

PART 5: ACTIONS AND DIRECTIONS

Pharmacists play a vital role in health care systems and despite variances in practices worldwide, common workforce issues have been reported. These common workforce issues fall under four broad themes:

1. Workforce regulation and description
2. Workforce shortage
3. Distribution imbalance
4. CPD and practice development

FIP recognises that there is a need for global concerted action to evaluate, regulate, document and develop the pharmacy workforce. In order to meet this need, knowledge gaps about pharmacists, pharmacy technicians and other support staff must be identified and filled. Without an accurate picture and adequate monitoring or documentation systems, it is difficult to prepare the workforce for future developments and implement policies to correct imbalances and shortages.

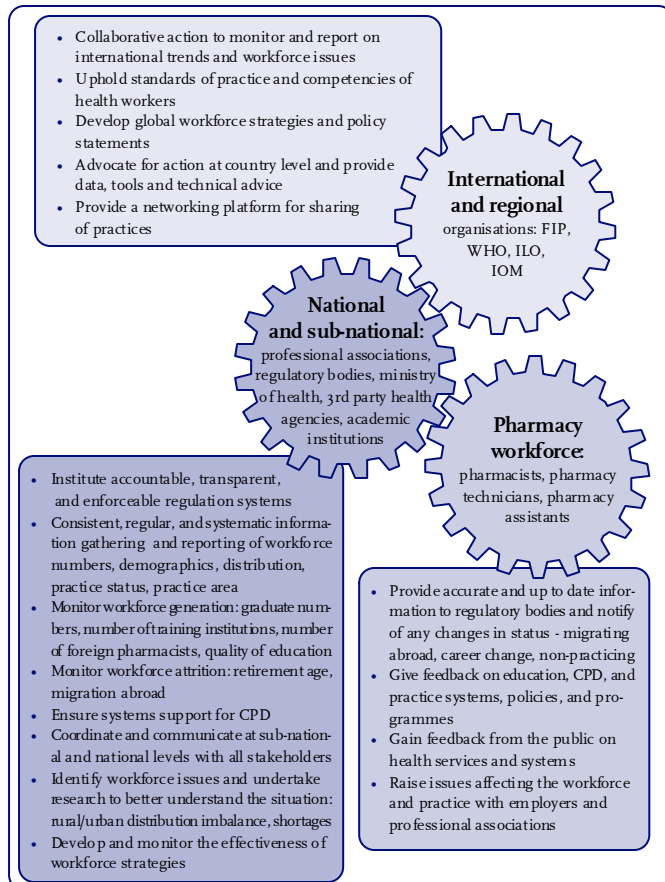


Figure 23. Actions and directions: strengthening the pharmacy workforce.

Action is required at all levels and stakeholders must collaborate with a range of partners including policy makers and training institutes to strengthen the workforce.

This is the first report to provide an international snapshot of the pharmacy workforce to indicate trends and issues. With this report, FIP calls for further discussion, research, and action at a national, regional and international level on human resources in pharmacy.

5.1 WORKFORCE REGULATION AND DESCRIPTION

The pharmacy workforce should be regularly documented at a sub-national and national level and reported to stakeholders and policy makers. Pharmacy professional and regulatory bodies have an important role to play to monitor the pharmacy workforce and develop strategies to address issues such as shortages, skill mix and imbalances. The practice area, practice status (practicing or non-practicing) and demographics of pharmacists should also be recorded. Many sub-national regulatory boards did not track data on foreign pharmacists such as the number registering per year or the country from which they originated. This data is useful to monitor trends in migration and understand the extent of it. The same is also the case for pharmacists migrating abroad, although this is more difficult to track. Data collected on registered pharmacists by regulatory bodies should have basic consistencies and be collated at a national level on a regular basis if there is more than one in a country. This information is crucial to identify issues, project future trends and prepare the workforce at a national level, especially if there is considerable movement between regions in a country.

The WHO Global Atlas of the Health Workforce serves as a useful tool to examine the distribution of health professionals¹. As of October 2004, data on the number of pharmacists was not available from 54 countries on the Global Atlas, with half of the missing figures from countries in the Pan American Region. Many reports have also cited that data was not presented or discussed on the pharmacy workforce due to

lack of information. Despite the data that has been collected from Ministries of Health in 2004, the comparison to the number of pharmacists collected by FIP in the Global Pharmacy Workforce and Migration Study shows an average variance of 30% between figures leaving the accuracy of the information available in question. Sub-national and national regulatory bodies are in a unique position to inform their Ministry of Health of workforce statistics. This has the downstream effect of inclusion in international workforce strategy and planning reports. Documentation and recognition of the whole pharmacy workforce is required, including technicians and assistants.

5.2 WORKFORCE SHORTAGE

The shortage of pharmacists is said to be due to an aging population and increased disease burden, as well as pharmacy specific issues such as role diversification, increasing proportion of female pharmacists that are likely to work less hours and greater time requirements of administrative work related to managing third party payments. In many countries around the world the number of pharmacists graduating from training institutes are not enough to meet the rising vacancies. The number of pharmacy schools and graduates has increased steadily in recent years and with further schools opening, the number of pharmacists entering the workforce will grow. For some countries, especially those affected by high rates of migration abroad, the loss of health professionals cannot be abated by increasing the number of graduates due to resource and capacity limitations. Training institutions are also facing shortages in academic staff and are limited in their capacity to train the required number of pharmacists but maintain an adequate quality of education. In some countries it has been shown that a considerable section of the workforce is not working in pharmacy. Root causes to attrition must be identified and trends analysed. Without workforce retention the investment in workforce generation is lost.

5.3 DISTRIBUTION IMBALANCE

Should trends in the imbalanced distribution and shortage of pharmacists within countries continue; patient safety may be compromised through the increased risk of unsafe and

stretched practices; job satisfaction reduced due to an exacerbation of difficult working conditions; and increases in attrition rate may be seen due to pharmacists leaving the country workforce through migration abroad and career changes. Although the workforce is growing in urban areas to meet demand within countries, this is not necessarily matched by increases in the rural areas. Regional and rural imbalances require greater investigation to better understand what needs to be addressed to encourage pharmacists to work in such areas.

5.4 CPD AND PRACTICE DEVELOPMENT

Pharmacy practice in all sectors and settings should be based on competencies and maintained through CPD. CPD systems should be flexible and focused on needs based learning to ensure practicability and valid incentives. Such systems should be designed to facilitate career development and are also important to sustain and retain pharmacists, and increase job satisfaction and specialisation in areas of need. It is also important to distinguish between CPD and CE. Support for CPD such as learning portfolios and toolkits may be useful to manage and direct learning.

REFERENCES:

1. World Health Organization. Global Atlas of the Health Workforce. Available at: www.who.int/globalatlas/default.asp. Accessed 21 February 2006.