

## Primary Care Center Pharmacy Manpower New Guidelines in Saudi Arabia

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**Abbreviations:** GAPC: General Administration of Pharmaceutical Care; WHO: World Health Organization; ACCP: American College of Clinical Pharmacy; ASHP: American Society of Health-system Pharmacist; USA: United States of America; UK: United Kingdom

### Editorial

In 2012, General administration of pharmaceutical care (GAPC) started applied strategic planning of pharmaceutical care in Saudi Arabia. Pharmacy human resources development and strategic implementation goal with emphasis on primary care pharmacist; it was one of major pillar of strategic planning. It had stated in Strategic Goal 2: "Develop and implement pharmaceutical care human resources"; with had stated "Initiative 2.1: Plan and Implement of workforce in pharmaceutical care departments at all health care setting", and had mentioned "Project 2.1.1: Update of workforce standard of pharmaceutical care departments annually at all health care setting" [1]. In the 2000s, the pharmacy manpower standard requirement for primary care center consisted of one pharmacist and one pharmacy technician only, and 40 working hours/week with an additional 16 hours divided over several weekends in one month for specialized primary care centers. After ten years their many increases in general population in Saudi Arabia from 24 to 30,77 million on the year 2007-2014. Also, increases in numbers primary care centers 2037 to 2281 centers over the period five years 2009-2014 and distributed over all twenty-one regions in Kingdom of Saudi Arabia, increases of many patients visits, increases in many diseases either quantities or severities [2,3]. Moreover, GAPC expanded pharmaceutical services quantitative and qualitatively, with emphasis pharmacy practice and clinical pharmacy programs for adult and pediatric patients overall primary care centers in Saudi Arabia [4]. Pharmacy, manpower task force committee, was established in 2012 and headed by the author

with expert pharmacists working several years at GAPC. The committee was formulated to update the guidelines of pharmacy manpower including primary care pharmacist. They reviewed primary care pharmacist and workforce at several pharmacy societies, pharmacy institutions in overall the world. For instant; World Health Organization (WHO) workforce guidelines through International Pharmaceutical Federation (FIP) [5]. American College of Clinical Pharmacy (ACCP) [6-8] and American Society of Health-system Pharmacist (ASHP) with several universities and human resources referenced in the United States of America (USA) [9-12]. Also, Royal of Pharmaceutical Society, universities and human resources in the United Kingdom (UK) [13,14] and Hospital and Community pharmacy institutions in Australia and Canada [15-17]. The author is not familiar with any literature about pharmacy manpower or workforce at primary care center pharmacies in Saudi Arabia or Gulf region countries. Moreover, it is hard to find any published studies of pharmacy manpower or workforce at primary care center pharmacies in the Middle East countries. The primary care center pharmacy manpower or workforce can be calculated based on several factors as following but not limited to; country general population, type and statistics of common diseases, a number of primary care centers and rate of expanding in the future. Type of primary care centers, primary care center services, primary care center pharmacy workload, the supply of pharmacists and pharmacy education. Type of pharmaceutical care offers to the patients and public sector, quality of primary care center pharmaceutical care, expanding of pharmacist role at a primary care center. Previous shortage of staff and a number of retired pharmacists in the primary care

center. The committee had established new guidelines of primary care pharmacist manpower; the new guidelines had reviewed by higher administration of human resources at MOH in late 2013. By early of 2014 the new guidelines had approved and distributed to all primary care centers. The new guidance as showed in (Table 1) it contains one pharmacy technician per each center regardless a type of center. Two pharmacists and one general clinical pharmacist for primary care center serve < 12,000 of a population, three pharmacists and one general clinical pharmacist for primary care center serves 12,000-30,000 of a population, four pharmacists and one general clinical pharmacist for primary care center serves > 30,000 of a population. In addition to an individual clinical pharmacist for each sector (each sector consists of 10-20 primary care centers) and one consultant clinical pharmacist for each region, those guidelines cover 21 regions all over Saudi Arabia. If you compare between old and new of 2004 to 2014

respectively, you find a total number of distributive pharmacist increased three-fold. A number of general clinical pharmacists increased three per each primary care center; a number of special clinical pharmacists increased one-fold per each sector; the number of clinical consultant pharmacist increased one-fold per reach region. We are expecting those guidelines applies at any primary care center related to MOH, Military sector, Ministers of Inferior, National Guard sector, Universities, and Royal sector, privates clinics sector, and complex of clinics. New guidelines of primary care pharmacist manpower meet the incremental of population visit primary care centers, patients, and diseases, with emphasis on providing pharmaceutical care and provide new clinical pharmacy services at primary care centers and an overall public in Saudi Arabia, to prevent any drug related problems, improve patient quality of life.

