

Deontological violations of community pharmacies in Turkey

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ABSTRACT

Deontological violations are important in terms of reputation of public health, pharmacy profession, and protection of public finance. The aim of this study is to determine types and prevalence of deontological crimes reflected in records of High Honor Court (HHC) in Turkish Pharmacists' Association (TPA), to develop proposals on corrective and preventive occupational policies. Crime types in disciplinary files were classified according to classification method of deontological crimes in 3-groups, and results were evaluated by frequency and percentage distributions.

In the study, 32 deontological crime types and 112 criminal cases were detected. Accordingly, it was found that deontological crimes due to competition are in the first rank with 51 cases, TPA, Drug-Pharmacy Legislation violations in the second with 50 cases and Social Security Institution protocol provisions violations in the last rank with 11 cases, and in all types of crime, "collusion" is in the first rank (30.4%). It is thought that "collusion" crime being in the first rank increasing its share from 18.6% to 30.4% in all crimes despite increasing punishments.

Persistence of crime despite punitive sanctions aggravated by recent regulations suggests that it is not possible to solve only by punitive sanctions, and it must be get to the bottom of the problem.

Keywords: Pharmacy, community pharmacies, deontological violations, deontological crimes

INTRODUCTION

Prevention of deontological violations committed in community pharmacies is important for the protection of public health, the reputation of pharmacy profession and public finance. It has been shown that these deontological violations increase during periods of liberalization policies applied in the healthcare field and economic crises (Kiran 2009; Kiran and Mandraccioğlu 2013).

There are many laws and regulations related to pharmacy, mainly the Deontology Regulation of the Turkish Pharmacist's Association (TPA), as well as binding provisions in agreements of Social Security Institution (SSI) in order to prevent community pharmacists in Turkey to be getting involved in deontological violations. In recent years, "Regulation on the Establishment of the Collusion Evaluation Commissions and its Working Rules and Principles" issued by the Turkish Ministry of Health, Turkish Medicines and Medical Devices Agency which entered into force on 14.03.2016 is also an important legislative regulation. In Article 4/d of this Regulation; "Collusion is defined as; business activity jointly or individually by someone other than the pharmacist who appears as the owner and responsible manager of the pharmacy, whether or not he/she is in line of duty, through confidential or open, written or oral agreements as well as all such activities" (TİTCK Circular 2016).

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In addition, according to Article 48-(4) of the Regulation on Pharmacists and Pharmacies held in 2014, in case of the detection of the establishment of pharmacies opened as col-lusive, the license will be cancelled, and penal sanctioning have been set as these pharmacists will not be able to open a pharmacy for five years" (Official Gazette 2014). Despite these regulations that have been issued in recent years and contain severe punitive sanctions, there is little research in-vestigating the deontological violations in Turkey.

In this context, this study was conducted in order to deter-mine the types and prevalence of deontological violations

reflected in the records of High Honor Court (HHC) in the TPA, and to develop proposals on corrective and preventive occupational policies.

MATERIALS AND METHODS

The research is cross-sectional. Crime types in disciplinary files in TPA Period-40 Working Report between 10.12.2015-30.09.2017 of HHC in TPA and submitted from 54 Regional Pharmacists Chamber in Turkey were classified accord-ing to classification method of deontological violations in 3-groups, and results were evaluated by frequency and per-centage distributions (Kiran and Mandiracioğlu 2013; Turk-ish Pharmacist's Association 2015; Turkish Pharmacist's As-sociation 2017). Some files have been discussed more than once in the High Honor Court for various reasons. Therefore, although the total number of files is 99, it is reflected as 112 in the study report.

RESULTS

32 deontological violation types and a total of 112 deon-tological violation cases were detected from 54 Regional Pharmacists Chamber in Turkey submitted to High Honor Court in TPA between 2015-2017 years. These violations were classified in 3-groups according to classification meth-od used in the first and only study on deontological viola-tions committed in Turkey's community pharmacies (Kiran

Table 1. Grouped Distribution of High Honor Court Cases According to Types of Violation

* Violation Type of HHC Cases 2015-2017 Years	%	n
1. Competition-Based Deontological Violations	51	45.6
2.TPA, Drug-Pharmacy Legislation Violations	50	44.6
* 2.1. Collusion	*(34)	*(68)
3.SSI Protocol Provisions Violations	11	9.8
Total	112	100
* Collusion	*(34)	*(30,4)

*HHC: High Honor Court

Table 2. Detailed Distribution of Violations Submitted in High Honor Court Cases (2015-2017)

