

# History of Caribbean Association of Pharmacists Est. 1976

**Colin Deeney, MRPharmS, of Bermuda, describes the association and its work.**

The Caribbean Association of Pharmacists was formed at a meeting of several leading pharmacy figures in the English speaking Caribbean in Kingston, Jamaica, in 1976. From the early 1960s, several island states gained independence from their colonial masters and others received various degrees of self-government. At that time, the Commonwealth Pharmaceutical Association (Americas Region) represented pharmacists from former British colonies at international and inter-Caribbean state level. Although it was a vehicle for dialogue for the states, it represented a mismatch of nations that had little in common except their previous British rule and English language. So Canada was lumped together with the West Indies and the South American country of Guyana — a real mix and match.

In September 1976 representatives from Guyana, Jamaica, St Kitts and Nevis, St Lucia, Trinidad and Tobago, the Bahamas and Barbados (all English-speaking states), gathered for a conference and the CAP was formed. It was hoped that the association would lead to a regular exchange of information and experiences and the development of strong and viable pharmacy bodies. Some of the aims and objectives of the new CAP constitution are indicative of the state of pharmacy in the region at that time:

- To encourage the establishment of national pharmaceutical bodies in countries of the Caribbean where none exists
- To encourage, stimulate and maintain a high standard of pharmaceutical education at all levels within the region
- To foster a high standard of control over the quality and distribution of drugs
- To promote uniform system of education for pharmacists practicing in this region such that reciprocity and the level of professional practice can be guaranteed

The main challenge that has faced CAP in the past 25 years has been the disparity among the different states of the Caribbean. For example, Trinidad and Tobago and Jamaica have populations in the millions, St Kitts and Nevis has a population of fewer than 40,000. The varying degree of wealth from island to island also has an impact on pharmacy practice. This means that not all jurisdictions have the same level of pharmacy service, e.g. Guyana has one pharmacy per 25,000 people, Jamaica one per 10,000 and St Kitts and Nevis one per 3,000. English, Spanish, Dutch and French, as well as local dialects, are spoken on different islands. This, together with the fact that transport of goods and people is difficult and expensive, means that the founding members of the CAP set themselves a commendable but considerable challenge.

The main problem for the CAP, despite its high ideals, was that it had not been set up by any particular government within the region; it therefore had no particular legal clout in any given jurisdiction. However, the founders in setting out the aims and objectives hoped that pharmacists within the region would join and participate and therefore give the new organisation a mandate.

The development of the CAP coincided with, but was independent of, the formation of the Caribbean Community and Common Market ("CARICOM") which came into effect on 1 August 1973. CARICOM has been developing along the same model as the European Community. As pharmacists throughout the region, and in particular within CARICOM member states, have joined the CAP, they have given it a mandate and in turn it has given them a collective voice to lobby. The CAP has developed a role as chief pharmacy communicator within the region and has observer status at CARICOM health ministers' meetings. While there are many other countries in the region, CARICOM represents most of the English speaking Caribbean states and is the most cohesive political block.

### **Pharmacy practice**

The most striking fact about pharmacy practice is the different levels of education acceptable to practise in different states. In some Caribbean countries a bachelor's degree is compulsory (eg, Jamaica), in others an associate degree, diploma or even just a certificate is all that is necessary (eg, Grenada). Since each individual jurisdiction decides its own requirements for pharmacy practice, the CAP has until now only been able to make recommendations and suggestions. Indeed, the debate as to what is an acceptable minimum education level is one that is taking place within the CAP. This is not surprising given that several national members of the CAP have a majority of pharmacists qualified below degree level. In addition to that, only Trinidad and Tobago, Jamaica and Guyana offer or expect degree level pharmacy courses. Therefore students would have to leave their own country or island to pursue their pharmacy education to degree level. Politicians and pharmacy leaders in some states may have been reluctant to take up an agenda that might alienate not only the bulk of pharmacists but also their own colleges of education that offer diplomas or certificates in pharmacy. The issue of self-sufficiency is a matter of both pride and economics for individual states world-wide.

Another factor that probably has blocked progress is that of wage control. It has been suggested that politicians consider it unwise to encourage pharmacists to gain a better education and then demand higher wages. Some of the better qualified pharmacists may also consider it better that, so long as they are "rare birds" they can expect better positions and better incomes, and so for them it would be best to maintain the status quo. Also, should the majority of Caribbean pharmacists gain higher qualifications, this could lead to increased emigration as they would have internationally recognised qualifications; this would exacerbate the manpower problems already faced. The debate has therefore been whether to raise standards or just level them out.

### **Pharmacist licensing**

However, the issue regarding an acceptable level of education for pharmacists in the region has remained near the surface and is a founding objective. In 1990, at the joint CAP and Commonwealth Pharmaceutical Association (CPA) annual conference in Ottawa, Canada, discussions took place proposing the formation of a Caribbean Pharmacy Examining Board to obtain universally agreed criteria for licensing of pharmacists in the Caribbean. The Canadian International Development Agency (CIDA) agreed a grant to the Canadian Pharmacy Association to work with CAP to determine the feasibility of Caribbean examining board. Representatives of the Canadian Pharmacy Association acted as primary consultants. They held a

series of face-to-face meetings with CAP members in several states and nations working most notably with Grace Allen Young (CAP president), Cheryl Ann Yearwood (CAP secretary general) and Dr Jeff Poston (Canadian Pharmaceutical Association).

