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Commentary

Future expectations for Japanese pharmacists as compared to the rest of the world

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Summary

It is important to share information about other countries' pharmacists to optimize cross-border medical cooperation. This paper examines the dispensing systems and the work done by pharmacists in the United Kingdom, Germany, France, Thailand, and Malaysia so as to compare these countries' medical practices and develop a cohesive vision for the future of Japanese pharmacists. All five of the countries have dispensing assistants. Pharmacists in Japan have duties of inventory control, drug dispensing, and providing medication advice. In contrast, assistants working in other countries are responsible for some aspects of dispensing and inventory control, allowing the pharmacists to spend their time and competency in instructing patients on how to take their medication. Because of this, pharmacists were actively involved with health promotion intervention in the United Kingdom, Germany, and France. It is hoped that work done by Japanese pharmacists would transition from primarily dispensing drugs to patient care, advice, and counseling to enrich overall health promotion and health/nutrition counseling.
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Introduction

Pharmacists are experts in dispensing medicine and providing relevant medical advice. Recently, the pharmaceutical field has transformed itself from a product- and task-oriented (dispensing) profession to a patient-oriented profession (provision of care, advice, and counseling).[1] In Japan, hospital pharmacists presently participate in team-based health care services by providing pharmaceutical services in wards and at patients' bedsides in an attempt to better understand patients' disease states and appropriate medical treatment.

On the other hand, community pharmacists dispense prescriptions for outpatients, recommend non-prescription drugs, and perform various other related activities. As a result, community pharmacists must perform medication history management and check for drug interactions to ensure the proper use of medicine and safety.[2] Additionally, in response to an increasingly aging society, the Long-Term Care Insurance Act was enacted in 2000, giving pharmacists the ability to join as medical staff members. Recently, several developed countries have reported similar new roles for community

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pharmacists in the multidisciplinary provision of health promotion.

For example, in the US, collaborative drug therapy management (CDTM)[3] is popular for anticoagulation therapy, diabetes, and hyperlipidemia. Pharmacists monitor diseases, change prescriptions, and deliver drugs in pharmacies according to contracts with prescribers. Furthermore, community pharmacies have the advantage of extended business hours and convenient locations. Therefore, community pharmacists routinely provide immunizations to improve influenza coverage.[4] In the United Kingdom (UK), the Patient Group Direction (PGD)[5] is changing the way pharmacists sort and deliver specific prescriptions to better regionalize patient care. This change, in particular, affects emergency contraception, tobacco cessation programs, etc. Additionally, pharmacists can get qualified as Independent Prescribers (IPs)[6] to perform diagnoses and prescribe medications for chronic diseases through specialized training. Furthermore, the UK government is currently supporting transfer of the management of minor ailments from general practitioners (GPs) to pharmacies, termed community pharmacy minor ailments schemes[7-9]; this has recently been introduced in Nottingham City).[10] In Germany, 24-h prescription provision is possible, and pharmacists work on rotating schedules in each district. Pharmacists are active in many different prevention programs, and there is great interest in pharmacy-based preventive care counseling.[11] These types of programs include blood pressure measurement, blood glucose measurement, cholesterol measurement, prevention of vein thrombosis, osteoporosis prevention, general nutrition counseling, and vaccination counseling.

Medical care and the role of the pharmacist are expected to change more rapidly in the coming years. It is important to share information about pharmacist tasks in other countries to foster a stronger sense of medical cooperation. However, to date, there has not been much harmonization in pharmacists' practices across various countries. This paper examines the dispensing systems and the work done by pharmacists in the UK, Germany, France, Thailand, and Malaysia. Furthermore, this review compares the pharmaceutical occupation in Japan with that of these five countries.

The historical background section summarizes population distribution, causes of death, total pharmacist/pharmacy/pharmacy assistant numbers, pharmacy education, and medical insurance. The dispensing system section summarizes the medicine supply; the presence or absence of refills, repeat prescriptions, and dispensing doctors; and the regulatory classification of the medicine. This review clarifies the differences in the dispensing systems and the work done by pharmacists between Japan and five other countries. Moreover, the present review suggests several future directions for pharmacists in Japan that can potentially be extrapolated elsewhere.

The authors targeted the three developed countries—UK, Germany, and France—and two developing countries—Thailand and Malaysia. Hospitals and pharmacies in Thailand and Malaysia were also visited, and interviews were conducted to gather information on the medical insurance systems, pharmacists' preferred dispensing systems, and the duties of the pharmacists and pharmacy assistants.

Information concerning the trends in the scope of the pharmacy business was exchanged with local pharmacists in the UK and Germany via e-mail. Statistical data originated from the UN's World Population Prospects: The 2010 Revision; World Health Statistics 2013; World Health Organization 2013; 2012 FIP Global Pharmacy Workforce Report; and the 2013 FIP Ed Global Education Report. A chart comparing Japan with the previously mentioned countries was created based on the contents of this investigation.

Historical background

Fig. 1 shows the demographic composition of each country (UN, World Population Prospects: The 2010 Revision). Demographic changes were represented by a pot-shaped curve (in Japan, UK, and Germany), a bell-shaped curve (in France), and a pyramid-shaped curve (in Malaysia and Thailand; Fig. 1). As for the age distribution of the population, Japan had 31% over 60 and 13% under 15 years old; the UK had 23% over 60 and 17% under 15; Germany had 26% over 60 and 13% under 15; France had 23% over 60 and 18% under 15; Thailand had 13% over 60 and 20% under 15; and Malaysia had 8% over 60 and 30% under 15 (World Health Statistics 2013).

The top 10 disease-related causes of death in the different countries are shown in Table 1 (World Health Organization 2013). In Japan, UK, Germany, and France, the top 3 disease-related causes of death were cardiovascular disease, cancer, and cerebrovascular disease, whereas

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