

The FIP Community Pharmacy Section

Vision 2020



The Community Pharmacy Section (CPS) has more than 2000 individual members. More than 80 national pharmaceutical associations are members of the Steering Committee of CPS.

The CPS mission is to assist pharmacists, wherever they live and practice, in the delivery of medicines and services that will improve medicine use and advance patient care.



International
Pharmaceutical
Federation



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Community Pharmacy
Section

DISCLAIMER

1. Throughout this document, the word “pharmacy” is used as an all-inclusive word, representing all things “pharma” – pharmacy, pharmacists, pharmaceutical scientists, pharmacy academicians, pharmacy technicians, etc.;
2. While the patient is not mentioned often in this document, it is the overriding sentiment that in the end pharmacy will practice its future “with” the patient and not “do things” to the patient;
3. This Vision will not necessarily have all the answers, but its purpose is to give directions, guidance, or propose topics management.

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1. BACKGROUND

1.1. Introduction

The Community Pharmacy Section of FIP has, since its creation, been proactively striving to meet its individual members' needs and expectations. More than responding to demands, it has been advancing pharmacy practice by continuously monitoring societal demands. In the 1990s, recognizing that pharmacists needed additional knowledge of pharmacotherapy, CPS started out by producing educational booklets for its members. Since then, it has coordinated international practice research, encouraged the dissemination of important concepts for the profession such as pharmaceutical care, and stimulated projects on the added value of pharmacy¹.

In 2007, the Community Pharmacy Section of the International Pharmaceutical Federation (FIP CPS) established its Strategic Plan for 2007-2011. In that plan, the aims of the Section as depicted in the Section Statutes were described; the CPS mission and vision were presented; and the strategies to achieve those aims were explored:

CPS aims

- to improve the professional standards of pharmacy and encourage the realisation of the social aims of the profession as a contributor to public health and as a pharmaceutical service to the community;

- to plan and be responsible for the activities of FIP in the field of community pharmacy;
- to provide and exchange information which will assist in the coordination and improvement of the scientific, technical and professional activities of pharmacists in community pharmacy;
- to organise meetings for members of the Section during and between FIP Congresses: "World Congress of Pharmacy" and "World Congress of Pharmacy and Pharmaceutical Sciences";
- to study and report upon matters of interest to pharmacists in community pharmacy.

CPS mission

- To assist pharmacists, wherever they live and practise, in the delivering of medicines, health products and services that will improve medicine use and advance patient care.

Vision for CPS

- To develop strong relationships with our individual members and our member pharmaceutical associations that have focus on community pharmacists and other pharmacists with primary care functions and services;
- To support pharmacists to fulfil their responsibilities towards society and provide their services at a high professional level;
- To be a "meeting point" for pharmacists so that CPS can facilitate

further development of pharmacy practice within the primary health care sector in countries all over the world.

Strategies for CPS

1. Acting as a resource centre for pharmacy practice development
2. Advancing community pharmacy practice
3. Improving communications

Having roughly reached the end of the 5-year term of the Strategic Plan, it is expected that the Section reviews and renews the document in light of new advancements within the FIP structure, the pharmaceutical world in general and the community pharmacy setting in particular.

Additionally, in 2009, FIP disseminated the document FIP Vision 2020. This strategic document was adopted unanimously by the FIP Council during the World Congress of Pharmacy and Pharmaceutical Sciences, which took place in Basel, Switzerland. Its aim is to present the frameworks and tools to enable FIP's Mission. The document includes External and Internal Situational analyses, followed by the articulation of FIP's Vision and Mission. The strategic objectives and approaches explain how FIP's Vision and Mission are expected to be effectively implemented.

Moreover, several organisations throughout the world have worked on Strategic and Vision documents that depict the challenges to and opportunities for Community Pharmacy in the coming years²⁷. The

Pharmaceutical Group of the European Union (PGEU) is finalizing a European Community Pharmacy Blueprint, which reflects the desire among European community pharmacists to advance the pharmacy profession and community pharmacy practice in order to meet patients' needs and current challenges in healthcare.

The Section therefore reflected on the pertinence and need of developing its own Vision for Community Pharmacy for the year 2020, as a guiding platform to the Strategic Plan to be implemented in the coming years. It should also serve as a contribution, which builds on the FIP document Vision 2020 and individual National Pharmaceutical Organisation documents.

Having agreed upon and determined the development of such document, it was decided to include the Sections members – both individual as well as organisations – in the reflection process.

Given that the Annual Congress of FIP is by far the largest and most important event for pharmacists around the world, in which hundreds of community pharmacists participate, the Section considered it was the right venue to put forward some themes for discussion and debate. These themes would be the ones to be included in the Vision document, and its content would reflect the conclusions reached.

Consequently, during the 90th FIP World Congress of Pharmacy and Pharmaceutical Sciences, held in Lisbon in 2010, the

Community Pharmacy Section looked into the crystal ball to answer this question: how will community pharmacies look and work in 2020?

During the congress we tackled different angles of community pharmacy practice: from the necessary infrastructures, equipment and workforce, to anticipating how relationships with the other

stakeholders will be established, and which different cognitive services and business models will be in place.

We discussed a “preferred future” and how we will get there.

The document at hand intends to present such Vision.



1.2. The context - Global Trends and Challenges

Global trends and challenges in healthcare have been extensively discussed and presented at various venues and in documents prepared and disseminated by National and International Professional Organisations. This exercise has been identified as necessary in order to build a vision for the profession, which has a positive impact on society in general, and healthcare provision in particular.

In 2009, FIP conducted an external analysis on the current and profession-wide concerns that are and will be of importance in the development and improvement of healthcare. Since then, additional internal discussions have taken place. Furthermore, countries such as Canada, UK, the Netherlands, Scotland and Australia have produced documents in which trends are also analysed and solutions put forward. A synopsis of these analyses and views is presented in Table I.

