



EUROPE

THE COUNTRY PHARMACY PROFILE SERIES



SPAIN

A country profile of pharmacy practice
in the context of the national healthcare system

Informed by FIP Member Organisation
GENERAL PHARMACEUTICAL COUNCIL OF SPAIN



**ADVANCING
PHARMACY
WORLDWIDE**

1. OVERVIEW OF THE HEALTHCARE SYSTEM

Spain’s National Health System (SNS) is a universal, publicly funded healthcare system that provides comprehensive coverage to the entire population, including both residents and non-residents. It is primarily tax-funded and operates through 17 autonomous regional governments, each with full responsibility for the health-related budget, as well as the planning and delivery of health services.¹⁻⁴

While the Ministry of Health retains national regulatory and planning roles, governance is largely decentralised. Regional authorities have the autonomy to organise healthcare services in accordance with local needs.¹⁻⁴

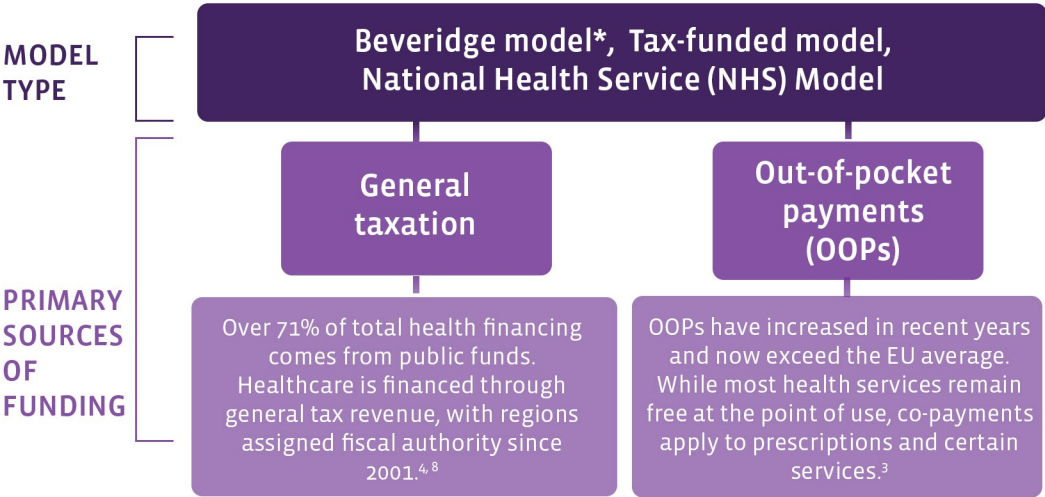
Health services are operated by a mix of public and private providers, with public provision playing a prominent role in the SNS.^{1,2} Some patients opt for private care—usually through insurance companies—for faster access.⁴ Primary care doctors play a gatekeeper role to specialist and hospital care.¹

The SNS has achieved commendable public health outcomes, including one of the highest life expectancies in the European Union (84 years in 2023).⁵

As of December 2023, Spain’s pharmacist workforce comprised 80,295 registered pharmacists, representing 8.23% of the nation’s healthcare professionals.⁶ The majority (7 out of 10) of these professionals are employed in community pharmacies, making Spain one of the countries with the highest number of pharmacies per capita (one community pharmacy per 2,161 inhabitants).^{6,7} Despite the overall adequacy of pharmacist numbers, challenges persist, including regional disparities in healthcare access and quality, particularly due to the decentralised governance structure.¹

Healthcare financing model

Spain operates a Beveridge-style model, a predominantly tax-funded, public system offering universal coverage, managed by its 17 autonomous health authorities.



*A Beveridge-style model is a state-funded, universal healthcare system where all citizens are covered and receive care free at the point of use, financed primarily through general taxation. Available at: <http://bit.ly/4mA2oMK>

2. SERVICES PROVIDED BY PHARMACISTS IN THE COUNTRY

Types of services provided in community and hospital pharmacies

This section outlines the range of professional services provided by pharmacists in Spain across community and hospital settings.

