

Approved by the FIP Council in September 2010 Lisbon

## FIP STATEMENT OF POLICY COLLABORATIVE PHARMACY PRACTICE

## Preamble

The International Pharmaceutical Federation (FIP) Working Group on Collaborative Practice was established in 2009 by the FIP Board of Pharmacy Practice (BPP) with four purposes: to develop a robust definition of collaborative practice with particular emphasis on advanced collaborative practice; to identify the contribution of pharmacists practicing collaboratively in terms of evidence based improvements in patient care and/or health economics; to identify the current status of collaborative pharmacy practice and to propose a vision for the future of collaborative pharmacy practice throughout the world. A reference paper¹ developed in 2009 by FIP is the primary foundation for this policy.

## Introduction

Patient care is becoming increasingly complex with an ever increasing range of disease-specific medicines, prescription and non-prescription, the impact of pharmacogenomics, the demands of pharmacoeconomics, the plethora of drug and disease evidence and other interventions available to the healthcare team. Critical shortages of healthcare workers all over the world may well be better managed through multiskilling and task-shifting by those workers. Superior clinical practice founded on collaboration among healthcare professionals is a key solution to this complexity.

Collaborative pharmacy practice is defined as the clinical practice where pharmacists collaborate with other health care professionals in order to care for patients, carers and public. Five distinct levels¹ of collaborative pharmacy practice have been identified from a number of models across the world. The level of collaboration between pharmacists and other healthcare professionals goes from minimal contact through to pharmacists who are seen and recognised as a core member of the multidisciplinary team with the authority and responsibility to initiate and modify medicine therapy. Advanced collaborative pharmacy practice is often reserved for practitioners who are able to demonstrate the competence required to initiate and modify medicines therapy.

An important aspect of collaborative practice that differentiates it from other aspects of good pharmacy practice is that the pharmacist works in

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<sup>&</sup>lt;sup>1</sup> FIP Reference paper on Collaborative Practice (2009) www.fip.org/statements



close collaboration with other healthcare professionals to support the patient.

Integrating pharmacists into a collaborative healthcare team improves patient outcomes. There is good evidence that pharmacists' interventions on prescriptions are clinically appropriate and have a high acceptance rate. There is also strong evidence of the value of medication review services where pharmacists review a patient's medication regime and make appropriate clinical recommendations. There is growing evidence of enhanced clinical benefit and good patient acceptability when pharmacists' practice is advanced collaborative pharmacy practice, provided there is a legal framework authorizing this role. The number of preventable medicines-related problems makes a compelling argument for a collaborative approach to medicines use involving the pharmacist.

## Background

Throughout the world, in addition to the important advances in healthcare and technology, the number of medications available for use is also increasing. While this expanded access to medications may provide benefits in the treatment of disease, it also increases the risk of medicine-medicine and medicine-disease interactions, adverse reactions, and non-adherence. Management of medication regimens is increasingly complicated and requires more expertise.

Several issues have contributed to the current gap between the potential efficacy and actual effectiveness of medicines as an opportunity to improve health. Much of this gap is created from poor systems of medicines-use that results in medicines-related problems, many of which are preventable. Studies have shown that errors resulting in adverse medication events occur at all steps in the system, primarily prescribing, and medicines administration. Improving the benefits of medicines requires a collaborative effort among all who are involved in the system to identify, prevent, resolve, and report medicines-related problems. Additionally, the need for clearer communication with the patient and the patient's care team has never been greater.

Pharmacists are one of the most accessible healthcare professionals and fully utilizing their clinical training will improve care. Pharmacists have particular expertise in the use of medicines. While specific training varies among regions throughout the world, the clinically-focused pharmacy curriculum typically has far more medication-focused education hours than other healthcare professional curricula. This expertise and skill set makes pharmacists' contribution to the healthcare team important to both optimize therapy and to prevent medication related problems. No other profession has the understanding and expertise across the full range of medicines available, including the various formulations and products, as the pharmacist. Pharmacists often have support tools of particular relevance in the identification and prevention of medication related problems Pharmacists also reinforce preventative health measures and medication adherence.

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Escalating complexity of care demands a multidisciplinary approach, incorporating the expertise of the various disciplines to optimize patient outcomes. There are current and looming shortages of healthcare professionals in many countries. This shortage is currently a crisis for healthcare and expected to worsen before it improves. Other factors in the healthcare landscape lend support for the expanded services of pharmacists.

The greater complexity of healthcare, the complex diseases afflicting patients, the growing sophistication of medication therapies, and the increasing healthcare professional shortages, all support the need for, and value of, accessible pharmacists, who are medication experts, in collaborative pharmacy practice.

Against this background, FIP recommends that:

- Collaborative pharmacy practice is promoted throughout the world.
- Each country take steps to prepare their pharmacists and healthcare systems for collaborative pharmacy practice with the intention to move through the various defined levels, culminating, where possible, in advanced collaborative pharmacy practice.
- Each country uses the most appropriate model to implement collaborative pharmacy practice in the most appropriate way.
- Each country regularly reviews its support and development of collaborative pharmacy practice as this is a dynamic process evolving over time.
- All national healthcare professionals' organizations work together to develop a model of collaborative pharmacy practice that suits their country's particular health system.
- FIP Member organisations develop a strategy to implement collaborative pharmacy practice at the earliest possible opportunity and to encourage pharmacists to attain higher levels of collaborative practice.

Critical elements of this strategy include but are not limited to:

- > Appropriate access to patient records
- Agreed communication between pharmacists and other healthcare professionals
- > Evidence-based research

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- > Pharmacist competence
- Quality Assurance
- Regulatory support
- Sustainable business model
- Governments and healthcare payers consider the benefits of collaborative pharmacy practice to both patients and healthcare systems and provide sufficient resources and necessary legislation to support this practice
- Governments integrate Collaborative Pharmacy Practice into reforms mentioned in the 2008 WHO World Health Report

This statement is based on the FIP Reference Paper on Collaborative Practice (2009) www.fip.org/statements

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This Statement replaces the following

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Available at <a href="https://www.fip.org/statements">www.fip.org/statements</a>

FIP Statements:

This Statement references the following : FIP Reference paper on Collaborative Practice. FIP, 2009 available

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