAPS relating to pharmacists. This enables the, with unprecedented speed, to adapt their advice and to provide the population with optimum information. And our pharmacists who are managers in the pharmaceutical industry are currently going further than this. Under the resolute initiative of their section chairman, Jean Pierre PACCIONI, they are currently involved in piloting a third functionality which consists **of optimising batch recall procedures**.



As you can see, Minister, our fields of activity are numerous and are under a high level of control. In order for them to become realities that are useful for everyone, they are deployed by a Chamber that is open to collective working, always in consultation with your departments, which is something upon which we particularly congratulate ourselves and for which we are grateful to you. This is what enables us to be both ambitious and realistic.

A case in point being the following projects that I wished to cite in conclusion. The one, for example, being run by **industrial pharmacists** on the development of non-promotional information on drugs.

It is also the case for the project being run by pharmacists in **importation, wholesale and distribution, on the clear identification of the pharmaceutical action in the activity of wholesale distribution**. This is important when a number of the largest players are investing in the sector, without fully taking into account the missions of public service involved in this professional field.

It is also the case for the project being run by **dispensing pharmacists**, preparing, under the coordination of Xavier DESMAS, member of the National Council, the drafting of recommendations in the management of the patient without prescription.

It is finally also the case with the project being run by **pharmacists in healthcare establishments and SDIS** (Services d'Incendie et de Secours) [Fire and emergency services] on the enhancement of safety on the drugs circuit within their establishments.

Of course, the big issues never cause us to forget the day to day realities and difficulties that can sometimes generate conflicts between pharmacists: for this reason this afternoon we will also be working on the implementation of **mediation procedures** in order to be able to manage difficult situations between colleagues.

And it is these actions, all of these actions, that will be the inspiration for my conclusion: I would like in fact to emphasise here **the investment and commitment** of the councillors of the Chamber. They give of their professional, private or family time, in order to contribute their ideas and their expertise to the profession and to the life of the Chamber.

In order for this contribution of energy to be followed up by tangible outcomes, it was still necessary for the Chamber to have the courage to reorganise. All the teams of the Chamber, with the Directors and their heads of department have had the goodwill to take stock of their own operations, with a view to **ever more effectiveness**.

All these contributions of energy are assembled here today. All this capacity for hard work and will to succeed, that lies before you, so that we can move forward.

For this reason, I can state loud and clear, to each of you here present: you can count on **a Chamber that encompasses: an independent Chamber, a hard-working Chamber, a Chamber that stands up for its responsibilities with determination, in the decisive choices that will have a lasting impact on the future of the profession.**