FIP member organisation programmes and activities

2016

Colophon

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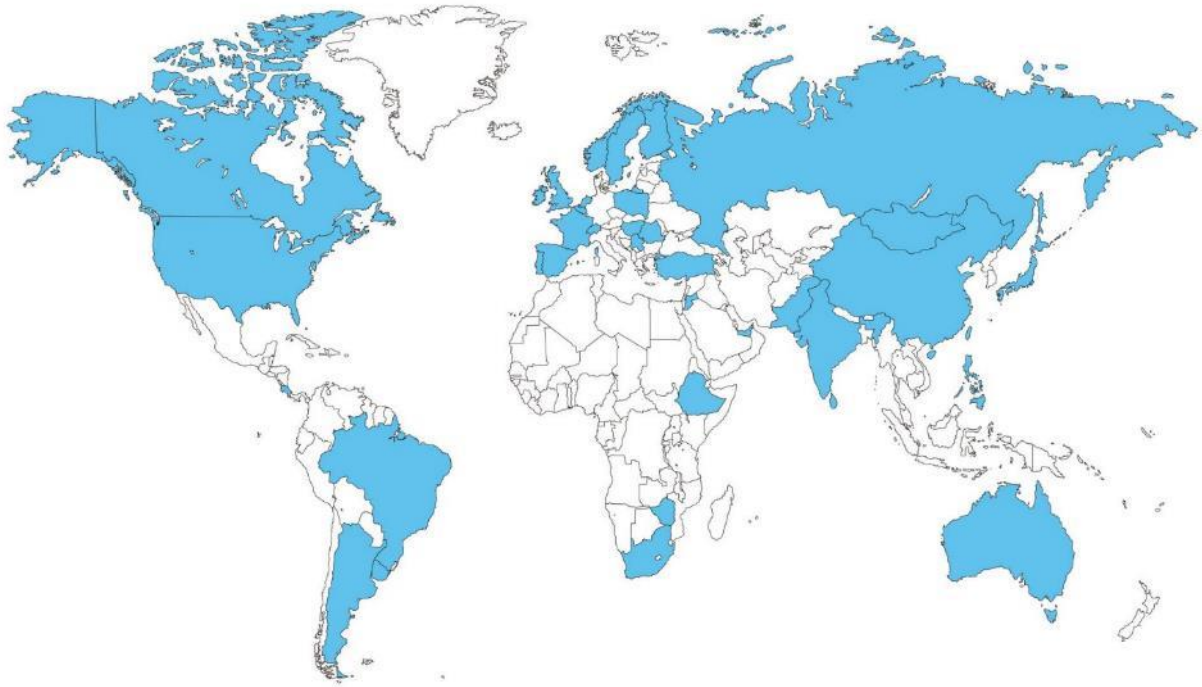
Introduction

Many professional organisations have developed a number of programmes and activities that support and recognise the evolution of pharmacy practice.

To develop an overview of how its member organisations have established such programmes in recent years, the International Pharmaceutical Federation (FIP) conducted a survey in from May to June 2015, which asked these organisations to describe the most relevant programmes and activities initiated (generally between 2013 and 2015).

Responses were received from 43 member organisations from 38 countries and territories, totalling 103 initiatives. The figure below illustrates the global distribution of the survey respondents.

Countries and territories that answered the survey (n=38)



Initiatives were classified into six clusters:

1. Improving medicines use and outcomes — 24 initiatives (23.3%)
2. Health promotion, disease prevention and disease management work — 20 initiatives (19.4%)
3. Practice-based research and assessment of professional activities — 9 initiatives (8.7%)
4. External relations and advocacy work — 11 initiatives (10.7%)
5. Internal regulation and management of the profession — 26 initiatives (25.2%)
6. Education and training of pharmacists — 13 initiatives (12.6%)

For each initiative, key data and, where possible, internet links are shared. The information presented for each initiative was provided by the respective FIP member organisation. It was edited by FIP and, where possible, supplemented with additional information.

WHY READ THIS REPORT?

This report aims to offer an overview of recent professional projects developed by FIP member organisations, and to inspire new projects in other countries.

USING THIS REPORT

As this report is available in digital format only, it contains two indexes with hyperlinks that may help you navigate through the various initiatives: the table of contents at the beginning, organised according to the above-mentioned clusters, and another index at the end, where projects are listed per region and country or territory.

Each individual project includes a number of key words, so that readers may use the "Find" function to tailor their search to their interest.

We encourage readers to approach the leader of individual professional organisations should more information about any project be required.

FIP also maintains a database gathering over 650 activities and programmes run by national associations of pharmacists. Do not hesitate to approach the FIP secretariat to ask us to search this database.

Your feedback on this report is appreciated, as we intend to publish such reports regularly.
Feedback can be sent to Gonçalo Sousa Pinto, FIP Manager, Profession Development Support, at gspinto@fip.org

1 Improving medicines use and outcomes

1.1 *MedsCheck* and *Diabetes MedsCheck*

COUNTRY/TERRITORY	Australia
REGION	Western Pacific
ORGANISATION	Pharmacy Guild of Australia
STARTED	July 2011
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	5,000
KEY WORDS	Medicines use, diabetes, counselling, education, self-management, disease management, adherence, monitoring
ABSTRACT	The service consists of reviewing a patient's medicines to optimise medicines use and outcomes and identify any medication-related problems. A special part of the project focuses on type 2 diabetes medicines management and monitoring.

OBJECTIVES

A MedsCheck provides an in-pharmacy review of a patient's medicines. It focuses on education and self-management, aiming to identify problems that the patient may be experiencing with their medicines, help them learn more about their medicines, improve their effective use of medicines and educate them about how to best store their medicines.

A Diabetes MedsCheck provides an in-pharmacy review with a focus on the patient's type 2 diabetes medicines management, monitoring devices, education and self-management. This service targets patients who are unable to gain timely access to other diabetes education or health services in their community. It aims to optimise a patient's effective use of medicines, blood glucose monitoring and blood glucose control. This is achieved through improving understanding of and compliance with diabetes medication, and through training and education.

RELEVANCE FOR THE COUNTRY

Diabetes mellitus is one of the nine National Health Priority Areas that Australian governments have chosen for focused attention because they contribute significantly to the burden of illness and injury in the Australian population.

PARTNERS INVOLVED

MedsCheck and Diabetes MedsCheck are initiatives of the Fifth Community Pharmacy Agreement between the Pharmacy Guild of Australia and the Commonwealth Department of Health.

TACTICAL APPROACH

The MedsCheck and Diabetes MedsCheck were negotiated as one of the Medication Management Programs in the Fifth Community Pharmacy Agreement. Funds of AUD 29.6m were allocated for the five years of the Agreement. The current fees for services conducted on or after 1 July 2014 are AUD 62.18 per MedsCheck service and AUD 93.27 per Diabetes MedsCheck service indexed annually.

METHODOLOGY/TYPE OF INTERVENTION

MedsCheck and Diabetes MedsCheck services are structured pharmacy services, which take place in the pharmacy, involving face-to-face consultations between the pharmacist and consumer. These services are designed to sit between ad hoc medication reviews that occur at the time of dispensing and Home Medicines Reviews (HMRs). MedsCheck and Diabetes MedsCheck services are not comprehensive clinical reviews in the manner of HMRs or Residential Medication Management Reviews. MedsCheck and Diabetes MedsCheck services are limited by the information available at the time of the consultation. Their aim is to facilitate discussion with the consumer, focusing on improving medicines use through education, self-management and medication adherence strategies with the goal of improving health outcomes.

OUTCOMES

Information unavailable.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

The programme rules and resources are available at http://5cpa.com.au/programs/medication-management-initiatives/medscheck-diabetes-medscheck/

FURTHER INFORMATION

See above.

1.2 Staged supply of medicines

COUNTRY/TERRITORY	Australia
REGION	Western Pacific
ORGANISATION	Pharmacy Guild of Australia
STARTED	July 2011
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	5,140, as of June 2015
KEY WORDS	Medicines use, instalments, medicines safety, mental health, drug addiction, adherence
ABSTRACT	Staged supply is the process by which pharmacists supply medicines to patients in periodic instalments of less than the total required or prescribed quantity at agreed intervals. It is especially addressed at patients who may find it challenging to manage their medication safely.

OBJECTIVES

The Staged Supply service is aimed at improving the safety and efficacy of medicines use in vulnerable patients. The service is particularly valuable for patients with a mental illness or drug dependency, or who are otherwise unable to manage their medicines safely.

Assisting consumers who are at particular risk of medication misadventure or harm as a result of the intentional or accidental misuse of prescribed medicines.

Improving adherence to the prescribed medication treatment regimen and facilitate monitoring of adherence.

RELEVANCE FOR THE COUNTRY

The provision of prescribed medicines in instalments has been suggested as part of a coordinated approach to assisting consumers who are at particular risk of medication misadventure or harm as a result of the intentional or accidental misuse of prescribed medicines, often because of mental illness or drug dependence.

Implementation of a standardised Staged Supply service was seen as being:

- supportive of the National Mental Health Strategy objective of ensuring that those affected by mental illness (directly and indirectly) have access to services that satisfy their needs;
- consistent with the aims of the National Drug Strategy to reduce the incidence of harmful drug use and minimise the harmful effects of licit and illicit drug use;
- an effective means of enhancing access to the service and improving its quality and safety by promoting greater and more uniform participation by the profession; and
- important for facilitating future mapping of the prevalence of the service and for gathering the data necessary for further developing the service and evaluating its effectiveness for improving health outcomes.

PARTNERS INVOLVED

The Pharmaceutical Society of Australia was involved in developing the standards and guidelines for pharmacists.

TACTICAL APPROACH

The Staged Supply service was included in the Fifth Community Pharmacy Agreement as part of the Pharmacy Practice Incentive.

METHODOLOGY/TYPE OF INTERVENTION

Instalments of medicines (usually such as benzodiazepines or opiates) are supplied at agreed intervals, which may be daily, weekly, or as directed by the prescriber.

OUTCOMES

Information unavailable.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

The Pharmaceutical Society of Australia has developed Practice Guidelines on Staged Supply and these are available at https://www.psa.org.au/download/practice-guidelines/staged-supply-guideline.

FURTHER INFORMATION

http://5cpa.com.au/programs/pharmacy-practice-incentives/staged-supply/

1.3 Integrating pharmacists in general practice

COUNTRY/TERRITORY	Australia
REGION	Western Pacific
ORGANISATION	Pharmaceutical Society of Australia
STARTED	February 2015[a]
AREA(S) OF PHARMACY PRACTICE	Community pharmacy; primary care
NUMBER OF PHARMACISTS INVOLVED	Unknown[b]
KEY WORDS	Medicines use review, adherence, collaborative practice
ABSTRACT	The initiative consists of integrating pharmacists in the offices of general practitioners (primary care physicians) to improve the use of medicines. Pharmacists review patients' medication, identify medicines-related problems and assist patients in improving adherence to treatment. A secondary objective of this initiative is to advocate for adequate remuneration of this service.

OBJECTIVES

1. To improve outcomes for patients and effectively contribute to Quality Use of Medicines (QUM) through both patient and staff directed services and quality assurance activities;
2. To support a more integrated role for pharmacists to work in GP practices as part of the primary care team;
3. To advocate for the implementation of an effective and sustainable funding model to support the integration of pharmacists in general practice;

RELEVANCE FOR THE COUNTRY

Information unavailable

PARTNERS INVOLVED

The Pharmaceutical Society of Australia (PSA) has been working closely with the Royal Australian College of General Practitioners (RACGP), the Australian Medical Association (AMA) as well as the Consumers Health Forum (CHF) to create roles for pharmacists in general practice. This was a key part of PSA's 2015 Budget submission. The AMA submitted a proposal to the Federal Government to fund non-dispensing pharmacists to work in GP practices as part of the healthcare team which has been welcomed by PSA.

TACTICAL APPROACH

Collaborative approach to developing a funding model with the AMA. Currently working with the RACGP to develop a joint position statement to both support and raise awareness of the initiative in the health

[a] PSA has always advocated for the better utilisation of pharmacists' skills in Australia. The proposed model for the integration of pharmacists in general practice was articulated in PSA's 2015–16 Federal Budget Submission which was submitted to the Australian Government in February 2015. See: http://www.psa.org.au/news/submission-to-2015-16-federal-budget.

[b] There are currently no functioning funding models for practice pharmacists in Australia, only the proposed funding model and individual arrangements that have been established in a small number of practices. This has been prohibitive to further pharmacists working in this area of practice, however, there are a number of pharmacists practising in either collaborative or integrated models in general practice, although the exact number is unknown.

community. The practice pharmacist model was discussed at the National PSA Conference, PSA15, in July/August 2015, with a more in-depth forum on pharmacists in general practice held for pharmacists, general practitioners, health bureaucrats, government and advocacy groups or trade associations in August 2015.

METHODOLOGY/TYPE OF INTERVENTION

Information unavailable.

OUTCOMES

Information unavailable.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

The PSA 2015–16 Federal Budget Submission, which details the proposed model and potential benefits is available at http://www.psa.org.au/news/submission-to-2015-16-federal-budget. Further information should become available in the form of a position statement towards the end of 2015.

FURTHER INFORMATION

See above.

1.4 Asthma: new medicines counselling service

COUNTRY/TERRITORY	Belgium
REGION	Europe
ORGANISATION	Belgian Pharmaceutical Association
STARTED	October 2013
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	1,400 pharmacies (out of a total of 4,950)
KEY WORDS	Medicines use, asthma, adherence, disease management, professional services
ABSTRACT	This service consists of assisting asthma patients (especially those starting a new treatment) to improve their inhalation technique and manage their disease and treatment. Patients are referred to the pharmacy by the prescribing doctor. The service is remunerated through the social security system.

OBJECTIVES

Improving inhalation technique and adherence to inhalation corticosteroids treatment in order to improve asthma control.

RELEVANCE FOR THE COUNTRY

Adherence rate based on prescription refills for inhalation corticosteroids = 74.6%.
Percentage of correct steps for optimal inhalation technique = 74.7%.
Only 16% of patients score 100% for correct inhalation technique.
(Source: Mehuys et al. Eur Respir J 2008; 31: 790–799)

PARTNERS INVOLVED

Information unavailable.

TACTICAL APPROACH

Presentation for physicians.
Posters and brochures to inform patients about the service.
The service is reimbursed for new asthmatic patients who initiate treatment with inhalation corticosteroids.

METHODOLOGY/TYPE OF INTERVENTION

Two face-to-face interviews with the patient. The first interview focuses on the inhalation technique and the patient's knowledge about the disease and the treatment. The second interview depends on the problems encountered by the patient (adherence, drug adverse reactions, and inhalation technique).

OUTCOMES

Health outcomes: no real-life outcomes are measured. The concept is based on a randomised controlled trial that showed a significantly better inhalation technique and adherence to asthma control medicines, as well as a reduced use of relieving medication and the frequency of night-time waking due to asthma. (Source: Mehuys et al. Eur Respir J 2008; 31: 790–799).

Outcomes on implementation: 1.5 years after introduction, the uptake of new counselling service in community pharmacies remains low, mainly due to lack of support from physicians and patients, but also from pharmacists in the early start-up phase of the project. Other factors are the time required from pharmacists and the fact that pharmacists are not used to making appointments with patients.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

1. Randomised controlled trial on which the service protocol is based (available from FIP upon request).
2. Report of the evaluation study (available from FIP upon request).
3. Web-based tool for pharmacists, with an extensive protocol.
4. Information materials for patient: flyers/movies for inhalation technique.

FURTHER INFORMATION

The dedicated website is not accessible without a password.
A previous publication from the Belgian Pharmaceutical Association on Good Community Pharmacy Practice in Asthma and Chronic Obstructive Pulmonary Disease (COPD) is available at http://goo.gl/fERT4p

1.5 Intravenous chemotherapy: counselling service for patients

COUNTRY/TERRITORY	China Taiwan
REGION	Western Pacific
ORGANISATION	Pharmaceutical Society of Taiwan
STARTED	September 2014
AREA(S) OF PHARMACY PRACTICE	Hospital pharmacy
NUMBER OF PHARMACISTS INVOLVED	Two
KEY WORDS	Medicines use, cancer, colorectal cancer, breast cancer, advice, counselling, nutrition
ABSTRACT	Hospital pharmacists collaborated with other health care professionals attending to cancer patients (colorectal or breast cancer) and provided counselling to patients about possible adverse effects of chemotherapy, nutrition, etc.

OBJECTIVES

To assist patients in recognising and dealing with the side effects of chemotherapy and ameliorate their anxiety before receiving chemotherapy for the first time.

RELEVANCE FOR THE COUNTRY

Incidence of breast cancer and colorectal cancer ranked first and second among all kinds of cancer in Taiwan in 2012. The majority of patients were scheduled to receive intravenous chemotherapy. From the moment patients were informed about the diagnosis until they received chemotherapy for the first time, they were anxious and worried about the possible side effects of the treatment while wondering whom to ask.

PARTNERS INVOLVED

Department of Nursing and Cancer Center of National Cheng Kung University Hospital.
Physicians, nurses, case manager.

TACTICAL APPROACH

The tactical approach involved bringing together the health care teams working on colorectal cancer and breast cancer. Pharmacists attend the biweekly multidisciplinary meeting and establish cooperation with other professionals. After the proposal was discussed and agreed by the attending physicians, the pharmacists negotiated with nurses and case managers about the issues to be addressed by pharmacists and to avoid duplicate information.

METHODOLOGY/TYPE OF INTERVENTION

The pharmacists edited a booklet about chemotherapy, describing the most relevant side effects and how to deal with them. Patients diagnosed with colorectal or breast cancer and prescribed intravenous chemotherapy were interviewed by the pharmacists before they started the treatment. The pharmacists explained the chemotherapy using the booklet and answered patients' questions. Patients could also contact the pharmacist by telephone later, during working hours. Patients were followed up for a total of

three appointments during the chemotherapy course. Patients then filled in a satisfaction questionnaire after the third visit.

The pharmacists also provided counselling to patients who had previously received chemotherapy, but only in one interview. These patients were also asked to complete a satisfaction questionnaire.

OUTCOMES

From September 2014 to May 2015, pharmacists provided counselling to 293 patients, 148 of which (75 colorectal cancer and 83 breast cancer) were to receive chemotherapy for the first time. Pharmacists spent an average of 17.7 minutes with colorectal cancer patients and 32.4 minutes with breast cancer patients. The number of questions raised by patients were 4.9 and 8.7 for colorectal and breast cancer, respectively. The most common questions were related to the management of side effects (29.0%), diet (21.4%), medication (20.4%) and dietary supplements (9.0%). Nighty-six per cent of patients were satisfied with the advice they received from pharmacists, and 98% of the patients who received chemotherapy for the first time agreed that the pharmacist's advice increased their knowledge about the side effects and eased their anxiety. Question types differed between colorectal and breast cancer (for example, about hair loss in breast cancer patients). Pharmacists adjusted their advice accordingly and provided patient-centred care.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

FURTHER INFORMATION

Information unavailable.

1.6 Non-vitamin K antagonist oral anticoagulants: improving and monitoring use

COUNTRY/TERRITORY	China Taiwan
REGION	Western Pacific
ORGANISATION	Pharmaceutical Society of Taiwan
STARTED	March 2014
AREA(S) OF PHARMACY PRACTICE	Hospital Pharmacy
NUMBER OF PHARMACISTS INVOLVED	Three chief practising pharmacists and six co-operating pharmacists
KEY WORDS	Medicines use, anticoagulants, counselling
ABSTRACT	A clinical service by pharmacists that aims to improve the adherence and treatment outcomes of patients receiving non-vitamin K antagonist oral anticoagulants, through patient counselling and follow-up.

OBJECTIVES

1. Implementing a clinical service by pharmacists to improve the efficacy of patients' medicines.
2. Monitoring the clinical safety of non-vitamin K antagonist anticoagulants (NOACs).
3. Editing brochures that can improve patients' awareness about their medicines.

RELEVANCE FOR THE COUNTRY

In Taiwan, the mean annual frequency of hospitalised patients diagnosed with atrial fibrillation (AF) is 127 per 100,000 persons, and the prevalence rate increases with age. Stroke is one of the most frequent complications of AF. It is estimated that 80,000 patients per year have cerebral vascular accidents in Taiwan. Among them, 16.5% of patients have AF, and their prognosis and severity was worse than for those who did not have AF. However, according to the National Health Insurance, data showed that 70.3% of AF patients had high thrombotic risk, but only 24.7% of them were under appropriate anticoagulation therapy. Moreover, according to the Taiwan Stroke Registry, only 62% of ischaemic/TIA patients received anticoagulants/antiplatelet therapy. Given that patients may discontinue their medication after experiencing an adverse event due to their poor knowledge of the importance of the treatment, adherence rates among atrial fibrillation patients in Taiwan are low. This service aims to improve patients' adherence and treatment efficacy.

PARTNERS INVOLVED

Division of Cardiology/Neurology, Department of Internal Medicine in National Cheng Kung University Hospital.

TACTICAL APPROACH

Patients who were using NOACs in the above-mentioned clinic and/or their families were referred to clinical pharmacists for counselling about their treatment. If there were any medicine-related problems (patients needing liver or renal function tests, or using other medicines that may have potential interactions with the treatment, or using inappropriate medicines, or having adverse drug events), pharmacists provided feedback so that physicians could re-evaluate and tailor the treatment to the patient's needs.

METHODOLOGY/TYPE OF INTERVENTION

After referral, pharmacists will evaluate the patients' indication, liver/renal function, and past medical and pharmaceutical records. Patients who are eligible for NOACs and/or their families will receive counselling about the treatment. The key elements include the identification of the prescribed medicines, any possible medicines-related events, the significance of the treatment, administration, avoiding potential interactions, precautions before surgery/tooth extraction, recognition and management of adverse events, and management of missing doses. Every patient is followed-up three times. If patients are not familiar with the related knowledge, take medicines in an inappropriate way, need lab monitoring or have adverse events, pharmacists will properly instruct them, and correct and record their behaviours.

OUTCOMES

After a preliminary survey of 158 patients, 114 (72%) were provided with pharmaceutical care due to medicine-related problems. During follow-up, 59 (37%) patients reported adverse drug events, of which 48 (30%) were bleeding events. Most of them were assessed as minor bleedings by pharmacists; only 17 (11%) patients required interventions like dosing adjustment, discontinuation or other medical treatment. Three patients (2%) met the clinical trial-defined criteria of major bleeding, including intracerebral haemorrhage (1 patient), transient ischaemic attack (1 patient) and haemoglobin decreased >2g/dl (1 patient). Otherwise, 25 (16%) patients indicated using potentially interacting non-prescription medicines, and 14 (9%) of them were using non-prescription medicines that may affect coagulation.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

FURTHER INFORMATION

Information unavailable.

1.7 Simple medication review service

COUNTRY/TERRITORY	Finland
REGION	Europe
ORGANISATION	Association of Finnish Pharmacies
STARTED	September 2014
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	Approximately 100 pharmacies involved (not possible to define number of pharmacists)
KEY WORDS	Medicines use, adherence, safety, elderly patients, polypharmacy, medicines review
ABSTRACT	Standardised procedure for reviewing medicines use and improving adherence, especially in elderly polymedicated patients.

OBJECTIVES

To implement a standardised procedure for community pharmacies to improve medicines use and adherence, medication safety and appropriateness of pharmacotherapy (mainly among elderly patients).

RELEVANCE FOR THE COUNTRY

The population of Finland is ageing — currently, approximately 20% of the population is aged above 65 years and the proportion is rising. Medicines use among elderly persons is increasing as well, with polypharmacy and even excessive polypharmacy. Moreover, national studies indicate that the use of potentially inappropriate drugs and psychotropics is common among elderly Finns. In addition, the resources in the public health care sector are limited, but patients often need to discuss their medicines with a health care professional.

PARTNERS INVOLVED

None.

TACTICAL APPROACH

Pharmacies are provided with presentation materials to market/present the service. The service is also marketed directly to consumers.

METHODOLOGY/TYPE OF INTERVENTION

Development of a standardised medicines review procedure, manuals, documentation and marketing materials for community pharmacies. Also, training courses (also online) provided with partners in the continuing education sector.

OUTCOMES

Implementation rate (% of community pharmacies) and number of customers/year will be measured and followed-up.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Service manual, documentation, marketing materials (only available in Finnish).

FURTHER INFORMATION

http://www.apteekki.fi/apteekki-palvelut/laakityksen-tarkistuspalvelu.html

1.8 Medication reminder and schedule device

COUNTRY/TERRITORY	Finland
REGION	Europe
ORGANISATION	Association of Finnish Pharmacies
STARTED	June 2013
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	Approximately 100 pharmacies involved (not possible to define number of pharmacists)
KEY WORDS	Adherence, reminder, polypharmacy, elderly
ABSTRACT	The service consists on reviewing a patient's medicines, adapting their take hours to the patient's personal circumstances and programming a reminder device that helps patients comply with the treatment.

OBJECTIVES

The aim of the medicine reminder device offered by community pharmacies is to reduce the number of missed doses and bring certainty to the success of pharmacotherapy. The device will not only especially benefit elderly patients who use several medicines, but also the carers of children and young people, who need to remember to give medicines several times a day, for example, or every other day.

RELEVANCE FOR THE COUNTRY

The population of Finland is ageing — currently, approximately 20% of the population is aged above 65 years and the proportion is rising. Medicines use among elderly persons is increasing as well, with polypharmacy and even excessive polypharmacy.

Adherence among the aged may be poor because of memory disorders, among other reasons.

PARTNERS INVOLVED

Ciegus, the company that developed the reminder device.

TACTICAL APPROACH

Pharmacies are provided with presentation materials to market/present the device. The device is also marketed directly to consumers.

METHODOLOGY/TYPE OF INTERVENTION

The pharmacy reviews the patient's medicines and programmes the device to produce an alarm sound and light signal whenever it is time to take medicines. A pharmacist will validate the appropriate time for taking medicines (for example, with a meal or on an empty stomach) and check that they are suitable for the customer's dining times and circadian rhythm. The customer receives a medicines card indicating the medicines they should take at each alarm time, and information about the correct use of medicines.

When the device sounds, the patient should take the necessary medicines and press the alarm reset button. The device will register the acknowledgment. When a customer visits the pharmacy for a follow-up visit, the acknowledgment information can be viewed and, if necessary, the schedule can be modified to better suit the individual needs of the patient.

OUTCOMES

Implementation rate (% of community pharmacies) and number of customers/year will be measured and followed-up.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Service manual, documentation, marketing materials (only available in Finnish).

FURTHER INFORMATION

http://www.apteekki.fi/apteekki-palvelut/laakkeenoton-muistutuspalvelu.html

1.9 Awareness on responsible use of medicines campaign

COUNTRY/TERRITORY	India
REGION	Southeast Asia
ORGANISATION	Indian Pharmaceutical Association
STARTED	November 2014. Second phase in 2015–16
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	Information unavailable
KEY WORDS	Responsible use of medicines, campaign
ABSTRACT	The initiative consisted of a public awareness campaign to promote responsible use of medicines, supported by guidance for pharmacists and other materials.

OBJECTIVES

1. Educating consumers about responsible use of medicines
2. Creating tools for consumer education in the form of posters and a handbook in various languages for use by pharmacists/pharmacy institutions
3. Advocating to the Government about the need for medicines use education

RELEVANCE FOR THE COUNTRY

Incorrect use of medicines is common in India, and it is aggravated by illiteracy and poverty. Pharmacists' role as patient educators is still evolving and thus consumers lack basic health literacy about medicines use.

PARTNERS INVOLVED

Pharmacy Council of India.

TACTICAL APPROACH

1. Identify social needs and frequent areas of incorrect use of medicines
2. Develop material in basic aspects of medicines use produced by experts, in lay language, and translate them into regional languages
3. Upload materials on IPA website for wider circulation
4. Approach Government (Ministry of Health and Consumer Affairs) to advocate for the need to increase consumers' knowledge about medicines, and ask that Government adopts this material and uses it for their health portal or consumer affairs website.

METHODOLOGY/TYPE OF INTERVENTION

Use of posters by pharmacists in pharmacies.
Consumer Education on Medicines Use Exhibition, using posters by pharmacy schools

OUTCOMES

The project is in progress and outcomes are difficult to measure and quantify.

During National Pharmacy Week 2014, the campaign was launched and at least 150 pharmacy schools used the material and carried out consumer awareness activities.
Several pharmacists and pharmacy chains used and are using the posters.

Other outcomes expected:
Visibility and leadership of the professional pharmacy association in consumer medicine education.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

CARUM Posters
Handbook of Responsible Use of Medicines.

FURTHER INFORMATION

www.ipapharma.org, under Community Pharmacy Division, National Pharmacy Week (NPW) 2014

1.10 Improving adherence through an appointment based model

COUNTRY/TERRITORY	Ireland
REGION	Europe
ORGANISATION	Irish Pharmacy Union
STARTED	2014
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	12
KEY WORDS	Adherence, appointment based model
ABSTRACT	Through a monthly appointment with patients with chronic conditions, the pharmacist has the opportunity to synchronise the patient's prescriptions and optimise medicines use and adherence, as well as improving the efficiency of the pharmacy operations.

OBJECTIVES

Pilot project to investigate if an Appointment Based Model would improve patient adherence.

RELEVANCE FOR THE COUNTRY

Community pharmacists are well aware of the extent and implications of patient non-adherence. The World Health Organization (WHO) has estimated that patients on medicines for chronic conditions have an average adherence rate of 50%, which has serious implications for patient outcomes and healthcare system costs. It is estimated to cost EU governments EUR 125 billion annually, as well as contributing to the early death of nearly 200,000 Europeans per year.[c]

PARTNERS INVOLVED

Information unavailable.

TACTICAL APPROACH

Information unavailable.

METHODOLOGY/TYPE OF INTERVENTION

The appointment based model is a patient care model designed to improve consumers' adherence to medicines and build efficiencies in pharmacy operations.

Pharmacists synchronised patients' prescriptions so all would be collected on the same day each month. Patients were phoned one week before to see if anything had been changed since previous dispensing.

OUTCOMES

The findings of this pilot demonstrate that through enrolment of non-adherent patients onto the appointment based model pilot, patient adherence was doubled over the course of the study.

[c] Sabaté, E. (2003). *Adherence to Long Term Therapies; Evidence for Action*. WHO

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

The Use of an Appointment Based Model (ABM) to Aid Improving Patient Adherence to Chronic Medications in Irish Community Pharmacies — Final project report (available online at the website below).

FURTHER INFORMATION

http://ipu.ie/wp-content/uploads/2015/07/IPU-Adherence-Pilot-Report-2015.pdf

1.11 Medicines and Health Week

COUNTRY/TERRITORY	Japan
REGION	Western Pacific
ORGANISATION	Japan Pharmaceutical Association
STARTED	Every year, from 17 to 23 October
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	Targeted at all members of the association (100,818 as of 31 October 2014)
KEY WORDS	Medicines use, separation of dispensing and prescribing, promotion of role of pharmacists
ABSTRACT	The separation of prescribing and dispensing medicines in Japan is still in process. This campaign aims to inform the public about pharmacists' roles in promoting an adequate use of medicines.

OBJECTIVES

To contribute to maintenance and improvement of public health and health care by spreading accurate knowledge on medicines and by promoting more people to understand the role of pharmacists and *bungyo*[d].

RELEVANCE FOR THE COUNTRY

Accident prevention by avoiding misuse of medicines.
Drug abuse prevention targeted at young people.

PARTNERS INVOLVED

Organised by the Ministry of Health, Labour and Welfare (MoHLW); prefectural governments; Japan Pharmaceutical Association (JPA); prefectural pharmaceutical associations.

