

EDITORIAL

Novel clinical pharmacy practice: Extended role and improved competencies

Abdulbaset A. Elfituri^{1*} 🖾 🗓 and Fathi M. Sherif² 🖾 🗓

¹ Faculty of Pharmacy, University of Zawia, Zawia, ² Faculty of Pharmacy, University of Tripoli, Tripoli, Libya *Author to whom correspondence should be addressed

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In the health care delivery system, if you are not part of the solution, then you must be part of the problem. Over the last few decades, clinical pharmacy has encouraged pharmacists and pharmacy support staff to move their focus from product-oriented roles towards new direct engagement with patients, to make the most of the benefits that patients obtain from the medicine they take, or the problems they encounter with, their medicines use. In the USA, pharmacists' participation in physician ward rounds reduced adverse drug events by 78.0% and 66.0% in general medical and intensive care settings [1. 2]. A study covering 1 029 US hospitals indicated that centrally based and patient-specific clinical pharmacy services are associated with reduced mortality rates [3]. The services involved were medicines information, clinical research performed by pharmacists, active pharmacists' roles in the healthcare systems around the globe have moved and developed significantly over the past few years, particularly with the expansion of the scope of practice which allows the pharmacist to focus on the clinical aspects of direct patient care [4, 5]. Pharmacists are drug therapy experts in the health care team. Therefore, pharmacists, today, are the judges of effective and safe use of medicines. Medication therapy management is one of the major areas in which physicians more and more rely on pharmacists to benefit their patients.

The movement of clinical pharmacy practice has predominantly evolved since the middle 60s and has given a new direction to the contemporary practice of pharmacy in all settings. The recent clinical pharmacy practice goes beyond providing pharmaceutical services and/or clinical pharmacy. The skills, activities and services used in the provision of new pharmaceutical care include but are not limited to, patient assessment, patient education and counselling, patient-specific pharmacist care plans, medicine treatment protocols, dosage adjustment, selection of therapeutic alternatives, prescriptive authority, preventive services and managerial skills. New clinical pharmacy practitioners are health care providers offering 'product plus services' combinations involving assessment roles, as well as treatment and wider health care. The pharmacist's role moved from fee-for-service to value-based payments. A pharmacist provides health care advice and manages chronic medical conditions, such as diabetes mellitus, hypertension, hyperlipidemia and anticoagulation as well as nicotine dependence [6, 7]. Pharmacist uses consultation rooms in their pharmacy to conduct clinics on smoking cessation or provide diabetes

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education order diagnostic laboratory tests and interpret test findings. The pharmacist has a prescriptive authority for specified conditions; minor ailments or conditions; or emergency circumstances. Pharmacist promotes rational medicine use. They can renew or adapt prescriptions for continuing care. They may make therapeutic substitutions. Pharmacist administers medicines to patients and have injection authority over vaccines, including influenza vaccines and travel vaccines or all vaccines and in some countries of all parenteral drug products. Pharmacist performs home medication reviews as well. Furthermore, bigger involvement of the community pharmacist in primary health care has been emphasized. The pharmacist, being a healthcare resource, delivers public health, health education, health promotion and health coaching services, including health protection and disease prevention programs. Examples include but are not limited to, immunization campaigns, child and maternal healthcare services, fighting against tobacco and drug misuse, abuse and addiction, HIV/AIDS control, cancer screening and more recently COVID-19 prevention, immunization and treatment.

