

# Community Pharmacists' Practices in Qatar: Mind the Gaps



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## Background

Under the Qatar NHS 2011–2016 and 2017-2022 QNHS [1]; QNHS [2], primary care is a foundation for healthcare delivery for the country. It aims for a better health, better care and better value. It is mentioned that community pharmacies will be utilized in order to decrease the reliance on hospitals for filling drug prescriptions, leading to increased efficiency and enhanced access. Among the target outcomes of the strategy are to increase service efficiency and effectiveness, ensure availability of medicines and increase utilization of the services by providers.

The quality of the service provided by community pharmacies worldwide has often been questioned, particularly in low- and middle-income countries (LMICs) Smith [3]; Azhar et al. [4]. Even though there is a potential for pharmacies to contribute more effectively to primary health care, virtually many studies identified deficiencies in the quality of current professional practice WHO [5]; Smith [3]; Basak et al. [6]. Do they have the proper knowledge and practice guideline in relation to health problem of the public? Do they practice rationally? What kind of medications and advice do they provide to patients? Are they ready with the challenges and demand from the public? These studies searched for the evidence regarding the quality of professional services from private pharmacies in Qatar based on the evidence-based standard treatment guidelines.

In order to answer to the research questions, three preliminary studies were carried out in Qatar to assess the community pharmacists' practices. These studies intent to evaluate the real behavior and practices of community pharmacies. Thus, we used the observational descriptive simulated patient (SP, or simulated client or mystery shopper) method. Two SPs were involved in each of the study. Data collection was through standardized scenario and data collection form which were piloted and refined prior to the study. Primary outcomes included data gathering, labeling, counseling and prescribing practices. These outcomes from the studied pharmacies were compared to standard guidelines. The findings were used for the benefit of

the community pharmacists in the country. A plan of action i.e. training and education program is intended to be proposed to the Pharmacy and Drug Control Department, Supreme Council of Health, Ministry of Public Health, Qatar to improve the community pharmacies standard of practice.

## Evidence

The first simulated patient method was conducted about adult patients experiencing acute respiratory infection, the second was on adult patients with acute gastroenteritis and the third was on women having polycystic ovary syndrome and taking metformin.

The first study evaluated Qatar's community pharmacists' therapeutic recommendations, medication labeling, dispensing, and counseling practices in response to common cold and allergic-rhinitis symptoms Ibrahim et al. [7] Pharmacies in Qatar were randomly selected and further randomized into two groups: case 1 for common cold and case 2 for allergic rhinitis. The pharmacies were visited or called twice. The findings indicated that cough syrups, followed by analgesics, and antihistamines were the most frequently dispensed medicines in the common cold scenario. Antihistamines were more likely to be dispensed compared to cough syrups and analgesics in the allergic rhinitis scenario. Antibiotics were found in three encounters for each case scenario. Many community pharmacists did not adhere to medicine labelling standard. The median cost for treating allergic rhinitis was higher than common cold.

Then a second study was carried out to evaluate pharmacists' prescribing, labeling, dispensing and counseling practices in response to acute community-acquired gastroenteritis Ibrahim et al. [8]. Thirty pharmacies were randomly selected and further randomized into two groups: case 1 was face-to-face interaction vs. case 2 was telephone-call. We found that most pharmacists prescribed and dispensed medicines in almost all cases. Medicines that were dispensed include antimicrobials, anti-

diarrheals, antiemetics and antipyretics. Counseling practices were poor in both type of interactions (Face-to-Face group and Telephone-call group). In more than one-third of the encounters, at least one labeling parameter was missing. The average duration of each interaction was less than 5 minutes.

The third study aimed to evaluate the practice and communication, i.e. the structure, content and interaction between patients and pharmacists in response to patients with adverse drug events in community pharmacies Ibrahim et al. [9]. Community pharmacies in Qatar were randomly selected and randomized into two groups i.e. face-to-face and telephone calls. Pharmacists were presented with a scenario of polycystic ovarian syndrome patient on metformin presenting with bothering diarrhea and requesting the pharmacist assistance. Forty interactions were made with community pharmacists. Almost all of the pharmacists dispensed medications; mostly antidiarrheal and followed by antibiotics. Referral to physician was made by less than one-fifth of the pharmacists. Majority of pharmacists did not gather important information from the patient, such as duration of diarrhea and frequency of diarrhea. All pharmacists needed prompting from the SP to discover that this is an adverse drug reaction from metformin. More than one third of pharmacists did not label any medication dispensed.

### Gaps and Challenges

The three studies above concluded that community pharmacists in Qatar appeared to exhibit practices that are below the established standards in responding to common health problems and drug-related problem presented to them. In order to play a key role in the healthcare system, community pharmacists should possess adequate knowledge, competencies, and skills necessary to provide optimal patient care and services Mohamed Izham [10]. In many countries, the healthcare system is disintegrated and lack of coordination. Especially, in many LMICs, the community pharmacy practice is disconnected from the main system Azhar et al. [4]. Cases and prescriptions presented to the pharmacists were lack of information about the patient; past and present illnesses; and past and present medications. Lack of information, in addition to practitioner's behavior and irrational practices create a huge gaps and challenges to achieve

the country health vision and mission. Hence, there is an urgent need for mandatory continuous professional development (CPD) and training programs for community pharmacists. All licensed community pharmacists are mandated to participate in CPD activities and passed the licensing exam in order to renew their licenses.

### Declaration

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