FIP Self-care Summit 2026

Key insights to advancing the future of self-care through pharmacy

2026



FIP Development Goals

International Pharmaceutical Federation

Colophon

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Foreword

It is my great pleasure to write the foreword to the 2026 Self-care Summit held in The Hague, The Netherlands, on 7 March 2026. This inaugural summit on self-care brought together self-care leaders and experts from across practice settings, sectors and nations, united by a shared commitment to strengthening the role of pharmacy in empowering self-care and supporting the sustainability of health systems.

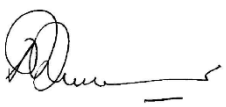
As our global health landscape faces continued and unprecedented pressures and rapid change in need and delivery, the importance of self-care not only endures but becomes even more prominent. Fiscal constraints, demographic shifts, and workforce shortages are reshaping health systems, while digital and technological innovation is creating new possibilities for prevention and self-management. These shifts create a unique opportunity to embed self-care as a cornerstone of health policy and practice, enabling people to become active participants, rather than passive recipients, in their health journey. Pharmacists are at the frontline of care delivery: trusted, accessible, and uniquely positioned to support safe and effective self-care.

Over the course of the one-day event, presentations and discussions showcased evidence and best practices, explored the evolving clinical role of pharmacists, and examined how diagnostics, digital health, and emerging technologies can enable pharmacy practice, ready for the future. The discussions held a clear ambition: to empower pharmacists and pharmacy organisations to lead transformative change. Self-care is now an essential pillar of healthcare, and pharmacy-led management of common ailments continues to demonstrate its value in improving access, reducing cost burdens on other parts of the health system, and delivering safe, effective, and timely care to patients and communities.

I extend my sincere thanks to all our speakers, participants, partners, and the FIP team for their dedication to making this summit impactful and inclusive. I also commend the growing number of countries and organisations that are taking meaningful steps to integrate and support pharmacists in advancing self-care.

FIP will continue to support the advancement of self-care globally and remains committed to equipping and empowering pharmacy professionals and their organisations to deliver pharmacy-led self-care interventions in the communities that they serve. As you read this report, I encourage you to implement its key takeaway messages in your specific field, support your colleagues in doing the same, and ensure the future of pharmacy-led self-care is equitable, sustainable and of high quality.

Forward with Pharmacy, Forward with FIP!



Paul Sinclair
President, International Pharmaceutical Federation (FIP)

Acknowledgements

This summit was supported by unrestricted funding from Reckitt.

1 Executive summary

As our healthcare systems continue to face unprecedented pressures and rapid change in addressing health determinants and optimising resource use in health care delivery, recognising the importance of self-care within the health system has become even more prominent. This report outlines the significant opportunity for pharmacy to play a more prominent role in addressing these pressures through self-care and common ailment management. By embedding pharmacists' roles in the self-care continuum and leveraging their expertise, accessibility and trust, no matter where they are based, to provide early intervention, counselling, treatment, prevention services and appropriate referral.

Advances in self-care in pharmacy-based management of common ailments are already leveraged in various countries; however, regulatory restrictions, unclear legal frameworks, cost, infrastructure and training gaps hinder widespread implementation. A crucial message from the discussions is that tailored national contextual approaches are important for ensuring sustainable pharmacy-based services. This involves implementing services aligned with local regulations, workforce capacity, fair financing models and the needs of the population, recognising pharmacists as providers of professional services rather than solely products.

The report emphasises that future-ready pharmacy self-care practice requires competencies which include structured patient assessment, clinical knowledge and communication skills, financial literacy, digital health and artificial intelligence (AI). AI offers significant opportunities to reshape clinical workflows, learning and service delivery; however, its adoption and integration into pharmacy practice must be ethical, equitable and supported by professional accountability at every opportunity. Furthermore, public confidence in pharmacists, supported by consistent quality standards and person-centred care, is fundamental to expanding self-care services. Proper routine documentation of patient-related outcomes and use of generated real-world evidence can be utilised to demonstrate value to stakeholders, strengthening service evaluation and policy influence. Professional associations have a critical role in scaling progress – supporting workforce capacity, information dissemination, advocacy, promoting interoperability and strategic stakeholder engagement for regulatory reforms.

The report calls for coordinated efforts to leverage the trust and accessibility of pharmacy, improve education, create sustainable service models, harness digital innovation and embed self-care and management of common ailments in pharmacy practice. With strategic leadership and investment, pharmacy can play a transformative global role in advancing equitable, sustainable and person-centred self-care.

2 Background and objectives

Background

Recognising the growing importance of self-care and patient empowerment as fundamental pillars of primary healthcare, health system sustainability and universal health coverage, the Self-care Summit 2026 focused on the future of common ailment management in pharmacy. The aim was to enable pharmacists to deliver accessible and effective self-care services, with particular emphasis on the evolving roles of pharmacists, digital innovations, diagnostics, and sustainable funding.

During the one-day event, self-care leaders and experts from across practice settings and sectors explored how current changes will impact pharmacy-based management of common ailments in practice and lead to optimal outcomes. Discussions highlighted clinical, technological and sustainable approaches to enabling the future of self-care and pharmacy-led common ailment management.

Prior to the discussions, participants ranked common ailments encountered in pharmacies in their respective countries according to their perceived importance, as represented below. While all ailments remain significant, four were selected as the primary focus of the summit discussions.

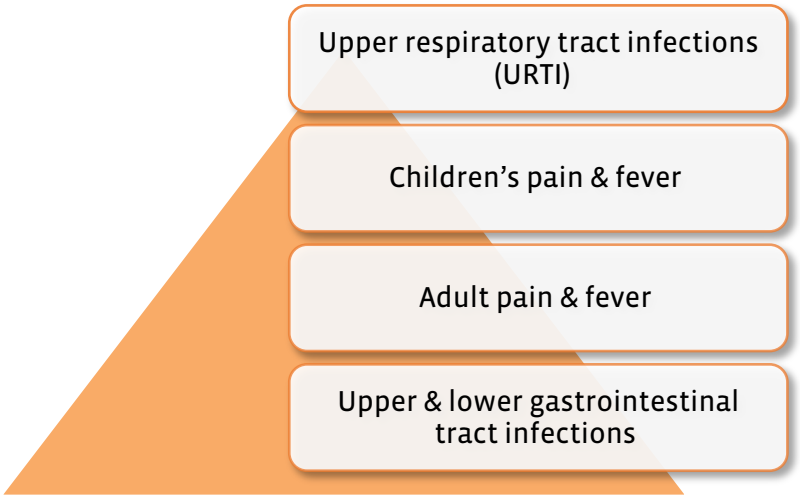


Figure 1: Ranking of common ailments in community pharmacies

Objectives

1. To showcase evidence and best practice in self-care, highlighting the impact of pharmacy-led common ailment management and providing updates on relevant FIP programmes.

2. To explore the present and future role of pharmacists in the management of common ailments, with a focus on clinical decision-making, prescribing responsibilities, and patient-centred care pathways and self-care.

3. To examine how diagnostics, digital health and emerging technologies can enable future-ready pharmacy practice, supporting safe, effective and integrated management of common ailments and self-care.

4. To consider sustainable and system-integrated models for pharmacy-based common ailment management in self-care, including funding mechanisms, reimbursement models and workforce development.

5. To identify key enablers, barriers and priority actions for pharmacy organisations and stakeholders, supporting scalable, consistent and sustainable implementation of pharmacy-led self-care services.



