European Directorate for the Quality of Medicines & HealthCare | Direction européenne de la qualité du médicament & soins de santé

Webinar

Resolution on the implementation of pharmaceutical care:

A step forward in the promotion of the appropriate use of medicines and of patient care

Dr Martin C Henman

Associate Professor
School of Pharmacy & Pharmaceutical Sciences
Trinity College Dublin

Rapporteur
Working Party Pharmaceutical Care Resolution
EDQM

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Coláiste na Tríonóide, Baile Átha Cliath
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Outline of today's programme

- Introduce the Resolution and Pharmaceutical Care
  - **Implementation of Pharmaceutical Care in Community Pharmacy at a national level**
  - **Implementation of Pharmaceutical Care in Hospital at an institutional level**
  - **Research into the implementation of Pharmaceutical Care in a region of Europe**
- Question and Answer session
- Concluding remarks

The Resolution

- Document drafted by Working Party (16 countries; mulitdisciplinary), assessed by EDQM, reviewed by the Council of Europe and presented to the Committee of Ministers for adoption on March 11, 2020.
- The document has a formal structure intended for Ministers, public officials and policy makers.
- Consists of two parts;

1) Statement of the aims of the Council of Europe and listing the policies, resolutions and other relevant documents of the EDQM and other relevant bodies, such as the WHO and FIP
2) An Appendix sets out the description and explanation together with information and ideas that support the resolution.

Appendix to Resolution CM/Res(2020)3

1. Definition of pharmaceutical care
2. Patient care and the pharmaceutical care process
3. Pharmaceutical care and related pharmacy services
4. Services provided in the hospital setting
5. Services specific to public health and population health
6. Implementation of pharmaceutical care within the health system
7. Promotion of pharmaceutical care

Individual patient care

- Pharmaceutical Care is about individuals and helping them to get the best out of their medicines
- Problems with medicines use are prevalent because of the dysfunctional medicines use process
- The consequences are; poor selection of medicines, poor use of medicines by patients, poor monitoring of the effects of medicines and delayed intensification of treatment with medicines
- Pharmacists need to work with patients to identify these problems and to address them, because patients, not health care professionals, determine how and when they use their medicines
- And, pharmacists need to collaborate with prescribers, and with other carers when appropriate, to ensure that care is co-ordinated, safe and that continuity is maintained