Services provided by community pharmacies beyond dispensing ⁹		
Therapeutic substitution (changing dose, formulation, etc)		✗
Adjustment of prescribed treatments		✗
Complementary prescribing		✗
Independent prescribing	NPMs* for minor ailments	✓
Prescribing in an emergency	NPMs* for minor ailments	✓
Providing medicines and services in care homes (nursing homes)		✓
Services to hospital and other facilities without a pharmacy		✓
Home deliveries	Only in very few cases	✓
Home care and medication reviews/medicines use reviews	Only in very few cases	✓
Dispensing emergency contraceptive		✓
Applying first aid and arranging follow-up care	Only in emergency situations	✓
HIV testing		✓
Counselling on HIV self-test products		✓
COVID-19 testing	During the pandemic, it was performed in some regions	✓
Dispensing prescription renewals for patients with long term conditions authorised with the original prescription	In some regions	✓

*NPMs: non-prescription medications

Services and activities provided by hospital pharmacies¹⁰

Validation of prescriptions	✓
Preparing non-sterile medicines	✓
Preparing sterile medicines	✓
Preparing cytotoxic medicines	✓
Preparing nutrition mixtures	✓
Dispensing to outpatients	✓
Pharmacy and therapeutics committees	✓
Multidisciplinary therapeutic decision making	✓
Reporting non-quality medicines	✓
Managing medication history	✓
Pharmacogenomics testing	✓
Medicines reconciliation	✓
Monitoring medicines use	✓
Pharmacokinetic monitoring	✓
Clinical trials	✓
Managing medicines-related waste	✓
Antibiotic stewardship	✓
Support to emergency departments	✓

Extended scope of practice¹¹

Is pharmacy-based vaccination available in the country?	No	
Are pharmacists authorised to administer vaccines in pharmacies?	No	
Are pharmacists authorised to prescribe vaccines in pharmacies?	No	
Do pharmacists receive vaccination training ?	Yes, very basic training on what it is and the pharmacology behind it. They are not trained to administer vaccines.	
At what career stage(s) do pharmacists receive vaccination training?	Undergraduate / university	
Is the training mandatory ?	Yes	

3. PHARMACY HUMAN RESOURCES: EDUCATION AND ENTRY INTO PRACTICE

Education and training of the pharmacy workforce (year 2022)^{12,13}

5 years minimum of full-time undergraduate education

27 accredited pharmacy schools/faculties

6 months minimum of experiential/practical training for registration

NO Continuing professional development (CPD) **IS NOT** mandatory for pharmacists' licence renewal

NO The renewal of pharmacist licensing or registration **IS NOT** based on gaining CPD 'credits' or 'points' or similar credentials

NO CPD **IS NOT** linked with an annual portfolio-type submission (for example, reflective diary entries, or reflective cases)

4. COUNTRY'S HEALTHCARE ECONOMIC SNAPSHOT

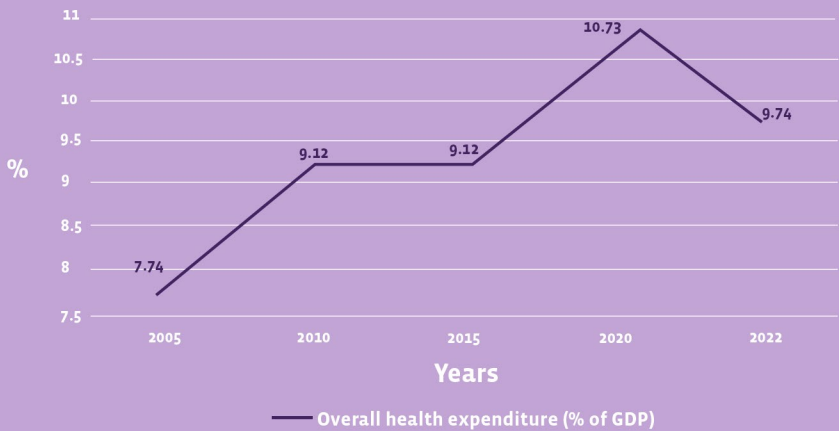
This section provides a macro-level overview of Spain's health financing indicators and outcomes, including GDP spending, life expectancy, and workforce employment.