Table I

Trends and Challenges	Rationale
Demographic and Societal Factors	<ul style="list-style-type: none">Both the population of the world and its economy will continue to grow; however, in unequally distributed patterns. This affects the prevalence of poverty, aging of populations and health distribution in urban/ rural developments;There are major differences in trends between developed, transitional and developing countries;Spread of Social Networking systems that allow broad-based communication among patients with specific diseases;Increasing existence of Web-based Patient Record Systems which allow patient and provider access.
Disease Burden Factors	<ul style="list-style-type: none">Leading causes of disease burden continue to include a mix of communicable and non-communicable diseases. However, much variation exists between high-, low- and middle-income countries, with the latter two continuing to experience much higher morbidity and mortality due to communicable diseases, coupled with an increased burden from non-communicable disease factors;Diseases usually require drug therapy, but access and affordability make that a challenge in many countries, including in some developed countries.

Economic Factors	<ul style="list-style-type: none"> • Increasing costs of medicines and the drug component of national healthcare expenditures; • Increasing penetration of generics in ambulatory and inpatient care; • Workforce and Reimbursement issues are trends that span all areas of practice.
Health-System Factors	<ul style="list-style-type: none"> • Cost, accessibility and the ability to provide high quality healthcare with best possible outcomes are escalating concerns worldwide; • Substantive emphasis on patient safety; • This challenge is increasingly hampered by growing healthcare worker shortages, affecting healthcare delivery around the world; • Increasing governmental (e.g. WHO) concerns about the length and cost of training of health personnel.
Regulatory Factors	<ul style="list-style-type: none"> • Economic liberalization and its effects on pharmacy ownership and professional autonomy; • Risk management plans (e.g. REMS) are being increasingly required; • Necessity for the manufacturing industry to ensure integrity of drug supply by using tools such as bar-coding and electronic tagging (RFID); • Different perspectives on pharmacy practice and procedures between pharmacy practice community and the pharmaceutical industry (e.g. bar coding, generic prescribing, REMS, pharmacy education); • Quality movement: ISO, accreditation organizations e.g. The Joint Commission, various boards creating uniform regulations to protect public health; • Constant changing regulatory environment for practice and industry, which demands rapid adaptation.
Pharmacy Profession Factors	<ul style="list-style-type: none"> • It is speculated that the number of trained and competent pharmacists may be either unavailable or inadequately distributed to meet population needs. This is a result of varying education and training processes of pharmacists and pharmaceutical scientists around the world. These processes are currently being scrutinized in light of the needs of healthcare systems which are realising the imperative role of the pharmacist through both experience and research

	<p>evidence;</p> <ul style="list-style-type: none"> • Adjustment of the pharmacy curriculum around the world; • Core competence and differential competence of pharmacists based on national needs.
Pharmaceutical industry and innovation Factors	<ul style="list-style-type: none"> • Public confidence in pharmaceuticals may decline as the questions of efficacy, safety and counterfeiting become more prominent. In parallel, incentives for innovation are evolving and diversifying with increased support from public private partnerships; • Increased knowledge of genomics and how it applies to medication prescribing and management.
Trends in Service Development	<ul style="list-style-type: none"> • Acknowledgement of different needs for competencies of pharmacy graduates for different areas of practice; • Possibility of pharmacy-based laboratory testing in order to construct a dosing schedule, including specific dose and times for administration; • Need for global drug monitoring standards for those drugs that absolutely require laboratory testing and monitoring; • Enhancement of drug therapy adherence; • Post-marketing surveillance and adverse event monitoring and the role of pharmacist in data collection and alerting; • Pharmacies as an entry-point to primary care and triage decision-making; • Environmental issues around waste, pollution, packaging disposal; • Pharmaceutical services based on new remuneration systems.
Collaboration Factors	<ul style="list-style-type: none"> • Building on current partnerships, opportunities exist for further collaborative efforts.

“Rational use of medicines requires that patients receive medications appropriate to their clinical needs, in doses that meet their own individual requirements for an adequate period of time, and at the lowest cost to them and their community.”

World Health Organization (WHO)

‘However, WHO estimates that more than half of all medicines are prescribed, dispensed or sold inappropriately, and that half of all patients fail to take them correctly. The overuse, underuse or misuse

of medicines results in wastage of scarce resources and widespread health hazards⁹.

As the scientific world continues to expand and provide consumers with answers or at least potential solutions to the needs of society, society gravitates to a “consumerism” model, where health solutions are sought in a product available for purchase.

Notwithstanding the hope and possibility that the benefits of such models are substantially greater than the risks, we ask the question: “What will it take for society

to truly understand the risks vs. benefits of such consumerism where access to novel, new, or readily available medicines may not be the “cure in a bottle”?”

How will community pharmacists work with societies and their representatives, governments, to manage the complexity of maintaining health standards and the rational use of medicines as defined by WHO?



1.3. The context – Global Trends and Challenges in Community Pharmacy

As has been pointed out elsewhere, drug therapy has been proven to prolong life and increase its quality, and is often more cost effective and less invasive than surgery and other medical procedures. However, it has also contributed to the rising costs of health care and adverse events².

Drug-related problems such as adverse events are not uncommon, and there is extensive evidence on the high direct and indirect costs caused by pharmaceuticals⁹⁻¹³. Examples from around the world:

- A study conducted among older persons in the ambulatory setting estimated that the overall rate of adverse drug events was 50.1 per 1000 person-years, with a rate of 13.9 preventable adverse drug events per 1000 person-years. Of the adverse drug events, 599 (39.0%) were categorized as serious, life-threatening, or fatal; 244 (42.2%) of these more severe events were deemed preventable compared with 199 (19.9%) of the 945 significant adverse drug events⁹;
- Studies have estimated that 5% to 10% of all hospitalizations are medication-related, as are a large proportion (4% to 29%) of all emergency department visits¹⁴;
- Adverse events after hospital discharge are also of concern, with 23% of patients experiencing an adverse event within 30 days; 50% of these adverse events were deemed preventable and 92% were due to medications¹⁵;
- In a study conducted in 112 community pharmacies in Europe, drug-related problems were identified in 63.9% of patients. Uncertainty or lack of knowledge about the aim or function of the drug (29.5%) and side effects (23.3%) were the most common DRPs. Practical problems were reported by 12.4%. Pharmacists also revealed other problems (24.0%) concerning dosage, drug duplication, drug interactions and prescribing errors. Patients with more changes in their drug regimens (drugs being stopped, new drugs started or dosage modifications) and using more drugs were more likely to develop DRPs¹⁶;
- In the United States of America, the overall cost of drug-related morbidity and mortality exceeded \$199.4 billion in 2000. Hospital admissions accounted for nearly 90% (\$121.5 billion) of total costs, followed by long-term-care admissions, which accounted for 19% (\$32.9 billion)¹⁷.

