Pharmacy Education in Emerging Health Care Systems: Clinical Training in the United Arab Emirates

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Abstract

Fundamental global shifts in the professional scope of pharmacy practice have altered the pharmacists' role from "drug-centered" to "patient-centered". This shift has important implications for how pharmacy education is provided around the world, and has necessitated a significant increase in clinical training (CT). Canada and the United States have both added emphasis on CT in their pharmacy education programs, and their CT models have become a global model of good practice for educating future pharmacists. I want to answer important implementation-related questions: How have new pharmacists' clinical training policies been implemented in the UAE? What are the major challenges, barriers to effective implementation? I will examine the UAE as a case study of policy borrowing, and will draw on the concept of decoupling, which examines the implementation and gap between policy and practice. I will use a case study approach to understand the power relations between the main actors influencing CT in the UAE.

Keywords: clinical training, policy borrowing, policy coupling

Introduction

Fundamental global shifts in the professional scope of pharmacy practice have altered pharmacists' role from "drug-centered" to "patient-centered" (Burns, 2008). This shift has important implications for how pharmacy education (PE) is provided around the world, and has necessitated a significant increase in clinical training (CT). Unlike academic coursework, CT for pharmacy students

entails interactions with patients and health care professionals in a variety of real-world settings including community pharmacies and patient-care departments in hospitals (CPA, 2011).

In response, Canada and the United States have both added emphasis on CT in their PE programs, and their CT models have become a global model of good practice for educating future pharmacists (CCAPP, 2014). In fact, many countries are looking to adopt their accreditation standards and best practices, including those in the Middle East and Africa. For example, both the United Arab Emirates (UAE) and Qatar have looked to the Canadian accreditation committees to secure accreditation for their PE programs (Alkhateeb, 2018, Wilby, et al., 2019). This marks a big shift for both countries since they have traditionally adopted the United Kingdom model for PE (Sadek et al., 2016). Moreover, cultural shift in understandings of the profession that occurred in North America has not occurred to the same extent in the Middle East - pharmacist's role within the country remains largely restricted to dispensing medication with limited patient interaction (Kheir et al., 2008).

Implementation of the new CT model varies substantially in the UAE from the models in North America; specifically, CT programs in North America are 1760 hours long, compared to only 50-150 hours training in community and hospital pharmacies in the UAE (Jacob & Boyter, 2019). Second, CT programs in North America are necessary for accreditation of pharmacy programs (ACPE, 2006) and for pharmacy students to pass licensing examinations (NAPRA, 2019). Students are enrolled into rotations in specialized healthcare sites for a certain period of time such as ambulatory care, cardiology and emergency. To support such complex systems of training, governing bodies have established various means of communication and coordination (Frankel et al., 2014). On the other hand, CT programs in UAE's nine pharmacy schools are designed in an *ad hoc* and individualized manner (Ashames, 2019). The governing bodies have yet to elucidate the expected clinical role of a pharmacist post-graduation, and to define specific (CT) requirements.

Significance/ Contribution to Knowledge

The CT model has become a global model that is being increasingly adopted in countries around the world. However, when it is not implemented fully or effectively, it could actually cause harm, especially when pharmacists are not well trained to take on their new roles. Therefore, there is a need to understand how the process of "policy translation" is occurring, In my PhD research, I want to answer important implementation-related questions: 1- How have new pharmacists' clinical training policies been implemented in the UAE? 2- What are the major challenges, barriers to effective implementation? This project has real implications on policy and practice, and how to educate future pharmacists around the world. This research will shed light on how professional education policy reforms are implemented in developing countries. Foreign-trained pharmacists often seek to immigrate to places like Canada for a variety of reasons but struggle to integrate due to barriers in credential recognition (Paul, et al., 2017). The findings of this research can be applied to alleviate such barriers by creating more robust training systems globally.

Literature Review

The UAE government has long recognized a deficit in the integration of clinical pharmacists within its healthcare systems (HAAD, 2011). In 2015, the UAE designated improvement of their pharmaceutical health care institutes as a national goal by advancing patient care strategies through integration of clinical pharmacy (The National, 2015). Accordingly, pharmacy colleges in the UAE were advised by governing bodies to design and apply a clinical approach to their programs (GMU, 2018). A majority of critical scholars' publications on the UAE PE and within the MENA region focus on pharmacy practice, elaborating on the number of schools, student admissions, and pharmacy programs offered (Rayes et al., 2015). Nonetheless, Francis et al. (2013) described the initiation and development of clinical pharmacy in the curriculum for pharmacy schools, whereas, Bajis et al. (2016) noted existing gaps in PE related to competency-based curricula such as clinical sites and hours of training. Altogether,

there is a lack of studies that explore current systemic and infrastructural barriers to the success of existing CT programs in PE in the MENA region. Moreover, inefficiencies in the current training programs and discourse regarding adopting CT programs are yet unexplored.

Conceptual Framework

For my research, I will examine the UAE as a case study of policy borrowing, and will draw on the concept of decoupling, which examines the implementation and gap between policy and practice due to lack of will and capacity to implement. I am guided by the circular model of processes in policy borrowing theory put forth by Phillips and Ochs (2003), which divides policy borrowing into four main stages including cross-national attraction, decision-making, implementation, and internalization. Decoupling was described by Meyer and Rowan (1977), which argues that there is often a disconnection between government policies and efficient institutional practices when policies are implemented only to align to perceived best practices, and do not have full support from internal stakeholders.

Research Method

I will use a case study approach following Bartlett and Vavrus (2017) to understand power relations between main actors influencing CT in the UAE. First, I will conduct semi-structured interviews using purposeful sampling with UAE policymakers from various decision-making institutes involved in the generation of CT guidelines (Kvale & Brinkmann, 2009). Second, I will use explanatory qualitative analysis of policies, procedures, and accreditation requirements created by main actors to elucidate procedures and infrastructures pivotal in shaping CT guidelines for PE within the UAE. Third, I will examine policies, laws, procedures and regulations related to the pharmacy profession published by federal and emirate governments over the past twenty years. All ethical considerations particularly in relation to interviews will abide by the Tri-*Council* Ethical conduct and University of Toronto ethical committees.

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Author Note

Dr. Amad Al-Azzawi obtained a PhD in pharmacy from Baghdad University and worked as an Associate Professor in Ras Al Khaimah Medical and Health Sciences University in the United Arab Emirates. The knowledge gained over fifteen years provided him with a unique perspective in understanding the needs to design a curriculum that melds between the local applications of pharmacy practice while contextualizing it within the global landscape of the pharmacy profession. Currently, Dr. Amad is a second year PhD student in Higher Education at the Ontario Institute for Studies in Education with a research interest on private higher education in the Middle East and policies shaping pharmacy education in developing countries.

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