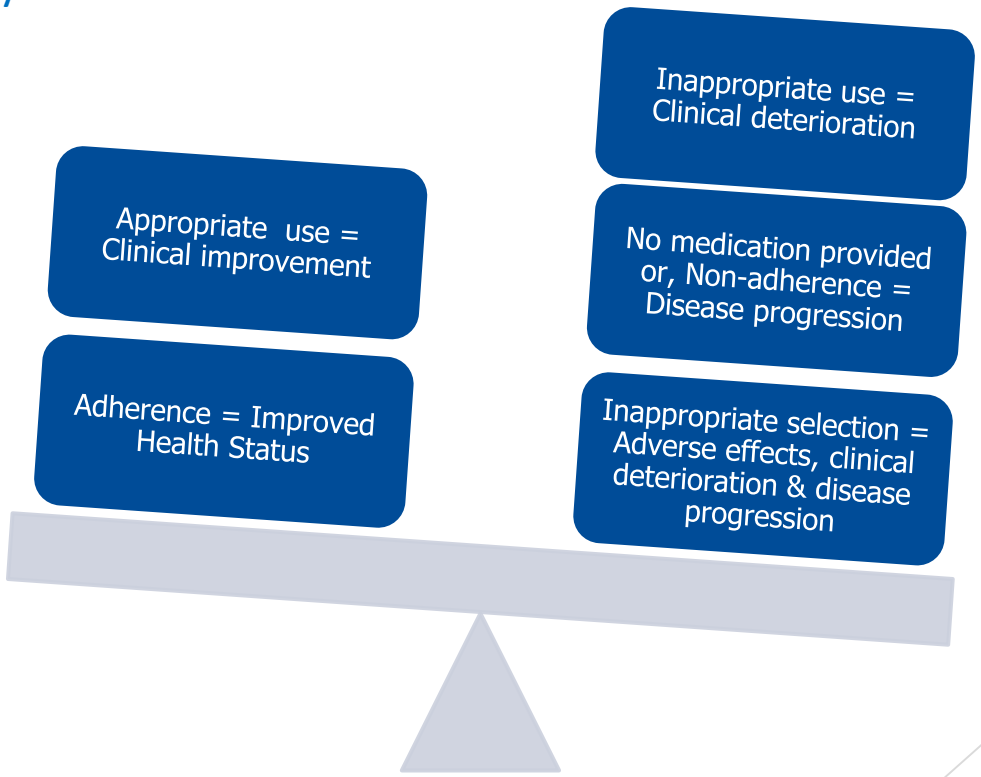
Medication use – Benefits and Risks

Benefit

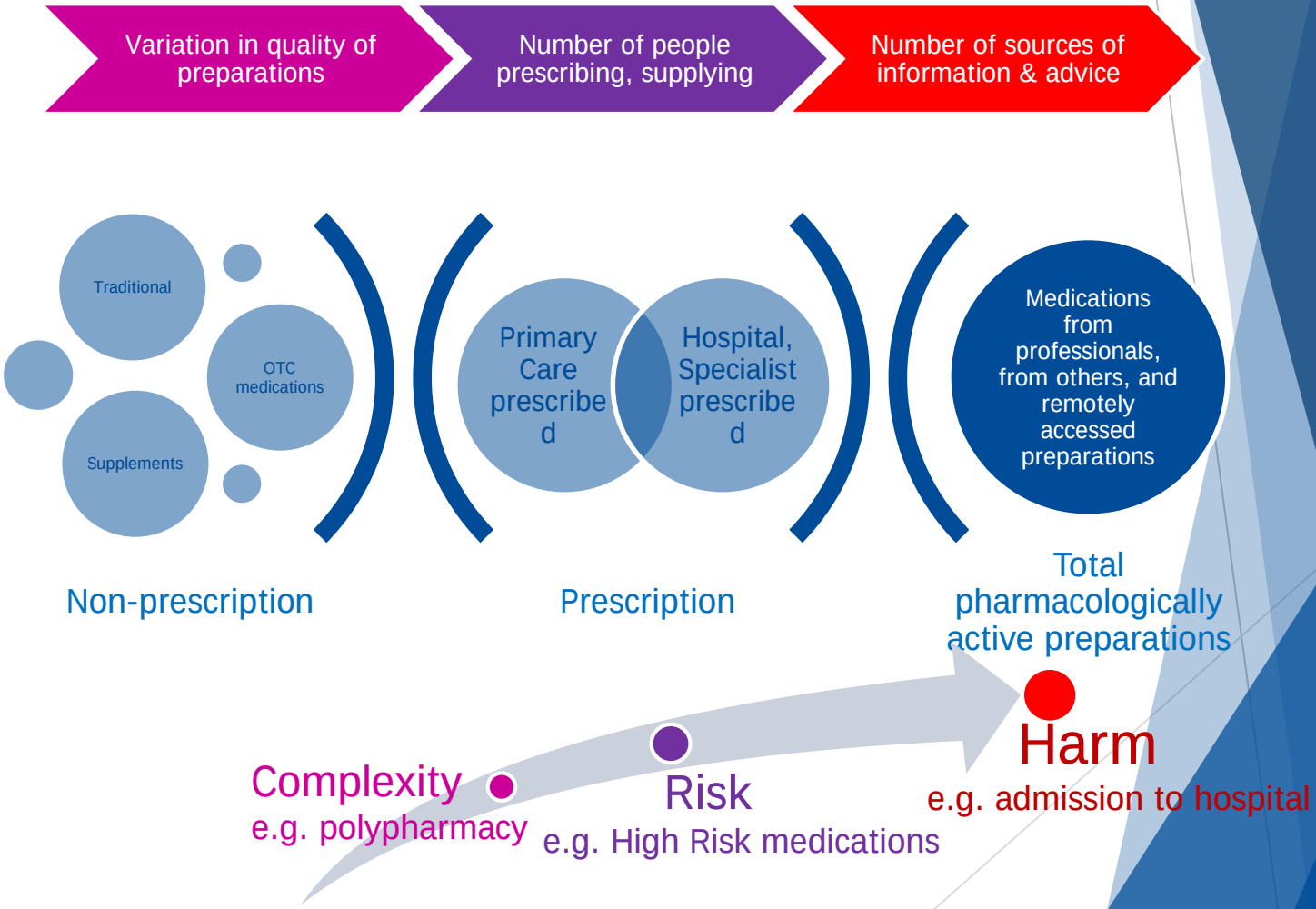
Reduced morbidity
& mortality
Value for money

Risk

Increased hospitalisation
Increased mortality
Higher Healthcare expenditure



Complexity of medications used and obtained by people



Medication use must be improved

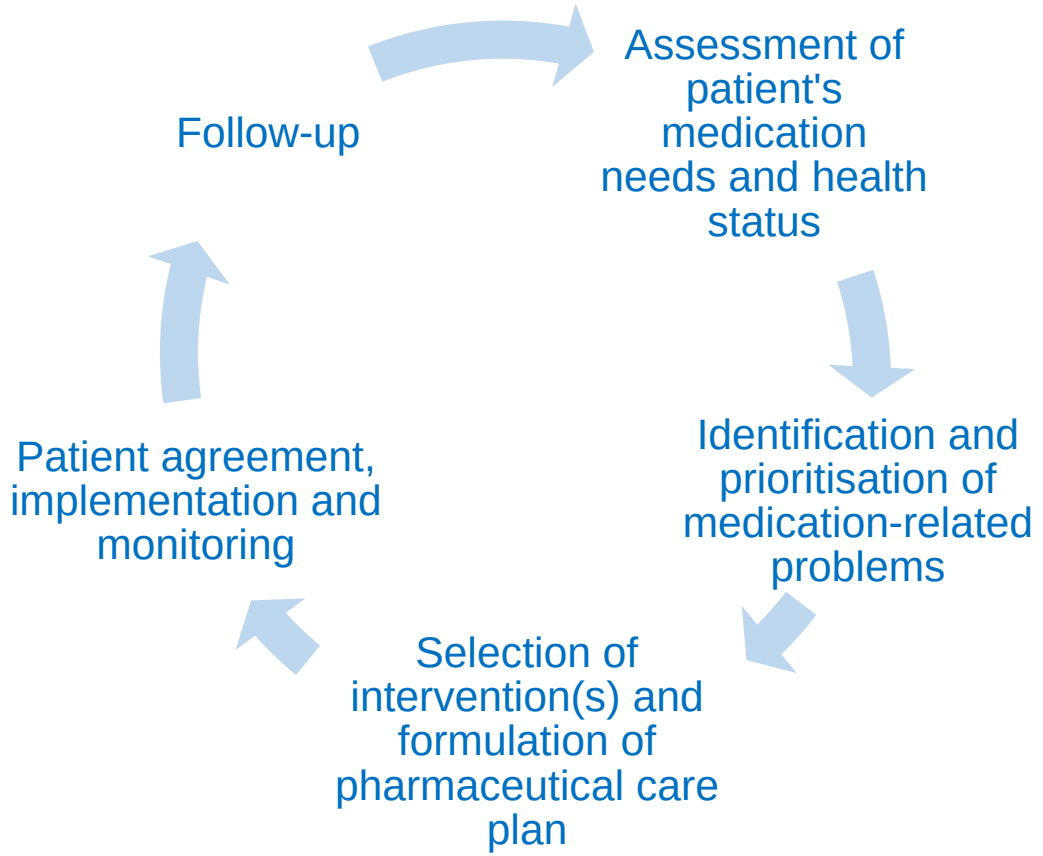
- Nonoptimized medication regimens cost patients and payors in the United States more than $528 billion in additional health care expenses each year.
- Around 1 in 10 admissions to hospital in OECD countries may be the result of medication-related harm
- 1 in 5 hospital patients experience medication-related harm according to the OECD
- Global cost associated with medication errors has been estimated at US$42 billion annually
- Estimates of medication errors in Europe (based on data from Spain, Germany and the US) suggest there could be between 60,000 and 131,000 medication error-related deaths per year

- *"Medicines are powerful tools for protecting health. But medicines that are wrongly prescribed, taken incorrectly or are of poor quality, can cause serious harm," Dr Tedros Adhanom Ghebreyesus, WHO Director-General.*

Why do these problems continue to worsen?

