

Pharmacists supporting self-care and universal health coverage: A snapshot of current practice and needs

FIP Multinational Needs Assessment

2026



Colophon

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The logo for Opella, featuring the word "Opella." in a large, bold, dark green sans-serif font.

Executive summary

Self-care is an essential component of primary health care and universal health coverage (UHC). As one of the most accessible healthcare professions, pharmacists are well positioned to support responsible self-care through the management of common ailments, patient education, health literacy, early identification of red flags, and timely referral to other healthcare providers. Strengthening pharmacy-supported self-care can improve access to care, optimise health system resources, and empower individuals to make informed decisions about their health.

This report presents findings from FIP's multinational needs assessment exploring current pharmacy practice, pharmacists' confidence, their support needs, the barriers to effective self-care delivery, and opportunities to strengthen pharmacy-led self-care across diverse health systems. The findings provide practical evidence to inform future policy, workforce development, education, and professional guidance.

Respondent profile and practice context

- The survey included 779 eligible respondents from 45 countries, the largest share came from the South-East Asia Region (79.3%), responded mainly by colleagues in India and Indonesia.
- Most respondents work in community pharmacy settings (72.4%), predominantly as staff pharmacists (44.8%) or pharmacy owners/managers (32.0%), with a median of 10 years' professional experience.
- Self-care support is a regular part of frontline practice: 71.6% of respondents provide it daily or a few times a week.

Self-care in routine pharmacy practice

- Self-care already occupies a meaningful, though not dominant, share of practice time for most pharmacists. Most settings operate with only one or two pharmacists on duty, which shapes consultation capacity.
- General practitioners (family Drs) are the most common referral destination when self-care alone is insufficient (56.1%).
- Nearly half of respondents (43.5%) receive no remuneration for self-care consultations, and structured training for support staff remains inconsistent (49% report it is available, 33% report it is not).

Clinical decision-making and safety

- Direct patient questioning is the dominant method for assessing contraindications and interactions (63.4%).
- Personal expertise, symptom checklists and treatment guidelines are the most-used decision-support tools; evidence-based health-literacy techniques, such as teach-back are used routinely by only around a quarter of respondents.
- Symptoms lasting longer than expected are the leading trigger for referral (63.9%), followed by red-flag symptoms and patient complexity (e.g., young children, older adults and comorbidities).

Confidence and knowledge gaps

- Confidence is high for routine tasks, such as product selection (81.1%) and advice on safe medicines use (68.9%) but drops sharply for complex clinical judgement such as managing unclear symptoms (48.3%) and advising higher-risk patients (57.9%).
- Confidence varies widely by topic area, with the highest for pain relief/fever (82.4%), and the lowest for vaccination (43.4%) and liver health (43.9%).
- The most requested areas for further training are children and babies (56.7%), chronic or higher-risk patients (53.4%), and safe OTC product selection criteria (47.1%).

Barriers and enablers

- Over 90% of respondents cite time and workload pressure as a major barrier, closely followed by limited training opportunities and limited access to patient clinical information.
- Reimbursement for self-care services is the least available enabling mechanism (34.3%) and the largest gap identified by respondents.
- Top priorities for system change are more training opportunities (60.3%) and better access to clinical guidance or protocols (51.5%).

Information sources and misinformation

- Product information/package inserts, local protocols, and personal experience are the most-used information sources during self-care consultations.
- Around 70% of respondents feel confident evaluating the credibility of their information sources, though close to a quarter feel only somewhat confident.
- Most respondents (84.9%) encounter patient misinformation at least monthly, with more than half facing it weekly or daily.

Patient demand and observed needs

- Pain relief/fever (84%) and cold, flu or respiratory conditions (80%) are the topics patients most frequently seek advice on; confidence levels closely track how often a topic is encountered in practice.
- The cost of products (60%), patients' unrealistic expectations of OTC treatments (57.5%), and low health literacy (55.2%) are the most common patient-related challenges that pharmacists encounter.

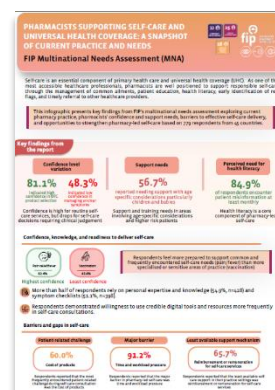
Priority tools, resources and learning formats

- Quick-reference clinical guidance documents (56.9%) and patient education leaflets (55.3%) are the most wanted resources to strengthen self-care consultations.
- Face-to-face workshops (51.9%) and online self-paced learning (49.2%) are the preferred formats for professional development.
- 77.2% of respondents are open to using credible digital tools more frequently in self-care consultations, reflecting strong readiness for digital adoption.

Illustrative respondent insights

- Open-text and interview responses from multiple countries illustrate multidisciplinary referral practices, varied approaches to clinical decision support, and recurring patient-related challenges such as low adherence and growing reliance on online or AI-generated health information.
- Across these accounts, pharmacists consistently call for more training, fair remuneration, and greater formal recognition of their role in self-care.

This report is accompanied by an infographic summarising the key results, which can be accessed [here](#).



1 Introduction

Self-care is at the foundation of healthier lives and, therefore, healthier populations and is vital to health and well-being across all life stages. With the efficient use of health resources, self-care is a pillar of more sustainable health systems and a better contributor to universal health coverage.¹ Self-care supports the advancement of policies based on the principle of equity — that it should be available and affordable to everyone, irrespective of their socioeconomic status or geographic location. This aligns with the basis for primary health care, which not only aims to provide individuals and communities with accessible, affordable, and essential health services, but is based on the principle that healthcare should be provided at the first point of contact with the healthcare system.²

The [2018 Astana Declaration on Primary Health Care](#) emphasised integrated, accessible and people-centred health services as fundamental to Universal Health Coverage (UHC), providing a strong global policy mandate to integrate pharmacists more effectively into self-care interventions and initiatives. The achievement of UHC needs a paradigm shift in health service delivery, and self-care interventions can contribute substantially to making that shift.³ These self-care interventions offer an additional strategy to help advance universal health coverage (UHC), reach people in humanitarian situations, and improve health and well-being. The COVID-19 pandemic highlighted the unique and critical role that self-care can play in preventing infection and disease, for example, through the wearing of masks and self-test kits and through government policies in which self-care interventions were prioritised.⁴

Pharmacists have always played a vital role in supporting people in all aspects of self-care. Supporting and empowering individuals to responsibly engage in self-care is an important part of pharmacists' daily practice around the world; facilitating self-care as a pathway to UHC, fostering health equity and improved access for all. Pharmacies are usually the first contact point with healthcare systems and a big part of primary health care (PHC) in many countries, and pharmacists' expertise, accessibility, and trusted position in communities make them ideal providers of evidence-based advice, medications, and behavioural support. Patients' access to pharmacists as their first-line health professional is well documented.^{5,7} Pharmacists globally are developing various individual and collaborative initiatives to support self-care. They help through health promotion, common ailments management, optimising treatment, strengthening health literacy gaps, referring to other professionals, collaborating across healthcare teams, and helping to shape public policy. Extensive evidence shows that pharmacist involvement in self-care is highly effective, leading to active patient participation in healthcare, positive lifestyle changes, better adherence to prescribed treatments, a preference for optimal support, a greater sense of responsibility for their health, and timely referrals.⁶

Fundamentally, the concept of self-care puts responsibility for health and well-being on individuals and 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. An obsolete but persistent barrier to the integration of self-care into health systems is the historical misclassification and under-recognition of pharmacists in health policy development.⁷ Traditionally, pharmacists have been seen as “supplementary”

¹ International Pharmaceutical Federation (FIP). FIP Statement of Policy - Pharmacists: Gateway to self-care. The Hague: FIP, 2025. Available at: <https://www.fip.org/file/6358>

² WHO. Primary health care. 2025. Accessed 22 June 2026. Available at: <https://www.who.int/news-room/fact-sheets/detail/primary-health-care>

³ WHO guideline on self-care interventions for health and well-being, 2022 revision. Geneva: World Health Organization; 2022. Available at: <https://iris.who.int/server/api/core/bitstreams/ebbf577b-d3ff-4a81-b0d9-bdf3b1e9f2ac/content>

⁴ Self-care for health and well-being. Key facts. Accessed 22 June 2026. Available at: <https://www.who.int/news-room/fact-sheets/detail/self-care-health-interventions>

⁵ International Pharmaceutical Federation (FIP). FIP knowledge and skills reference guide for pharmacists supporting self-care. The Hague: FIP, 2024. Available at: <https://www.fip.org/file/6130>.

⁶ International Pharmaceutical Federation (FIP). Community pharmacy insights: Supporting the need for self-care. A FIP multinational needs assessment programme report. The Hague: FIP, 2023. Available at: <https://www.fip.org/file/5710>.

⁷ International Pharmaceutical Federation (FIP). Empowering self-care: A handbook for pharmacists. The Hague: FIP, 2022. Available at: <https://www.fip.org/file/5111>.

providers or purely as dispensers of medicines rather than ideally placed as primary care providers. It is important to change this narrative to connect the dots between self-care and the healthcare system.

FIP has long prioritised self-care as a core aspect of healthcare delivery. Through the [self-care and management of common ailments programme](#), FIP has developed many resources to advance health literacy, address the expanding delivery of self-care through pharmacy and the management of common ailments. FIP's ongoing efforts aim to primarily integrate self-care and the role of pharmacists into Universal Health Coverage by 2030. In March 2026, FIP published an [infographic](#) to highlight evidence of pharmacists' impact on patient outcomes, healthcare efficiency and access to care. Drawing from evidence from a range of FIP outputs, including reports, guidance documents and policy statements, the infographic illustrates the expanding role of pharmacists in supporting patients to manage common ailments, strengthening health literacy and improving access to primary care. Consequently, individuals and governments must assess how a self-care infrastructure that includes pharmacists can be leveraged to enhance the efficient use of health resources, address health disparities and ensure equity in self-care access across different socioeconomic groups.

2 Methodology

2.1 Methods overview

This study employed a global needs assessment survey design to explore the current practice and the role of pharmacists in self-care within community pharmacy and primary health care settings, and to identify key gaps, barriers, and support needs to inform future guidance, education, and policy development that strengthen pharmacy's contribution to self-care and support universal health coverage.

The study aimed to generate practice-informed, descriptive evidence on:

1. current practice and pharmacy's role in self-care and health literacy;
2. pharmacists' confidence, knowledge and readiness to deliver self-care;
3. clinical decision-making and safety;
4. information sources and misinformation; and,
5. key barriers, enablers, and priority support needs to improve self-care consultations.

2.2 Survey development

The survey instrument was developed through a structured, multi-step process, beginning with a gap analysis of the literature and existing evidence base.

A structured desk research approach was used to map and assess existing FIP intelligence on pharmacy-supported self-care and to identify evidence gaps relevant to a global baseline assessment. Outputs were reviewed to check how well each baseline domain is already covered in current FIP materials, where coverage is partial, and where evidence is missing and would require new, comparable data collection.

Outputs were assessed using a coding framework aligned to key practice domains. These findings informed the selection of the survey domains, which included self-care in routine pharmacy practice, clinical decision-making and safety, knowledge and confidence in self-care consultations, barriers, enablers and system conditions, information sources and trust in practice, patient demand and observed needs, and future needs and preferred support formats.

Therefore, the survey aimed to generate policy-relevant evidence on how pharmacists support self-care in community pharmacy and primary health care settings, what system and workforce conditions enable or limit this role, and what guidance, education, and policy changes are needed to strengthen pharmacy-supported self-care.

The draft survey was iteratively refined through internal review and expert input to ensure clarity, relevance to practice, and feasibility of completion. The final instrument was structured to reflect practical decision-making pathways within routine care.

2.3 Study population and eligibility

The target population comprised individuals working in community pharmacy and related primary health care pharmacy settings, where pharmacists are involved in the management of self-care as part of routine care.

Eligible participants included respondents working in:

1. community pharmacies (independent and chain/corporate settings)
2. primary care clinic or medical centre-based pharmacies
3. hospital outpatient pharmacy settings.

Eligibility was determined through a screening question at the start of the survey. Only respondents currently practising in community pharmacy or primary health care settings were included in the analysis.

2.4 Data collection

Data was collected electronically using the online survey platform, QuestionPro. The survey was administered over a defined data collection period from 10 April to 31 May 2026.

A convenience sampling approach was used for global dissemination. The survey was distributed through:

1. direct dissemination to individual members of the FIP Community Pharmacy Section (CPS)
2. sharing through FIP Member Organisations (MOs) for onward distribution within national networks
3. broader circulation via FIP communication channels, including newsletters and social media.

To support global participation, the survey was made available in English, French, Latin American Spanish, and Brazilian Portuguese.

The survey was designed to take approximately 8-10 minutes to complete. Participation was voluntary, and no incentives were provided. Responses were collected anonymously, stored securely in accordance with FIP data governance policies, and analysed in aggregate form.

2.5 Data analysis

Data analysis was initially conducted in May 2026, with preliminary findings presented at the World Health Assembly 2026. Following survey closure, a comprehensive analysis was undertaken in June 2026 to incorporate all responses and generate more detailed insights.

Survey data were cleaned and validated prior to analysis to ensure data quality and consistency. Descriptive statistical methods were used to analyse the data and summarise response patterns across respondents and regions.

A descriptive approach was selected because the study was designed as an exploratory global needs assessment, used a non-probability convenience sample, and included respondents from diverse practice settings and health system contexts across countries. Therefore, the findings are intended to provide practical insights into current experiences, perceptions, and needs to inform policy, guidance, and programme development rather than support population-level inference or hypothesis testing.

Categorical variables were summarised using frequencies and percentages. Ordinal-scale responses, including measures of confidence, perceived barriers, and perceived helpfulness of resources and interventions, were analysed to identify trends, areas of need, and relative differences across domains.

Analysis focused on:

1. pharmacists' roles and services in self-care practice
2. referral pathways, clinical decision-making and safety
3. knowledge and confidence in self-care consultations
4. barriers and enablers to self-care delivery
5. information sources, misinformation and digital readiness
6. patient needs and observed demands
7. priority tools, resources and preferred learning formats.

Open-text responses were analysed using a thematic approach. Responses were reviewed and coded to identify recurring themes.

2.6 Scope of reporting

This report presents high-level global findings intended to provide an initial overview of current practices, challenges, and needs.

All analyses were conducted at an aggregate level, and no individual respondents were identifiable.

Therefore, findings are presented using aggregated summary statistics and visualisations where appropriate.

3 Respondent profile and practice context

3.1 Respondent characteristics

A total of 1,788 responses were received. Following the initial screening question, 154 responses were excluded because respondents did not currently practise in a community pharmacy or primary health care setting. A further 855 incomplete responses were excluded to ensure consistency and reliability of the findings. As a result, the findings presented in this report are based on 779 completed responses from eligible respondents.

Practice setting

Figure 1 presents the distribution of respondents by primary practice setting. Most respondents practised in community pharmacy settings (n=564, 72.40%), with independent pharmacies representing the largest subgroup (n=419, 53.79%), followed by chain, multiple, or corporate pharmacies (n=145, 18.61%). Some respondents were based in hospital outpatient pharmacies (n=106, 13.61%) and primary care clinics or medical centre-based pharmacies (n=95, 12.21%).

Fourteen respondents selected "Other" and reported working in a range of settings, including community health services, hospital emergency departments, academic and clinical practice roles related to primary health care.

Overall, the findings are predominantly drawn from community pharmacy practice.

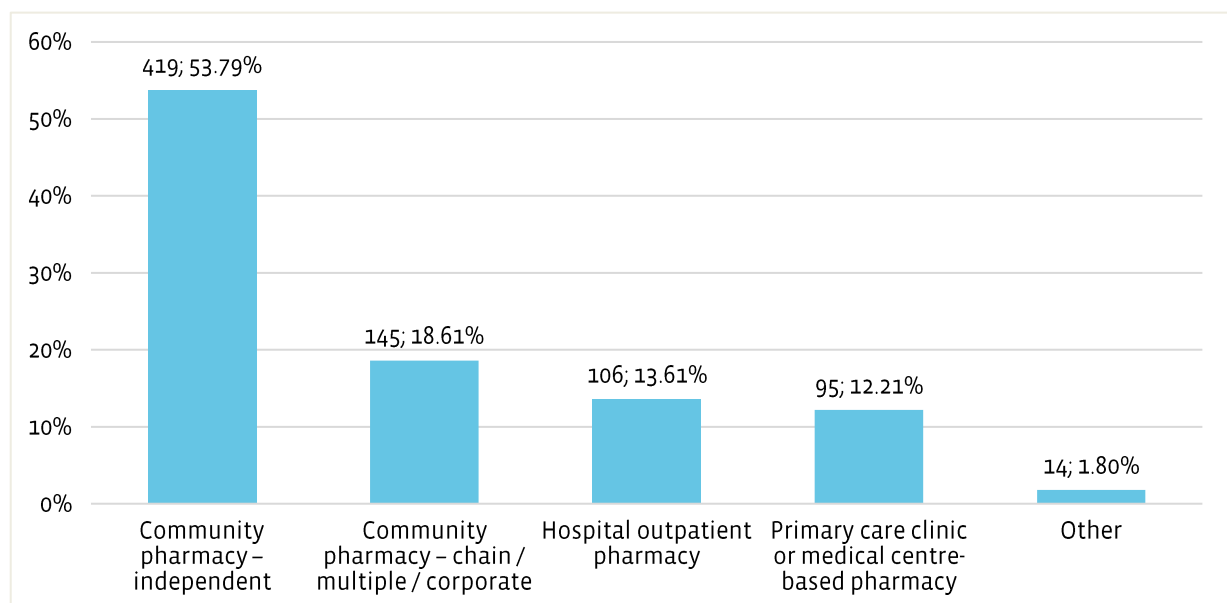


Figure 1: Distribution of respondents by practice setting (n=779)

Geographic distribution

Table 1 presents the distribution of respondents by country and region (n=779). Respondents represented 45 countries across multiple world regions. The highest proportion of respondents was from the South-East Asia Region (n=618, 79.34%), primarily from India (n=495, 63.54%) and Indonesia (n=119, 15.28%). Smaller proportions were from the Western Pacific Region (n=56, 7.19%), Eastern Mediterranean Region (n=38, 4.88%), European Region (n=36, 4.65%), African Region (n=17, 2.20%), and the Region of the Americas (n=14, 1.81%).