TACTICAL APPROACH

1. Activities were conducted by the MoHLW and JPA; Activities conducted by prefectural governments and pharmaceutical associations.

2. In 2013 and 2014, JPA developed a unified national project on "Roadmap toward what pharmacists and *bungyo* should be — Visualising pharmacists' roles with initiative and responsibility"

3. Themes selected for 2013 Medicines & Health Week: (i) medication reconciliation by inquiry to prescriber, (ii) utilisation of medicines profile book, (iii) promotion of use of generic medicines, (iv)

[d] *Iyaku-bungyo,* or simply *bungyo,* is "the separation of prescription and dispensing of pharmaceuticals, namely doctors' prescriptions being filled not by themselves but pharmacists. *Bungyo* has been steadily progressing in Japan." (Shu-ichi KISHIDA, *Separation of Prescription and Dispensing Current Situation and Trend in Japan.* Presentation at 19th Congress of Asian Pharmaceutical Sciences and Practice, FAPA, 2002, Seoul)

review of unused medicines and (v) support and consultation service in selection of non-prescription drugs.

4. Themes selected for 2014 Medicines & Health Week: (i) medication reconciliation by inquiry to prescriber, (ii) review of unused medicines and (iii) support and consultation service in selection of non-prescription drugs.

METHODOLOGY/TYPE OF INTERVENTION

a) MoHLW and JPA jointly published and distributed posters and leaflets for the public titled "Important information on medicines".
b) JPA recommended that (i) community pharmacies where JPA members were working should display poster and implement the approach (described in the previous section) and (ii) local/regional pharmaceutical associations should support their members.

OUTCOMES

Ongoing. To be conducted continually every year.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Poster published by MoHLW and another one by JPA (in Japanese);
Leaflet titled "Important information on medicines" (*Shitte-oki-tai kusuri no chishiki*) (in Japanese).

FURTHER INFORMATION

[MoHLW website] http://www.mhlw.go.jp/topics/bukyoku/iyaku/d_health/h25.html.

1.12 Promoting rational use of medicines

COUNTRY/TERRITORY	Mongolia
REGION	Western Pacific
ORGANISATION	Association of Pharmacy Professionals of Mongolia
STARTED	March 2015
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	Information unavailable
KEY WORDS	Responsible use of medicines, antibiotics, substandard medicines, media campaign
ABSTRACT	This is a public campaign jointly organised with local authorities and broadcast on TV to raise awareness about adequate medicines use.

OBJECTIVES

To promote the responsible use of medicines and raise awareness about medicines use in the community.

RELEVANCE FOR THE COUNTRY

In Mongolia, the use of antibiotics and other prescription medicines without a medical prescription is prevalent. Moreover, 19% of medicines used are unregistered and 14.6% are substandard.

PARTNERS INVOLVED

City inspectorate and the Association of Pharmacy Professionals of Mongolia.

TACTICAL APPROACH

Official memorandum of understanding with City Inspectorate and television network.

METHODOLOGY/TYPE OF INTERVENTION

Advocacy, media, oral presentation, TV serial.

OUTCOMES

Information unavailable.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

FURTHER INFORMATION

Information unavailable.

1.13 Medication monitoring and optimisation

COUNTRY/TERRITORY	Netherlands
REGION	Europe
ORGANISATION	Royal Dutch Association for the Advancement of Pharmacy
STARTED	Information unavailable
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	Information unavailable
KEY WORDS	Chronic patients, medicines use, health literacy, adherence
ABSTRACT	The initiative aims to improve patient adherence to chronic medicines through structured counselling sessions and treatment follow-up.

OBJECTIVES

Currently, the focus of the project is on patients with chronic diseases, and on patients with low literacy with respect to health and illness, through the Medication Monitoring and Optimisation (MeMO) approach.

RELEVANCE FOR THE COUNTRY

Information unavailable.

PARTNERS INVOLVED

Information unavailable.

TACTICAL APPROACH

A pilot project was recently started in 10 pharmacies. The project will then be extended to other regions.

METHODOLOGY/TYPE OF INTERVENTION

The MeMO programme starts with structured counselling sessions with patients at the initiation and follow-up of chronic therapies. This process is followed by a continuous phase in which patients' therapy adherence is monitored on a monthly basis, using standardised search algorithms in the pharmacy database. When the algorithm detects a patient's discontinuation of therapy, tailored interventions are used to improve adherence and optimise pharmacotherapy.[e]

OUTCOMES

Information unavailable.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

[e] van Boven, JF, et.al., 2014. *Medication monitoring and optimization: a targeted pharmacist program for effective and cost-effective improvement of chronic therapy adherence.* J Manag Care Spec Pharm. 2014 Aug; 20(8):786-92. Available at http://www.ncbi.nlm.nih.gov/pubmed/25062071

FURTHER INFORMATION

Information unavailable.

1.14 Medication therapy management

COUNTRY/TERRITORY	Netherlands
REGION	Europe
ORGANISATION	Royal Dutch Association for the Advancement of Pharmacy
STARTED	Information unavailable
AREA(S) OF PHARMACY PRACTICE	Community pharmacy; hospital pharmacy
NUMBER OF PHARMACISTS INVOLVED	Information unavailable
KEY WORDS	Medicines use review, medication therapy management, adherence, adverse events, hospital admissions related to medicines
ABSTRACT	The initiative consists on improving existing algorithms to support daily practice in community and hospital pharmacy, and promoting their implementation to improve medicines use and safety.

OBJECTIVES

1. Improving medicines use
2. Increasing patient safety and reducing adverse events and interactions
3. Reducing hospital admissions related to medicines (HARMs)

RELEVANCE FOR THE COUNTRY

Information unavailable.

PARTNERS INVOLVED

Information unavailable.

TACTICAL APPROACH

Information unavailable.

METHODOLOGY/TYPE OF INTERVENTION

In the Netherlands there is a long tradition of medication therapy management (MTM). Since the beginning of the 1980s, pharmacists have used computer systems that store patient data and developed algorithms for checking on dose, interactions, contraindications, etc. This is implemented in every community pharmacy.

Recently we started working on more intelligent algorithms, also taking into account clinical values, e.g., kidney function, sodium and potassium levels, and even the pharmacogenetic profile of patients. These new algorithms (clinical rules) will lead to more “personalised” MTM, as well as a reduction of “false positive” alarms, i.e., a more sophisticated (“expert”) system to support daily practice in community and hospital pharmacy. The aim is to increase patient safety and reduce HARMs.

Another issue the Association works on is the implementation of systematic medication reviews. Guidelines and selection criteria have been developed (although still under discussion) and almost every pharmacist is implementing medication review as part of usual care.

Recently, inspectors have set minimum requirements to the number of medication reviews a pharmacy must do: 20 in the second half of 2015, 60 in 2016, 100 in 2017. It has been calculated that (depending on

selection criteria) each pharmacy should perform between 100 and 350 medication reviews per year to meet the requirements of the guideline *Polypharmacy in the Elderly*.

OUTCOMES

Information unavailable.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

FURTHER INFORMATION

Information unavailable.

1.15 New oral anticoagulants: counselling to prevent adverse events

COUNTRY/TERRITORY	Norway
REGION	Europe
ORGANISATION	Norwegian Pharmacy Association
STARTED	Information unavailable
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	Information unavailable
KEY WORDS	Medicines use, coagulation therapy management, new oral anticoagulants, adherence, safety
ABSTRACT	Faced with risk of serious adverse events related to the increased use of new oral anticoagulants (NOAC), a coalition of pharmacies led by the Norwegian Pharmacy Association established the information campaign "New Anticoagulants 2013".

OBJECTIVES

1. Facilitating safe medication practices with respect to new oral anticoagulants (NOACs)
2. Strengthening patient adherence and concordance through standardised pharmacist counselling.

RELEVANCE FOR THE COUNTRY

The increased use of Pradaxa® (dabigatran), Xarelto® (rivaroxaban), and Eliquis® (apixaban) — collectively known as new oral anticoagulants (NOACs) — presents a greater risk of serious adverse events.

PARTNERS INVOLVED

Information unavailable.

TACTICAL APPROACH

Public awareness campaign and professional clinical service by pharmacists.

METHODOLOGY/TYPE OF INTERVENTION

Users of NOACs received written instructions for correct use, as well as pharmacist counselling based on a checklist specially designed for the campaign. The participating pharmacists received training in advance, and all pharmacy employees were informed about the campaign. The campaign was documented through surveys, logging of completed consultations and registration of pharmacist interventions.

OUTCOMES

The campaign involved 22,542 consultations. In 239 instances, pharmacists reported intervening without changing the doctor's prescription. In addition, pharmacist interventions were documented in the pharmacy management system, based on prescription changes. The campaign influenced positively pharmacist knowledge and confidence in dealing with the NOAC group of drugs.

The information campaign «New Anticoagulants 2013» was a useful supplement to the care of a group of medicine users particularly at risk of adverse events. Similar campaigns are likely to be advantageous in other areas of drug therapy, as well.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

FURTHER INFORMATION

Information unavailable.

1.16 Psychoactive medicines: a national campaign to improve use and safety

COUNTRY/TERRITORY	Norway
REGION	Europe
ORGANISATION	Norwegian Pharmacy Association
STARTED	2016
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	Information unavailable
KEY WORDS	Medicines use, safety, addiction, dependency, mental health, psychoactive medicines
ABSTRACT	National campaign by community pharmacies to raise awareness and improve the use of anxiolytics, strong painkillers and hypnotics, to prevent addiction and improve safety.

OBJECTIVES

1. Promoting the safe use of medicines that may lead to addiction, misuse and dependency
2. Preventing deaths on the road due to driving under the influence of psychoactive medicines

RELEVANCE FOR THE COUNTRY

Information unavailable.

PARTNERS INVOLVED

Apokus (Norwegian centre for development of pharmacy practice)

TACTICAL APPROACH

In 2016 all Norwegian pharmacies will carry out a national campaign to promote the safe and correct use of anxiolytics, strong painkillers and hypnotics.

METHODOLOGY/TYPE OF INTERVENTION

Pharmacists and pharmacy technicians will update their knowledge through online continuing professional development (e-CPD) programmes developed by Apokus.

The campaign will include a standardised check-list for counselling and patient information. The campaign is currently under development should be launched in late spring 2016.

OUTCOMES

Information unavailable.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

FURTHER INFORMATION

Information unavailable.

1.17 *Medisinstart*: improving adherence to new medicines in patients with chronic diseases

COUNTRY/TERRITORY	Norway
REGION	Europe
ORGANISATION	Norwegian Pharmacy Association
STARTED	Information unavailable
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	Information unavailable
KEY WORDS	Medicines use, adherence, new medicines
ABSTRACT	Practice-based research project to investigate the impact of counselling and motivational interviews with pharmacists at the start of a new chronic treatment.

OBJECTIVES

Investigating whether the service *Medisinstart* (Medicine Start) increases adherence to prescribed treatment in the initial phase of treatment. The patient's security in the treatment and thereby motivation to follow it will also be investigated in addition to uncovered medicines-related problems, use of resources and the patient's experience of follow-up.

RELEVANCE FOR THE COUNTRY

Prevention and treatment of chronic illnesses often requires lifelong use of medicines. Correct use of medicines therefore has major significance for the effectiveness of treatment of many chronic illnesses.

Defective adherence to prescribed medicines regimens is a challenge, especially in the treatment of chronic illnesses. The World Health Organization (WHO) estimates that between 30% and 50% of patients who were treated for chronic illnesses/conditions do not adhere to their recommended treatment[f]. This means that the health benefits are lost with increased costs for patients, health authorities and society as a result. Incorrect use of medicines can increase the risk of side effects and poorer quality of life.

PARTNERS INVOLVED

Information unavailable.

TACTICAL APPROACH

The start-up phase of a pharmacological treatment is important for achieving good adherence. In a study by Barber et al, a third of patients had poor adherence and two thirds experienced problems connected to the new medicines after just 10 days. The patients reported new problems after four weeks and said that they wanted more information about the medicines[g]. Measures directed towards the start-up phase of a new medicine will be able to contribute to preventing poor adherence and fulfilling an uncovered information need.

The pharmacy service «New Medicine Service» (NMS) was introduced in England in 2011. In a recently published study[h], it was shown that the proportion of patients who do not adhere to the treatment was

[f] Sabaté, E. (2003). *Adherence to Long Term Therapies; Evidence for Action*. WHO

[g] Barber N et al. (2004). *Patients' problems with new medication for chronic conditions*. British Medical Journal Quality Safety Health Care, 13, 172-5

[h] Elliott R, Boyd M, Waring J et al. (2014) *Understanding and appraising the new medicines service in the NHS in England*. Available from: http://www.nottingham.ac.uk/~pazmjb/nms/downloads/report/files/assets/basic-html/index.html#1

reduced after two follow-up consultations with patients over 2–5 weeks immediately after start-up of a new medicines regimen. The service was cost-effective[i], and the English health authorities have supported the services with GBP 55 million annually in 2012 and 2013.

The Norwegian Pharmacy Association carried out a pilot project in the spring of 2013 whereby it tried out and adapted the English service to Norwegian conditions. This project showed a reduction in reported medicines-related problems from the first (after 1–2 weeks) to the second conversation (3–5 weeks after treatment start) in the service (Norwegian Pharmacy Association, 2013).

METHODOLOGY/TYPE OF INTERVENTION

It has not been previously investigated whether follow-up in the start-up phase of a medicine increases adherence in patients in Norway. There is therefore a need to investigate whether *Medisinstart* can increase the effectiveness of treatment and patient security by increasing adherence and motivating the patients to correct medicine use.

The study is a randomised controlled study where 1,500 patients will be included in 70 pharmacies throughout the country. The study will find out whether *Medisinstart* is beneficial to patients, society and the pharmacy.

Medisinstart builds on the fact that a person who understands and has knowledge will be motivated and motivation means that he or she will follow the treatment. The competence the pharmacists have regarding medicines and their use increases the possibility of the patient receiving good knowledge and understanding the importance of following the treatment as provided.

OUTCOMES

The results of this pilot project will be analysed and published in 2016.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

FURTHER INFORMATION

http://www.apotek.no/Default.aspx?ID=7005

[i] Elliot et al. (2008), *The cost effectiveness of a telephone-based pharmacy advisory service to improve adherence to newly prescribed medicines*, Pharmacy World and Science, 30:17-23.

1.18 Public awareness campaign: *Medicines use — we are all responsible*

COUNTRY/TERRITORY	Portugal
REGION	Europe
ORGANISATION	Portuguese Pharmaceutical Society
STARTED	September 2014
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	Considering that this is an open campaign at national level, it is challenging to be precise about how many pharmacists were involved. There are approximately 2,800 pharmacies in Portugal, each having an average of 2.7 pharmacists. Moreover, all pharmacists in the country were invited to participate and give their contribution to the campaign. As of June 2015, over 700 pharmacists had participated in the discussion sessions, and more than 3,000 people had supported the campaign through the website and over 5,000 'likes' on the campaign's Facebook page.
KEY WORDS:	Responsible use of medicines, campaign
ABSTRACT:	A campaign to raise public awareness and achieve political support to promoting the responsible use of medicines. It involved debates, mass media promotion, information by pharmacies and the publication of a report with recommendations to the Government.

OBJECTIVES

The initiative aims to raise public awareness around the concept of responsible use of medicines, and to promote good practices concerning medicines, which contribute to ensure the right medicine, in the right dose, at the right time, for the right patient, at the right price. The goals of the campaign are clear and universal, aiming at a shared responsibility over the use of medicines. In particular, the campaign aimed at identifying and implementing realistic proposals in order to achieve improved health benefits from medicines.

The intention was also to highlight the role of individuals, including health professionals and especially pharmacists, in promoting the responsible use of medicines, all the way from manufacturing until their use by patients, by giving visibility to the roles, skills, capacities and professional experience of pharmacists, who are present in several areas, such as the pharmaceutical industry, academia and research, community pharmacy, hospital pharmacy, medical biology / clinical analysis and distribution, among others.

As part of this initiative, the Portuguese Pharmaceutical Society (PPS) aims to produce a report with specific recommendations on the responsible use of medicines to present to the Government and to national and local health authorities.

RELEVANCE FOR THE COUNTRY

Medicines are a highly cost-effective health technology, having promoted health systems' efficiency in the past decades through significant reductions in mortality and improvements in overall quality of life. Though they are a huge expense for health systems, the great benefit they bring to society is undeniable. As such, this expense should be perceived as an investment to increase society's well-being and general quality of life.

Nonetheless, there is international evidence of an unexploited potential on the investment that is devoted annually to medicines. For instance, the World Health Organization estimates that 50% of all patients do not take their medicines correctly, for several reasons. Moreover, a study by IMS Health for the Dutch Government states that there is evidence about missed opportunities that sum up to EUR 370 billion worldwide, which corresponds to about 8% of the global health expenditure, and that can be achieved through the optimal use of medicines.

That same study suggests that the lack of adherence to therapy is the main cause of this excessive expenditure, representing 57% of the calculated amount. It also highlights that the late prescription of medicines, the overprescription and overuse of antibiotics, medication errors, insufficient use of generics and the inappropriate management of medicines of polymedicated patients are critical points that should also be addressed. All of these topics generate avoidable costs for the government, including related hospital admissions, avoidable visits to primary health care provider and increased mortality and morbidity rates.

The IMS study is also clear in one point: the promotion of the responsible use of medicines should be adopted as a priority by healthcare systems worldwide. As later defined by FIP, a specific medicine should only be used when necessary, and its selection should be appropriate and based on the most recent scientific and/or clinical evidence, in order to be the most effective and least susceptible to cause harm. This selection should further consider the patient's preference, and make the best use out of the available resources, having access and availability of quality medicines, which should be appropriately administered and monitored for their effectiveness and safety. This concept also implies that a multidisciplinary collaborative approach is used, which includes patients and caregivers, in addition to health professionals who assist patients in their care.

Considering the above, the PPS developed an awareness campaign about the responsible use of medicines, with the slogan "Medicines use — We are all responsible". The responsible use of medicines promotes significant economic and clinical savings and should be one of the goals of our health care system, especially since the number of elderly persons living in Portugal increases each year (over two million people in a population of 10 million, in 2014).

PARTNERS INVOLVED

This campaign involved different healthcare professionals, health authorities and the public in general. As such, the campaign received the support of many individuals (including several people well known to the public) and institutions such as FIP and INFARMED (National Authority of Medicines and Health Products).

As the responsible use of medicines has been highly featured by FIP, the PPS's initiative received the Federation's immediate support, including the participation of FIP's Vice-President, Mr Thony Björk, on the first seminar of the campaign. Also, in 2015 INFARMED recognised the importance and relevance of this campaign, providing its institutional support and actively cooperating on its national and international promotion, through the members of FARMED (Forum of Medicines Regulatory Agencies of Lusophone Countries).

TACTICAL APPROACH

In order to engage and obtain the support of different institutions, the PPS invited several health care professionals and members of the Government's health authorities to seminars and debates, promoting a close collaboration between different health care professionals, as well as the establishment of synergies and cooperation tactics between them and the discussion of critical topics on the scope of the campaign. By the end of this cycle of public discussions, the PPS aims to produce a report with specific recommendations on the responsible use of medicines to present to the Government and to national and local health authorities.

METHODOLOGY/TYPE OF INTERVENTION

The campaign was launched on Pharmacists' Day of 2014 (26 September) and it ran until the National Pharmacists' Congress of 2015 (October). At this event, the conclusions from the debates that took place throughout the year were presented, as well as an official document with specific recommendations from the PPS to promote the responsible use of medicines in Portugal. Furthermore, the campaign's website and its social network sites will continue to be accessible to everyone.

Since its launch, the campaign has been present in the mass media through TV, radio and written press. It also included a dedicated website (www.usoresponsaveldomedicamento.com), where citizens, pharmacists and other health care professionals are invited to join the campaign. The campaign was also

present on social media (Facebook and YouTube), and it was promoted through flyers distributed by community pharmacies.

The PPS also organised several debates on different topics, namely accessibility to medicines, use of generics, medication errors, optimisation of antibiotics prescription and use, and management of medicines on polymedicated patients. These debates took place in Lisbon, Portalegre, Santarém and Vilamoura.

OUTCOMES

The clinical and economic impact of this campaign will not be measurable in the short term, as with every health promotion campaign, but we can acknowledge from the results so far that this campaign is having great impact on Portuguese society, especially in terms of general awareness about the subject. Moreover, the campaign paved the way to improving medicines management and the responsible use of medicines in Portugal. This campaign was a first step in that direction, hopefully leading to long-term, impact and positive changes.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

1. Video clips available at https://www.youtube.com/watch?v=OF714htGUfw
2. Flyers, posters and badges (available from FIP upon request)

FURTHER INFORMATION

www.usoresponsaveldomedicamento.com
Facebook: Uso Responsável do Medicamento (https://www.facebook.com/pages/Uso-Respons%C3%A1vel-do-Medicamento/286975504840458?fref=ts)

1.19 Codeine care

COUNTRY/TERRITORY	South Africa
REGION	Africa
ORGANISATION	Pharmaceutical Society of South Africa
STARTED	June 2013
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	219 (as of June 2015) but aiming at 2,500
KEY WORDS	Codeine, abuse, addiction
ABSTRACT	The initiative aims to empower pharmacists to prevent abuse of codeine-containing medicines, through a national register of sales of such products.

OBJECTIVES

To establish a national database of the usage of codeine-containing products in order to empower pharmacists to identify and prevent abuse, especially of non-prescription medicines. Hopefully this can be expanded to include other products with a high abuse potential, e.g., zolpidem.

RELEVANCE FOR THE COUNTRY

According to the International Narcotics Control Board 2010 Report of the Availability of Internationally Controlled Drugs, South Africa is ranked as the number one country in Africa and number 49 in the world (of 193 member states) in terms of average consumption of defined daily doses of narcotic drugs. South Africa is one of a handful of countries which allows codeine-containing substances to be purchased as non-prescription medicines.

The Medicines Control Council of South Africa is considering making all codeine-containing products prescription-only medicines due to the high rates of abuse of these products.

PARTNERS INVOLVED

The Medicines Control Council (MCC), manufacturers, the Community Pharmacy Sector of the Pharmaceutical Society of South Africa and the South African Pharmacy Council (SAPC).

TACTICAL APPROACH

Negotiating with the MCC, the SAPC and the National Department of Health regarding legislation changes.

METHODOLOGY/TYPE OF INTERVENTION

Each individual pharmacy signs an agreement with the Community Pharmacy Sector. Then they capture every sale of codeine-containing medicines — especially non-prescription medicines — under the patient's ID number on the national database. The patient has to give consent to this currently but there is pressure to make it a legal requirement. The information is secure and protected in the terms of the Protection of Personal Information Act.

OUTCOMES

Currently still in process, but the MCC has put on hold its decision to reclassify codeine-containing products as prescription-only medicines. Hopefully this can be expanded to other products and curb the abuse of prescription medicines.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

The protocol of the project, the agreement, the patient information sheet and the patient consent form can be obtained from FIP upon request.

FURTHER INFORMATION

http://www.codeinecare.co.za/

1.20 Rational use of antibiotics

COUNTRY/TERRITORY	Sri Lanka
REGION	Southeast Asia
ORGANISATION	Pharmaceutical Society of Sri Lanka
STARTED	May 2013
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	150
KEY WORDS	Rational use of antibiotics, antimicrobial resistance, collaborative practice
ABSTRACT	This is a collaborative initiative with physicians and health authorities to regulate and rationalise the prescription and dispensing of antibiotics, in order to curb antimicrobial resistance.

OBJECTIVES

To raise public awareness about the importance of the rational use of antibiotics.

RELEVANCE FOR THE COUNTRY

There is an increasing trend of antimicrobial resistance in Sri Lanka.

PARTNERS INVOLVED

Sri Lanka Medical Association.

TACTICAL APPROACH

The programme was conducted together with medical practitioners. A task force was established in the Ministry of Health with prescribers, pharmacists and medical administrators.

METHODOLOGY/TYPE OF INTERVENTION

Conducting awareness programmes for prescribers, pharmacists and for the general public. Legal action against the sale of antibiotics without a prescription.

OUTCOMES

Decrease in the sale of antibiotics without prescription.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Antibiotic Guidelines published by the Ministry of Health.

FURTHER INFORMATION

Information unavailable.

1.21 Structured dialogues about medicines in community pharmacies

COUNTRY/TERRITORY	Sweden
REGION	Europe
ORGANISATION	Swedish Pharmacists Association
STARTED	March 2014
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	66
KEY WORDS	Medicines use, adherence, counselling
ABSTRACT	This pilot project assessed the outcomes and feasibility of implementation in daily practice of structured conversations between the patient and the pharmacist about medicines use, to address issues of adherence, medicines-related problems, etc.

OBJECTIVES

To evaluate the possibility of using the model of structured dialogues in a real-life setting to improve medicines use and adherence to treatments.

RELEVANCE FOR THE COUNTRY

In Sweden the implementation of professional services by community pharmacies is not yet fully developed, and the aim of this project was to evaluate whether it is possible or not to use this model in daily practice.

PARTNERS INVOLVED

The Medical Products Agency was in charge of the project. It cooperated with various organisations in order to conduct a preliminary assessment before the project was fully implemented.

TACTICAL APPROACH

This was a commission from the Government.

METHODOLOGY/TYPE OF INTERVENTION

The study included patients with prescription medicines for asthma or chronic obstructive pulmonary disease, whether it was a first prescription or not, who picked up their medicines at one of the pharmacies in the study. The intervention meant that patients participated in a first interview with a pharmacist about their use of these medicines with a focus on adherence to the prescribed treatment, including barriers to compliance, such as poor inhalation technique, and a follow-up call after one or two weeks.

The talks were conducted mainly at community pharmacies; in some cases, the follow-up interviews were done by telephone. Talks were conducted in a structured manner, based on a specially developed interview guide, and documented in writing.

The difference between regular dispensing of medicines and the structured dialogues about medicines that were tested in this study is that the structured conversations specifically seek to find a consensus between the pharmacist and the patient regarding measures to improve adherence. Moreover, the interviews take place at a booked time, they are individually documented and the first talk is followed up with another booked call.

This study used a qualitative approach.

OUTCOMES

The study involved 43 pharmacies with 66 pharmacists, during three months in the spring of 2014. Data were reported from 36 pharmacies and 901 patients. Of these, 338 patients did not meet the inclusion criteria, 321 declined to participate and 242 accepted. Of the 242 patients who accepted, 196 participated in the first interview and 169 in the second.

The duration of the intervention was on average of nine minutes, and the time it took to conduct both talks, including the documentation of the call's contents in the interview guide, was on average 43 minutes.

Patients who participated in the structured dialogues thought that the contact with the pharmacist was good (83%) and that the issues they experienced as most important with regards to their medication were raised (98%), and that the number of calls was just right (98%). Almost 90% would be willing to participate in similar talks in the future and almost 70% thought that their doctors could benefit from receiving the information gleaned from the talks at the pharmacy. Furthermore, 80% of patients thought that the information from the calls could be documented in the electronic patient record. Both patients and pharmacists concluded that the structured talks about medicines were beneficial for patients and their use of medicines for asthma or chronic obstructive pulmonary disease.

The study also concluded that the model is appropriate to use in daily practice.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

FURTHER INFORMATION

https://lakemedelsverket.se/upload/om-lakemedelsverket/NLS/strukturerade_lakemedelssamtal_slutrapport_2014-12-11.pdf

1.22 Polymedication check

COUNTRY/TERRITORY	Switzerland
REGION	Europe
ORGANISATION	pharmaSuisse
STARTED	June 2012
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	> 90% of the community pharmacists in the country
KEY WORDS	Medicines use review, adherence, safety, counselling
ABSTRACT	The initiative consists on structured interviews with polymedicated patients, in order to improve their understanding of medicines, promote adherence and avoid medicines-related problems. The service is remunerated by health insurance providers.

OBJECTIVES

1. Increasing adherence by patients to treatment
2. Improving the understanding of medicines by patients
3. Increasing the quality of life of chronic patients

RELEVANCE FOR THE COUNTRY

In Switzerland, 50% of medicines are not taken or are taken wrongly. It is the typical role of the pharmacist to support patients regarding their medication. Pharmacists' work is not finished with the delivery of medicines. They are responsible for patient adherence, too.

PARTNERS INVOLVED

Insurance companies, because the service is reimbursable.

TACTICAL APPROACH

Negotiation with health insurance providers for a signed remuneration contract. The service is monitored and a study has been done by the University of Basel.

METHODOLOGY/TYPE OF INTERVENTION

The pharmacist can propose a consultation (about 20 minutes) to non-adherent patients or to patients who are prescribed new medication (e.g., coming out of the hospital). All the medicines, doses and other data are recorded in a document. The pharmacist explains to the patient all the details, including possible adverse events or interactions. At the end of the discussion, and if the pharmacist detects further problems, he or she can either (a) suggest a weekly delivery box for a period of three months (also paid for by the insurance, without a doctor's prescription), or (b) contact the patient's doctor in order to discuss the case. This service can be provided twice a year. It is the first service that the pharmacist can propose to the patient and obtain remuneration for without a doctor's prescription.

OUTCOMES

The evaluation study was still in process at the time of data collection for this report.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

The following project materials are freely available online in French, German and Italian at the website below:

1. Algorithm /decision tree for interviews
2. Forms for documenting the interviews
3. Posters for pharmacies
4. Brochures for patients
5. Model letters to patients and physicians
6. Presentation slides for training activities for all pharmacy staff
7. Request form for promotional materials
8. Press release

FURTHER INFORMATION

http://www.pharmasuisse.org/FR/dienstleistungen/themen/pages/polymedikationscheck.aspx

1.23 Medicines optimisation guidance

COUNTRY/TERRITORY	United Kingdom
REGION	Europe
ORGANISATION	Royal Pharmaceutical Society
STARTED	An initial steering group was convened in June 2012 followed by an advisory group meeting in July 2012 and the final guidance document was published in May 2013.
AREA(S) OF PHARMACY PRACTICE	Community pharmacy, hospital pharmacy
NUMBER OF PHARMACISTS INVOLVED	A number of pharmacists were part of the different groups used to develop the guidance [steering group (10) , advisory group (31), focus groups (15)] and others are now using the guidance to help implement medicines optimisation locally
KEY WORDS	Medicines use review, adherence, medicines-related problems, guidelines
ABSTRACT	The initiative consisted on developing national guidelines for pharmacy practice for optimising medicines use, avoiding preventable adverse events related to medicines and improving patient adherence.

OBJECTIVES

1. Supporting health care professionals to help patients get the most from their medicines
2. Helping health care professionals and patients understand what is meant by medicines optimisation

RELEVANCE FOR THE COUNTRY

Medicines play a crucial role in maintaining health, preventing illness, managing chronic conditions and curing disease. In an era of significant economic, demographic and technological challenge it is crucial that patients get the best quality outcomes from medicines. However, there is a growing body of evidence that shows us that there is an urgent need to get the fundamentals of medicines use right. Medicines use today is too often sub-optimal and we need a step change in the way that all healthcare professionals support patients to get the best possible outcomes from their medicines.

Only 16% of patients who are prescribed a new medicine take it as prescribed, experience no problems and receive as much information as they need. Ten days after starting a medicine, almost a third of patients are already non-adherent — of these 55% don't realise they are not taking their medicines correctly, while 45% are intentionally non-adherent.

A study conducted in care homes found that over two thirds of residents were exposed to one or more medication errors. Over half a million medication incidents were reported to the National Patient Safety Agency (NPSA) between 2005 and 2010, and 16% of these involved actual patient harm.