- Need to address poor medicines use is not acknowledged by health services or policy makers
- Regulatory frameworks and Health Policy address the Medication Use Process in a piecemeal fashion
- Pharmacists act as patient advocates or liaison concerning medication use, but neither they, nor the need for the role, are recognised by health service
- No engagement with public about medications and health
    - Expectations and attitudes

The Pharmaceutical Care Process



- Patient centred process
- Pharmacist's responsibility
- Shared with patients
- Shared with other healthcare professionals
- Structured approach to optimise medication use

Successful implementation of pharmaceutical care in community pharmacy settings - Example from Belgium

Jan Saevels, *PharmD, PhD*

Scientific Director APB (Association of Pharmacists Belgium)

jan.saevels@apb.be

EDQM Webinar 26 01 2023

BELGIUM

- Federal state
- Founding member of the European Union
- Hosts EU's and NATO’s headquarters
- Population: ~11 million
- 3 official languages: Dutch, French, German
- 3 regions
  - Flanders (North)
  - Brussels (Capital)
  - Wallonia (South)

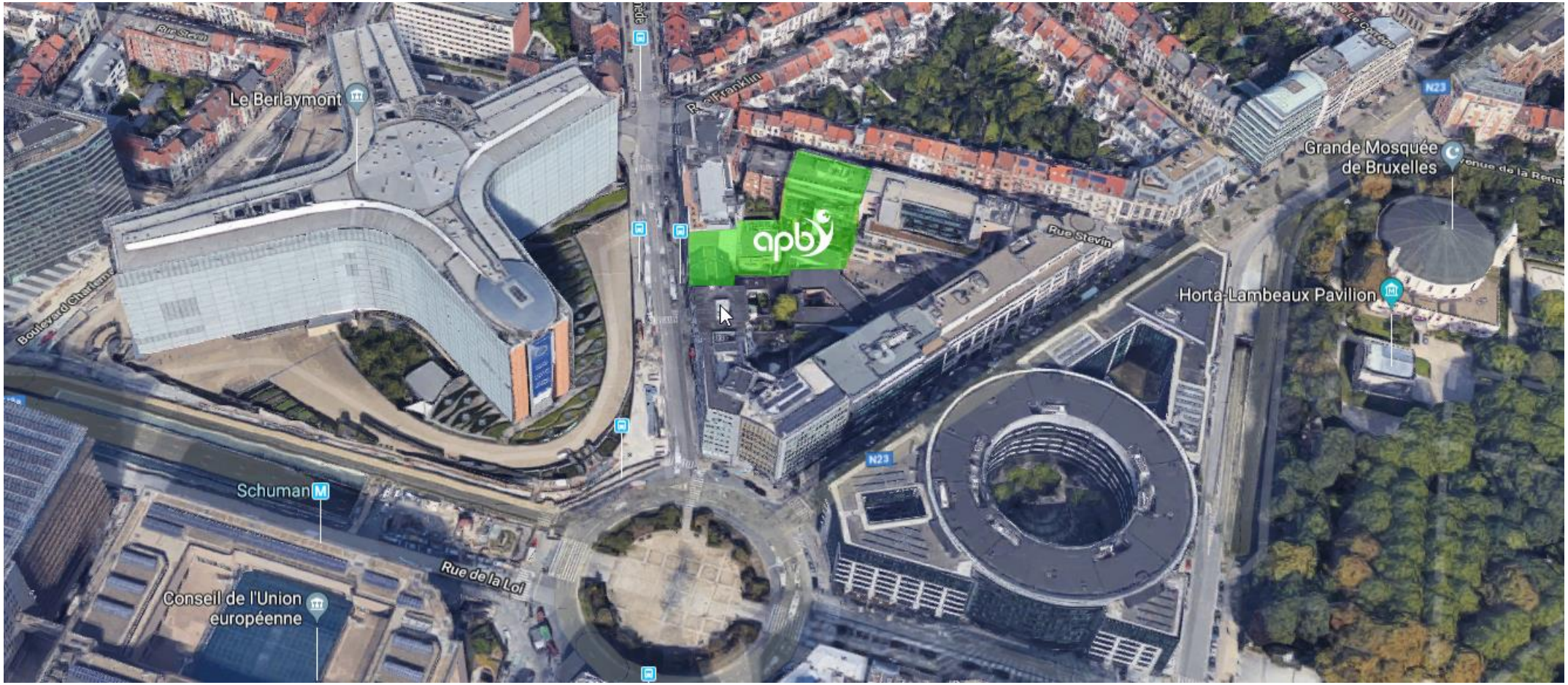
BELGIAN HEALTHCARE & PHARMACY

- Public health insurance
- Third party payment with patient co-payment
- Medicines are available in pharmacy only
- Establishment regulation
- 4600 community pharmacies
- Always a pharmacist present
- 9 Universities offering Master in Pharmaceutical Care (or Pharmaceutical Sciences)

APB - Association of Pharmacists in Belgium

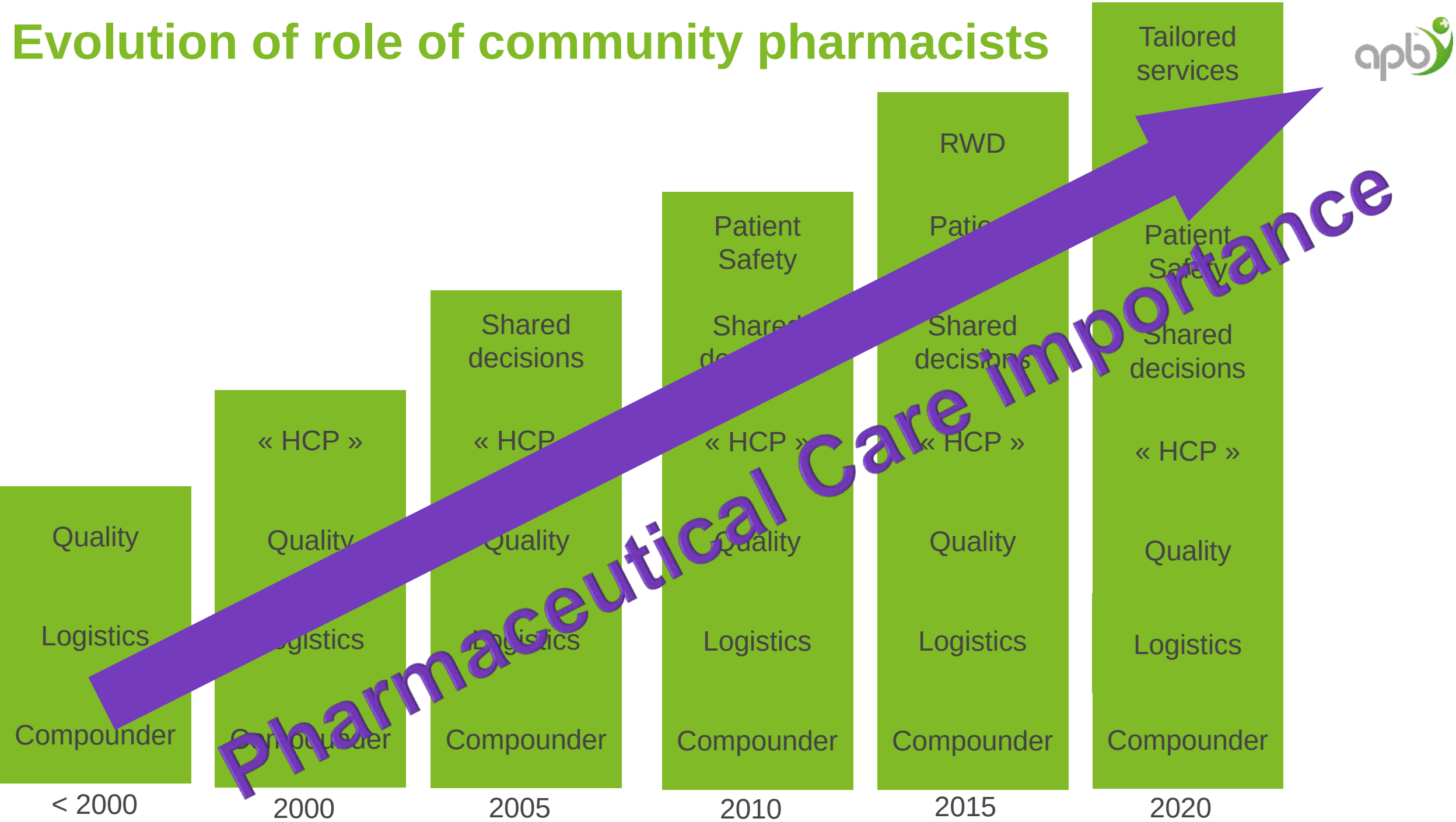
- National federation of professional associations of independent community pharmacies
- Representing >95% of independent pharmacies and >85% of all community pharmacies in Belgium
- Our mission?
  Support, develop and promote the community pharmacist ‘s added value to the benefit of the patients’ health
- Staff : ~120 (30 pharmacists)
- Member of PGEU, FIP, PCNE, etc.
- Collaboration with Belgian Chamber of Pharmacists, Federal Agency for Medicines and Health Products, etc.