Table 1: Distribution of respondents by country and region (n=779)

Region	Countries	Response rate (n, %)
South-East Asia	India, Indonesia, Thailand, Bangladesh, Sri Lanka	618, 79.34%
Western Pacific	Vietnam, Philippines, Australia, Fiji, Malaysia, Singapore	56, 7.19%
Eastern Mediterranean	Egypt, Pakistan, Saudi Arabia, Lebanon, United Arab Emirates, Yemen	38, 4.88%
European	Romania, Netherlands, Belgium, France, Greece, Portugal, Turkey, Armenia, Croatia, Denmark, Germany, Malta, Spain, Switzerland, Israel	36, 4.65%
Africa	Nigeria, South Africa, Ethiopia, Ghana, Rwanda, Zambia, Uganda	17, 2.20%
Region of the Americas	Canada, USA, Mexico, Argentina, Peru, Uruguay	14, 1.81%

Professional roles

Most respondents identified as community pharmacists working in staff or employed roles (n=349, 44.80%), followed by community pharmacy managers or owners (n=249, 31.96%) and pharmacists working in primary care or clinical roles (n=83, 10.65%). Smaller proportions of respondents identified as pharmacy technicians (n=59, 7.57%) and trainee pharmacists (n=23, 2.95%). Sixteen respondents selected “Other” and reported a range of roles that support self-care, including pharmacy assistant positions, academic and clinical practice roles, pharmaceutical sales and health management roles.

Overall, the respondent population was predominantly composed of community pharmacists working in frontline of self-care practice.

Years of experience

Reported years of professional experience since initial licensure and within respondents’ current area of practice ranged from 0 to 51 years.

Most respondents reported 11 years or more of professional experience since initial licensure (n=351, 45.06%) and within their current area of practice (n=296, 38.0%). This was followed by respondents reporting 6 to 10 years of experience (n=239, 30.68% and n=250, 32.09%) respectively, and those reporting 3 to 5 years of experience (n=120, 15.40% and n=146, 18.74%) respectively. Respondents with 0 to 2 years of experience represented the smallest group, since initial licensure (n=67, 8.60%) and within their current area of practice (n=87, 11.17%).

The median respondents’ years of professional experience since initial licensure was 10 years, with an interquartile range of 10 years (Q1: 6.0; Q3: 16.0), and the mean was 12.42 years.

This survey captured the perspectives of practitioners with varying levels of professional experience, ranging from recently licensed pharmacists to those with more than a decade of practice experience.

Frequency of self-care support in pharmacy practice

As shown in Figure 2, the majority of respondents reported providing self-care advice or support on a frequent basis, with 71.63% of respondents (n=558) providing support on a daily basis or a few times a week. A further 20.28% of respondents (n=158) reported doing so sometimes (less than once a week). Only a small proportion reported rarely providing self-care support, and fewer than 2% were unable to estimate the frequency of self-care support provided.

Overall, the findings demonstrate that self-care support forms a regular part of frontline pharmacy practice.

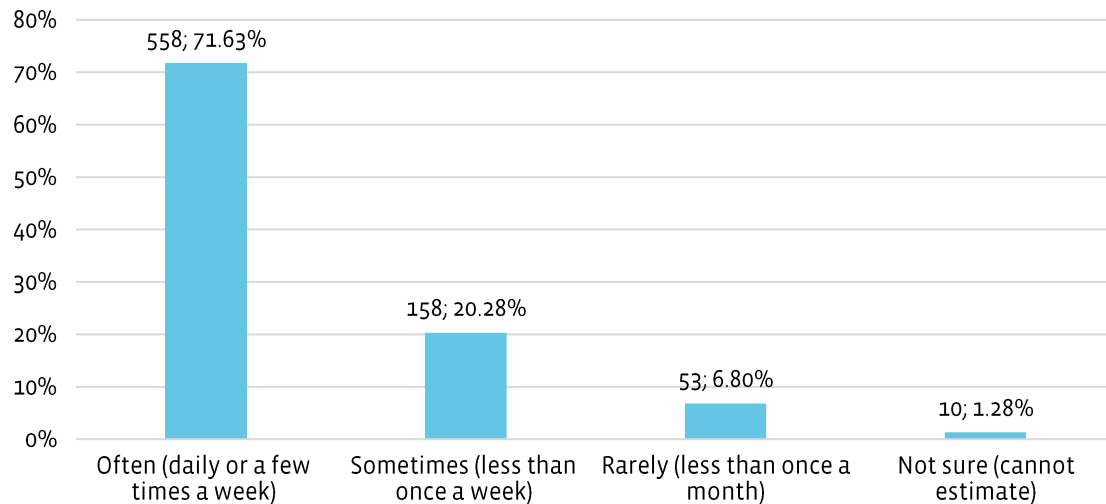


Figure 2: Frequency of self-care support in pharmacy practice (n=779)

4 Self-care in routine pharmacy practice

4.1 Self-care support in routine practice

As illustrated in Figure 3, the distribution of time spent on self-care-related support varies considerably across respondents. The largest share of respondents (n=200, 25.67%) reported dedicating between 10–24% of their routine practice time to self-care activities, with a similar proportion (n=166, 21.31%) falling in the 25–49% range, and 20.54% (n=160) spending less than 10%. At the higher end, 18.10% (n=141) reported spending 50–74% of their time on self-care support, while only 10.65% (n=83) indicated that it accounted for 75% or more of their practice. These findings suggest that while self-care is a consistent and embedded feature of pharmacy practice, it has not yet become the dominant focus of routine work for the majority of pharmacists surveyed.

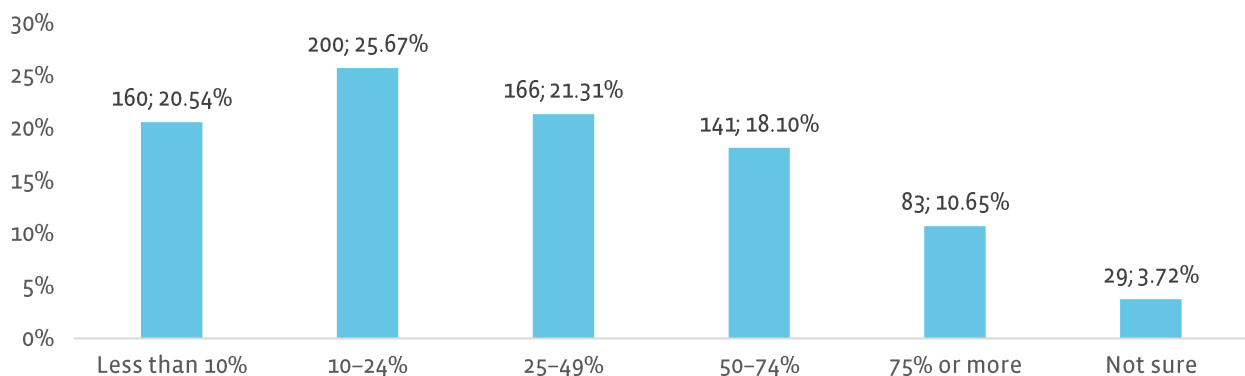


Figure 3: Time allocated to self-care support in routine practice

Figure 4 shows that most pharmacy practice settings operate with one or two pharmacists during routine service hours, a pattern that has important implications for the capacity to deliver self-care consultations. Specifically, 36.84% (n=287) of respondents reported that two pharmacists are typically available, and 35.69% (n=278) reported just one, meaning that together these two groups account for nearly three-quarters of all respondents. A smaller but notable proportion (24.13%, n=188) indicated that three or more pharmacists are usually present, reflecting larger or better-resourced settings. Understanding staffing levels is relevant to interpreting the extent and quality of self-care support that can realistically be provided in pharmacies.

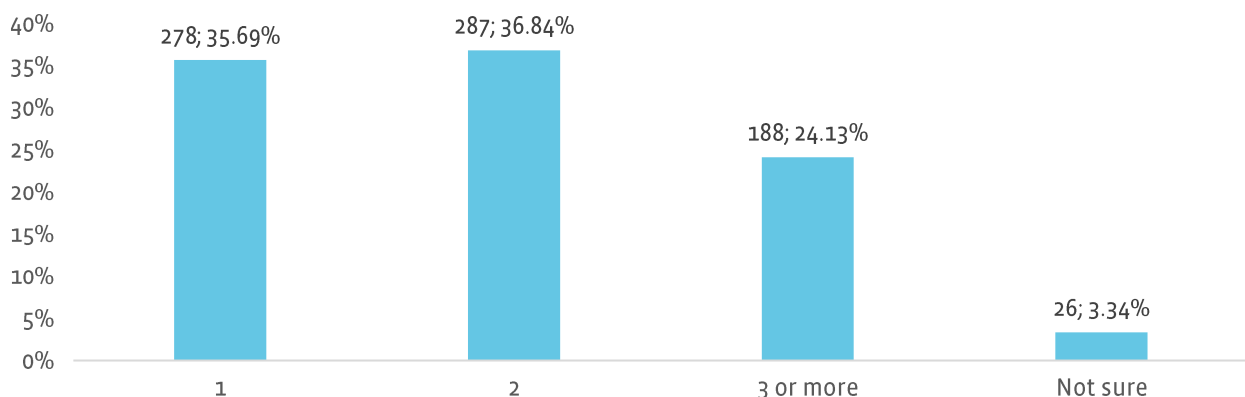


Figure 4: Pharmacist availability in routine practice settings

4.2 Referral pathways in self-care practice settings

As shown in Figure 5, general practitioners or family physicians represent the primary referral destination when pharmacists determine that self-care alone is insufficient, cited by more than half of all respondents (n=437, 56.10%). Specialist physicians were the second most selected option (n=344, 44.16%), followed by primary health care clinics (n=264, 33.89%), reflecting a clear preference for directing patients toward physician-led services. Emergency departments or urgent care centres were referenced by nearly a quarter of respondents (n=186, 23.88%), indicating that pharmacists also play a role in identifying when more immediate care is needed.

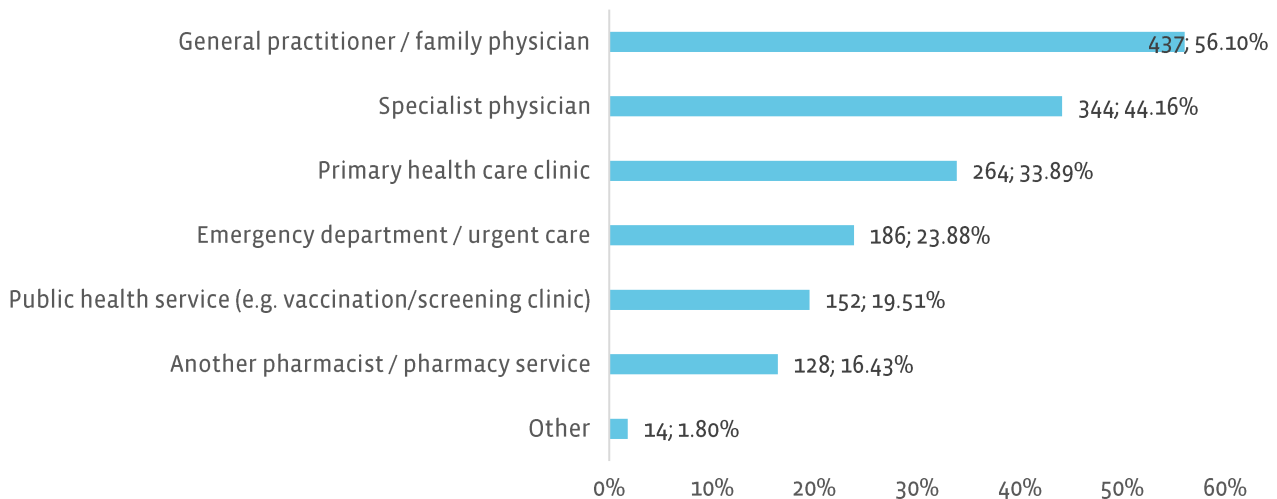


Figure 5: Referral pathways used when self-care is insufficient

4.3 Remuneration and funding for self-care consultations

Figure 6 reveals a gap in formal financial recognition for self-care services, with the largest proportion of respondents (n=339, 43.52%) reporting that such consultations are not remunerated or funded in any way within their practice setting. Among those who do receive some form of payment, employer or private service arrangements were the most prevalent (n=137, 17.59%), followed by national or public funding schemes (n=122, 15.66%) and insurer or payer arrangements (n=85, 10.91%). A non-trivial proportion of respondents (n=96, 12.32%) were unsure whether any remuneration arrangements applied to their setting, which may itself reflect a lack of transparency or awareness around funding structures.

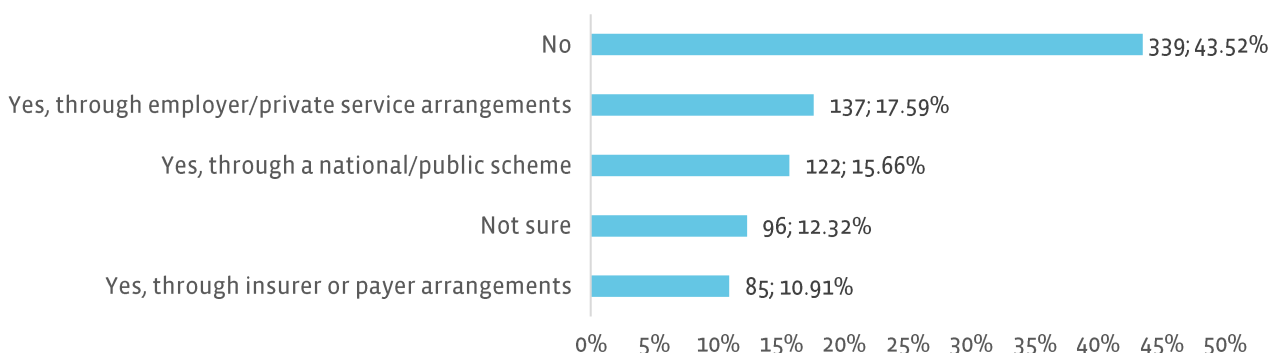


Figure 6: Remuneration and funding for self-care consultations

As illustrated in Figure 7, among respondents whose self-care services are remunerated, the coverage is distributed relatively evenly across a range of service types, with no single category clearly dominant. Minor or common ailment consultations were the most frequently covered service (n=165, 21.18%), closely followed by medication-related self-care support (n=154, 19.77%) and point-of-care testing (n=146, 18.74%). Preventive health and screening services were also included in remuneration arrangements for a notable proportion of respondents (n=134, 17.20%). This relatively balanced distribution suggests that where funding mechanisms do exist, they tend to recognise a broad spectrum of pharmacy-delivered self-care activities rather than being narrowly focused on a single service type.

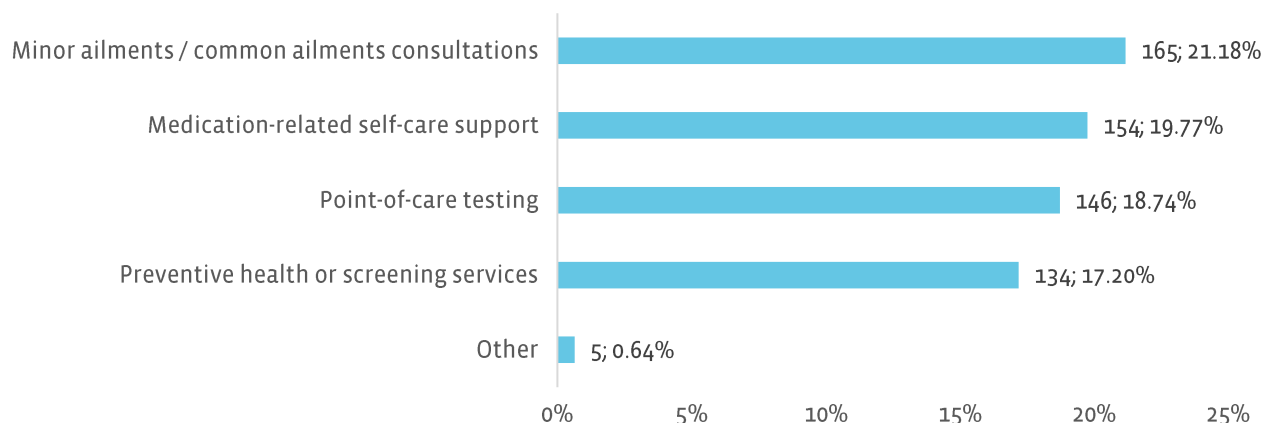


Figure 7: Services covered under remuneration arrangements

4.4 Structured training for support staff in self-care

Figure 8 shows a generally positive but uneven picture regarding structured training for pharmacy support staff and technicians in self-care support. Just under half of respondents (n=382, 49.04%) confirmed that their practice setting does provide formal training of this kind, reflecting a meaningful organisational commitment to building team-wide competency in self-care. However, a third of respondents (n=258, 33.12%) reported that no such training is in place, pointing to a substantial gap in workforce preparation across many settings. A further 10.65% (n=83) were unsure, and 7.19% (n=56) indicated the question was not applicable due to the absence of support staff or technicians in their setting. These findings underline the variability in how pharmacies invest in developing the self-care capabilities of non-pharmacist team members, which may in turn affect the consistency and quality of self-care services offered to patients.