Figure 2: Summit participants

3 Summit participants

FIP Board		
Dr Catherine Duggan	CEO	The Netherlands
Dr Prosper Hiag	Vice President	Cameroon
Dr Marianne Ivey		USA
Mr Luis Lourenço		Portugal
Mr Rob Moss		The Netherlands
Dr Virginia Olmos		Uruguay
Dr John Pieper		USA
Mr Paul Sinclair	President	Australia
FIP Board supporters		
Col Zheng-yu Chen	FIP Envoy to China	China
Dr Manjiri Gharat	FIP Envoy to India	India
FIP Sections/Groups		
Dr Luna El Bizri	Secretary, Health and Medicines Information Section	Lebanon
Ms Leticia Caligaris	Secretary, Community Pharmacy Section	Uruguay
Dr Victoria Cardenas	Chair, Pharmacy Practice Research Special Interest Group (PPR SIG)	Spain
Dr Ryan Forrey	President, Hospital Pharmacy Section	USA
Dr Arijana Mestrovic	Vice President, Academic Pharmacy Section	Croatia
Ms Yi Ling Ng	President, Early Career Pharmaceutical Group (ECPG)	Malaysia
Mr Lars-Ake Soderlund	Co-chair, Technology Advisory Group	Sweden

Name	Role	Organisation	Country
Ms Asra Ahmed	Acting Head of Professional Engagement and Belonging	Royal Pharmaceutical Society	GB
Ms Nuhoda Aldarij	Products Specialist	Royal Dutch Pharmacists Association (KNMP)	The Netherlands
Mr Ka-Chun Cheung	Manager, Medication Information Centre	Royal Dutch Pharmacists Association (KNMP)	The Netherlands
Dr Austen El-Osta	Director; Primary Care Research Manager	Self-Care Academic Research Unit (SCARU); School of Public Health, Imperial College London	UK
Ms Isabel Guerreiro	Health Information and Project Manager	Portuguese National Association of Pharmacies (ANF)	Portugal
Ms Andrea Puđak Kelčec	Professional Associate	Croatian Pharmaceutical Society	Croatia
Mr Jack Shen Lim	General Secretary	Malaysian Pharmacists Society	Malaysia

Name	Role	Organisation	Country
Ms Amita Malik	Global Professional Marketing Associate	Reckitt	UK
Ms Jessica Partleton	Global Professional Marketing Associate	Reckitt	UK
Ms Ema Paulino	President	National Association of Pharmacies of Portugal	Portugal
Mr Adrian Shephard	Global Professional Marketing Director Self-Care	Reckitt	UK
Ms Ada Thorkelsdottir	Member	Pharmaceutical Society of Iceland	Iceland
Ms Reka Viola	Member	Hungarian Society for Pharmaceutical Sciences	Hungary
Mr Andy Watson	Global Professional Marketing Manager	Reckitt	UK

FIP Team	
Ms Anna Domin	FIP Programme Manager
Ms Laila Ghorab	Communications Manager
Ms Carola van der Hoeff	COO & Congress Director
Ms Mfonobong Timothy	Disease Prevention and Self-care Programme Manager

4 Self-care summit programme

Saturday, 7 March 2026

Time	Session title
09.00 – 09.10	**Welcome and opening remarks** Mr Paul Sinclair, FIP President
Plenary 1	
09.10 – 09.45	**FIP update on self-care – evidence and impact** Dr Catherine Duggan, FIP Chief Executive Officer
09.45 – 10.30	**Common ailment management in pharmacy** Mr Adrian Shephard, Global Professional Marketing Director Self-Care, Reckitt
10.30 – 11.15	**The future of self-care: A pharmacy-led pathway** Dr Austen El-Osta, Director of the Self-Care Academic Research Unit (SCARU) & Primary Care Research Manager at the School of Public Health, Imperial College London
Insight board 1	
11.45 – 13.30	**Enabling the future of self-care through pharmacy: clinical approaches to common ailment management and technological solutions** Co-moderators: Mr Lars-Ake Soderlund, Co-chair, Technology Advisory Group, FIP Dr Virginia Olmos, Vice President, FIP
Insight board 2	
14.30 – 15.45	**Enabling sustainable, system-integrated pharmacy self-care and management of common ailments** Moderator: Mr Luis Lourenço, Vice President, FIP
Plenary 2	
16.15 – 17.00	**Panel discussion** Panellists: Mr Lars-Ake Soderlund, Co-chair, Technology Advisory Group, FIP Dr Virginia Olmos, Vice President, FIP Mr Luis Lourenço, Vice President, FIP Mr Adrian Shephard, Global Medical Marketing Director, Reckitt

5 Key messages and outcomes

5.1 FIP update on self-care – evidence and impact

Speaker: Dr Catherine Duggan, FIP Chief Executive Officer

1. Global evidence on self-care

- Self-care exists on a continuum that highlights the importance of both proactive health measures and necessary medical interventions in maintaining overall well-being.[1]
- It has the potential to help solve some of the world's most pressing macro-public health challenges, including the pursuit of universal health coverage (UHC), the prevention and management of chronic conditions, and the provision of high-quality care.
- There is growing recognition of self-care within the UHC framework, which is particularly encouraging in the lead-up to the UHC high-Level meeting later this year.[2]
- For example, in Europe, self-care is an already established source of substantial economic and social benefits, generating significant yearly savings in medical services and man-hours. Enhancing pharmacists' roles as primary care providers for common ailments can further maximise the potential of self-care.[3]

2. FIP self-care programme outputs

Over the past eight years, FIP has led sustained global advocacy and provided technical support for expanding the role of pharmacists in self-care, focusing on leveraging their expertise and accessibility as trusted professionals within their communities. Unique areas of work include sexual health, digestive health, respiratory health, oral health, pain management, skin health, nutrition, and natural health products. Key deliverables and outputs include:

- Launch of 60 CPD Bites (short professional development videos) covering a range of topics
- Publication of 27 reports and a number of guidance documents, handbooks, policy statements, and toolkits
- Delivery of more than 65 digital events
- Structured outputs mainly focus on managing common ailments, followed by patient empowerment and health literacy. Smaller clusters address emerging services and improving patient interactions.

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[1] Self-Care Forum. What do we mean by self-care and why is it good for people? The self-care continuum. Available at: http://www.selfcareforum.org/about-us/what-do-we-mean-by-self-care-and-why-is-good-for-people/.

[2] World Health Organization (WHO) (2025). Universal health coverage - Draft global strategy for integrated emergency, critical and operative care, 2026–2035. Available at: https://apps.who.int/gb/ebwha/pdf_files/EB158/B158_11-en.pdf

[3] Association of the European Self-Care Industry (AESGP). Self-Care in Europe: Economic and Social Impact on Individuals and Society. Available at: https://aesgp.eu/content/uploads/2022/01/AESGP-Summary-Report-Self-Care-in-Europe-Economic-and-Social-Impact-on-Individuals-and-Society.pdf

- Common pharmacist engagement roles are reported to be educating patients on self-limiting conditions, advising on appropriate medicine use, supplying over-the-counter (OTC) medicines, referring patients when escalation is needed, and providing diagnostic services.
- A key programme document – the policy statement was updated in 2025 to reflect the continuously evolving role of the pharmacist in self-care.

3. Challenges and enablers in advancing pharmacy-led self-care

Pharmacists are both willing and active in self-care; however, structural, financial, and workflow barriers limit the full realisation of their potential. Enablers are centred around individual pharmacist knowledge as well as systems, interdisciplinary collaboration, workforce investment, and structured support.

Table 1: Challenges and enablers to self-care advancement

Challenges	Enablers
Time constraints and heavy workload	Appropriate use of technology to support self-care delivery
Insufficient funding and remuneration	Well-trained and qualified staff
Limited access to patient medical records	Access to patient health and medication records, and private consultation spaces
Inadequate knowledge or training, or limited access to resources	Access to high-quality educational resources and training
Limited patient engagement and recognition of pharmacists' role	Good teamwork and collaborative care planning
Lack of standardised protocols or guidelines, and legislative barriers	Strong working relationships with other healthcare professionals

4. Demonstrating impact

Self-care interventions in community pharmacies, including point-of-care testing (POCT) and Common Ailment Scheme (CAS) services, demonstrate significant impact:

- Improved patient outcomes, enhanced patient safety, and reduced adverse drug effects.
- Reduced healthcare cost burden, fewer hospital visits, and improved access to healthcare.

FIP's leadership remains committed to global advocacy and partnerships, providing support to member organisations, creating professional development and practical resources, and engaging in data-driven, informed projects and collaborative initiatives.
Access the self-care summit infographic here.

5. Conclusions

Pharmacists are already delivering self-care at scale, but there is room to strengthen consistency, structured protocols, and service development. Changing the obsolete but persistent narrative of pharmacists being seen as "supplementary" providers or purely as dispensers of medicines, rather than recognising them as integral primary care providers, is essential to better align self-care with the wider healthcare system. There is a need to advocate for, enable and further enhance pharmacists' roles within the healthcare infrastructure, while continuing to define both their current and future contributions. This will be critical in preparing the profession to meet emerging challenges in pharmacy practice.

"Self-care should be part of the pharmacist's health benefit across all countries. It's not just about medicine management but also embedding this in the self-care continuum and leveraging pharmacists' expertise, accessibility and trust, no matter where they are based."

