LETTERS
Challenges Facing Advanced Pharmacy Practice Experience in Saudi Arabia

To the Editor. Schools of pharmacy in some developing countries have started to implement the doctor of pharmacy (PharmD) degree program (1,2). After assessing local job market needs and reviewing the curricula of several schools in the United States, the College of Pharmacy at King Saud University designed a curriculum for the PharmD program that fulfills the requirements of the Accreditation Council for Pharmacy Education (ACPE). Students enrolled in the program complete their introductory pharmacy practice experiences during their first and second years. After completing all of their classroom courses, students start 1 year of advanced pharmacy practice experiences (APPEs). During this year, students are required to complete 10 APPEs, each of which lasts 5 weeks. The required assignments include 2 internal medicine, 1 ambulatory, and 1 critical care APPE. The students select the other elective APPEs. Students are encouraged not to take more than 2 non-clinical APPEs. The preceptors for these APPEs are mostly clinical pharmacists who obtained a PharmD degree from an ACPE-accredited school and completed a pharmacy practice residency. Other preceptors include clinical pharmacists who hold a master in clinical pharmacy degree or who have completed 2 years of pharmacy residency training at a site accredited by the Saudi Commission for Health Specialties. Each APPE has its own objectives and assessment methods. A training manual was developed for students and preceptors and is reviewed every year. The students’ portfolio is assessed by preceptors and faculty members at least once a year.

At King Saud University, 21 and 27 students completed their advance training in 2011 and 2012, respectively. The number is expected to increase to 39 students in 2013 and 50 students in 2014. With this increase in the number of students, the challenge is finding enough good quality preceptors. In addition, other schools of pharmacy in Saudi Arabia are starting their PharmD programs, with larger numbers of students accepted each year. This will further increase the demand for more sites and preceptors.

There are a number of options for building a sufficient pharmacy preceptor capacity at the national level. Schools of pharmacy should immediately start preparing new preceptors. This can be accomplished by sponsoring and facilitating the acceptance of more students into the PharmD program and more graduates into pharmacy practice residency programs, and by offering a competitive salary to help recruit staff members to the clinical faculty. Another solution is to increase the number of preceptors by training new preceptors and establishing preceptor development programs. Student exchange programs with other hospitals outside the country are important for student learning and for increasing capacity. Joint clinical positions between the school of pharmacy and the hospital will improve collaboration and increase the capacity for precepting students. Another suggestion for schools that work with the same hospitals for training is to establish a training coordination office to facilitate the assignment of students and to unify the assessment tools. To prevent competition between schools for preceptors, each pharmacy school should train at least 50% of its students using full-time faculty from its own school.

In conclusion, there is an increase in the number of students enrolled in PharmD programs in Saudi Arabia. However, having enough preceptors for APPE training is limiting further expansion of such programs. Administrators need to provide schools of pharmacy with the necessary support and resources to continue graduating competent pharmacists from their PharmD programs.

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REFERENCES