World Bank income level category¹⁴

Spain: High-Income Economies

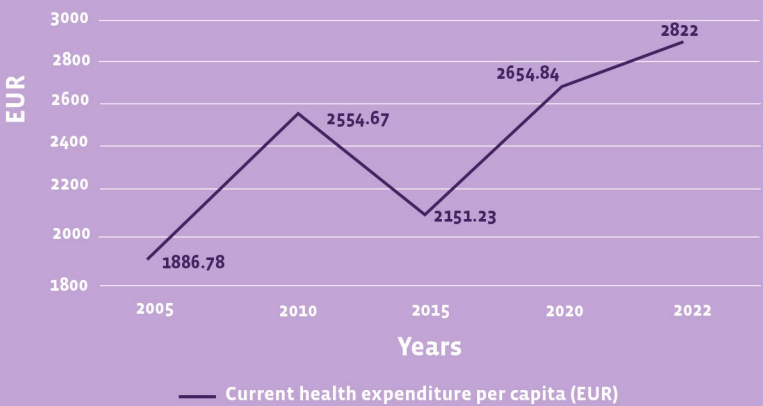
Overall healthcare expenditure as a percentage of GDP¹⁵

The health spending-to-GDP ratio decreased by 0.99 percentage points, from 10.73% in 2020 to 9.74% in 2022, close to the EU average (10.4%).^{1,5}



Health expenditure per capita¹⁶

The country's health expenditure per capita had increased steadily.¹ In 2022, Spain's health spending was EUR 2,822 per capita, nearly one-third lower than the EU average of EUR 3,533 per capita.⁵



Life expectancy (male/female)^{17,18}

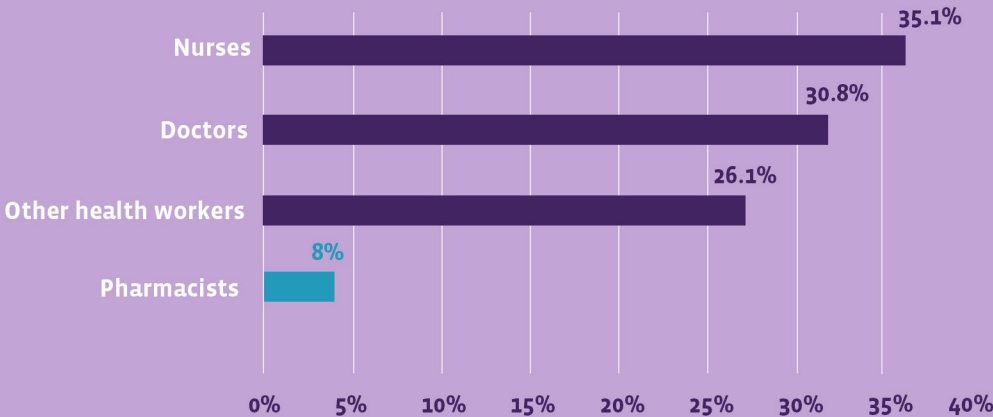
In 2023, life expectancy at birth in Spain was the highest among EU countries, recorded at 84.0 years, more than two years above the EU average of 81.5 years.⁵ The country saw a sharp drop in life expectancy from 2019 to 2020 due to COVID-19 deaths, followed by a recovery in later years.¹

Life expectancy at birth from 2005 to 2023, by gender



The employment rate in the healthcare sector¹⁹

Registered health professional statistics (2024)



5. HEALTH SERVICE STATUS

1. Coverage rates for essential health services

Spain maintains a high level of universal health coverage (UHC). In 2021, the UHC service coverage index for the country was 80, reflecting extensive access to essential health services.²⁰ In 2022, government and compulsory insurance covered 71% of spending on pharmaceutical services in Spain, including prescribed and over-the-counter medicines as well as medical non-durables.⁵