Dr Catherine Duggan, FIP Chief Executive Officer

5.2 Common ailment management in pharmacy

Speaker: Mr Adrian Shephard, Global Professional Marketing Director Self-Care, Reckitt

The presentation provided an overview of common ailments across four categories - gastrointestinal, upper respiratory, and pain in both children and adults. Insights derived from Reckitt data representing ten countries were shared, demonstrating how this information can be utilised to optimise pharmacy-led self-care services. People are increasingly taking a more proactive approach to managing and optimising their health, and this has implications for pharmacists:

- **From treatment to prevention** – rapid advances in wearables, trackers and sensors, alongside earlier management of chronic risks, are giving consumers unprecedented visibility and control over their health.
- **From patients to empowered consumers** – healthcare is becoming more inclusive and accessible, while a growing cohort increasingly seeks solutions beyond traditional treatment pathways.
- **From products to ecosystems** – AI, connected devices, and real-time data are enabling more personalised health management, as diagnosis and monitoring increasingly extend beyond HCP settings and retail into mobile and home environments.

1. **Patient pathway experiences**

- Common ailments occur frequently, with individuals experiencing multiple episodes each year. In contrast to other ailments, this is particularly evident within the pain category, which includes headache, lower back and muscle pain.
- Pharmacists are increasingly consulted across these categories, providing advice, OTC recommendations and referral. This trend could be driven by patients' established habits, the no-cost nature of pharmacy advice, the immediate nature of access to care for acute conditions, pharmacists being seen as the experts in these conditions, the recognised role of pharmacists in providing these services, referral by other health professionals, or use as the only option. It also reflects a growing need to reduce pressure on healthcare systems by directing patients away from doctors and towards pharmacies, where these common ailments can be managed effectively.

2. **Self-care information-seeking pathways of pharmacists**

- Pharmacists use a trusted multi-channel approach to gather information on common ailments. This can include digital, print media and face-to-face interactions, for example, with detailing representatives or in conferences. Information accuracy and currentness are equally vital, regardless of the medium used.
- The ease of accessing information sources and their quick and easy assimilation are key factors for pharmacists. Continuous professional development (CPD) courses are also a very useful source, as well as manufacturers and professional societies.

- Pharmacists are increasingly using e-learning methods such as online continuing medical education (CME) courses, industry-provided content, internet searches, and digital journals, amongst others.
- Artificial intelligence (AI) applications (chatbots, training tools, language translations, scientific summaries, etc.) are increasingly being used due to speed of access, ease of use, and availability. However, this raises important concerns regarding the accuracy, reliability and evidence base of the information provided.

3. Emerging learnings and considerations

This section reflects the key themes emerging from the insight board discussion, highlighting priority areas for future development.

In the context of ongoing changes in healthcare, several areas require further exploration in relation to common ailment management:

- Point-of-care diagnostics:
  - Given variation across countries, to what extent—and how quickly—might these become routine in pharmacy practice?
  - What is the future of diagnosing and managing chronic forms of common conditions, such as irritable bowel syndrome, osteoarthritis, and bronchitis in pharmacy?
- Pharmacist prescribing: While the roles of pharmacists and the scope of practice are evolving, will prescribing become more widely adopted globally?
- How supportive are the professional organisations in driving some of those developments related to common ailment management?
- How can the pharmacy business model evolve to meet future healthcare needs?

4. Conclusions

Pharmacists play a central role in the management of common ailments. Beyond this, there are opportunities to expand into the management of chronic conditions within pharmacy practice. Consideration should be given to the functionality, required capabilities, service design and system support needed to optimise pharmacy-led programmes in both acute and long-term care.

"Pharmacists are very central to the management of common ailments. The professional societies are key sources of information for all pharmacists, and opportunities exist to utilise the required multi-channel communication approach to invest in pharmacists to support them in patient management."

Mr Adrian Shephard, Global Professional Marketing Director Self-Care, Reckitt

5.3 The future of self-care: A pharmacy-led pathway

Speaker: Dr Austen El-Osta, Director of the Self-Care Academic Research Unit (SCARU) & Primary Care Research Manager at the School of Public Health, Imperial College London

1. **Self-care in the context of resource utilisation**

- The increasing prevalence of lifestyle-related diseases (non-communicable diseases [NCDs]) represents a major public health challenge. Modifiable risk factors such as tobacco use, physical inactivity, obesity, unhealthy diet and high blood pressure are amenable to self-care interventions, which can help prevent, delay, or change disease trajectories.
- The Self-Care Matrix supports the conceptualisation of self-care and its entirety and can also be used as a framework to evaluate self-care interventions within and beyond pharmacy settings.
- Recognising that self-care priorities shift across the life course highlights the need for adopting a life-course approach to promoting self-care.
- Global health initiatives, including the WHO's self-care policy landscape (competency framework, intervention classification and implementation guidance) and FIP's knowledge and skills guide for pharmacists supporting self-care, highlight the growing emphasis on self-care as an essential component of healthcare systems.

2. **Self-care is now everyone's business**

- The key to self-care is a new relationship that puts the needs of the individual first.
- The COVID-19 pandemic highlighted the importance of self-care, hygiene, and social connection. Increased public interest, reflected in rising online search activity, may be linked to growing research, policy attention and global dialogue on the topic.
- Megatrends in self-care now include:
    - Health applications and wearable technologies, often used in an ad hoc manner.
    - Point-of-care testing devices for both healthcare professionals and home use.
    - Self-quantification and decision support tools (e.g., continuous glucose monitors, blood pressure monitors, pregnancy self-care kits and online symptom checkers).
    - E-labelling, telepharmacy and e-pharmacy.
    - Remote blood pressure monitoring, supporting task sharing between individuals and health care professions (e.g., in England).
    - Common ailment schemes in various countries that allow pharmacists to support patients with ailments and reduce unnecessary emergency department visits.

A range of emerging indices and frameworks are also being developed to assess self-care readiness, inclusivity and individual capability.

3. **The future of self-care**

- There is a rapidly expanding and increasingly non-linear landscape of innovation, driven by technologies such as artificial intelligence (AI), cyber-physical systems, 3D printing, nanotechnology, and blockchain.
- Reframing the healthcare delivery paradigm to support active patient engagement in health and well-being is critical to improving outcomes.
- Self-care should be delivered in a manner that is person-centred, technology-enabled and contextually appropriate. Emerging concepts include software as a medical device and AI-enabled tools (e.g., chatbots providing medical advice), as well as developments such as digital twins.[4]
- The future of pharmacy is increasingly digital. Pharmacists' roles in community engagement, health literacy, person-centred care and trust-building are critical, particularly in collaboration with international partners.
- Pharmacists can act as both enablers and barriers to self-care. Addressing gaps in the currently underdeveloped pharmacy self-care data landscape will be essential to maximising impact.

4. Conclusions

Self-care offers substantial benefits, and technology—one of its key enablers—reinforces the need to focus on personal empowerment. While pharmacy already plays a vital role, its importance will continue to grow. The evolving role of pharmacists alongside ongoing innovation will be critical in scaling access to self-care resources, education, products and services.

"Pharmacists are the 'elves' in the self-care epic. Learning from best practice examples can help pharmacy spearhead and democratise access to self-care interventions for people and patient benefit."

Dr Austen El-Osta, Director of the Self-Care Academic Research Unit (SCARU) & Primary Care Research Manager at the School of Public Health, Imperial College London

[4] Digital twins are virtual representations of physical objects used for modelling and design purposes.

5.4 Insight board 1 - Enabling the future of self-care through pharmacy: clinical approaches to common ailment management and technological solutions

Co-moderators:
Dr Virginia Olmos, Vice President, FIP
Mr Lars-Ake Soderlund, Co-chair, Technology Advisory Group, FIP

The discussions covered:

- The role of diagnostics (including point-of-care testing [POCT]) and their availability in pharmacies.
- The evolution of pharmacists' prescribing capacity and clinical roles.
- The potential for AI and digital technologies to transform pharmacy-based common ailment management in practice, including in cases of recurrent or chronic common conditions, diagnostic uncertainty, sensitive patient consultations, and referral pathways.

1. Barriers and enablers of diagnostics access and their availability in pharmacies

In the management of common ailments, pharmacists are already assessing symptoms and recommending pharmacological treatment. In some instances, the use of diagnostic devices can support differential diagnosis or help to rule out conditions prior to making recommendations or referrals. Participants identified cost, regulatory requirements, time constraints, and infrastructure limitations as key barriers to pharmacists' ability to diagnose and triage patients and to deliver associated services, including but not limited to point-of-care testing. These challenges highlight the complex interplay between regulation, professional recognition and access to diagnostic technologies within community pharmacy practice.

"There's no mechanism to pay for it; the patient doesn't want to and would prefer to go through some assessment and have a recommendation. This can deter you from using a POCT device, even if you want to."