In hospitals, the General Medical Councils EQUIP study demonstrates a prescribing error rate of almost 9%. In general practice, an estimated 1.7 million serious prescribing errors occurred in 2010. In primary care around GBP 300 million per year of medicines are wasted (this is likely to be a conservative estimate) of which GBP 150 million is avoidable. At least 6% of emergency readmissions are caused by avoidable adverse reactions to medicines.

PARTNERS INVOLVED

NHS England, Association of the British Pharmaceutical Industry, Royal College of General Practitioners, Royal College of Nursing, Academy of Medical Royal Colleges, Royal College of Pathologists, Royal College

of Surgeons, National Voices, Age UK, Diabetes UK, Patients Association, Asthma UK, Rethink, MIND, Epilepsy Society, Epilepsy Action, Parkinson's UK, Terrence Higgins Trust and other partner organisations.

TACTICAL APPROACH

This guidance was developed for England only but we liaised with colleagues in the devolved health administrations in Wales and Scotland. This was the first piece of guidance to be endorsed by the newly formed NHS England.

METHODOLOGY/TYPE OF INTERVENTION

A standardised process to develop the guidance was used, including scoping (literature review and interviews), drafting and developing (working with an advisory group, overseen by a steering group), consultation and revision, user testing (including with patients), sign off and launch.

OUTCOMES

The guidance is being used strategically by a joint strategy group of the Association of the British Pharmaceutical Industry and NHS England on medicines optimisation which reports directly to ministers. The principles have also formed the basis of further disease-specific guidance developed jointly by the Royal Pharmaceutical Society and the Centre for Postgraduate Pharmacy Education. It is a key reference document in the National Institute for Health and Clinical Excellence guidance on medicines optimisation and has formed the basis of the development of the Medicines Optimisation Dashboard[j] from NHS England.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

The guidance document and supporting resources and materials can be found at http://www.rpharms.com/what-we-re-working-on/medicines-optimisation.asp

FURTHER INFORMATION

See above.

[j] The Medicines Optimisation Dashboard is a comprehensive database of indicators related to medicines use, hospital admission data and patient experience indicators, medication safety and use of community pharmacy services. It can be openly accessed online at https://www.england.nhs.uk/ourwork/pe/mo-dash

1.24 Accelerating paediatric formulations

COUNTRY/TERRITORY	United Kingdom
REGION	Europe
ORGANISATION	Academy of Pharmaceutical Sciences
STARTED	May 2014
AREA(S) OF PHARMACY PRACTICE	Pharmaceutical sciences, pharmaceutical industry
NUMBER OF PHARMACISTS INVOLVED	11+
KEY WORDS	Paediatric medicines, formulation
ABSTRACT	The project consists of improving the formulation of oral dosage forms of medicines for paediatric use in terms of taste and patient acceptability.

OBJECTIVES

The project consists of six work streams: to develop novel *in vitro* tools to predict the taste of paediatric medicines; to develop novel analytical and *in silico* tools to predict the absorption of paediatric medicines; to select regulatory acceptable UK-based encapsulation technologies and model drugs; to determine patient needs in terms of acceptable formulation type; to manufacture non-conventional formulation prototypes identified through evaluations from the previous stages; and to validate the proposed strategy and tools to demonstrate suitability for use in paediatric medicines development.

RELEVANCE FOR THE COUNTRY

Paediatric medicinal products are more complex than their adult alternatives due to the need to cater for differences in physiology and anatomy, while providing flexible dosing and taste-masking without impeding *in vivo* efficacy.

PARTNERS INVOLVED

Astra Zeneca, University of Bath, Bristol-Myers Squibb, University of Birmingham, Molecular Profiles, UCL School of Pharmacy, GlaxoSmithKline, Pfizer, Aston University and Priory Pharma Consulting Ltd.

TACTICAL APPROACH

The Academy of Pharmaceutical Sciences (APS) canvassed for partners in the project, brought together potential participants and now acts as facilitator and outreach promoter for the project.

METHODOLOGY/TYPE OF INTERVENTION

This ground-breaking proposal was ultimately awarded GBP 1 million to carry the project forward and develop a novel suite of predictive analytical and *in silico* techniques for paediatric medicines.

OUTCOMES

As part of any new drug regulatory process, filing a suitable paediatric version must be available and the provision of such a formulation attracts a six-month extension in the patent life of a new medicine in the EU. However, paediatric medicines are currently developed on a case-by-case basis with no “best practice”, leading to an increased probability of inconsistency in product quality across companies with consequences for patient adherence, safety and efficacy as well as duplication of efforts.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

No materials available.

FURTHER INFORMATION

Information unavailable.

2 Health promotion, disease prevention and disease management initiatives

2.1 Pharmacists for quality of life: patient empowerment and disease prevention programme

COUNTRY/TERRITORY	Argentina
REGION	Americas
ORGANISATION	Argentinian Pharmaceutical Confederation
STARTED	January 2007
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	350
KEY WORDS	Public health, health promotion, health education, disease prevention, collaborative practice, screening
ABSTRACT	The initiative consisted of identifying individual and collective health risks in the community and intervening in disease prevention through the promotion of healthier lifestyles and improved health education. It involved other health care professionals, educators and community members, as well as the media. Pharmacists' role in health promotion was reinforced.

OBJECTIVES

To evaluate and improve the population's health education needs through a health risk assessment approach, based on a disease prevention philosophy. The objective was to identify in each community, those individuals or groups at risk of developing certain diseases, and to implement an action plan with the participation of local actors in the different activities and evaluation process.

• General objective: To assist patients to develop attitudes, knowledge and skills related to health promotion in Argentina.

• Specific objective: To help pharmacists, as healthcare professionals, to have a stronger role in health promotion and disease prevention in the community, by identifying and tackling risk factors and promoting healthy lifestyles for a better quality of life.

RELEVANCE FOR THE COUNTRY

Pharmacists for Quality of Life is based on the need to develop healthier lifestyles in the community, by proactively promoting healthy habits, through interdisciplinary work with other health professionals, by weaving the necessary communication network and by taking up an ethical responsibility towards patients' health.

The programme recognises and harnesses the important role of pharmacists in public health and in promoting a responsible use of medicines. It highlights their responsibility in providing appropriate and independent advice to the population regarding medicines' use, to promote the concept of pharmaceutical care and to actively participate in disease prevention and health promotion.

PARTNERS INVOLVED

The programme is aligned with initiatives of the Ministry of Health, such as “Argentina Walks On” and "Healthy Eating", and other activities related to the benefits of physical activity, healthy eating and their incorporation into daily life through the Argentinian Network of Healthy Cities and Communities.

TACTICAL APPROACH

Multidisciplinary programme coordinated with education work. Participation of nutritionists, physicians, physical education teachers, dentists, teachers and pharmacists as the core of the programme.

METHODOLOGY/TYPE OF INTERVENTION

Participation of the community, together with health care professionals, in the assessment of local needs, the programme design, development, training and final evaluation of the locally implemented initiatives. Adaptation of the focus of the programme according to locally determined needs.

Participation of local social partners (community leaders, community organisations and associations, schools and educational institutions (primary, secondary and higher education), etc.

Cooperation of media professionals to inform, generate interest and promote specific programme items through print or digital media. Production of posters, leaflets, newsletters, newspaper articles, radio programmes, video clips, TV, social networks, etc.

Informal educational talk aimed at organised social groups in the community: parents associations, neighbourhood associations, social and cultural entities, etc.

Interventions incorporating the concept of Pharmaceutical Services based on Primary Health Care (promoted by WHO-PAHO), focusing on the individual, the family and the community.

OUTCOMES

As in every educational process, the results will become visible in the long run, but what we have seen so far is that the educational community is asking for the input of pharmacists in their health education activities. While the programme is well established in the province of Buenos Aires, which has 4,500 community pharmacies, since the beginning of 2015 this initiative is being implemented in other provinces such as Chaco, Salta and Jujuy.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Posters, brochures, PowerPoint presentations (available from FIP upon request).

FURTHER INFORMATION

http://farcavi.blogspot.com.ar/p/colegas-adheridos-al-programa-farcavi.html

2.2 Collecting expired and unused medicines: pharmacists' contribution to a better environment

COUNTRY/TERRITORY	Argentina
REGION	Americas
ORGANISATION	Argentinian Pharmaceutical Confederation
STARTED	January 2013
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	490
KEY WORDS	Medicines disposal, environment, antimicrobial resistance, health education, social responsibility
ABSTRACT	The initiative consisted of raising awareness about the health and environmental risks associated with the unsafe disposal of medicines, and to put in place the procedures to collect such medicines and ensure their correct disposal. Participating pharmacies receive certain tax exemptions from municipalities and the project contributes to environmental sustainability and prevents antimicrobial resistance.

OBJECTIVES

1. Promoting strategies to achieve communities based on ecological principles, and protecting the environment and health as fundamental aspects of human development
2. Adopting responsible attitudes towards the disposal of expired medicines
3. Developing responsible habits in terms of the disposal of medicines
4. Developing members of the community who act as health education multipliers
5. Applying public health and biosafety principles to the disposal of medicines
6. Developing critical attitudes on issues that have a social impact
7. Implementing health promotion and disease prevention policies and assess their impact
8. Establishing protocols for collecting expired medicines
9. Promoting initiatives aimed at improving public health and caring for the environment
10. Supporting interdisciplinary initiatives aiming at protecting the environment
11. Recognising the environmental and health impact caused by the improper disposal of medicines

RELEVANCE FOR THE COUNTRY

1. Risk for the population:

- Loss of efficacy of medicines
- Increased toxicity, through the generation of toxic products or agents.

2. Environmental hazard:

- Uncontrolled disposal of medicines in broken containers
- Improperly closed medicine containers
- Inadequately stored medicines
- Expired medicines

PARTNERS INVOLVED

Department of Environment of the municipalities where the programme has been implemented.
Higher Institute for Technical Education No. 38 (San Nicolás).

TACTICAL APPROACH

Negotiations with municipal authorities for this service through participating pharmacies is recognised through the exemption from certain taxes.

METHODOLOGY/TYPE OF INTERVENTION

People hand in expired or unused medicines at pharmacies and obtain a receipt. The pharmacy must be registered as a Pathogenic Waste Generator and becomes part of the system of collection and treatment of such waste, according to Laws 11347 and 11459 and their implementation regulations.

OUTCOMES

The controlled disposal of medicines, as a health and biosafety principle:

- Indicates that the community is based on ecological principles
- Promotes environmental protection
- Protects the health of the population
- Indicates a public health philosophy
- Involves health professionals
- Addresses a health risk factor

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Brochures, posters (available from FIP upon request).

FURTHER INFORMATION

Information unavailable.

2.3 *Spotcheck*: skin cancer screening by community pharmacies

COUNTRY/TERRITORY	Australia
REGION	Western Pacific
ORGANISATION	Pharmacy Guild of Australia
STARTED	October 2014
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	300 Chemmart Pharmacies
KEY WORDS	Screening, skin cancer, prevention
ABSTRACT	The initiative aims at screening possible cases of skin cancer in the community through a collaboration between community pharmacies and dermatologists, using a collaborative telemedicine approach. A significant number of probable cancer cases has been identified and referred for medical follow-up.

OBJECTIVES

To screen for skin cancer through a system of mole/spot analysis at community pharmacies

RELEVANCE FOR THE COUNTRY

Cancer control is one of the nine National Health Priority Areas chosen for focused attention because they contribute significantly to the burden of illness and injury. Australia has the highest skin cancer incidence in the world and Australians are four times more likely to develop skin cancer than any other form of cancer. Two in three Australians will be diagnosed with skin cancer before the age of 70.

PARTNERS INVOLVED

Information unavailable.

TACTICAL APPROACH

Information unavailable.

METHODOLOGY/TYPE OF INTERVENTION

Spotcheck is a mole/spot analysis service provided through Chemmart Pharmacies. It uses "tele-dermatology" to capture an image digitally with a handyscope microscope and transmit it to a dermatologist for opinion and assessment.

Trained staff members take two photographs of up to three spots. One photograph is used to indicate where the spot is located on the body, the other is a close up that enables a more detailed assessment. The images are then securely sent to a doctor for assessment. The report is provided within 48 hours and provides recommendations as to whether a follow up is required.

OUTCOMES

From October 2014 to March 2015 there have been 1,879 spot checks on 1,427 customers. There have been 40 probable melanomas detected and 183 probable basal cell carcinomas or squamous cell carcinomas detected.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

FURTHER INFORMATION

http://www.chemmart.com.au/wellbeing/in-store-wellbeing-services/spotcheck

2.4 DOTS tuberculosis pharmacy project

COUNTRY/TERRITORY	India
REGION	Southeast Asia
ORGANISATION	Indian Pharmaceutical Association
STARTED	First began in 2010 and second phase began in 2014.
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	800, as of June 2015
KEY WORDS	Tuberculosis, antimicrobial resistance, DOTS, medicines use, screening
ABSTRACT	The initiative consisted on establishing a partnership with Government and local health authorities, pharmacy owners and pharmacists to develop guidelines and training for pharmacists to become providers of DOTS and contribute to the screening, control and care of tuberculosis and its patients.

OBJECTIVES

1. Engaging community pharmacists in national tuberculosis control programmes and strengthening the programme for TB care and control.
2. Setting up DOTS (directly observed treatment, short-course) services in pharmacies to increase access to free medicines to treat tuberculosis.
3. Detecting early cases of TB.
4. Raising community awareness about TB and DOTS through pharmacies.
5. Monitoring treatment and improving patient adherence.
6. Developing the role of pharmacist as patient counsellors and consolidating the image of pharmacies in promoting public health and, by way of evidence, make the Government and society realise the untapped potential of pharmacists in public health.

RELEVANCE FOR THE COUNTRY

TB is a major public health problem in India: the country carries 21% of the global TB burden. Hence, every possible effort to fight against TB is important.

The National TB Control Programme included many private players, such as private practitioners, but pharmacists were never included and this had been a missing link.

Pharmacists, being the first point of contact with the health care system for people with symptoms, are in the best position to contribute to early case detection. Being open for long hours and being located right in the community make pharmacies the ideal location to offer DOTS services.

PARTNERS INVOLVED

Government TB authorities
Chemist Association (Trade Association)
Lilly MDR TB Partnership.

TACTICAL APPROACH

Top to bottom approach.
Initially, the key stakeholders were approached: first, local and state Government authorities were contacted and the rationale to engage pharmacists was explained. Then, the Chemists Associations and

the Food and Drug Administration were also approached and the model was explained. Although they had some reserves about this new concept, they agreed to the pilot.

After a few pilots in Mumbai region from 2006 to 2010, the project was scaled up to eight districts of Maharashtra State between 2010 and 2012.

Strong advocacy in various ways with the Central TB Division, Ministry of Health, Government of India, coupled with sufficient evidence convinced the Government and resulted in formal inclusion of pharmacists in TB Control programme by signing a memorandum of understanding between the Ministry of Health and the Indian Pharmaceutical Association, the Chemists Association, the Southeast Asian Regional Pharmaceutical Forum and the Pharmacy Council.

In April 2014, the second phase of the project started and now the programme is being implemented throughout India.

METHODOLOGY/TYPE OF INTERVENTION

After approaching the key stakeholders and engaging with them, we agreed the programme protocols and the training of the first group of pharmacists began with TB authorities and the Chemists Association.

After the training was completed, we followed up with local TB authorities for certain formalities and with the pharmacists about their expected role.

Since the implementation of the programme, TB authorities and the Indian Pharmaceutical Association initiated monitoring and evaluation of the project.

OUTCOMES

1. Around 30% to 40% of the trained pharmacists are acting as DOTS providers.
2. More than 700 patients have completed treatment at the pharmacies.
3. Among the cases referred by pharmacists, approximately 15% were found positive to TB.
4. Through trained pharmacists, TB information and leaflets have been distributed so far to over 10,000 patients/consumers.
5. The WHO STOP TB Department, Geneva, asked the IPA Project leader to develop a tool kit in 2012–13 for pharmacies in TB Control. It was submitted and approved.
6. Although the number of pharmacists trained and patients treated or detected are small compared to the huge population of India, the project established the key part that the professional organisation can play in promoting and giving visibility to the role of pharmacists in public health in the area of TB care.
7. This project opened the door for pharmacists to participate, for the first time, in any national health programme, thus making history for the pharmacy profession in India. It also raised awareness about the pool of pharmaceutical human resources that is available for the country for TB control and care, and other public health issues, and the Government indicated that pharmacists can also be engaged in other national disease control programmes.
8. The project established by the leadership of IPA is a low cost, sustainable model which is now being replicated throughout India by a few non-governmental organisations, as well as by a few other countries with a high TB burden.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

1. TB training Module for community pharmacists developed by IPA and adopted by Central Government
2. ACSM (advocacy, communication and social mobilisation) material in the form of leaflets, referral forms, boards, etc. were produced
3. Articles in the *International Pharmacy Journal* and other periodicals and newspapers.

FURTHER INFORMATION

Some information is available on www.ipapharma.org and http://www.searpharm.org/#!pharmacist-role-in-tb-eradication/c1hha.

2.5 World Health Professions' Alliance campaign against spurious medicines in India

COUNTRY/TERRITORY	India
REGION	Southeast Asia
ORGANISATION	Indian Pharmaceutical Association
STARTED	October 2014
AREA(S) OF PHARMACY PRACTICE	Community pharmacy, supply chain management
NUMBER OF PHARMACISTS INVOLVED	300
KEY WORDS	Spurious medicines, counterfeit, supply chain management
ABSTRACT	This is an interprofessional collaborative initiative to help raise awareness about spurious medicines in India and to avoid them entering the supply chain or reaching patients.

OBJECTIVES

Assessing the level of awareness among practicing pharmacists and medicines wholesalers about the menace of spurious medicines and educating them about the same.

RELEVANCE FOR THE COUNTRY

The problem of spurious medicines does exist in some parts of the country.
The supply chain management can play an important role in preventing the entry of such medicines in the market.
By and large, consumers are not well aware and alert about such issues and illiteracy, poverty and ignorance further add to this problem.

PARTNERS INVOLVED

World Health Professions Alliance, International Pharmaceutical Federation, World Medical Association, International Council of Nurses, Pfizer.

TACTICAL APPROACH

Information unavailable.

METHODOLOGY/TYPE OF INTERVENTION

Developing training materials for pharmacists and wholesalers.
Conducting educational intervention at different locations in India.
Assessing the change in knowledge level.

OUTCOMES

There was an increase in the level of knowledge among participants and an increased interest and awareness about the menace of spurious medicines.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Training Manual

Contributed to Healthcare Professionals Handbook on Spurious Medicines, available from the WHPA website below.

FURTHER INFORMATION

http://www.whpa.org/WHPA_Handbook_India.pdf

2.6 Pharmacy influenza vaccination service

COUNTRY/TERRITORY	Ireland
REGION	Europe
ORGANISATION	Irish Pharmacy Union
STARTED	October 2011
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	600
KEY WORDS	Vaccination, immunisation, public health, flu, influenza, communicable diseases
ABSTRACT	Irish community pharmacies offer a flu vaccination service and are remunerated by the Health Service Executive for eligible patients. The initiative aims at increasing the vaccination coverage of at-risk people.

OBJECTIVES

To increase the number of at-risk people receiving flu vaccination.

RELEVANCE FOR THE COUNTRY

Ireland only vaccinates 58% of at-risk people against influenza; the European Union target is 75%.

PARTNERS INVOLVED

Pharmaceutical Society of Ireland sets the standards, the Health Service Executive reimburses pharmacies for vaccinating medical card patients.

TACTICAL APPROACH

Information unavailable.

METHODOLOGY/TYPE OF INTERVENTION

Information unavailable.

OUTCOMES

In 2011 pharmacies vaccinated 9,125 patients; in 2012, 18,358; in 2013, 40,115; and in 2014, 51,560. Statistics gathered show that 23% of people who were vaccinated in pharmacies had never been vaccinated before and, of those, 83% were in an at-risk group.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Irish Pharmacy Union (IPU) guidelines on influenza vaccination (2014):
http://ipu.ie/wp-content/uploads/2014/12/Chapter-11-Influenza-Guidelines-22Aug2014.pdf

FURTHER INFORMATION

Press release by IPU, September 2015:
http://ipu.ie/article/pharmacists-urge-patients-in-at-risk-category-to-get-the-flu-vaccine/

Further information available from FIP upon request.

2.7 *Know your numbers*: raising awareness about overweight and obesity

COUNTRY/TERRITORY	Ireland
REGION	Europe
ORGANISATION	Irish Pharmacy Union
STARTED	January 2015
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	670
KEY WORDS	Obesity, weight management, BMI, screening
ABSTRACT	Irish community pharmacies collaborated with a TV programme in inviting people to visit a pharmacy and have their weight and BMI measured, as part of an effort to raise public awareness about keeping a healthy weight.

OBJECTIVES

A TV Programme, *Operation Transformation*, encouraged people to lose weight. On one Saturday in January, it asked people to go to their local pharmacy to have their body mass index (BMI) and waist circumference measured.

RELEVANCE FOR THE COUNTRY

Ireland has one of the highest levels of obesity in the European Union.

PARTNERS INVOLVED

Radio Television Ireland's (RTE) *Operation Transformation*, Department of Health, Healthy Ireland.

TACTICAL APPROACH

Information unavailable.

METHODOLOGY/TYPE OF INTERVENTION

People attended pharmacies to have BMI and waist circumference measured.

OUTCOMES

Of those measured, 39% were overweight and 23% were obese.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

FURTHER INFORMATION

http://ipu.ie/article/know-your-numbers-pharmacists-team-up-with-operation-transformation/

2.8 Physical assessment undertaken by pharmacists

COUNTRY/TERRITORY	Japan
REGION	Western Pacific
ORGANISATION	Japan Pharmaceutical Association
STARTED	2013
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	Training seminar held in January 2014: approximately 60 persons
KEY WORDS	Physical assessment, home care, community-based health care
ABSTRACT	The Japanese Pharmaceutical Association produced training materials and organised seminars to assist pharmacists in providing home- and community-based care and physical assessments.

OBJECTIVES

To promote and upgrade team-care services in home and community-based health care.

RELEVANCE FOR THE COUNTRY

Information unavailable.

PARTNERS INVOLVED

Information unavailable.

TACTICAL APPROACH

1. Discussion on principle of physical assessment undertaken by pharmacists;
2. Development of training programme to help understand the significance of physical assessment and clinical technique necessary for pharmacists.

METHODOLOGY/TYPE OF INTERVENTION

In January 2014, JPA held a pilot training seminar in line with training programme, aimed at understanding the significance of physical assessment and clinical technique necessary for pharmacists.

JPA produced 1,000 copies of a DVD of the pilot training seminar, and distributed them together with a training document to local/regional pharmaceutical associations.

OUTCOMES

Ongoing DVD and training text are used at seminars or in developing seminar in some regions.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

DVD of pilot training seminar and training text [Japanese].

FURTHER INFORMATION

Information unavailable.

2.9 Green pharmacy: 2015 World Pharmacists' Day theme

COUNTRY/TERRITORY	Jordan
REGION	Eastern Mediterranean
ORGANISATION	Jordan Pharmaceutical Association
STARTED	September 2015
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	200
KEY WORDS	Green pharmacy, environment, medicines disposal, expired medicines, campaign
ABSTRACT	Campaign to promote the safe disposal of expired and unused medicines launched on pharmacists' day.

OBJECTIVES

To promote community pharmacies as public health providers and to raise awareness about the proper disposal of expired medicines and the dangers for health and the environment associated with the unsafe disposal of medicines in the sewage.

RELEVANCE FOR THE COUNTRY

See above.

PARTNERS INVOLVED

Ministry of Environment and the Jordan Food & Drug Administration (JFDA).

TACTICAL APPROACH

The action plan submitted to the Ministry coincides with the plan of the Ministry to promote Green Pharmacy. The minister himself is a pharmacist and his response and support were very positive.

METHODOLOGY/TYPE OF INTERVENTION

The Good Pharmacy Practice Board prepared a comprehensive plan covering the logistics, media to raise awareness to community pharmacists and society, approval of JFDA/Inspection Department, posters, radio and TV programmes.

OUTCOMES

After the campaign, a questionnaire will be circulated to participants/ pharmacies in order to improve the initiative in future years.

We are also working to introduce an accreditation for Green Pharmacies.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

FURTHER INFORMATION

Information unavailable.

2.10 Vaccination by community pharmacists

COUNTRY/TERRITORY	Jordan
REGION	Eastern Mediterranean
ORGANISATION	Jordan Pharmaceutical Association
STARTED	2016
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	Plan to cover all 2,700 pharmacies
KEY WORDS	Vaccination, immunisation, communicable diseases
ABSTRACT	A vaccination service by community pharmacies.

OBJECTIVES

Facilitating access to vaccination to society and rendering the role of the community pharmacist as health care providers and promoting the general wellbeing of the community.

RELEVANCE FOR THE COUNTRY

Information unavailable.

PARTNERS INVOLVED

Jordan Food and Drug Administration /Ministry of Health /Parliament

TACTICAL APPROACH

Information unavailable.

METHODOLOGY/TYPE OF INTERVENTION

Information unavailable.

OUTCOMES

Information unavailable.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

FURTHER INFORMATION

Information unavailable.

2.11 Pharmacy DOTS initiative

COUNTRY/TERRITORY	Philippines
REGION	Western Pacific
ORGANISATION	Philippine Pharmacists Association
STARTED	January 2014 to September 2016
AREA(S) OF PHARMACY PRACTICE	Community pharmacy, hospital pharmacy
NUMBER OF PHARMACISTS INVOLVED	Information unavailable
KEY WORDS	Tuberculosis, DOTS, antimicrobial resistance, medicines use, adherence
ABSTRACT	The initiative aims to engage community pharmacists in the control of tuberculosis in the country, through referral of symptomatic patients to DOTS facilities, patient education about medicines use and prevention of self-medication.

OBJECTIVES

1. To prevent self-medication among tuberculosis (TB) symptomatic patients through education and referral of such patients to DOTS (Directly Observed Treatment, Short-course) facilities.
2. To institute behaviour changes among pharmacists, pharmacy assistants and drugstore owners towards participating in the National TB Program (NTP); and,
3. To sustain and institutionalise the participation of pharmacists in the control of TB in the country.

RELEVANCE FOR THE COUNTRY

The Philippines is one of the 22 high TB burden countries in the world. Pharmacies are considered to be critical in the referral of patients to the DOTS public facilities for full treatment of cases and prevention of resistance development among cases.

PARTNERS INVOLVED

United States Agency for International Development; Philippine Business for Social Progress.

TACTICAL APPROACH

Partnership building and courtesy visits with government and private partners were done resulting in securing commitment to support the programme. Coordination meetings with all local chapters of the organisation as well as with partners are conducted on a regular basis for monitoring and providing feedback. The Pharmacy DOTS Initiative (PDI) has been formally included in the pharmacy undergraduate curriculum through workshops and capacity-building activities with schools of pharmacy on the use of the PDI curriculum.

METHODOLOGY/TYPE OF INTERVENTION

Mapping of community and hospital pharmacies and DOTS facilities in all project sites was done to determine addresses and geographical coordinates. The mapping result serves as the basis to determine the number of pharmacies to be engaged and the prioritisation of the areas/municipalities where PDI implementation will be focused.

There are consultative meetings with local government units where the following are discussed to get the buy-in and commitment of local officials:

1. Introduction of the Pharmacy DOTS initiative;
2. The process of implementation regarding mapping and roll-out training;

3. Drugstore referrals;
4. No prescription-no dispensing policy; and,
5. How access rate retrieval may be done.

The same is done with private sector partners, especially the large chain drugstores in the country. Roll out trainings are conducted with the pharmacies and pharmacy personnel.

Referrals from the pharmacies are collected and are followed up with the DOTS facilities if the referred cases were smear positive, diagnosed with TB and started on treatment.

OUTCOMES

The PDI project is in 33 selected sites (i.e., provinces and cities) all over the country. The total number of pharmacies mapped in all sites is 7,022. All local government partners visited expressed their support for PDI. A contact person was identified to be the lead person for PDI to oversee status of referrals. There were 23 roll-out trainings conducted. A total of 6,026 pharmacy personnel have been trained, and 3,678 pharmacies have been engaged. The total number of referrals to date is 9,186.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

The Enhanced Curriculum for Tuberculosis Control for Philippine Pharmacy Schools, 2011 edition.

FURTHER INFORMATION

http://www.philpharmacists.org/.

2.12 *Healthy Generation*: promoting healthy lifestyles among school children

COUNTRY/TERRITORY	Portugal
REGION	Europe
ORGANISATION	Portuguese Pharmaceutical Society
STARTED	October 2011
AREA(S) OF PHARMACY PRACTICE	Public health
NUMBER OF PHARMACISTS INVOLVED	So far, around 100 pharmacy students and young pharmacists have been involved in the project as youth trainers, and five pharmacists as project leaders. More are expected to join throughout the project.
KEY WORDS	Public health, healthy lifestyles, children, young people, pharmacy students, community outreach
ABSTRACT	Community outreach project involving young pharmacists and pharmacy students in promoting healthy lifestyles among school children. The project used an adapted bus to visit schools and deliver a playful interactive experience for children.

OBJECTIVES

Geração Saudável (Healthy Generation) is a project of public health promotion and health education, developed by the Lisbon Regional Branch of the Portuguese Pharmaceutical Society.

The aim is to contribute towards the promotion of healthy lifestyles among children of school age, educate them about possible disease symptoms and raise their awareness about the importance of disease prevention.

RELEVANCE FOR THE COUNTRY

The promotion of healthier lives from an early age.

PARTNERS INVOLVED

The project received the institutional support of several organisations such as the Directorate-General of Health (on the diabetes theme areas), the National Confederation of School Parents' Associations and the National School Parents' Association. Healthy Generation has been also awarded the Prémio Almofariz for Project of the Year 2014, an award given by the national specialised press. Recently, the project has been granted the high patronage of the President of the Portuguese Republic. The project has also been supported by the pharmaceutical industry, namely by Novo Nordisk with its *Changing Diabetes Programme*.

TACTICAL APPROACH

The Healthy Generation project was presented to several national authorities and organisations in order to obtain wide support and visibility that allowed the project to grow and develop and be present in an ever-larger number of schools and events every year.

Moreover, under the scope of this project, the Portuguese Pharmaceutical Society had the opportunity to hold meetings with several health administration authorities with the aim of promoting the importance of pharmacists' pro-active work in disease prevention, and to present the projects' results.

METHODOLOGY/TYPE OF INTERVENTION

The project includes several activities tutored by young pharmacists or pharmacy students, who get a previous specialised training on the project aims and its components. The primary target audience is schoolchildren on the lower secondary education in schools under the Lisbon Regional Branch scope of action. The secondary target audience of the project includes schoolteachers, the families of the children and society in general. As a differentiating factor, the educational activities take place in an adapted bus, divided into two areas: the back section of the bus is turned into a small auditorium, while the front of the bus is used for video screenings and educational interactive games related to the theme areas of the project. The health themes of the project are chosen on a biennial basis.

OUTCOMES

In its first year, the project took place in 12 schools, promoting the education of over 2,500 schoolchildren and 130 teachers.

In the 2013/2014 period the project had already visited 45 schools, and involved 11,000 students, 500 teachers, and over 2,000 other people, including health professionals, families and general population.

Results for the school year 2014/2015 were still being analysed as of June 2015, but the project took place in 58 schools, and it is expected that more than 12,000 children were involved.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

To guarantee the best possible information and education for our trainers, themed technical handbooks were developed for them, and then revised by certified national and local authorities (e.g., the Diabetes National Plan Coordinator). For the project's implementation in schools, several presentations were developed, as well as videos, games, and other dynamic materials that could make the learning activities more interesting and fun experience for the youngsters.