2. Availability and accessibility of health insurance options

The Spanish National Health System (SNS) provides universal coverage to all residents, primarily funded through taxes. In recent years, there has been a steady rise in supplementary voluntary health insurance (VHI), which allows quicker access to treatment, and complementary VHI, which covers services like dental care that are not included in the national benefit package.¹ As of 2023, 25.8% of the population—12.4 million people—opted for complementary voluntary health insurance (VHI).²¹

3. Policies and strategies implemented within the pharmacy context to promote health and prevent diseases

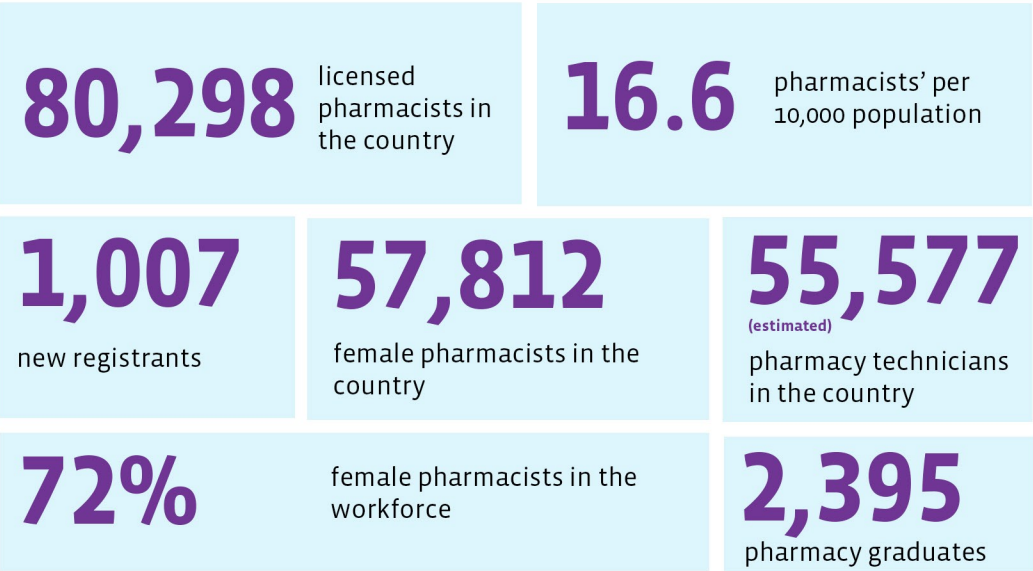
Community pharmacists are mandated by law to provide services such as patient counselling, medication reviews with follow-up, compounding, and pharmacovigilance.²² Additionally, community pharmacies actively engage in health promotion and disease prevention by offering health education, screenings for conditions like HIV and diabetes, and support for smoking cessation.^{7, 22} While pharmacists are not legally authorised to administer vaccines, they contribute to immunisation efforts through education and vaccine distribution.⁷

4. Availability and accessibility of patient medical records (including pharmacy access)

Pharmacists in Spain do not have access to patient medical records, but they can access the patient’s pharmaceutical therapy record through the ePrescription system. This system allows pharmacists to view patients’ electronic prescriptions for dispensing, as well as previous dispensing by other pharmacies.²³

