



Commentary

A comparison of pharmacists' role functions across various nations: The importance of screening

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Summary

In recent years, several developed countries reported on new multidisciplinary roles of pharmacists and pharmacy assistants, especially considering the former's expanding functions. This paper examines differences in pharmacists' and pharmacy assistants' professional roles and the dispensing system in Japan with those in the United Kingdom, Malaysia, and the Philippines. A review of relevant literature was supplemented by interviews of dispensary staff at hospitals and community pharmacies in Malaysia and the Philippines. The UK, Philippines, and Malaysia had dispensing assistants who performed dispensing roles, while Japan did not. Although pharmacy assistants occasionally performed screening and dispensing inspections due to the lack of pharmacists, it is necessary for pharmacists participating in risk management to ensure formula optimization and monitoring. Pharmacists' contribution to medical care involves ensuring safety in drug therapy and overall medical services. Screening is the most fundamental and important function performed exclusively by pharmacists, thereby establishing their status within the medical system.

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Introduction

Pharmacy practice and education have been in transition worldwide, and pharmacists' roles are expected to change more rapidly in the coming years. The International Pharmaceutical Federation (FIP) has outlined the Global Pharmacy Action Plan that includes needs, services, competencies, and education^{1,2} as a worldwide initiative. Furthermore,

FIP and the World Health Organization (WHO) issued a joint statement about pharmacists' roles and responsibilities of being a caregiver, decision-maker, communicator, manager, life-long learner, teacher, leader, and researcher.^{1,3} Thus, pharmacists need to consider their contribution to society, thereby establishing their status within medical care. Recently, several developed countries have reported on

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pharmacists' new multidisciplinary roles. In Germany, since medicines need to be available for 24 h, pharmacists use a rotating schedule in each district.⁴ Some medicines are available exclusively at community pharmacies; these can even be purchased without prescriptions, wherein pharmacists dispense medicines based on patients' symptoms. Moreover, pharmacists actively create awareness regarding disease prevention. Substantial interest in pharmacy-based preventive care counseling has grown in ancillary fields,⁵ such as measurement of blood pressure, blood glucose levels, and cholesterol; prevention of vein thrombosis and osteoporosis; and general nutrition counseling and vaccination counseling. In France, some hospitals encourage pharmacists to reinforce doctors' evaluations. Moreover, pharmacists are concerned with the prescription process, especially for chronic diseases.⁶ Home health care may involve administering chemotherapy and post-operative and/or terminal care that is still atypical in Japan. Thus, pharmacists need to be competent in preparing enteral nutrients and anticancer agents.^{7–9} In less-populated areas, pharmacists provide primary care, including disease prevention and detection, and may even make referrals and advise doctors. In the United Kingdom (UK), the Patient Group Direction (PGD)¹⁰ has changed the way pharmacists deliver specific prescriptions to ensure better-regionalized patient care, positively influencing emergency contraception awareness and tobacco cessation programs, in particular. Additionally, pharmacists can be certified as independent prescribers (IPs) through specialized training,¹¹ qualifying them to perform diagnoses and prescribe medication for chronic diseases. In Germany, France, and the UK, pharmacy assistants perform some dispensing roles.

Across Japan, medical services focus on the "promotion of team medical care," ensuring cooperation with doctor and nurses. The Ministry of Health, Labour and Welfare has also established a national policy for "team medical care," emphasizing the competence of each medical staff. For example, pharmacists are required to suggest formulas and ensure smooth pharmaceutical services in hospital wards and at patients' bedsides to better understand their conditions and determine appropriate medical treatments.¹² However, in community pharmacies, pharmacists not only dispense prescriptions for outpatients, but also participate in home health care, manage medications, and promote overall health, thereby contributing to community health care.¹³ Thus, pharmacists' competencies, demonstrated through responsible participation in

medication therapy, are increasingly necessary. However, Japan does not have pharmacy assistants. Therefore, pharmaceutical and ward services for inpatients and home medical care are limited by fixed timings. Although Indonesia has some pharmacy assistants,¹⁴ the pharmacist's and pharmacy assistant's roles have not been defined.

It is important to compare and share information about pharmacists' roles across nations to encourage cooperation and standardization of medical practices. This paper examines pharmacists' professional functions in each of the four countries—Japan, Malaysia, the UK, and the Philippines—to achieve common standards in pharmaceutical practices in the future.

Accompanying a literature reviewer were interviews regarding dispensing systems and pharmacist's and pharmacy assistant's roles in hospitals and community pharmacies in Malaysia and the Philippines. Descriptive data were obtained from the 2012 FIP Global Pharmacy Workforce Report, World Health Statistics 2013, and 2013 FIPed Global Education Report. Based on these, a chart was created to compare practices in Japan with those in Malaysia, the Philippines, and the UK.

The top 10 disease-related causes of death across the four countries are shown in [Table 1](#) (World Health Organization, 2013). In Japan and the UK, the top three disease-related causes of death were cardiovascular diseases, cancer, and neurological diseases and those related to sensory-organs, whereas in Malaysia and the Philippines, infectious disease (dengue fever, etc.), injuries, and maternal deaths were amongst the highest.

Relevant environmental characteristics about pharmacies for each country are shown in [Table 2](#) (2013 FIPed Global Education Report; 2012 FIP Global Pharmacy Workforce Report). There were 276,517 pharmacists in Japan; 8993 in Malaysia; and 59,000 in the Philippines; and 50,664 in the UK. Besides Japan, all three countries had dispensing assistants. There were 71,970 pharmacies in Japan; 2330 in Malaysia; 8600 in the Philippines; and 13,264 in the UK. The number of certified pharmacy graduates per year was 9912 in Japan; 1208 in Malaysia; 2400 in the Philippines; and 2800 in the UK.

Roles of the pharmacist

The roles of hospital and community pharmacists roles are listed in [Tables 3 and 4](#), respectively.

(1) Malaysia

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