Also, to help the project better reach its target groups and allow the information to be revisited both at school and at home, a few themed flyers were produced and distributed: one about type 2 diabetes and one with healthy home-made recipes.

Educational Videos (for download) - http://we.tl/fqVMqMH4m5

Presentation Videos - https://www.youtube.com/channel/UCuiGFvsVgC6JXSkiioxMtnw

Flyers and Presentations (for download) - http://we.tl/mCR4uz3lzq

FURTHER INFORMATION

http://www.ordemfarmaceuticos.pt/scid//ofWebInst_09/defaultCategoryViewOne.asp?categoryId=2034

https://www.facebook.com/GeracaoSaudavel?fref=ts

2.13 Hygiene: more effective than medicines

COUNTRY/TERRITORY	Romania
REGION	Europe
ORGANISATION	Romanian Federation of Pharmaceutical Owners' Association
STARTED	March 2014
AREA(S) OF PHARMACY PRACTICE	Community pharmacy, public health
NUMBER OF PHARMACISTS INVOLVED	500
KEY WORDS	Hygiene, public health, disease prevention, health promotion
ABSTRACT	A campaign to promote better hygiene as a means to avoid certain diseases. The campaign had four parts focusing on oral hygiene, hands hygiene, hair hygiene and body hygiene.

OBJECTIVES

To inform the population about the importance of hygiene for the prevention of various illnesses.

RELEVANCE FOR THE COUNTRY

The prevalence of diseases associated with a lack of hygiene in Romania is a fact proven by any European Union statistics.

PARTNERS INVOLVED

Local authorities (city councils)
Local representatives of the Ministry of Health
Local representative of the Ministry of Education
ACC Clinic — a clinic specialised in nutrition problems
Spiritus et Cultura — a non-governmental organisation specialised in helping poor and orphan children.

TACTICAL APPROACH

Approaching local authorities in order to obtain their approval and support to pharmacists carrying out promotional activities in schools and kindergartens, as well as in pharmacies.

METHODOLOGY/TYPE OF INTERVENTION

The campaign was divided in four sections throughout the year:
A. 10.03–10.04 — Oral hygiene
B. 05.05–05.06 — Hands hygiene
C. 10.06–10.07 — Hair hygiene
D. 01.11–31.12 — Body hygiene

Each of these parts of the campaign was sustained by community pharmacies at national level, and used the following methodology:

1. Advertising the campaign online, on local media and through posters in the pharmacies
2. Outreach activities in schools and kindergartens introducing basic rules of hygiene
3. Sampling of hygiene products.
4.

OUTCOMES

Not measured.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Flyers, posters, radio campaigning, advertising online through Facebook and a website (www.farmacia-ethica.ro).

Photos of the activities done at schools are available at: http://www.farmacia-ethica.ro/galerie-foto/campania-igiena-mai-eficienta-decat-medicamentele-igiena-orala-galati.html

Posters can be seen at http://www.farmacia-ethica.ro/evenimente.html?start=12 and http://www.farmacia-ethica.ro/evenimente.html?start=16

FURTHER INFORMATION

www.farmacia-ethica.ro

2.14 A cleaner environment — a campaign to collect expired medicines

COUNTRY/TERRITORY	Romania
REGION	Europe
ORGANISATION	Romanian Federation of Pharmaceutical Owners' Associations
STARTED	March 2014
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	500
KEY WORDS	Environment, disposal, expired medicines
ABSTRACT	A campaign promoting the safe disposal of expired/unused medicines

OBJECTIVES

To inform patients about the proper way of disposing of unwanted and expired medicines.

RELEVANCE FOR THE COUNTRY

There is no information from authorities for patients regarding safe disposal of unwanted or expired medicines.

PARTNERS INVOLVED

The National Environment Protection Agency; local authorities (city councils); local representatives of the Ministry of Health

TACTICAL APPROACH

Obtaining from city councils the necessary authorisations to be able to collect medicines from patients. Negotiating with companies specialised in the destruction of medicines in order to obtain a better price for destroying the collected medicines.

METHODOLOGY/TYPE OF INTERVENTION

Advertising on radio and other media about the campaign, the duration and the importance of disposing of expired and unused medicines safely. Posters and flyers at the involved community pharmacies.

OUTCOMES

Very few responses from patients, which led the Romanian Federation of Pharmaceutical Owners' Associations to contact health authorities to advocate for a national campaign focusing on the safe disposal of medicines.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Posters and flyers available from
http://www.farmacia-ethica.ro/evenimente/63-22-martie-ziua-mondiala-a-apei.html

FURTHER INFORMATION

www.farmacia-ethica.ro

2.15 Medicines may affect traffic safety — do drivers know that?

COUNTRY/TERRITORY	Serbia
REGION	Europe
ORGANISATION	Pharmaceutical Chamber of Serbia
STARTED	December 2014
AREA(S) OF PHARMACY PRACTICE	Community pharmacy, regulatory affairs, public health
NUMBER OF PHARMACISTS INVOLVED	106
KEY WORDS	Driving, road safety, traffic, medicines use
ABSTRACT	The initiative consisted of a campaign to alert patients about the influence of certain medicines on the ability to drive, thus compromising road safety, and also a proposal for regulatory changes in medicines packaging with a similar aim.

OBJECTIVES

1. Investigating how much drivers know about the influence of medicines, alcohol and narcotics on driving performance;
2. Conducting an educational campaign about medicines use that will raise traffic safety to a higher level (based on the results of survey);
3. Proposing changes to the packaging of medicines, in order to better identify medicines that may affect traffic safety.

RELEVANCE FOR THE COUNTRY

A reduced ability to drive is a serious problem for road safety. It is known that alcohol, narcotics and certain medicines affect driving. It is important to know how medicines can affect the safety of road users and how to prevent undesirable outcomes.

Pharmacists, as the most accessible health care professionals, have a significant role in educating patients who drive. However, in practice, it is known that the information is quickly forgotten and it is often necessary to repeat it and implement educational campaigns to raise public awareness about the impact of medicines on driving.

Furthermore, it would be helpful for educating patients to mark the external and internal packaging of medicines with symbols that clearly indicate the potential risk for road safety.

PARTNERS INVOLVED

Pharmaceutical Chamber of Serbia; Department of pharmacokinetics and clinical pharmacy, Faculty of Pharmacy, University of Belgrade.

TACTICAL APPROACH

Cooperation with Agency for Medicines and Medical Devices of the Republic of Serbia, Ministry of Health and Ministry of Traffic of the Government of the Republic of Serbia and with electronic and printed media.

METHODOLOGY/TYPE OF INTERVENTION

The first step was to conduct a survey to collect information about the public's knowledge of the influence of drugs, alcohol and narcotics on road safety. The survey included 1,513 drivers, 106 pharmacists and 22 institutions. Analysis of the results of the survey was followed by the planning and implementation of educational campaigns on the impact of medicines on traffic safety.

The following step was an initiative in cooperation with the Agency for Medicines and Medical Devices of the Republic of Serbia, to amend medicines labelling so that patients better understand the impact of medicines on driving safety.

OUTCOMES

The survey results revealed an insufficient knowledge of drivers about the influence of medicines on the ability to drive, which can have a negative impact on traffic safety.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

FURTHER INFORMATION

Information unavailable.

2.16 Drug wise

COUNTRY/TERRITORY	South Africa
REGION	Africa
ORGANISATION	Pharmaceutical Society of South Africa
STARTED	April 2012
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	750
KEY WORDS	Drugs, addiction, substance abuse, prevention, harm reduction
ABSTRACT	An initiative aiming to promote the proactive role of pharmacists in identifying, assisting and referring patients who have a problem with drugs and/or substance abuse.

OBJECTIVES

1. Empowering pharmacists to recognise, assist and refer patients who have a drug problem, as well as assisting consumers to identify and understand substance abuse.
2. Empowering pharmacists to help other health care practitioners with information.

RELEVANCE FOR THE COUNTRY

Drug abuse is a huge problem in South Africa and is becoming an epidemic in certain poverty stricken areas. The National Institute of Health (NIH) reported that the number of people in their 50s who are abusing licit or prescription drugs more than doubled from 2002 to 2010, going from 2.7% to 5.8% in this population.

Among those 65 and older, 414,000 used such drugs in 2010. At the other end of the spectrum, one in four teenagers has misused a prescription medicine at least once in their lifetime, according to survey results from the partnership at Drugfree.org and the MetLife Foundation.

Dagga, the most common illicit drug, is used by approximately 2% of the population, with cocaine (0.3%), sedatives (0.3%), amphetamines (0.2%) and inhalants, hallucinogens and opiates (0.1% each) being less common. Lifetime estimates for cannabis use among school-going youth are 13%, followed by 12% for inhalant use, 12% for over-the-counter or prescription drugs, 7% each for Mandrax (methaqualone), cocaine and club drugs and 6% for heroin.

South Africa is the regional hub for drug trafficking, and the largest transit zone for illicit drugs in Southern Africa, the United Nations Office on Drugs and Crime (UNODC) said. The country also earned the dubious honour of being upgraded by British officials as the most significant source of cannabis smuggled into the United Kingdom. Interpol listed it as one of the world's top four source countries for the illegal herb, according to the first UNODC country profile on drug and crime in South Africa.

PARTNERS INVOLVED

The Pretoria Branch and the Community Pharmacists Sector of the Pharmaceutical Society of South Africa (PSSA), certain manufacturing companies and Mr David Bayver — an expert on substance abuse and deputy chair of the South African Central Drug Authority.

TACTICAL APPROACH

Training people working with high risk groups in identifying substance abuse, e.g., social workers and teachers. Working with relevant government departments on this matter. Training academy assisting with long distance training programme.

METHODOLOGY/TYPE OF INTERVENTION

Workshop held by Mr David Bayver in different regions, as well as the sale of the manual. Creating awareness via media campaign.

OUTCOMES

Uncertain, since not much feedback back received from pharmacists.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

There is a *Drug wise* manual and a CD with interviews with drug addicts and rehabilitated drug addicts available. There is also a CD with a sound file available that is aimed at informing the public. The contents of the CD can be made available upon request. There is a poster for quick identification available from FIP upon request.

There is also a training programme that can be done via long distance learning, and a laymen's booklet available for drug abusers and their supporting family/friends that is currently being translated from English into the other 10 official languages of South Africa.

FURTHER INFORMATION

Information unavailable.

2.17 Vaccination by pharmacies

COUNTRY/TERRITORY	Switzerland
REGION	Europe
ORGANISATION	pharmaSuisse
STARTED	Autumn 2015
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	Over 100 in the cantons of Zurich and Neuchatel
KEY WORDS	Vaccination, immunisation, communicable diseases, public health
ABSTRACT	The initiative consists on harvesting the potential of community pharmacies as accessible health care centres to offer a vaccination service to healthy individuals. It includes the training of pharmacists and the negotiation of the service regulation with health authorities.

OBJECTIVES

1. Increasing the vaccination coverage of the public
2. In the mid to long term, giving pharmacists the competence to apply injections to patients. (In 5–10 years, biotech products will correspond to 50% of the medicines delivered in pharmacies, and 70% thereof should be injectable. Pharmacists should be able to assist older patients with these injections.)

RELEVANCE FOR THE COUNTRY

Fairly low immunisation rates, depending on the disease (e.g., measles) and the region (canton).

PARTNERS INVOLVED

Doctors, governments (regional and national), insurance providers.

TACTICAL APPROACH

Pharmacies are easily accessible for the public, and the healthy population is not willing to visit a doctor only to get a vaccine. Pharmacists and doctors are complementary in this matter.

Strategy: First educate pharmacists, then talk to the authorities (cantonal) and convince them of the added value of the pharmacist.

Developing a questionnaire assuring patient safety and selecting patients not in medical treatment.

METHODOLOGY/TYPE OF INTERVENTION

To be discussed with each canton separately.

OUTCOMES

Study will be done to measure the added value of the pharmacist.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Special issue of *Dosis*, a publication on health policy, about vaccination by pharmacies in Switzerland: http://www.pharmasuisse.org/data/Oeffentlich/fr/Publikationen/Dosis/2013/dosis%20no.%2061%20septembre.pdf

Complementary training programme on vaccination and blood collection technique: http://www.pharmasuisse.org/data/Oeffentlich/fr/Apotheker_Weiterbildung/Impfen%20und%20Blutentnahme/Programme%20de%20formation%20complémentaire%20FPH%20vaccination%20et%20prélèvements%20sanguins.pdf

FURTHER INFORMATION

http://www.pharmasuisse.org/fr/Dienstleistungen/Themen/Pages/Impfen.aspx

http://www.conseilsdevaccination.ch

2.18 *NetCare*: managing minor ailments in the community pharmacy

COUNTRY/TERRITORY	Switzerland
REGION	Europe
ORGANISATION	pharmaSuisse
STARTED	April 2012
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	200
KEY WORDS	Primary care, patient triage, telemedicine, minor ailments
ABSTRACT	The service consists of the triage of patients presenting to the pharmacy with symptoms or minor ailments. Pharmacists may intervene through a number of decision trees and dispense non-prescription medicines, or offer a consultation with a doctor via telemedicine. The objective is to optimise the role of pharmacists as gatekeepers of the health system, and to reduce the pressure on general practitioners and emergency departments.

OBJECTIVES

1. Using the infrastructure of pharmacies and the competency profile of pharmacists optimally;
2. Providing an adequate answer to patients with uncomplicated ailments entering a pharmacy;
3. Anticipating the lack of general practitioners (GPs) becoming more acute in the years to come;
4. Relieving the emergency departments of hospitals.

RELEVANCE FOR THE COUNTRY

The lack of GPs is an imminent and important challenge for the health care system. Already now, there are several regions in Switzerland that do not have enough GPs. The average age of GPs is over 61, and many of them will retire in a few years without enough young doctors to replace them. This opens the door for pharmacists to take an important role as gatekeepers of the health care system, with an irreplaceable position in primary care.

PARTNERS INVOLVED

Insurance providers, doctors (telemedicine), health authorities.

TACTICAL APPROACH

1. Pharmacists received special training for telemedicine
2. All participating pharmacies were equipped with the necessary telemedicine infrastructure
3. Doctors received special training
4. Health authorities were informed
5. Insurance providers were informed and asked to support the pilot project. An agreement was signed for a period of two years
6. Members of Parliament were informed about the goals and the project, as the plan was to have the law adapted
7. The population was informed through a press conference with the media

METHODOLOGY/TYPE OF INTERVENTION

The project has two levels:
The first one is the intervention of the pharmacist. As gatekeepers of the health care system, pharmacists make a triage of patients. For 24 ailments, specific decision trees for pharmacists were developed.

If there are no “red flag” symptoms, and if the decision tree allows it, pharmacists may dispense certain medicines to the patient, following the respective guidelines. Three days later, the pharmacist calls the patient to check the evolution of the ailment and the patient's wellbeing.

At the second level, if a more complex diagnosis is required, the pharmacist proposes a video consultation with a telemedicine doctor. After the video consultation, the doctor sends a prescription to the pharmacy.

It is also possible that the doctor providing the telemedicine consultation may send the patient to a local doctor or directly to a hospital, depending on the diagnosis.

OUTCOMES

The study is finished and should be published shortly. A headline result is that 75% of the cases presented during the study were solved directly by the pharmacist.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Videos, posters, forms and additional information are available from the website below.

FURTHER INFORMATION

http://www.pharmasuisse.org/fr/Dienstleistungen/Themen/Pages/netCare.aspx.

2.19 *Smart pharmacy* project: an asthma care service

COUNTRY/TERRITORY	Turkey
REGION	Europe
ORGANISATION	Turkish Pharmacists' Association
STARTED	January 2015
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	Approximately 300 (from eight chambers)
KEY WORDS	Asthma care, primary care, disease management, medicines use
ABSTRACT	Community pharmacists were trained to offer an asthma care service which includes the monitoring of patient scores and the optimisation of medicines use.

OBJECTIVES

Through a new competency-based education model of continuous professional development, this initiative aims to provide good quality services for our patients.

RELEVANCE FOR THE COUNTRY

With this project, participating pharmacists who received training on asthma care will provide asthma control services and assess and document patient scores regularly. Pharmacists will also be assessed during the project on the basis of their competency development and they will be provided with self-assessment tools as well. They will be able to determine their learning needs and objectives. And the asthma services and the data collected through this service will provide an evidence base that pharmacists can provide services which are cost-effective and improve patients' health outcomes.

PARTNERS INVOLVED

ACPE (Accreditation Council for Pharmacy Education) and Pharma Expert.

TACTICAL APPROACH

Our organisation wants to include all the stakeholders, such as health administrators and healthcare professionals like doctors in the project. For that reason we invited them to workshops and meetings within the scope of this project. They participated and we trust that this collaboration will continue.

METHODOLOGY/TYPE OF INTERVENTION

The project will begin implementation at national level in 2016, but is being implemented as a pilot for now.

OUTCOMES

No results have been published yet.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

FURTHER INFORMATION

Information unavailable.

2.20 Pharmacists against drug abuse

COUNTRY/TERRITORY	Zimbabwe
REGION	Africa
ORGANISATION	Pharmaceutical Society of Zimbabwe
STARTED	April 2015
AREA(S) OF PHARMACY PRACTICE	Community pharmacy, public health
NUMBER OF PHARMACISTS INVOLVED	Pilot project with five pharmacists; the aim is to involve 100 pharmacists
KEY WORDS	Substance abuse, public health, outreach, young people
ABSTRACT	A health promotion and community outreach initiative to raise public awareness, especially that of young people and children, about substance abuse.

OBJECTIVES

1. Raising public awareness about dangers of drug abuse;
2. Sensitising school authorities about signs and symptoms of substance abuse;
3. Partnering with policy makers in addressing substance abuse issues.

RELEVANCE FOR THE COUNTRY

Data are scarce due to absence of operational research. Not much empirical data has been generated.

PARTNERS INVOLVED

Ministry of Health and Child Care, and the Medicines Control Authority of Zimbabwe.

TACTICAL APPROACH

Aligning the initiative with the priorities of the Ministry of Health and the Ministry of Education. Engaging with the medicines regulator as a possible point of controlling the problem.

METHODOLOGY/TYPE OF INTERVENTION

- Training of pharmacists
- Short term training of pharmacists in counselling
- Media campaigning
- School engagement and school presentations

OUTCOMES

- Increased awareness of substance abuse
- Increased focus of subject matter in research
- Reduction in school dropout due to substance abuse

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Work in progress for posters and brochures.

FURTHER INFORMATION

Information unavailable.

3 Practice-based research and assessment of professional activities

3.1 Impact of community pharmacist interventions on hypertension management outcomes

COUNTRY/TERRITORY	Canada
REGION	Americas
ORGANISATION	Canadian Pharmacists' Association
STARTED	2011
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	74 pharmacists from 27 pharmacies (originally 38 pharmacies were recruited but 11 dropped out)
KEY WORDS	Hypertension, medicines use review, adherence, health promotion, disease management, cardiovascular diseases
ABSTRACT	The study aimed to assess the impact of pharmacists' interventions on blood pressure and patient adherence to therapy (medicines and lifestyle), and on the patient's medication costs.

OBJECTIVES

1. Determining the impact of pharmacist intervention on patients' systolic and diastolic blood pressure, overall blood pressure control, adherence to medication and lifestyle (smoking status/rate, BMI, frequency of physical exercise)
2. Assessing the impact of pharmacist intervention on the number of medications taken by patients and on patient drug costs (antihypertensive and all drugs)
3. Examining patient satisfaction with pharmacist hypertension management services and the feasibility of implementing a chronic disease management programme for a private sector drug plan

RELEVANCE FOR THE COUNTRY

Hypertension is a significant health problem in Canada, affecting over four million Canadians. Uncontrolled hypertension can lead to significant morbidity and mortality, yet only 16% of Canadians with diagnosed hypertension have their blood pressures controlled. Evidence currently indicates that there is insufficient hypertension control at the community level. Although existing research literature provides strong evidence of the effectiveness of pharmacist-led hypertension management services, the majority of these studies have been conducted in team-based settings. Community pharmacists face a far greater challenge in providing chronic disease management services due to lack of access to patient data and lack of contact with patients' physicians. As a result, this study was conducted to investigate the impact of community pharmacist hypertension management. The success of the hypertension management service in this study has since led to collaboration between the British Columbia Pharmacy Association, Ontario Pharmacists Association, and Green Shield Canada (a private insurance company) to launch a pharmacist-led cardiovascular health management programme. This programme, called Pharmacist Health Coaching, was launched in early 2015 and offers eligible patients support on managing blood pressure and high cholesterol in Ontario and British Columbia.

PARTNERS INVOLVED

The study was conducted by the Ontario Pharmacists Association and Green Shield Canada. Study sponsors include Servier Canada, the Canadian Foundation for Pharmacy, Thermor Canada and the Heart and Stroke Foundation.

TACTICAL APPROACH

Participating pharmacies were compensated on a per-service basis via claims submitted electronically to Green Shield Canada. The individual pharmacists participating in this study received honoraria for completing the training programme, enrolling at least one patient and completing exit interviews.

METHODOLOGY/TYPE OF INTERVENTION

A total of 38 pharmacies from four regions across Ontario were recruited to participate in this prospective, randomised controlled trial. Randomisation was done at the pharmacy level, with pharmacies from each region randomly assigned to either the intervention or control group. Only intervention group patients received interventions from pharmacists. Pharmacists in the intervention group provided patients with a comprehensive hypertension management programme, which consisted of three components: medication review and medicines therapy optimisation, patient education, and improving patient adherence. Patients in the control group received standard pharmacy services, which focused primarily on dispensing. The data collected during the six months of study include blood pressure, adherence, smoking status, frequency of physical exercise, body mass index, medicines costs and intervention costs.

OUTCOMES

The intervention group experienced a significantly greater reduction in systolic blood pressure compared with the control group (13.5mmHg vs 5mmHg). The proportion of patients who had controlled blood pressure in the intervention group increased from 26% at baseline to 82%, whereas that of patients in the control group with controlled blood pressure increased from 36% to only 54%. There was a significant difference in favour for the intervention group. In terms of adherence to treatment, patients in the intervention group reported a 15% increase in adherence to antihypertensive medicines therapy. All intervention group patients were asked to fill in a satisfaction survey and patients generally reported a very high level of satisfaction with pharmacist services. Furthermore, the hypertension management programme led to a reduction in the overall cost of antihypertensive medicines therapy by about a third.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

https://www.opatoday.com/Media/Default/Reports/Hypertension%20Study%20-%20Final%20Report%20(January%208%202014).pdf

http://www.bcpharmacy.ca/pharmacy-practice-support-cardio-risk-management

FURTHER INFORMATION

See above.

3.2 Evaluating a pharmacist-led minor ailment service in Nova Scotia province

COUNTRY/TERRITORY	Canada
REGION	Americas
ORGANISATION	Canadian Pharmacists' Association
STARTED	May 2013
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	27 pharmacies across the province of Nova Scotia
KEY WORDS	Minor ailments, professional services, scope of practice, assessment, pharmacist prescribing, remuneration
ABSTRACT	The study aimed to evaluate the benefits of pharmacist-led minor ailments assessment and prescribing to the patient, the pharmacy and the health system as a whole. Pharmacists received adequate training and support, and were able to assess a patient's ailments and make a clinical decision, including the prescription of prescription-only medicines and the follow-up of the patient's condition. Pharmacists were remunerated for these services through public funds. The study results demonstrated increased efficiencies for the health care system, patient satisfaction and other benefits.

OBJECTIVES

Evaluating the measurable benefits of pharmacist-led minor ailments assessment and prescribing to the patient, the pharmacy and the health system as a whole.

RELEVANCE FOR THE COUNTRY

The Canadian health care system faces a number of challenges, including an increasing demand for health care due to an ageing population, areas where there is a lack of access to care, especially primary care physicians, and rising costs for both government and private citizens. Enhancing the scope of practice of pharmacists to provide a wider range of health care services is one way of helping to address some of these challenges.

As a result of new regulations, pharmacists in certain provinces are now able to offer patients a minor ailment assessment and prescribing service. This includes prescribing prescription-only medicines. Minor ailments are health conditions that can be managed with minimal treatment and/or self-care strategies. These changes, along with several other new services, are expected to help improve access to health care and create efficiencies in the health care system.

PARTNERS INVOLVED

Pharmacists' Association of Nova Scotia (PANS); Canadian Pharmacists Association, for the provision of e-Therapeutics drug and therapeutic information website to all study participants; Shopper's Drug Mart, for financial support; local physicians.

TACTICAL APPROACH

Local physicians were contacted to make them aware of the project, and to encourage them to refer patients to the pharmacy. The provincial branch of the healthcare system was responsible for reimbursing the pharmacists for their time.

METHODOLOGY/TYPE OF INTERVENTION

Twenty-seven pharmacies across the province of Nova Scotia, which recently implemented the expanded scope of practice participated in training sessions around the provision of minor ailment services. Over the course of the study period, these pharmacies then conducted a detailed assessment of patients and made a prescribing decision, establishing a plan for the patient and conducting a follow-up as needed with the patient's primary care provider.

Patients who participated in the study were asked to complete a patient satisfaction survey. Once patient follow-up was completed, pharmacies were reimbursed for the service at a rate of CAD 22.50 CAD per patient.

OUTCOMES

Improved efficiencies in health care utilisation:

- Many patients (96%, n=556 of 582) indicated that they were able to access health care sooner as a result of the minor ailment service.
- Patients were able to see the right provider for their health care need, preventing patients from ending up in the emergency room for a minor complaint, and reducing the demand on family physicians.
- Some patients specifically said that the pharmacist-led minor ailment assessment and prescribing service would be a more efficient use of health care resources.

Pharmacists' ability to conduct the minor ailment assessments in the pharmacy was enhanced:

- Pharmacists increased their level of confidence in conducting assessments as a result of having frequent opportunities to do so.
- Pharmacists were effectively able to integrate offering the service into their daily work flow, especially as they gained more confidence.

Stakeholders and patients experienced increased awareness of the value pharmacists provide in the provision of minor ailment services:

- Participants experienced some success in engaging with health care providers (e.g., physicians, other pharmacists)
- Participating pharmacies experienced good patient uptake of the service, and patients seemed to be satisfied with, and value the service provided. Almost all of the patients completing the satisfaction survey (96%, n=562 of 585) indicated that the service was beneficial or very beneficial, and 99% (n=578 of 584) said that they would use the service again. Patients appreciated that the service was fast and convenient; they appreciated the pharmacist's knowledge and skills; and 89% (n=772 of 871) indicated that their concern was resolved through the assessment.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Report:
https://pans.ns.ca/wp-content/uploads/2013/11/2013-10-17-PANS-report_FINAL.pdf

Scope of practice chart for Canada:
http://www.pharmacists.ca/index.cfm/pharmacy-in-canada/pharmacists-in-canada/

PANS patient information regarding minor ailments service:
https://pans.ns.ca/assessing-and-prescribing-for-minor-ailments/

FURTHER INFORMATION

See above.

3.3 Investigating the need for large packages of medicines for unit dose dispensing in hospitals

COUNTRY/TERRITORY	China
REGION	Western Pacific
ORGANISATION	Chinese Pharmaceutical Association
STARTED	January 2015
AREA(S) OF PHARMACY PRACTICE	Hospital pharmacy
NUMBER OF PHARMACISTS INVOLVED	20,000 nation-wide
KEY WORDS	Unit dose, efficiency, assessment, large packages
ABSTRACT	This research aimed to evaluate the benefits (economic, environmental and in terms of efficiency of pharmacy departments) of having large packages of oral dose medicines for dispensing as unit dose to hospital inpatients.

OBJECTIVES

1. Updating the ability and educational background of licensed pharmacists.
2. Surveying the need for larger packages of medicines for oral use in China.

RELEVANCE FOR THE COUNTRY

The weekly package of oral medicines is popular for outpatients, and especially for patients with chronic diseases. Since the unit dose packaging system is gradually popular for inpatients in China because of its convenience and cleanliness, the weekly packages need to be broken to get tablets or capsules into the unit dose packaging system. Unfortunately, this procedure wastes time, energy, natural resources and financial resources. It is necessary to survey which oral medicines may be packed by the unit dose system.

PARTNERS INVOLVED

Shandong University and China Pharmaceutical University
Many hospital pharmacy departments

TACTICAL APPROACH

Negotiation with Ministry of Health.
The current situation of the packing specification of medicines for inpatients was investigated, and the demands on the packaging specifications of hospital pharmacies were analysed from the points of view of economics, convenience and environmental protection.

METHODOLOGY/TYPE OF INTERVENTION

The current situation of drug packaging by the pharmaceutical industry was investigated. The packaging cost was estimated and the market was analysed, considering experiences from other countries, as well as the reasons and consequences of excessive packaging.

OUTCOMES

The study concluded that large packages of oral dose medicines have comparative advantages in hospital practice.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

The following documents are available (in Mandarin) from FIP upon request:

1. Analysis of the present situation of oral dose medicines packaging
2. Long-term medicines use for chronic non-communicable diseases and suitable packaging in China
3. Meeting for infusion equipment quality and safety of transfusion configuration

FURTHER INFORMATION

http://www.sduzszx.com/Article/tongzhigonggao/201405/9105.html

3.4 Understanding the functions and problems of hospital pharmacy practice

COUNTRY/TERRITORY	Russian Federation
REGION	Europe
ORGANISATION	Moscow Pharmaceutical Society
STARTED	2013
AREA(S) OF PHARMACY PRACTICE	Hospital pharmacy
NUMBER OF PHARMACISTS INVOLVED	28 hospital pharmacies
KEY WORDS	Quality assessment, practice improvement, clinical services, hospital
ABSTRACT	The initiative consisted on assessing the daily practice of hospital pharmacy practice in order to plan for future improvements and a shift towards more clinical services.

OBJECTIVES

Analysing the everyday practice of hospital pharmacists in order to understand their key functions and identify general problems.

RELEVANCE FOR THE COUNTRY

Current functions of hospital pharmacies in Russia are limited to supplying medicines because many compounding departments have been closed and because there is a lack of clinical training of hospital pharmacists.

PARTNERS INVOLVED

Information unavailable.

TACTICAL APPROACH

Disclosure of key problems that require solutions

METHODOLOGY/TYPE OF INTERVENTION

A questionnaire survey and in-depth interviews.

OUTCOMES

Twenty-eight hospital pharmacies took part in this study in Moscow. Twenty-four (86%) had a compounding department, and three of them prepared intravenous sterile solutions that are not commercially available. Cytotoxic medicines and total parenteral nutrition were not prepared in the surveyed hospital pharmacies. The key functions of hospital pharmacies are to organise the medicines supply and to respond to doctors' consultations about the availability of medicines in the pharmacy, the admission of new medicines in the pharmacy and their properties.
All hospital pharmacies are responsible for the quality control of medicines and participated in the creation of the formulary system in each hospital. Only 21% took part in clinical trials held at the hospitals. None of the pharmacies provided clinical services.

The survey indicated that some of the general problems of hospital pharmacies include:

- A lack of modern policy (hospital pharmacy legislation was developed between 1972 and 1987)

- A lack of information resources for hospital pharmacy
- A primary focus of education programmes on community pharmacy.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

FURTHER INFORMATION

www.mospharma.org

3.5 Medicines-related problems in elderly care home patients — a collaborative approach

COUNTRY/TERRITORY	Serbia
REGION	Europe
ORGANISATION	Pharmaceutical Chamber of Serbia
STARTED	The study was conducted from January to March 2015
AREA(S) OF PHARMACY PRACTICE	Care home, community pharmacy
NUMBER OF PHARMACISTS INVOLVED	The study was conducted in Pharmacy Kragujevac, Šabac and Prokuplje, Serbia. Three pharmacists took part.
KEY WORDS	Care home, nursing home, collaborative practice, elderly, medicines review
ABSTRACT	The study aimed to identify medicines-related problems in elderly care homes, and a collaborative approach between pharmacists and caregivers.