Violations	n=112	%
Operating collusive pharmacy	34	30.4
Prescription collection and transfer	19	17.0
Violation of night-pharmacy, failure to comply with opening and closing times	12	10.7
Over-the-counter and wholesale drug sales	10	8.9
Advertisement, Promotion	3	2.7
Not taking patient share and price difference	2	1.8
Creating a website	2	1.8
Over-the-counter and wholesale of controlled medicines and narcotic drugs	2	1.8
Invoicing of drugs to the Institution, which are not delivered to patients	2	1.8
Not delivery of drugs to patients	2	1.8
Having drugs not delivered to patients	2	1.8
Having expired drugs	1	0.9
Not giving the documents requested by the auditor pharmacists	1	0.9
Not appointing responsible manager during departures over 24 h	1	0.9
Recording a prescription to SSI Medula system to prevent drug purchase from other pharmacies	1	0.9
Failure to comply with cold chain rules	1	0.9
Having products with uncertain content and manufacturer	1	0.9

Not covering the prescription despite the institution prescription line is available	1	0.9
Absentee	1	0.9
Prescribing drugs outside patient knowledge	1	0.9
Disruptive behavior for the functioning of chamber departments	1	0.9
Not giving information and documents requested by the board of directors	1	0.9
Invoicing of fake prescription, report, drug bar code and 2-d barcode	1	0.9
Establishing business relationship that does not conform to occupational ethics	1	0.9
Lack of illuminated and current night- pharmacy boards	1	0.9
Keeping drugs with impaired original package	1	0.9
Over-the-counter sale of unlicensed and illegal drugs	1	0.9
Having drugs without complete 2-d barcode	1	0.9
Improper action against the chamber president in terms of professional norms and dignity	1	0.9
Injection in pharmacy	1	0.9
Preventing the patient's access to drugs and purchase the drug from the preferred pharmacy by recording trial prescription to the Medula Provisioning System	1	0.9
Sales via internet	1	0.9
Irregular agreement	1	0.9

Table 3. Distribution of deontological violations according to regional pharmacy chambers(2015-2017)

Regional Chamber of Pharmacists	n=99	%
1. İstanbul Chamber of Pharmacists	33	33.3
2. Ankara Chamber of Pharmacists	16	16.2
3. Adana Chamber of Pharmacists	7	7.1
4. Mersin Chamber of Pharmacists	7	7.1
5. Kocaeli Chamber of Pharmacists	6	6.1
6. Balıkesir Chamber of Pharmacists	5	5.1
7. Şanlıurfa Chamber of Pharmacists	3	3.0
8. Konya Chamber of Pharmacists	3	3.0
9. İzmir Chamber of Pharmacists	3	3.0
10. Manisa Chamber of Pharmacists	2	2.0
11. Bursa Chamber of Pharmacists	2	2.0
12. Antalya Chamber of Pharmacists	2	2.0
13. Erzurum Chamber of Pharmacists	1	1.0
14. Eskişehir Chamber of Pharmacists	1	1.0
15. Tekirdağ Chamber of Pharmacists	1	1.0
16. Isparta Chamber of Pharmacists	1	1.0
17. Trabzon Chamber of Pharmacists	1	1.0
18. Kırklareli Chamber of Pharmacists	1	1.0
19. Uşak Chamber of Pharmacists	1	1.0
20. Gaziantep Chamber of Pharmacists	1	1.0
21. Giresun Chamber of Pharmacists	1	1.0
22. Batman Chamber of Pharmacists	1	1.0

and Mandiracıoğlu 2013; Turkish Pharmacist's Association 2015; Turkish Pharmacist's Association 2017).

Accordingly, it was found that "competition-based deontological violations" are in the first rank with 51 cases (45.6%), TPA, "Drug-Pharmacy Legislation violations" in the second with 50 cases (44.6%) and "Social Security Institution (SSI) protocol provisions violations" in the last rank with 11 cases (9.8%). It was found that collusion evaluated under the scope of TPA, Drug-Pharmacy Legislation violations consist of 68% of the violations in this group with 34 cases and in all types of violation it is in the first rank with 30.4%. Groups according to the type of violation are shown in Table 1, and the detailed distribution of all violations is shown in Table 2.

The most intensive deontological violations during 2015-2017 are determined in İstanbul (33.3%), Ankara (16.2%), Adana (7.1%) and Mersin (7.1%). Distributions of deontological violations for the years of 2015-2017 according to Regional Pharmacy Chambers are shown in Table 3.

