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REVIEW

Community pharmacy and the extended community pharmacist practice roles: The UAE experiences



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Abstract *Background:* The pharmaceutical care and ‘extended’ roles are still not practiced optimally by community pharmacists. Several studies have discussed the practice of community pharmacy in the UAE and have shown that most community pharmacists only counsel patients. However, UAE, has taken initiatives to allow and prepare community pharmacists to practice ‘extended’ roles. *Aim of the review:* The aim was to review the current roles of community pharmacists in Abu Dhabi Emirate, United Arab Emirates (UAE). *Objective:* The objective was to encourage community pharmacists toward extending their practice roles. *Methods:* In 2010, Health Authority Abu Dhabi (HAAD) surveyed community pharmacists, using an online questionnaire,

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on their preferences toward extending their counseling roles and their opinion of the greatest challenge facing the extension of their counseling roles. *Results:* Following this survey, several programs have been developed to prepare community pharmacists to undertake these extended counseling roles. In addition to that, HAAD redefined the scope of pharmacist roles to include some extended/enhanced roles. Abu Dhabi Health Services (SEHA) mission is to ensure reliable excellence in healthcare. It has put clear plans to achieve this; these include increasing focus on public health matters, developing and monitoring evidence-based clinical policies, training health professionals to comply with international standards to deliver world-class quality care, among others. Prior to making further plans to extend community pharmacists' roles, and to ensure the success of these plans, it is imperative to establish the views of community pharmacists in Abu Dhabi on practicing extended roles and to gain understanding and information on what pharmacists see as preferred change strategies or facilitators to change. *Conclusions:* In an attempt to adapt to the changes occurring and to the growing needs of patients and to maximize the utilization of community pharmacists' unique structured strategies are needed to be introduced to the community pharmacy profession.

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1. Introduction

1.1. Background

Decades ago, community pharmacists exclusively practiced certain roles such as compounding, marketing-selling, and dispensing medications. This gave them specialization and autonomy as healthcare professionals. However, rapid advances in technology, research, education, the changing cultural/socioeconomic status of many populations and the escalating needs and requirements of patients have fostered many changes which eventually led to the minimized and gradual beating of specialization of pharmacists in these traditional roles (Gilbert, 1998; Bush et al., 2009; Scahill et al., 2010; McDonald et al., 2010).

1.2. Summary of current knowledge

In an attempt to adapt to the changes occurring and to the growing needs of patients and to maximize the utilization of

community pharmacists' unique structured knowledge of a drug's safety profile (side effects, interactions and contraindications) (Bush et al., 2009; McDonald et al., 2010; Edmunds and Calnan, 2001; White and Latif, 2007), drug efficacy, patients' preferences, monitoring outcomes, and drug selection, the practice of new roles was introduced to the community pharmacy profession (Edmunds and Calnan, 2001; Paudyal et al., 2010; Bryant et al., 2009; Inch et al., 2005).

Several studies have demonstrated that extending community pharmacists' roles could result in many benefits for patients which include the following: improvement in the quality of care, optimization of drug therapy (Smith et al., 2011), a decrease in general practitioner workload, and a reduction in the long-term healthcare costs (Giberson et al., 2011; Dunlop and Shaw, 2002). The potential benefits to community pharmacists include improvements in their professional status and job satisfaction and in the way they are paid (Edmunds and Calnan, 2001; Bryant et al., 2009; Inch et al., 2005; Paudyal et al., 2011). However, possible disadvantages from

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