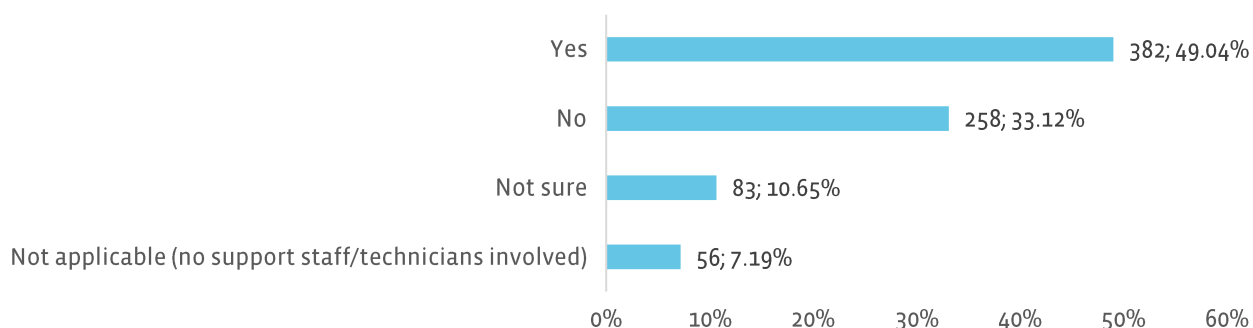


Figure 8: Structured training for support staff in self-care

5 Clinical decision-making and safety

5.1 Assessing contraindications and interactions

As illustrated in Figure 9, pharmacists most commonly rely on direct patient questioning as their primary approach to assessing contraindications or potential interactions when recommending an OTC medicine or self-care product. Asking the patient about their medical conditions was the most frequently reported method (n=494, 63.41%), closely followed by enquiring about medicines currently being taken (n=482, 61.87%), reflecting a strong preference for patient-centred, conversational assessment. Checking the patient's medication history in pharmacy records was also widely used where available (n=367, 47.11%), while technology-assisted approaches such as drug interaction software or databases (n=233, 29.91%) and clinical guidelines or reference materials (n=222, 28.50%) were employed by roughly a third of respondents. Notably, 11.30% (n=88) indicated that they do not routinely assess contraindications or interactions, a finding that warrants attention given the safety implications for self-care recommendations.

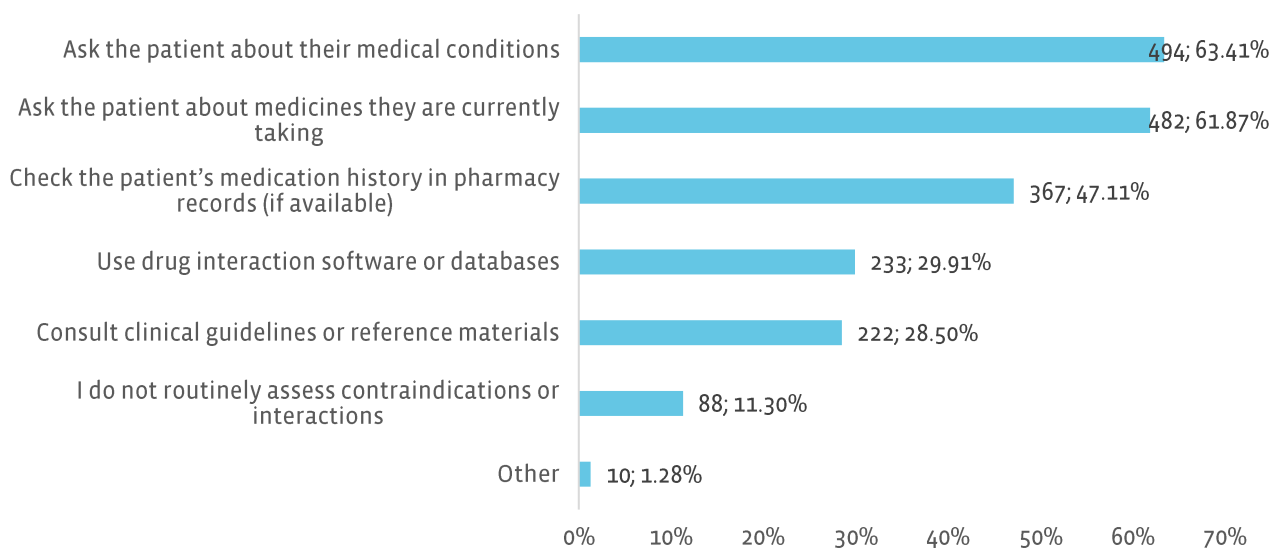


Figure 9: Methods used to assess contraindications and interactions

5.2 Structured tools and resources used during self-care consultations

Figure 10 shows that pharmacists draw on a diverse range of tools and resources to support their self-care consultations, with personal expertise and knowledge cited as the most used resource by more than half of respondents (n=428, 54.90%). Symptom checklists (n=398, 51.09%) and treatment guidelines (n=376, 48.27%) were also widely used, suggesting that structured reference materials play an important complementary role alongside clinical experience. Clinical algorithms were reported by nearly a third of respondents (n=253, 32.48%), while digital decision-support tools (n=188, 24.13%), red-flag lists (n=181, 23.23%), and protocol flowcharts (n=170, 21.82%) were each used by roughly one in five.

The breadth of resources reported reflects the varied ways in which pharmacists approach clinical decision-making in self-care and may also point to differences in the tools available across different practice settings and health systems.

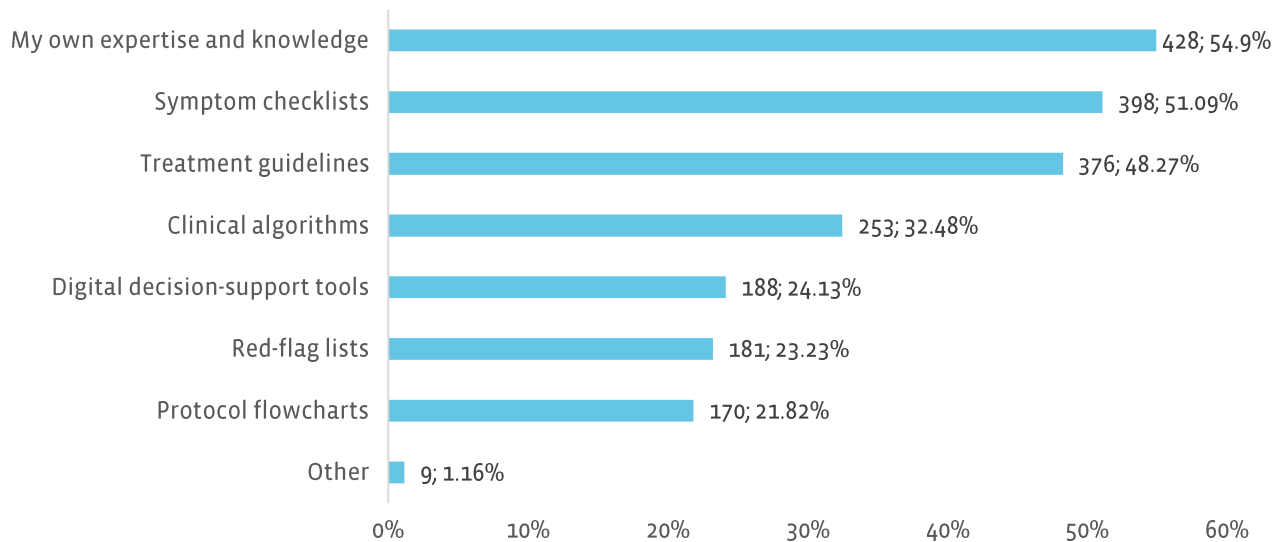


Figure 10: Structured tools and resources used during self-care consultations

5.3 Approaches to counselling patients with low health literacy

As shown in Figure 11, the use of simpler language is by far the most consistently applied strategy when pharmacists counsel patients who may have low health literacy, with 53.79% of respondents reporting that they do so routinely and a further 30.04% doing so sometimes. Spending more time on the consultation was also commonly reported as a routine practice (31.19%). In contrast, the use of visual aids for demonstrations and the teach-back method, both of which are considered evidence-based techniques for improving health literacy, were adopted routinely by only around a quarter of respondents (22.98% and 25.93% respectively), with a notable proportion reporting that they rarely or never use these approaches.

These findings suggest that while pharmacists generally adapt their communication style for patients with lower health literacy, uptake of more structured, evidence-informed techniques remains inconsistent across the profession.

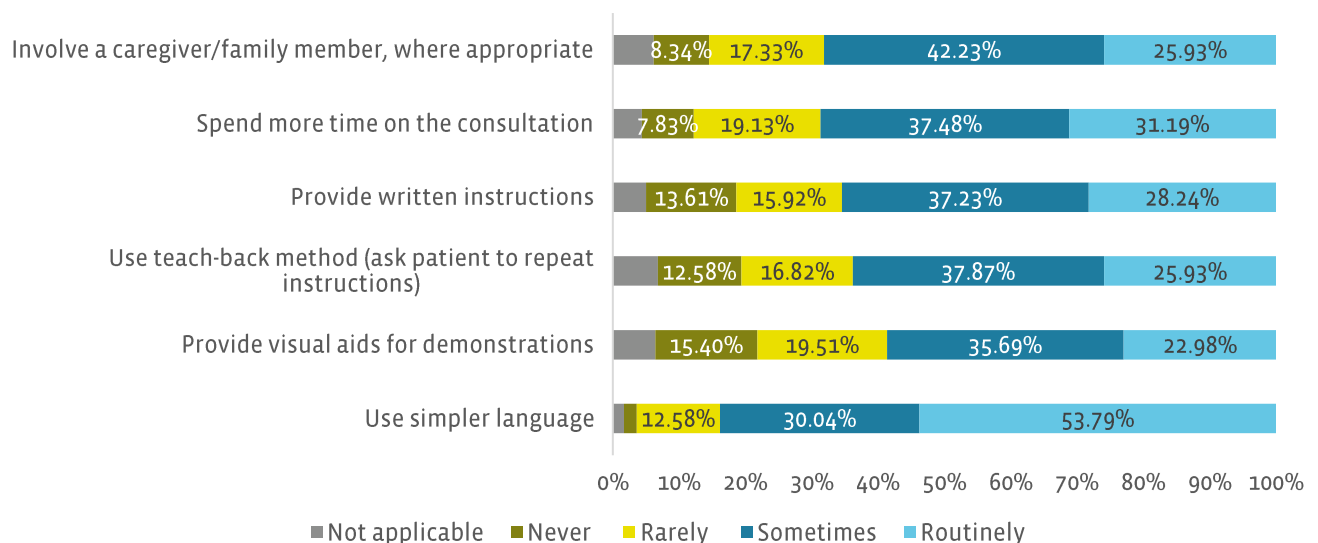


Figure 11: Approaches to counselling patients with low health literacy

5.4 Clinical situations that prompt referral

Figure 12 illustrates the range of clinical situations that most commonly lead pharmacists to refer patients, either alongside or instead of a self-care recommendation. Symptoms lasting longer than expected was the most frequently cited trigger for referral (n=498, 63.93%), underscoring the importance pharmacists place on symptom duration as a clinical safety indicator. A cluster of other high-priority situations followed closely, including the presence of red-flag or severe symptoms (n=386, 49.55%), complexity associated with very young children or older adults (48.01%, n=374), suspected medicine-related problems (n=374, 48.01%), pregnancy or breastfeeding (n=368, 47.24%), and the presence of comorbidities (n=368, 47.24%). Uncertainty about diagnosis or the appropriateness of self-care (n=301, 38.64%) and failure of a previous self-care attempt (n=287, 36.84%) were also drivers of referral decisions.

Taken together, these findings reflect a well-developed awareness among pharmacists of the clinical boundaries of self-care and the circumstances under which escalation to other healthcare providers is warranted.

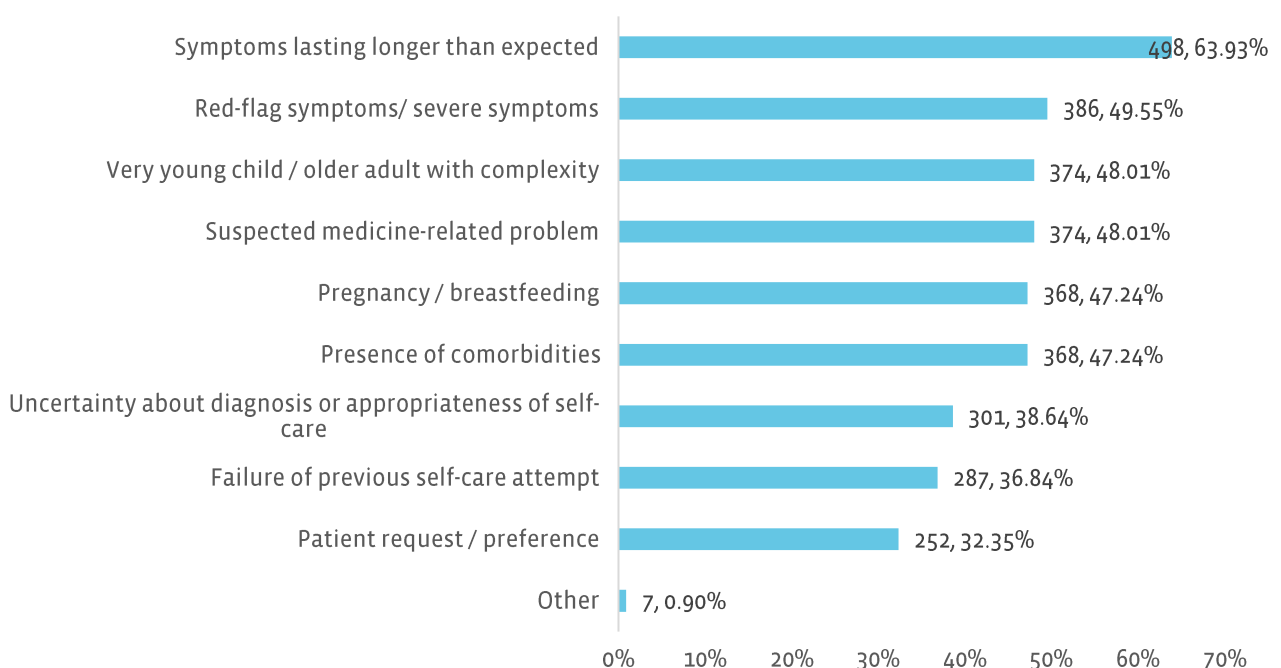


Figure 12: Situations that commonly prompt referral

6 Confidence and knowledge gaps

6.1 Confidence in self-care competencies

Respondents were asked to rate their confidence across seven self-care competencies, covering routine product selection, safe use advice, non-pharmacological support, communication with patients with low health literacy, recognition of red flags, support for higher risk patients, and managing uncertainty when symptoms are unclear. Overall, the findings suggest moderate to high levels of confidence, although confidence varied depending on the complexity of the self-care situation.

As shown in Figure 13, confidence was strongest for selecting an appropriate over the counter product. For this competency, 632 respondents, representing 81.1%, reported that they were confident or very confident. Confidence was also relatively high for explaining the safe use of self-care medicines or products, with 537 respondents, or 68.9%, reporting that they were confident or very confident. This suggests that respondents generally feel well equipped to provide routine self-care advice and support product related decisions.

However, confidence was lower for competencies requiring more complex clinical judgement. Managing uncertainty when symptoms are unclear had the lowest proportion of confident or very confident responses, reported by 376 respondents, or 48.3%. This item also had the highest proportion of low confidence responses, with 210 respondents, or 27.0%, reporting that they were not confident at all or not very confident. Advising patients with chronic conditions or higher risk needs, including older adults, pregnant patients, and breastfeeding patients, also showed comparatively lower confidence, with 451 respondents, or 57.9%, reporting that they were confident or very confident.

The distribution of responses in Figure 3 therefore indicates that confidence is highest for routine self-care activities, particularly product selection and safe use advice, but decreases when respondents are faced with uncertainty, higher risk patients, or decisions that require referral judgement. These findings point to a potential need for further support, training, and practical tools to strengthen clinical decision making in more complex self-care consultations.