During 2015-2017, disciplinary punishments given by the High Honor Court are defined as temporary prohibit from practice (42.4%), penalty fine (21.2%), written warning (3%) and files returned with various reasons (33.4%). Distribution of punishments given to violations by the High Honor Court is shown in Table 4.

Table 4. Distribution of punishments given by the High Honor Court (2015-2017)

Punishments Given To Violations By The High Honor Court	n=99	%
Ostracized from profession for 180 days	21	21.2
Penalty fine for 15 times the yearly chamber contribution	16	16.2
Ostracized from profession for 3 days	15	15.2
Returned due to lack of evidence	12	12.1
Returned	8	8.1
Penalty fine for 10 times the yearly chamber contribution	3	3.0
Written warning	3	3.0
Returned due to finalization since it is not appealed in given time	3	3.0
Returned due to make decision according to the outcome of litigation	3	3.0
Penalty fine for 5 times the yearly chamber contribution	2	2.0
Waiting to be discussed after completing notification	2	2.0
Ostracized from profession for 5 days	2	2.0
Ostracized from profession for 30 days	2	2.0
Ostracized from profession for 15 days	1	1.0
Ostracized from profession for 20 days	1	1.0
Returned due to lack of procedure	1	1.0

Table 5. Comparative Distribution of Deontological Violation Types by Years

Violation Types	1987-2010		2013-2015		2015-2017	
	%	n	%	n	%	n
1. Competition-Based Deontological Violations	53	165	50.8	64	45.6	51
2. TPA Drug-Pharmacy Legislation Violations	24.6	77	35.7	45	44.6	50
* 2.1. Collusion	76.3	*58	*48.7	*22	*68	*34
3. SSI Protocol Provisions Violations	22.4	70	13.5	17	9.8	11
Total	100	312	100	126	100	112

*Collusion rate in TPA Drug-Pharmacy Legislation Violations.

Since the records of the last four years of the High Honor Court (2013-2015) and (2015-2017) were examined together with the first study records examined deontological violations in Turkey, it is understood that the order of prevalence of violation (case) types has not changed (Table 5).

DISCUSSION AND CONCLUSION

When compared, Turkey's first study based on long term records with 2015-2017 Report of HHC Period-40 with the Working Report of HHC for 2013-2015; it was seen that competition-based deontological violations in the first rank with 53% decreased to 50.8% during 2013-2015 years and to 45.6% during 2015-2017 years (Kiran and Mandiracioğlu 2013; Turkish Pharmacist's Association 2015; Turkish Pharmacist's Association 2017). On the other hand; it was determined that TPA Drug-Pharmacy Legislation Violations with 24.6% increased to 35.7% during 2013-2015 years and this upward trend has continued during 2015-2017 years reaching up to 44.6% and one of the most important main factors in this trend was collusion violations. In addition, SSI violations with 22.4% decreased to 17% and then 9.8% within the years and it is thought that the SSI has played a role in this decrease with severe penalties imposed on community pharmacies (Kiran 2015).

The most common violation types; prescription collection and transfer (17%), violation of night-pharmacy, failure to comply with opening and closing times (10.7%), over-the-counter and wholesale drug sales (8.9%), advertisement and promotion activities (2.7%) among competition-based deontological violations, and not delivering drugs to patients and invoicing drugs to the institution (3.6%) among SSI violations.

In TPA Drug-Pharmacy Legislation Violations; it is thought-provoking that "collusion" violation in the past (76.3%) is still the most common violation (68%) and in the first rank increasing its share from 18.6% to 30.4% in all violations despite increasing punishments (Kiran and Mandiracioğlu 2013; Turkish Pharmacist's Association 2015; Turkish Pharmacist's Association 2017).

Persistence of violation despite punitive sanctions aggravated by recent regulations suggests that it is not possible to solve only by punitive sanctions, and it must be get to the bottom of the problem (Higuchi and Kodama 2011; Panitch and Leys 2009; Wiberg 2011).

Suggestions

It is thought that it is necessary to work together with all stakeholders for solution of economic and educational problems in pharmacy, especially for the payment of sufficient salary during the retirement of community and public pharmacists and for creation of adequate and new employment areas in all fields of public, universities, pharmaceuticals and pharmacy according to the number of beds in hospitals and the production capacity of the indus-

try, other than community pharmacy for pharmacists who have graduated from more than fifty pharmacy faculties in order to prevent collusion violation that endangers community health care, causes illegal events and harms the public economy and makes unreparable damages to the reputation of the pharmacy profession.

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Informed Consent: The authors used the TPA Period-40 Working Report between 10.12.2015-30.09.2017 of HHC.

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