OBJECTIVES

To identify medicines-related problems in elderly care home patients and to examine barriers and facilitators for caregivers' participation in patient care.

RELEVANCE FOR THE COUNTRY

Medicines-related problems are a major safety issue for elderly care home patients.

PARTNERS INVOLVED

Department of Pharmacokinetics and Clinical Pharmacy, University of Belgrade, Faculty of Pharmacy.

TACTICAL APPROACH

Information unavailable.

METHODOLOGY/TYPE OF INTERVENTION

Caregivers of care home patients older than 65 years taking five or more medicines were included in the study.

OUTCOMES

The study included 115 caregivers (59% female, response rate 63%), with a mean age of 54 years. The average number of chronic diseases was three, and patients were taking an average of eight prescription medicines (POMs) and three non-prescription medicines (NPMs). Some 42% of caregivers did not know if patients were allergic to POMs or NPMs. A total of 464 medicines-related problems were detected in 112 patients (four per patient). Such problems included: difficulty using dosage form 21%; preventive therapy required 20%; no indication apparent 18%; side effects of medicines use 17%; unclear dosing instructions 15%; and inappropriate medicines selection 9%.

Among the caregivers, 50% were offered counselling by pharmacists, 19% received a written summary of medicines used by the patients. Dose administration aids were provided for 16% of patients, and 13% were referred to a prescriber. For most caregivers barriers to better care included the number of doctors/nurses/ pharmacists (26%) and past experiences (23%), while facilitators included time (28%) and the number of doctors/nurses/pharmacists (27%).

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

FURTHER INFORMATION

Information unavailable.

3.6 Development and validation of indicators for the assessment of pharmaceutical care in Europe

COUNTRY/TERRITORY	Serbia
REGION	Europe
ORGANISATION	Pharmaceutical Chamber of Serbia
STARTED	February 2014
AREA(S) OF PHARMACY PRACTICE	Community pharmacy, hospital pharmacy
NUMBER OF PHARMACISTS INVOLVED	87
KEY WORDS	Indicators, pharmaceutical care, medicines review, counselling
ABSTRACT	The study aimed at evaluating two key indicators of pharmaceutical care related to patient involvement/concordance.

OBJECTIVES

The goal of the study was to validate two pharmaceutical care indicators. These indicators aim to measure the level of patient involvement and, hence, the quality of pharmaceutical care by evaluating the following items:

a) The documented counselling provided by a pharmacist during "My CheckList"/Self-completion concordance form (SCCF) consultations;
b) The provision of documented clinical medication reviews (following the needs that arose during the "My CheckList"/SCCF consultations).

RELEVANCE FOR THE COUNTRY

In the pharmaceutical care model, patient counselling is a crucial component. The conversation with patients is essential to determine what they understand about medicines therapy, what expectations they have and what concerns they may have. For the pharmacist this will eventually lead to a translation of patient-related needs into a problem-solving format.

PARTNERS INVOLVED

Council of Europe; Faculty of Pharmacy, University of Belgrade.

TACTICAL APPROACH

Cooperation with Ministry of Health.

METHODOLOGY/TYPE OF INTERVENTION

In this pilot study the following two indicators were examined:

INDICATOR 1
Documented counselling during "My CheckList" consultations / Total number of patients receiving a "My CheckList" form (patient group of interest: age: 18–65 years; start of chronic treatment)

INDICATOR 2
Documented medication review of patients having attended a "My CheckList" consultation / Total number of patients who attended a "My CheckList" consultation (patient group of interest: age >65 years; poly-morbidity; poly-pharmacy).

OUTCOMES

Have not been officially published.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

FURTHER INFORMATION

Information unavailable.

3.7 *conSIGUE*: measuring the impact of medicines use review in elderly polymedicated patients

COUNTRY/TERRITORY	Spain
REGION	Europe
ORGANISATION	General Pharmaceutical Council of Spain
STARTED	September 2009–2013
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	310 pharmacists (including the pilot and the main study)
KEY WORDS	Medicines use review, treatment follow-up, elderly, polypharmacy, chronic patients
ABSTRACT	This was a practice-based research study in community pharmacy to assess the effectiveness (clinical, economic and humanistic) of a medicines use review and follow-up service.

OBJECTIVES

The main objective of this study was to assess the clinical, economic and humanistic impact of the medicines use and follow-up service offered to elderly patients taking multiple medicines in the community pharmacy.

RELEVANCE FOR THE COUNTRY

The current situation of elderly chronic patients taking multiple medicines in Spain required the implementation of effective measures to rationalise the use of medicines and improve the management of such conditions in this population. The losses in effectiveness and safety of medicines have a cost for the health of patients and a cost in terms of hospital admissions and emergency room visits, doctor visits, laboratory tests and additional medicines.

Community pharmacists can help improve the results of pharmacotherapy in elderly patients by providing professional services. However, scientific evidence of the impact of these services for elderly patients is inconclusive, due to the variety of services and the diversity of effectiveness indicators used in the different studies.

In Spain, pharmaceutical care services, and in particular the medicines use review and follow-up (MURFU) service, are conceptually very advanced and have a good basis for strategic implementation. In fact, the implementation of professional services and, in particular, of the MURFU service to elderly patients taking multiple medicines has been a high policy priority for both central and regional governments. Nevertheless, the implementation process has been slow and requires considerable effort on the part of pharmacists, as well as a change in the organisational aspects of community pharmacies.

On the other hand, pharmaceutical services provided must be sustainable, and no sufficiently robust studies had yet been conducted to determine what would be the impact of offering this service to the elderly. The effectiveness of professional services such as the MURFU had not been demonstrated in terms of clinical outcomes, hospital admissions and mortality in elderly patients.

Therefore, research was necessary to investigate the impact of pharmacists' cognitive services and to understand, within the complexity of such interventions, the causal chain or factors involved in the production of that impact.

PARTNERS INVOLVED

General Pharmaceutical Council of Spain, University of Granada, University of San Jorge, University of Vitoria, University of Technology Sydney, University of Leeds, and the Pharmacy Chambers of Granada, Murcia, Cadiz, Gipuzkoa, Las Palmas and Santa Cruz de Tenerife.

TACTICAL APPROACH

Information unavailable.

METHODOLOGY/TYPE OF INTERVENTION

In terms of the study design, this was a controlled, randomised by conglomerates, longitudinal (with 6 points in time) study in which pharmacies were randomly assigned to an intervention group or a comparison group. Patients assigned to the intervention group received a MURFU service for six months following the methodology agreed by the Pharmaceutical Care Forum (*Foro de Atención Farmacéutica*), while those assigned to the comparison group received the usual care.

OUTCOMES

The main study involved 178 community pharmacies, 250 pharmacists and 1,403 patients, of whom 715 were assigned to the comparison group and 688 to the intervention group. Of the 1,403 patients, 1,331 (94.9%) completed the six study visits. The total population had a mean age of 75.13 years (SD 6.53), an average of 4.65 (SD 1.66) health problems, of which 1.09 (SD 1.22) were uncontrolled, and used an average of 7.56 (SD 2.44) medicines.

According to the results of the main study, the provision of the MURFU service for six months produced:

- A significant reduction in the percentage of uncontrolled health problems from 29.5% at baseline to 12.7% at the end. That is, a decrease of 56%. In adjusted values, taking into account the initial differences in the comparison group, there was a reduction of 0.44 uncontrolled health problems.
- A significant reduction in the percentage of patients who reported emergency room visits, from 28.9% at baseline to 14.7% at the end, which means a decrease of 49%.
- A significant reduction in the percentage of patients who reported having been admitted to hospital, from 13.4% at baseline to 5.9% at the end, which represents a 55% decrease. However, further research is necessary to demonstrate a causal relationship between the MURFU service and the decrease in hospital admissions.
- A significant improvement in the quality of life related to health perceived by the patient, with an increase of 6.6 points on average (adjusted).
- An average reduction of 0.15 medicines per patient (adjusted).

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

http://www.portalfarma.com/Profesionales/InvestigacionFarmacia/conSIGUE/Documents/Resultados-Definitivos-Programa-Consigue-Impacto-2011-2014.pdf.

FURTHER INFORMATION

http://www.portalfarma.com/Profesionales/InvestigacionFarmacia/conSIGUE/Paginas/Programa-conSIGUE.aspx.

http://www.portalfarma.com/Profesionales/consejoinforma/Paginas/Programa-conSIGUE-Resultados-Impacto.aspx

Further information and materials available from FIP upon request.

3.8 *Adhiérete* Programme: promoting adherence to treatment by elderly chronic patients

COUNTRY/TERRITORY	Spain
REGION	Europe
ORGANISATION	General Pharmaceutical Council of Spain
STARTED	May 2013–April 2015
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	116 community pharmacists from Badajoz, Barcelona, Bizkaia and Cáceres
KEY WORDS	Adherence, elderly, polypharmacy, chronic patients, dosing administration aids, personalized dosing system, app
ABSTRACT	This was a practice-based research study in community pharmacy to assess the impact of different approaches to improving adherence to medicines in elderly polymedicated non-adherent patients.

OBJECTIVES

The main objective was to assess the impact on adherence to medicines of patients older than 60 years, with chronic conditions, taking multiple medicines (five or more for three or more months), who were non-adherent to treatment.

Secondary objectives included:

- Detecting medicines-related problems, especially of non-compliance, in order to reduce negative outcomes associated with medicines.
- Assessing the impact of the various services aiming at improving adherence used in the study.
- Assessing the cost-effectiveness of the programme.
- Evaluating patient satisfaction with the programme.

RELEVANCE FOR THE COUNTRY

The increase in life expectancy in recent decades is associated with increased chronic diseases and an increased demand for health services and medicines.

Chronic patient care is one of the highest priority policies of the Ministry of Health, Social Services and Equality (Strategy for Addressing Chronic Disease in the NHS, June 2012), which recommends a systematic review of medicines in order to detect any problems including poor adherence to treatment.

Although the rate of adherence can vary greatly depending on the disease, it is estimated that in general, 20–50% of patients do not take their medicines as prescribed.

On the other hand, it seems proven that any measures aimed at improving adherence decrease long-term health expenditure by reducing costs of avoided hospital admissions and treatment of complications.
An important role of pharmacists is to meet the needs of patients in all matters relating to medicines. To fulfil this role, pharmacists must dispense and follow-up individual patients' treatments, assess their health outcomes and prevent or resolve any unexpected or undesired effects of medicines use.

PARTNERS INVOLVED

General Pharmaceutical Council of Spain; Pharmacy Chambers of Badajoz, Barcelona, Bizkaia and Cáceres; Laboratorios Esteve, Anota and Vodafone Foundations Spain.

The programme was supported by the Pharmaceutical Group of the European Union (PGEU) and the Ministry of Health, Social Services and Equality of Spain.

The programme was part of the European Innovation Partnership on Active and Healthy Ageing, of the European Commission.

TACTICAL APPROACH

Information unavailable.

METHODOLOGY/TYPE OF INTERVENTION

The evaluation of the programme was carried out through a community intervention study of naturalistic design (pre-post) with a control group. It was a randomised, prospective, multicentre study.

To achieve the study objectives, a duration of fieldwork of six months was estimated, with a minimum of one monthly visit per patient included.

To assess the degree of adherence to treatment, the Morisky-Green Test (MGT) was used.

Each pharmacy had to recruit five patients, of whom two used a personalized dosage system, PDS (a customised multi-compartment compliance aid), two used a smart phone application (App) and one used a combination of a PDS with a set of associated alarms (SPD + App). Patients were assigned to one of the groups randomly, through a stratified sampling method per pharmacy.

Based on previous studies and considering that 70% of patients included in the study would become adherent by its end, a sample of 225 patients was selected. Considering that each pharmacy should recruit five patients, 45 community pharmacies were needed. However, in anticipation of possible dropouts throughout the study, it was found that the number of participating pharmacies should be 60, divided between the provinces of Badajoz, Barcelona, Bizkaia and Cáceres.

Of the 174 patients enrolled, 114 were considered valid for the study (22 in Badajoz, 31 in Barcelona, 39 in Bizkaia and 22 in Cáceres). Sixty were excluded for not meeting selection criteria, thus 74 patients completed the study.

Forty patients completed the study prematurely, mainly at visit 3 (V3). In terms of intervention groups, there were nine dropouts in the PDS group, 27 in the App group and four in the SPD + App group.

The average number of medicines taken by the patients was 8.7 (SD 2.9): 56.1% were taking five to eight medicines; 34.2% were taking nine to 12 medicines; 7.9% were taking 13 to 17 medicines; and 1.8% were taking more than 17 medicines.

OUTCOMES

The percentage of patients adhering to the treatment according to the MGT increased significantly throughout the study ($P < 0.0001$). Overall, it went from 35% of compliant patients in the third visit (V3) to 75.7% in the final visit (FV). In the PDS group, this percentage went from 51.1% in V3 to 82.9% in VF ($P = 0.0002$). In the App group, it went from 9.1% to 57.1% ($P = 0.0034$); and in the PDS + App group, it increased from 39.1% to 73.7% ($P = 0.0037$).

The percentage of patients taking all their medicines also increased significantly ($P < 0.0001$) from 62.1% in V3 to 89.2% in FV. Further studies are needed to evaluate the mismatch between the values shown by the MGT and the values reflected by medicines taken (defined as the medicines that the patient returned untaken in the PDS and the takings that were not registered in the App).

The main reasons for failure in taking medicines reported by patients were, from highest to lowest: “forgot to take medicines”, “not important to take medicines every day”, “medicines make me feel unwell”, “did not pick up medicines in time”, “I use a higher or lower than the prescribed dose” and “I find it difficult to take medicines”.

Throughout the study, 257 medicines-related problems (MRPs) were detected in the 114 patients included in the study. Of these, 230 were related to medicines and 27 to health problems. The most common MRP was non-compliance (54.1% of patients), followed by medicines interactions (11.3%). By intervention groups, 116 MRPs were detected in the PDS group, 81 in the App group and 60 in the PDS + App group.

Some 131 negative outcomes related to medicines (NOMs) were due to ineffective treatment (50.9%); 69 (26.8%) were concerned with a need for medicines, 46 (17.9%) with safety issues and 11 (4.2%) with unnecessary medicines.

The percentage of MRPs/NOMs resolved after the intervention of the pharmacist increased significantly throughout the study (P = 0.0093). In 91% of cases the intervention consisted of providing information or health education.

Patient satisfaction with the study was 81.3 (0–100 score). Satisfaction in the App group was slightly lower (72.2 points).

The quality of life between visit 1 (V1) and the final visit (FV) also increased significantly (P = 0.0020 for EuroQoL 5D) with an increase of 0.078 points and 5.5 points (P = 0.0029) in the visual analogue scale (VAS).

The average time spent per visit was 36 minutes, with the longest visit being V5.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Programme description brochure:
http://www.portalfarma.com/Profesionales/InvestigacionFarmacia/Adhierete/Documents/Folleto-Adhierete-ingles.pdf

Results report:
http://www.portalfarma.com/Profesionales/InvestigacionFarmacia/Adhierete/Documents/ADHIERETE_Report_results_en.pdf

Infographics:
http://www.portalfarma.com/Profesionales/InvestigacionFarmacia/Adhierete/Documents/Infografia_adhierete_en.pdf

FURTHER INFORMATION

http://www.portalfarma.com/Profesionales/consejoinforma/Paginas/ADHIERETE-Programme.aspx

3.9 Assessing the importance of counselling by pharmacists on medicines use

COUNTRY/TERRITORY	Russian Federation
REGION	Europe
ORGANISATION	Moscow Pharmaceutical Society
STARTED	2013
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	303 pharmacists, 360 patients and 113 doctors of various specialties
KEY WORDS	Survey, advice on medicines use, public perceptions, health care professionals
ABSTRACT	The initiative consisted of a survey of patients, physicians and pharmacists about their perceptions of the role of pharmacists in terms of providing advice on medicines use.

OBJECTIVES

To assess patients' need for information about medicines and their perception of pharmacists' advice.

RELEVANCE FOR THE COUNTRY

This initiative was based on the need to increase the rationality and effectiveness of medicines use among patients in the Russian Federation.

PARTNERS INVOLVED

Kursk State Medical University.

TACTICAL APPROACH

A survey of health care professionals and patients about their perceptions on the subject.

METHODOLOGY/TYPE OF INTERVENTION

Questionnaire.

OUTCOMES

Among doctors, the most common opinion was that pharmacists do not have to explain anything to patients, who must comply with the doctor's indications. On the other hand, this opinion was rare among patients (less than 9%). The importance of consulting pharmacists for patients differed by only 1.3 points in relation to the importance of consulting doctors (5 and 6.3 points, respectively).

Most pharmacists (70%) and more than half of patients (59%) believe that pharmacists must provide advice on how to use medicines. Among physicians, only 35% supported this statement.

Every third patient was of the opinion that they need information about the possibility of generic substitution.

Only 10% of doctors believe that pharmacists must inform patients about the side effects of medicines. Among pharmacists, this figure was higher, with a positive answer to this question by one out of every three pharmacists.

The survey results indicate that patients need information about the storage of medicines, regimen and duration of treatment. Meeting this need will improve adherence to treatment in the future.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

FURTHER INFORMATION

www.mospharma.org

4 External relations and advocacy work

4.1 Alberta Ministry of Health compensation plan for pharmacy services

COUNTRY/TERRITORY	Canada
REGION	Americas
ORGANISATION	Canadian Pharmacists Association
STARTED	April 2014 (amended from 2012 agreement that included a number of new and expanded services)
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	All community pharmacists in Alberta (approx. 3,200)
KEY WORDS	Pharmacy services, medicines use, remuneration, prescribing authority, vaccination, medicines review, agreement, government
ABSTRACT	The initiative consists on an agreement for the definition of publicly funded and remunerated non-dispensing pharmacy services.

OBJECTIVES

The agreement is between Alberta Blue Cross (payer contracted by the Alberta Ministry of Health) and community pharmacies across Alberta (April 2014 to March 2018). The objective is to set up a reimbursement framework for expanded scope pharmacy services, focusing on patient assessment and follow-up.

RELEVANCE FOR THE COUNTRY

The province of Alberta has enacted an agreement that is the furthest advanced of any jurisdiction in Canada in terms of scope of practice and reimbursement for non-dispensing services. Indirectly, the agreement also recognises a subcategory of pharmacists with Additional Prescribing Authorisation, who are able to initiate new drug therapy without gaining authority from another prescriber. This is a significant achievement in pharmacy practice in Canada, and a model that other provinces wish to emulate.

PARTNERS INVOLVED

Alberta Pharmacists Association

TACTICAL APPROACH

Alberta pharmacists had previously been given expanded scope authorisation. In 2007, pharmacists in Alberta were granted limited prescribing privileges (a first in Canada). A pilot project from March 2009 to June 2010 [The Alberta Pharmacy Practice Model Initiative] reinforced the value of pharmacists taking on additional scope to improve patient outcomes and explored feasible funding models. Concurrent with the expansion of pharmacists' scope of practice was the recognition of pharmacy technicians as a regulated profession, which occurred in July 2011; this was a key success factor to enable pharmacists to focus on non-dispensing services.

METHODOLOGY/TYPE OF INTERVENTION

The agreement includes the following elements and remuneration fees:

1. Assessment for a prescription renewal: a fee of CAD 20 payable when the pharmacist authorises a prescription renewal.

2. Assessment for an adaptation of a prescription: a fee of CAD 20 payable when the pharmacist completes a prescription adaptation (not applicable to the substituting of a generic drug, or altering a formulation.

3. Assessment for the administration of a product by injection: a fee of CAD 20 payable when a pharmacist determines the need of a patient for an injection, provided the patient is five years or older and the product is on a schedule list of injections.

4. Assessment for prescribing at initial access or manage ongoing therapy: a fee of CAD 25 payable when pharmacists with Additional Prescribing Authorisation (APA) who determine that a prescription drug should be prescribed either as initial access or for ongoing therapy.

5. Assessment for prescribing in an emergency: a fee of CAD 20 payable when a pharmacist determines that a prescription drug is urgently needed and proceeds to prescribe in this instance.

6. Assessment for refusal to fill a prescription: a fee of CAD 20 is payable when a pharmacist determines that a prescription should not be filled due to potential overuse/abuse, or if a prescription has been falsified or altered.

7. Assessment for a trial prescription: a fee of CAD 20 payable when a pharmacist determines that a trial prescription is appropriate and proceeds to prescribe.

8. Assessment for the administration of a publicly funded vaccine: a fee of CAD 20 payable when a pharmacist determines that a publicly funded vaccine is appropriate, resulting in its administration.

9. The agreement also specifies provisions for the reimbursement of comprehensive annual care plans (CACPs) and standard medication management assessment (SMMA).

10. CACPs are designed for patients with complex needs. It is an annual medication assessment. Reimbursement is CAD 100 for pharmacists who complete the assessment, and CAD 125 for those pharmacists who have the Additional Prescribing Authorisation.

11. SMMAs are designed for patients with chronic diseases and who are taking three or more prescription-only medicines, for a patient with diabetes mellitus taking at least one POM or patients using tobacco daily and requiring tobacco cessation services. Pharmacists are reimbursed CAD 60 for performing an SMMA (CAD 75 for pharmacists with Additional Prescribing Authorisation), and are reimbursed maximally annually for completing the service. Both CACPs and SMMAs have a provision for follow-up consultations (CAD 20 for a pharmacist, CAD 25 for a pharmacist with Additional Prescribing Authorisation).

OUTCOMES

The four-year agreement is accompanied by CAD 55 million in funding, and positions Alberta as the "top investor in pharmacy services that deliver front-line health care" [Minister of Health, Fred Horne]. Patients receive the newly funded services at no additional personal cost. The agreement also fosters improved coordination between the Alberta Ministry of Health and the Alberta Pharmacists Association on key public health programmes, such as influenza immunization.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Ministerial Order from Alberta Government:
http://www.rxa.ca/media/187997/MO-Apr-114-update.pdf

Memorandum of Understanding between Government and RxA:
http://www.rxa.ca/media/1017/memorandum-of-understanding.pdf

Alberta Blue Cross Pharmacy Services Compensation Update:
https://www.ab.bluecross.ca/pdfs/82320.446.pdf

FURTHER INFORMATION

As above.

4.2 Information campaign on new pricing regulations for reimbursable medicines

COUNTRY/TERRITORY	Poland
REGION	Europe
ORGANISATION	Polish Pharmaceutical Society
STARTED	February 2014
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	5,000
KEY WORDS	Pricing, regulation, reimbursable medicines
ABSTRACT	The campaign consisted of informing the population about the change in medicines pricing regulations. From a free pricing system, the country change to fixed pricing for reimbursable medicines.

OBJECTIVES

To inform patients about uniform pricing of reimbursable medicines in all pharmacies.

RELEVANCE FOR THE COUNTRY

The new medicines pricing regulations that came into force in 2012 introduced bans on medicines advertising by pharmacies, and to free pricing — by which medicines prices could be negotiated between manufacturers, wholesalers and pharmacies and thus important discounts could be offered to customers. With the new regulations, reimbursable medicines are negotiated between the government and the manufacturers, margins are set, and medicines have a fixed price at all pharmacies. This change required an information campaign to consumers and patients.

PARTNERS INVOLVED

Other pharmaceutical chambers.

TACTICAL APPROACH

Campaign via the mass media and pharmacies.

METHODOLOGY/TYPE OF INTERVENTION

Posters in pharmacies and campaigning on the Internet and Facebook.

OUTCOMES

Increased knowledge about the new pricing regulation among the population.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

http://www.katowice.oia.pl/aktualnosci/plakat_informacyjny_dla_pacjentow__ceny_lekow_refundowanych_sa_jednakowe_we_wszystkich_aptekach1

FURTHER INFORMATION

Information unavailable.

4.3 *Medicines Only from Pharmacies* campaign

COUNTRY/TERRITORY	Poland
REGION	Europe
ORGANISATION	Polish Pharmaceutical Society
STARTED	May 2014
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	8,000
KEY WORDS	Medicines outside pharmacies, risk, responsible use of medicines
ABSTRACT	The initiative consisted of a campaign to inform the population about the risks of buying medicines elsewhere than pharmacies.

OBJECTIVES

To inform patients about the risks of buying medicines and dietary supplements other than from pharmacies.

RELEVANCE FOR THE COUNTRY

It is important because of health risks resulting from non-pharmacy sales of medicines, especially the uncontrolled availability of analgesics.

PARTNERS INVOLVED

Other pharmaceutical chambers.

TACTICAL APPROACH

Mass media campaign, posters in pharmacies, the Internet, Facebook.

METHODOLOGY/TYPE OF INTERVENTION

As above.

OUTCOMES

Increased knowledge about the risks of buying medicines elsewhere than pharmacies among the population.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

http://www.katowice.oia.pl/news/show/id/5859

FURTHER INFORMATION

http://lekitylkozapteki.pl/.

4.4 Protest for equal and continuous access to medicines

COUNTRY/TERRITORY	Poland
REGION	Europe
ORGANISATION	Polish Pharmaceutical Society
STARTED	April 2015
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	10,000
KEY WORDS	Protest, access to medicines, reimbursable medicines, regulation
ABSTRACT	The initiative consisted of a protest to call on the Government to take action to ensure equal and continuous access to medicines (especially reimbursable medicines) to all pharmacies and patients.

OBJECTIVES

To protest against the inaction of the Minister of Health and the Polish Government and the lack of measures to ensure that all pharmacies and patients have equal and continuous access to medicines and life-saving health care and technologies, and against the so-called "reverse transfer of drugs abroad".

RELEVANCE FOR THE COUNTRY

It is important since it can threaten pharmacy existence, and prevent pharmacies from fulfilling their statutory tasks. The protest was also against the rationing of medicines reimbursed through public funds. Pharmaceutical companies determine the structure and method of distribution of medicines in Poland, following business strategies. This was tolerated by the Polish government, leading to limited supply of medicines and discrimination against pharmacies and patients. This situation prevented pharmacies from offering a proper exercise of the profession by protecting public health by meeting the medicines needs of patients, and namely by fulfilling the obligations arising from the agreements between pharmacies and the National Health Fund for the provision of prescription medicines to patients.

PARTNERS INVOLVED

The Polish Pharmaceutical Chamber and local pharmaceutical chambers.

TACTICAL APPROACH

Mass media campaign, online petition, posters in pharmacies, the Internet, Facebook.

METHODOLOGY/TYPE OF INTERVENTION

As above.

OUTCOMES

Introducing changes in the law in order to improve the availability of medicines, and to limit the reverse supply chain.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

http://www.katowice.oia.pl/aktualnosci/nia___protest_aptekarzy_w_sprawie_r__wnego_dost__pu_do_lek__w#tabs

Posters and campaign statements available (in Polish) from FIP upon request.

FURTHER INFORMATION

http://www.nia.org.pl/poparcie/

4.5 Agreement with Ministry of Health for the implementation of public health programmes

COUNTRY/TERRITORY	Portugal
REGION	Europe
ORGANISATION	National Association of Pharmacies (ANF)
STARTED	Signed on 9 July 2014; First service included in the agreement started in January 2015
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	All community pharmacies in Portugal
KEY WORDS	Pharmacy services, remuneration, public health, responsible use of medicines, harm reduction, Government
ABSTRACT	The initiative consists on an agreement between pharmacies and health authorities for the provision of a number of professional services by pharmacies, including services related to public health, medicines use, cost optimisation and harm reduction.

OBJECTIVES

The agreement defines the guiding principles for the implementation of services by pharmacies in the scope of public health programmes and pharmacies' contribution for the evolution of generics dispensing. The areas covered by the agreement are the following: diabetes, adherence monitoring, administration of the seasonal flu vaccine, needle exchange programme, administration of opioid substitution therapy and growth of the generics market.

The needle exchange programme was the first service included in the agreement implemented by pharmacies (started on 1 January 2015). Since the implementation of the programme, 1,300 pharmacies (49% of ANF members) are offering the service with coverage in all the districts of Portugal's mainland territory and 7,350 kits were dispensed to users (equivalent to 14,700 syringes).

The needle exchange programme was initially implemented in Portuguese pharmacies in 1993. Due to the economic and financial crisis of the pharmacy sector, by the end of 2012 pharmacies were obliged to end the programme since it was no longer possible to continue providing unremunerated pharmacy services. The impact of the exit of pharmacies from the programme resulted in a decrease of 135,748 syringes exchanged in only one year.

For this reason, the needle exchange programme was included in the agreement and was the first service to be implemented, by request of the minister of health, to solve an emergent public health threat due to decrease in the number of syringes exchanged in the national needle exchange programme.

RELEVANCE FOR THE COUNTRY

The agreement is considered a major breakthrough for the pharmacy profession since it marks the beginning of a new relationship with the state. It also reinforces the role of pharmacies in the provision of services and fully integrates for the first time pharmacy services into the government's public health programmes.

PARTNERS INVOLVED

INFARMED — National Medicines Agency, Central Administration of the Health System, Directorate General of Health, General Directorate for Intervention on Addictive Behaviours and Dependencies, Association of Pharmacies of Portugal and the Portuguese Pharmaceutical Society.

TACTICAL APPROACH

The agreed services will be implemented and evaluated for one year. In light of the evaluation results, the state will decide on the implementation of the proposed services.

METHODOLOGY/TYPE OF INTERVENTION

The Faculty of Economics of Oporto University was appointed as an independent entity to study and evaluate the services to be developed under the scope of the agreement. The studies and proposals of the independent entity must necessarily contemplate:

- The rationale for service implementation
- Criteria for service implementation
- Indicators, metrics and goals for evaluating the effectiveness and gains achieved by the implementation of the service, in accordance with recommendation of the Court of Auditors concerning the existence of cost benefit evidence as a prerequisite for the celebration of agreements with the NHS
- The experimental period of the service
- Proposing the remuneration regime of the service, taking into account not only the results obtained during the experimental period but also the principle of shared gains between the state and community pharmacies
- Ensuring that all technical conditions for the provision of the service are met at the starting date

The needle exchange programme is currently under evaluation.

OUTCOMES

Not yet available.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

The agreement is available (in Portuguese) from FIP upon request.

FURTHER INFORMATION

Information unavailable.

4.6 Slovenian community pharmacies' day

COUNTRY/TERRITORY	Slovenia
REGION	Europe
ORGANISATION	Slovenian Pharmaceutical Society
STARTED	2005
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	50–250
KEY WORDS	Medicines use, campaign, public awareness, public image
ABSTRACT	The initiative consisted of harnessing the visibility of Community Pharmacies Day to raise public awareness of responsible use of medicines, addressing different population groups.

OBJECTIVES

To make use of Community Pharmacies Day to focus on a different aspect of medicines use or a specific population (elderly, children, adolescents, side effects of medicines, adequate administration of medicines, etc.) every year.

RELEVANCE FOR THE COUNTRY

It is important to educate patients about the safe and appropriate use of medicines.

PARTNERS INVOLVED

Slovenian Pharmaceutical Chamber of Pharmacies and Faculty of Pharmacy.

TACTICAL APPROACH

Collaboration with the Ministry of Health and the Slovenian Health Insurance.

METHODOLOGY/TYPE OF INTERVENTION

Publication of booklets, which are distributed free of charge by Slovenian pharmacies on 26 September, on Community Pharmacies (and pharmacists) Day, lectures for patients, short articles on the main topic in newspapers and other media.