However, cost wasn't viewed as a significant global constraint, especially in terms of affordability in some pharmacy settings.

"*In Lebanon, at the level of the pharmacy, people are willing to pay because the prevalent model of funding is out-of-pocket. If they want to go to the physician, they will pay much more, and so they prefer to rule it out at the level of the pharmacy, especially since these tests are not very expensive there."*

Pharmacists face a range of challenges in accessing and implementing point-of-care testing services. Regulatory classifications may restrict the use of certain diagnostic devices to specific healthcare professionals, limiting their availability in pharmacy settings. In addition, professional lobbying can influence how these devices are registered and supplied, further constraining access.

"One of the big barriers we face in Malaysia right now is access to the devices themselves. For example, influenza test kits are registered for professional use only, but pharmacists are not recognised as professionals who can use them in pharmacies. As a result, these supplies are not even allowed in pharmacy settings. When we try to push for them to be registered as self-care devices, there is strong resistance from other professionals."

"In Portugal, pharmacies are required to pay the same quality assessment fees as other facilities. While such assessments may be the primary activity for those facilities, pharmacies face additional barriers to accreditation when performing other point-of-care tests, (e.g., for HIV and hepatitis C)."

Furthermore, regulatory misalignment is a practical issue in some regions, including the Western Pacific, where pharmacy practice is governed by one set of legislation, while newer healthcare facility regulations do not clearly recognise pharmacy settings. This lack of clarity creates uncertainty regarding the scope of services pharmacists are legally permitted to provide. As a result, even routine screening services such as blood pressure monitoring, which have traditionally been offered in pharmacies, may be reduced or discontinued due to concerns about compliance with broader healthcare regulations.

"The Healthcare Services Act in Singapore doesn't clearly address offering such services in pharmacies. Many pharmacies are unsure if they are violating the law, and they cannot register under the Act because they are not recognised as those types of healthcare facilities. These direct delivery barriers greatly affect the provision of diagnostic and point-of-care services."

Even in countries with well-established pharmacy systems, strict governance, quality assurance standards and the need for appropriate clinical space, can create logistical and workflow challenges particularly in pharmacies managing high dispensing volumes. Further complexity arises around scope of practice and prescribing authority based on diagnostic results, which can hinder the implementation of POCT services.

"In the UK, the regulatory agency requires healthcare settings to register these devices, meet governance requirements, calibrate them once a year, and ensure appropriate space. For many pharmacies, this raises practical questions—where will the space come from, and who will run the service? For pharmacists with dispensing responsibilities, it can be difficult to integrate testing. Even when there is time, space and a patient willing to pay out of pocket, there can still be uncertainty about whether pharmacists can prescribe based on the diagnostic result or decision-support tools such as in C-reactive protein (CRP) testing."

In addition, training and competency were identified as significant barriers. In some regions, including parts of Southeast Asia, access to diagnostic devices remains limited and training opportunities for pharmacists are insufficient, particularly as these services are still emerging. There is a clear need for targeted education and training to build pharmacists' competence and confidence, as well as for professional development frameworks to better reflect evolving self-care practices.

"Unfortunately, our training doesn't involve the use of these devices. It is changing in some countries like Canada, Australia, and the UK but, that is not the case generally. We should be advocating for a change in pharmacy if we want to expand the scope of our services."

"It's very important for us to educate pharmacists to be comfortable with making decisions in the grey areas. We do a lot of simulations to enable the students to understand what critical points they should have addressed, and the necessary action. This is something we should always consider in our education. The student may complain that's too complex without clear instruction, but it prepares them for the real-world."

2. System enablers for practice transformation

The availability of point-of-care testing services in community pharmacies does not always translate into seamless patient care. In some settings, pharmacists can perform multiple diagnostic tests but remain limited in their ability to act on the results due to prescribing restrictions. This, in turn, creates fragmented care pathways where patients must still be referred to another healthcare provider for treatment, even when the diagnosis is clear. Such regulatory gaps can limit the full potential of pharmacy-based diagnostic services and highlight the need for better alignment between testing capabilities and prescribing authority.

"In my country, pharmacies can perform around 12 to 15 point-of-care tests. A patient comes in with a sore throat, we perform a strep test and perhaps a CRP test, both results are positive, but then we need to tell the patient to go to the doctor for the antibiotics. This shows the regulatory gap - we can carry out these tests, but we cannot always provide the treatment."

Participants emphasised the importance of economic considerations in making impactful health system changes. Strong economic evidence, particularly in areas such as diagnostics, prescribing, or point-of-care testing, is crucial. This can influence policymakers and insurers. Without this, efforts to expand pharmacy practice may struggle to gain regulatory or funding support.

"The language every payer understands, whether they be government or an insurance company, is money. It drives policy change and how systems work. If we want to change the regulation, we need to show the health economics of what pharmacists do and how important that is. Small pilots can generate evidence to show that these pharmacy services can save government money. This ultimately forces change in regulation and practice."

"Gathering data from jurisdictions around the world that allow pharmacists to use diagnostic aids can demonstrate the value of doing that, which would be very valuable for pharmacists globally and make bigger impacts."

While economic evidence is a key driver for practice transformation, political dynamics can also influence the direction of change. Public opinion can shape healthcare policy and engage patients, and building alliances with patient organisations can strengthen advocacy efforts. These approaches can complement economic arguments, helping to generate broader support for expanding pharmacy services and encouraging governments to consider regulatory reform.

"In Portugal, the currency for politicians is votes rather than money. I agree that we must prove the economic case, but we have seen that change can be enacted through citizen pressure. Working with the patients, the citizens and patient organisations can create public demand for regulatory change."

In some healthcare systems, professional collaboration and institutional governance structures have enabled the introduction of new pharmacy services even in advance of formal regulatory change. When supported by governance frameworks, such approaches can build trust, generate evidence of impact, and gradually pave the way for broader regulatory acceptance.

"In our organisation, proposals for new pharmacy practices were presented to the Pharmacy and Therapeutics Committee, and other professionals would vote on them. If the committee agreed, it became entrenched within the governance of the hospital that we could do it. In many ways, it was about demonstrating competence first and building trust with colleagues and helped overcome the barrier of waiting for regulation before acting."

Lastly, a shift is required from product-based workflows to consultation-based models of care. This includes strengthening documentation standards, integrating with shared electronic health records, developing structured service models and referral pathways, and implementing standardised training and competency frameworks. Such changes will ensure that diagnostic services are embedded within coordinated care pathways, rather than delivered in isolation—particularly as patients increasingly engage in self-diagnosis using widely available digital and AI-enabled tools.

3. Evolution of pharmacist prescribing capacities and clinical roles

Clinical responsibility must be defined by clear scope of practice and accountability. Participants noted that the scope of practice directly affects the expansion of pharmacy-based services. In some countries, limitations restrict pharmacists' ability to fully use their clinical expertise in patient care, while in others, there is a need to further develop prescribing authority to enable pharmacists to undertake appropriate assessments and deliver responsible self-care services. In certain contexts, regulatory requirements, such as the mandatory physical presence of a pharmacist, also shape how services are delivered.

"In Spain, the prescribing authority is limited to doctors. Even nurses are negotiating for this right, while pharmacists are largely out of the discussion. Through the common minor ailments scheme, we can treat symptoms and signs and offer pharmacological and non-pharmacological recommendations."

"In India and many other similar countries, pharmacists commonly prescribe for common ailments without actual assessment. Our effort will be to train the pharmacist and empower them to deliver care responsibly."

"I've travelled to many countries, visited pharmacies and found no pharmacists. This is a huge challenge. To lead these self-care services, we must change this narrative to ensure good health outcomes."

As pharmacy practice evolves with the integration of digital tools, decision-support systems and point-of-care testing, expanding pharmacists' clinical roles must be accompanied by clear legal frameworks that define practice boundaries and ensure patient safety. When supported by technology, training and regulation, pharmacists can extend their contribution to patient care while maintaining clear thresholds that protect both themselves and patients.

"Imagine you have a pharmacist who becomes a 'Pharmacist+'—supported with point-of-care tests, symptom checks and other decision-support tools. A key question on practice boundary arises to protect the patient and avoid litigation. Pharmacists may be competent to provide these services, but that boundary needs to be supported by the national legal framework to enable them to really go higher and do more than what is being done now."

Furthermore, the level of professional responsibility assigned to pharmacists also influences how their services are recognised and remunerated within health systems. In some countries, pharmacists report that activities such as symptom assessment and clinical recommendation are not consistently acknowledged or reimbursed. Expanding responsibilities, such as diagnosing conditions and prescribing treatments, can enhance the profession's standing within the healthcare system, strengthening professional recognition and establishing clearer pathways for remuneration and accountability.