APB is located in the heart of Europe



Evolution of role of community pharmacists

Evolution of role of community pharmacists



Belgian Community Pharmacists

J

what are good examples of implementation of pharmaceutical care in community pharmacy in Belgium?

Pharmaceutical care in community pharmacy in Belgium typically involves pharmacists providing a range of services to patients, such as medication therapy management, disease state management, and health screenings. Some examples of specific implementation of pharmaceutical care in community pharmacies in Belgium include:

1. Medication therapy management: Pharmacists review patients' medication regimens and make recommendations for changes to optimize therapy and prevent adverse drug events.
2. Disease state management: Pharmacists provide counseling and support to patients with chronic conditions, such as diabetes, hypertension, and asthma.
3. Health screenings: Pharmacists conduct screenings for conditions such as blood pressure and cholesterol levels and provide counseling on lifestyle changes to improve health.
4. Vaccination: Pharmacists in Belgium are authorized to give certain vaccinations, such as flu shots and pneumococcal vaccinations, to patients.
5. Medication Adherence: Pharmacists can help patients with medication adherence, ensuring that they take the right medication at the right time.
6. Electronic prescribing : Electronic prescribing (e-prescribing) is a system for prescribing medication that is becoming more prevalent in Belgium. E-prescribing allows for improved accuracy and efficiency in prescribing medication and can reduce the chance of medication errors.

These are just a few examples, but there are many other ways that pharmacists in Belgium can provide pharmaceutical care to patients in the community.

OpenAI

Soon…

Correct!

Pilot projects

Not quite

Correct!

Correct!

Key Steps on different Axes (1/3)

« Quality of Products »
1952 : Quality Assurance of medicines (no-fault responsability)
2017 : Quality Assurance of compounded medicines

« Policy Framework »
2009 : ***Pharmaceutical Care*** written down in Royal Decree
- Basic Pharmaceutical Care
- Advanced Pharmaceutical Care

1 - Reception and administrative control
2 - Validation of the request
3 - Dispensing - Information and Advice
4 - Registration
5 - Follow-up

« Remuneration »
2010 : - basic pharmaceutical care fee for every reimbursed medicine dispensed
- specific fees for specific advanced pharmaceutical care services

Key Steps on different Axes (2/3)

« Information and Communication Technology »
1990 : Product Databases – billing, invoicing, stockkeeping
2000 : Electronic Patient Records - Clinical Decision Support Systems
2010 : Shared Pharmaceutical Records
2015 : e-prescribing
2020 : point-of-dispensing : linking to official Belgian Vaccination and Testing databases

« Continuous Education »
2015 : Compulsory accreditation system (# credits / year)

« co-decision making »
2012 : INN prescription & compulsory substitution for some therapeutic classes
2015 : Interprofessional collaboration – local GP-pharmacist meetings

Key Steps on different Axes (3/3)

« Advanced Pharmaceutical Care services »
2013 : New Medicines Service : counseling asthma patients starting ICS
2017 : Counseling all asthma patients
2017 : « Family Pharmacist » service

Family Pharmacist

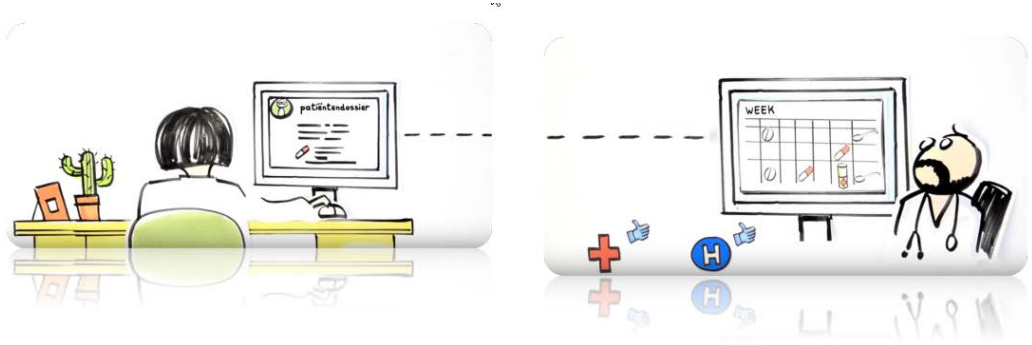
Patient centered advanced pharmaceutical care

“Your family pharmacist is the community pharmacist you choose to accompany and follow your medication use. He or she manages your pharmaceutical record and offers pharmaceutical care throughout your personal care path.”

Elegibility criteria

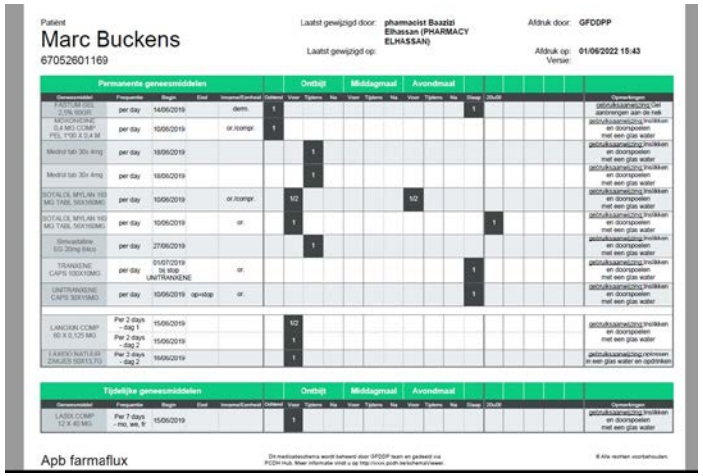
- ❑ Patients living at home
- ❑ In same Pharmacy: during 1 year at least 5 reimbursed medicines including 1 chronic (160DDD)
- ❑ eHealth consent
- ❑ Signing agreement “My pharmacist knows me, I sign up!”