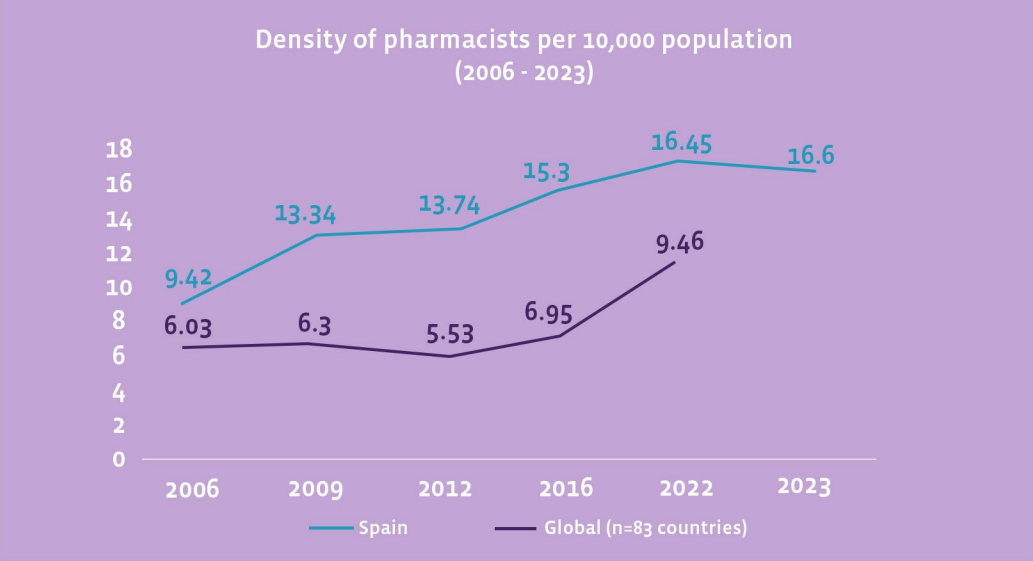
6. PHARMACY WORKFORCE CAPACITY AND DISTRIBUTION

Pharmacy workforce capacity⁶ (Year 2023)

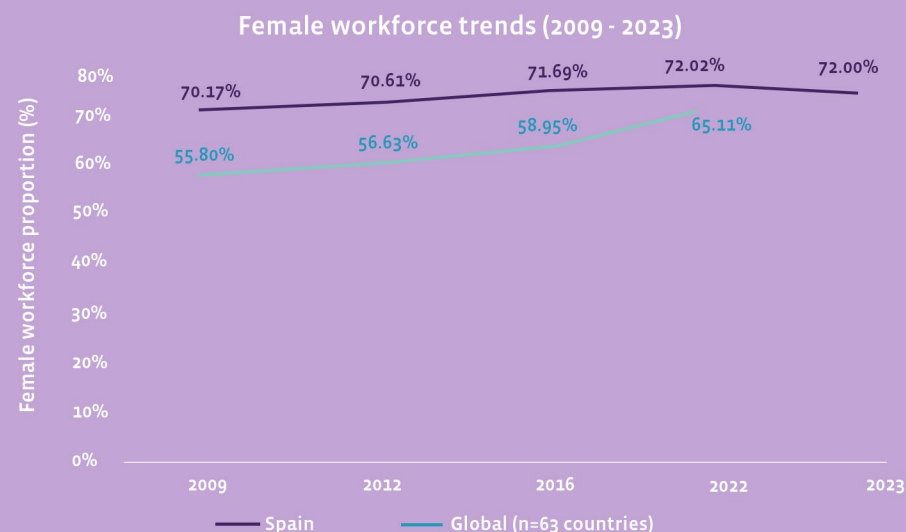


Distribution across the area of practice

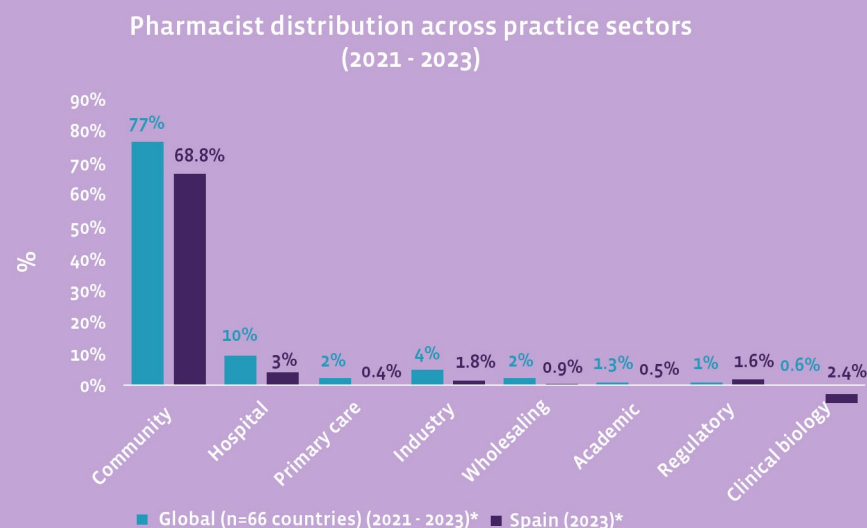
Between 2006 and 2023, Spain saw a steady rise in pharmacist density, increasing from 9.42 to 16.6 pharmacists per 10,000 population. This growth significantly outpaced the global average, which reached 9.46 in 2022.¹²