In several countries around the world, physicians are supporting pharmacists in their original roles and in assuming new responsibilities. They are warming to the idea of working alongside pharmacists in their practice settings. Further, many are already trying to integrate pharmacist and medication management to achieve good outcomes. The authors believe that once the Libyan physicians observe the clinical value of the pharmacists' involvement, they won't practice any other way [8]. On the other hand, new clinical pharmacy practice involves a blend of thorough competencies. These include scientific knowledge, clinical skills and social abilities. An appropriate selection, education, training and workforce planning represent a prerequisite for the current pharmacy role [9, 10]. Accordingly, specialized education programs are being implemented. Detailed clinical training has been provided. That is an evidence-based clinical practice, with problem-solving approaches. The academic study of pharmacy practice already includes topics such as primary health care, health education and promotion, social pharmacy, communication and counseling skills, behavior change, legal and ethical aspects, professional judgments, pharmaco-epidemiology and pharmaco-genomics. Currently, practicing pharmacists have to adapt the necessary knowledge and required skills, so, he/she can develop their practice and role to meet changing needs (continuous professional development). Examples of the new practicing pharmacist certifications include diabetes mellitus management certification, smoking cessation certification and pharmacist travel health certification. Change in a profession is an indication of growth, for thus if a profession fails, to grow, it soon loses its vitality and value to society. Several forces, both from within and outside the profession of pharmacy have been the agents that produced the recent clinical emphasis in pharmacy practice. Pharmacists are lifelong learners; undertake evidence-based practice; train future and fellow members of the profession and pharmacy technicians; acting as role models and mentors. Being pharmaceutical experts, pharmacists educate other health professionals, including physicians, dentists and nurses on medical issues. The expanding role of pharmacy technician should liberate the pharmacist to assume more clinical roles and responsibilities.

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References

 Kucukarslan SN, Peters M, Mlynarek M, Nafziger DA (2003) Pharmacists on rounding teams reduce preventable adverse drug events in hospital general medicine units. Archives of Internal Medicine. 163 (17): 2014-2018. doi: 10.1001/archinte.163.17.2014

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- Leape LL, Cullen DJ, Clapp MD, Burdick E, Demonaco HJ, Erickson JI, Bates DW (1999) Pharmacist participation on physician rounds and adverse drug events in the intensive care unit. Journal of the American Medical Association. 282 (3): 267-270. doi: 10.1001/jama.282.3.267
- Bond CA, Raehl CL, Franke T (1999) Clinical pharmacy services and hospital mortality rates. Pharmacotherapy. 19 (5): 556-564. doi: 10.1592/phco.19.8.556.31531
- Hasan MJ, Bachar SC, Rabbani R, Cope RJ, Gim S (2021) Evolution of pharmacy practice and direct patient care roles for pharmacists in Bangladesh. Journal of the American College of Clinical Pharmacy. 4 (6): 718-722. doi: 10.1002/jac5.1429
- Carter BL (2017) Evolution of clinical pharmacy in the US and future directions for patient care. Drugs Aging. 33 (3): 169-177. doi: 10.1007/s40266-016-0349-2
- Chua SS, Kok LC, Yusof FAM, Tang GH, Lee SWH, Efendie B, Paraidathathu T (2012) Pharmaceutical care issues identified by pharmacists in patients with diabetes, hypertension or hyperlipidaemia in primary care settings. BioMed Central Health Services Research. 12: 388. doi: 10.1186/1472-6963-12-388
- 7. Sherif FM (2017) Nicotine dependence and role of pharmacist in nicotine addiction control. 2 (1): 3-11. doi: 10.21502 /limuj.002.02.2017
- Tahaineh L, Wazaify M, Alomoush F, Nasser SA, Alrawashdh N, Abraham I (2019) Physicians' perceptions, expectations, and experiences of clinical pharmacists in Jordan-2017. International Journal of Clinical Pharmacy. 41 (5): 1193-1201. doi: 10.1007/s11096-019-00884-6
- 9. Singh HK, Kennedy GA, Stupans I (2021) The health coaching competency gap Analysis of pharmacist competency frameworks from Australia, Canada, New Zealand the UK & the USA. Health and Social Care in the Community. 12. doi: 10.1111/hsc.13494
- Zhou M, Desborough J, Parkinson A, Douglas K, McDonald D, Boom K (2019) Barriers to pharmacist prescribing: a scoping review comparing the UK, New Zealand, Canadian and Australian experiences. The International Journal of Pharmacy Practice. 27 (6): 479-489. doi: 10.1111/ijpp.12557