Family Pharmacist

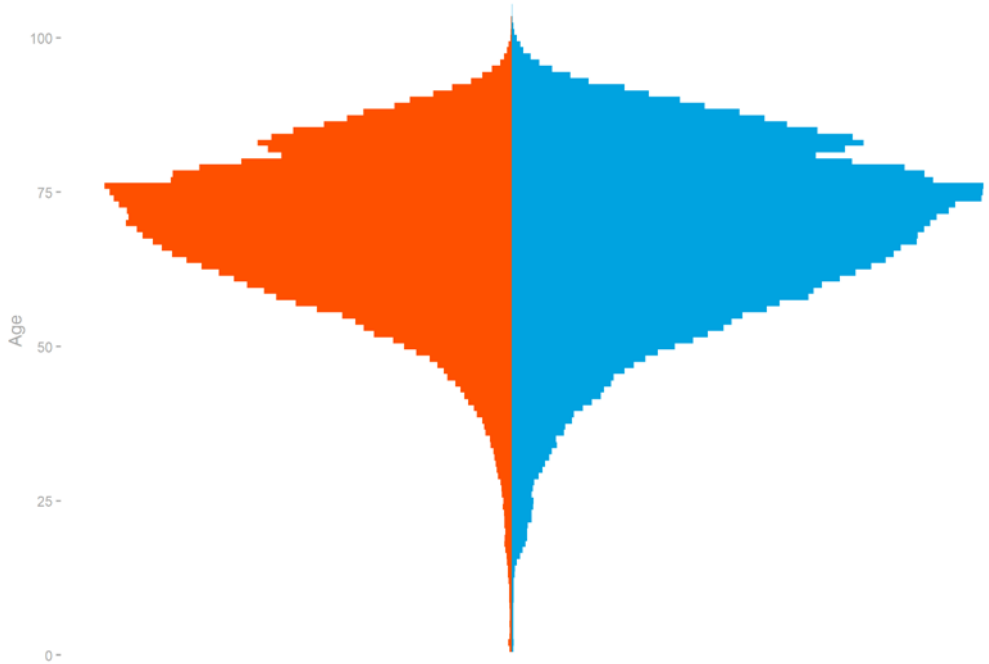


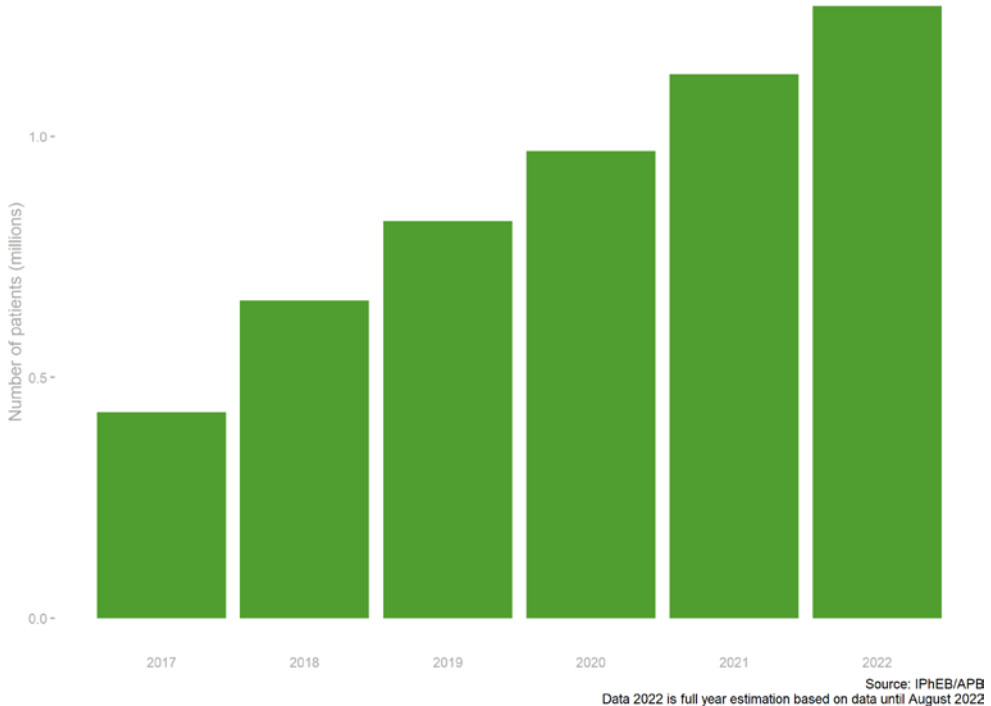
What does the patient get in return ?

- ❑ Single point of contact for information about his/her drug therapy (medication management)
- ❑ Management of (shared) pharmaceutical record
- ❑ Up-to-date medication plan, shared with patient and other caregivers (if therapeutic relationship)



Family Pharmacist





Some numbers

- ❑ Yearly fee for pharmacist (about € 33)
- ❑ No patient copayment for this service
- ❑ Age distribution
- ❑ Number of patients growing (> 1.2 million)

Key Steps on different Axes (3/3)

« Advanced Pharmaceutical Care services »
2013 : New Medicines Service : counseling asthma patients starting ICS
2017 : Counseling all asthma patients
2017 : « Family Pharmacist » service
2020 : prescribing rights for influenza vaccine
2021 : COVID testing
2022 : COVID vaccination
2023 : Benzodiazepine tapering
2023 : Medication Use Review

« Prevention »
2000 : raising awareness, health promotion campaigns, immunization, …
2020 : domestic violence and colon cancer screening

How can all of this work ?

Continuous Experiments / Pilot Projets / Proof of Concept
Asthma – COPD – diabetes risk screening – osteoporosis – integrated care – medication review – transition of care – etc.

Monitoring
Using Real World Data, captured in (near) real-time
Implementation and outcome
Feedback loops

Quality Management
2009 : Compulsory QMS
2012 : Compulsory Internal Audit
2023 : Compulsory External Audit

Still room for improvement

Where Belgium needs further evolution *to the benefit of patients and health systems*

Interprofessional collaboration on specific patients with a shared therapeutic plan, shared goals & shared records (& shared remuneration?)

From CE to CPD

POCT / Screening

Repeat dispensing – prescribing rights

Etc.