Non-adherence is also a serious concern, with WHO stating that approximately 50% of chronic patients do not adhere to therapy¹⁸.

Data also reports on the economic magnitude of this problem:

- 194,500 deaths a year in the EU due to miss-dose and non-adherence of prescribed medication. Non-adherence is estimated to cost the European Union €125bn annually¹⁹;

- Poor adherence has been estimated to cost the US healthcare system about \$290 billion a year²⁰.

Table II illustrates trends and challenges considered to have major impact in community pharmacy practice:

Table II

Trends and Challenges	Rationale	Consequences
Demographic and Societal Factors	<ul style="list-style-type: none"> • Growing number of elderly population in developed countries and some developing countries. Increased life expectancy; • Higher standards of living; • Increased use of technology. 	<ul style="list-style-type: none"> • Elderly patients requiring more (and possibly yet undiscovered) pharmaceutical products and services; • Greater expectations from what pharmacists/pharmacies can offer and ways to deliver their products/provide their services.
Disease Burden Factors	<ul style="list-style-type: none"> • Prevalent chronic diseases are similar throughout the world, with diabetes, cardiovascular disease and asthma representing a large percentage; • Cancer is a leading cause of death worldwide; • Communicable diseases such as HIV, Tuberculosis; • Greater need for immunization(s) and immunizer(s)? • Pandemic(s) 	<ul style="list-style-type: none"> • Pharmacists are expected to provide targeted interventions for the most prevalent diseases; • Pharmacies are expected to contribute to decrease cancer deaths by implementing evidence-based strategies for cancer prevention, early detection of cancer and management of patients with cancer; • Higher pharmacist participation in awareness campaigns and Directly

		Observed Therapy (DOT) programmes in areas such as the management of drug addiction, HIV/AIDS, tuberculosis and sexually transmitted diseases.
Economic Factors	<ul style="list-style-type: none"> Budgetary concerns due to introduction of new medicines and higher consumption lead governments to push for higher generic drugs prescription and dispensing. 	<ul style="list-style-type: none"> Increased dispensing of lower priced medicines not financially sustainable for pharmacy in the medium/long term. Sustainability will come from appropriate services appropriately priced.
	<ul style="list-style-type: none"> Prevalence of larger Pharmacy units due to political/economic demand for higher efficiency at pharmacies. 	<ul style="list-style-type: none"> Concentration of Pharmacy Business in fewer and bigger groups of employees. Fewer pharmacy jobs, with fewer manager/owners positions.
Health-System Factors	<ul style="list-style-type: none"> Health care reforms due to rising health care costs as a percent of GDP. Concerns about sustainability of Healthcare System. 	<ul style="list-style-type: none"> Possibility for pharmacy to be better integrated into the health care system; Possible need to adopt new remuneration schemes.
Regulatory Factors	<ul style="list-style-type: none"> Liberalisation of economies - Free vs. constrained markets as a philosophy; Liberalisation of the pharmaceutical sector in general – open pharmacy ownership, changes in establishment rules, sale of non-prescription medicines in other outlets beside pharmacies, ... - Free market ideology; pressure from third parties like supermarkets and wholesalers to enter the healthcare market 	<ul style="list-style-type: none"> Possible ownership changes (multiple possible owners - independent, chain, wholesale, pharma industry); Consequences may vary according to the type of liberalization - the challenge for pharmacists will be to remain independent; the challenge for pharmacies will be to maintain economic viability.

	<ul style="list-style-type: none"> Changes/decreases in pharmacy remuneration - Governments and other payers seeking to decrease costs in healthcare, namely on drugs; payers looking for other ways to remunerate pharmacies other than based on margins, in order to increase implementation of services. 	<ul style="list-style-type: none"> Changes in "turnover composition" for community Pharmacies; Focus can move towards more health care services or towards higher volume per pharmacy.
Pharmacy Profession Factors	<ul style="list-style-type: none"> Adjustment of the pharmacy curriculum around the world; Core competence and differential competence of pharmacists based on national needs. 	<ul style="list-style-type: none"> Pharmacists will have more clinical skills and be able to provide patient-centred care.
Pharmaceutical industry and innovation Factors	<ul style="list-style-type: none"> Consolidation within the pharmaceutical industry 	<ul style="list-style-type: none"> Fewer Pharmaceutical Industry players results in lesser companies to negotiate with but also leads to less competition and thus less opportunities for price negotiation.
	<ul style="list-style-type: none"> "Dry" pipelines for new big blockbuster ambulatory drugs; Increase in biosimilars, generics. 	<ul style="list-style-type: none"> Fewer new molecule discoveries; greater generic usage; Declining profit for pharmacies if remuneration system is based on margin of price.
	<ul style="list-style-type: none"> More BioTech companies – new inventions; Personal medicines, gene technology. 	<ul style="list-style-type: none"> New types of products may mean new knowledge/specialisation required; Other/alternative distribution channels are being used which poses a threat to community pharmacy sustainability.