At the CAP annual conference in Montego Bay, Jamaica, in 1992 the notion of the Caribbean examining board was formally endorsed and a committee of Caribbean pharmacists was established to oversee its implementation. This led to an apparent political breakthrough in 1994 when the CARICOM ministers responsible for health agreed to the conduct of the examining board. However, despite this, nothing to date has been established from Biggs and Hindmarsh's report and no board has been established. Possible reasons that Biggs and Hindmarsh themselves suggest in the report as obstacles to progress are the lack of a proper business plan and the lack of funding and potential lack of political backing. Had the feasibility study been instigated and funded by CARICOM, these problems might have been overcome.

However, the development of the Caribbean examining board as a means towards a uniformly acceptable level of education for pharmacists in the region appears to have been side-stepped recently. This is because of CARICOM's objective of "free movement". Since 1989, at the Conference of the Heads of Government, CARICOM has promoted the free movement of personnel within the region. This ideal was cemented in 1995 when CARICOM agreed to the free movement of CARICOM nationals who are university graduates. This means that graduates from those states that have university taught pharmacy degrees now have a ticket to work throughout the region whereas those with lesser qualifications cannot. This inequality alone has clarified the debate for the CAP over what level of qualification should be acceptable as a means of harmonisation. Rather than accept a lower standard it now must pull up the less enthusiastic by the bootlaces.

In August 1999, CARICOM health ministers reinforced the need for pharmacy to move forward with harmonisation as a means to enable free movement. The lack of progress for pharmacy in the region is in contrast to other health professions, eg, nursing, medicine and medical technology. The difference is perhaps the disparate education and standards of practice within pharmacy as opposed to these other professions and also the CAP's internal debate on the matter. In order to standardise pharmacy, CARICOM health ministers suggested an associate or diploma as the minimum level of qualification for entry to the profession in the region. It must be remembered that CARICOM's primary aim is only to seek harmonisation of pharmacy practice for the purpose of free movement. The CAP, on the other hand, has an aim to promote higher standards of pharmacy practice. Therefore CARICOM's proposal in 1999 finally cemented the CAP's resolve. It has culminated in a decision and subsequent ratification at its annual conference in August 2001 in Curacao to establish a bachelor of pharmacy degree as the minimum requirement for practice in the region. This is now referred to as the "Curacao accord".

The CAP is now in the process of urging CARICOM and other Caribbean states to accept its decision. It is also encouraging pharmacy training institutions to offer degree level courses and also enable registered pharmacists to be able to upgrade their present qualifications to degree level. It is always possible that the Curacao accord will be starved of support, as has the idea of the examining board. This will depend on the support of CARICOM: should CARICOM support the accord, both ethically and financially, as the best way of harmonising pharmacy so as to

establish free movement of pharmacists then this would be considered as a success for the CAP. It would also encourage the non-CARICOM states to do likewise.

Of course, the CAP has other aims and objectives beyond harmonisation. The reason that their annual conference was held in Curacao this year was two-fold. The island of Curacao is a part of the Netherlands Antilles. By having the conference there it was hoped to establish stronger ties with pharmacists in the Dutch Caribbean. The other reason that Curacao was used was to help establish a national pharmacy association there. Both these are in keeping with the CAP's founding aim to establish national associations within the whole Caribbean area. Although the CAP communicates primarily in English, it now has individual members from the Spanish (eg, Cuba), French (eg, Martinique, Haiti) and Dutch (eg, St Maarten) speaking Caribbean.

The CAP has been working with the University of the West Indies on a framework document to establish a Caribbean Institute of Pharmacy. This institute will be intended to offer postgraduate training for pharmacists including courses to master and doctor of pharmacy level. The CAP has also been working with tertiary level institutions to enable pharmacists to undertake study via correspondence and the internet.

### **Official journal**

The official journal of the CAP is called *The Caribbean Pharmacist*. This refereed journal has been published for over 15 years and is primarily a showcase for research within the region. There is also *Caribbean Pharmacy News*, a more recent private venture that relies on commercial advertisements. This journal is available free and is mailed to pharmacists throughout the region. It has proven to be an excellent medium for communication with the CAP region. The CAP has itself acted as a medium through which ideas can be diffused.

The 25 years that the CAP has been in existence have no doubt brought about many improvements in pharmacy practice in the region and have led to a cohesiveness that can be witnessed at its annual conference. Unfortunately, as yet the CAP has been unable to harmonise pharmacy practice in the region. It is to be hoped, now that CAP members are in agreement as to the best way forward, that harmony can be attained. The CAP appears finally to have rebooted pharmacy in the region.