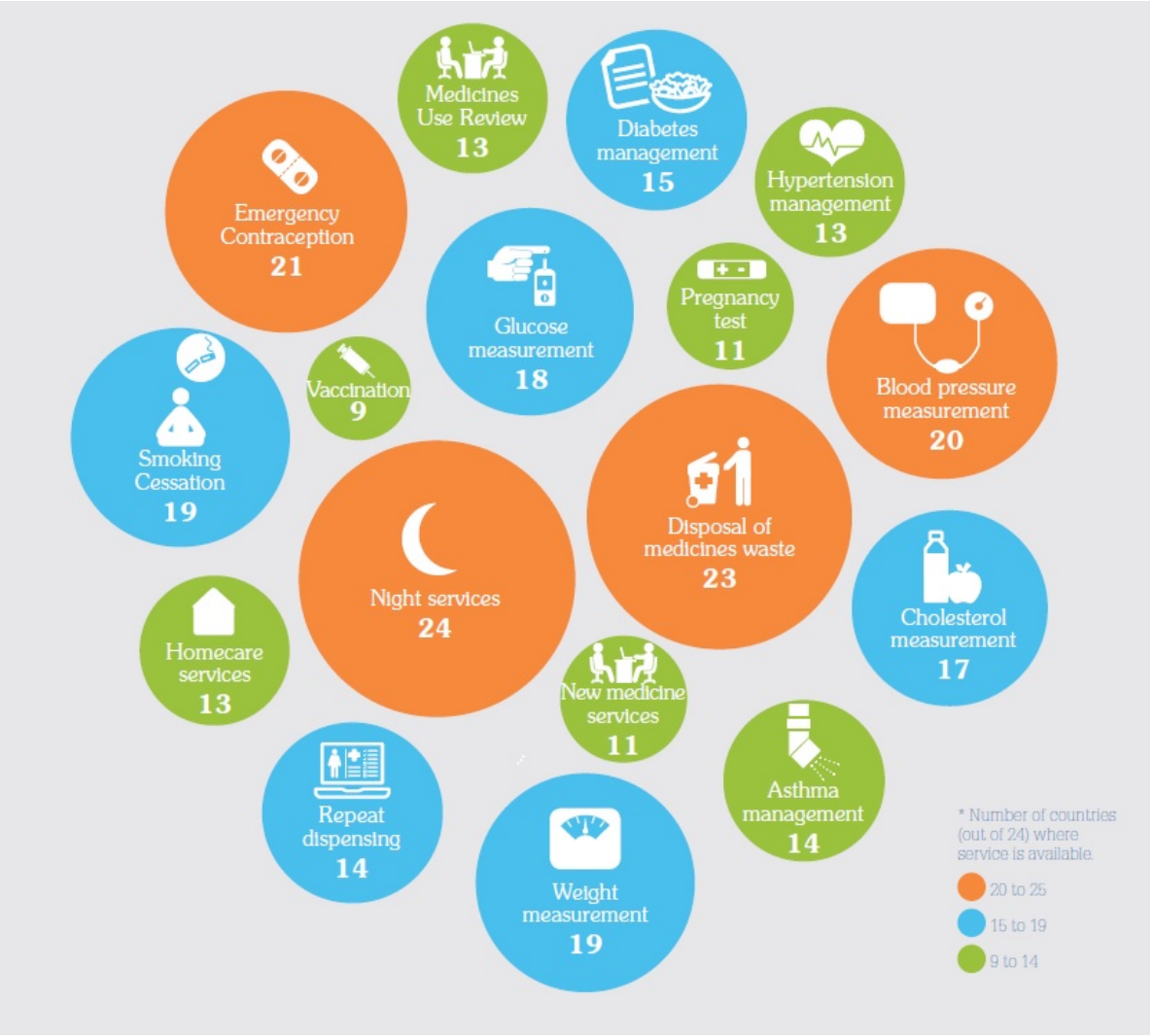
Further reading and examples

PHARMACY SERVICES IN EUROPE: EVALUATING TRENDS AND VALUE

(December 2020)

INSTITUTE FOR EVIDENCE BASED HEALTH

Advancing Knowledge
Transforming Healthcare



Available from https://www.pgeu.eu/pharmacy-services/

Thank you!

Développer, valoriser et soutenir l’expertise du pharmacien d’officine indépendant au service de la santé de ses patients
De meerwaarde van de zelfstandige apotheker voor de gezondheid van zijn patiënt ontwikkelen, ontplooien en ondersteunen

www.apb.be

Successful implementation of pharmaceutical care and interprofessional cooperation in hospital settings - Example from Estonia

Jana Lass

Clinical pharmacists

Tartu University Hospital /University of Tartu

Estonia

Estonian health care system

- Population 1.3 million
- Health care system publicly funded through solidarity-based mandatory health insurance
- e-prescription system established in 2010 for primary care
  - 99.9% of prescriptions are handled online
  - System shares data with the e-Patient Portal
- 19 public hospitals included in the Hospital Network Development Plan
- Prescriptions at the hospitals are mostly paper-based - possibilities for the pharmacists to interact

Training and standards of competence

- Pharmacists are trained at the Faculty of Medicine, University of Tartu - only medical school in Estonia
- Two health colleges teach pharmacy assistants
- Health Board registry of doctors, dentists, nurses and pharmacists
  - registering is for life
  - no speciality of clinical pharmacy
- Clinical pharmacists mentioned at the “National Medicines Policy up to 2030” document as a providers of new service