	<ul style="list-style-type: none"> Counterfeiting. 	<ul style="list-style-type: none"> Need for GPP implementation and regulated distribution channels.
	<ul style="list-style-type: none"> Rx to OTC switches. Pharmaceutical companies are seeking a broader market. 	<ul style="list-style-type: none"> Need for increased intervention from pharmacists to ensure patient safety and rational use of medicines; Increased scope of intervention.
Trends in Service Development	<ul style="list-style-type: none"> Product focus to service focus. 	<ul style="list-style-type: none"> Pharmacists in more partnership roles; Need to evaluate pharmaceutical services and manage its implementation.
	<ul style="list-style-type: none"> Old services – new models; Increased demand for efficiency. 	<ul style="list-style-type: none"> Automation and use of robots is being introduced in the dispensing activities; Possible change in role definition of technicians and pharmacists.
	<ul style="list-style-type: none"> Pharmacies as an entry-point to primary care and triage decision-making; Increase in the number and type of services that can be provided in pharmacies; Healthcare workforce issues; governments/payers seeking to transfer care from secondary to primary care; Possibility of pharmacy-based laboratory testing. 	<ul style="list-style-type: none"> Need for more workforce and better/different skills at pharmacies (continuing education; change of pharmacists curriculum); Infrastructures needed for counselling and service provision.
	<ul style="list-style-type: none"> New services - Payment for products not sustainable. 	<ul style="list-style-type: none"> Remuneration for services/fee-for-service: <ul style="list-style-type: none"> - Services based on patient-specific diagnosis; - Services based on patient-

		<p>specific medication uses;</p> <ul style="list-style-type: none"> - Product-linked intellectual services; - Enhanced distribution services (domiciliary, homecare); - Pharmacist prescribing/renewal of prescriptions, collaborative care.
	<ul style="list-style-type: none"> • Compliance technologies - Non-compliance growing as medicines use increases. 	<ul style="list-style-type: none"> • Pharmacies need to offer tailored solutions for each patient; • Possibility to collaborate with the Pharmaceutical Industry.
	<ul style="list-style-type: none"> • Implementation of new business models to ensure economic sustainability for pharmacies or respond to patient/consumer demands; • Distance selling of medicines and other health products - Evolving technology. 	<ul style="list-style-type: none"> • Changes in management, workforce, work processes etc; • Internet-based services; • Internet pharmacies; • Less face-to-face contact with consumers - the profession gets less visible; • More focus on price and delivery- less focus on counselling. • Bigger Community Pharmacies providing medicines to a region rather than local community.
Collaboration Factors	<ul style="list-style-type: none"> • Building on current partnerships, opportunities exist for further collaborative efforts. 	<ul style="list-style-type: none"> • Pharmacist part of the healthcare team; • Increased effort to establish partnerships with other healthcare professionals (in-house and out).

2. COMMUNITY PHARMACY TODAY

2.1. Role of the Community Pharmacist

According to the new Joint FIP/WHO Guidelines on Good Pharmacy Practice, pharmacists are specially trained health professionals who are charged by their national or appropriate (e.g. state or provincial) authorities with the management of the distribution of medicines to consumers, and to engage in appropriate efforts to assure their safe and efficacious use. In addition, pharmacists are

accepting greater responsibility for medicines-use outcomes and evolving their practices to provide patients with enhanced medicines-use services²¹.

Pharmacists, in their role as gatekeepers, have responsibilities for the following aspects of the process of medicines use, promotion of healthy lifestyles and prevention of disease^{2,21}:



Table III

Pharmacists' Responsibilities
<ul style="list-style-type: none">• assuring the integrity of the drug supply, including detecting counterfeit medicines;• assuring the proper storage of medicines;• preparation/compounding of medicines when needed;• assuring the proper prescribing of medicines so that dose regimens and dosage forms are appropriate;• providing education and interventions to prevent disease and disability, thereby promoting healthy lifestyles;• screening, educating and referring patients at risk to and referring patients to other health care providers, where appropriate;• assisting patients with selection of over-the-counter medications and other healthcare products;• supporting patient self-care by assessing symptoms, providing advice on the management of minor symptoms and the selection and use of over-the-counter medications and other healthcare products,• dispensing medicines, ensuring that instructions for use are clear, drug –drug and drug food interactions are prevented, known and predictable adverse drug reactions including allergies and other contra-indications are avoided, unnecessary treatments minimized, and that the cost of medicines is considered;• preparing and administering medicines, where appropriate;• promoting immunization and other public health services;• assuring patients or those administering medicines have a good understanding of the importance of taking medicines properly, such as the correct timing of doses, foods or other drugs to avoid when taking a dose and what to expect after taking the medicine;• monitoring treatment to verify effectiveness and prevent, identify and resolve actual and potential adverse drug events or other drug related problems;• optimizing health outcomes by monitoring and evaluating response to drug therapy, in a collaborative framework with physicians and other health care providers.• having services available that allow for patient follow-up such as point-of-care measurements or laboratory testing;• improving safety through medication reconciliation and seamless care.

2.2. Untapped Potential for Pharmacy

Through centuries, pharmacy systems have developed in the different countries and cultures and have adapted to the changing needs of societies and citizens to provide the necessary services. In our era we have seen the industrial revolution change pharmacies so that the most important task of pharmacies is no longer the compounding of medicines but the distribution of medicines. In addition, medicines have become very effective and complex systems, in which their optimal use has proven to be of the utmost importance for the success of the treatment. As a consequence, the main role of a community pharmacist today is to support the responsible use of medication and to support adherence, while preventing, detecting and resolving drug related problems.

As today's medicines are very complex systems, they have to be produced, stored, distributed and used under specific

conditions and with adequate knowledge. In order to maximize patient safety and avoid quality failures and counterfeiting, the production and distribution chain of medicines have traditionally been well controlled and under continuous supervision. Furthermore, from an economic point of view it is important for patients and society to have the possibility to influence the pricing and reimbursement system.

Efficiencies are being sought throughout the health care system to take full advantage of the contributions of all health care professionals². Those efficiencies are essential for the sustainability of the healthcare.

Community pharmacies have an important role to play in Healthcare due to a number of key strengths, as depicted in the UK White Paper from the Department of Health³:

Table IV

Community Pharmacies' Key Strengths
<ul style="list-style-type: none">there is a readily available network of trusted health professionals and their teams based in the heart of communities;people can readily access a wide range of medicines and other healthcare products and advice over the counter;community pharmacies are easily accessible due to their geographic distribution;pharmacies are open at times which suit patients and consumers – many late into the evenings or at weekends;pharmacies provide a convenient and less formal environment for those who cannot easily access or do not choose to access other kinds of health service, or who simply want readily available, sound professional advice and help to deal with everyday health concerns and problems;many pharmacies now have dedicated consultation areas specifically for private discussions.

