

# FIP STATEMENT OF POLICY

## People-centred pharmaceutical care

### INTRODUCTION

#### Background

In 1998, the International Pharmaceutical Federation (FIP) developed the FIP statement of professional standards on pharmaceutical care. The statement was adopted at a time when the concept of pharmaceutical care was gaining recognition and adoption, and the role of pharmacists was recognised as shifting to a much more people-centred approach. The statement outlined the goals of pharmaceutical care, the requirements for pharmaceutical care, and key practice principles that should be adopted by pharmacists globally.

The development of clinical pharmacy, with its focus on applying pharmacological knowledge to patient care, laid the foundation for pharmaceutical care. Pharmaceutical care further advances this approach by placing the patient at the centre of care and emphasising the pharmacist's responsibility for achieving optimal health outcomes. Since then, the practice of pharmaceutical care has evolved to meet emerging health needs. Pharmacists now play a more prominent frontline role in healthcare, and pharmacy specialisations are expanding. The importance of pharmacists in multi-disciplinary teams has never been more critical and thus there is a need to update the original statement of policy to the current global health environment and to advance pharmaceutical care worldwide.

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#### Definition of people-centred pharmaceutical care

In 1990, Hepler and Strand introduced the pharmaceutical care model as a process for pharmacists to achieve therapeutic outcomes for patients.<sup>1</sup> It consisted of three key components – design, implement and monitor. Shortly after Hepler and Strand introduced the pharmaceutical care model, Cipolle et al. (2012) developed the pharmaceutical care practice concept to depict the interaction between the patient and practitioner (also known as the patient care process).<sup>2</sup> The process involves assessment, care planning and follow-up evaluation. This model has since evolved into the pharmacists' patient care process introduced in 2014 by the Joint Commission of Pharmacy Practitioners, a forum of national organisations of pharmacy practitioners in the USA. The pharmacists' patient care process is applicable to any practice setting where pharmacists provide patient care.<sup>3</sup> It consists of five key components: Collect, assess, plan, implement and follow-up (monitor and evaluate).<sup>4</sup>

Following the publication of the definition by Hepler and Strand in 1990, intensive work was carried out worldwide on the concept and definition of pharmaceutical care. In 2013, the Pharmaceutical Care Network Europe (PCNE) published a definition agreed upon by global experts. This reads: "Pharmaceutical care is the pharmacist's contribution to the care of

individuals in order to optimise medicines use and improve health outcomes.”<sup>5</sup> This definition also explicitly mentions the pharmacist as the provider of pharmaceutical care and addresses the individual patient. It also emphasises the aspect of people-centred pharmaceutical care with the expected outcome of pharmaceutical care being that there are health benefits for the individuals receiving the service.

Therefore, people-centred pharmaceutical care can be defined as the focussed outcome-oriented pharmacy practice that requires the pharmacist to work in collaboration with the individual and other healthcare providers to promote health, prevent disease, and ensure the rational use of medicine.<sup>6</sup>

### **The transformative role of pharmacy professionals**

Pharmacists and regulated pharmacy technicians have transitioned from their traditional role as medicines dispensers to frontline healthcare providers, delivering people-centred services that optimise medication use and improve health outcomes.<sup>7</sup> This evolution is driven by the increasing complexity of therapies, the rise of chronic diseases coupled with an ageing population, polypharmacy, increased constraints on healthcare systems, and the need for accessible healthcare solutions. Pharmacists are also critical to emergency and disaster response, as seen by their valued public health contributions in pandemics over the last century, such as the 2009 swine flu and the 2020 COVID-19 pandemics.<sup>8</sup> Pharmacists are uniquely positioned in the healthcare system to have a complete view of all medicines and supplements taken by a patient.

People-centred pharmaceutical care—encompassing oversight of the entire medication use process i.e., prescribing (when allowed by jurisdictional regulations), documenting, dispensing, administering, and monitoring medication—has demonstrated significant benefits, including improved adherence, reduced hospitalisations, enhanced quality of life, and expansion of the capacity of the healthcare system. Studies have highlighted that pharmacist-led interventions contribute to better disease management in conditions such as diabetes, hypertension, and cardiovascular diseases, reinforcing their critical role in modern healthcare systems.<sup>9</sup> These interventions not only improve chronic disease management but also help prevent complications, enhance overall health outcomes, and play a key role in health promotion, for example, through the participation in vaccination or population-based screening programs.

FIP has recognised the importance of people-centred pharmaceutical care and the corresponding responsibility of pharmacists in various publications and resources.<sup>10-22</sup>



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## Scope of practice

The scope of practice for people-centred pharmaceutical care is largely aligned with the medication use process, which involves prescribing (when allowed by jurisdictional regulations), documenting, dispensing, administering and monitoring medication. Pharmacists have a role to play in each of these steps in the provision of quality people-centred pharmaceutical care. Pharmacists across all specialisations also provide people-centred pharmaceutical care services.