"When I assess a patient and make recommendations, I have a very small amount of responsibility at the end. When I perform point-of-care testing and prescribe, then the whole responsibility is on me, and the healthcare system knows that I am the healthcare professional who decided the patient's state. Remuneration then follows. So, this raises an important question for our profession: are we ready to take that responsibility?"

"Pharmacists will have to use contextual intelligence while delivering this type of care, looking at different sensitivities, especially as offering these services might be complex in certain scenarios."

As clinical roles continue to evolve, positive experiences, supported by government-led communication, will strongly influence and encourage people to seek care from pharmacists. In countries where governments actively promote community pharmacies as the first point of contact for common ailments, patients are more likely to view pharmacists as trusted healthcare professionals.

"In the UK, public campaigns clearly direct people to come to the pharmacy for these symptoms. These messages are in several public spaces. When people grow up with these experiences, it becomes normal for them, and they can easily teach their children to see the pharmacist as a trusted professional and seek advice early for these conditions."

Standardised clinical frameworks can help strengthen confidence in pharmacy-based care. When nationally recognised protocols or toolkits are adopted, pharmacists can follow consistent approaches to patient assessment, triage and management, and be assured that their actions align with nationally accepted standards, helping to reduce uncertainty and variability in practice.

"As a rule, we should have some nationally recognised framework or toolkit that can be adopted in the pharmacy. Pharmacists will feel comfortable that this is a national clinical approach and be more confident about what they're doing."

"Competency frameworks and their development and strong governance will ensure that pharmacies' evolution will be strengthened within a primary care system."

"I think we need to understand the boundaries. If there is doubt, the protocol has always been referral, but it is also important that pharmacists should be trained to focus on non-delivery and prioritising when to refer to other health professionals rather than on product delivery."

"For example, for IBS, which has quite a complex diagnostic process and takes quite a long time, pharmacists' primary symptom assessment, trigger identifiers and triage can be beneficial in creating some sort of algorithm, which, as a country or as a profession, that condition is then managed where there is not yet diagnostic confirmation."

Overall, participants emphasised that alongside the evolutions of pharmacists' roles, clear legal frameworks, formal recognition, government support, remuneration, standardised clinical protocols and improved competencies are essential. These elements are critical to empowering patients in self-care, enabling effective common ailment management, and supporting pharmacists to contribute meaningfully to health systems.

4. Impact of AI and technology

The increasing use of digital health tools and artificial intelligence is changing how patients seek health information and make decisions about their care. Increasingly, individuals turn to online platforms and AI-driven tools for advice before engaging with healthcare professionals. This shift presents both challenges and opportunities for community pharmacies, raising important questions about how pharmacists can remain visible, accessible, and relevant in an environment where patients may arrive with predetermined information or bypass professional consultation altogether. Participants agreed that even when patients rely heavily on online information, pharmacists play a critical role in guiding decision-making. By asking appropriate questions and engaging patients effectively, pharmacists can demonstrate the value of professional consultation and reinforce trust in their expertise.

"We're not going to say 'no' to these online platforms, but we must clarify that the solutions being offered are not definitive. We have a role in the evolution of technology and should continue to educate the patients on the importance of the pharmacist's guidance."

"Depending on how a prompt is written, a health professional and a non-health professional can get totally different answers. Largely, pharmacy can support the patient to use these platforms carefully."

"Presenting patients may not necessarily comprehend the information or interpret the data from these digital platforms as we do. As the experts on health literacy, we should not undermine our role in interpreting, educating and providing appropriate counselling to these patients."

Artificial intelligence may provide real-time guidance for pharmacists during patient assessments, enabling rapid interpretation of symptoms and supporting evidence-based decision-making. However, the importance of professional judgement, clinical verification, and patient-centred care in an increasingly digital health landscape is still paramount.

"Pharmacists are probably using AI as much as patients. How do we feed that information into those tools so that when a patient comes in, you have just-in-time education for that pharmacist who's doing the assessment? These technologies can support clinical decision-making, but they also raise provocative questions about the pharmacist's role."

Across healthcare settings, emerging digital tools, such as AI-powered digital scribes and symptom checkers, are beginning to reshape clinical workflows by supporting documentation, structuring consultations and informing decision-making. Although still evolving, these technologies may be applied in pharmacy practice to enhance efficiency and support the identification of appropriate care pathways.

"We are already seeing the use of digital scribes that automatically transcribe clinical conversations, particularly in private healthcare settings in some parts of the world, and it is likely that these tools will eventually reach pharmacy practice as well. Aside from recording consultations, the AI scribes could incorporate symptom checkers that structure the real-time conversation, capture relevant information and even suggest possible care pathways. In the symptom-checker space, this represents an emerging opportunity that could support both patients and pharmacists in clinical decision-making."

While the benefits of AI are significant, the humanistic factor should not be trivialised, as patients still value social connection.

"There are so many opportunities for us to integrate AI into our practice, and we should aim towards that solution. However, AI is not the answer to everything, and loneliness is still an issue as well. We need to be the anchor for people in the human way, especially older people who come into the pharmacy and want to talk to a pharmacist."

"Pharmacy is a human promise."

Participants noted that traditional pharmacy practice is built on direct patient interaction; however, changing expectations, particularly among younger populations seeking convenience and speed, may reduce face-to-face engagement. AI should therefore be integrated into pharmacy practice in a safe and balanced manner, ensuring that technological advancements complement rather than replace human interaction. There is a clear need to preserve and strengthen patient–pharmacist engagement at every opportunity.

5. Conclusions

There is an opportunity to redesign access to care, redistribute expertise, and empower individuals to take more meaningful opportunities to manage their health. Pharmacy sits at the heart of this opportunity. Self-care must be part of a national health strategy with effective ways for primary care or pharmacy to support patients.

Key takeaways include

- Pharmacists are well-positioned to use point-of-care diagnostics for common ailments; however, regulatory restrictions, unclear legal frameworks, cost, infrastructure gaps, and insufficient training continue to limit widespread implementation.
- Diagnostic testing alone does not ensure seamless care. Without aligned prescribing authority, remuneration models, documentation systems, and referral pathways, pharmacy services remain fragmented and underutilised.
- Expanded prescribing authority must be supported by a clear scope of practice, legal protections, competency standards, accountability, and public recognition.
- AI and digital tools are reshaping patients' care-seeking behaviours and the way pharmacists work. However, technology cannot replace professional judgement, support for health literacy, or the trusted human relationships that patients value.

Opportunities for the future in pharmacy include

- Development of harmonised policies, sustainable reimbursement models, and competency-based training programmes that enable the safe integration of diagnostic testing into routine pharmacy self-care pathways.
- Transforming pharmacy practice to a consultation-based care model supported by shared records, health-economic evidence, structured service pathways, and collaborative governance systems.
- Positioning pharmacists as a frontline access point for care. Pharmacists can play a central role in managing common ailments, triaging patients, and supporting self-care, improving access and reducing pressure on other parts of the healthcare system.
- Investing in workforce development and digital integration. Expanding pharmacists' roles requires improved education, competency frameworks, and the strategic use of AI and digital tools, while preserving the human, patient-centred nature of pharmacy care.

5.5 Insight board 2 - Enabling sustainable, system-integrated pharmacy self-care and management of common ailments

Moderator:
Mr Luis Lourenço, Vice President, FIP

The discussions covered:

- How the 'future' of pharmacy-based common ailment management models can be sustainable.
- How it will support the financial viability of pharmacies.
- Upscaling pathways through national and regional pharmacy associations for consistency.

1. Building sustainable models for pharmacy-based common ailment management

'Sustainability' in this context was explored under three priority areas: economic, environmental and social. Responses provided by participants on the various essential components of common ailment management are summarised in the table below. It was agreed that a one-size-fits-all approach does not apply and sustainability in various regions can be tailored to national contexts.