Throughout the world, new legislation has allowed pharmacies to offer an ever-expanding range of clinical services.

“Public health interventions, pharmaceutical care, rational medicine use and effective medicines supply management are key components of an accessible, sustainable, affordable and equitable health care system which ensures the efficacy, safety and quality of medicines. It is clear that pharmacy has an important role to play in the health sector reform process. To do so, however, the role of pharmacists needs to be redefined and reoriented.”

World Health Organization
Pharmacies have been called upon to engage further in health promotion, disease

prevention and ensuring rational use of medicines, specifically by³:

- treating more people for common minor ailments (such as coughs, colds, minor stomach and skin problems);
- providing timely and opportunistic advice on eating a healthy diet, increasing physical activity, weight management and reducing alcohol intake;
- taking on a much more visible and active role in improving the public's health through provision of stop smoking services, sexual health services such as chlamydia screening and access to contraception, including emergency hormonal contraception, involvement in immunisation services, including administration of vaccines,

- and playing a crucial role in influenza pandemic preparation and crisis;
- supporting people with long term conditions (e.g. diabetes or asthma) to improve their quality of life, health and wellbeing and to lead as independent a life as possible by supporting self care;
- supporting better use of medicines – particularly for those newly starting a medicine for a long-term condition;
- better choice of services, with pharmacists recognised for their clinical skills and contribution, e.g. blood testing and interpretation of results for cholesterol levels, and helping to deliver screening programmes within national and local guidelines.

The UK Department of Health recognized that although significant progress has been made across many of these fronts over the last ten years, there is much still to be achieved³.

COMMUNITY PHARMACY WILL STRIVE TO OPTIMIZE PATIENT HEALTH BY OFFERING TO PARTNER WITH PATIENTS AND BY USING AVAILABLE KNOWLEDGE, RESOURCES, EFFICIENCY, TECHNOLOGY AND COMMUNICATION

3. VISION FOR PHARMACY 2020

In this section, after we describe an overview of the Vision, we will elaborate on no less than ten distinct components that impact Community Pharmacy.

To anticipate the future it is crucial to acknowledge the past. Much has changed in the last century. For instance, in less than 100 years, there has been a doubling of the average life expectancy²². In addition, the emphasis is increasingly being shifted to ‘quality of life’ rather than just longevity. And as highlighted in the FIP Vision 2020, living productive, meaningful and satisfying lives depends on good health in body, mind, and spirit.

To help achieve this goal, healthcare professionals have been called upon to work collaboratively with the patient as their focus. The integration of care is nowadays considered paramount to ensure access to quality healthcare.

FIP challenges pharmaceutical professionals to embrace a wide range of responses and commitments: establishing and meeting high standards of professional practice, identifying and taking on significant responsibilities in pharmacy practice research, and initiating and building relationships to ensure sustainable quality healthcare systems based on efficacious and safe uses of medicines worldwide.

Pharmacists should be dedicated to advance patient-focused, medicine-centred healthcare practices for all²³.

There is an envisioned future for pharmacy where its importance is largely acknowledged for the added value it brings to health care in general and medicines use in particular.

In this future:

- there is adequate access to pharmacists;
- there is adequate access to quality medicines, guaranteed by a safe and secure distribution system;
- the pharmacy team optimises patient outcomes and is key to the effective, rational and safe use of medicines;
- the pharmacist delivers patient-centred services in cooperation with other healthcare professionals, in areas such as health promotion, disease prevention and chronic disease management;
- pharmacies act as a gateway to the healthcare system and are central to its sustainability;
- pharmacists services are remunerated according to the expertise and complexity of the care provided.

3.1. ETHICS AND VALUES

Every patient and consumer using the healthcare system has the right to access quality care, which is given based on the best knowledge available. Healthcare providers must base their recommendations on their scientific knowledge, and the reasoning behind the decisions should be transparent and evidence based. Most importantly, the pharmacist has to recognize the health and wellbeing of the patient as his first and foremost priority.

The basis of successful healthcare is that the patient can trust the care and the environment where this care is given, as well as on the healthcare provider. If this trust is lost or challenged, the whole system will fail. In fact, pharmacists have traditionally been one of the most trusted professionals both in global and national or local evaluations²⁴.

The legislative framework, regulations and economical models must be structured so that they facilitate and support safety, quality and independent decision making in pharmacies. Only qualified persons should be able to work as pharmacists and their basic and continuing education should be adequate. Pharmacies should be licensed and regulated, and should be seen as part of the health care system. In addition, economic, social, and technological changes in pharmacy practice should not force community pharmacists to choose between their professional obligations to counsel patients and business objectives²⁵.

Pharmacists have traditionally been a liberal profession with a right to control their own professional activities. Pharmacists have been members of their professional organisations, which have often had some governmental tasks such as registering the members of the profession or/and controlling professional discipline. In Europe and in other countries such as Australia, community pharmacists have either owned their pharmacies or worked in a pharmacy owned by another pharmacist.

But changes have been occurring in a significant number of countries, and increased liberalisation in the distribution system has occurred.

The big challenge to pharmacists and their organisations is how to adapt to the changing conditions. Ownership of pharmacies has and will continue to change, and the focus has to be on the independence of the pharmacy profession and the possibility of pharmacists to practice according to quality standards²⁶.

In these circumstances, the development of model standards of practice for practicing pharmacists, regardless of their practice setting or model, is overriding. These standards should be designed to ensure the provision of a quality service to patients in accordance with appropriate legislation and policies, and should take into account the existence of a code of ethics.

Proposed Actions

- Design and implement initiatives to educate pharmacists in ethical issues at an under- and post-graduate level;
- Develop Standards of Practice for pharmacists at a national level;
- Develop a Code of Ethics for pharmacists at a national level.



3.2. LEGISLATIVE FRAMEWORK AND REGULATION

Legislation should support and foster pharmaceutical practice in accordance with the pharmacist expertise and skills, as driven by societal demands. It should take into account recent trends in service provision, as well as innovative models to deliver care, whilst recognizing traditional roles of pharmacists.

