

Clinical Pharmacy in Iran: Where Do We Stand?

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Since late 1960s, pharmacists in the USA and England have started a professional movement towards a more efficient presence in clinical wards of hospitals. A similar movement has started in developed European countries during the past decade. Pharmacists are convinced of the need for them to play their role as drug consultants and pharmacotherapy advisers to make decisions on drug therapy problems. Today, they are part of a number of different health care teams within which hospital pharmacy operates, such as those active in oncology, psychiatry, nutrition, critical care and pain control. In addition, pharmacists play a major role in the core hospital pharmacy team, strategy and policy-making teams as well as research and drug information teams.

Undoubtedly, the clinical pharmacists main aim is to rationalize drug prescribing by doctors and drug usage by patients. Several reports have shown that an active participation of pharmacists as a member of health care teams could have a significant positive impact not only on disease management but also on reduction of health system costs as well as increasing patient satisfaction.

Unfortunately, the training of pharmacists as drug consultants to other members of health care teams and patients in our country is far from satisfactory. Evidently, one of the necessary requirements to overcome this deficiency is to increase clinical knowledge and experience of pharmacy students in the course of their education. Our current “pharmacy curriculum” is unable to train pharmacists to meet the needs of our health system at both primary and secondary health care levels. It should be mentioned that other branches of pharmacy are not happy with the current situation either. It can not be denied that our pharmacists are not capable enough of taking major steps forward in our pharmaceutical industry. On the other hand,

- the modifications made to the definition of the duties of pharmacists,
- new expectations of the health system pharmacists have to live up to,
- new tendency of educational systems to train community-oriented health professionals
- the sharp acceleration in devising new methods and techniques of medical science education
- completely detailed and specific approaches to preventing, diagnosing and treating diseases and disorders

- the need for pharmacists capable of supervising clinical trials and also pharmacists able to analyze reports published about therapeutic or side effect of drugs,

make it crucial for pharmacy graduates to be familiar with clinical sciences and disease management protocols as much as possible. There is a real gap between the current status of pharmacy and what it should really be. Although, our pharmacy graduates have good theoretical knowledge of medicines, however they are weak at putting pharmacological science to practical use as drug consultants to patients and health care teams. Foremost among the drawbacks of this system is an unpleasant feeling of uselessness and job dissatisfaction in pharmacy graduates, which pushes them towards irresponsibility.

In conclusion, the “pharmacy curriculum” needs revising. This revised curriculum must make possible gaining of applied clinical experience for pharmacy students. It is only after receiving proper training that pharmacy students should be expected to have an interactive participation in the activities of health care teams. It is therefore utterly rational to include clinical and experimental disciplines in the “doctor of pharmacy curriculum” in order to improve knowledge, attitudes, skills and capabilities of pharmacy students, so that they can act as successful pharmaceutical care providers in both hospital and community pharmacy settings. At the same time, health and pharmaceutical systems should bring about changes in the responsibilities and authorities of pharmacists by reforming health and pharmaceutical policies. These measures will eventually minimize the present difference between pharmaceutical care in our country and that which is practiced in developed countries.

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