OUTCOMES

Over the years, the outcome of this initiative has been the promotion of the pharmaceutical profession and the service of community pharmacies, improving public opinion of pharmacies and pharmacists.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Booklets on the topic of each year's pharmacies day can be found at http://www.sfd.si/?viewPage=74.

FURTHER INFORMATION

As above.

4.7 Collaborative practice — a key element in the future of health care

COUNTRY/TERRITORY	Spain
REGION	Europe
ORGANISATION	General Pharmaceutical Council of Spain
STARTED	February 2015
AREA(S) OF PHARMACY PRACTICE	Community pharmacy, hospital pharmacy, interprofessional collaboration
NUMBER OF PHARMACISTS INVOLVED	Two workshops took place in February 2015 with different groups of professionals: 1st group: 3 community pharmacists, 3 primary care doctors (GPs) and 3 primary care nurses. 2nd group: 5 community pharmacists, 5 hospital pharmacists. Participants were selected for their wide experience in patient care, their comprehensive overview of health care and their proactive role in their profession.
KEY WORDS	Collaborative practice, team care
ABSTRACT	The initiative consisted of organising two high-level workshops (one focused on collaborative practice between primary care health professionals and the other on collaboration between pharmacists from different levels of care), and defining strategies to promote collaborative practice.

OBJECTIVES

- Identifying opportunities and barriers to develop a collaborative practice between different professionals involved in the patient care process and propose actions for their effective implementation. The areas in which collaboration is proposed are:
- Primary care: interdisciplinary collaboration (primary care doctors and nurses community pharmacists).
- Between levels of care: collaboration between community and hospital pharmacists.

RELEVANCE FOR THE COUNTRY

The General Pharmaceutical Council of Spain has been advocating and driving the implementation of a care-focused model of pharmacy practice since 2012. Since then, important landmarks in this process have been achieved, including the following:

- Seminar "Pharmacies' Commitment to Patient Care. A Professional and Sustainable Pharmacy" (January 2012).
- Document "A Plan for the Future" (submitted to the presidents of the provincial chambers of pharmacists in September 2012).
- Community Pharmacy Convention (March–June 2014).
- Framework Agreement with the Ministry of Health, Social Services and Equality (6 November 2013) and Technical Proposal for the Implementation of the Framework Agreement (3 July 2014).
- Cordoba Declaration (XIX National Pharmaceutical Congress, 23 October 2014).

As such, the mission and vision of pharmacy for the 21st century have been gradually defined, aimed at responding to the needs of patients in a comprehensive and integrated care model, for which the collaborative practice of health professionals is necessary (doctors, nurses, pharmacists, etc.), involving the network of community pharmacies to improve the responsible use of medicine and public health.

Apart from this work, parliamentary initiatives from both the Congress and the Senate provided an additional incentive to this process, by promoting an expanded role for community pharmacies and pharmacists as part of the National Health System. New regulations demand a greater involvement of community pharmacies in public health, in medicines use and follow-up, and in care homes.

Furthermore, the role of community pharmacies as health care centres and of pharmacists as health care professionals was highlighted in key documents of the Advisory Council for Health Care (related to human resources in health, the sustainability of the NHS, elderly care coordination, e-Health, etc.).

PARTNERS INVOLVED

Primary care doctors and nurses, community pharmacists, primary care pharmacists, hospital pharmacists.

TACTICAL APPROACH

Information unavailable.

METHODOLOGY/TYPE OF INTERVENTION

Two workshops were organised with different groups of health professionals, addressing the same questions to both groups. Each participant was asked to express their personal view in writing, followed by a group discussion to share views on each of the questions.

OUTCOMES

Based on the collation of the success factors identified by the different working groups, four main strategies were outlined and proposed as the basis for joint work by professional organisations, health authorities, universities, scientific societies and patient organisations, to implement collaborative practice between healthcare professionals:

1. Promoting collaborative projects involving different health professionals who are involved in patient care, with the goal of improving health outcomes. These projects should be evaluated in order to generate scientific evidence demonstrating the value of interdisciplinary collaboration.
2. Developing systems for safe and agile information sharing, thus harnessing the potential of electronic prescriptions, which enable health professionals to record and share patient health information (with the patient's permission) and facilitating access by community pharmacists to the pharmaceutical record.
3. Normalising the implementation of collaborative practice through shared procedures and protocols.
4. Promoting joint education and training between health professionals and offering them tools to enhance their communication skills, social skills, etc.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

FURTHER INFORMATION

http://www.portalfarma.com/jornadas-congresos/XIX-Congreso-Nacional-Farmaceutico/Documents/XIX-CNF-Informe-Colaboracion-entre-Profesionales-Sanitarios.pdf

4.8 Price reduction initiative

COUNTRY/TERRITORY	United Arab Emirates
REGION	Eastern Mediterranean
ORGANISATION	Emirates Pharmacy Society
STARTED	2010 (process in five waves)
AREA(S) OF PHARMACY PRACTICE	Regulation, pricing
NUMBER OF PHARMACISTS INVOLVED	All pharmacies/pharmacists in the private sector are involved, apart from the Ministry of Health / Medicines Department
KEY WORDS	Pricing, access to medicines
ABSTRACT	The initiative aimed at reducing the price of innovative medicines in order to improve access.

OBJECTIVES

Promoting access to essential medicines.

RELEVANCE FOR THE COUNTRY

Include antidiabetes drug.

PARTNERS INVOLVED

National level.

TACTICAL APPROACH

Pharmaceutical industry.

METHODOLOGY/TYPE OF INTERVENTION

Voluntary, based in study and negotiation.

OUTCOMES

Promoting access, price reduction and savings.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

FURTHER INFORMATION

http://cpd-pharma.ae/index.php?view=details&id=102:the-fifth-initiative-for-medicines-price-reduction

4.9 New medicines pricing system

COUNTRY/TERRITORY	United Arab Emirates
REGION	Eastern Mediterranean
ORGANISATION	Emirates Pharmacy Society
STARTED	June 2013
AREA(S) OF PHARMACY PRACTICE	Regulation, pricing
NUMBER OF PHARMACISTS INVOLVED	All involved
KEY WORDS	Pricing, expenditure, policy
ABSTRACT	An initiative to reduce public expenditure on medicines by providing incentives (higher margins) to pharmacists for dispensing lower-cost medicines.

OBJECTIVES

Encouraging pharmacist to dispense medicines with lower public price by giving them a higher margin. This is applicable to all medicines include those for diabetes, asthma, etc.

RELEVANCE FOR THE COUNTRY

Information unavailable.

PARTNERS INVOLVED

All involved stakeholders.

TACTICAL APPROACH

Based on study.

METHODOLOGY/TYPE OF INTERVENTION

The three key elements of the new pricing system are:

1. "Dollarisation" — the CIF (cost, insurance and freight) prices for all imported medicines are in US dollars
2. Flat margin to wholesaler
3. High pharmacy margin to lower CIF/ public price medicines

OUTCOMES

Information unavailable.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

FURTHER INFORMATION

www.moh.gov.ae

www.cpd-pharma.ae

4.10 Creation of professional career categories for hospital pharmacists

COUNTRY/TERRITORY	Uruguay
REGION	Americas
ORGANISATION	Association of Chemists and Pharmacists of Uruguay
STARTED	First semester of 2012
AREA(S) OF PHARMACY PRACTICE	Hospital pharmacy, advocacy
NUMBER OF PHARMACISTS INVOLVED	300
KEY WORDS	Career development, remuneration
ABSTRACT	The initiative consisted on advocacy work so that hospital pharmacists can be represented in the Councils that negotiate salaries and professional career categories.

OBJECTIVES

In Uruguay, minimum wages, professional categories and other workers' benefits are determined by the "Salary Councils". These organs are formed by representatives of the Ministry of Labour and Welfare, employers (companies or equivalent) and unions, and they are established in the law. The Association of Chemists and Pharmacists of Uruguay (AQFU) is advocating so that pharmacists who work in the hospital setting can be represented in the adequate Salary Council.

RELEVANCE FOR THE COUNTRY

This is a very relevant issue, because if such representation is achieved, it would be the first time that pharmacists working in the hospital setting can directly negotiate their salary and professional categories. These new categories (in terms of career development) would replace the current ones, which are obsolete because they do not include the activities that hospital pharmacists currently perform.

PARTNERS INVOLVED

Ministry of Labour and Welfare; Medical Union of Uruguay (SMU)

TACTICAL APPROACH

Since the AQFU has not yet been granted the right to directly participate in the Salary Councils, the AQFU has reached an agreement with the SMU to represent hospital pharmacists in those councils. Other health professionals, such as dentists, will also be represented by the SMU. The possibility that the AQFU was represented by the Uruguayan Health Federation, which mostly represents non-graduate health professionals, was also considered, but the AQFU General Assembly voted to be represented by the SMU.

METHODOLOGY/TYPE OF INTERVENTION

Meetings with the Ministry of Labour and Welfare, and with the SMU. Meetings and assemblies with hospital pharmacists.

OUTCOMES

Information unavailable.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

FURTHER INFORMATION

Information unavailable.

4.11 Reclassifying medicines as pharmacist-initiated treatment — improving access to medicines

COUNTRY/TERRITORY	Zimbabwe
REGION	Africa
ORGANISATION	Pharmaceutical Society of Zimbabwe
STARTED	October 2014
AREA(S) OF PHARMACY PRACTICE	Regulation, advocacy, community pharmacy
NUMBER OF PHARMACISTS INVOLVED	10
KEY WORDS	Medicines classification, pharmacist-initiated treatment
ABSTRACT	The initiative consisted on advocating for the reclassification of ten molecules as pharmacist-initiated treatments, in order to improve access to such medicines.

OBJECTIVES

Improving access to medicines through reclassification of 10 molecules to become pharmacist-initiated medicines.

RELEVANCE FOR THE COUNTRY

Small list of pharmacist initiated medicines.

PARTNERS INVOLVED

Pharmaceutical Wholesalers Association
Medicines Control Authority of Zimbabwe

TACTICAL APPROACH

Negotiations with suppliers, medical funders and medicines regulatory authority.

METHODOLOGY/TYPE OF INTERVENTION

Tasking of pharmacists to carry out research
Call for proposals
Submission of proposals to medicines regulator.

OUTCOMES

Reclassification of 10 molecules to become pharmacist initiated medicines.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

FURTHER INFORMATION

Information unavailable.

5 Internal regulation and management of the profession

5.1 Good compounding practice guidelines for pharmacies

COUNTRY/TERRITORY	Argentina
REGION	Americas
ORGANISATION	Argentinian Pharmaceutical Confederation
STARTED	July 2007
AREA(S) OF PHARMACY PRACTICE	Community pharmacy; hospital pharmacy
NUMBER OF PHARMACISTS INVOLVED	998
KEY WORDS	Good practice, guidelines, compounding, quality of medicines, product-related activities, medication safety
ABSTRACT	The initiative consisted of developing guidelines and standards for the preparation (compounding) of medicines by community and hospital pharmacies. These guidelines later became mandatory legal standards.

OBJECTIVES

Defining guidelines for compounding medicines at pharmacies, through standard criteria and procedures, in order to improve their safety and effectiveness. This initiative aimed at improving and consolidating the role of pharmacies in preparing medicines and health products.

RELEVANCE FOR THE COUNTRY

Information unavailable.

PARTNERS INVOLVED

College of Pharmacists of the Province of Buenos Aires and Department of Health of the Province of Buenos Aires.

TACTICAL APPROACH

In January 2012 the Ministry of Health published resolution 08/2012 which established the obligation of community and hospital pharmacies to work under these GCP standards.

METHODOLOGY/TYPE OF INTERVENTION

The guidelines define a set of rules and procedures that help ensure the quality of the products prepared by the pharmacy. They have been recognised and adopted by the Ministry of Health through resolution 08/2012.

OUTCOMES

Promote and defend the role of pharmacists in the preparation of medicines and health products.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Resolution 8/2012 of the Ministry of Health (available from FIP upon request).

FURTHER INFORMATION

www.colfarma.org.ar

5.2 *Health Destination Pharmacy* national scale-up

COUNTRY/TERRITORY	Australia
REGION	Western Pacific
ORGANISATION	Pharmaceutical Society of Australia
STARTED	March 2015
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	Initially six demonstration sites will test Health Destination Pharmacy (HDP). HDP's next phase involves implementing the change platform in a large number of pharmacies. The target is to have 100 pharmacies in the programme by 2016.
KEY WORDS	Professional pharmacy services, self-care, minor ailments, financial viability, sustainability, pharmacy model
ABSTRACT	The HDP model is a programme to help pharmacists adapt their practice and align their human and other resources toward a more health-focused, financially sustainable pharmacy model. The pilot conducted in 2013 found that pharmacies provided a stronger focus on patient self-care, increased delivery of evidence-based professional services (particularly focusing on assisting patients with minor ailments), leading to greater patient loyalty and increased sales.

OBJECTIVES

The objective of this project is to scale-up the Health Destination Pharmacy (HDP) initiative to a large number of pharmacies across Australia.

A 2012–13 pilot found that by working with a coach, it is feasible for pharmacies to:

- Increase pharmacist–consumer engagement;
- Target areas of local need;
- Implement professional services;
- Improve communication with health professionals; and
- Increase health-related sales and overall profitability.

HDP's next phase involves implementing the change platform in a large number of pharmacies across Australia, ultimately to re-professionalise the pharmacist workforce, to position pharmacies as health destinations in Australian communities and to ensure a viable future.

RELEVANCE FOR THE COUNTRY

Australian community pharmacies face an uncertain financial future. Policy makers are acknowledging the evidence that health programmes or services shown to benefit consumers are not automatically or easily implemented in practice. While pharmacists want to deliver consumer-focused services, in order to implement and sustain change, they need targeted, onsite support. In the absence of an existing evidence-based pharmacy change platform, the Pharmaceutical Society of Australia (PSA) developed the HDP initiative.

PARTNERS INVOLVED

The PSA has partnered with organisations with a shared interest in a viable community pharmacy sector and in effective community pharmacy service delivery. Partners are Pfizer Australia, Bayer, Reckitt

Benckiser, Johnson & Johnson, Blackmores, Willach Australia, NAB Health and Danone Nutricia. Representatives of these companies are members of the advisory group which oversees this project. The advisory group also includes members from the University of Technology Sydney, financial services company JR Pharmacy Services, and workflow assessment company The Next Level. Members from the University of Technology Sydney provide expertise on the implementation framework guiding the project.

TACTICAL APPROACH

Information unavailable.

METHODOLOGY/TYPE OF INTERVENTION

HDP's coaching model is underpinned by evidence, targeting areas such as business and financial planning, people and processes, marketing, layout and infrastructure. National scale-up involves marketing, commercialisation, quality assurance, and a consumer interface to drive demand. The national scale-up is being guided by a pharmacy-specific, evidence-based implementation framework grounded in implementation science (FISpH). Initially six demonstration sites will be used to test HDP with stakeholders. An evaluation framework will measure change at all sites.

OUTCOMES

Insights will be provided on the usefulness of the FISpH framework to guide the scale-up process.

Pharmacies actively implementing the full HDP model during its trial phase reported an average profit after nine months of approximately AUD 80,000 (ranging between AUD 24,000 and AUD 163,000 profit), including an average of around 13% gross profit growth over nine months.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

See websites below.

FURTHER INFORMATION

www.psa.org.au/pharmacy-support/health-destination-pharmacy

www.healthdestinationpharmacy.com

5.3 Shared pharmaceutical record

COUNTRY/TERRITORY	Belgium
REGION	Europe
ORGANISATION	Belgian Pharmaceutical Association
STARTED	January 2014
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	As of June 2015, 2,220 (45%) pharmacies had subscribed to the project, and 1,519 (30%) pharmacies were actively participating in the project.
KEY WORDS	Medicines use, pharmaceutical record, medication profile, patient data, e-health, software, counselling, adherence
ABSTRACT	The initiative consisted of developing and implementing a secure system to collect and consult a patient's pharmaceutical record (medication history) that can be accessed by any community pharmacist upon obtaining the patient's consent. These data are useful to prevent medicines-related problems, improve adherence and make informed decisions when dispensing new medicines.

OBJECTIVES

The goal is to make relevant, correct and high-quality information on a patient's medication history available to all pharmacies.

In a first phase, only information regarding dispensed medicines (industrially prepared medicines and compounded medicines) is registered and stored for one year.

In a second phase patient-related information (e.g., allergies) will be included.

RELEVANCE FOR THE COUNTRY

As a reliable source of a patient's dispensed medicines, the shared pharmaceutical record (SPR) represents an essential tool to assist pharmacists in performing their tasks as first line healthcare professionals. The aim is to assist pharmacists in making suitable decisions when dispensing medicines (avoiding drug-related problems).

PARTNERS INVOLVED

APB (Association Pharmaceutique Belge/Algemene Pharmaceutische Bond), VAN (Vlaams Apothekers Netwerk), AUP (Association des Unions de Pharmaciens), OPHACO (Office des Pharmacies Coopératives de Belgique/Vereniging der Coöperatieve apotheken van België), eHealth (Belgian platform as a support of high quality healthcare and administrative simplification).

TACTICAL APPROACH

The SPR is a collective project initiated by pharmacists and it is open to all Belgian community pharmacists. The major challenge was to offer relevant and reliable medication history details in real time when dispensing new medicines at any given pharmacy. Special attention was given to the quality and completeness of the data as well as the adaptability and long-term sustainability and usefulness of the solution. Moreover, patients' and pharmacists' privacy should be respected and ensured at all times.

METHODOLOGY/TYPE OF INTERVENTION

An innovative solution that adequately addressed the above mentioned challenges was designed and deployed. In order to deal with future challenges, the programme can be expanded to include new services at any time. From a functional point of view, two main processes can be distinguished:

Registration: For reasons of uniformity, security and quality of the data, pharmacists delegate the processing of dispensing data to a so-called "Trusted Intermediate for Pharmacists" (TIP). Upon receipt of pharmacists' data, this TIP validates the data, checks for correctness and completeness, filters out data not related to medicines and routes the message to the corresponding end. Corrective actions are sent back to the pharmacy when needed. Finally, the dataset is encrypted and sent for storage to the "Pharmaceutical Care Data Hub".

Consultation: Whenever necessary, a patient's SPR can be consulted. Nevertheless, several conditions should be met in order to access a patient's data: (i) being a pharmacist and working in a community pharmacy (this is verified by authorities based on the pharmacist's electronic identification, eID); (ii) patient consent (opt-in system managed by the authorities); and (iii) pharmacists must be able to prove a professional relation with the patient (*a posteriori* verification).

When all criteria are met, available data are retrieved, decrypted and visualised in the pharmacy's dispensing software.

OUTCOMES

As of June 2015, the number of patients known in the SPR was 3.5 million (the population of Belgium is 10 million), and the number of dispensed medicines was 38 million.

Based on a monitoring system implemented on 27 March 2015, the SPR data had been consulted 1,127,475 times with the following observations (as of 11 June 2015):

- The SPR has been consulted for 30% of the available patients.
- Of these patients, 10% had given their consent and medication history was returned.
- For 26% of the patients who had given their consent, medication histories originated from registrations in at least two pharmacies.
- For 22% of the patients who had not given their consent yet, a medication history originating from registrations in at least two pharmacies was present.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

URL for SPR instructions movie in Flemish: https://www.youtube.com/watch?v=ONFxK_Z3Glg
URL for SPR instructions movie in French: https://www.youtube.com/watch?v=MCraCDHQv1c
There are also brochures with information for the patient and posters. Some materials are available from FIP upon request.

FURTHER INFORMATION

www.farmaflux.be

5.4 *Profar*: support programme for pharmacists for minor ailment care

COUNTRY/TERRITORY	Brazil
REGION	Americas
ORGANISATION	Federal Council of Pharmacy
STARTED	2014
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	Project under development. Not implemented yet.
KEY WORDS	Medicines use, minor ailments management, health promotion, disease prevention, software, clinical pharmacy, professional services
ABSTRACT	Profar is a comprehensive programme to assist community pharmacists in understanding and managing common and self-resolving minor ailments in the community. The programme includes training courses and continuing professional development activities, clinical assessment protocols and decision trees, treatment guidelines, a support software and other materials for the 10 most common ailments.

OBJECTIVES

To define community pharmacies as health care centres and contribute towards the efficiency of the health care system. To harness and further develop pharmacists' clinical competence to manage self-resolving minor ailments. To formalise and document pharmacists' triage activity and clinical decisions, including the prescribing of medicines that do not require a medical prescription, the indication of non-pharmacological measures, or the referral to other health care professionals. The programme also aims to optimise pharmacotherapy, promote health and prevent disease.

RELEVANCE FOR THE COUNTRY

The programme responds to the need to improve the responsible use of non-prescription medicines in Brazil, and to contribute to the efficiency of the health care system by offering a clinical and standardised service to patients, families and the community.

PARTNERS INVOLVED

Information unavailable

TACTICAL APPROACH

The Federal Council of Pharmacy intends to reach out and provide training to the large majority of pharmacists in Brazil through an online course at no cost for them. The programme also includes the national roll-out and implementation of the support software and dissemination of the materials to all pharmacies and information/promotion for patients and healthy individuals.

METHODOLOGY/TYPE OF INTERVENTION

As described above.
For the most common self-resolving ailments, pharmacists will receive training and have standard and independent information on how to proceed, including information for pharmacotherapeutic decisions.

OUTCOMES

The project is still being developed.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Project materials are being developed.
Introductory and promotional videos can be viewed at http://profar-cff.org.br/ .

FURTHER INFORMATION

http://profar-cff.org.br/

5.5 Improving the safe and effective use of high-alert medicines

COUNTRY/TERRITORY	China
REGION	Western Pacific
ORGANISATION	Chinese Pharmaceutical Association
STARTED	November 2011
AREA(S) OF PHARMACY PRACTICE	Hospital pharmacy
NUMBER OF PHARMACISTS INVOLVED	Nationwide
KEY WORDS	High-alert medicines, guidelines, good supply practice, medicines use, safety
ABSTRACT	The initiative consisted of defining a national list of high-alert medicines and standard guidelines on how to manage them in order to improve their safe and effective use. High-alert medicines are those that bear a heightened risk of causing significant patient harm when they are used in error.

OBJECTIVES

To define the high-alert medicines list in China, to define guidelines for high-alert medicines, and to promote it nationally in health care institutions.

For purposes of strengthening the quality management of medicines distribution, regulating medicines distribution and ensuring the safety and effectiveness of medicines for human beings.

RELEVANCE FOR THE COUNTRY

The concept of high-alert medicines is important for patient safety and health care safety. The Institute for Safe Medication Practices (ISMP) defines high-alert medicines as those that bear a heightened risk of causing significant patient harm when they are used in error.

The list of high-alert medicines by ISMP and its standard operating procedures (SOPs) were translated into Chinese and have been available on the website of the Hospital Pharmacy Committee of the Chinese Pharmaceutical Association (www.cpahp.org.cn) since 2010. More and more pharmacists and pharmacy departments have learnt about this and adopted those SOPs into their practice. This list was updated in May 2015.

PARTNERS INVOLVED

Under the leadership of the ministry of health and the Chinese Pharmaceutical Association, this initiative was conducted in cooperation with the Pharmaceutical Management Committee of the Chinese Hospital Administration Society.

TACTICAL APPROACH

The programme focused on multidisciplinary cooperation and drew lessons from foreign advanced experiences in order to establish a high-alert medicines management system.

METHODOLOGY/TYPE OF INTERVENTION

The identification system of high-alert medicines was designed, the operational procedures were established, a clinical use guide was developed, and education and application were reinforced.

OUTCOMES

More and more institutions adopt strategies and standard procedures for high-alert medicines management, and this has been associated with less frequent misuse of such medicines.

New guidelines for Good Supply Practice for Pharmaceutical Products came into force in June 2013.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Strategy of classification management of high-risk medicines and recommended directory (available from FIP upon request, in Mandarin).

FURTHER INFORMATION

http://www.cpahp.org.cn/ccyyf/news/201203/1435.htm

5.6 Model community pharmacy initiative

COUNTRY/TERRITORY	Ethiopia
REGION	Africa
ORGANISATION	Ethiopian Pharmaceutical Association
STARTED	2014
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	20 pharmacies
KEY WORDS	Practice standards, good pharmacy practice, GPP
ABSTRACT	The initiative consisted of improving the practice standards of community pharmacies.

OBJECTIVES

To bring community pharmacy service to expected standards.

RELEVANCE FOR THE COUNTRY

Improves community satisfaction by the service provided by community pharmacies.

PARTNERS INVOLVED

Pharmaceuticals Fund and Supply Agency (Ministry of Health), Food, Medicines and Health care Administration and Control Authority of Ethiopia, USAID/Systems for Improved Access to Pharmaceuticals and Services.

TACTICAL APPROACH

Memorandum of understanding signed between the parties.

METHODOLOGY/TYPE OF INTERVENTION

Information unavailable.

OUTCOMES

Improved pharmaceutical service.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Model Community Pharmacy Initiative Document.

FURTHER INFORMATION

Information unavailable.

5.7 Community pharmacy as a health point

COUNTRY/TERRITORY	Finland
REGION	Europe
ORGANISATION	Association of Finnish Pharmacies
STARTED	January 2014 (a preliminary pilot had been conducted by another organisation in 2011)
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	Currently approximately 10 pharmacies; not possible to state the exact number of pharmacists
KEY WORDS	Nursing appointments, expanded roles
ABSTRACT	The initiative addresses the increasing sparsity of the health care network, by expanding the scope of services of community pharmacies and including nursing appointments.

OBJECTIVES

To implement nurse appointments alongside pharmacy outlets (firstly as a pilot, later across the country).

RELEVANCE FOR THE COUNTRY

The public health care network is becoming sparser because of economic issues and health care reform. Access to health care services in remote areas may worsen in the future.

PARTNERS INVOLVED

Currently none.

TACTICAL APPROACH

Support to the participating pharmacies, negotiations with authorities.

METHODOLOGY/TYPE OF INTERVENTION

Training and technical support for participating pharmacies.

OUTCOMES

Implementation rate and experiences of participating pharmacies.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Service manual (not attached because only available in Finnish).

FURTHER INFORMATION

Information unavailable.

5.8 The French pharmaceutical record

COUNTRY/TERRITORY	France
REGION	Europe
ORGANISATION	National Council of the Chamber of Pharmacists of France
STARTED	2007
AREA(S) OF PHARMACY PRACTICE	Community pharmacy, hospital pharmacy
NUMBER OF PHARMACISTS INVOLVED	As of 1 June 2015, 22,258 community pharmacies were connected to the system (99.2% of French community pharmacies). 38.1 million patient records have been created. 195 hospitals were connected, 3.8 billion medicines in the PR database.
KEY WORDS	Pharmaceutical record, electronic, patient data, medicines use
ABSTRACT	The French pharmaceutical record (PR) is a shared electronic patient record. It includes all the medicines dispensed to the patient in any community pharmacy located in France in the last four months (or 21 years for vaccines and three years for biological medicines), be they prescribed medicines or non-prescription medicines. Initially focused on community pharmacy, the PR is being extended to hospitals and gradually incorporating additional services, such as health alerts/alarms, batch recalls and medicines shortages notifications.

OBJECTIVES

The primary aim is to improve medicines use in France and thus contribute to better health outcomes and a more efficient health system. Through a shared electronic patient record (PR), pharmacists (mostly community pharmacists but also hospital pharmacists) will be able to consider all medicines a patient is taking or has taken in the past four months and avoid redundant treatments, interactions, wrong indications and other medicines-related problems. For vaccines, the patient's record is stored for 21 years, and for biological products, for three years. The PR includes all medicines, be they prescribed or non-prescribed medicines, and it can only be created or accessed with the patient's consent.

RELEVANCE FOR THE COUNTRY

Medicines substantially contribute to the French health system's progress. However, several factors currently favour medicines interactions and redundancy: the wide range of available medicines, a growing number of polymedicated elderly patients and an increasing use of self-medication. In addition, the very narrow therapeutic windows of certain medicines, the increased specialisation of medical treatments and patient mobility make the rational use of medicines more complex. The dispensing of medicines has to face those changes. Furthermore, the PR is aimed at improving the coordination between hospital and community pharmacies.

PARTNERS INVOLVED

Ministry of Social Affairs and Health, National Commission on Informatics and Liberties, Directorate-General for Health — Urgent Notifications Service, Regional Health Agencies, National Agency for Medicines and Health Products Safety, French Institute for Public Health Surveillance.

TACTICAL APPROACH

To develop this tool, we used both a regulatory and a professional approach: at each step of the process, we ensured we had a legal basis (which is absolutely necessary in France) and we gathered the involved stakeholders to make sure the development was adapted to users' needs, constraints and practice. We also included patients' representatives in our working groups.

METHODOLOGY/TYPE OF INTERVENTION

Success factors: pharmacists' motivation; focus on real-time medicines safety; dedicated resources and funding from the Chamber of Pharmacists to ensure delivery; software vendors' early commitment and use of existing infrastructure for identification and authentication; top priority given to security and data protection and to close cooperation with patients' associations; innovation and change management.

OUTCOMES

Five million uses per day; 330 million items of patient data shared between pharmacists in the past year (as of June 2015); 2.5 million changes (estimated) of original prescription; 100 health alarms and batch recalls informed to pharmacists in the past year (as of June 2015).

Regarding the use of the PR in hospitals, the first assessments show a major benefit regarding medicines reconciliation (when a patient enters a hospital, the PR allows identification of 90% of the medicines the patient is taking at home), thus reducing the number of patients being readmitted to hospital because of medicines-related problems.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

A PowerPoint presentation with further information is available in English from FIP upon request.

FURTHER INFORMATION

http://www.ordre-pharmacien.com/The-pharmaceutical-record.

5.9 Guidelines for patient care for vulnerable patient populations: elderly and pregnant women

COUNTRY/TERRITORY	Hungary
REGION	Europe
ORGANISATION	Hungarian Society for Pharmaceutical Sciences
STARTED	February 2015
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	50
KEY WORDS	Medicines use, safety, elderly, pregnant women
ABSTRACT	The initiative consisted of collaborating with general practitioners, gerontologists and gynaecologists to develop guidelines to improve medicines use in elderly patients and pregnant women through pharmacists' professional services.

OBJECTIVES

Assessing the need and usefulness of pharmacists' service to improve the safe use of medicines by these especially vulnerable patient groups.

The lists of inappropriate and appropriate medicines were compiled by experts and embedded into the pharmaceutical care software.

RELEVANCE FOR THE COUNTRY

The number of elderly people in Hungary is high, and their poly-morbidity causes increasing health care problems. Avoidance of fatal risks is a permanent endeavour of health care providers.

PARTNERS INVOLVED

Associations of general practitioners, gerontologists and gynaecologists and the Pharmaceutical Care Professional Committee.

TACTICAL APPROACH

The programme is supported by the Ministry of Health.

METHODOLOGY/TYPE OF INTERVENTION

Computerised data collection is planned for five years with regular interim analysis.

OUTCOMES

Recognition of the service by society as well as by insurance companies.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

FURTHER INFORMATION

Information unavailable.

5.10 Pharmacovigilance awareness campaign

COUNTRY/TERRITORY	Jordan
REGION	Eastern Mediterranean
ORGANISATION	Jordan Pharmaceutical Association
STARTED	2016
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	Information unavailable
KEY WORDS	Pharmacovigilance, medicines-related problems
ABSTRACT	The initiative consisted of introducing community pharmacists to a system of pharmacovigilance and reporting medicines-related adverse events to health authorities.

OBJECTIVES

Introduction of the concept of pharmacovigilance to community pharmacists.

RELEVANCE FOR THE COUNTRY

Reporting of medicines-related adverse events to authorities.