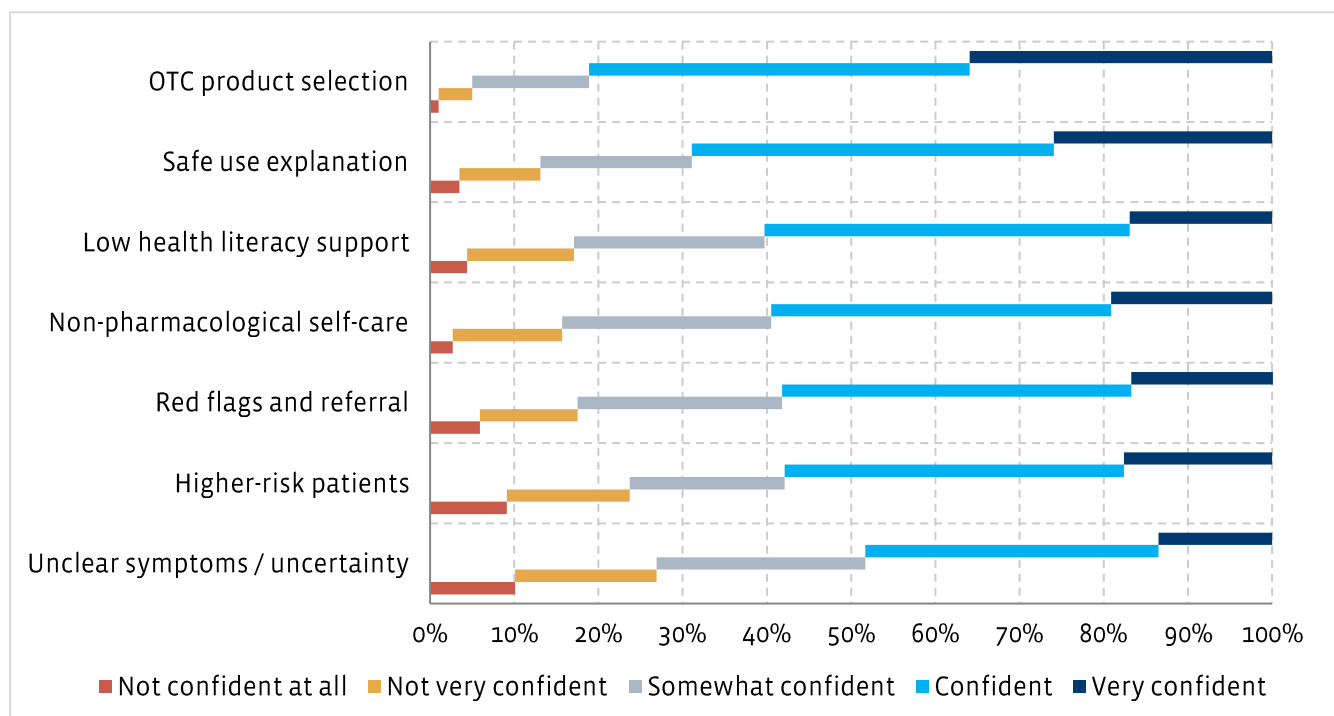


Figure 13: Distribution of confidence across self-care competencies (n=779)

6.2 Confidence across self-care topic areas

Respondents were asked to rate their confidence across 15 self-care topic areas (Figure 14). Overall, confidence varied by topic area, suggesting that respondents feel more prepared to support some areas of self-care than others.

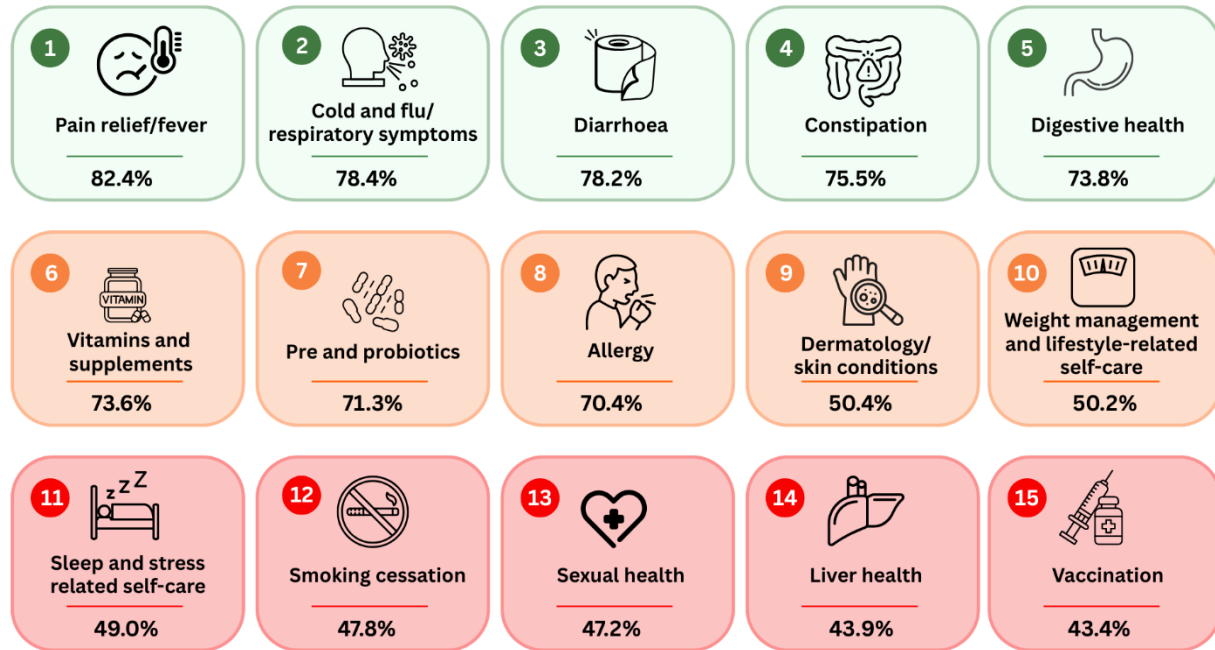


Figure 14: Self-care topic areas assessed for confidence

Overall, confidence varied across topic areas, suggesting that respondents feel more prepared to support common and frequently encountered self-care needs than more specialised or sensitive areas of practice. As shown in Figure 15, confidence was highest for pain relief or fever, with 82.4% of respondents reporting that they were confident or very confident (n=642). Confidence was also high for cold and flu or respiratory symptoms, at 78.4% (n=611), diarrhoea, at 78.2% (n=609), and constipation, at 75.5% (n=588). Similar patterns were observed for digestive health, vitamins and supplements, pre and probiotics, and allergy, where more than 70% of respondents reported being confident or very confident.

By contrast, confidence was lower in topic areas that may require more specialised knowledge, sensitive patient communication, behavioural counselling, or public health intervention. Vaccination had the lowest proportion of confident or very confident responses, at 43.4% (n=338), followed by liver health, at 43.9% (n=342), sexual health, at 47.2% (n=368), and smoking cessation, at 47.8% (n=372). Confidence was also lower for sleep and stress related self-care, at 49.0% (n=382), and weight management and lifestyle related self-care, at 50.2% (n=391).

Taken together, the findings in Figure 15 suggest a clear confidence gradient. Respondents appear most confident in managing routine minor ailments and product related self-care advice, but less confident in areas involving prevention, lifestyle change, sensitive health topics, and more complex counselling. These findings point to potential knowledge and training gaps in vaccination, liver health, sexual health, smoking cessation, sleep and stress related self-care, and lifestyle related support.

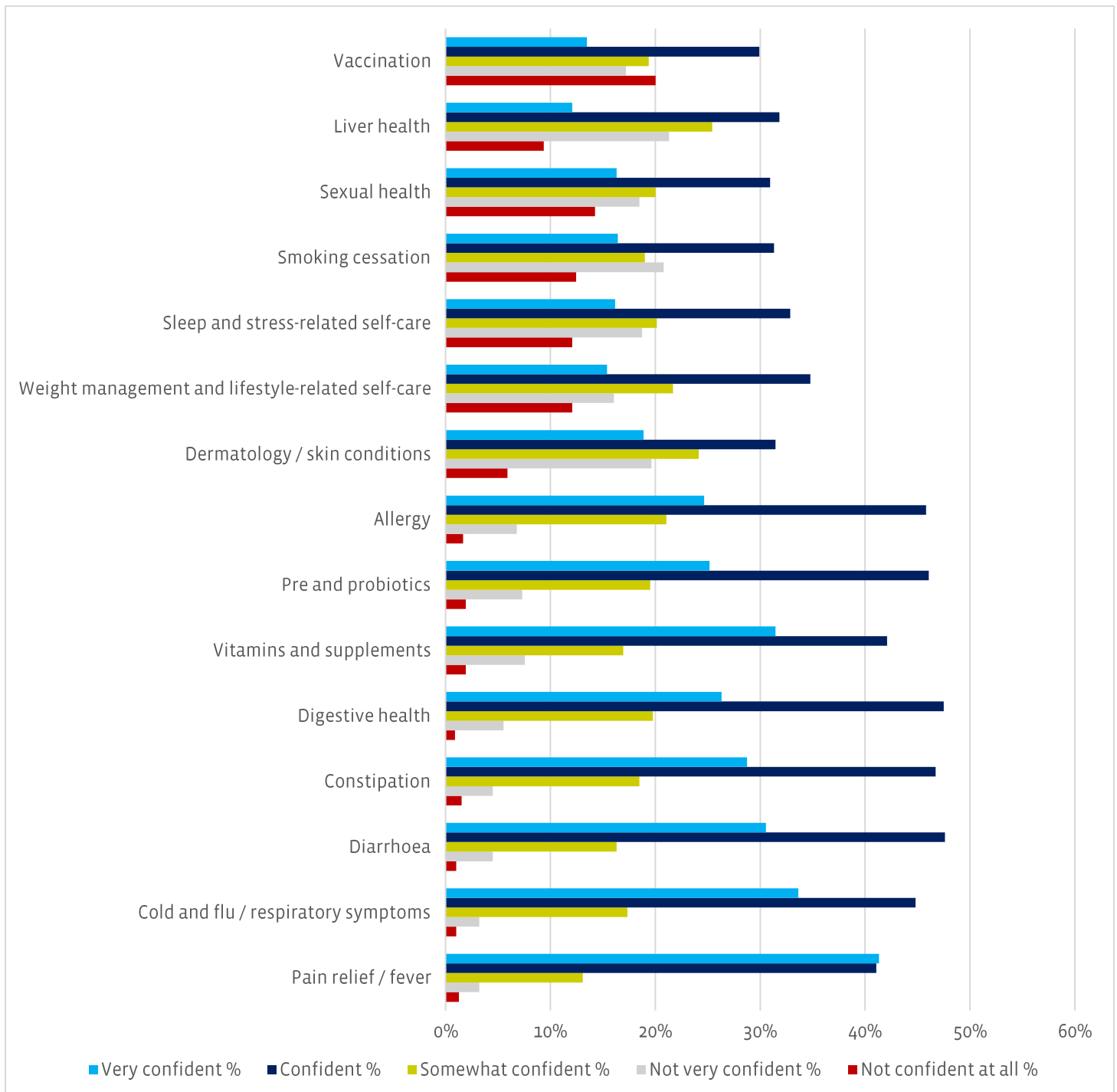


Figure 15: Respondents' confidence across self-care topic areas (n=779)

6.3 Areas for additional training or support

Respondents were asked to identify areas where they would benefit from additional training or support in relation to self-care. As this was a multiple-response item, respondents could select more than one area, and percentages do not sum to 100%.

As shown in Figure 16, the most frequently selected area for additional training or support was children and babies, selected by 56.7% of respondents (n=442). This was followed by counselling patients with chronic conditions or higher risk needs, selected by 53.4% (n=416). These findings suggest that respondents perceive a particular need for support in areas involving higher clinical risk, age-specific considerations, and more complex patient needs.

Almost half of respondents also selected safe over the counter product selection criteria, at 47.1% (n=367), followed by women's health, at 44.7% (n=348), and red flag recognition and referral decisions, at 42.9% (n=334). These results indicate that even areas closely linked to routine self-care practice may still require further support, particularly where advice involves risk assessment, referral judgement, or more sensitive patient conversations.

Lower, but still notable, proportions of respondents selected managing uncertainty when symptoms are unclear, at 36.5% (n=284), managing patient misinformation or conflicting patient information, at 36.3% (n=283), nutritional and dietary support, at 35.3% (n=275), supporting patients with low health literacy, at 33.5% (n=261), and behaviour change support, at 32.7% (n=255). Only 0.4% of respondents selected other areas (n=3).

Overall, these findings reinforce the confidence patterns observed in the previous sections. Respondents appear to need the most support in areas involving higher risk groups, clinical judgement, and more complex counselling. This points to a clear opportunity to strengthen training and practical tools on children and babies, higher risk patients, red flag recognition, women's health, and safe over the counter product selection.

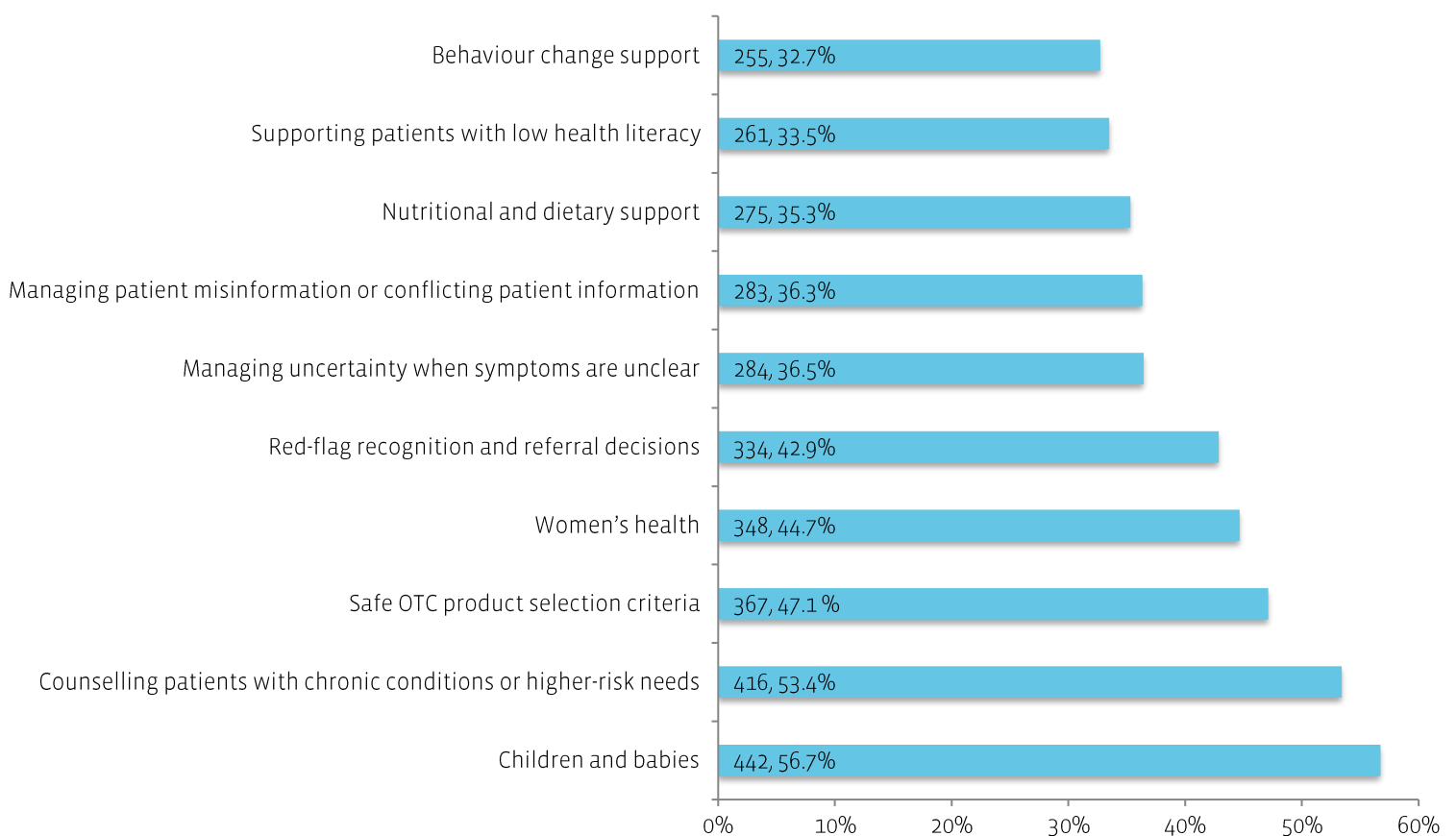


Figure 16: Areas where respondents identified additional training or support needs (n=779)

7 Barriers and enablers

7.1 Barriers to pharmacy-led self-care

As shown in Figure 17, respondents reported a wide range of barriers to pharmacy-led self-care. Overall, more than four in five respondents reported experiencing each of the barriers assessed, indicating that challenges to the provision of self-care support are widespread across pharmacy practice.