**Table 1:** Primary care center pharmacy manpower 2004-2014

2004	< 12,000 Populations		12,000 – 30,000 Populations				> 30,000 Populations					
	A0	B3	B1	B2	M5	M6	C0	M1	M2	M3	M4	M7
Type of Primary care center	A0	B3	B1	B2	M5	M6	C0	M1	M2	M3	M4	M7
Pharmacist	1		1				1					
Pharmacy Technician	1		1				1					
2014	< 12,000 Populations		12,000 – 30,000 Populations				> 30,000 Populations					
Type of Primary care center	A0	B3	B1	B2	M5	M6	C0	M1	M2	M3	M4	M7
Consultant Clinical Pharmacist	1 per each region											
Specialist Clinical Pharmacist	1 per each sector ( each region 4-5 sectors)											
General Clinical Pharmacist	1		1				1					
Pharmacist	2		3				4					
Pharmacy Technician	1		1				1					
Definitions [18] Referral Primary care centers	M1 : Referral PCC for post graduated studies services up to 32,000 of population M2 : Referral internal sector PCC services up to 32,000 of population M3 : Referral PCC services internal cities up to 44,000 of population M4: Referral PCC services internal cities with housing up to 32,000 of population M5: Referral external sector PCC services up to 16,000 of population M6: Referral external sector with housing PCC services up to 16,000 of population M7: Referral small PCC services up to 32,000 of population											
A0	Primary care centers located at more than 35 km distance, and services 2,000-9,000 of population											
B	Big Primary care centers located at outside cities, and within 35 km distance from referral PCC B1 : PCC services 15,000-25,000 of population B2 : PCC services 12,000-15,000 of population B3 : PCC services 3,000-12,000 of population											
C0	Big Primary care centers located at inside cities services up to 32,000 of population											

## References

1. Alomi YA, Alghamdi SJ, Alattyh RA (2015) Strategic Plan of General Administration of Pharmaceutical Care at Ministry of Health in Saudi Arabia 2012-2022. *J Pharm Pharm Scien* 1(3): 1-8.
2. Statistics Book-Statistical Book for Year 2013. Ministry of Health Portal, Kingdom of Saudi Arabia. Accessed 2015 Sep 16.
3. Statistics Book-Statistical Book for Year 2014. Ministry of Health Portal, Kingdom of Saudi Arabia. Accessed 2016 February 8.
4. Alomi YA (2015) National Pharmacy Practice Programs at Ministry of Health in Saudi Arabia. *J Pharm Pharm Scien* 1(2): 17-18.
5. Gal D, Bates I, et al. (2012) FIP global pharmacy workforce report. International Pharmaceutical Federation (FIP) PO Box 84200, 2508 AE the Hague. The Netherlands. Accessed 2016 February 8
6. American College of Clinical Pharmacy (2000) A Vision of Pharmacy's Future Roles, Responsibilities, and Manpower Needs in the United States. *Journal of Human Pharmacology and Drug Therapy* 20(8): 991-1020.
7. Bond CA, Raehl CL, Patry R (2004) The Feasibility of Implementing an Evidence-Based Core Set of Clinical Pharmacy Services in 2020: Manpower, Marketplace Factors, and Pharmacy Leadership. *Pharmacotherapy* 24(4): 441-452.
8. Bond CA, Raehl CL, Patry R (2004) Evidence-Based Core Clinical Pharmacy Services in United States Hospitals in 2020: Services and Staffing. *Pharmacotherapy* 24(4): 427-440.
9. Report to Congress The Pharmacist Workforce: A Study of the Supply and Demand for Pharmacists Department of Health & Human Services Health Resources and Services Administration Bureau of Health Professions December 2000. Accessed 2016 February 8.
10. Midwest Pharmacy Workforce Research Consortium. 2009 National Pharmacist Workforce Survey. 2010, Pharmacy Manpower Project. Accessed 2016 February 8.
11. The Utah Medical Education Council State of Utah. Utah's pharmacist workforce, 2014. Salt Lake City, UT. Accessed 2016 February .
12. Midwest Pharmacy Workforce Research Consortium. 2014 National Pharmacist Workforce Survey. Pharmacy Manpower Project, Inc. Accessed 2016 February 8
13. Seston L, Hassell K Pharmacy Workforce Census 2008. 2009, Royal Pharmaceutical Society of Great Britain 1 Lambeth High Street, London SE1 7JN. Accessed 2016 February 8.
14. Livingston M (2012) Pharmacy Workforce Education commissioning risks summary. Center for workforce intelligence. Accessed 2016 February 8.
15. Chen TF et al. (2008) Pharmacy workforce planning study literature review. Human Capital Alliance (HCA). 2016 February 8.
16. Australia's Health Workforce Series Pharmacists in Focus (2014) Health Workforce Australia. 2016 February 8.
17. Health Human Resources (2012) Pharmacist Workforce-Provincial/Territorial Highlights. Canadian Institute for Health Information, 495 Richmond Road, Suite 600 Ottawa, Ontario K2A 4H6.
18. About the Ministry-Strategy (2016) Ministry of Health Portal, Kingdom of Saudi Arabia. February 16.