

Darragh O'Loughlin

Secretary General of the Irish Pharmacy Union.

Pharmacy Connect is a national conference and trade show hosted by the Pharmacy Guild of Australia. It will be held on September 1-3 at the Hilton Sydney. The conference will feature workshops beforehand, a two-day education program and a 60-stand trade exhibition.



Can you tell us a little about your professional background? What brought you to pharmacy?

DO: I chose pharmacy because it seemed the ideal way to combine my interest in science with a career as a health professional and an ambition to have my own business.

You are in the unusual position of having been president of the Irish Pharmacy Union (IPU) and now being Secretary General. Tell us about your journey to these positions.

DO: The IPU has been lucky to have had some great leaders. As a young pharmacist, I was inspired by the leadership and commitment shown by the IPU presidents of that time. When the opportunity arose to take an elected position among these dedicated pharmacy leaders on the IPU Executive Committee, I jumped at the chance.

Serving as president of the IPU was a tremendous honour. After my term had ended, I thought I was finished with pharmacy politics and advocacy. But then when the CEO position came up, I was encouraged to apply. Pharmacy is a profession I love and am very proud of, and I was delighted to have an opportunity to continue working with excellent colleagues to promote the interests of the pharmacy profession.

You have been a pharmacy owner for almost 20 years. What do you think makes a successful pharmacy owner?

DO: A successful community pharmacist is a healthcare professional first and foremost but is also a business person.

As a pharmacy owner, I have always taken the view that I am in business to serve the needs of the community where my pharmacy is located. Of course, it is essential to get the business basics right: to control costs, buy wisely, manage inventory carefully, submit reimbursement claims accurately, etc. These aspects are invisible to the customers and patients, but they're crucial and, if not done properly, can sink the business.

Even so, success is not guaranteed – it is earned by having a great team that is knowledgeable,



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approachable, friendly and efficient; by demonstrating every day that we care about the community we serve; and by remembering that we work for the patient and not for the doctor or the health service.

Pharmacy in Ireland has had some difficult remuneration cuts, similar to those in Australia. Tell us a little about those and about the current state of pharmacy in Ireland.

DO: After the financial crisis of 2008, which affected Ireland very severely, the Government passed the Financial Emergency Measures in the Public Interest (FEMPI) Act 2009, under which they reduced civil and public service salaries and pensions and imposed savage cuts in payments to contractors such as pharmacists and GPs.

Reimbursement prices for medicines were cut from 100 per cent of invoice price to 91.8 per cent, pretty much wiping out procurement margin, and percentage mark-ups on the purchase cost of medicines were eliminated in a three-stage process between 2009 and 2013.

In total, since 2009, the Health Service Executive (HSE) has extracted savings of a minimum of €1.083 billion (\$1.52 billion) in cuts to payments to pharmacies under FEMPI. This comprises €392 million (\$552 million) in cuts to dispensing fees and mark-up and €692 million (\$975 million) in cuts to medicine reimbursements. This caused great difficulty for many pharmacies, particularly those saddled with mortgage debt or high rent obligations.

At this stage, most pharmacy businesses have emerged from the crisis. However, the introduction of mandatory generic substitution and reference pricing in 2013 (similar to your price disclosure) has seen revenues continue to fall and margins contract. Larger chains have consolidated and

grown, and smaller chains continue to expand. We have also seen the emergence of collectives such as buying groups, cooperatives, symbol groups and franchising, which have helped independent pharmacies to survive.

The IPU is the sister organisation of the Guild. What are some of the core competencies of your organisation?

DO: The IPU is quite a small organisation, which is focused entirely on meeting the needs and promoting the interests of our members. Our focus is on representing community pharmacy in discussions and negotiations with the Minister for Health and the national HSE.

We also supply an essential, ISO-accredited database of medicines and medical goods to our members, as well as providing continuing professional development, supporting them collectively and individually in compliance with regulation, and supporting them when defending themselves against allegations of non-compliance.

What remunerated professional pharmacy services are pharmacists in Ireland involved with today?

DO: The vast bulk of pharmacy remuneration comes from dispensing prescription medicines. However, we have a small but growing revenue from providing services, primarily opiate substitution, mostly methadone, with a small localised suboxone service; needle-exchange schemes; influenza vaccination; and high-tech medicines schemes, whereby we dispense biologic and speciality medicines for a patient-care fee rather than a dispensing fee or margin.

What are the key initiatives you will be pursuing under your stewardship?

DO: We have recently concluded a strategic review and have set a clear vision for the organisation, which is to position community pharmacy as the driving force in the evolution of accessible, equitable and patient-focused primary healthcare in Ireland.

We want to advance the long-term viability of community pharmacy and promote the value of community pharmacy to patients and their carers by, among other things, advocating for improved access to healthcare for all patients in their local community, and supporting the development and delivery of innovative and sustainable professional pharmacy services. At the moment, we are working with government on development of a state-funded pharmacy-based minor ailment service, and are hoping shortly to roll out a funded emergency contraception service – both of which aim to take pressure off GPs by recognising and using the accessibility and skills of pharmacists. ^{RP}