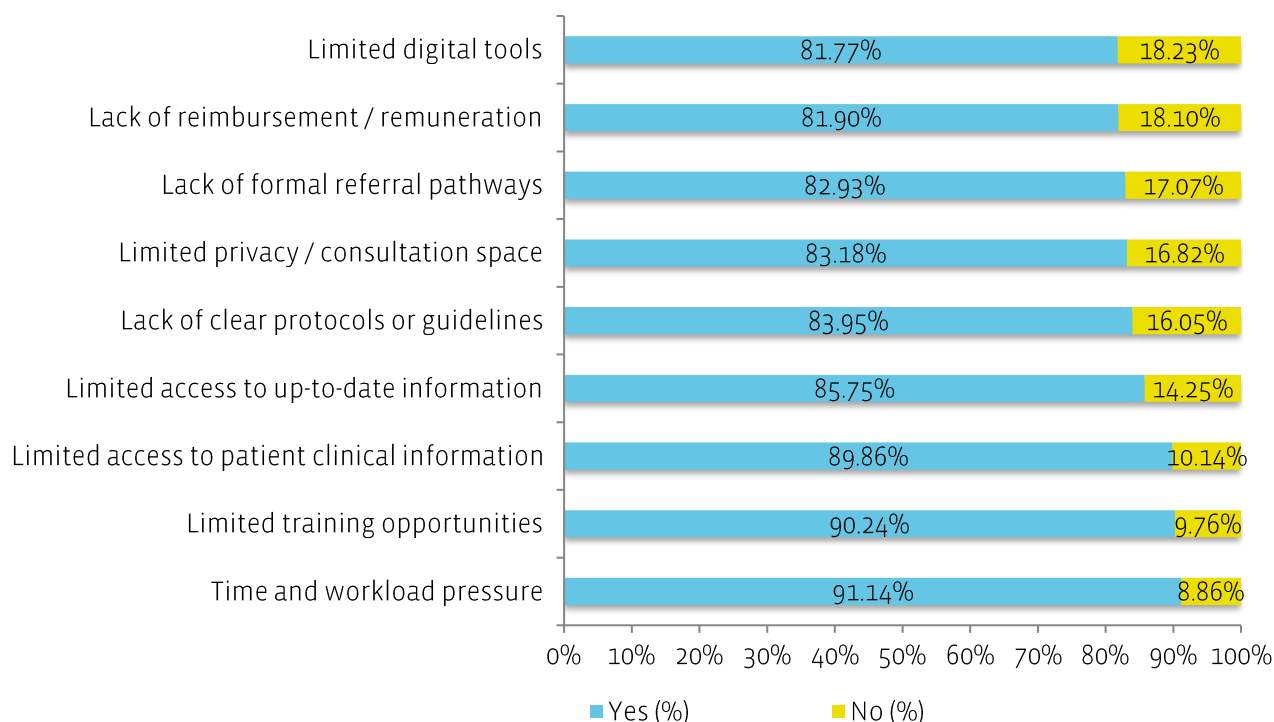


Figure 17: Reported barriers to pharmacy led self-care consultations (n = 779)

The most frequently reported barrier was time and workload pressure, with 91.14% of respondents identifying this as a major barrier. This was closely followed by limited training opportunities (90.24%) and limited access to patient clinical information (89.86%). These findings suggest that both workforce capacity and access to relevant patient information remain critical constraints on pharmacists' ability to provide comprehensive self-care support.

Barriers related to access to knowledge and practice support were also commonly reported. Limited access to up-to-date information was identified by 85.75% of respondents, while lack of clear protocols or guidelines (83.95%) and limited privacy or consultation space (83.18%) were also reported by most respondents. These findings highlight the importance of ensuring that pharmacists have access to current evidence, standardised guidance, and suitable environments for confidential patient consultations.

System-level barriers were similarly evident: 82.93% of respondents reported lack of formal referral pathways, while 81.90% and 81.77% reported lack of reimbursement or remuneration and limited digital tools respectively as barriers to providing self-care support. Although these were among the least frequently reported barriers in relative terms, they were nevertheless identified by a substantial majority of respondents, indicating persistent challenges related to health system integration, financial sustainability, and digital infrastructure.

Overall, the findings demonstrate that barriers to pharmacy-led self-care are multifaceted, spanning workforce capacity, education and training, access to information, infrastructure, digital enablement, and health system support. Addressing these barriers will require coordinated action from policymakers,

professional organisations, educators, and healthcare systems to strengthen the enabling environment for pharmacists to deliver effective, accessible, and sustainable self-care services.

7.2 Availability of support mechanisms for pharmacy-led self-care

Respondents were asked which key supports and enabling mechanisms were available within their practice settings to facilitate the delivery of self-care services (Figure 18).

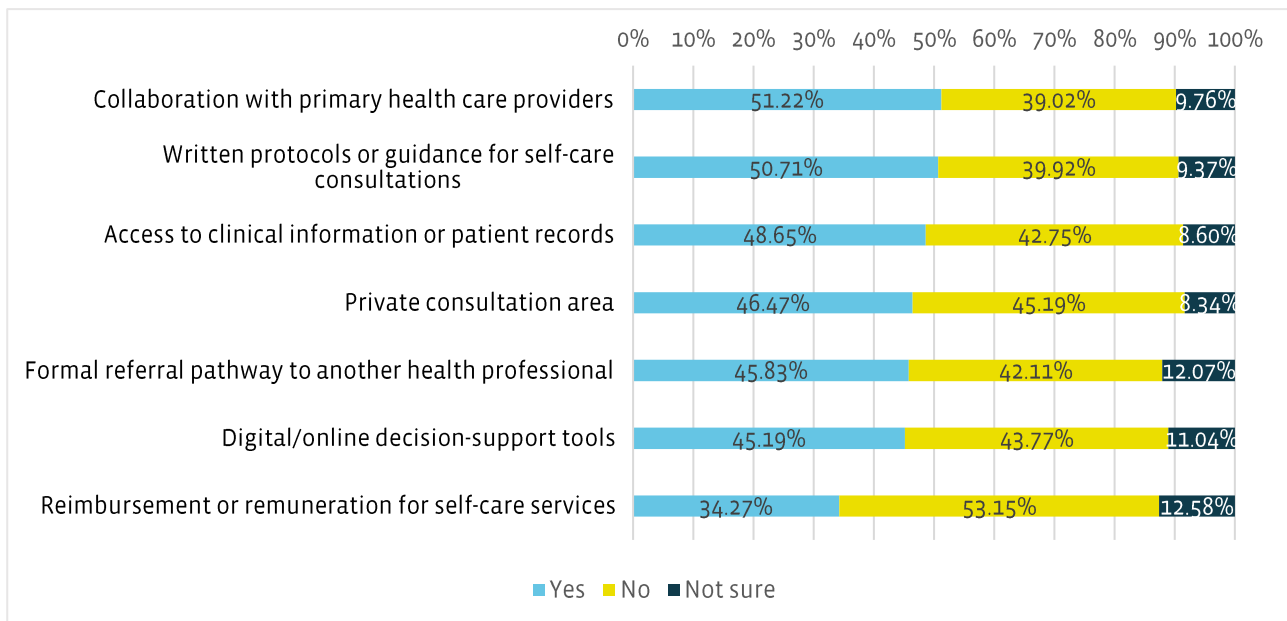


Figure 18: Availability of resources and support mechanisms for pharmacy-led self-care (n=779)

The most reported support available was collaboration with primary health care providers (51.22%) and written protocols or guidance for self-care consultations (50.71%). This was closely followed by access to clinical information or patient records (48.65%). Less than half of respondents reported having access to private consultation areas (46.47%), formal referral pathways to another health professional (45.83%) and digital or online decision-support tools (45.19%).

Reimbursement or remuneration for self-care services was the least commonly available support, with only 34.27% of respondents reporting its availability. More than half (53.15%) indicated that reimbursement mechanisms were not available in their practice setting, making this the largest gap identified among the enabling supports assessed.

Uncertainty was highest for reimbursement or remuneration for self-care services (12.58%), formal referral pathways (12.07%), and digital or online decision-support tools (11.04%), suggesting that awareness of available systems and existing support mechanisms may also vary among pharmacy professionals.

Overall, the findings indicate that although many pharmacies have access to some support mechanisms that enhance the delivery of self-care services, important gaps remain in their availability. Limited access to reimbursement mechanisms, digital decision-support tools, formal referral pathways, and patient clinical information may restrict pharmacists' ability to provide integrated, efficient, and sustainable self-care services. Strengthening these enabling mechanisms, alongside improving awareness of available support systems, may help enhance the capacity of pharmacists to deliver high-quality self-care services across diverse practice settings.

7.3 System changes that improve pharmacy-led self-care practice

Respondents were asked which system changes would most improve the quality of self-care support in your practice setting. As this was a multiple-response question, respondents could select more than one option; therefore, percentages do not sum to 100%. Figure 19 visualises several systems-level changes reported by respondents to strengthen self-care services.

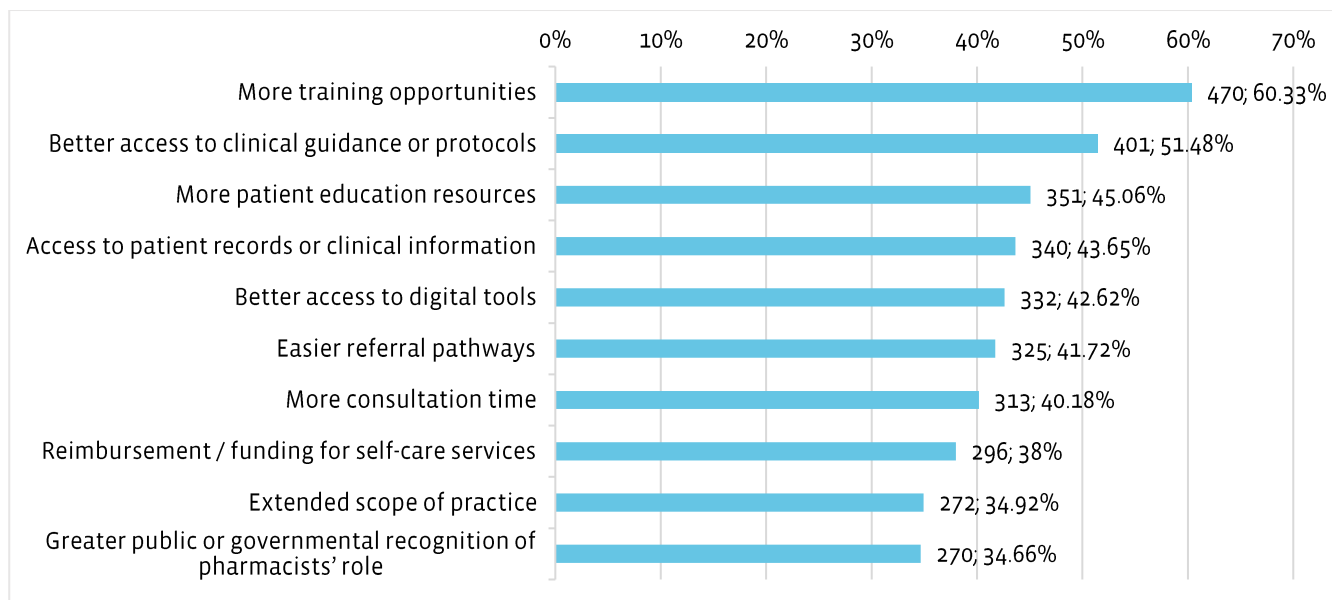


Figure 19: System changes needed to improve the quality of pharmacy-led self-care practice (n = 779)

Respondents highlighted several system changes as priorities to strengthening self-care service delivery. The most frequently reported were more training opportunities (n=470, 60.33%) and better access to clinical guidance or protocols (n=401, 51.48%). These findings underscore the importance of professional development and standardised guidance to enhance pharmacists' knowledge, skills, and confidence in delivering self-care services.

Other commonly selected improvements included more patient education resources (n=351, 45.06%), access to patient records or clinical information (n=340, 43.65%), and better access to digital tools (n=332, 42.62%), reflecting the need for improved information resources and digital infrastructure to support clinical decision-making and patient engagement.

Structural and policy-related improvements were also emphasised, including easier referral pathways (n=325, 41.72%), more consultation time (n = 313, 40.18%), and reimbursement or funding for self-care services (n=296, 38%). Additional system changes included extended scope of practice (n=272, 34.92%) and greater public or governmental recognition of pharmacists' role (n=270, 34.66%). These reforms highlight the need for greater integration within the wider healthcare system, operational support and systemic recognition to fully embed pharmacy-led self-care within health systems.

8 Information sources and misinformation

8.1 Information sources used during self-care consultations

Respondents reported using a variety of information sources during or when preparing for a self-care consultation.

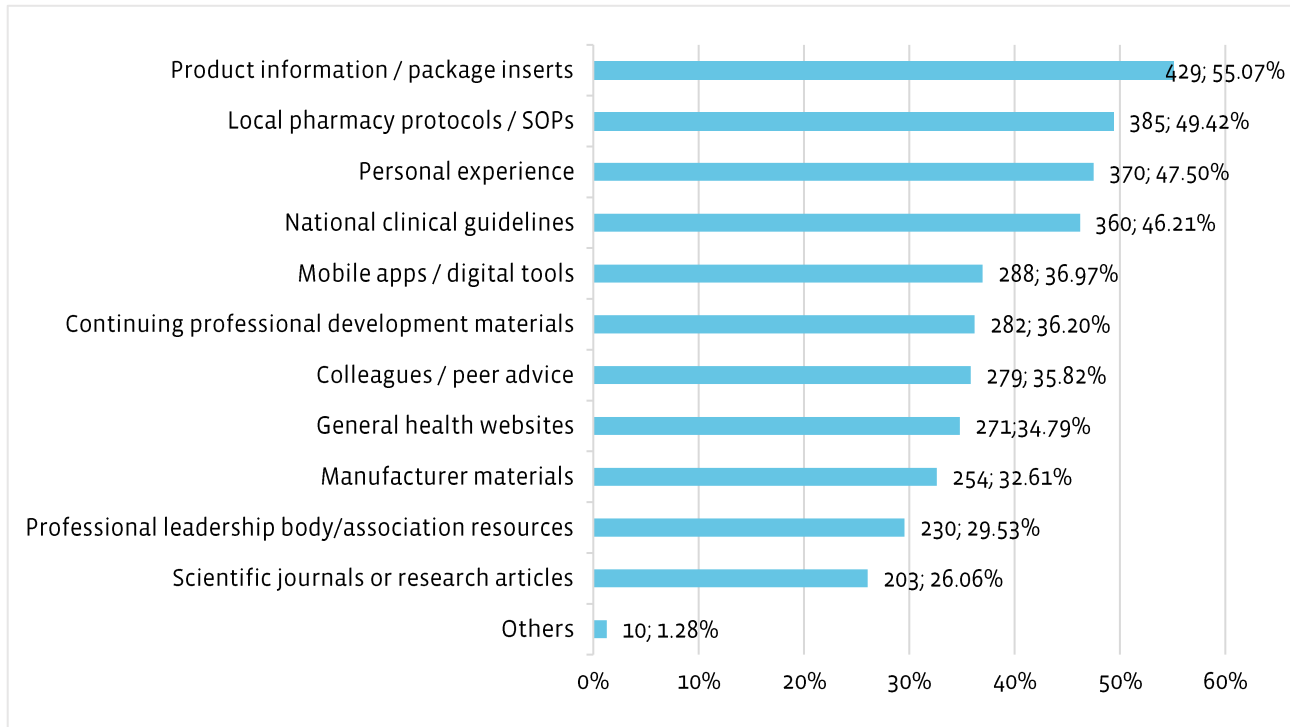


Figure 20: Information sources used during self-care consultations (n=779)

As shown in Figure 20, respondents most commonly reported using product information/package inserts (n=429, 55.07%) during or when preparing for self-care consultations, followed by local pharmacy protocols/SOPs (n=385, 49.42%), personal experience (n=370, 47.50%), and national clinical guidelines (n=360, 46.21%).

Approximately one-third of respondents relied on mobile apps or digital tools (n=288, 36.97%), CPD materials (n=282, 36.20%), peer advice (n=279, 35.82%), and general health websites (n=271, 34.79%). Lower utilisation was reported for manufacturer materials (n=254, 32.61%), professional association resources (29.53%, n=230), and scientific journals/research articles (26.06%, n=203). Use of other information sources was limited, with only 1.28% (n=10) of respondents reporting reliance on sources including social media influencers.

These findings suggest that pharmacists primarily depend on practical and readily accessible resources, particularly product information, local protocols, and clinical guidelines, when providing self-care advice. Research-based sources, such as scientific journals, appear to play a more limited role in routine practice.

8.2 Level of confidence in information sources

The findings presented in Figure 21 below show that respondents generally felt confident in accessing information resources and in critically assessing their credibility and appropriateness to support effective patient self-care.