Table 2: Essential components of common ailment management

Components that are essential for common ailment management	Participants' responses	FIP's current/future action
Integrated education and training	"We must integrate common ailment management into our undergraduate pharmacy studies to better equip the next generation of pharmacists. Also, training through continuous professional development programmes needs to address these areas." "Sharing practice about the curriculum and competency development could support consistency of undergraduate training."	Short, evidence-based CPD Bites contribute to self-directed learning, supporting pharmacists' professional development. FIP knowledge and skills reference guide for pharmacists supporting self-care to guide pharmacists on the foundational knowledge and skills they need to effectively advocate for and support patient-centred self-care interventions. FIP's curriculum and competency framework, which countries can adopt and partner with the Regulatory advisory group to implement national curriculum development. An artificial intelligence toolkit for pharmacy that provides a high-level guide for pharmacists, offering an overview of AI implementation considerations, practical applications, and inspiring innovation. It aims to empower pharmacists to deliver safer, more effective, and personalised patient care without undermining their critical thinking or professional judgment. FIP's report on digital health and pharmacy education, and online course on digital health in pharmacy for the educators and practitioners, were developed because of findings on the importance of training educators on digital health so that they can, in turn, teach their students. Through a toolkit and a digital event, FIP commits to supporting the continuing development of all member organisations as well as individual members in financial literacy to support the sustainability of pharmacy services.
Public sensitisation	"Consumers need to be aware that these services are available in the pharmacy."	The role of health literacy in self-care that proposes how pharmacists may support their community by using reliable and evidence-based information effectively.

Components that are essential for common ailment management	Participants' responses	FIP's current/future action
		FIP commits to strengthening partnerships with patient and public organisations, ensuring the accessibility of communication resources that combat misinformation, promoting awareness of pharmacy-led self-care services and public trust through annual campaigns, e.g. during self-care month.
Time management	"Pharmacists manage multiple tasks daily, from administration to procurement to patient counselling. The real challenge is deciding what comes first, prioritising effectively and still giving patients the attention they deserve."	FIP commits to continue strengthening workforce management skills and promoting the adoption and balanced utilisation of digital technologies in pharmacies.
Role recognition and task sharing	"We've often advocated for the recognition of pharmacists' roles and task sharing, but we need to reflect on our own practices to make progress." "To move forward, we must ask ourselves if we are willing to share with other professionals and focus on where we add the most value."	FIP statement of policy on pharmacists as gateway to self-care, which underscores the benefits of self-care as well as the relationship between pharmacists and patients in the vital role of addressing social determinants of health, helping to reduce barriers to healthcare access, and supporting vulnerable populations, ultimately contributing to reducing social exclusion. FIP commits to continue advancing the recognition of pharmacists as key enablers of self-care delivery and effective collaboration with the pharmacy technician organisation to ensure their efficient leverage and competency.
Interprofessional collaboration	"I had the opportunity to comment on a policy paper on long-term health care and palliative care; despite the inclusion of several other professionals, pharmacists were not recognised as healthcare providers. Instead, pharmacies were only described as 24/7 access points for medicines. We need stronger interprofessional alignment and recognition." "Pharmacists are connecting communities and ecosystems; contributing our added value to opportunities where patients do not come into the pharmacy is paramount, e.g., on digital platforms."	FIP statement of policy on interprofessional collaborative practice recommending regulations, health system infrastructures and policies for collaborative efforts between pharmacists and other healthcare professionals in delivering healthcare services. FIP commits to advocating for enabling legislation for such collaborations and supporting national organisations to tackle professional resistance, incorporate interprofessional education into undergraduate curricula and CPDs.

Table 3: Enhancing components of common ailment management

Components that can enhance common ailment management	Responses	FIP's current/future action
Access to electronic health records	"Data writing and sharing access with other members of the health care team is paramount. Additionally, in the long-run, information integration between pharmacies and other care facilities will be key."	FIP commits to supporting the adoption and expansion of successful country data access standards that allow the delivery of safer, interconnected person-centred care.
Supportive regulatory frameworks	"Supportive frameworks are extremely important to align the pharmacy services with primary care pathways, establishing referral and feedback loops between pharmacists and practitioners as well. For example, the NHS Pharmacy First model allows pharmacies to treat seven common conditions, aiming to improve access and reduce GP waiting times. In France, pharmacies are recognised as primary healthcare entry points, where pharmacies provide vaccinations, streptococcal checks, and blood pressure monitoring. National protocols for common ailment management need to be developed."	While this regulatory self-assessment tool focuses on aiding the detection of, quarantine and removal of substandard or falsified (SF) medical products from the pharmaceutical supply chain and preventing SF medical products from being used by patients, FIP commits to developing an adaptable model for national assessment on expanding the delivery of these services, as well as continuing advocacy for supportive frameworks for pharmacy-led self-care services integration.
Remuneration	"In Southeast Asia, remuneration is not going to the services. Fair remuneration is important to incentivise pharmacists to deliver these services."	FIP commits to working with agencies in Europe, as well as scaling to other regions, to provide templates and support all countries to lead negotiations with the government on fair remuneration
Pharmacy infrastructure and protocols	"To ensure sustainability, pharmacy setting must be well prepared with private consultation areas, robust record-keeping processes, and ensure patient approval is obtained where necessary." "Integrating algorithm-supported decision tools into pharmacy IT systems can support minor ailment management, capture patient data and guide consultations. This auditable record, in turn, supports and protects pharmacists' clinical decisions." "We need to use clinical guidelines, decision support tools, and digital triage systems to ensure consistency between pharmacy and the wider healthcare environment." "In Portugal, we have an integrated pharmacy software system that uses reliable sources of information—regulatory	FIP statement of policy on artificial intelligence in pharmacy practice which provide recommendations on the role of AI in pharmacy, ensuring that AI tools are used to boost productivity and enhance care, in alignment with the values of the pharmacy profession and to the benefit of patients and healthcare systems. FIP commits to creating internationally aligned frameworks and guidance that can be contextually adopted for secure, interoperable pharmacy-led self-care delivery practice.

Components that can enhance common ailment management	Responses	FIP's current/future action
	information, patient leaflets, pharmacology, etc. It has been trained to notify the pharmacist if the needed information is not available. Currently, pharmacy teams are being trained to use it, and they can cross-reference digital information with the patient, their existing information, and can provide more personalised patient care."	
Expanding care access	"In the UK, there's a social prescribing movement. Just as this allows general practice to refer patients to community services, a pharmacy-focused approach to 'social prescribing' can link patients to accessible or subsidised medicines, supporting common ailment management. With the right policies, this could streamline access to treatment and reduce pressure on primary care."	FIP commit to building partnerships to strengthen and influence pharmacists' scope of practice, generating data on and facilitating peer learning from countries that have successfully embraced expanded care.
Data collection and evidence generation	"Data collection when delivering common element services is important for economic evaluations that prove the value of the pharmacies and the cost savings that it produces in primary care and other care payments."	Pharmacy-based point-of-care testing: A global intelligence report can be utilised as a reference for demonstrating the key role of pharmacists in POCT, timely contribution to patient care and health system efficiency, as well as highlighting global best practices to advance pharmacy practice and international standards of patient care with stakeholders. FIP also commits to supporting national/regional pilot programmes to prove feasibility and generate economic evidence to influence policy change.
Integration into health systems	"Lebanon relies on accredited primary healthcare centres for most public health services, and the community pharmacies are to a lesser extent. But in emergencies, when these centres close, community pharmacies remain the only open point of care. This highlights the critical need for integration." "Community pharmacy should not be siloed; it needs to be integrated into the wider healthcare system. Initiatives such as integrated neighbourhood teams in England demonstrate how pharmacists can play a key role in service development and patient care pathways."	From theory to therapy: Balancing evidence in managing common ailments can provide insights to support pharmacists in integrating evidence into everyday patient care, mitigating challenges, and optimising self-care interventions. FIP commits to organising regional peer learning events to share how pharmacy organisations are leveraging leadership and advocacy for the integration of pharmacy-led self-care services.

2. Key competencies for future services

Participants identified key competencies that would support pharmacists to efficiently deliver these services.

Clinical knowledge and communication skills

Clinical and communication skills are crucial for effective patient assessment in community pharmacy.

Such training in structured patient assessment and communication ensure that pharmacists can safely manage common conditions and recognise when referral to other healthcare professionals is necessary.

"Strong communication skills and proper clinical training are essential in pharmacy practice. Asking the right questions, guided by clinical alerts and guidelines, helps ensure that important details are not missed."

"People come to pharmacists to help plan their treatment. This supported self-management is a kind of aspect of personalised care. Pharmacists could benefit from e-learning on personalised care."

FIP proposes to ensure the accessibility of clinical knowledge and communication resources that support person-centred care, combat misinformation, promote awareness of pharmacy-led self-care services, and seek innovative ways to support continuous development in line with emerging self-care trends.

