Looking back and looking forward

Philip Wiffen • Editor-in-chief

It is great to be gathering for Congress again as we seem to be moving further from the disastrous disruptions of the pandemic. Congress time is a great opportunity to review where we have come from (looking back) and considering where we might want to be in the future (looking forward). For many in hospital pharmacy, the COVID-19 days were traumatic and exhausting and may well have left many departments with less staff than is ideal. A key question is ‘What lessons have hospital pharmacists learnt as a result of that time and what changes have been or will need to be made moving forward?’ One famous statement from George Santayana—a 19th century philosopher was ‘Those who fail to learn the lessons of history are doomed to repeat it’. I have a suspicion that he was not the first person to express such a sentiment.

How many of you reading this have turned the challenges of the COVID-19 pandemic into an opportunity to remodel services? If you have I would love to publish your accounts in EJHP.

One of my colleagues pointed me to a recent article by Paul Forsyth et al titled ‘The Collaborative Care Model: realizing healthcare values and increasing responsiveness in the pharmacy workforce’. The paper starts by defining the current model common across many hospital pharmacy services and then arguing for that model to be developed into a more collaborative care approach, which includes among other things, a greater emphasis on research—a theme that this journal has been successfully promoting over the past 10 years or so.

The authors call the current model ‘Atomistic’, comprising mainly segregated job roles focused around singular elements from one of four professional constituents (also called pillars): clinician/practice provider, educator, leader/manager and researcher, although they point out that the latter is not common outside higher education facilities. The authors acknowledge that these top-level constituents can be broken down further, which I will not describe here. Such an approach has advantages which the authors outline, but they also highlight disadvantages which include: ‘suboptimal response to population need, inconsistency and inequity of care, erosion of professional agency and lower job satisfaction …’. It is argued that many of these problems are concerned with pharmacists lacking professional autonomy over their own roles and services.

The second part of the paper describes a Collaborative Care Model. This is quite a complex argument, but worthy of investigation. The authors argue that ‘individuals should think of themselves first and foremost as team players … crucially as having a say in how the team and system should be built, sustained, evaluated, managed and adapted’. To achieve this, the authors suggest the future workforce model must be based on the premise that all roles in the system (all levels, all types, all organisations and all sectors of care) must involve aspects of the four pillars (ie, professional practice, education, leadership/management and research). The model is designed to reconnect pharmacists with the population they serve and their colleagues more directly, and to ‘recognise their work as a contribution to the crucial larger benevolent management of population health’, this is also partially achieved by the inclusion of a final fifth element, called ‘patient-centred care and collaboration’, which is described as ‘the fundamental scaffold for coherently delivering values-based care’. Educational skills, where junior staff are encouraged to develop higher level skills and benefit from mentoring and learning delivered by senior staff, are intended to aid succession planning and sustainability of services. Research skills are included to help professionals evaluate population need and service effectiveness. Leadership/Management skills are vital for enhancing autonomy and responsiveness. Professional practice roles keep pharmacists rooted in patient care and visible of the effects of their decisions. The authors propose a number of potential workforce benefits for the Collaborative Care Model, including: satisfaction linked to pride in professional contributions (my interpretation), increased feeling of purpose/worth, reduction of burnout and equality of opportunity. Perhaps more important are the proposed benefits for the population served. These focus on improving population health by improving service equity, consistency and responsiveness.

The authors correctly point out that pharmacy regulators and professional bodies will have key roles in governing such a system. Within the UK, the Royal Pharmaceutical Society have already developed appropriate professional postgraduate curricula that could facilitate this type of model. This is one example of some very detailed thinking on the possible future of pharmacy, which is very applicable to hospital pharmacist, pharmacy technicians and other support workers. One question for those coffee and lunch break discussions is ‘Looking forward, what are you going to do differently?’

Remember, we must learn the lessons of our own histories so we do not make the same mistakes in the future.

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