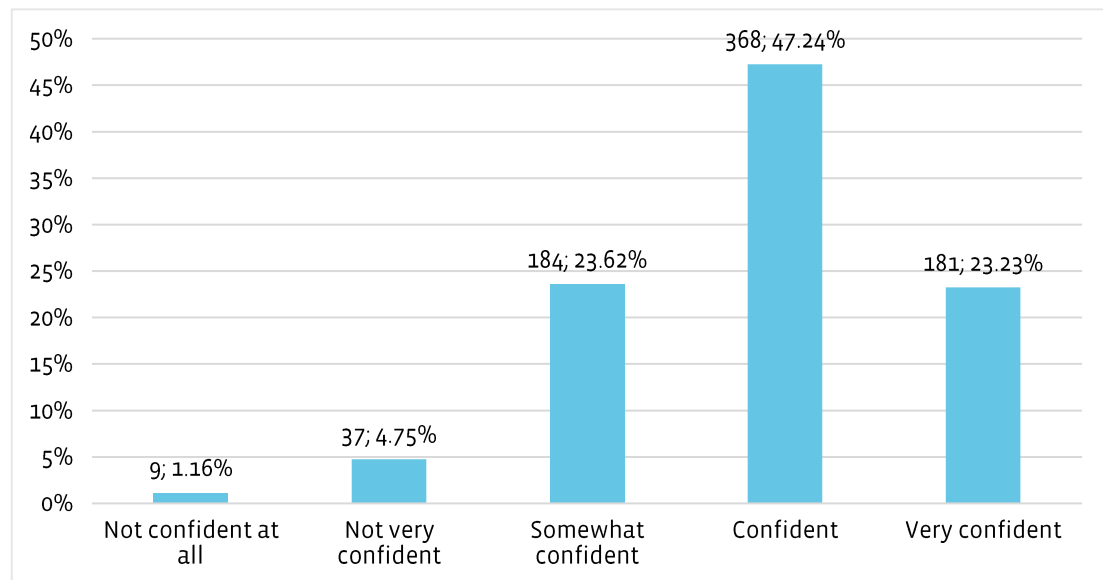


Figure 21: Level of confidence in information sources (n=779)

Nearly half (n=368, 47.24%) reported being confident, while an additional 23.23% (n=181) reported being very confident. Together, these categories account for 70.47% of respondents, suggesting that most participants feel confident in the information sources available to support patient self-care decisions and consultations.

Approximately one-quarter of respondents (n=184, 23.62%) reported being somewhat confident, indicating a moderate level of confidence but potential uncertainty in evaluating information quality or applicability in certain situations.

Only a small proportion expressed low confidence, with 4.75% (n=37) reporting that they were not very confident and 1.16% (n=9) reporting they were not confident at all. Combined, these groups represent 5.91% of respondents.

These results indicate that most pharmacists in community pharmacy and primary healthcare settings possess confidence in the information sources available to support patient self-care consultations. However, the presence of a small group with limited confidence highlights the need for ongoing training in information literacy, critical appraisal skills, and the effective use of digital health resources to ensure evidence-based self-care recommendations.

8.3 Frequency of patient misinformation during self-care consultations

Patients presenting misinformation or conflicting information obtained from online or social media sources were reported to be a common occurrence during self-care consultations, as illustrated in Figure 22 below.

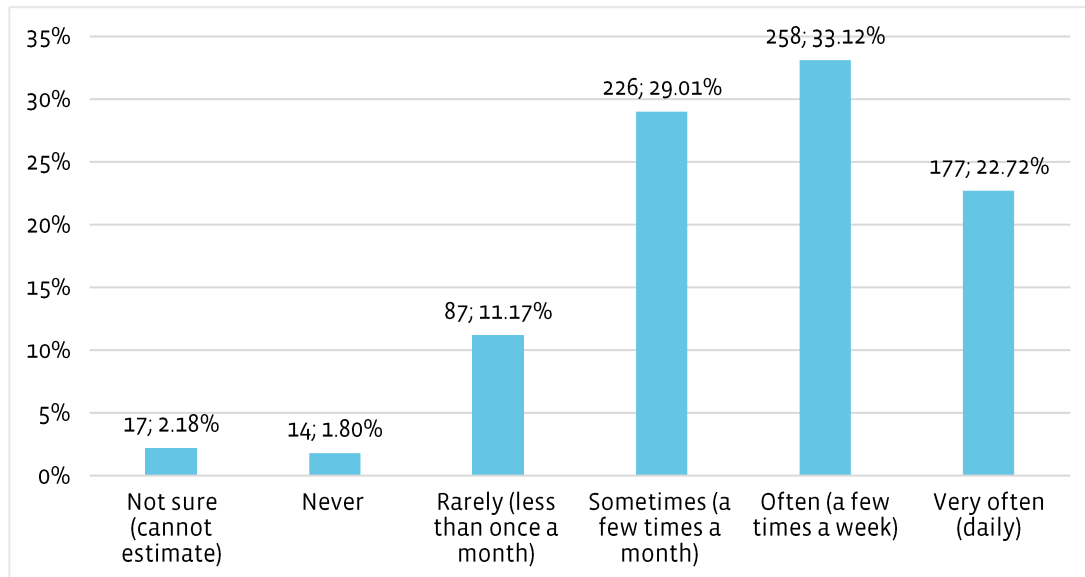


Figure 22: Frequency of patient misinformation during self-care consultations (n=779)

Approximately one-third of respondents (n=258, 33.12%) reported encountering misinformation often (a few times a week), a further 22.72% (n=177) reported encountering misinformation very often (daily), while 29.01% (n=226) reported encountering it sometimes (a few times a month). Overall, 84.85% of respondents reported encountering patient misinformation at least monthly, with more than half experiencing it weekly or daily.

Only a small proportion of respondents (n=87, 11.17%) reported rarely encountering misinformation (less than once a month), or never encountering it (n=14, 1.79%), while 2.18% (n=17) were unable to estimate its frequency.

This emphasises the growing influence of online and social media information on patient self-care behaviours and reinforces the critical role of pharmacists in addressing misinformation, evaluating information quality, and supporting evidence-informed decision-making.

9 Patient demand and observed needs

9.1 Self-care topics for which patients most frequently seek advice

Respondents were asked to identify the self-care topics for which patients most frequently seek advice in their practice setting (Figure 23). As this was a multiple-response question, respondents could select more than one topic; therefore, percentages do not sum to 100%. Respondents reported seeking advice on a broad range of self-care topics, reflecting the diverse role of pharmacy professionals in supporting self-care and advancing progress towards universal health coverage.

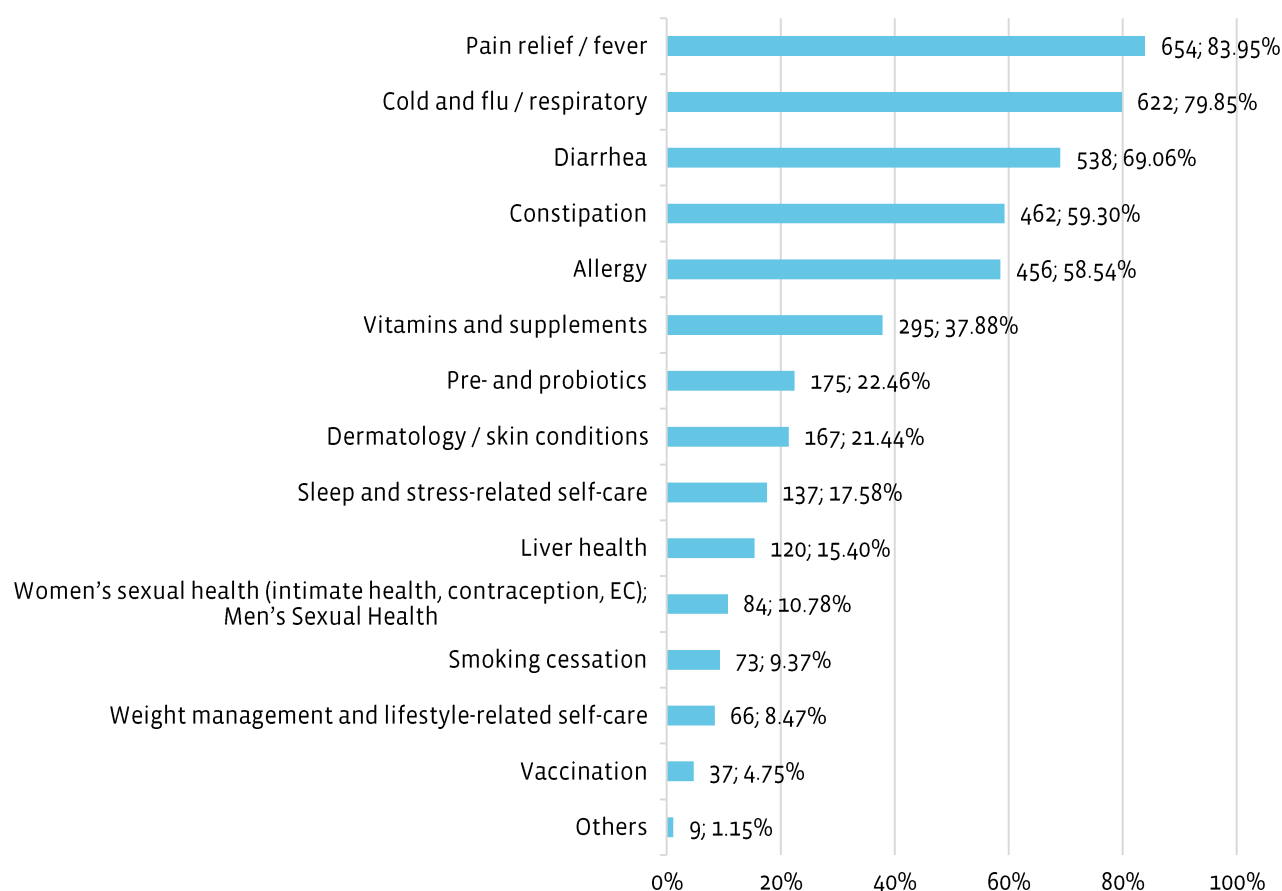


Figure 23: Self-care topics for which patients most frequently seek advice (n=779)

As illustrated in Figure 23, the most frequently reported topics were pain relief and fever (n=654, 83.95%) and cold, flu, and respiratory conditions (n=622, 79.85%). These were followed by diarrhoea (n=538, 69.06%), constipation (n=462, 59.30%), and allergy-related conditions (n=456, 58.54%), highlighting pharmacists' central role in managing minor ailments and common symptoms.

Moderate levels of demand were reported for vitamins and supplements (n=295, 37.88%), while pre- and probiotics (n=175, 22.46%), dermatology and skin conditions (n=167, 21.44%), and sleep and stress-related self-care (n=137, 17.58%) were less frequently cited. Consultations related to liver health (n=120, 15.40%) and women and men's sexual and reproductive health (n=84, 10.78%) were reported by a smaller proportion of respondents.

Relatively few respondents identified smoking cessation (n=73, 9.37%), weight management and lifestyle-related self-care (n=66, 8.47%), and vaccination (n=37, 4.75%) as common topics of consultation. Other topics

such as hemorrhoid (pile), osteoarthritis, chickenpox, anxiety and mental health, infant child health, pregnancy and breast-feeding challenges and medication use were reported by 1.15% (n=9) of respondents.

Overall, the findings suggest that self-care consultations in pharmacy practice are primarily driven by common acute conditions, particularly pain, fever, respiratory symptoms, and gastrointestinal complaints, with lower demand observed for preventive health and lifestyle-related self-care services.

The pattern of consultation topics closely aligns with respondents' reported confidence in providing self-care support. Respondents demonstrated the highest levels of confidence in topics that were encountered most frequently in practice, including pain relief and fever, respiratory conditions, diarrhoea, constipation, and allergy. Conversely, lower confidence was generally observed in areas that were less commonly encountered, such as vaccination, weight management, smoking cessation, women's sexual health, and liver health.

This relationship suggests that regular exposure to specific self-care presentations may contribute to greater professional confidence, while less frequently encountered topics may represent opportunities for targeted education and continuing professional development.

9.2 Patient-related challenges in self-care consultations

Figure 24 presents the patient-related challenges most frequently encountered by pharmacy professionals during self-care consultations, highlighting common barriers to effective patient engagement and self-care decision-making.

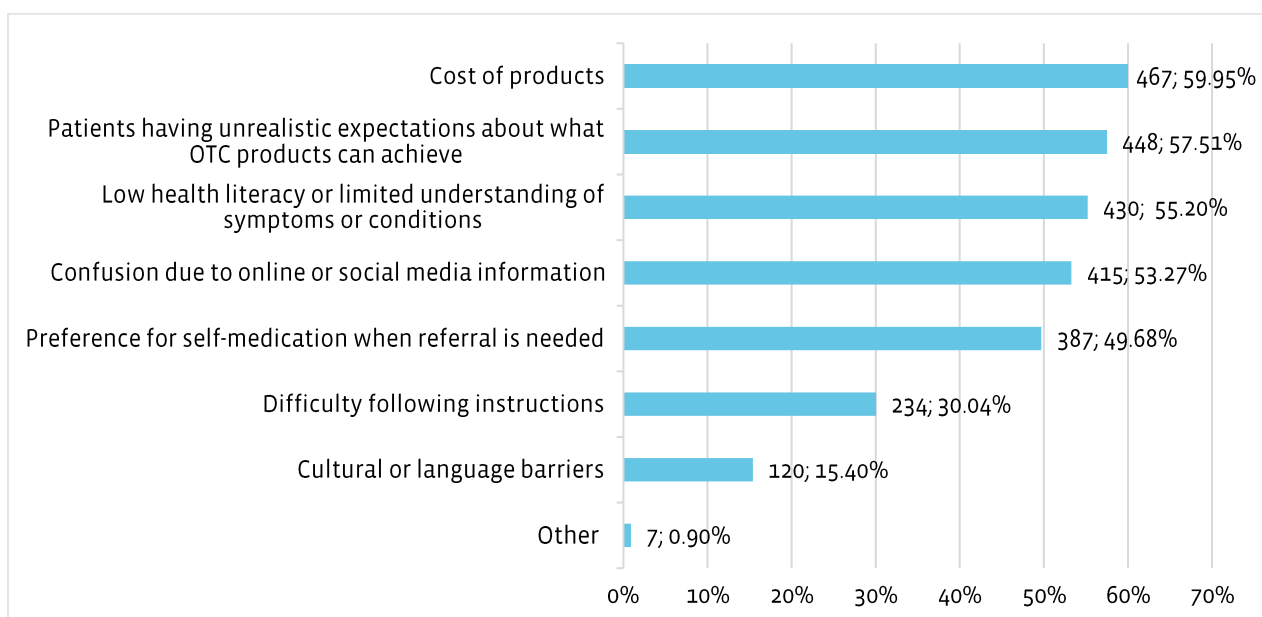


Figure 24: Patient-related challenges in self-care consultations (n=779)

Most respondents reported that the most frequently encountered challenge was the cost of products (n=467, 59.95%), followed by patients having unrealistic expectations about what OTC products can achieve (n=448, 57.51%) and low health literacy or limited understanding of symptoms and conditions (n=430, 55.20%). More than half of respondents (n=415, 53.27%) reported that patient confusion arising from online and social media information was a common challenge encountered during self-care consultations.

Nearly half (n=387, 49.68%) reported that patients often prefer self-medication when referral to another healthcare professional is warranted. In addition, 30.04% (n=234) cited difficulty following instructions as a barrier to effective self-care.

Less frequently reported challenges included cultural or language barriers (n=120, 15.40%), and other challenges accounted for less than 1% of responses (n=7, 0.90%), including neglect of lifestyle modification measures and poor adherence to self-care recommendations.

The responses suggest that affordability concerns, unrealistic treatment expectations, limited health literacy, and confusion stemming from online misinformation remain significant challenges that affect the effectiveness of self-care consultations. These results reinforce the important role of pharmacists in patient education, expectation management, and supporting informed self-care decision-making and universal health coverage.

10 Priority tools, resources and learning formats

10.1 Tools and resources to support self-care consultations

Respondents were asked to identify the tools and resources that would most strengthen self-care consultations in their practice (Figure 25). Overall, respondents highlighted a need for practical, point-of-care resources that support evidence-based clinical decision-making and patient communication during self-care consultations.

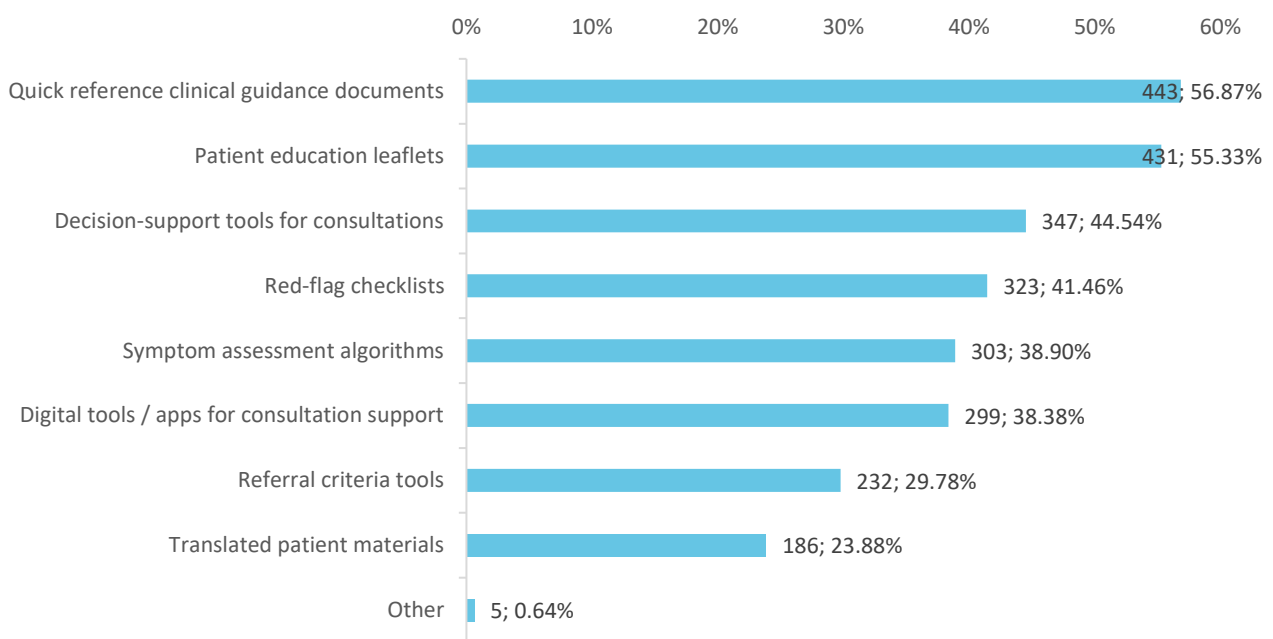


Figure 25: Tools and resources pharmacists report would strengthen self-care consultations (n = 779)

The most frequently selected resource was quick reference clinical guidance documents, identified by 56.86% of respondents (n=443), followed closely by patient education leaflets (n=431, 55.33%). These findings underscore the importance of readily accessible clinical guidance and patient-facing educational materials to support consistent, high-quality self-care advice.

