

## Pharmacists and pharmacies

Pharmacists are educated and trained health care professionals who manage the distribution of medicines to consumers/patients and help ensure their safe and efficacious use. The role of the pharmacist has changed over recent years. Although their main role is to dispense medications in retail pharmacies, pharmacists are increasingly providing direct care to patients (e.g. flu vaccinations in Ireland and New Zealand, medicine adherence support in Australia, Japan, England and New Zealand), both in community pharmacies and as part of integrated health care provider teams.

Between 2000 and 2015, the number of pharmacists has increased by 30% in OECD countries. Japan has by far the highest density of pharmacists, at twice the OECD average, while the density of pharmacists is low in Turkey, Chile and the Netherlands (Figure 10.4). Between 2000 and 2015, the number of pharmacists per capita has increased in nearly all OECD countries, with the exception of Switzerland. It increased most rapidly in Portugal, Spain, Slovenia and the Slovak Republic.

In Japan, the increase in the number of pharmacists can be largely attributed to the government's efforts to separate more clearly drug prescribing by doctors from drug dispensing by pharmacists (the Bungyo system). Traditionally, the vast majority of prescription drugs in Japan were dispensed directly by doctors. However, in recent decades, the Japanese government has taken a number of steps to encourage the separation of drug prescribing from dispensing.

Most pharmacists work in community retail pharmacies, but some also work in hospital, industry, research and academia (FIP, 2015). For instance, in Canada more than three-quarters of practising pharmacists worked in a community pharmacy, while about 20% worked in hospitals and other health care facilities in 2012 (CIHI, 2015). In Japan, around 55% of pharmacists worked in community pharmacies in 2014, while around 20% worked in hospitals or clinics and the other 25% worked in other settings (Survey of Physicians, Dentists and Pharmacists 2014).

Variation in the number of community pharmacies across OECD countries (Figure 10.5) can be explained by the different dispensing channels for medicines. In addition to community pharmacies, medicines can be dispensed through hospital pharmacies (both for inpatient and outpatient use) or can be provided directly by doctors in some countries. For example, the relatively low number of community pharmacies in the Netherlands may be partly explained by the fact that patients can also purchase their prescription drugs directly from some doctors

(Vogler et al., 2012). Denmark has fewer community pharmacies, but these are often large, including branch pharmacies and supplementary pharmacy units attached to the main pharmacy (Vogler et al., 2012).

The range of products and services provided by the pharmacies varies across countries. In most European countries, for example, pharmacies can also sell cosmetics, food supplements, medical devices and homeopathic products. In a few countries pharmacies can also sell reading glasses and didactic toys (Martins et al., 2015).

### Definition and comparability

*Practising pharmacists* are defined as the number of pharmacists who are licensed to practice and provide direct services to clients/patients. They can be either salaried or self-employed, and work in community pharmacies, hospitals and other settings. Assistant pharmacists and the other employees of pharmacies are normally excluded.

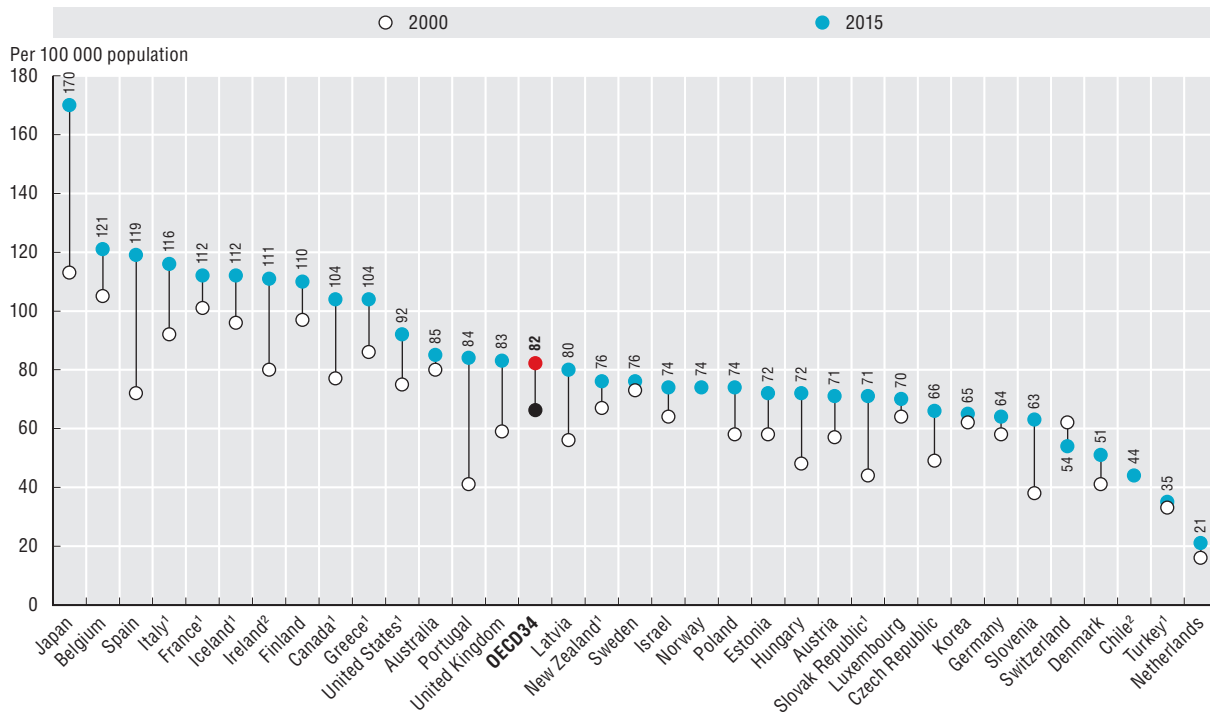
In Ireland, the figures include all pharmacists registered with the Pharmaceutical Society of Ireland, possibly including some pharmacists who are not in activity. Assistant pharmacists are included in Iceland.