PARTNERS INVOLVED

Jordan Food and Drug administration/Pharmacovigilance Department

TACTICAL APPROACH

Information unavailable.

METHODOLOGY/TYPE OF INTERVENTION

Workshops, brochures, online information.

OUTCOMES

Information unavailable.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

FURTHER INFORMATION

Information unavailable.

5.11 Registration of pharmacy professionals

COUNTRY/TERRITORY	Mongolia
REGION	Western Pacific
ORGANISATION	Association of Pharmacy Professionals of Mongolia
STARTED	December 2014
AREA(S) OF PHARMACY PRACTICE	Community pharmacy, regulation
NUMBER OF PHARMACISTS INVOLVED	About 15% out of total 1,611 pharmacists and about 3,000 pharmacy technicians
KEY WORDS	Professional registration, certification, regulation
ABSTRACT	Due to the lack of a register of pharmacy professionals (pharmacists and support workforce), unauthorised persons without the required competence were procuring and dispensing medicines. The objective is to regulate this situation.

OBJECTIVES

To create a register of pharmacy professionals in order to stop the illegal dispensing of medicines by unlicensed persons, and to obtain statistics about the pharmacy workforce in the country.

RELEVANCE FOR THE COUNTRY

Due to the poor capacity in medicines regulation and the lack of inspection capacity, it is important to improve the rational use of medicines in the community through certified pharmacy professionals.

PARTNERS INVOLVED

Centre of Health Development (CHD), City Health Inspectorate.

TACTICAL APPROACH

Negotiation with CHD, and official memorandum of understanding with the City Health Inspectorate.

METHODOLOGY/TYPE OF INTERVENTION

Questionnaire and documents archived at CHD.

OUTCOMES

Information unavailable.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Copy of diploma, copy of professional license, official document in archive.

FURTHER INFORMATION

Information unavailable.

5.12 Improving collaborative practice through a new code of ethics

COUNTRY/TERRITORY:	Mongolia
REGION:	Western Pacific
ORGANISATION:	Association of Pharmacy Professionals of Mongolia
YEAR (STARTED):	May 2015
AREA(S) OF PHARMACY PRACTICE:	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED:	64
KEY WORDS:	Ethics, oath, collaborative practice
ABSTRACT:	The initiative consisted of developing a code of ethics and a professional oath for pharmacists, and promoting collaborative practice as an ethical duty.

OBJECTIVES

To approve a basic code of conduct and ethics for pharmacists and to improve collaborative practice with other health care professionals through professional and scientific research and data exchange.
To improve pharmacists' role and reputation through the code of ethics and the oath.

RELEVANCE FOR THE COUNTRY

It was necessary to improve the social image of pharmacists and their participation in health care. For that, it was important to set the ethical foundations of pharmacy practice and provide leadership for the profession.

PARTNERS INVOLVED

National Medical Science University, School of Pharmacy and Biotechnology.

TACTICAL APPROACH

To approve a pharmacist's oath to be taken by new graduates and to set a code of conduct.
To advance collaborative practice principles through a webpage and social media.
To promote abstract submission in the field of pharmaceutical care.

METHODOLOGY/TYPE OF INTERVENTION

Information unavailable.

OUTCOMES

Information unavailable.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

The oath was based on FIP's model oath for pharmacists.

FURTHER INFORMATION

www.pharmacymn.org

5.13 Medicines shortages notification system

COUNTRY/TERRITORY	Netherlands
REGION	Europe
ORGANISATION	Royal Dutch Association for the Advancement of Pharmacy
STARTED	Information unavailable
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	All community pharmacists
KEY WORDS	Shortages, online system
ABSTRACT	As medicines shortages become increasingly frequent in the Netherlands, the Dutch pharmacists' association developed an online system to notify shortages and provide advice to pharmacists.

OBJECTIVES

To centralise information about medicines shortages in the country, so that adequate measures can be taken to solve the problem.

RELEVANCE FOR THE COUNTRY

Medicines shortages is an increasing problem in the Netherlands – they quadrupled in the last five years, according to the Royal Dutch Association for the Advancement of Pharmacy (KNMP).

PARTNERS INVOLVED

Information unavailable.

TACTICAL APPROACH

The KNMP developed a website to give an overview of medicines that are currently unavailable, including information about the expected date of availability, advice for the pharmacist on how to proceed and what alternatives are available, or the possible consequences for the patient if an alternative treatment cannot be provided.

This website is used by all pharmacists, and more and more it is being used also by manufacturers and other stakeholders.

METHODOLOGY/TYPE OF INTERVENTION

Online system to collect and share information on medicines shortages.

OUTCOMES

Information unavailable.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

https://farmanco.knmp.nl

FURTHER INFORMATION

Information unavailable.

5.14 Publication and rollout of the Philippine Practice Standards for Pharmacists

COUNTRY/TERRITORY	Philippines
REGION	Western Pacific
ORGANISATION	Philippine Pharmacists Association
STARTED	April 2015
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	A target of 10,000 pharmacists was set to be reached by the end of 2015
KEY WORDS	GPP, good pharmacy practice, standards
ABSTRACT	The initiative aimed to offer guidance about the recently published practice standards for pharmacists and to promote their implementation through changes in pharmacy education, support to practicing pharmacists and other measures to achieve quality, patient-centred services.

OBJECTIVES

Objectives were as follows:

1. Orienting various groups within the pharmacy sector about the existing good pharmacy practice guidelines and the recently published Philippine Practice Standards for Pharmacists (PhilPSP);
2. Providing capacity-building to pharmacists and their support workforce in order to comply with the minimum practice standards in the country;
3. Facilitating discussions among the members of the pharmacy sector, including the support workforce and regulatory agencies, on pressing issues related to provision of quality, patient-centred services; and,
4. Outlining course of actions within the pharmacy sector to better support the agenda of providing universal access to medicines and quality health care services.
5. Integrating these standards in the undergraduate curriculum and continuing professional education of all Filipino pharmacists.

RELEVANCE FOR THE COUNTRY

Instituting these standards is part of the efforts to make the positioning of the Filipino pharmacists in present-day health care system strategic and relevant. These standards are created to guide pharmacists in carrying out their professional responsibilities in optimising health outcomes through rational use of medicines.

PARTNERS INVOLVED

Medicines Transparency Alliance, Professional Regulation Commission, Food and Drug Administration, Department of Health — Pharmaceutical Division, Philippine Association of Colleges of Pharmacy, Drug Stores Association of the Philippines, Philippine Association of Pharmacists in the Pharmaceutical Industry, Philippine Chamber of Pharmaceutical Industries, Philippine Society of Hospital Pharmacists.

TACTICAL APPROACH

The standards were drafted together with key government agencies. They and other key partners have been engaged from the start in order to ensure ownership of and continued support for this activity.

METHODOLOGY/TYPE OF INTERVENTION

There was a series of consultative meetings, including a national stakeholders meeting. The publication was formally launched at the National Convention in April 2015, and copies were formally turned over to partner agencies. There is an upcoming training-of-trainers workshop for all speakers that will be tapped in the national roll-out training for the PhilPSP. From July to December, there are various seminar-workshops scheduled in various parts of the country and with various partners (see above).

OUTCOMES

Information unavailable.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Philippine Practice Standards for Pharmacists (PhilPSP), 2015 edition.
Available from FIP upon request.

FURTHER INFORMATION

http://www.philpharmacists.org/

5.15 *+Health*: an insurance plan for pharmacy services

COUNTRY/TERRITORY	Portugal
REGION	Europe
ORGANISATION	National Association of Pharmacies (ANF)
STARTED	June 2014
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	All of ANF's members (nearly all community pharmacies in Portugal)
KEY WORDS	Pharmacy services, insurance plan, remuneration, sustainability, business models
ABSTRACT	As professional services by community pharmacies are not yet reimbursed by the national health system, the ANF developed a partnership with a private health insurance provider to include those services (a total of 14) in a plan that reimburses pharmacies for their provision.

OBJECTIVES

This project promotes the development of pharmacy services through an alternative funding scheme. It also stimulates new business models with direct impact on the economy of pharmacies.

RELEVANCE FOR THE COUNTRY

Pharmacy services are not reimbursed by the National Health System. Currently in the majority of pharmacies the services on offer are paid for by patients. The "Plano + Saúde" (the "more health plan") is an initiative of the Portuguese Pharmacies Programme (the loyalty programme for the members of the National Association of Pharmacies, ANF) that aims to develop alternative funding models for pharmacy services and at same time contribute to the economic sustainability of pharmacies through the development of new business models.

At the professional level, the programme reinforces the role of pharmacies in the provision of health services (it includes 14 pharmacy services, including cardiovascular risk assessment, vaccination, injectable medicines administration, pregnancy test, delivery of medicines at home and pharmacist home visits).

On the patients' side, it is the only health plan in Portugal which allows the reduction of out-of-pocket payments in pharmacy services, since the plan reimburses the services.

PARTNERS INVOLVED

The plan is a partnership with Saúde Prime, a private health insurance company which has a network of over 20,000 providers throughout the national territory.

TACTICAL APPROACH

The "Plano + Saúde" provides access to a wide network of health providers, which has positive results in projecting the network of pharmacies as private units providing health care services. The ANF is currently advocating for a new pharmacy remuneration scheme, which includes contracting services with the National Health System (NHS). This health plan and partnership with an insurance company is an important tool to demonstrate that pharmacies can and should be seen in the same perspective as other health care providers regarding the contractual framework with the NHS.

METHODOLOGY/TYPE OF INTERVENTION

The ANF's team negotiated and developed the concept of the health plan in the context of the loyalty programme with the aim of maintaining a high level of quality regarding pharmacy professional intervention and at the same time developing new business models. The pharmaceutical services department developed the description and conditions for the provision of each of the pharmacy services included in the health plan (including legal obligations, technical criteria, materials, etc.). The ANF's school of postgraduate education in health and management developed a training programme for pharmacies.

OUTCOMES

Considering only the vaccination service, almost 600 vaccines were administered in pharmacies to users of the "Plano + Saúde".

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

"Plano + Saúde" flyer and website (see below).

FURTHER INFORMATION

www.planomaissaude.pt

5.16 Electronic prescription system

COUNTRY/TERRITORY	Portugal
REGION	Europe
ORGANISATION	National Association of Pharmacies
STARTED	February 2015
AREA(S) OF PHARMACY PRACTICE	National Association of Pharmacies
NUMBER OF PHARMACISTS INVOLVED	Community pharmacies across the country
KEY WORDS	Electronic prescription, e-prescription, efficiency
ABSTRACT	The initiative consisted of a collaboration with the Ministry of Health to develop and implement a fully integrated e-prescription system, including a system of patient data sharing for health care professionals.

OBJECTIVES

Implement an e-prescription system in the country, including e-dispensing and e-invoicing of pharmacy bills to the National Health System for the reimbursement of medicines.

RELEVANCE FOR THE COUNTRY

The electronic prescription system reduces the burden of administrative procedures for pharmacies, improves the efficiency of the invoicing system reducing errors and avoiding invoicing returns to pharmacies which has financial costs.

PARTNERS INVOLVED

Ministry of Health (Central Administration of Health Services; Shared Services of the Ministry of Health).

TACTICAL APPROACH

For many years, the National Association of Pharmacies (ANF) advocated for the implementation of the e-prescription in order to reduce bureaucracy and increase efficiency. In 2005, the ANF and the Ministry of Health conducted a pilot project in a region in the south of Portugal, which was achieving good results. However, the Minister of Health of that time unilaterally decided to end the project.

With the economic and financial crisis and the bailout of Portugal, the government was forced to look for ways of improving the efficiency of the National Health System and reduce costs. Finally, after nine years, it was possible to reach an agreement on the implementation of e-prescription in Portugal.

The aim now is to go even further and develop a fully integrated system between different health professionals in order to increase the quality of the information about the patient and to improve data sharing and the relationship between health professionals.

METHODOLOGY/TYPE OF INTERVENTION

The information technology department of ANF developed the technical infrastructure and other technical details in collaboration with the services of the Ministry of Health and participated in the development of the pilots prior to the e-prescription implementation. Besides, ANF adapted the pharmacy software and provided support and training for pharmacies' teams (pharmacists and support workforce) across the country.

OUTCOMES

e-Prescription is implemented in 78% of the municipalities of mainland Portugal, and in 77% of the pharmacies. Some 53% of the NHS prescriptions are currently being prescribed electronically. By the end of July 2015, it was expected that the system would be fully implemented across the country and that, by the end of 2015, the transition to the new system would be complete. As of June 2015, there were still paper prescriptions but the aim was to begin 2016 with a fully functional e-prescription and e-dispensing system.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

FURTHER INFORMATION

Information unavailable.

5.17 Pharmacists' professional card in Portugal

COUNTRY/TERRITORY	Portugal
REGION	Europe
ORGANISATION	Portuguese Pharmaceutical Society
STARTED	July 2014
AREA(S) OF PHARMACY PRACTICE	All areas, regulation
NUMBER OF PHARMACISTS INVOLVED	All pharmacists in Portugal (~14,000 pharmacists).
KEY WORDS	Electronic professional identification, authentication, IT, data access, card
ABSTRACT	The new Pharmacist Professional Card in Portugal is a technological tool that enables pharmacists' identification as health professionals in advanced information systems, with reinforced security. It may allow access to patients' electronic records as well as validating pharmacotherapies in hospitals, validating results in clinical biology analysis or releasing batched in the pharmaceutical industry, among other features.

OBJECTIVES

The Pharmacists Professional Card is a professional identification document which proves its holder is deemed fit to practise as a pharmacist. The main goal of the card is to provide pharmacists with a technological tool that enables their identification as health professionals in advanced information systems, with reinforced security.

Pharmacists will be able, in a first stage, to access the Health Data Platform, where the main clinical information of a patient can be consulted. The data can be written in by health professionals or by patients themselves. Patient data are owned by the patient, and therefore access requires patient consent.

New functions will be added later, such as the integration with the electronic prescription system for dispensing purposes, as soon as the e-prescription system is fully established. Other tools to be considered are the use of the card for the validation of professional practices by pharmacists, such as the therapeutic validation in hospital pharmacy, the validation of results of medical biology analysis or the release of batches in the pharmaceutical industry.

An additional feature is the Qualified Digital Certificate, which will allow for the digital signature of documents, replacing the handwritten signature, with equal legal value. This is essential in electronic transactions that require the demonstration of the qualification of the holder.

RELEVANCE FOR THE COUNTRY

Information and communication technologies are already a powerful tool in the development of health systems. As information becomes less scattered, and more organised and catalogued, the databases formed become valuable instruments for pharmacists' daily practice.

The Health Data Platform will allow patients, health professionals and health institutions to be connected in a network, sharing useful information for the benefit of patients and health systems. The new Pharmacists Professional Card links pharmacists to this information circuit and provides them with more information when they see a patient.

PARTNERS INVOLVED

Ministry of Health — Shared Services Agency; Glintt (an IT company) ; Winphar (an IT company); SIBS (an IT company); Multicert (digital certificate management); Banco Santander Totta (financial partner).

TACTICAL APPROACH

In order to put the Pharmacists Professional Card to best use, the Portuguese Pharmaceutical Society (PPS) has worked with the Shared Services Agency of the Ministry of Health, which is responsible for logistics, software and data management in the public health sector. This will allow pharmacists to access patient data for the benefit of patient care, along with medical doctors and nurses. The PPS also worked on this project with the main companies for the provision of IT solutions and software for community pharmacies, which will grant a coverage of nearly 90% of the pharmacies that will be able to have pharmacists accessing patients' clinical information.

METHODOLOGY/TYPE OF INTERVENTION

Establishment of a protocol with the Shared Services Agency of the Ministry of Health for pharmacists' access to the Health Data Platform.

The financial-transaction-like safety features of the card will make it mandatory to include a microchip in the card. Therefore, it was needed to establish protocols with other essential technological partners and a financial institution.

So that all practising pharmacists can get their new Professional Card we have put in place a new card production process that can include all technological and safety features, including the Qualified Digital Certificate.

Before issuing the card, safety features demand that an in-person recognition of the pharmacist is done as well as the collection of the pharmacist's signature and validation of personal data. This is an ongoing process that is being done nation-wide using a scheduling portal linked to the PPS website.

Work with other partners so that the Professional Card safety protocols could be the key for electronic gateways that will open only with pharmaceutical validation, such as electronic prescription dispensing, hospital pharmacy therapeutic validation, medical biology analysis validation, batch release in the pharmaceutical industry, etc.

OUTCOMES

Access to patient data will allow for a new level of patient counselling as more information is available to the pharmacist. The Health Data Platform will be a reliable source of clinical information about a given patient and it will be easier for the pharmacist and other health professionals to be able to insert and read about medicines interactions (in that patients' therapeutic regimen), allergic reactions, adverse events and negative outcomes of medicinal therapy both in community and hospital pharmacy practice.

Also the electronic validation of qualifications will make bureaucratic processes quicker with a safe validation of professionals through the digital signature, rendering paper procedures obsolete.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information and documents available from the website below.

FURTHER INFORMATION

http://www.ordemfarmaceuticos.pt/scid//ofWebInst_09/defaultCategoryViewOne.asp?categoryId=2061

5.18 Career opportunities board for pharmacists

COUNTRY/TERRITORY	Portugal
REGION	Europe
ORGANISATION	Portuguese Pharmaceutical Society
STARTED	April 2014
AREA(S) OF PHARMACY PRACTICE	All, employment
NUMBER OF PHARMACISTS INVOLVED	Accessible to all Portuguese pharmacists (~14,000), currently with 2,573 pharmacist log-ins and 200 company log-ins
KEY WORDS	Employment, jobs, career opportunities, scholarships
ABSTRACT	The initiative consists of an online dynamic database of employment and career opportunities for pharmacists.

OBJECTIVES

The aim of this virtual, free and dynamic job opportunities board is to allow pharmacists to publish their professional profiles, look for a job, scholarship or competition opportunity and submit applications. Pharmacies or other entities can publish employment opportunities, analyse profiles and directly contact pharmacists who are looking for a new job.

The platform is free to access, and both opportunity providers (e.g., employers) and pharmacist recruiters can get in direct contact with the candidates.

RELEVANCE FOR THE COUNTRY

This platform is the first to target specifically the pharmaceutical sector. It aims to provide a solution to an increasing problem in Portugal and a central concern of the Portuguese Pharmaceutical Society (PPS) — the increasing unemployment rates in the pharmaceutical profession. Data collected by the Observatory for Employability in the Pharmaceutical Sector and from the governmental Institute for Employment and Professional Training confirm the increase in unemployment and migration rates in the pharmaceutical sector and also the decreased accessibility to first employment.

PARTNERS INVOLVED

All organisations in the pharmaceutical sector that are using the platform to announce their opportunities.

TACTICAL APPROACH

Companies and organisations that have career opportunities (job offers, research positions, grants, awards and prize competitions) are linked to all pharmacists that may be interested.

Pharmacists can easily upload their relevant work experience by downloading data from their registration records, which they can validate and complement with extra information. This will offer a standardised CV format, helping the career opportunity provider to browse easily through the applications.

By codifying areas of interest for job opportunities and the candidates' preferences, the platform provides a matching function.

METHODOLOGY/TYPE OF INTERVENTION

Collaboration with an Information and Communication Technologies partner to build up a single platform that can harbour career opportunities and access information in the database of pharmacist registrations.

Aggregation of the efforts of the regional branches of the PPS in collecting employment positions and other opportunities to advertise on the board.

Creation of video tutorials that illustrate how career seekers and providers can interact and use the Career Opportunities Board.

Advertising the Career Opportunities Board in all the media produced by the PPS.

Continuing to develop tools to further strengthen trust in and the capacity of the Career Opportunities Board.

OUTCOMES

After the first year (end of 2014):

- 2,573 candidates uploaded their CV
- 200 entities registered to post opportunities
- 115 posted opportunities
- 44 direct submissions to opportunities
- 12 successful matches through the Board (after inquiry to 40% of registered entities)
- 27% rate on matches/submissions

Version 2.0 of the Career Opportunities Board by PPS to be published soon.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Tutorial for opportunity seekers:
http://www.ordemfarmaceuticos.pt/video/oportunidades_candidatos.asp

Tutorial for opportunity providers:
http://www.ordemfarmaceuticos.pt/video/oportunidades_entidades.asp

FURTHER INFORMATION

www.ordemfarmaceuticos.pt/oportunidades

5.19 Round table on regulation and licences for pharmacists

COUNTRY/TERRITORY	Slovenia
REGION	Europe
ORGANISATION	Slovenian Pharmaceutical Society
STARTED	2013
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	150
KEY WORDS	Regulation, professional services, business models
ABSTRACT	The initiative consisted of a forum with different stakeholders, including the Ministry of Health and the Chamber of Pharmacies, to debate regulatory changes to community pharmacies, in order to improve their professional service and economic sustainability.

OBJECTIVES

To debate different stakeholders' views on the main topic.

RELEVANCE FOR THE COUNTRY

Harmonisation of the pharmacy profession with relevant regions in the European Union.

PARTNERS INVOLVED

Slovenian Chamber of Pharmacies.

TACTICAL APPROACH

Collaboration with the Ministry of Health.

METHODOLOGY/TYPE OF INTERVENTION

Forum for sharing different opinion of regulatory aspects, to communicate personally with members of the pharmaceutical community and to learn about other experiences.

OUTCOMES

Economic and professional development of Slovenian pharmacies.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

FURTHER INFORMATION

Information unavailable.

5.20 Pharmacist identification card project

COUNTRY/TERRITORY	Turkey
REGION	Europe
ORGANISATION	Turkish Pharmacists' Association
STARTED	December 2013
AREA(S) OF PHARMACY PRACTICE	All areas, regulation
NUMBER OF PHARMACISTS INVOLVED	25,000
KEY WORDS	Electronic professional identification, card, IT
ABSTRACT	An identification card for all pharmacists with additional features and discount opportunities.

OBJECTIVES

To develop an identification card for pharmacists with additional features and discount opportunities.

RELEVANCE FOR THE COUNTRY

Information unavailable.

PARTNERS INVOLVED

Information unavailable.

TACTICAL APPROACH

By signing a contract with a company, some advantages and discounts will be held for pharmacists via an electronic card similar to credit cards. This card will also include identity information of the pharmacist and will be used in place of the identity card as well.

METHODOLOGY/TYPE OF INTERVENTION

The identity data of all pharmacists will be taken from a system which is called Pharmacist Data System and each card will include a photograph.

OUTCOMES

Information unavailable.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

FURTHER INFORMATION

Information unavailable.

5.21 Pharmacists' TV channel

COUNTRY/TERRITORY	Turkey
REGION	Europe
ORGANISATION	Turkish Pharmacists Association (TPA)
STARTED	January 2015
AREA(S) OF PHARMACY PRACTICE	All
NUMBER OF PHARMACISTS INVOLVED	Information unavailable
KEY WORDS	TV, television, communication, media, IT
ABSTRACT	The TPA established an internet-based TV channel for pharmacists and the community.

OBJECTIVES

Broadcasting information and news addressed to pharmacists.

RELEVANCE FOR THE COUNTRY

Information unavailable.

PARTNERS INVOLVED

Information unavailable.

TACTICAL APPROACH

Information unavailable.

METHODOLOGY/TYPE OF INTERVENTION

Programmes about pharmacies, health news, and news from Pharmacist Chambers are broadcasted through this channel.

OUTCOMES

The TV channel went live online in 2015, on Turkish Pharmacists' Day (14 May). The broadcast begins at 16.00h every day during the week. The programme lasts for 1.5 hours and is open to everyone.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

http://eczaci.tv/

FURTHER INFORMATION

Information unavailable.

5.22 Professional standards for hospital pharmacy services

COUNTRY/TERRITORY	United Kingdom
REGION	Europe
ORGANISATION	Royal Pharmaceutical Society
STARTED	Work to develop the standards began in September 2011, first edition of the standards published in July 2012, revised and refreshed in July 2014
AREA(S) OF PHARMACY PRACTICE	Hospital pharmacy
NUMBER OF PHARMACISTS INVOLVED	Over 100 pharmacists have been involved at different stages of the development of the standards.
KEY WORDS	Practice standards, hospital, professionals services, guidance
ABSTRACT	The new Professional Standards for Hospital Pharmacy Services aim to provide guidance for innovation and quality in hospital pharmacies across Great Britain, and help pharmacists deliver quality patient care.

OBJECTIVES

Providing a broad framework to support chief pharmacists and their teams to improve services continually, and shape future services and pharmacy roles to deliver quality patient care.

RELEVANCE FOR THE COUNTRY

The standards are Great Britain-wide and were the first set of professional standards for hospital pharmacy services.

PARTNERS INVOLVED

Developed with the Association of Teaching Hospital Pharmacists and the Guild of Healthcare Pharmacists and partner groups of the Royal Pharmaceutical Society (RPS). The standards referenced the work of national and international organisations, e.g., the International Pharmaceutical Federation, the European Association of Hospital Pharmacists.

TACTICAL APPROACH

The RPS worked with an advisory group representing a broad range of hospital pharmacy services across Great Britain. Since publishing the standards the RPS has used them as the basis for further joint working with other health care professionals, including medical and nursing professional bodies and royal colleges.

METHODOLOGY/TYPE OF INTERVENTION

A standardised process to develop the standards was used including scoping (literature review and interviews), drafting and developing (working with an advisory group, overseen by a steering group), consultation and revision, user testing (including with patients), sign off and launch. For the revision of the standards in 2014 an independent report was commissioned to review the standards and then a similar development process was followed.

OUTCOMES

The standards were published in July 2012 and then revised and refreshed with a new version published in 2014. The pharmacy regulator, the General Pharmaceutical Council, published a statement: "The GPhC believes that pharmacists and their teams should be aware of and use all relevant professional standards and guidance, both regulatory and professional, to deliver patient centred care and good quality outcomes."

The hospital regulator in England, the Care Quality Commission, also stated: "In England, the CQC already expects providers to reflect the key expectations of good practice guidance for their service as they relate to the CQC essential standards of quality and safety." This good practice guidance would include the RPS professional standards.

NHS Benchmarking has also recently carried out a benchmarking exercise using the RPS standards.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

The professional standards can be downloaded from
http://www.rpharms.com/support-pdfs/rps---professional-standards-for-hospital-pharmacy.pdf

As well as the standards, the RPS also developed a range of supporting materials and resources including a standards handbook (available to RPS members only).

FURTHER INFORMATION

http://www.rpharms.com/unsecure-support-resources/professional-standards-for-hospital-pharmacy.asp

5.23 A vision for pharmacy at the heart of patient-centred care

COUNTRY/TERRITORY	United Kingdom
REGION	Europe
ORGANISATION	Royal Pharmaceutical Society
STARTED	The first meeting to discuss this vision was held on 6 June 2013.
AREA(S) OF PHARMACY PRACTICE	All
NUMBER OF PHARMACISTS INVOLVED	Over 50 pharmacists have been involved at different stages of the development of the vision.
KEY WORDS	Strategic planning, policy development, roadmap
ABSTRACT	The initiative involved a consultation with all relevant pharmacy bodies in Wales and the production of a vision document to guide policy development in Wales towards patient-centred delivery of quality services by pharmacists.

OBJECTIVES

It is an ambition that takes into account the current policy drivers for health care in Wales that will contribute to:

- The delivery of prudent health care
- A change in culture to encourage greater co-production with patients and collaborative working between health professionals
- A rebalancing of services between health care sectors to deliver an increased primary care-based focus
- Creating seamless patient care and closing the gaps between services
- Empowering people to take greater responsibility for their own health and well-being

RELEVANCE FOR THE COUNTRY

Thus vision for pharmacy and pharmaceutical care in Wales will be used to drive the development of pharmacy policy.

PARTNERS INVOLVED

It is the result of work led by the Welsh Pharmaceutical Committee, the committee responsible for advising the Welsh Government on pharmacy issues. It has been supported by the Royal Pharmaceutical Society (RPS) with contributions from leaders from all sectors of the profession.

TACTICAL APPROACH

The RPS worked with all relevant pharmacy bodies in Wales, including the Welsh Pharmaceutical Committee, Community Pharmacy Wales, health boards and the Welsh Government, as well as Cardiff University. Initial events were facilitated by external individuals to ensure no bias.

METHODOLOGY/TYPE OF INTERVENTION

An initial, national workshop was organised in June 2013 to develop a “New Roadmap for Pharmacy in Wales”, with the aim of outlining the professional aspirations for pharmacy and the developments

needed across the profession and the NHS to meet the pharmaceutical needs of patients in Wales over the next 10 years.

Literature searches were undertaken to gather information to support the detail in the document and additional information gathered through the pharmacy networks of workshop participants.

Further workshops were held to review and discuss a number of draft version of the vision over the next 18 months. The document was launched after the RPS Medicines Safety Conference in Wales on 16 October 2014.

OUTCOMES

A national workshop for the pharmacy profession, entitled "Your Care, Your Medicines: Pharmacy at the heart of patient-centred care. First Steps to Delivery", took place in May 2015. The event was jointly hosted by the RPS in Wales and the Welsh Pharmaceutical Committee.

The event was designed to gain an agreement from the pharmacy profession in Wales as to what the next steps are to realise the vision and to gain opinion regarding the potential of the pharmacy profession in improving the health of the citizens of Wales, as outlined in "Your Care, Your Medicines: Pharmacy at the heart of patient-centred care".

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

The document is available at:
http://www.rpharms.com/wales-pdfs/YourCareYourMedicines.pdf

FURTHER INFORMATION

Information unavailable.

5.24 Dissemination of graduation projects on pharmaceutical services in primary health care

COUNTRY/TERRITORY	Uruguay
REGION	Americas
ORGANISATION	Association of Chemists and Pharmacists of Uruguay
STARTED	July 2015
AREA(S) OF PHARMACY PRACTICE	Community pharmacy, hospital pharmacy
NUMBER OF PHARMACISTS INVOLVED	19 pharmacists who attended the course
KEY WORDS	Professional services, primary health care, training
ABSTRACT	The initiative consisted of giving visibility to the projects arising from the course on pharmaceutical services in primary health care, and using them to set an example and inspire other pharmacists to follow it.

OBJECTIVES

Disseminating the projects of pharmaceutical services based on primary health care presented as graduation projects by the participants in the course. These projects were implemented in the practice settings of each participant. The goal was also to show other pharmacists the importance of this course to encourage them to enrol in future editions and thus increase the number of pharmacists with this type of training in Uruguay.

RELEVANCE FOR THE COUNTRY

Advanced training for pharmacists with a clinical, patient-centred approach is very important for Uruguay, to strengthen both community and hospital pharmacy practice.

PARTNERS INVOLVED

The Faculty of Chemistry (Pharmacy) of the University of the Republic (the only school of pharmacy in the country) and the Pan-American Health Organization (PAHO).

TACTICAL APPROACH

Through PAHO, contact was established with the Ministry of Health and the Administration of Health Services of the State, which manages all public health centres.

METHODOLOGY/TYPE OF INTERVENTION

Oral presentation of the projects by their authors. Moreover, as part of the course organised jointly by PAHO and the Pharmaceutical Forum of the Americas, there was a similar seminar with an international scope at the 8th RioPharma Congress/18th Congress of the South American Pharmaceutical Federation, in Rio de Janeiro, Brazil, in October 2015. At this event, the eight best projects in the region were presented. In addition, the project included a publication with all the projects of the course participants.