## Pharmacists' people-centred pharmaceutical care process

The people-centred approach is used to optimise patient health and medication outcomes. Using evidence-based practice, pharmacists:

- Collect necessary subjective and objective information about the patient, their health problems and treatments;
- Assess information collected in relation to the patient's health goals;
- Develop an individualised people-centred care plan, in collaboration with other health care professionals and the patient/carer;
- Implement the care plan with the patient, carer, and other healthcare professionals, ensuring seamless care during transitions of care; and
- Monitor and evaluate the effectiveness of the care plan, modifying it as needed.

More details on this process are also available in the 2014 report from the Joint Commission of Pharmacy Practitioners.<sup>4</sup> An updated version of the Pharmacists' Patient Care Process is currently in development and expected to be released in 2026. Since its inception, continuing education providers have integrated the Pharmacists' Patient Care Process into education programs. It is also leveraged by national patient safety organisations to address gaps in care.<sup>23</sup> However, a report highlighted the need for standardisation of practices, documentation, and reporting of medication therapy management services.<sup>24</sup>

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## People-centred pharmaceutical care requirements

The goal of people-centred pharmaceutical care is to optimise the individual's health-related quality of life and to achieve positive clinical outcomes. To achieve this goal, a structured approach is needed, which comprises distinctive steps:

- Step 1: Establishing and maintaining an empathetic professional relationship between the patient and the pharmacist<sup>6</sup>;
- Step 2: Keeping records of medication provided to a patient and, with informed consent when applicable, collecting, organising, recording, monitoring and maintaining patient information<sup>4</sup>; and
- Step 3: Evaluating patient-specific medical information, and, in the case of prescribed medicines, developing a therapy plan involving the patient, carers, and prescribers.<sup>6</sup>

During these steps, the pharmacist helps guide the conversation with the patient, keeping it organised but flexible. This encourages the patient to take part and work collaboratively with the pharmacist.

In satisfying these requirements:

The relationship is established and maintained on the basis of caring, trust, open communication and mutual decision making. In this relationship, pharmacists give the patient's welfare priority and use all their professional knowledge and skills on the patient's behalf.<sup>6</sup> In exchange, the patient agrees to provide personal information, expresses preferences and is central to the shared decision making in the agreed management plan. The main pillars of the patient-pharmacist relationship are transparency, communication, collaboration and mutual trust.

Pharmacists invite the individual or carer to share information on medicine or health related problems and decide which data is necessary to perform a critical appraisal of the patient's unique needs and desired health outcomes. Since this information will form the basis for decisions relating to the development and subsequent modification of the pharmacotherapy plan, it must be accurate, as complete as possible and systematically recorded to ensure that it is readily retrievable.

Individual's information must be maintained in a confidential manner and be updated as necessary and appropriate. This is dependent on the laws as prescribed within the jurisdiction of practice. As outlined in the WHO strategy on digital health, the access of people to their health data and the processing thereof should be ensured by establishing a suitable legal basis that covers the right to access health data, the right to transparent information and the consent of people for the processing of their health data including accountability and effective audit and control mechanisms.<sup>25</sup> Appropriate measures based on national or regional data protection policies should be taken against unauthorised or unlawful processing of health data, accidental loss, malicious or inadvertent alteration, destruction of data.

A pharmacotherapy plan should be developed with the active involvement of the patient or carer in the shared decision making.<sup>4</sup> The pharmacist's contribution should include accountability for the safety and efficacy of the pharmacotherapy plan. The pharmacist should focus on the balance between the complexity and effectivity of the therapy, the cost and the likelihood of the patient adhering to the plan. The patient should be fully informed in easily understandable language of the essential elements of the plan, including their own responsibilities and the treatment outcome expectations. The plan must be documented in the patient's record and, where appropriate, communicated to other healthcare providers. Despite the different approaches to documentation, electronic health records are encouraged due to easy access and transferability of individual health data. At the minimum, the record should consist of basic features such as documenting patient medical history, health information, prescription and nonprescription medicines provided (including dose, strength, route and frequency of administration), provider remarks/counselling note/intervention plan, and the ability to generate patient referral to other levels of care or healthcare professionals.

Finally, and most importantly, pharmacy professionals should be fairly and adequately remunerated according to the services delivered.