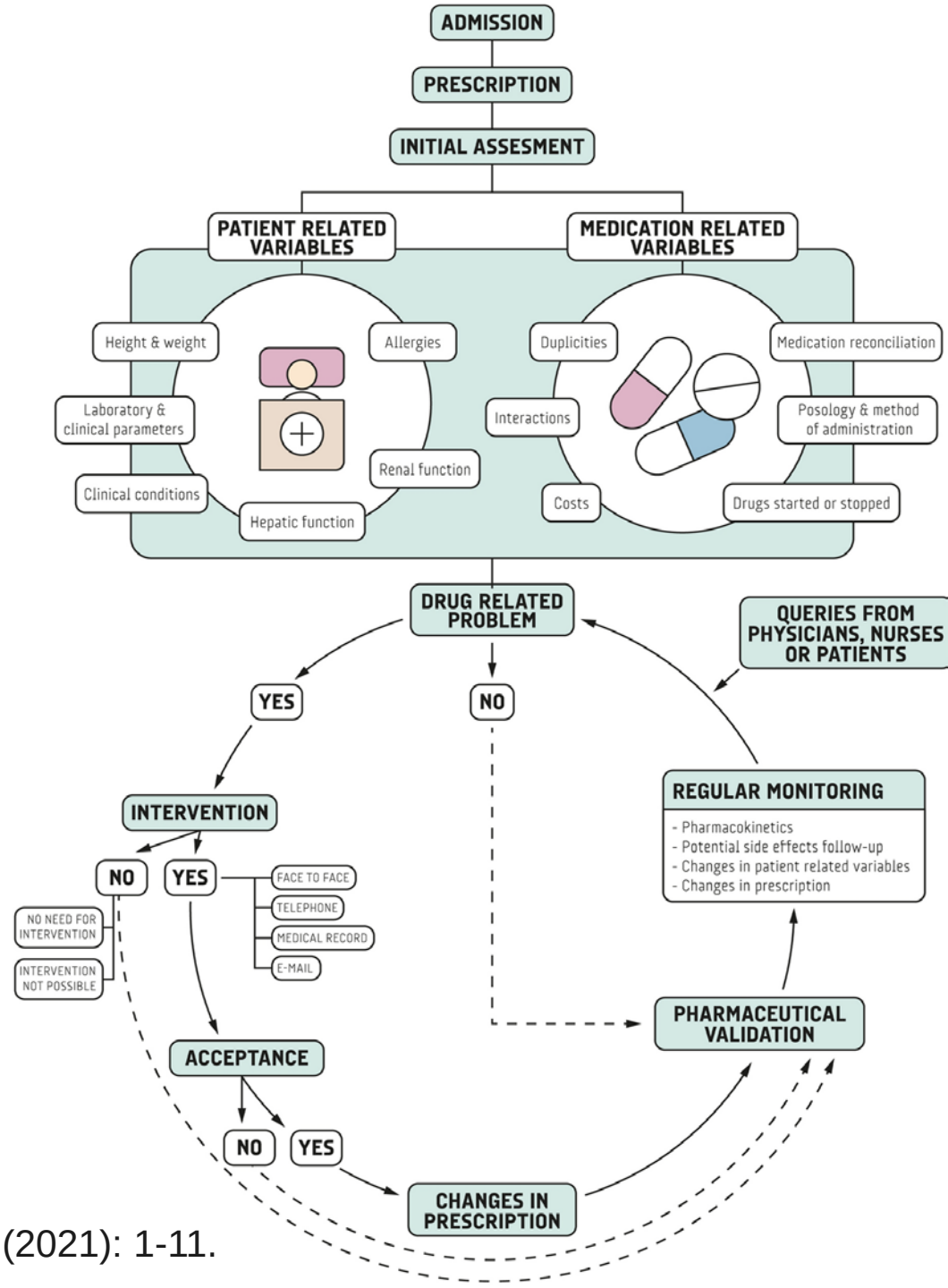
Habicht T, *et al*., Estonia: Health system review. Health Systems in Transition, 2018; 20(1): 1 - 193

Who is clinical pharmacist?

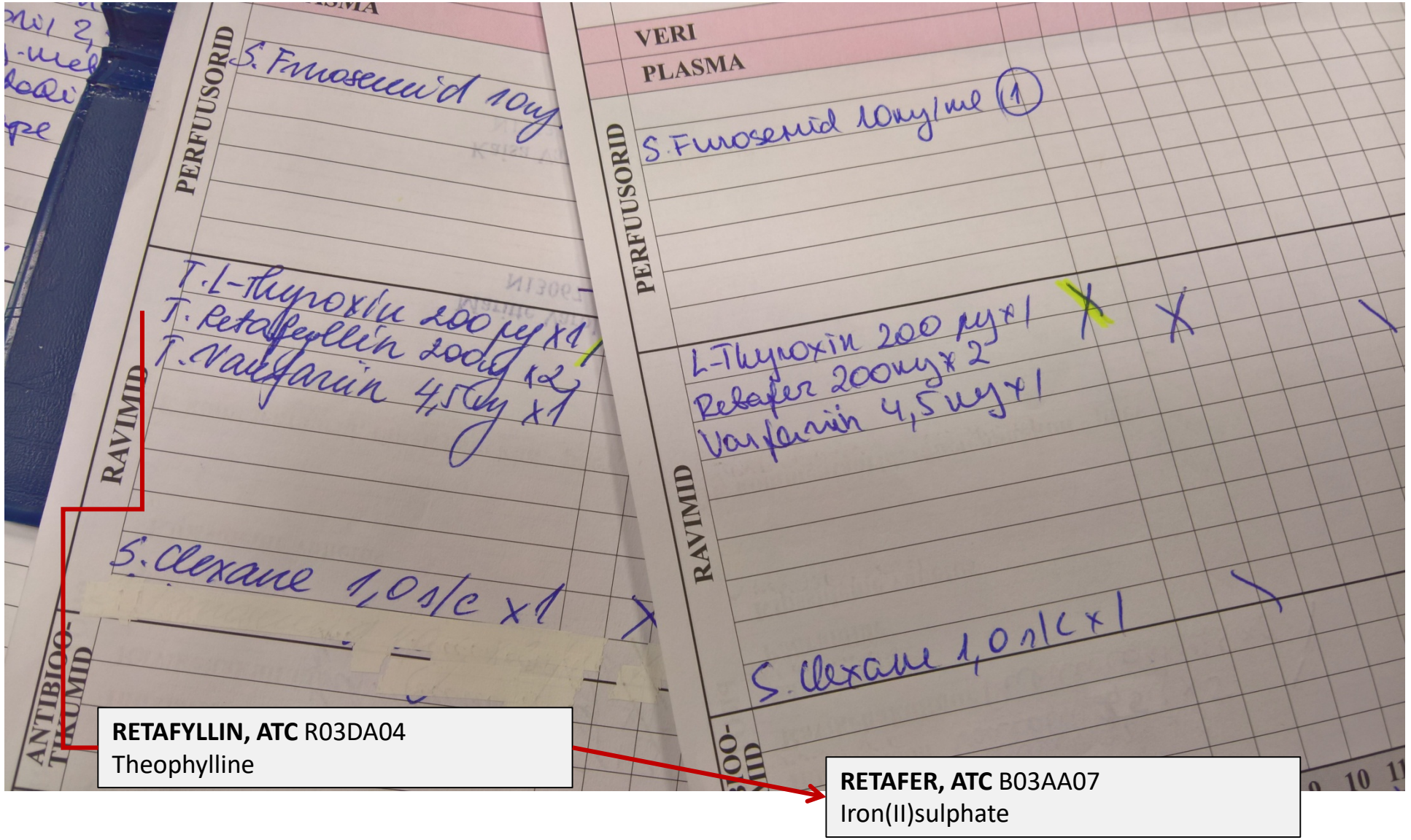
- Historically hospital pharmacists have mainly provided medicines logistic/extemporaneous production + drug information services
- Clinical pharmacists work directly with
  - physicians, nurses, patients
  - to ensure that the medications prescribed for patients give best possible health outcomes
- Clinical pharmacist is educated and trained in direct patient care environments (hospital, clinic)
- From 2007 clinical pharmacy services provided in Estonia
- Currently < 10 clinical pharmacist employed

What do clinical pharmacists do?