Regulation is indispensable for public protection. Healthcare is an imperfect market and does not respond to

competition as other markets do²⁷. Healthcare systems are complex, there is often a significant information asymmetry between providers and consumers, and care is highly customized to individual needs, making standard solutions inappropriate. Although some competition may be introduced in the pharmaceutical sector, governments must make sure that it occurs at the right level and at the right time.

Proposed Actions^{2,4,5,6,21}

- Enact a legal framework that:
 - defines who can practice pharmacy;
 - defines the scope of pharmacy practice;
 - ensures the integrity of the supply chain and the quality of medicines.
- Enact an enabling regulatory framework, authorizing pharmacists to deliver expanded services in new practice models, including but not limited to: initiating, modifying, continuing and monitoring drug therapy; ordering and accessing laboratory results; and administering drugs and vaccines by injection, in both collaborative and independent practice models;
- Monitor and effect legislation and its impact on patient care, pharmacy practice and the integrity of the drug distribution system (e.g., drug product licensing, roles and scopes of practice of health professionals);
- Monitor and effect privacy legislation to ensure access to, use of and disclosure of personal health information for clinical and quality assurance purposes, while protecting the confidentiality and security of patient's information;
- Facilitate or conduct research on evidence-based and cost-effective solutions, that help to inform the development of professional programs to be implemented within community pharmacy

3.3. Human Resources

“One of the most undervalued resources in any business is its people”²⁸. Therefore, there is a need for organisations to build their competency in the four most relevant aspects with respect to community pharmacy staff: recruitment and retention, training and development, performance management, and time management.

In addition, further consideration has to occur on the need to make greater use of pharmacy support staff and develop their roles in order to enable pharmacists to take on extended activities in supporting patients with their medicines²⁹. Overall, the pharmacy team as a whole has to meet the needs of the patient and healthcare systems.

Proposed Actions^{2,8,20,29}

- To enact a workforce framework that:
 - ensures the competence of pharmacy staff through continuing professional development programmes;
 - defines the personnel resources needed to provide services in accordance with the WHO/FIP Guidelines on Good Pharmacy Practice;
- National organisations should play a wider role in educating pharmacists and support staff about innovative skill mix practices within the context of the regulatory reforms, and with a view to community pharmacies providing additional services;
- In collaboration with the faculties of pharmacy, achieve consensus about enhanced skills and knowledge for pharmacists within the key sectors of pharmacy practice;
- Define and achieve consensus on the roles, responsibilities and competency requirements of pharmacy technicians and other staff members;
- Address recruitment, retention and performance management issues associated with traditional and emerging practices;
- Promote and evaluate best practices and innovative approaches in drug distribution and workflow to optimize pharmacy human resources and enhance safety;
- Leverage Community Pharmacy's access within communities, by diversifying the skill set available within community pharmacy to best cater for all of our community's medicine related needs, ie medicine supply, information, disease state management services and delivery of paid professional services, both "in store" and "in community";
- Increase capacity of Community Pharmacy to employ pharmacists in an ever increasing range of professional services delivered through community pharmacy.

3.4. Education and Continuing Professional Development

Ensuring high quality undergraduate education and continuing professional development programs is vital to support the implementation of patient-centred, outcomes-focused care.

In 1999, the WHO developed the concept of the “seven-star pharmacist,” detailing the skills and attitudes required of pharmacists to be effective members of the health care team. In 2000, the International Pharmaceutical Federation (FIP) adopted this concept in its policy on pharmacy education. The roles of the pharmacist were described as caregiver, decision-maker, communicator, manager, life-long learner, teacher and leader. The WHO and FIP ultimately added the function of researcher in their 2006 handbook entitled Developing

Pharmacy Practice: A Focus on Patient Care³⁰. Education needs to address all these competencies and skills both at the under- and post-graduate level.

FIPED, the new umbrella directorate encompassing FIP Education Initiatives, is working to stimulate transformational change in pharmaceutical education and engender the development of science and practice, towards meeting present and future societal and workforce needs around the world. It advocates for the use of needs-based strategies where pharmacy education is socially accountable, where practice and science are evidence-based and practitioners have the required competencies to provide the needed services to their communities.

Proposed Actions^{2,4,5,6,8,31}

- National pharmaceutical associations should share responsibility for the education of pharmacy students by being involved in the design, implementation and evaluation of the educational programmes of the schools and faculties of pharmacy in their countries;
- Ensure that the undergraduate pharmacy curricula address the knowledge, skills, competencies and values required by the patients, society and employers;
- Develop undergraduate curricula that retain science at its heart but evolve to encompass clinical content that supports patient-centred healthcare;
- Ensure that practice internship in community pharmacies is an essential part of pharmacy training, providing the students with the opportunity to observe the integration of pharmaceutical care activities into community practice;
- Ensure all pharmacists understand the value and necessity to embrace life-long learning as a philosophy, through Continuing Professional Development (CPD) activities;
- Promote and increase interprofessional and intraprofessional approaches to education and training;
- Encourage continued learning by all members of community pharmacy workforce;
- Maintain continual liaison with local universities and pharmacy schools to ensure supply of qualified persons does not far exceed the industry's need. This is particularly important in those jurisdictions where internships in community pharmacies is a pre-requisite for registration to practice.

3.5. Communications, Relationships, and Collaborations

Despite the recent developments in pharmacy practice and increasing service provision by pharmacists, there still appears to be an overall unawareness of the potential role for community pharmacy within the healthcare system. Satisfaction and trust surveys are often favourable to community pharmacists, who are highly regarded by the public, but expectations regarding the type and content of services that the pharmacist can offer are often low.

This lack of knowledge is transversal to governments, societies and individual patients that could benefit from the added-value services.

In addition, inter-professional collaboration is said to be a key feature of an optimally designed healthcare system. The benefits of inter-professional collaboration between community pharmacists and physicians have been demonstrated by empirical research, and the literature suggests that it contributes to the avoidance of errors and delays in workflow, improves patients' outcomes, and decreases health costs

related to ineffective and unsafe medication use³²⁻³⁶.

Interprofessional collaboration has been advocated by the World Health Organisation in influential policy papers, such as the Alma-Ata declaration, and by several professional bodies, including FIP and the World Medical Association (WMA)³⁷⁻⁴⁰.