Artificial intelligence in the curriculum

AI continues to play a huge role in modern self-care. Participants highlighted the importance of incorporating more curriculum content on artificial intelligence and its role in various chronic conditions in training programmes. AI is expected to significantly change pharmacy education by shifting focus toward digital literacy, enhancing personalised learning, and integrating advanced clinical simulations to expand pharmacists' scope of practice and competence. However, whilst AI is useful for simplification, healthcare professionals are still required to learn and use critical analytical skills.

"We are underappreciating and undervaluing the role of artificial intelligence in our curriculum for our students, and that needs to change. We need to rethink the competencies that we have put out in our global competency framework and reframe that within the concept of artificial intelligence."

"AI can be used to simplify things, but complexity is part of what we need to learn and also teach professionals."

"Future curricula need to address the ethical implications, data privacy and limitations of AI in healthcare. While there is huge potentials, AI integration also faces challenges like over-reliance

on these tools, accuracy, reliability, access and equity. AI-ready professionals need to be able to combine technical proficiency with human empathy."

"AI is also a surveillance tool owned by various organisations who profit off our shared information. Uncertainties remain where overreliance can be exploited for negative reasons."

FIP proposes to ensure the accessibility of its numerous AI resources, promote their adoption and host regular digital events on the same topic to promote balanced and responsible usage and support the sustainability of pharmacy services.

Financial literacy and business management skills

Financial literacy and business management skills are increasingly important for the sustainability of pharmacy-led services. While pharmacists are highly trained in clinical care, many may have limited training in pricing, cost recovery, and service valuation. Without clearly understanding financial principles such as margins, mark-ups and the true cost of delivering services, pharmacists risk undervaluing their work and providing services that are not economically sustainable.

"I've realised that pharmacists are not so good in finances. For example, one can assume that offering a 20% discount on a cream will require selling 20% more creams to break even, when the needed increase is much higher. Also, when pricing services, pharmacists consider direct costs such as materials and time but omit markups. We should start strengthening financial literacy among pharmacists to ensure our services are properly valued and viable."

FIP proposes to develop a toolkit and organise a digital event to support the continuing development of all member organisations, as well as individual members in financial literacy.

3. Strengthening the financial viability of community pharmacies

For effective implementation and expansion of pharmacy-led services, sustainable remuneration models are essential. Different payment mechanisms exist across all health systems, such as outcome-based payments, patient-paid services, and fee-for-service models. The most common pharmacy practice model is fee-for-service, which is based on the time spent with the patient. However, in some settings, services such as common ailments management continue to rely largely on product margins rather than remuneration for professional services, limiting pharmacists' recognition and sustainability.

"Remuneration for common ailments services in Spain still depends mainly on product margins. We did a very interesting study a few years ago on common ailments—the economic modelling on savings and benefits for national health insurance if avoidable primary care visits and emergency visits are transferred to community pharmacies. We generated substantial evidence, but there's no political goodwill to make appropriate changes."

"Implementation of new services can vary depending on the pharmacy model. Chain pharmacies may be able to adapt more quickly by standardising approaches across their stores, while independent pharmacies often face greater challenges when adopting similar changes."

"Unless there is a progressive commissioning landscape in a country or in an integrated care system, we will never get this. There is [a] need for IT support systems, the right workforce and clients, and a reimbursement mechanism with the right policy."

"In countries with complex and fragmented health financing systems, introducing a fixed remuneration for pharmacy services could provide a more sustainable model, while medicines and diagnostic tests remain covered by the respective funding systems."

Having established the need for changes for an effective remuneration system, participants emphasised that the main way pharmacists can demonstrate return on investment to insurers and policymakers to enable federal policies is via documentation. Pharmacists have busy schedules and often miss this crucial step; however, it is important to raise awareness about the necessity and advantages of this documentation.

"If you don't document it, it never happened. Without recording our work in some form of integrated IT system, the services we deliver may as well not exist. Evidence matters."

"Aside from having reliable systems with interconnectedness with other healthcare professionals, in some cases, a one-to-one approach might be needed to work with other pharmacies or pharmacists to collect data. Where the system is not working, we need to be proactive as we are part of the system."

"With the documented data, knowledge mobilisation is very important. Actively engaging policy makers, other stakeholders and the national pharmacy organisations from the beginning can advance the course of demonstrating return on investments."

"The environmental dimension also needs to be emphasised and stressed, that even though there are economic savings, time savings for the patients, there is also a reduction in the carbon footprint. Patients are not going far away to the GPs, but they're going to the community pharmacies for advice and so that way they're reducing the fuel used."

4. Scaling and standardising care pathways through national and regional pharmacy associations

There has been a shift towards service-based remuneration alongside a growing emphasis on the importance of professional guidance and protocols to support the delivery of structured services which contribute to building workforce capacity. However, implementing these changes on an individual pharmacist or pharmacy level is challenging. As a result, member organisations, such as professional bodies or societies, play a crucial role in supporting pharmacists to develop in this area.

Participants highlighted that pharmacy associations should be involved in timely dissemination of the information into clinical systems, or to patients, at any point of care. This would serve to demonstrate the added value of the pharmacist.

"In the Netherlands, a national organisation continuously screens the literature and feeds that into all the pharmacy and general practice systems. The challenge is that this great humanistic

effort can be slow to keep up with evolutions, requiring the need to explore digital ways of producing intended results. This might seem like we're in a loop but it's one way to scale care pathways as real-world evidence is needed to adjust the system."

"Member organisations can translate various FIP publications into their language so that necessary information is easily accessible and used to promote pharmacy practice. They can also share key evidence and learnings from their countries with FIP."

Furthermore, associations can raise awareness of new services and technologies, as well as advocate for interoperability across the different systems.

"The gap between the different health systems is getting wider. Advanced countries now have independent prescribing, and they are moving towards incorporating such competencies in their programmes. Currently, our training system in Malaysia may be the same but, in a few years, these may no longer be applicable in certain parts of the world. Pharmacy associations can play a huge role in advocating for interoperability in our systems and FIP can help member organisations to actively look at the new technologies that are happening in their countries and find ways to pre-empt pharmacists' involvement."

Strategic engagement with policymakers and stakeholders is also critical when advocating for regulatory or practice changes in pharmacy. Professional associations play a key role in preparing robust evidence and mapping key stakeholders. However, effective policy advocacy requires careful preparation of strong data, relationship-building, and a clear understanding of the political and institutional landscape.

"Pharmacy associations must prepare well and map all relevant stakeholders before approaching policymakers. Overlooking even one influential stakeholder can undermine the entire effort. Good data, constructive relationships are vital for policy changes."

"We need to be more confident in discussing economics with politicians."

5. Conclusions

Pharmacists are well-positioned to manage common ailments, but sustainable, system-integrated pharmacy-led self-care will require aligned regulation, clear clinical frameworks, competency development, appropriate remuneration, strong stakeholder engagement, and pharmacy associations' involvement to expand its contribution to accessible, efficient patient care.

Key takeaways include

- Sustainable pharmacy-based common ailment management requires a system-wide, context-specific approach that aligns economic, social, and environmental factors. Key enablers include access to shared health records, supportive regulation, public awareness, and integration into national healthcare systems, all of which must be adapted to local contexts.

- Workforce capability and education are critical gaps. Pharmacists need stronger competencies in clinical assessment, communication, digital health (including AI), and decision-making, with skills embedded into both undergraduate curricula and continuous professional development. This will tackle the inconsistencies in current global education and training.
- Financial viability remains a major constraint. Many pharmacy services, including common ailment management, are still funded through product margins rather than service-based remuneration. A lack of financial literacy among pharmacists and insufficient documentation of service outcomes further limit the ability to demonstrate value and secure sustainable funding.
- Pharmacy services are often siloed, with limited interprofessional recognition and weak integration into care pathways. Effective delivery requires investment in infrastructure (e.g., consultation spaces, IT systems), stronger collaboration with other healthcare providers, and consistent use of protocols and decision-support tools.

Opportunities for the future in pharmacy include:

- Transitioning to service-based, sustainable business models that pay for clinical services. These include developing fee-for-service, outcome-based, or hybrid payment systems supported by strong documentation and economic evidence to demonstrate return on investment. There is a clear opportunity to improve global pharmacy education and continuous professional development to embed AI, personalised care, financial sustainability and advanced patient assessment into core training.
- Strengthening education, competencies, and digital readiness in pharmacists. Preparing pharmacists to use digital tools effectively, while maintaining critical thinking and empathy, will be essential for sustainable service delivery.
- Embedding pharmacy within integrated healthcare systems. This includes shared electronic records, referral pathways, social prescribing models, and stronger interprofessional collaboration to ensure continuity of care.
- Leveraging leadership and advocacy through pharmacy associations to drive large-scale change by standardising care pathways, disseminating evidence, supporting digital integration, driving interoperability, translating global guidance into local practice and advocating for policy reform. Strategic engagement with policymakers, stakeholders, and the public will be key to expanding pharmacy's role and ensuring long-term sustainability.