#### **Interprofessional collaborative practice**





Interprofessional collaborative practice (ICP) is integral to the provision of quality people-centred pharmaceutical care services. ICP is key to the optimisation of medication management, where pharmacists are capable of assessing medication regimens, ensuring appropriate prescribing, and monitoring patient responses to the interventions.<sup>15</sup>

Some of the ways in which ICP can be integrated into people-centred pharmaceutical care include:

#### *Medication management services*

This is a collaborative approach that ensures medicine use optimisation, adherence and deprescribing which significantly reduce medication errors and adverse medication events, which are critical issues in ensuring patient safety.<sup>24</sup> These services can be further strengthened through the implementation of defined shared care protocols and collaborative practice agreements between pharmacists and other healthcare providers.<sup>24</sup> Such arrangements enable a structured division of roles and responsibilities, enhance communication, facilitate timely medication adjustments, and support the safe delegation of tasks within multidisciplinary teams.

#### *Continuum of care*

This spans preventive and promotive care at home or the community to primary care at hospitals or health centres to palliative care at nursing or care homes. Pharmacists are accessible and uniquely positioned to support a continuum of care ensuring that patients get the treatments they need, when and where they need care. In addition, better coordination and monitoring of medicines improves care, reduces duplication of services, decreases emergency department visits and hospital admissions, helps prevent abuse/misuse of medicines and reduces the risk of medication therapy problems.<sup>26</sup>

#### *Health and medicines information*

To ensure effective people-centred pharmaceutical care services, pharmacists provide accurate health and medicines information and educate individuals or carers about their disease and the treatment options. Pharmacists are the health care team members with the most complete medicines therapy knowledge and are responsible for providing medicines information services to other health professionals.

### **People-centred pharmaceutical care competency development and assessment**

People-centred pharmaceutical care competency development and assessment are critical to ensuring pharmacists possess the knowledge, skills, and attitudes necessary to provide high-quality, people-centred care. Competency development may involve structured training, acquisition of skills, experiential learning, and continuous professional development to enhance clinical decision-making, medication management, and patient counselling skills. The FIP Global Competency Framework (version 2) clearly outlines the key competencies and behaviours required by pharmacists to provide quality people-centred pharmaceutical care.<sup>22</sup>

Further, robust competency-based assessment systems should be in place to ensure the readiness of pharmacy professionals. This enhances healthcare outcomes by fostering a

culture of lifelong learning and patient safety. Pharmacists should continually identify gaps in their knowledge and skills and participate in appropriate continuous professional education to achieve and maintain competency.

### **Advancements in people-centred pharmaceutical care**

Recent advancements in people-centred pharmaceutical care are redefining pharmacy practice, emphasising personalised treatment, patient engagement, and improved therapeutic outcomes. These include:

#### *Digital health*

Digital health integration into care through digital pharmacy services, mobile applications, electronic health records, clinical decision support systems, digital therapeutics and remote patient monitoring tools can be of assistance to pharmacists allowing them to be aware and follow the progress of patients, provide accurate information through onsite and virtual consultation when needed and allowed, and ensure patients in under-served areas have access to quality care.<sup>19, 27</sup> Additionally, artificial intelligence has been utilised to improve evidence-based clinical decision-making, analyse large amounts of patient data, and align treatment plans to patient needs.<sup>25, 28</sup>

#### *Personalised medicines/pharmacogenomics*

Personalised medicine and pharmacogenomics allow the prescription of more appropriate and accurate treatments to individuals based on genetic differences and biomarkers. Treatments optimised by pharmacogenomic guidance minimise the chances of adverse medication reactions and ensure patients attain maximum benefits from medication. Pharmacogenomics has been particularly useful in cancer treatment.<sup>29</sup>

#### *Pharmacist-led self-care*

Self-care in people-centred pharmaceutical care is the use of pharmacy services to help patients manage their own health. Pharmacists play a key role in self-care by providing information, guidance, and resources to help patients make informed decisions about their health.<sup>11, 14</sup> In this way, pharmacists can support patients in taking more active roles in managing their health.

#### *Traditional medicines and home remedies*

Due to the increase in demand for traditional medicines and home remedies, pharmacists play a critical role in providing accurate and evidence-based information to patients on the remedies they want to use.<sup>11</sup> Further, they have a responsibility to promote safety and ensure any adverse reactions are adequately reported and managed.

#### *Pharmacy-led preventive and disease management services*

Pharmacy-led services such as vaccination, point-of-care testing, smoking cessation, weight management, and the management of diabetes and hypertension are innovative and have proven to be effective approaches to care that promote patient accessibility and satisfaction, while also improving the sustainability and affordability of healthcare provision.<sup>30</sup>





Ageing populations frequently experience a higher prevalence of non-communicable diseases and stand to gain the most from pharmacy-led health services. These services also enhance the pharmacist's role in the continuum of care and have demonstrated improved treatment outcomes.<sup>30</sup>

## AGAINST THIS BACKGROUND, FIP RECOMMENDS THAT:

### A. Government agencies and policy makers should:

1. Establish foundational policies, governance structures, and regulations that facilitate and support people-centred pharmaceutical care;
2. Integrate people-centred pharmaceutical care services into national healthcare frameworks to ensure accessibility and sustainability;
3. Develop and implement a national interoperable electronic medical record (EMR) system that integrates individual's data in a private and secure manner, with pharmacists having real-time access to medication and relevant health records for effective medication management and patient safety, and support the full integration of pharmacies into the national health system;
4. Establish legislation and regulations for the expansion of the scope of practice for pharmacy professionals with fair and equitable reimbursement; and
5. Authorise pharmacists to securely access relevant clinical and biomedical patient data, including laboratory and screening results, and to directly document screening test outcomes and other clinical data generated in the pharmacy setting into patients' electronic health records, thereby supporting continuity and quality of care.