*Community pharmacies* are premises which in accordance to the local legal provisions and definitions may operate as a facility in the provision of pharmacy services in the community settings. The number of community pharmacies reported are the number of premises where dispensing of medicines happened under the supervision of a pharmacist.

### References

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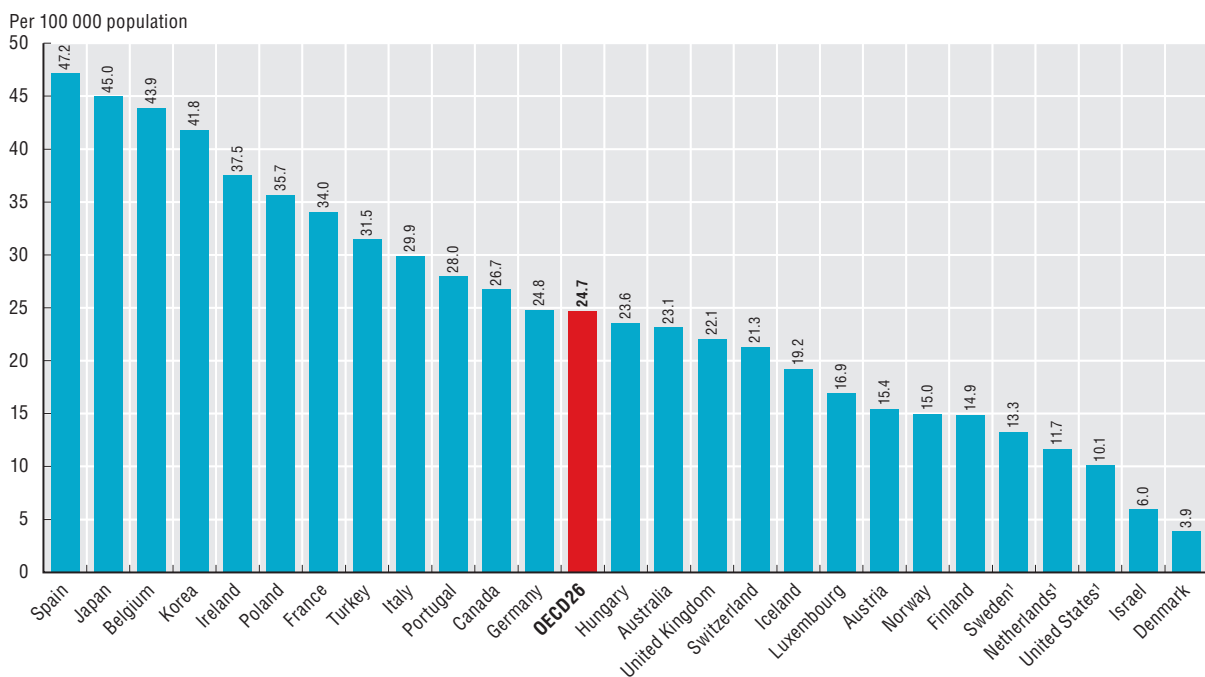
10.4. Practising pharmacists, 2000 and 2015 (or nearest year)



1. Data include not only pharmacists providing direct services to patients, but also those working in the health sector as researchers, for pharmaceutical companies, etc.
  2. Data refer to all pharmacists licensed to practice.
- Source: OECD Health Statistics 2017.

StatLink <http://dx.doi.org/10.1787/888933605445>

10.5. Community pharmacies, 2015 (or nearest year)



1. Estimates.
- Source: FIP (2015), "Global Trends Shaping Pharmacy – Regulatory Frameworks, Distribution of Medicines and Professional Services. 2013-2015".
- StatLink <http://dx.doi.org/10.1787/888933605464>



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