Almost half of respondents (n=347, 44.54%) identified decision-support tools for consultations as a valuable resource, while red-flag checklists (n=323, 41.46%) and symptom assessment algorithms (n=303, 38.90%) were also commonly selected. Together, these responses indicate a strong demand for structured clinical tools that support systematic patient assessment, appropriate decision-making, and timely identification of cases requiring referral.

Digital tools or apps (n=299, 38.38%) were also reported as useful, reflecting growing willingness to integrate technology into practice. Less frequently mentioned but still relevant were referral criteria tools (n=232, 29.78%) and translated patient materials (n=186, 23.88%), which address referral pathways and language barriers.

Overall, the findings suggest that pharmacists place value on structured, credible and practical consultation tools that enhance clinical decision-making, standardise self-care assessments, and improve patient education. Expanding access to concise clinical guidance, decision-support resources, and patient information materials could strengthen the quality and consistency of pharmacy-led self-care consultations while supporting safe, evidence-based practice.

10.2 Preferred learning formats

Respondents were asked to identify their preferred learning formats for strengthening their knowledge and skills in self-care consultations (Figure 26). Respondents expressed interest in diverse formats to strengthen consultation skills, having a strong preference for flexible and interactive learning approaches, with face-to-face and online educational formats emerging as the most preferred methods for professional development.

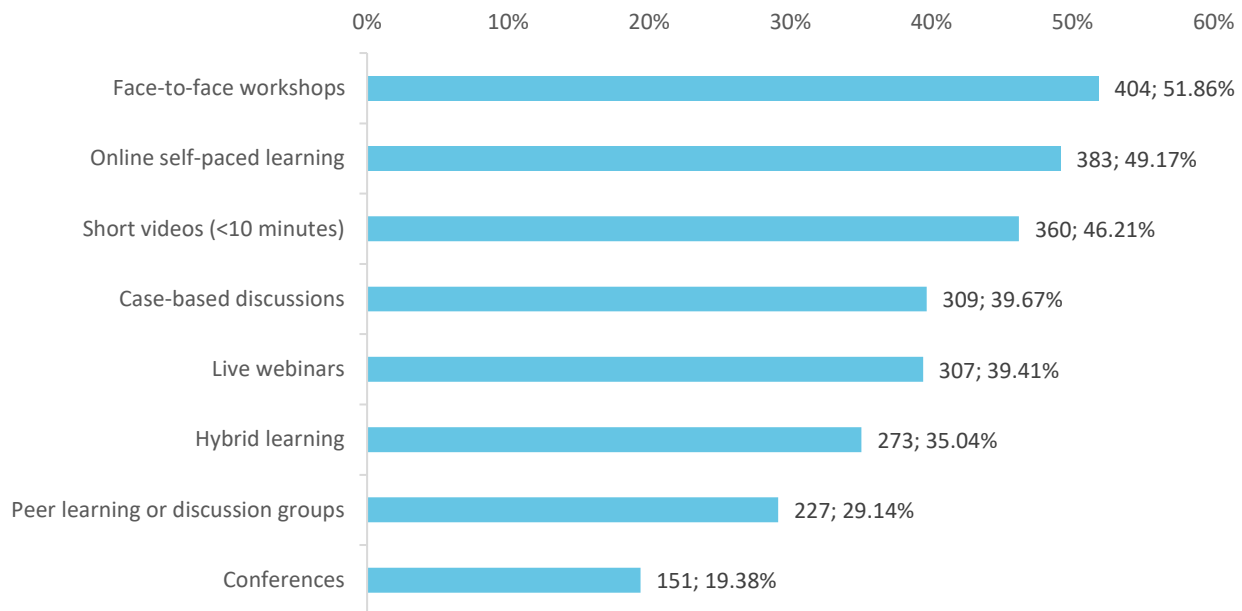


Figure 26: Preferred learning formats to strengthen self-care consultations (n = 779)

Face-to-face workshops were the most preferred learning format, selected by 51.86% of respondents (n=404), followed closely by online self-paced learning (n=383, 49.16%) and short educational videos of less than 10 minutes (n=360, 46.21%). These findings suggest that pharmacists value a combination of traditional in-person training and flexible digital learning opportunities that can be integrated into busy practice environments.

Other popular formats included case-based discussions (n=309, 39.67%), and live webinars (n=307, 38.42%), supporting practical, scenario-based learning. Hybrid learning (n=273; 34.17%) and peer learning groups (n=227, 29.14%) were moderately valued, while conferences (n=151; 19.38%) were less frequently preferred. This mix of preferences highlights the importance of blended learning opportunities that combine flexibility with interactive engagement and reflect a demand for learning experiences that encourage discussion, practical application, and real-time engagement.

10.3 Willingness to use credible digital tools

Figure 27 demonstrates the strong openness of respondents to use credible digital tools more frequently in self-care consultations.

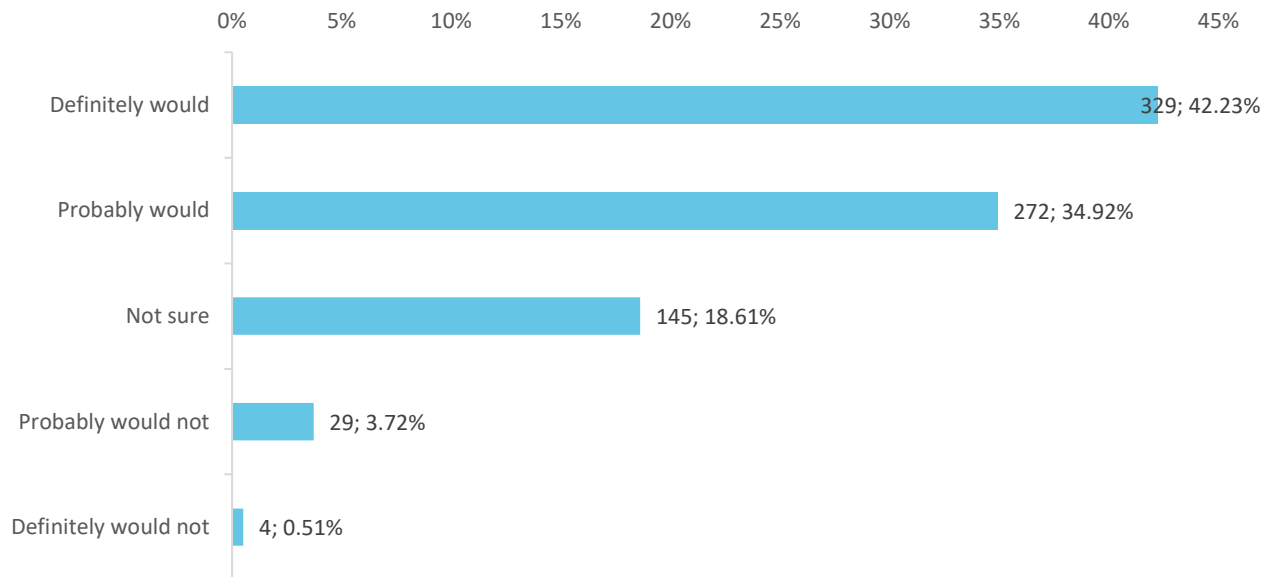


Figure 27: Willingness to use credible digital tools and resources more frequently (n = 779)

More than half of the respondents (n=601, 77.15%) indicated a positive intention to use such tools more frequently, with 42.23% reporting that they definitely would and a further 34.92% indicating that they probably would. These findings suggest a high level of openness among pharmacists to integrating trusted digital resources into routine self-care consultations.

However, some respondents (n=145, 18.61%) reported being not sure, indicating that while they were not opposed to using digital tools, they may require additional reassurance regarding the quality, usability, accessibility, or relevance of these resources before incorporating them more regularly into practice.

Only a small minority expressed reluctance to increase their use of digital resources, with 3.72% reporting that they probably would not, while just 0.51% indicated that they definitely would not use credible digital tools more frequently.

These results indicate a clear majority of pharmacists are willing to adopt credible digital tools into pharmacy-led self-care consultations. This presents an important opportunity for professional organisations, educators, and healthcare systems to support pharmacy practice through the development and implementation of high-quality digital resources that enhance clinical decision-making and patient care.

11 Illustrative respondent insights by country [spotlights]

11.1 Illustrative respondent insights from global survey

In addition to quantitative findings from this global survey, respondents provided open-text comments through the "Other (please specify)" response options. The examples below are drawn directly from these responses and are presented as illustrative respondent insights. They are intended to provide additional context to the survey findings and should not be interpreted as representative of all respondents or as comparisons between countries.

Multidisciplinary referral pathways

A few respondents from India and Spain described routinely referring patients not only to physicians but also to specialist health professionals and clinics such as paediatricians, dentists, physical therapists and social workers when symptoms exceeded the scope of self-care management, highlighting the importance of multidisciplinary collaboration in supporting patient care.

Diverse approaches to clinical information and decision support

Some respondents from Vietnam, India, Portugal and Mexico described using a variety of approaches to assess contraindications and potential medicine interactions during self-care consultations. These ranged from relying on professional knowledge and experience, product package information, prescribing patterns, and computerised technical and scientific information systems, to general internet searches.

These responses highlight the diversity of information sources used in practice and highlight the importance of ensuring pharmacists have access to reliable, evidence-based clinical decision-support resources. Strengthening access to trusted information tools may further support consistent, informed, and safe self-care recommendations.

Patient-related challenges in supporting self-care

In open-text comments, some respondents from Vietnam, USA, Croatia and Sri Lanka identified several patient-related challenges that can affect the effectiveness of self-care consultations. These included limited attention to lifestyle factors such as diet, sleep, stress management, and physical activity when managing health conditions, poor adherence to self-care recommendations, and a preference to seek confirmation from physicians before acting on pharmacists' advice. Respondents also highlighted the increasing influence of information obtained from the internet, including artificial intelligence (AI)-generated content, and advice from family members or acquaintances, which may shape patients' perceptions and decision-making.

These responses illustrate the importance of strengthening patient health literacy and promoting collaborative communication between pharmacists, patients, and other healthcare professionals. Supporting patients to critically evaluate health information and understand the role of lifestyle measures alongside appropriate self-care interventions may help improve adherence and health outcomes.

These illustrative insights complement the quantitative findings by providing practical examples of pharmacists' experiences across different health systems. Collectively, they reinforce the importance of strengthening referral mechanism, clinical guidance, digital support, education, and health system recognition to enable pharmacists to deliver high-quality self-care services.

11.2 Insights from FIP Multinational Needs Assessment Report

The FIP Multinational Needs Assessment report, [Community pharmacy insights: Supporting the need for self-care](#), published in 2023, gathered qualitative insights through interviews with community pharmacists from Indonesia, Malawi, Nigeria, Portugal, Serbia, Spain, Turkey, Scotland, and Uruguay. The report explores how community pharmacists support patients in undertaking self-care, drawing on pharmacists' experiences in everyday practice. A few illustrative examples presented in this section are adapted from these interviews and highlight pharmacists' roles, approaches, and experiences in supporting self-care across a range of practice settings.

Pharmacists' role in supporting patients' self-care practices

Improving patient health literacy and education

Participants from the nine countries agreed on the role of pharmacists in educating patients about self-care practices, health conditions, and responsible medicines use to enhance patients' self-care management capabilities. The primary objective is to improve health literacy and empower patients to make informed decisions about their health and well-being. Pharmacists' support involves explicitly a comprehensive assessment of patient needs, tailored advice, providing accurate information and guidance, and appropriate referrals where necessary. Some participants place a strong emphasis on fostering self-awareness.

Providing self-care resources and tools

Participants from Spain, Nigeria and Scotland highlighted the important role of pharmacists in equipping patients with practical resources and tools to support self-care. Beyond providing advice, pharmacists described empowering patients to actively manage their health by introducing self-monitoring tools, such as blood pressure monitoring applications, and educating them on their appropriate use. Participants also emphasised the value of directing patients to trusted educational resources, including mobile applications, printed leaflets, and reputable online platforms such as the NHS website. These resources enable patients to make informed decisions and promote the ongoing self-management of their health conditions.

"In cases of hypertension, I educate patients about the condition, stress the importance of medication adherence, and encourage lifestyle changes like reduced salt intake and smoking cessation. I empower them with tools, like a blood pressure monitoring app, that allow them to track their health at home and stay connected with me for guidance based on their readings. This approach aims to not only address immediate health concerns but also foster a proactive attitude towards well-being." — Spain

Delivering personalised self-care support

Five participants underscored the importance of tailoring advice and medication to meet the unique needs of individual patients. This personalised approach is underpinned by comprehensive patient questioning and clinical assessment, enabling pharmacists to identify not only the presenting concern but also the underlying factors influencing the patient's health and self-care needs. Participants noted that patients require different levels of support and that social behaviours and cultural norms can influence self-care practices. These insights reinforce the importance of a holistic, patient-centred approach to delivering self-care support in pharmacy practice.

"In my approach to supporting patients in self-care, I prioritise understanding their needs and symptoms through thorough questioning and assessment. Let's consider the example of a sore throat, a common issue, especially in Europe's winter months. When a patient enters the pharmacy complaining about a sore throat, I engage in a conversation to ascertain the nature of their condition. I inquire about specific details such as irritation, any associated symptoms like headaches or pain, and whether they've been

taking antibiotics. This last question is crucial, as some pharmacies here allow antibiotics without prescriptions, which can lead to improper use. If bacterial infection isn't suspected, I educate them about their responsible medication usage and the importance of self-care. Assuming it's a standard sore throat, I might recommend over-the-counter remedies like lozenges or throat sprays. It's imperative to explain the necessity of seeking medical attention if fever is present or symptoms persist beyond a certain duration. In cases where streptococcal infection is a concern, I might suggest visiting a designated pharmacy for testing.” — Uruguay

Appropriate referral and follow-up

Appropriate referral and follow-up are critical to support self-care practice. Participants from Scotland and Uruguay shed light on the importance of pharmacists opting to refer patients to physicians where deemed necessary. This underscores collaboration with other healthcare professionals to ensure the continuity of care. Participants also placed a strong emphasis on follow-up through phone calls to monitor progress and address new developments. This approach is essential in ensuring that patients' conditions are effectively managed and any changes in their health status are promptly addressed.

“Follow-up is also essential. I, or a team member, make phone calls to check on their progress or address any new developments. Essentially, my approach involves actively initiating a dialogue with the patients, carefully diagnosing their symptoms, and ensuring appropriate follow-up, with a strong emphasis on education and responsible self-care practices.” — Uruguay

Pharmacists' needs

Access to continuous learning and professional development

Nearly all participants emphasised the need for ongoing education and training, including webinars and short courses, to strengthen pharmacists' capacity to support self-care. They highlighted the importance of developing communication, clinical assessment, critical thinking, referral decision-making, and digital health skills to deliver effective, evidence-based patient care.

“I'm a strong advocate for ongoing education, as the process of continuous professional learning is never-ending. I actively organise and participate in educational programmes to ensure that I stay updated and well-informed. Adapting to the evolving landscape is essential, and I prioritise continuous education to provide the best care possible.” — Turkey

Fair remuneration and recognition

Participants from Serbia, Nigeria, and Portugal suggested a reimbursement model that compensates pharmacists for self-care counselling through health insurance or direct patient payments. They emphasised that remuneration should recognise the value of pharmacists' expertise and prioritise the quality and impact of services on patient outcomes. Participants also highlighted the need to increase patients' recognition of the value of pharmacy services by reflecting pharmacists' contributions within reimbursement models.

“... we also face some challenges in providing self-care support to the pharmacy team. One of them is the lack of resources and incentives for us to help our patients. We do not have any official support from the government or the health system in Portugal. We also do not get paid for the extra time and effort we spend on teaching our patients how to use health apps and devices. Another challenge is the low value that some patients place on our services. They may not appreciate or understand the importance of self-care when they do not have to pay for it. Therefore, we need to find ways to overcome these barriers and promote self-care among our patients.” — Portugal

12 Implications and recommendations

The findings of this needs assessment highlight that self-care support is largely embedded in routine pharmacy practice. Pharmacists are regularly advising patients on common ailments, supporting the safe and appropriate use of non-prescription medicines and other self-care products, identifying situations that require referral, and helping patients navigate health information. At the same time, the findings indicate that the capacity to provide consistent, safe and comprehensive self-care support remains uneven.