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### B. FIP member organisations and national pharmaceutical associations should:

1. Engage with government bodies, health insurers, and stakeholders to secure recognition and coverage of pharmacists with adequate reimbursement for pharmacist-led services;
2. Support research and data collection to demonstrate the impact of people-centred pharmaceutical care on patient outcomes and healthcare systems;
3. Develop, implement, and regularly update standardised people-centred pharmaceutical care guidelines to ensure consistency and quality in service delivery;
4. Promote the integration of EMR systems in pharmacy practice and advocate for pharmacist access to and ability to document in national health records to enhance medication safety and optimise patient care;
5. Advocate for inclusion of people-centred pharmaceutical care concepts and training in pharmacy curriculums and continuing professional development (CPD) programmes for lifelong learning;
6. Advocate for pharmacists providing services according to education level, skills and training with fair and equitable reimbursement;





7. Set professional practice standards and code of conduct for pharmacists to ensure people-centred pharmaceutical care services provided are of the highest quality of care; and
8. Integrate health literacy principles into policies, education, and professional standards to promote equitable access to people-centred pharmaceutical care. This includes fostering inclusive communication strategies, supporting self-care education, and advocating for culturally responsive and accessible pharmacy services to address diverse patient needs and advance health equity.

### **C. Schools and faculties of pharmacy and other education providers should:**

1. Incorporate theoretical and practical people-centred pharmaceutical care aspects and its application in pharmacy education curricula;
2. Integrate interprofessional education (IPE) to prepare future pharmacists for collaborative healthcare practice;
3. Offer CPD programmes for practising pharmacists to enhance their competencies in people-centred pharmaceutical care;
4. Offer continuing education to promote standardisation of practices, documentation, and reporting of medication management services;
5. Encourage experiential learning opportunities in community, hospital, and all clinical settings to strengthen people-centred pharmaceutical care practice;
6. Educate students on digital health and EMR utilisation to equip future pharmacists with the necessary skills for modern healthcare environments;
7. Provide opportunities and upgrade the skills and practice of faculties to keep up with the progression in the field of people-centred pharmaceutical care;
8. Integrate ethics and professionalism into undergraduate pharmacy education; and
9. Generate supporting evidence for the integration of people-centred pharmaceutical care into healthcare systems and actively contribute to its development.

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### **D. Pharmacists should:**

1. Take responsibility for optimising medication therapy and improving patient health outcomes;
2. Engage in lifelong learning and continuing professional development to enhance their competencies in people-centred pharmaceutical care delivery;
3. Collaborate with other healthcare professionals to ensure safe, effective, and people-centred medication management;
4. Recognise the increased role of self-care by patients as well as carer support;
5. Collaborate with patients and carers to ensure people-centred pharmaceutical care is appropriately delivered;
6. Advocate for the integration of people-centred pharmaceutical care into healthcare systems and actively contribute to its development;
7. Utilise EMR systems to improve medication safety, optimise treatment outcomes, enhance chronic disease management and support the prevention and early detection of health conditions;
8. Actively participate in pharmacovigilance by monitoring, reporting, and preventing adverse medication reactions, medication errors, and other medication-related problems to enhance patient safety;



9. Embrace people-centred pharmaceutical care in their practices and service delivery along the whole value or supply chain; and
10. Adhere to professional practice standards and code of conduct as set out by national professional bodies.



## AGAINST THIS BACKGROUND, FIP COMMITS TO:

1. Continually advocate for the use of people-centred pharmaceutical care in all pharmacy settings through creation and adaptation of reference guides and frameworks and continually engaging in global conversations around the implementation of people-centred pharmaceutical care services, especially among underserved and vulnerable populations;
2. Encourage academic institutions and providers of continuous professional development to integrate theoretical and experiential training on people-centred pharmaceutical care services in their learning programmes;
3. Champion pharmacists as trusted health professionals who can competently provide people-centred pharmaceutical care in multidisciplinary teams and advocate for adequate remuneration of pharmacists offering people-centred pharmaceutical care services; and
4. Provide leadership, expertise and guidance to member organisations on various aspects of people-centred pharmaceutical care, including accurate information on medicines and newer health technologies and services that maximise patient benefit.



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