

Letter to the Editor

Community pharmacist and primary care physician collaboration: The missing connection in pharmaceutical care



Abstract

Pharmaceutical care (PC) involves the active participation of the pharmacist in the improvement of the quality of life of the patient through the dispensation, counseling, and monitoring of drug therapy. Community pharmacists often encounter patients first, and, for some patients, the pharmacist is their only contact with a healthcare professional. It is easier and quicker for patients to contact a community pharmacist. However, there is a very limited or a total absence of PC services in community pharmacies of the KSA.

To describe the inter-professional collaboration between primary care physicians and community pharmacists concerning PC services, a qualitative study was designed using a thorough, in-depth interview carried out in the cities of Dhahran and Dammam of the Eastern province of the Kingdom.

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influenced community pharmacy practice, and there are many countries in the world where community pharmacies are places where individuals may obtain health advice and assistance with managing their disease states with medication. For instance, in the United States, community pharmacists may provide management for asthma, diabetes, dyslipidaemia, anticoagulation therapy, rheumatic disorder and immunization.²

The Ministry of Health mandates that the PC Department is meant to provide care jointly related to patients and physicians alike. It also aims to bring about results benefiting the quality of health care provided to patients. A growing number of governmental hospitals in the KSA have pharmacists participating in PC activities in hospital-based outpatient clinics.³ However, there is a very limited or a total absence of PC services in community pharmacies of the KSA,⁴ and this appears to be due to a lack of positive attitudes towards inter-professional collaboration between community pharmacists and primary care physicians. For the better delivery of primary health care services, it is important to understand attitudes and barriers to collaboration between community pharmacists and primary care physicians.

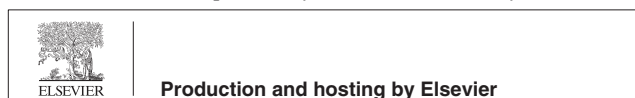
To describe the inter-professional collaboration between primary care physicians and community pharmacists concerning PC services, a qualitative study (through an in-depth interview) was conducted in Dhahran and Dammam cities of the Eastern province of the Kingdom. The objective of this study was to capture the opinions of primary care physicians and community pharmacists regarding collaborative practice and PC.

Twenty-seven community pharmacists (group 1) and 27 primary care physicians (groups 2) participated in the study (Table 1). A total of 47 interviews were conducted. We performed heterogeneous purposive sampling depending on age, speciality and gender. The qualitative observations were as follows:

Sir,

Pharmaceutical care (PC) is a philosophy of pharmacy practice in which the pharmacists “promise to do whatever is possible to make sure the patient achieves positive outcomes from drug therapy”.¹ The community pharmacists often encounter patients first, and, for some patients, the pharmacist is their only contact with a healthcare professional. It is easier and quicker for the patient to contact community pharmacists. The concept of PC has

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Physicians' opinion toward community pharmacists and PC

Most of the interviewed doctors were unaware of PC, and those who thought they knew of it, related this term with kits, emergency services or advertisements on television and with the slogan "Ask your pharmacist". Most of them had misconceptions about the role of community pharmacists and related a community pharmacist to a manager of a private business or a dispenser. They often did not think that pharmacists are the ones who frequently encounter patients for drug treatment consultation.

Most of the participating physicians were of the opinion that community pharmacists are not sufficiently qualified to manage drug therapy. Physicians thought of pharmacists as professionals who are more primed in pharmacology and experts in the preparation and dispensing of medicines.

All doctors were in agreement that collaboration between physicians and pharmacists would be key in improving the quality of health care service.

Community pharmacists' opinion about PC

Pharmacists who were experienced in PC services described four main advantages of PC in community pharmacy: self-actualization, improving the quality of life of the patient, reducing financial burden by optimizing drug therapy and by conducting responsible dispensing, and economic advantages through customer loyalty. All pharmacist participants were in agreement that the patient perceives PC as an added service but often confuses it with kindness and generally links this to personal attitudes of the profession. Most of the community pharmacists responded that they would like having more of a relationship with the doctors.

Primary care physicians' and community pharmacists' attitudes towards inter-professional collaboration

Both groups agreed that collaborative practice can positively affect patient outcomes and would like more

collaboration opportunities. However, physicians and community pharmacists disagreed about the areas where they would like to collaborate to deliver care. The opinion that was dominant among physicians was that it is very important to maintain the relationship between community pharmacists and physicians in such a way that physicians prescribe and community pharmacists dispense, and they opined that community pharmacists must be defined and restricted to this activity. It was recognized that the relationship between physicians and community pharmacists is null.

Primary care physicians appeared to think that there is no role for community pharmacists other than dispensing of medications as prescribed by doctors. However, while these two groups of professionals agreed that collaborative practice can improve the quality of primary care services and positively affect patient outcomes, there was a contradiction about the areas in which they would like to collaborate to deliver care. The difficulty of maintaining effective collaboration between the two groups of professions could be due to a lack of knowledge and trust, as well as their divergent professional styles: the primary care physician is perceived as a legal health care provider, while the community pharmacist is viewed as a proprietary professional and has only recently been identified as a professional who ensures and manages the proper use of medications (and not only to ensure the availability of drugs to the population).^{5,1,6}

Considering the limitations of purposive sampling and the qualitative nature of the study, the results of the study could possibly be misled by selection bias, researcher's personal biases and idiosyncrasies. Nevertheless, this letter is intended to draw attention to the importance of inter-professional collaboration for the promotion of PC into community pharmacy practice in the country.

Conclusion

Our findings suggest that physicians are not yet aware of the role of community pharmacists as members of multidisciplinary health care teams or, more importantly, of PC activities. There is a lack of social and professional acceptance of community pharmacists as true health-care professionals among primary care physicians. The scope of practice, areas of authority, power issues, lack of trust in competencies of the community pharmacists, and physicians' lack of knowledge about community pharmacist-derived PC services were identified as obstacles to inter-professional collaboration between these two groups of professionals in primary care services.

To facilitate enhanced collaboration between pharmacists and physicians in the community setting, changes are needed at the national level to integrate the PC model with the primary health care system. In addition, training programmes and professional activities, in which community pharmacists act as authorized members of the multidisciplinary health team would improve the knowledge of physicians about PC and its importance. This, in turn, could benefit the collaborative practice between community pharmacists and primary care physicians to support the provision of optimal patient care.

Funding sources

None.

Table 1: Characteristics of respondents.

Characteristics	[Group 1] Community pharmacists (n = 27)	[Group 2] Primary care physicians (n = 27)
Gender		
Male	27	15
Female	—	12
Age (yrs.)		
30–39	14	6
40–49	9	16
>50	4	5
Primary care physician speciality		
General medicine	—	11
Internal medicine	—	13
General paediatrics	—	4
Community pharmacist Practice setting		
Independent pharmacy setting	5	—
Chain pharmacies	16	—
Polyclinic	6	—

Formatting of funding sources

No.

Authors' contribution

FM, YA conceived and designed the study, conducted research, provided research materials, and collected and organized data. NH operationalized and supervised the data collection. NH analyzed and interpreted data. FM wrote initial and final draft of the article and provided logistic support. All authors have critically reviewed and approved the final draft and are responsible for the content and similarity index of the manuscript.

Conflict of interest

The authors have no conflict of interest to declare.

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