5.6 Panel discussion

5.6.1 Summit reflections by Mr Lars-Ake Soderlund, Co-chair, Technology Advisory Group, FIP

The challenges facing healthcare systems are increasing; however, pharmacy is well-positioned to contribute to solutions, particularly through strengthening self-care. Self-care is often interpreted narrowly by regulators, despite encompassing a broader range of elements, as reflected in the seven pillars of self-care. Enhanced capacity building is needed to prepare pharmacists for evolving roles. Greater global collaboration, including the sharing of evidence-based practices through platforms such as the Global Pharmacy Observatory, can support countries in advancing effective self-care implementation.

5.6.2 Summit reflections by Dr Virginia Olmos, Vice President, FIP

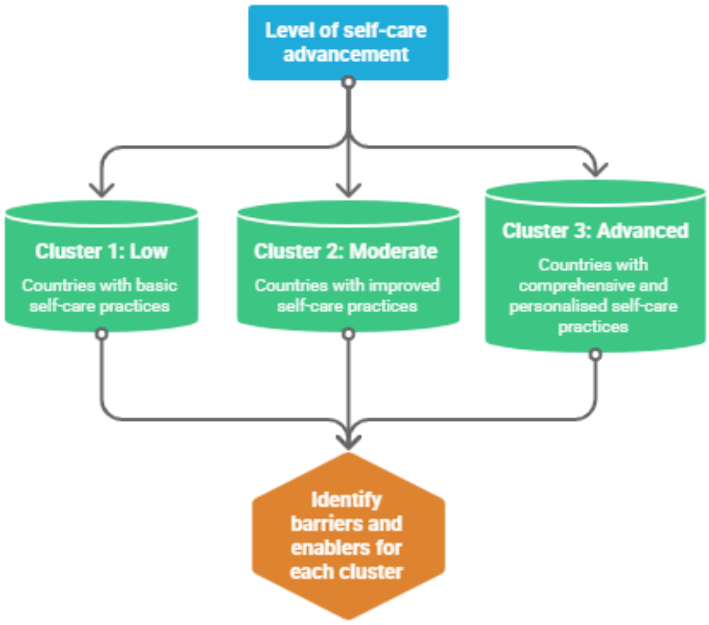
Trust and confidence remain central to self-care. Pharmacists foster this confidence among patients and their families when they seek guidance on their health. Community pharmacies are often the first point of contact within primary healthcare for many individuals and are therefore key enablers of self-care globally. Through collaboration with member organisations and local partners, and by leveraging FIP's extensive self-care resources, we can further strengthen self-care practices.

5.6.3 Summit reflections by Mr Luis Lourenço, Vice President, FIP

Self-care is interconnected with multiple domains, including digital technologies, human-centred care, and data generation and utilisation. It should therefore not be considered in isolation. Advancing self-care requires strong partnerships across healthcare professionals, corporate partners and other stakeholders. Discussions highlighted the interconnected roles of FIP's three core pillars—education, practice and science—in supporting self-care. With existing resources and collective action from individuals and member organisations, there is significant potential to further advance pharmacy practice in this area.

5.6.4 Summit reflections by Mr Adrian Shephard, Global Professional Marketing Director Self-Care, Reckitt

Advancing self-care requires recognition that progress varies across countries, and that a one-size-fits-all approach is unlikely to be effective. Patient trust remains a critical factor in enabling progress. As highlighted, strengthening the evidence base and generating more robust data may facilitate further development. Mapping country progress along a self-care evolution continuum, highlighting levels of advancement, as well as key barriers and enablers, could support the development of targeted, country-specific strategies.



Summit reflections from participants

"AI presents both opportunities and threats for the pharmacy profession. Pharmacists need to harness the benefits of AI to promote self-care and be insulated against AI disruptions."
Mr Paul Sinclair, FIP President, Australia

"Establishing a sustainable model with clear guidelines, processes and procedures for the pharmacies will ensure clarity and scope of practice."
Dr Luna El Bizri, Secretary, Health and Medicines Information section, FIP, Lebanon

"Creating a framework on AI-driven pharmacy self-care practices to support patient engagement could be beneficial."
Dr Austen El-Osta, Director, Self-Care Academic Research Unit (SCARU); Primary Care Research Manager, School of Public Health, Imperial College London, UK

"Sensitive discussions require privacy and trust. It must be supported by competence, integration, and measurable impact."
Mr Lars-Ake Soderlund, Co-chair, Technology Advisory Group, FIP, Sweden

"Pharmacy education needs to be fit-for-purpose, especially with evolving realities."
Dr Arijana Mestrovic, Vice President, Academic Pharmacy Section, FIP, Croatia

"Stakeholder engagement with patients, other healthcare professionals and policy makers is very important to ensure the future sustainability of our services."
Dr Victoria Cardenas, Chair of PPR SIG, FIP, Spain

"Advocacy is key."
Dr Manjiri Gharat, FIP India Convoy, India

"From shifting toward more patient-centred services to easing pressure on GPs and emergency care, pharmacists are playing a growing role in empowering people to manage their own health and placing self-care firmly at the heart of pharmacy practice"
Mr Adrian Shephard, Global Professional Marketing Director Self- Care, Reckitt

5.7 Priorities from the summit

In summary, the following imperatives emerged from the summit:

1. Increase regulators' understanding of services involved in self-care.
2. Strengthen advocacy and education across the pharmacy profession.
3. Recognise and address differences across practice settings and health systems.
4. Leverage pharmacy accessibility to build public trust and confidence.
5. Integrate self-care across all areas of pharmacy practice and improve access to relevant resources.
6. Develop a country-level mapping framework to track progress in self-care implementation.
7. Harness artificial intelligence to advance pharmacy practice globally while ensuring it supports, rather than limits, professional roles.
8. Establish clear processes and procedures to support sustainable self-care practice.
9. Develop toolkits demonstrating practical applications of AI in pharmacy.
10. Uphold ethics and professionalism in evolving models of practice.
11. Refresh pharmacy education models to align with emerging roles and technologies.
12. Incorporate patient-reported outcomes to strengthen evidence and impact assessment.
13. Strengthen stakeholder engagement and partnerships to advance self-care initiatives.
14. Continue coordinated advocacy to support policy and practice development.

6 Conclusions

The discussions at the FIP Self-care Summit 2026 reaffirmed the critical role of pharmacists in delivering care at the appropriate level of complexity, maximising efficiency without compromising quality. The management of common, self-limiting conditions represents one of the most visible and impactful roles of pharmacy in facilitating self-care and safeguarding patient safety. Pharmacy provides the platform through which future, data-driven healthcare will be delivered.

The discussions showed that point-of-care testing is not just about tools; it is about confidence, reducing uncertainty, enabling earlier, safer decisions closer to where people live, and matching expanded roles with appropriate responsibility and education.

Across countries, pharmacy already delivers significant value, but its full potential remains untapped. In practice, this is visible in systems where pharmacists can deliver expanded services but are constrained by policy or reimbursement structures. Integration into care pathways, policy support, and digital enablement are essential in transforming pharmacy into a proactive care hub, enabling earlier interventions and more personalised care.

The challenge is not whether pharmacists can do more—they already are—but whether systems will evolve to fully support and integrate their role. The future is one in which pharmacy-led self-care services are structured, evidence-based and digitally supported. FIP is committed to acting on the emerged imperatives to strengthen collaborations and support individual members and member organisations to ensure this critical change in the landscape of our practice. While coordinated action across practice, education and science is needed to advance the future of pharmacy-led self-care across the identified imperatives, our immediate commitments will include

- Development of continuous professional development videos to
    - Implement responsible AI strategies that enhance pharmacists' capabilities while preserving professional judgement
    - Protect ethics and professionalism in all evolving models of pharmacy care
- Stakeholder engagement with evidence on the value and safety of pharmacy-led self-care services
- Investment in advocacy and workforce education to build a future care-ready profession and leverage pharmacy accessibility to strengthen public trust
- Support the adoption of context-specific approaches that reflect national health systems, workforce capacity and patient needs
- Improve access to practical tools, guidance and resources to embed self-care across pharmacy practice
- Collaboration with multi-stakeholder partnerships across healthcare, government, academia and industry
- Sustain coordinated advocacy efforts to secure policy changes, remuneration and recognition of pharmacy services

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