In spite of these benefits and institutional support, inter-professional collaboration remains limited across organisational boundaries and various levels of care with the literature offering limited examples of sustained inter-professional collaboration between community pharmacists and physicians. Some of the most commonly cited are pharmacotherapy consultations in the Netherlands, quality circles in Switzerland, Home Medicines Reviews in Australia, and Collaborative Practice Agreements in the United States. In most countries, however, the physician-pharmacist working relationship is still in a very early stage of development.

Proposed Actions^{3,4,5,6,7,8,40}

- Develop a communication strategy that delivers key messages to patients, societies, governments and stakeholders such as other healthcare professionals, in order to increase awareness and understanding of the role of pharmacy in providing services;
- Develop a national marketing strategy for pharmacy services;
- Work towards developing a model of collaborative pharmacy practice that suits each country's particular health system;
- Develop and implement a multi-modal strategy that involves top-down and bottom-up approaches to increase inter- and intraprofessional collaboration;
- Implement systems that facilitate communication and transfer of information between different stakeholders that provide care directly to the patient, assuring patient confidentiality in the process (see point 3.8);
- Establish contact, liaise and collaborate with patient and consumer organisations.

3.6. Infrastructures and Premises

To be able to provide new pharmacy services, pharmacies often need to adapt their premises and equipment. In particular, the need to provide these services in a confidential manner is paramount. Although many services do not require specific consultation facilities within the pharmacy, a private area is recommended.

Pharmacy premises should provide the right balance between a clinical and customer focus: meet standards for clinical practice; build privacy into design; create an ambience that promotes customer/patient confidence; and promote health and healthcare related products³¹⁰.

Proposed Actions^{6,7,8}

- When expanding their service portfolio, pharmacies should adapt their premises to include a private or semi-private consultation/counselling area;
- Premises should allow access to patients with disabilities;
- Pharmacy premises and image should be in accordance with their role as health and well-being promoters;
- The pharmacy should convey a relaxing and welcoming environment for customers, patients, staff and the wider community.



3.7. Information and Communication Technology

Pharmacists need appropriate patient information to effectively manage drug therapy and to function as team members responsible for health outcomes related to medication therapies². Therefore, they should be given access to such information, as well as being given the opportunity to manage the information they collect during the course of their activities, bearing in mind patient confidentiality issues. IT support systems enable consistency of service, based on auditable processes where performance can be tracked and outcomes measured⁶.

In order to increase efficiency and effectiveness, several countries are in the process of implementing Electronic Prescription Services. Electronic prescribing enables physicians to deliver better and safer care to patients and, when well designed, facilitates healthcare professionals' access to patient information in a secure and timely manner, through the establishment of electronic patient health records. It is vital that pharmacy leaders are involved at a national level when such systems are being designed and implemented, making sure they address practitioners, regulators and payers' concerns, must mostly, that they meet individual patients' needs and expectations.

Proposed actions^{2,4,5,6,7,31}

- Ensure that pharmacy is engaged in the development and implementation of information and communication technologies, including but not limited to electronic prescribing and the transfer of prescriptions;
- Ensure that pharmacists and pharmacy technicians, within their scope of practice, will have the ability to read, write to and modify relevant sections of a patient's electronic health record;
- Speed up and support the adoption of pharmacy information systems that sustain patient care activities and services.

3.8. Economic Viability and Sustainability

Pharmacies should provide patient-orientated pharmacy services that are economically and financially viable and sustainable in order to optimize medication use, promote the adoption of healthy lifestyles by the individual, and prevent disease and disease complications². In doing so, pharmacy will fulfil the patients every pharmaceutical need.

To facilitate the provision of patient-centred care and be able to contribute to reducing unnecessary added costs for the healthcare system as a whole, innovative

reimbursement and business models for pharmacy are necessary.

It has been acknowledged that remunerating community pharmacies solely on the basis of a margin over the cost of the products that are dispensed no longer reflects the range of services community pharmacies offer patients and society.

To ensure patient access to pharmacy services, it is paramount that adequate remuneration systems are in place.

Proposed Actions ^{2,4,5,31}

- Establish an economic framework that provides sufficient resources and incentives that are effectively used to ensure the traditional and evolving roles and services of community pharmacies;
- Identify and evaluate new professional services and expanded pharmacy practice models to determine their feasibility and cost-effectiveness and impact on quality of care, patient outcomes, and healthcare gains;
- Develop a framework for pharmacy services;
- Describe and gain acceptance, from stakeholders, to implement reimbursement models that are consistent with the framework for pharmacy services. In addition, to also recognise the complexity, skill, demonstrated value and time required for pharmacists to achieve the ultimate goal of financial sustainability;
- Engage with governments, third party insurers and other payers to determine services to be reimbursed that meet the health care needs of their populations;
- Support the adoption of national standardized electronic billing procedures for professional services.

3.9. Role of Pharmaceutical Organisations

Similar to the vast majority of international documents, this vision and proposed actions should be considered by national pharmaceutical organisations in accordance with their regional and local needs and situation. These are general guidance topics, and the ultimate responsibility for ascertaining their suitability and applicability lies with each national pharmaceutical organisation. However, the Community Pharmacy Section considers that these strategic directions should and could be attainable

in the near future by a majority of countries.

Therefore, the role of national pharmaceutical organisations is to review each one of the proposed actions, promote a debate within the profession, and implement them as deemed fit and appropriate. No one would expect all these actions to be enforced at the same time, but even a gradual implementation needs to have a beginning, and no time is better for it than now.

3.10. ROLE OF THE COMMUNITY PHARMACY SECTION

Although it is undeniable that each region or country has its own specificities in what refers to healthcare and pharmacy system organisation, it is becoming increasingly evident that the major trends and challenges are similar throughout the world, as are the potential solutions.

The role of the Community Pharmacy Section in this respect will be to serve as a resource centre, facilitating the exchange of information that can assist in the coordination and improvement of the scientific, technical and professional activities of pharmacists in community pharmacy.



