



CHAPTER I INTRODUCTION

In the past, hospital pharmacy practice mostly involved in product-orientation roles, which included providing, preparing, distributing, dispensing, and evaluating the drug products, etc. Since the 1960's, the patient-oriented practice has introduced the roles of clinical pharmacy which included responsibilities on solving medication errors or adverse drug reactions, detecting drug-drug or drug-laboratory interactions or intravenous (i.v.) admixture incompatibilities, and drug-induced diseases. The roles were expanded to therapeutic drug monitoring, pharmacokinetic dosing, patient education, medication counseling, medication histories, drug utilization review, emergency medical care, and provision of drug information to other health professionals (Ploetz and Boh, 1992). The concept of pharmaceutical care that has changed the focus of practice from product-orientation to patient- and social-orientations for the purpose of achieving definite outcomes in improving a patient's quality of life (Hepler and Strand, 1990) is the important concept of pharmacy practice now. The "Practice Standards of ASHP 1996-1997" stated that the concept of pharmaceutical care focusing on achieving positive patient outcomes through drug therapy became one of the mission of hospital pharmacy practice in the United States of America. To be able to increase pharmaceutical care practices, pharmacists need to learn to delegate more to their pharmacy supportive personnel, especially responsibilities or practices related to technical tasks. Doing so, pharmacists will have more time for tasks related to patient and social orientations (Guerrero, et al., 1995; Janke, et al., 1996)

In Thailand, the report on "Trend of pharmacist demand in government sector (1993-1997)" by the "Subcommittee on study for pharmacist requirement in government sectors" (คณะกรรมการศึกษาความต้องการเภสัชกรภาครัฐ) and the Provincial Hospital Division, Ministry of Public Health (March 1993) described the roles and functions of pharmacists in pharmacy department of the hospitals in the government sectors as following:

1. outpatient and inpatient pharmacy service
2. clinical pharmacy service
3. production service
4. inventory management and purchasing service
5. educational service
6. community service (for community hospitals only)
7. consumer protection service (for community hospitals only.)

The report also stated that lacking of trained pharmacy supportive personnel was one of the urgent problems of hospital pharmacy practice in the government sector. The data from the regional and general hospitals under the Provincial Hospital Division, Ministry of Public Health reported that there were only 439 trained pharmacy

supportive personnel (in 1991) for 1,585 positions (available during 1987-1989), accounted for 27.7% leaving 72.3% of the positions unfilled. Until now, the Ministry of Public Health is able to train approximately 200 pharmacy supportive personnel (pharmacy technicians) per year for every hospital and provincial public health office (สำนักงานสาธารณสุขจังหวัด) under the Ministry of Public Health. It will take the next 11 years to train pharmacy supportive personnel enough for the specified positions of the last 15 years. Now about 60-70% of pharmacy supportive personnel working in the hospitals are not trained by the Public Health Colleges. Pharmacists have to spend a lot of time training them while they are on the jobs. Sometimes pharmacists have to put themselves on technical jobs because there are not enough pharmacy supportive personnel for those jobs. With these situations, pharmacists have not enough time for the professional jobs like clinical pharmacy activities. To be able to increase more times of pharmacists on the roles of pharmaceutical care practices, pharmacists need both quality and quantity of pharmacy supportive personnel to help them especially on technical tasks.

There are no standard or regulation to specify the job descriptions for hospital pharmacy supportive personnel in practice. So pharmacists in each hospital may have different attitudes on delegating jobs to hospital pharmacy supportive personnel.

To support these concepts, this study was conducted to compare the attitude of hospital pharmacists on the present roles and the expected roles of hospital pharmacy supportive personnel. The result from this study may be used for the development plan to increase in both quality and quantity of pharmacy supportive personnel of the Ministry of Public Health.

Objectives

1. To compare the actual roles and the expected roles of hospital pharmacy supportive personnel from the perspective of hospital pharmacists in the pharmacy department of hospitals under the Provincial Hospital Division, Ministry of Public Health.
2. To study the current manpower situation of the hospital pharmacy supportive personnel in the pharmacy department of hospitals under the Provincial Hospital Division, Ministry of Public Health.

Scope

This study was conducted only on pharmacy department (กลุ่มงานเภสัชกรรม/ฝ่ายเภสัชกรรมชุมชน) of hospitals under the Provincial Hospital Division, Office of the Permanent Secretary, Ministry of Public Health.

Hypothesis

From the hospital pharmacists' perspective, the expected roles of the hospital pharmacy supportive personnel were higher than the actual roles of the hospital pharmacy supportive personnel.

Definition

For this study, some specific words were defined as following:

1. **hospital pharmacy tasks** were the term used to refer to
 - 1.1. tasks using **professional knowledge**, for examples, adverse drug reaction monitoring, therapeutic drug monitoring, patient drug counseling, drug use evaluation, etc.
 - 1.2. tasks using **technical knowledge** or not need professional judgmental immediately, for examples, labeling, counting drug pills for prescriptions, including some paper work responsibilities such as invoice processing, inventory checking, etc.
 - 1.3. not including tasks outside the scope of pharmacy professional or technical knowledge (not 1.1. or 1.2.), for examples, delivering drug products, cleaning general floors or stocks, typing, etc.
2. **hospital pharmacy supportive personnel** was the term used to refer to those who worked in the hospital pharmacy department and assisted in hospital pharmacy activities. The term included
 - 2.1. trained pharmacy supportive personnel which referred to
 - 2.1.1. **pharmacy technicians** who were trained for 2 years in "Certificate in Public Health Program (Pharmacy Technique)" and worked in the pharmacy technician position level 2-5 under the supervision of hospital pharmacists.
 - 2.1.2. **pharmacy assistants** who were trained for 1 year by Rajavithi General Hospital and worked in the pharmacy assistance position level 1-4 under the supervision of hospital pharmacists (now almost all of pharmacy assistants were retrained and changed position to be pharmacy technicians).

note: for this study, the term "pharmacy technicians" was used for all trained pharmacy supportive personnel (including both 2.1.1. and 2.1.2.).
 - 2.2. untrained pharmacy supportive personnel which referred to
 - 2.2.1. **pharmacy employees** who were employed by the government to work for pharmacy department due to lack of trained pharmacy supportive personnel. There were two types of pharmacy employees
 - 2.2.1.1. permanent pharmacy employees who were employed permanently.
 - 2.2.1.2. temporary pharmacy employees who were employed only for a period of time.
 - 2.2.2. **personnel from other professional field**, for examples, technical nurses (พยาบาลเทคนิค), registered nurses, nurse aids etc. who were trained for other professional field, not for pharmacy profession but they had to work for the pharmacy department because of the trained pharmacy supportive personnel shortage especially the period before the development of the first

pharmacy assistance training course by the Ministry of Public Health in 1975.

note: for this study, the term “pharmacy employees” was used for all untrained pharmacy supportive personnel (including both 2.2.1. and 2.2.2.).

Limitations

Data on the roles and the manpower of hospital pharmacy supportive personnel for this study was the report from self-administered questionnaire asking the perspectives of hospital pharmacists and pharmacy technicians in the hospital pharmacy departments without observation of the actual practices or analyzing the actual workload.



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