The results point to an important distinction between the confidence of pharmacists in the delivery of routine self-care activities versus the lack of confidence in more complex situations. Respondents generally reported greater confidence in product selection and advice for frequently encountered common ailments, while lower confidence was observed in situations involving uncertainty, higher risk patients and more specialised areas of self-care. These findings are reinforced by respondents' requests for additional training relating to children and babies, patients with chronic conditions or higher risk needs, safe product selection and referral decisions.

Importantly, strengthening pharmacy supported self-care cannot rely on education alone. Respondents identified a wider set of barriers involving workload, access to patient information, clinical guidance, referral systems, digital infrastructure and remuneration. The findings therefore point towards the need for coordinated action across workforce development, professional practice, health system integration, policy and financing.

The following recommendations are proposed for pharmacists, governments, health systems, professional organisations, educators and other stakeholders seeking to strengthen pharmacy supported self-care.

1. Formally integrate pharmacists into self-care, primary health care and universal health coverage strategies

Governments and health systems should recognise pharmacists and pharmacy teams as an integral part of the self-care pathway and as accessible providers within primary health care. National self-care and primary health care strategies should clearly define the contribution of pharmacists to common ailment management, health education, health literacy, responsible use of non-prescription medicines and other self-care products, identification of red flags, and appropriate referral.

This recognition should be reflected in policy, regulation, service design and public communication. Greater clarity regarding pharmacists' roles can help move self-care support from an informal or incidental activity towards a more structured contribution to primary health care and universal health coverage.

2. Strengthen competency-based education and continuing professional development for self-care

Pharmacy education and continuing professional development should strengthen the clinical, communication and decision-making competencies needed for safe and effective self-care support.

Attention should be given to areas in which respondents reported greater need for support, including children and babies, people with chronic conditions or higher risk needs, safe product selection, management of unclear symptoms, recognition of red flags, and referral decisions. Training should also strengthen pharmacists' ability to address health literacy needs, support behaviour changes and respond to misinformation.

3. Develop accessible, practical and evidence-based decision support resources

Professional organisations, educators and health systems should prioritise the development and implementation of concise, trusted resources that can be used during routine consultations.

These should include:

- Quick reference clinical guidance;

- Symptom assessment algorithms;
- Red flag and referral checklists;
- Guidance on contraindications, interactions and safe product selection;
- Patient education materials designed for different levels of health literacy; and
- Credible digital decision support tools that can be readily integrated into routine practice.

The strong willingness reported by respondents to use credible digital resources creates an opportunity to support more consistent clinical assessment and counselling.

4. Strengthen pharmacists' contribution to health literacy and the response to misinformation

Health literacy should be treated as a core component of pharmacy supported self-care. Pharmacists should be equipped with practical approaches for communicating risk, explaining the limits of self-care, supporting informed choices and checking patient understanding.

Education and practice resources should promote structured communication approaches, including the use of plain language, visual materials, written instructions and techniques that confirm patient understanding.

5. Connect pharmacy supported self-care with wider health systems

Pharmacy supported self-care should be integrated into wider care pathways rather than operating in isolation. Health systems should strengthen formal referral arrangements between pharmacists, general practitioners, specialists, primary care services, public health services and urgent care.

Referral criteria and pathways should be clear and locally relevant, with mechanisms for communication and continuity where feasible. Access to appropriate patient information should also be strengthened, subject to relevant privacy and data governance requirements, so that pharmacists can make safer decisions about contraindications, interactions, existing conditions and current treatments.

Interprofessional collaboration should be encouraged through shared protocols, local care pathways and communication between providers. This is particularly important for higher risk patients and situations in which self-care may need to be combined with, or replaced by, further clinical assessment.

6. Create sustainable funding and service models for pharmacy supported self-care

Governments, health systems and payers should explore sustainable funding models that recognise the professional contribution involved in pharmacist provided self-care consultations.

Nearly half of respondents reported receiving no remuneration for self-care consultations, while reimbursement was also the least available enabling mechanism identified in the assessment. This creates a risk that services expected from pharmacists remain dependent on unpaid professional time and may be difficult to sustain alongside existing workload pressures.

7. Continue building the evidence base for effective and equitable pharmacy supported self-care

Further research and evaluation of implementation strategies are needed to understand which pharmacy supported self-care models are most effective, sustainable and adaptable across different health system contexts.

Future work should examine patient outcomes, access to care, referral appropriateness, patient experience, health literacy outcomes, health system utilisation and the economic value of pharmacist provided self-care support. Greater attention should also be given to equity, including whether pharmacy supported approaches improve access for underserved populations and how cost, geography, language and health literacy influence the ability to benefit from self-care.

Given the descriptive design and geographic concentration of responses within this needs assessment, future work should also seek broader participation across regions and undertake more detailed national and regional analyses.

13 Conclusions

The findings of this needs assessment show that pharmacists are providing advice on common ailments, helping patients select and use non-prescription medicines and other self-care products safely, identifying red flags, making referral decisions and supporting patients to navigate an increasingly complex information environment. For many people, the pharmacy is an accessible point of contact with the health system, creating an important opportunity to connect responsible self-care with primary health care and universal health coverage.

At the same time, the report shows that the full potential of pharmacy supported self-care has not yet been realised. Respondents reported confidence in many routine areas of practice, but greater uncertainty when consultations involve unclear symptoms, higher risk patients or more complex decision making. The need for further training is accompanied by wider system challenges, including time and workload pressures, limited access to patient clinical information, inconsistent availability of protocols and referral pathways, and insufficient remuneration.

The findings therefore point to a clear direction for action. Pharmacists and pharmacy teams need to be recognised, equipped, connected and sustainably supported. Recognition means formally integrating their contribution into self-care, primary health care and universal health coverage strategies. Equipping the workforce means investing in practical education, trusted clinical guidance, patient resources and credible digital tools. Connecting pharmacy with the wider health system requires better access to relevant clinical information, stronger interprofessional collaboration and clear referral pathways. Sustainable support requires service models and funding arrangements that recognise the professional value of self-care consultations.

Pharmacy supported self-care is a pathway through which pharmacists can support health literacy, responsible use of medicines and health products, early identification of risk, timely referral and informed patient decision making. Strengthening this pathway offers an opportunity to improve access to trusted health advice, make better use of health workforce capacity and support more person-centred and sustainable health systems.

Realising this opportunity will require coordinated action by governments, professional organisations, educators, health systems, payers, and the pharmacy profession. By embedding pharmacists more deliberately within self-care and primary health care pathways, and by providing the workforce with the competencies, tools, connections and enabling conditions needed to practise effectively, health systems can strengthen responsible self-care as a practical contributor to better health, greater equity, and progress towards universal health coverage.

Annex: Survey questions

The survey questions below are presented in a simplified format for reference. Internal survey programming instructions, display logic, comments and implementation notes have been removed. Some questions were shown only where relevant based on respondents' previous answers.

Screening question

Do you currently practise or work in a community pharmacy or primary health care setting?

- ☐ Yes
- ☐ No

Section A: Respondent profile and practice context

A1. What best describes your main practice setting?

- ☐ Community pharmacy – independent
- ☐ Community pharmacy – chain / multiple / corporate
- ☐ Primary care / primary healthcare clinic or medical centre-based pharmacy
- ☐ Hospital outpatient pharmacy, primary health care focused
- ☐ Other (please specify)

A2. In which country do you currently practise?

[Drop-down list]

A3. What is your current role?

- ☐ Community pharmacist (staff / employed)
- ☐ Community pharmacist (manager / owner)
- ☐ Pharmacist in primary care or clinic-based setting (clinical / specialist)
- ☐ Trainee pharmacist / intern / pre-registration pharmacist
- ☐ Pharmacy technician or pharmacy support staff
- ☐ Other (please specify)

A4. How many years have you been practising in your current professional role?

[Numeric entry] years

A5. On average, how often do you provide advice or support related to self-care in your practice?

Very often (daily) / Often (a few times a week) / Sometimes (less than once a week) / Rarely (less than once a month) / Never / Not sure (cannot estimate)

Section B: Understanding routine self-care practice

B1. Approximately what proportion of your routine practice time is spent on self-care-related support or services?

- ☐ Less than 10%
- ☐ 10–24%
- ☐ 25–49%
- ☐ 50–74%
- ☐ 75% or more
- ☐ Not sure

B2. How many pharmacists are usually available in your practice setting during routine service hours?

- ☐ 1
- ☐ 2
- ☐ 3 or more
- ☐ Not sure

B3. When referral is needed, which services or professionals do you refer to in your routine practice? Select all that apply.

- ☐ General practitioner / family physician
- ☐ Primary health care clinic
- ☐ Public health service (e.g. vaccination/screening clinic)
- ☐ Emergency department / urgent care
- ☐ Specialist physician
- ☐ Another pharmacist / pharmacy service
- ☐ Other (please specify)

B4. In your main practice setting, are self-care consultations/services formally remunerated or funded in any way?

- ☐ Yes, through a national/public scheme
- ☐ Yes, through insurer or payer arrangements
- ☐ Yes, through employer/private service arrangements
- ☐ No
- ☐ Not sure

If yes: B4a. Which services are covered through these remuneration arrangements?

Select all that apply.

- ☐ Minor ailments / common ailments consultations
- ☐ Point-of-care testing
- ☐ Preventive health or screening services
- ☐ Medication-related self-care support
- ☐ Other (please specify)

B5. Does your practice setting provide structured training for pharmacy support staff or technicians in self-care support?

- ☐ Yes
- ☐ No
- ☐ Not sure
- ☐ Not applicable (no support staff/technicians involved)

Section C: Clinical decision-making and safety

C1. How do you typically assess contraindications or potential interactions when recommending an OTC medicine or self-care product? Select all that apply

- ☐ Ask the patient about their medical conditions
- ☐ Ask the patient about medicines they are currently taking
- ☐ Check the patient's medication history in pharmacy records (if available)
- ☐ Use drug interaction software or databases
- ☐ Consult clinical guidelines or reference materials
- ☐ I do not routinely assess contraindications or interactions
- ☐ Other (please specify)

C2. Which structured tools or resources do you use during self-care consultations? Select all that apply

- ☐ Clinical algorithms
- ☐ Symptom checklists
- ☐ Treatment guidelines
- ☐ Red-flag lists
- ☐ Digital decision-support tools
- ☐ Protocol flowcharts
- ☐ My own expertise and knowledge
- ☐ None
- ☐ Other (please specify)

C3. How do you typically adapt your counselling when supporting patients who may have low health literacy?*Response scale:**Routinely / Sometimes / Rarely / Never / Not applicable*

- Use simpler language
- Provide visual aids or demonstrations
- Use teach-back method (ask patient to repeat instructions)
- Provide written instructions
- Spend more time on the consultation
- Involve a caregiver/family member, where appropriate

C4. Which situations would more commonly tend to make a referral (with or without an element of self-care management)?

- ☐ Red-flag symptoms
- ☐ Symptoms lasting longer than expected
- ☐ Severe symptoms
- ☐ Suspected medicine-related problem
- ☐ Presence of comorbidities
- ☐ Pregnancy / breastfeeding
- ☐ Very young child / older adult with complexity
- ☐ Failure of previous self-care attempt
- ☐ Uncertainty about diagnosis or appropriateness of self-care
- ☐ Patient request / preference
- ☐ Other (please specify)

Section D: Knowledge and confidence in self-care consultations**D1. How confident are you in the following aspects of self-care consultations?***Response scale: Very confident / Confident / Somewhat confident / Not very confident / Not confident at all*

Selecting an appropriate OTC product

Advising on non-pharmacological self-care

Recognising red flags and identifying when referral is needed

Advising patients with chronic conditions or higher risk needs (older adults, pregnant, breastfeeding patients)

Advising patients with low health literacy

Managing uncertainty when symptoms are unclear

Explaining safe use of self-care medicines or products

D2. For the following self-care categories, how confident are you in advising patients during self-care consultations? Please consider your current level of knowledge and experience when responding*Response scale: Very confident / Confident / Somewhat confident / Not very confident / Not confident at all*

Pain relief / fever

Cold and flu / respiratory symptoms

Digestive health

Liver health

Constipation

Diarrhea

Pre- and probiotics

Allergy

Sleep and stress-related self-care

Vitamins and supplements

Smoking cessation

Dermatology / skin conditions

Women's sexual health (intimate health, contraception, EC); Men's Sexual Health Weight management and lifestyle-related self-care

Vaccination

D3. In which areas do you feel you most need additional knowledge, training or support?

- ☐ Safe OTC product selection criteria
- ☐ Red-flag recognition and referral decisions
- ☐ Counselling patients with chronic conditions or higher-risk needs
- ☐ Children and babies
- ☐ Women's health
- ☐ Supporting patients with low health literacy
- ☐ Behaviour change support
- ☐ Nutritional and dietary support
- ☐ Managing patient misinformation or conflicting patient information
- ☐ Managing uncertainty when symptoms are unclear
- ☐ Other (please specify)

Section E: Barriers, enablers and system conditions

E1. To what extent do the following limit your ability to provide effective self-care support?

Response scale: Yes / Somewhat / No

- Time and workload pressure
- Limited training opportunities
- Limited access to up-to-date information
- Limited privacy / consultation space
- Limited access to patient clinical information
- Lack of clear protocols or guidelines
- Lack of formal referral pathways
- Lack of reimbursement / remuneration
- Limited digital tools

E2. Which of the following are available in your setting?

Response scale: Yes / No / Not sure

- Written protocols or guidance for self-care consultations
- Access to clinical information or patient records
- Formal referral pathway to another health professional
- Private consultation area
- Digital/online decision-support tools
- Reimbursement or remuneration for self-care services
- Collaboration with primary health care providers

E3. Which system changes would most improve the quality of self-care support in your practice setting?

- ☐ More training opportunities
- ☐ Better access to clinical guidance or protocols
- ☐ Easier referral pathways
- ☐ Access to patient records or clinical information
- ☐ More consultation time
- ☐ Reimbursement / funding for self-care services
- ☐ Extended scope of practice
- ☐ Better access to digital tools
- ☐ More patient education resources
- ☐ Greater public or governmental recognition of pharmacists' role
- ☐ Other (please specify)

Section F: Information sources and trust in practice

F1. Which information sources do you use most often during or when preparing for self-care consultations?

- ☐ National clinical guidelines
- ☐ Local pharmacy protocols / SOPs
- ☐ Product information / package inserts
- ☐ Continuing professional development materials
- ☐ Professional leadership body/association resources

- ☐ Colleagues / peer advice
- ☐ Manufacturer materials
- ☐ Scientific journals or research articles
- ☐ General health websites
- ☐ Mobile apps / digital tools
- ☐ Personal experience
- ☐ Other (please specify)

F2. In general, how confident do you feel in the information sources you have available (including digital and online sources) and your ability to assess whether this information is credible and appropriate for patient self-care?

- ☐ Very confident
- ☐ Confident
- ☐ Somewhat confident
- ☐ Not very confident
- ☐ Not confident at all

F4. How often do patients present misinformation or conflicting information from online or social media sources during self-care consultations? *Very often (daily) / Often (a few times a week) / Sometimes (a few times a month) / Rarely (less than once a month) / Never / Not sure (cannot estimate)*

Section G: Patient demand and observed needs

G1. Which self-care topics do patients most frequently seek advice on in your practice? *Select up to 5.*

- ☐ Pain relief / fever
- ☐ Cold and flu / respiratory
- ☐ Digestive health
- ☐ Liver health
- ☐ Constipation
- ☐ Diarrhea
- ☐ Pre- and probiotics
- ☐ Allergy
- ☐ Sleep and stress-related self-care
- ☐ Vitamins and supplements
- ☐ Smoking cessation
- ☐ Dermatology / skin conditions
- ☐ Women's sexual health (intimate health, contraception, EC); Men's Sexual Health
- ☐ Weight management and lifestyle-related self-care
- ☐ Vaccinations
- ☐ Other (please specify)

G2. In your experience, what are the most common patient-related challenges in self-care consultations?

- ☐ Patients having unrealistic expectations about what OTC products can achieve
- ☐ Low health literacy or limited understanding of symptoms or conditions
- ☐ Preference for self-medication when referral is needed
- ☐ Confusion due to online or social media information
- ☐ Cost of products
- ☐ Difficulty following instructions
- ☐ Cultural or language barriers
- ☐ Other (please specify)

Section H: Future needs and preferred support formats

H1. What types of tools would most help you strengthen self-care consultations in practice?

- ☐ Quick reference clinical guidance documents
- ☐ Decision-support tools for consultations
- ☐ Red-flag checklists

- ☐ Patient education leaflets
- ☐ Referral criteria tools
- ☐ Symptom assessment algorithms
- ☐ Digital tools / apps for consultation support
- ☐ Translated patient materials
- ☐ Other (please specify)

H3. Which learning formats do you prefer for professional development in self-care?

- ☐ Online self-paced learning
- ☐ Live webinars
- ☐ Hybrid learning
- ☐ Face-to-face workshops
- ☐ Short videos (<10 minutes)
- ☐ Case-based discussions
- ☐ Peer learning or discussion groups
- ☐ Conferences

H4. To what extent would you be willing to use credible digital tools or resources more frequently to support self-care consultations in your practice?

- ☐ Definitely would
- ☐ Probably would
- ☐ Not sure
- ☐ Probably would not
- ☐ Definitely would not

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