OUTCOMES

Disseminating the pharmaceutical care projects developed by participants, and raising interest for such courses among other pharmacists.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

The publication of the graduation projects of pharmaceutical services in primary health care is available from the website of the Pharmaceutical Forum of the Americas:
http://forofarmaceuticodelasamericas.org/wp-content/uploads/2015/11/13-10-2015_Libro-TFI-Foro-Farmaceutico-de-las-Americas.pdf

FURTHER INFORMATION

http://aqfu.uy/primer-curso-virtual-aqfu-ops/

http://forofarmaceuticodelasamericas.org/

5.25 Pharmacy practice model initiative/Practice advancement initiative

COUNTRY/TERRITORY	USA
REGION	Americas
ORGANISATION	American Society of Health-System Pharmacists
STARTED	November 2011
AREA(S) OF PHARMACY PRACTICE	Hospital pharmacy
NUMBER OF PHARMACISTS INVOLVED	3,000–10,000 (estimation)
KEY WORDS	Practice advancement, systematic, professional services, quality of care
ABSTRACT	The initiative aims to significantly advance the health and well-being of patients by supporting futuristic practice models that support the most effective use of pharmacists as direct patient care providers.

OBJECTIVES

The Pharmacy Practice Model Initiative (PPMI)[k] of the American Society of Health-System Pharmacists (ASHP) will:

1. Create a framework for a pharmacy practice model that ensures provision of safe, effective, efficient, accountable and evidence-based care for all hospital/health system patients;
2. Determine patient care-related services that should be consistently provided by departments of pharmacy in hospitals and health systems and increase demand for pharmacy services by patients/caregivers, health care professionals, health care executives and payers;
3. Identify the available technologies to support implementation of the practice model and identify emerging technologies that could impact on the practice model;
4. Support the optimal utilisation and deployment of hospital and health-system pharmacy resources through development of a template for a practice model which is operational, practical and measurable; and
5. Identify specific actions pharmacy leaders and staff should take to implement practice model change, including determination of the necessary staff (pharmacy leaders, pharmacists, and technicians) skills and competencies required to implement this model.

See more at: http://www.ashpmedia.org/ppmi/objectives.html

RELEVANCE FOR THE COUNTRY

The goal of this initiative is to significantly advance the health and well-being of patients by developing and disseminating a futuristic practice model that supports the most effective use of pharmacists as direct patient care providers. See more at: http://www.ashpmedia.org/ppmi/rationale.html

PARTNERS INVOLVED

ASHP and the ASHP Foundation.

[k] Note that this initiative has recently changed its name to Practice Advancement Initiative, PAI. For more information about the name change, please see http://www.ashpmedia.org/pai/docs/PPMI-PAI-Transition-Members-FAQs.pdf

TACTICAL APPROACH

See objectives above.

METHODOLOGY/TYPE OF INTERVENTION

A set of goals and measures designed to provide a national, baseline measure of adoption of PPMI recommendations and allow measurement of progress over time. A total of five goals with 26 individual measures make up the scorecard. The scorecard will be updated annually with data from ASHP's National Survey of Pharmacy Practice in Hospital Settings. The national scorecard will be used primarily by ASHP to report progress with PPMI. In time, state affiliates or large systems may wish to develop their own scorecard using the same goals and individual measures. The goals are the following:

Goal 1: Pharmacist roles, practices and activities will improve medicines use and optimise medication-related outcomes.
Goal 2: Pharmacy technicians will prepare and distribute medicines and perform other functions that do not require a pharmacist's professional judgement.
Goal 3: Pharmacists and pharmacy technicians will have appropriate training and credentials for the activities performed within their scope of practice.
Goal 4: Pharmacy departments will utilise available automation and technology to improve patient safety and improve efficiency.
Goal 5: Pharmacists will demonstrate leadership in exercising their responsibility for medicines use systems and will be accountable for medication-related patient outcomes.

See more at: http://www.ashpmedia.org/ppmi/national-dashboard.html

OUTCOMES

Advancement as measured through PPMI National Dashboard. Available at:
http://www.ashpmedia.org/ppmi/national-dashboard.html

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

A number of tools and resources are available at the initiative's website:
http://www.ashpmedia.org/pai/

An initiative progress infographic is available at:
http://www.ashpmedia.org/pai/images/PAI-infographic.jpg

FURTHER INFORMATION

http://www.ashpmedia.org/pai/

5.26 Ambulatory care pharmacy practice model initiative

COUNTRY/TERRITORY	USA
REGION	Americas
ORGANISATION	American Society of Health-System Pharmacists
STARTED	March 2014
AREA(S) OF PHARMACY PRACTICE	Hospital pharmacy, ambulatory care
NUMBER OF PHARMACISTS INVOLVED	400–700 (estimate)
KEY WORDS	Ambulatory care, practice advancement, systematic, professional services, quality of care
ABSTRACT	The initiative aims to set the conditions for advancing pharmacy practice in a way that pharmacists participate as members of the ambulatory health care team and are responsible and accountable for patient outcomes.

OBJECTIVES

This initiative is similar to the PPMI/PAI (see 5.26), except that it is focused on ambulatory care. The objectives are:

1. Creating a framework for an ambulatory care pharmacy practice model;
2. Determining patient care-related services that should be consistently provided in ambulatory care settings and increase demand for pharmacy services by patients/caregivers, health care professionals, health care executives and payers;
3. Supporting the optimal utilisation and deployment of ambulatory care pharmacy resources through development of a template which is operational, practical and measurable; and
4. Identifying specific actions pharmacy leaders and staff should take to implement practice model change, including determination of the necessary staff (pharmacy leaders, pharmacists, and technicians) skills and competencies required to implement this model.

RELEVANCE FOR THE COUNTRY

Information unavailable.

PARTNERS INVOLVED

ASHP and ASHP Foundation.

TACTICAL APPROACH

Summit with recommendations, self-assessment tool, measures of success.

METHODOLOGY/TYPE OF INTERVENTION

As above.

OUTCOMES

Progress as measured through an Ambulatory Care National Dashboard — still under development.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

The ASHP/ASHP Foundation Ambulatory Care Summit Proceedings are available at:

http://www.ashp.org/DocLibrary/AJHP/Proceedings-of-the-ASHP-Ambulatory-Care-Summit.pdf

FURTHER INFORMATION

Under revision. Temporary website available at http://www.ashpmedia.org/ppmi/index.html

6 Education and training of pharmacists

6.1 Developing the prescription evaluation skills of hospital pharmacists

COUNTRY/TERRITORY	China
REGION	Western Pacific
ORGANISATION	Chinese Pharmaceutical Association
STARTED	July 2013
AREA(S) OF PHARMACY PRACTICE	Hospital pharmacy
NUMBER OF PHARMACISTS INVOLVED	More than 1,000 pharmacists in eight cities or provinces
KEY WORDS	Medicines use, review of prescriptions, guidelines, continuing professional development, education, competence evaluation
ABSTRACT	The initiative consisted on developing guidelines and educational initiatives to train and assess the competence of hospital pharmacists in reviewing and improving prescription practices and medicines use. Medicines use became more rational in most medical institutions across China after the implementation of the prescription evaluation system. It should be noted that in China, a large part of medicines used in the community are prescribed and dispensed through hospitals and health care centres.

OBJECTIVES

To provide hospital pharmacists with the necessary knowledge and skills on rational use of medicines and prescription evaluation in order to improve the quality of prescribing and medication safety, and to raise the level of professionalism of hospital pharmacists.

RELEVANCE FOR THE COUNTRY

The Ministry of Health released a statement about "hospital prescription evaluation management standards" in March 2010, to highlight the important of reviewing the quality of prescriptions. Later on, hospitals across the country began to implement the programme. In order to cooperate with this objective and support pharmacists in carrying out such evaluations, the Hospital Pharmacy Committee of the Chinese Pharmaceutical Association has organised a series of training activities since December 2013, which are ongoing.

PARTNERS INVOLVED

Cooperation with local pharmaceutical associations.

TACTICAL APPROACH

Information unavailable

METHODOLOGY/TYPE OF INTERVENTION

Prescription evaluation standards were explained and demonstrated through case discussions and expert reviews.

OUTCOMES

The 2015 version of the examination syllabus for the professional qualification of national licensed pharmacists came into force in February 2015.

Prescription evaluation standards were well understood and implemented. Medicines use became more rational in most medical institutions after the implementation of the prescription evaluation system. Through continuous improvement measurements and an appropriate sampling method and comprehensive evaluation, the government's regulations were adequately implemented.

The organisation and management of evaluation procedures, sampling methods and prescription evaluation standards were greatly expanded. Pharmacists' professional and teamwork skills were also improved.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Additional information on the first and second training courses on pharmaceutical care skills and prescription evaluation for hospital pharmacists is available from FIP upon request (in Mandarin).

FURTHER INFORMATION

http://www.cqlp.org/info/link.aspx?id=2157&page=1

http://www.cpahp.org.cn/zwhhd/news/201406/1582.htm

6.2 Reforming pharmacy education in Costa Rica

COUNTRY/TERRITORY	Costa Rica
REGION	Americas
ORGANISATION	Pharmaceutical Society of Costa Rica
STARTED	2015
AREA(S) OF PHARMACY PRACTICE	Pharmacy education
NUMBER OF PHARMACISTS INVOLVED	Information unavailable
KEY WORDS	Standards, accreditation, harmonisation, curriculum reform
ABSTRACT	Following the establishment of a Deans Commission with representatives from all pharmacy schools and the professional organisation, a roadmap was defined for reforming pharmacy education and research in Costa Rica in terms of contents, strategies and goals.

OBJECTIVES

Improving pharmacy education in Costa Rica with the aim of maintaining or achieving quality standards in view of accreditation.

Specific goals include:

1. To propose improvement actions in order to ensure equivalent standards of quality among the different curricula.
2. To apply innovative pedagogical approaches for teaching and learning in pharmacy education that are student-centred and enhance the learning experience.
3. To enhance the relevance of pharmaceutical research in Costa Rica.
4. To follow-up pharmacy graduates.

RELEVANCE FOR THE COUNTRY

Information unavailable.

PARTNERS INVOLVED

National System for Accreditation of Higher Education and the five universities that offer graduate courses in pharmacy: University of Costa Rica, Latin University, Ibero-American University, Medical Sciences University, International University of the Americas

TACTICAL APPROACH

Establishment of a Deans Commission, with the deans of all schools of pharmacy in the country.
Collaboration with the National System for Accreditation of Higher Education.
The process was initiated and supported by the Pharmaceutical Society of Costa Rica.

METHODOLOGY/TYPE OF INTERVENTION

For each of the specific goals, a set of actions, methodologies, resources and responsible organisations was defined. See project document for more information.

OUTCOMES

Information unavailable.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

The project document with further details is available from FIP (in Spanish) upon request.

FURTHER INFORMATION

As above.

6.3 Developing a continuing professional development strategy for pharmacists

COUNTRY/TERRITORY	Ethiopia
REGION	Africa
ORGANISATION	Ethiopian Pharmaceutical Association (EPA)
STARTED	2015
AREA(S) OF PHARMACY PRACTICE	All
NUMBER OF PHARMACISTS INVOLVED	All EPA members
KEY WORDS	CPD, continuing professional development
ABSTRACT	Provision of continuing professional development courses to pharmacists.

OBJECTIVES

Building the capacity of pharmacists.

RELEVANCE FOR THE COUNTRY

It was necessary to offer practising pharmacists training opportunities to enhance their knowledge and skills, and thus enable them to provide better services to the community.

PARTNERS INVOLVED

Food, Medicines and Health care Administration and Control Authority of Ethiopia (FMHACA).

TACTICAL APPROACH

Negotiated with FMHACA.

METHODOLOGY/TYPE OF INTERVENTION

The continuing professional development strategy (CPD) is based on training activities for pharmacists on different professional issues that were considered necessary to complement and update their initial training.

OUTCOMES

Trained pharmacists are able to provide a better service to patients and the community.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

CPD projects.

FURTHER INFORMATION

Information unavailable.

6.4 Improving pharmaceutical care through training of community pharmacists

COUNTRY/TERRITORY	Hungary
REGION	Europe
ORGANISATION	Hungarian Society for Pharmaceutical Sciences
STARTED	2015
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	30–40 per programme
KEY WORDS	CPD, continuing professional development, pharmaceutical care
ABSTRACT	Provision of continuing professional development courses to pharmacists.

OBJECTIVES

Developing training programmes to update the theoretical pharmaceutical knowledge of community pharmacists and improve their skills to be able to provide proper information and care to patients.

RELEVANCE FOR THE COUNTRY

Improvement of patient care.

PARTNERS INVOLVED

Pharmaceutical Care Professional Committee.

TACTICAL APPROACH

Negotiation with the Chamber of Pharmacists.

METHODOLOGY/TYPE OF INTERVENTION

Problem-solving practices preceded by lectures giving an overview on the topic.

OUTCOMES

Positive opinions from participants; better pharmacy practice.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

FURTHER INFORMATION

www.mgyt.hu

6.5 The Irish Institute of Pharmacy

COUNTRY/TERRITORY	Ireland
REGION	Europe
ORGANISATION	Pharmaceutical Society of Ireland
STARTED	2013
AREA(S) OF PHARMACY PRACTICE	All
NUMBER OF PHARMACISTS INVOLVED	All
KEY WORDS	CPD, continuing professional development
ABSTRACT	Continuing professional development (CPD) is mandatory in Ireland and the Irish Institute of Pharmacy (IIOP) oversees the system. The IIOP has set up an electronic portfolio for pharmacists to record their CPD online as well as a self-assessment tool to help them identify their learning needs under the Core Competency Framework.

OBJECTIVES

All registered pharmacists must comply with the requirement to complete continuing professional development (CPD). The Irish Institute of Pharmacy (IIOP) is responsible for overseeing the establishment and operation of the new system of CPD for pharmacists in Ireland, and for driving the development of pharmacy practice to ensure that it meets the emerging needs of patients and the wider healthcare system.

RELEVANCE FOR THE COUNTRY

The Pharmacy Act 2007 introduced mandatory CPD for pharmacists in Ireland. This to assure the maintenance of a continued high standard of knowledge of the pharmacy profession throughout their career.

PARTNERS INVOLVED

The Pharmaceutical Society of Ireland has established the IIOP to carry out this statutory obligation.

TACTICAL APPROACH

Co-ordinate and engage with the Department of Health and Health Service Executive to consider needs of health care sector (IIOP partly funded by Department of Health).

METHODOLOGY/TYPE OF INTERVENTION

The IIOP has set up an electronic portfolio for pharmacists to record their CPD online as well as a self-assessment tool to help them identify their learning needs under the Core Competency Framework.

OUTCOMES

An e-portfolio was launched in spring 2015 and pharmacists are currently being trained how to use it. Assessment of portfolios will begin sometime in 2016.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Core Competency Framework for Pharmacists in Ireland:

http://www.thepsi.ie/Libraries/Publications/PSI_Core_Competency_Framework_for_Pharmacists.sflb.ashx

FURTHER INFORMATION

https://iiop.ie/

6.6 Community pharmacy as an official specialisation

COUNTRY/TERRITORY	Netherlands
REGION	Europe
ORGANISATION	Royal Dutch Association for the Advancement of Pharmacy
STARTED	Information unavailable
AREA(S) OF PHARMACY PRACTICE	Community pharmacy, regulation
NUMBER OF PHARMACISTS INVOLVED	Information unavailable
KEY WORDS	Specialisation, advanced training
ABSTRACT	The initiative aims to achieve formal recognition of the specialisation in community pharmacy after completion of a two-year postgraduate course.

OBJECTIVES

Achieving formal recognition of the specialisation in community pharmacy after completion of a two-year postgraduate course.

RELEVANCE FOR THE COUNTRY

Information unavailable.

PARTNERS INVOLVED

Information unavailable.

TACTICAL APPROACH

Information unavailable.

METHODOLOGY/TYPE OF INTERVENTION

The Royal Dutch Association for the Advancement of Pharmacy (KNMP) has developed and recently completely modernised a two-year postgraduate educational programme for community pharmacists based on CANMED (the competency framework for improving patient care by enhancing physician training, developed by the Royal College of Physicians and Surgeons of Canada) and practice-based learning.

After completing the programme, a pharmacist is registered as a community pharmacist. Over 90% of all community pharmacist have registered.

The KNMP is now in the process of legal recognition of the community pharmacist specialisation, resulting in legal protection of this title, as is the case with the hospital pharmacist specialisation. Health insurers already demand registration of the responsible pharmacist as community pharmacist.

OUTCOMES

Information unavailable.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

FURTHER INFORMATION

Information unavailable.

6.7 Internship programme for pharmacy students

COUNTRY/TERRITORY	Pakistan
REGION	Eastern Mediterranean
ORGANISATION	Pharmacy Graduates' Association of Pakistan
STARTED	June 2012
AREA(S) OF PHARMACY PRACTICE	Pharmacy education
NUMBER OF PHARMACISTS INVOLVED	2,400
KEY WORDS	Internships, practice-based training
ABSTRACT	The initiative aims to assist pharmacy students in completing their internship.

OBJECTIVES

Working for the betterment of the pharmacy profession in Pakistan. Assisting pharmacy students in completing their internship.

RELEVANCE FOR THE COUNTRY

Information unavailable.

PARTNERS INVOLVED

Information unavailable.

TACTICAL APPROACH

Information unavailable.

METHODOLOGY/TYPE OF INTERVENTION

Information unavailable.

OUTCOMES

Information unavailable.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

FURTHER INFORMATION

www.pgapakistan.org

6.8 Clinical and community pharmacy course

COUNTRY/TERRITORY	Pakistan
REGION	Eastern Mediterranean
ORGANISATION	Pharmacy Graduates' Association of Pakistan
STARTED	January 2014
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	200
KEY WORDS	Clinical training, pharmaceutical care, collaborative practice
ABSTRACT	The initiative consists of a course focusing on clinical knowledge and skills for community pharmacists, pharmaceutical care, managerial skills and aspects of collaborative practice.

OBJECTIVES

The clinical and community pharmacy course provides knowledge and skills for the provision of pharmaceutical care, for implementing the concept of clinical pharmacy and for managing a community pharmacy. The course is in line with the expectation of community pharmacy as provider of patient-centred care.

The course aims to meet the needs of health professionals to provide better care and services to patients in a collaborative way: medical care, pharmaceutical care and nursing care. The course also provides knowledge on various pharmaceutical products and medical devices, so that pharmacists can offer quality services to patients.

RELEVANCE FOR THE COUNTRY

Information unavailable.

PARTNERS INVOLVED

Essa Lab & Pharmacy.

TACTICAL APPROACH

Information unavailable.

METHODOLOGY/TYPE OF INTERVENTION

Information unavailable.

OUTCOMES

Information unavailable.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

FURTHER INFORMATION

www.pgapakistan.org

6.9 Continuing professional development on pharmacology and pharmaceutical sciences

COUNTRY/TERRITORY	Pakistan
REGION	Eastern Mediterranean
ORGANISATION	Pharmacy Graduates' Association of Pakistan
STARTED	February 2014
AREA(S) OF PHARMACY PRACTICE	All
NUMBER OF PHARMACISTS INVOLVED	35
KEY WORDS	Pharmacology, continuing professional development
ABSTRACT	Courses for updating practising pharmacists on aspects of pharmacology and other scientific areas.

OBJECTIVES

Teaching professional and core competencies related to pharmacology and pharmaceutical sciences in a highly practical environment.

RELEVANCE FOR THE COUNTRY

Information unavailable.

PARTNERS INVOLVED

Information unavailable.

TACTICAL APPROACH

Information unavailable.

METHODOLOGY/TYPE OF INTERVENTION

Information unavailable.

OUTCOMES

This course will help pharmacists boost their current pharmacy knowledge and enable them to apply some of their theoretical knowledge in a practical environment.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

FURTHER INFORMATION

www.pgapakistan.org

6.10 Integrating counterfeit medicines vigilance in pharmacy and medicine undergraduate curricula

COUNTRY/TERRITORY	Philippines
REGION	Western Pacific
ORGANISATION	Philippine Pharmacists' Association
STARTED	March 2015
AREA(S) OF PHARMACY PRACTICE	Pharmacy education
NUMBER OF PHARMACISTS INVOLVED	A total of 95 educators from 41 pharmacy and medicine schools
KEY WORDS	Counterfeit medicines, interprofessional education
ABSTRACT	The initiative consisted on introducing concepts of counterfeit medicines and vigilance in the undergraduate curricula of pharmacy and medicine schools.

OBJECTIVES

Training pharmacy and medical educators from selected universities to use the curriculum guide on counterfeit medicines education and vigilance developed by the Philippine Pharmacists' Association.

Integrating counterfeit medicines education and vigilance into existing health education curricula of pharmacy and medical schools, and in the professional organisations' continuing professional education programmes.

RELEVANCE FOR THE COUNTRY

In the Philippines, it is claimed that counterfeit drugs make up 10% of the PHP 72 billion (USD 1,500 million) pharmaceutical market.

PARTNERS INVOLVED

International Pharmaceutical Federation, World Health Professions Alliance, Medicines Transparency Alliance Philippines, Philippine Association of Colleges of Pharmacy.

TACTICAL APPROACH

The project utilised an educational framework for health profession students and practitioners created by pharmacist and medical doctor educators. The modules are expert-approved, evidence-based educational resources designed to forward "medicines quality consciousness" among health care profession students and practitioners. With the use of such materials, it is hoped that pharmacists and medical doctors will be competent in performing their crucial roles in assuring quality of medicines, prescribing, dispensing and patient education, with the end goal of contributing to the halt of counterfeit medicines proliferation in the Philippines. In the conduct of the regional training workshops, the organisation worked and planned closely with the national networks of pharmacy and medical schools in the Philippines.

METHODOLOGY/TYPE OF INTERVENTION

A core working group comprised of experts in the field of pharmacy and medicine was tasked to coordinate the overall design and pilot implementation of educational interventions. The training modules were rolled out in two regional workshops involving pharmacy and medical educators from selected universities.

OUTCOMES

There were two regional training workshops held, one in Manila and the other in Cebu City. A total of 95 pharmacist and medical doctor educators representing 41 institutions of higher learning were trained. All participants received a complete training package.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Counterfeit Medicines Education and Health Vigilance in Health Professions Education, 2015 edition.

FURTHER INFORMATION

http://www.philpharmacists.org/.

6.11 Algorithms for counselling by community pharmacists

COUNTRY/TERRITORY	Russian Federation
REGION	Europe
ORGANISATION	Moscow Pharmaceutical Society
STARTED	2014
AREA(S) OF PHARMACY PRACTICE	Community pharmacy
NUMBER OF PHARMACISTS INVOLVED	55
KEY WORDS	CPD, continuing professional education, practical training, counselling, generics
ABSTRACT	Practical courses on counselling and generic substitution for community pharmacists.

OBJECTIVES

Educating participants about the roles of pharmacists under the framework of pharmaceutical policy in Russia and demonstrating approaches to counselling following the model presented in FIP-WHO's document "Developing pharmacy practice — a focus on patient care".

RELEVANCE FOR THE COUNTRY

Information unavailable.

PARTNERS INVOLVED

None.

TACTICAL APPROACH

Practical courses for pharmacists from Moscow and the Moscow region.

METHODOLOGY/TYPE OF INTERVENTION

The course was mostly practical and included case analyses of different real-life situations in community pharmacy. The main topics of the workshop were: branded medicines and generics (the role of International Non-proprietary Names, INNs), types of medicines names (INNs and trade names), differences and similarities of branded medicines and generics, regulation of branded medicines and generics, the concept of interchangeability, medicines selection and distribution in the pharmacy (responsibilities of the pharmacist).

OUTCOMES

These courses took place in two editions. Overall, 55 pharmacists participated. The final test showed that more than half of the participants improved their professional skills. The education programme will be continued in other regions of the Russian Federation.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

FURTHER INFORMATION

www.mospharma.org

6.12 Career guidance programme for pharmacy undergraduates

COUNTRY/TERRITORY	Sri Lanka
REGION	Southeast Asia
ORGANISATION	Pharmaceutical Society of Sri Lanka
STARTED	July 2014
AREA(S) OF PHARMACY PRACTICE	Pharmacy education
NUMBER OF PHARMACISTS INVOLVED	23 pharmacists and 200 final year pharmacy undergraduates
KEY WORDS	Career, guidance
ABSTRACT	To address the low interest in community pharmacy as a career option for pharmacy students, the initiative aimed to inform undergraduates about the expanded roles of community pharmacists and demonstrate their relevance in the health care team.

OBJECTIVES

To educate pharmacy undergraduates about the role of the practising pharmacists as members of the health care team.

RELEVANCE FOR THE COUNTRY

Since there is a reluctance among new graduates to become community pharmacists the Pharmaceutical Society of Sri Lanka decided to conduct this programme to encourage them to do so.

PARTNERS INVOLVED

Universities and Pharmacy Owners Associations.

TACTICAL APPROACH

Information unavailable.

METHODOLOGY/TYPE OF INTERVENTION

Lectures and field visits.

OUTCOMES

Results are not yet available.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

FURTHER INFORMATION

Information unavailable.

6.13 Specialisation in pharmacoeconomics

COUNTRY/TERRITORY	Uruguay
REGION	Americas
ORGANISATION	Association of Chemists and Pharmacists of Uruguay
STARTED	July 2014
AREA(S) OF PHARMACY PRACTICE	Pharmacoeconomics
NUMBER OF PHARMACISTS INVOLVED	40
KEY WORDS	Pharmacoeconomics, advanced training, education
ABSTRACT	The initiative consisted on developing an advanced training programme in pharmacoeconomics in collaboration with several faculties.

OBJECTIVES

Creating a specialisation in pharmacoeconomics at national level.

RELEVANCE FOR THE COUNTRY

A specialisation in pharmacoeconomics is not available in Uruguay. This project aims to respond to the current needs that derive from technological advancement. The Association of Chemists and Pharmacists of Uruguay is leading this initiative.

PARTNERS INVOLVED

Faculty of Chemistry (Pharmacy) of the University of the Republic, Faculty of Medicine, Faculty of Economic Sciences and Management, Faculty of Law, and National Resources Fund

TACTICAL APPROACH

Organising and coordinating with the above partners the activities described in the methodology section.

METHODOLOGY/TYPE OF INTERVENTION

Workshops, courses, conferences and projects.

OUTCOMES

Information unavailable.

PROJECT MATERIALS/RESOURCES/PUBLICATIONS

Information unavailable.

FURTHER INFORMATION

Information unavailable.

7 List of initiatives per region and country

The regional classification follows the distribution of countries and territories used by the World Health Organization and the regional pharmaceutical forums.

Press the CTRL key and click on the project names to see their description.

AFRICA

1. Ethiopia

   Model community pharmacy initiative
   Developing a continuing professional development strategy for pharmacists

2. South Africa

   Codeine care
   Drug wise

3. Zimbabwe

   Pharmacists against drug abuse
   Reclassifying medicines as pharmacist-initiated treatment — improving access to medicines

AMERICAS

1. Argentina

   Pharmacists for quality of life: patient empowerment and disease prevention programme
   Collecting expired and unused medicines: pharmacists' contribution to a better environment
   Good compounding practice guidelines for pharmacies

2. Brazil

   Profar: support programme for pharmacists for minor ailment care

3. Canada

   Impact of community pharmacist interventions on hypertension management outcomes
   Evaluating a pharmacist-led minor ailment service in Nova Scotia
   Alberta Ministry of Health compensation plan for pharmacy services

4. Costa Rica

   Reforming pharmacy education in Costa Rica

5. United States of America

   Pharmacy practice model initiative/Practice advancement initiative
   Ambulatory care pharmacy practice model initiative

6. Uruguay

   Creation of professional career categories for hospital pharmacists
   Dissemination of graduation projects on pharmaceutical services in primary health care
   Specialisation in pharmacoeconomics

EASTERN MEDITERRANEAN

1. Jordan

   Green pharmacy: 2015 World Pharmacists' Day theme
   Vaccination by community pharmacists
   Pharmacovigilance awareness campaign

2. United Arab Emirates

   Price reduction initiative
   New medicines pricing system

EUROPE

1. Belgium

   Asthma: new medicines counselling service
   Shared pharmaceutical record

2. Finland

   Simple medication review service
   Medication reminder and schedule
   Community pharmacy as a health point

3. France

   The French pharmaceutical record

4. Hungary

Guidelines for patient care for vulnerable patient populations: elderly and pregnant women
Improving pharmaceutical care through training of community pharmacists

5. Ireland

Improving adherence through an appointment based model
Pharmacy influenza vaccination service
Know your numbers: raising awareness about overweight and obesity
The Irish Institute of Pharmacy

6. Netherlands

Medication monitoring and optimisation
Medication therapy management

7. Norway

New oral anticoagulants: counselling to prevent adverse events
Psychoactive medicines: a national campaign to improve use and safety
Medisinstart: improving adherence to new medicines in patients with chronic diseases

8. Poland

Information campaign on new pricing regulations for reimbursable medicines
Medicines Only from Pharmacies campaign
Protest for equal and continuous access to medicines

9. Portugal

Public awareness campaign: *Medicines use — we are all responsible*
Healthy Generation: promoting healthy lifestyles among school children
Agreement with Ministry of Health for the implementation of public health programmes
+Health: an insurance plan for pharmacy services
Electronic prescription system
Pharmacists' professional card
Career opportunities board for pharmacists

10. Romania

Hygiene: more effective than medicines
A cleaner environment — a campaign to collect expired medicines

11. Russian Federation

Understanding the functions and problems of hospital pharmacy practice
Assessing the importance of counselling by pharmacists on medicines use
Algorithms for counselling by community pharmacists

12. Serbia

Medicines may affect traffic safety — do drivers know that?
Medicines-related problems in elderly care home patients — a collaborative approach
Development and validation of indicators for the assessment of pharmaceutical care in Europe

13. Slovenia

Slovenian community pharmacies' day
Round table on regulation and licences for pharmacists

14. Spain

conSIGUE: measuring the impact of medicines use review in elderly polymedicated patients
Adhiérete Programme: promoting adherence to treatment by elderly chronic patients
Collaborative practice — a key element in the future of health care

15. Sweden

Structured dialogues about medicines in community pharmacies

16. Switzerland

Polymedication check
Vaccination by pharmacies
NetCare: managing minor ailments in the community pharmacy

17. Turkey

Smart pharmacy project: an asthma care service
Pharmacist identification card project
Pharmacists' TV channel

18. United Kingdom

Medicines optimisation guidance
Professional standards for hospital pharmacy services
A vision for pharmacy at the heart of patient-centred care
Accelerating paediatric formulations

SOUTHEAST ASIA

1. India

   Awareness on responsible use of medicines
   DOTS tuberculosis pharmacy project
   World Health Professions' Alliance campaign against spurious medicines in India

2. Pakistan

   Internship programme
   Clinical and community pharmacy course
   Continuing professional development on pharmacology and pharmaceutical sciences

3. Sri Lanka

   Rational use of
   Career guidance programme for pharmacy undergraduates

WESTERN PACIFIC

1. Australia

   MedsCheck and *Diabetes MedsCheck*
   Staged supply of medicines
   Integrating pharmacists in general practice
   Spotcheck: skin cancer screening by community pharmacies
   Health Destination Pharmacy national scale-up

2. China

   Investigating the need for large packages of medicines for unit dose dispensing in hospitals
   Improving the safe and effective use of high-alert medicines
   Developing the prescription evaluation skills of hospital pharmacists

3. China Taiwan

   Intravenous chemotherapy: counselling service for patients
   Non-vitamin K antagonist oral anticoagulants: improving and monitoring use

4. Japan

Medicines and Health Week
Physical assessment undertaken by pharmacists

5. Mongolia

Promoting rational use of medicines
Registration of pharmacy professionals
Improving collaborative practice through a new code of ethics

6. Philippines

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Publication and rollout of the Philippine Practice Standards for Pharmacists
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