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4. CONCLUSION

This document aims to provide directions in the following aspects of community pharmacy systems:

- Ethics and Values
- Legislative Framework and Regulation
- Human Resources
- Education and Continuing Professional Development
- Communication and Relationships
- Infrastructures and Premises
- Information and Communication Technology
- Financial Viability and Sustainability
- Role of Pharmaceutical Organisations
- Role of the Community Pharmacy Section

Each one of these components impacts community pharmacy organisation and practice and determines the extent to which the profession is able to accommodate and lead the change process much needed by societies and health systems.

Although the implementation of some of these strategic directions relies not solely on the profession, the majority of the proposed actions can and should be initiated by pharmaceutical organisations. We urge you to start the process as soon as possible.

5. CPS STRATEGY

I. The Community Pharmacy Section of FIP <p>The Community Pharmacy Section is constituted in accordance with Article 21 of the FIP Statutes.</p> <p>The aims of the Section as stated in the Statutes of the section are</p> <ul style="list-style-type: none">• to improve the professional standards of pharmacy and encourage the realisation of the social aims of the profession as a part of public health and as a pharmaceutical service to the community;• to plan and be responsible for the activities of FIP in the field of community pharmacy;• to provide and exchange information which will assist in the coordination and improvement of the scientific, technical and professional activities of pharmacists in community pharmacy;• to organise meetings for members of the Section during and between FIP Pharmacy and Pharmaceutical Sciences Congresses;• to study and report upon any matter of interest to pharmacists in community pharmacy.	Statutes
II. The CPS mission is <ul style="list-style-type: none">• to assist pharmacists, wherever they live and practise, in the delivering of medicines, health products and services that will improve medicine use and advance patient care.	Mission
III. The vision for CPS is <ul style="list-style-type: none">• to develop strong relationships with all pharmaceutical associations that have focus on community pharmacists and pharmacists with other primary care functions and services;• to support pharmacists so that they can fulfil their responsibilities towards society and provide their services at a high professional level;• to be a “meeting point” for pharmacists so that CPS can facilitate further development of pharmacy practice within the primary health care sector in countries all over the world;	Vision

<p>IV. The strategies for CPS are</p> <ol style="list-style-type: none"> 1. Acting as a resource centre for pharmacy practice development, including, but not limited to, Pharmacovigilance, Good Pharmacy Practice (GPP), and Pharmaceutical Care; 2. Advancing community pharmacy practice, with a special focus on collaboration and the 2012 FIP Centennial Declaration; 3. Enhancing communications. 	<p>Strategies</p>
<p>Strategy 1: CPS as a resource centre The overall goal is to be an effective resource centre for member community pharmacists and pharmaceutical organizations. The goal is to collect and disseminate knowledge, information and practical experiences on pharmacy practice in the primary health care sector for the benefit of Individual Members and Member Organisations. The business plan for the period 2012-2016 comprises the following elements:</p> <ul style="list-style-type: none"> • to regularly publish electronic newsletters; • to maintain a database on pharmacy practice abstracts and posters presented at the annual congresses; • to collaborate with national and international pharmaceutical associations and to contribute to organising symposia and other educational activities between the annual congresses of FIP; • to develop fee generating services /products; • to contribute to the professional work of FIP within community pharmacy practice development; • to be a hub for international web links pertinent to community pharmacy practice; • to direct members to the best available resources for pharmacovigilance, good pharmacy practice and pharmaceutical care. 	<p>Strategy 1</p>
<p>Strategy 2: Advancing community pharmacy practice The overall goal is to assist members in managing change and ultimately to advance community pharmacy practice, by providing them with the necessary tools to effectively make the needed transition in a changing environment.</p>	<p>Strategy 2</p>

The section should therefore provide a platform to its individual members as well as their representative organisations to:

- Manage professional change;
- Develop new professional services;
- Share experiences of the development, dissemination and implementation of cognitive services;
- Be aware of and updated on ongoing projects;
- Follow-up the programmes and statements accepted by FIP and BPP related to community pharmacy.

The business plan for the period 2012-2016 comprises the following elements:

Educational activities

CPS will organise an accredited programme during the Annual Congress of FIP with sessions that are targeted to members and non-members of the Section as well as for policy makers, innovators and special interest groups with the following features:

- The programme should cover the whole congress week and provide different platforms for practitioners, leaders and special interest groups;
- Part of the programme should be organised in collaboration with other sections, Young Pharmacists Group (YPG) and IPSF and with the Regional Pharmaceutical Forums;
- The programme should be organised in support of the advancement of pharmacy practice in developed as well as in developing countries;
- The programme shall be seen as a laboratory of learning and innovative in its lay out, comprising front-line presentations as well as Forums with participant's involvement, interaction, sharing of experiences and stimulating networking.

Collaborative Pharmacy Practice

Integrating pharmacists into a collaborative healthcare team improves patient outcomes. CPS will endeavour to promote Collaborative Pharmacy Practice to enable our members to optimize healthcare resources, optimize pharmacoconomics, and deliver superior clinical practice for patient benefit.

2012 FIP Centennial Declaration

CPS will seek to communicate the messages of the FIP Centennial Declaration to our members. Improving Global health by closing gaps in the responsible use, development and distribution of medicines will require effective partnerships, a greater access by patients to medicines, greater pharmacovigilance, a more responsible use of medicines, greater knowledge, more innovation, and an adherence to ethics.

Projects

CPS will be prepared to establish projects and/or support projects in support of the advancement of community pharmacy practice at national or regional level and is prepared to take a leading role in the implementation of FIP and BPP actions that relate to the role and functions of community pharmacists in the primary health care sector.

Strategy 3: Enhancing communications

The overall goal is to enhance communications to internal and external stakeholders ultimately supporting and recruiting members.

Strategy 3

The business plan for the period 2012-2016 comprises the following elements:

- to clarify and distribute the value, importance and projects of the section to our stakeholders;
- to use Member Organisation's existing and future communication vehicles;
- to use modern electronic communications in a superior and creative way;
- to develop and maintain a credible and suitable homepage on the web;
- to communicate effectively with members;
- to establish a special communication programme for members and external stakeholders;
- to validate the section by surveying members on a regular basis.

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