From 2009 to 2023, Spain maintained a high proportion of women in the pharmacy workforce, rising slightly from 70.17% to 72%. This consistently exceeded the global average, which grew from 55.80% to 65.11% over the same period. The data reflects strong gender representation in Spain's pharmacy sector, with female participation remaining both stable and above international.¹²



In Spain, 68.8% of pharmacists work in community pharmacy, closely aligning with the global trend (77%). However, Spain has a much smaller proportion of hospital pharmacists (3%) compared to the global average of 10%.⁶



*Global figures are based on average data from 2021–2023; Spain's data reflect the most recent available year (2023).

7. CURRENT POLICIES, URGENCIES AND PRIORITIES WITH PHARMACEUTICAL SERVICES PROVISION

Key insights from the General Pharmaceutical Council of Spain on:

1. Innovative practices that have successfully improved health outcomes and addressed inefficiencies within Spain's healthcare system

Spain has adopted several pharmacist-led innovations that contribute to better health outcomes and system efficiency:

One of the most successful initiatives is the Rural Health Schools, in which community pharmacists from 109 rural municipalities give health-related talks aimed at five different population groups: the elderly, adults, women, adolescents, and children. This initiative has been a great success and served as a driving force to expand the provision of health education services provided by rural pharmacists. Now, a new project called “Rural Mental Health Schools” has been launched, which follows the same methodology, but the talks are all related to mental health. In the Rural Health Schools initiative, there were a total of 109 pharmacies in a single region of Spain—Castilla y León—; in the Rural Mental Health Schools initiative, the scope was extended to 300 pharmacies across the whole country.

2. Significant challenges currently facing the pharmacy profession in Spain



Reform of the National Medicines Law: in addition to being a good opportunity to enhance the pharmacist role and expansion of services, it entails some modifications that raise concern for the profession, such as a new selected price mechanism for medicines, which may hinder adherence to treatment and potentially lead to shortages and pharmacy closures.

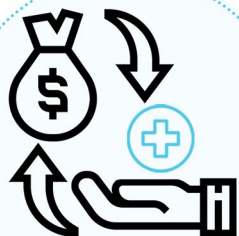


Exclusive right of hospitals to dispense hospital diagnostic medicines that are financed by the health system. It is proposed that this current reserve be eliminated, allowing community pharmacists to dispense these medicines. Although not classified by the National Medicines Agency for hospital use, their distribution remains restricted to hospital settings due to non-clinical financing reasons.



Professional interference by other professionals. In Spain, veterinary medicines can only be dispensed in pharmacies and authorised outlets, but not by veterinarians. This is key to avoid the inherent conflict of interest that exists when the prescriber is the dispenser. Now, veterinarians are requesting the ability to dispense medicines. This is seen by some as a professional intrusion to the detriment of pharmacists as the experts in medicines.

3. Reimbursed pharmacy services beyond dispensing



At a national level, as healthcare provision depends on regions and, therefore, healthcare assistance and pharmacy-provided services may vary between regions. For example:

- i. Although currently operating as a pilot, the Rural Mental Health Schools project offers payment to the participant community pharmacists for each talk they provide.
- ii. The Methadone Maintenance Program for heroin dependence.

