

A new Guidelines on Hospital Pharmacy Manpower in Saudi Arabia

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General administration of pharmaceutical care (GAPC) had started implementation five strategic general goals in Saudi Arabia since 2012. Human resources development and implementation were the 2nd strategic goal among them.^[1] In 2004, the GAPC applied hospital pharmacy staff standard. It was 0, 04 hospital pharmacists per each bed for each hospital with total 176 working hours per month; 40 hours/week with additional 16 hours divided over the weekends. This qualification of hospital pharmacy staff consisted of a pharmacist and clinical pharmacists as showed in Table 1. After ten years in 2014, GAPC had revised these strategies based on the increases of population in Kingdom of Saudi Arabia 24.24-29.99 million within 2007-2013, the number of Ministry of Health (MOH) hospitals and beds increased 244 to 268 hospitals, and 33,277 to 38,970 beds. Also, the Non-MOH governmental number of beds increased 10,822 to 11,397 beds without increased number of hospitals, and private hospitals with number of beds increased 125 to 136 hospitals, and 11,833 to 14,310 beds in 2009-2013 respectively. The total number of hospitals rose from 408 to 445, and total number beds increased 55,932 to 64,77.^[2] Moreover, the number of disease quantities and quality increased, and the number of hospital admissions, number of ambulatory care visits,^[2] in addition to expanding of pharmacy practice services and several type of clinical pharmacy specialties for adult and pediatric patients.^[3]

Pharmacy manpower task force committee was established at GAPC in late 2012, it was consisting of three qualified

people and headed by the author; he had more than fifteen years experience of in pharmacy practice and clinical pharmacy. The committee had reviewed English published literature about pharmacy manpower and workforce in several countries, institutions, and pharmacy societies. For instant; United State of America (USA),^[4-5] Canada,^[6] United Kingdom (UK),^[7] Australia,^[8] and International Pharmaceutical Federation (FIP).^[9] The committee members including the author are not familiar with any studies published about hospital pharmacy manpower or workforce at hospital or community pharmacies or any dynamic sectors in Saudi Arabia or Gulf region countries. Moreover, you do not find any studies of hospital pharmacy manpower or workforce in the Middle East countries.

According to MOH annual statistical reports, the previous workforce worldwide literature, strategic planning of pharmaceutical care of GAPC in coming ten years 2012-2022, a real market in Saudi Arabia, and may be future needs. We divided the working sectors for pharmacist into hospitals, primary care center, community pharmacy, pharmaceutical companies, academia, regulatory affairs, drug laboratory, and others. The hospital pharmacy manpower or workforce calculated based on several factors as following but not limited to; country general population, type diseases statistics, number of hospitals, hospital services, hospital pharmacy workload. The supply of pharmacists and pharmacy education level, type of pharmaceutical care offers to the patients and public sector, quality of pharmaceutical care, expanding of professional pharmacy role, new pharmacy technology equipment, previous shortage of staff, and a number of retired pharmacists.^[2,10]



Table 1: Hospital Pharmacy Manpower from 2004 to 2014

Type of Pharmacists	Beeded in Hospitals								Pharmacist Ratio
	2004 Year	50	100	150	200	300	4W00	500	
Clinical Pharmacist	0	2	2	3	3	5	5	Year 2004 0.04 RPh per Bed	
Pharmacist	5	8	8	12	12	15	15		
Total	5	10	10	15	15	20	20		
Year 2014	50	100	150	200	300	400	5W00	2014	
Consultant Clinical Pharmacist	0	0	1	2	3	5	7	0.2 RPh per BedW	
Specialist Clinical Pharmacist	0	3	3	6	10	15	20		
General Clinical Pharmacist	3	4	6	8	12	18	24		
Pharmacist	7	13	20	24	35	42	49		
Total	10	20	30	40	60	80	100		

The committee had established new guidelines of hospital pharmacist manpower, and then the consultation company of human resources at MOH had revised the new guidelines, after with several meeting and discussion with an author as general manager of pharmaceutical care at that time. Since then it was submitted to higher administration committee headed by His Excellence Assistant minister for development and training in late 2013. By early of 2014 the new guidelines had approved and distributed to all MOH hospitals. The new guidance as explored in Table 1 0.2 pharmacists per bed, and contains pharmacist, general clinical pharmacist, specialized clinical pharmacist, and consultant clinical pharmacist as. If we compare between years 2004 to 2014, you find a total number of pharmacist increased five-fold, distributive pharmacist increased three-fold, the number of clinical pharmacists increased ten-fold. We are expecting those guidelines applied to all hospitals including MOH, Military, Ministers of Inferior, and National Guard, Universities, Royal, and privates hospitals in Saudi Arabia. New guidelines of hospital pharmacy manpower meet the incremental of population, patients and diseases, with an emphasis on providing pharmaceutical care and new clinical pharmacy services, to prevent any drug misadventure, to meet customer needs, patient satisfaction, and improve patient quality of life. We will explore in the coming issues of this journal; type of pharmacy manpower in different working areas.

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