At a regional level:

- i. Personalised dosing system for the reconditioning of medicines in compartments for different daily intakes.
- ii. Colon or cervical cancer screening.
- iii. Rapid HIV test.
- iv. Asthma and COPD adherence service.



4. Current projects and priorities aligned with FIP Developmental Goals



FIP Development Goal 5 (Competency development):

- Screening programmes for cancers such as colon, rectum, cervix, etc.
- HIV prevention/screening campaigns: dispensing of self-diagnosis tests, rapid tests, etc.
- Flu/COVID-19 vaccination campaigns; Detection of cases of unwanted loneliness and abuse of the elderly: “Madrid accompanies you”, “We are with you”, “Always accompanied”, etc.
- Smoking cessation programmes.
- Health education and healthy habits: “La Farmacia en casa”, Farmaeduca, “Buenos días, desayuno”, health promotion tents, photoprotection campaigns, Xarxa Pacients, Proyecto Pacientes, etc.
- Detection of other vulnerabilities: RADARS, Major Security Plan of the Civil Guard, ITACA Project for collegiate members, etc.



FIP Development Goal 9 (Continuing professional development strategies):

Establishment of recertification for pharmacists and retention of the continuous professional development system.



FIP Development Goal 10 (Equity & equality):

- Detection of cases of gender violence:
 - *Mascarilla-19.*
 - *Puntos Violeta.*
 - *No caminas sola.*
 - Methadone maintenance programmes.
 - Syringe exchange programmes.
 - Pharmacy accessibility:
 - *Farmazia Lagunkoia (friendly pharmacy).*
- Navilens project.*
Integrarfarma campaign.
Other campaigns aimed at people with Autism Spectrum Disorder ASD.



FIP Development Goal 13 (Policy development):

Develop and communicate with local, regional, national and European stakeholders and politicians to safeguard patient's safety, rights and the pharmaceutical profession.



FIP Development Goal (15 People-centred care):

- Rural Health Schools.
- Rural Mental Health Schools.
- Collaboration in cooperation and humanitarian aid campaigns: War in Ukraine.
- Collaboration with third sector and cooperation organisations: Red Cross, Caritas, Food Bank, Pharmaceutical Bank, Farmamundi, etc.
- Creation of solidarity spaces in the collegiate websites
- Fundraising campaigns: “Un euro solidario”, Proyecto Respira, etc.
- Promotion of sustainability and the application of ESG criteria as part of the provision of healthcare services.



FIP Development Goal 18 (Access to medicines, devices & services):

- CisMED (medicine supply information centre).
- Personalised Dosage Systems (SPD) to improve therapeutic adherence.
- Pharmacovigilance and pharmacotherapeutic follow-up actions/programmes.
- Antibiotic Use Optimisation Programs (PROA).
- Collaborative FH-FC dispensing; Drug classrooms.
- Dispensing of drugs and parapharmacy products: Paxlovid, photoprotectors for patients with Lupus, etc.
- Health campaigns: medicine cabinet review, Pediatric Drug Safety, BenzostopJuntos, DINCAT easy-to-read leaflets, etc.



FIP Development Goal 20 (Digital health):

FarmaHelp, Nodofarma Asistencial, etc.



FIP Development Goal 21 (Sustainability in pharmacy):

- ODS Awards.
- Collaboration in SIGRE: environmental awareness campaigns, collection and recycling of medicines, etc.
- Promotion of sustainable practices in pharmacies and collegiate headquarters: reduction of plastics, paper, and other raw materials, use of non-polluting sunscreens, etc.
- Digitisation of internal processes, use of renewable energies, installation of solar panels, and structural reforms of the collegiate headquarters.

DATA SOURCES AND VALIDATION

The data and information presented in FIP case studies are derived primarily from a desktop review of publicly available sources and relevant documents, complemented by in-house data that FIP has collated. The sources and methods underlying these data are fully cited and referenced to ensure transparency and traceability. Additional data were obtained directly from the respective FIP member organisation (MO). All data were subsequently reviewed and validated by the FIP MO to ensure accuracy, completeness, and reliability.

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