- Evaluate the appropriateness and effectiveness of the patient's medications
- Follow the patient's progress to see the effects of the patient's medications on health
- Consult with the doctors in selecting the medication therapy that best meets the patient's needs
- Advise the patient on how to best take his or her medications
- Consult with the doctors/nurses to develop and implement a medication plan
- Perform patient care activities in collaboration with other members of the health care team



Garin, Noe, et al. *Scientific reports* 11.1 (2021): 1-11.



Clinical Decision Support Systems (CDSS, e.g. drug interaction checker etc)
are important tools for the delivery of evidence-based medicine use to reduce patient harm and error rates – not helpful if paper-based records used

Elderly lady at the hospital – drug-drug interactions

1. Acetylsalicylic acid
2. Ibuprofen
3. Quetiapine
4. Omeprazole
5. Enoxaparine
6. Warfarin
7. Levothyroxine
8. Enalapril
9. Digoxin
10. Pramipexol
11. Primidone
12. Sertraline
13. Torasemide
14. Alprazolam
15. Phenobarbital
16. Sildenafil
17. Salbutamol
18. Fenoterol +ipratropium bromide
19. Budesonide

HJERTEMAGNYL(tabl) × | ibuprofeen × | kvetiapiin ×
omeprasool × | enoksapariin × | varfariin ×
L-THYROXIN BERLIN-CHEMIE(tabl) × | CARDACE(tabl) ×
DIGOXIN NYCOMED 0,25 MG(tabl) × | pramipeksool ×
primidoon × | sertraliin × | torasemiid × | alprasolaam ×
fenobarbitaal × | sildenafiil × | VENTOLIN(nebul lahus) ×
BERODUAL(nebul lahus) × | PULMICORT(nebul susp) ×

Sisesta toimeaine nimetused, ravimi nimed või ATC koodid

Otsi

ibuprofeen
Enteraalne või parenteraalne

Seotud ravimite SPC-d

varfariin
Enteraalne või parenteraalne

Seotud ravimite SPC-d

D4

Koostoime kliiniline tagajärg

Samaaegne mittesteroidsete põletikuvastaste ravimite (NSAIDid) ja varfariini kasutamise võib põhjustada tugevat veritsust. Seedetrakti ülaosa verejooksu oht suureneb 2–3 korda võrreldes varfariini monoteraapiaga.

Koostoimed | Kõrvaltoimed

varfariin Enteraalne või parenteraalne	**atsetüülsalitsüülhape** Enteraalne või parenteraalne	D4
ibuprofeen Enteraalne või parenteraalne	**varfariin** Enteraalne või parenteraalne	D4
fenobarbitaal Enteraalne või parenteraalne	**kvetiapiin** Enteraalne või parenteraalne	D0
primidoon Enteraalne või parenteraalne	**kvetiapiin** Enteraalne või parenteraalne	D0
ibuprofeen Enteraalne või parenteraalne	**sertraliin** Enteraalne või parenteraalne	C4
fenobarbitaal Enteraalne või parenteraalne	**varfariin** Enteraalne või parenteraalne	C4
sertraliin Enteraalne või parenteraalne	**atsetüülsalitsüülhape** Enteraalne või parenteraalne	C4
primidoon Enteraalne või parenteraalne	**varfariin** Enteraalne või parenteraalne	C4
digoksiin Enteraalne või parenteraalne	**alprasolaam** Enteraalne või parenteraalne	C3
varfariin Enteraalne või parenteraalne	**naatriumlevotüroksiin** Enteraalne või parenteraalne	C3
ibuprofeen Enteraalne või parenteraalne	**atsetüülsalitsüülhape** Enteraalne või parenteraalne	C3
torasemiid Enteraalne või parenteraalne	**varfariin** Enteraalne või parenteraalne	C2

Clinical pharmacy serveces at the Tartu University Hospital

- 1000 beds - largest health care provider in Estonia
- only academic hospital in Estonia
- leading teaching hospital
- Currently 3 clinical pharmacist in TUH:
  - Geriatric/palliative care
  - surgical
  - ICU
  - Neurology
  - Pain management team

How do get a clinical pharmacist degree

- Abroad vs distance-learning (UK, Northern Ireland, Sweden)
- Self-financing / (partly) supported by the employer
- Limited possibilities to study after Brexit
- Reduced number of new clinical pharmacists

Msc Clinical Pharmacy at the University of Tartu

- Opens 2024
- Online learning, 4 semesters
- 90 ECTS
- Language: English
- Problem-based learning – mimics real life
- Aim to provide students with the knowledge and skills required to:
  - Review and incorporate current evidence into practice
  - Work effectively in a multidisciplinary clinical environment
  - Make decisions in clinical situations
  - Communicate effectively with patients and medical staff
- Develop a network of colleagues to rely on in their professional life

Hopes and plans for the near future

- Clinical pharmacy as a separate profession in Estonia
- Closer links between hospital and community pharmacists
- Better coverage – smaller hospitals, more clinical subjects covered

Thank you for listening!

Webinar

Council of Europe Resolution on the implementation of pharmaceutical care: A step forward in the promotion of appropriate use of medicines and patient-centred care

Implementation of pharmaceutical care in South-Eastern Europe Health Network (SEEHN) member states: survey results

Dr Silvia Ravera

Scientific Programme Manager

European Directorate for the Quality of Medicines and HealthCare (EDQM)
Council of Europe

edqm
European Directorate for the Quality of Medicines & HealthCare | Direction européenne de la qualité du médicament & soins de santé

COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

Background - Council of Europe

Separate organisation from the European Union

Founded in 1949

Oldest pan-European organisation

46 member countries covering 700 million Europeans

Headquarters in Strasbourg (France)

Core values: promotion of democracy
protection of the rule of law
protection of human rights

Background - EDQM

European Directorate for the Quality of Medicines and HealthCare (EDQM): a Directorate of the Council of Europe

Work based on the European Pharmacopoeia Partial Agreement - Convention on Elaboration of a European Pharmacopoeia (1964)

Mission: contribute to public health and access to good quality medicines and healthcare in Europe

Working with a global network of almost 2 000 experts from a wide variety of scientific disciplines

Coordination of intergovernmental work (5 steering committees and 3 subordinate bodies) covering a wide range of public health areas, including safe and appropriate use of medicines

Background - SEEHN

SEEHN: regional intergovernmental organisation founded in 2001 which aims to improve health of member states' populations through better cooperation, integration, capacity building and coordination in public health at regional level

SEEHN member states: Albania, Bosnia and Herzegovina, Bulgaria, Israel, Moldova, Montenegro, North Macedonia, Romania and Serbia

Council of Europe is one of the founding partners of SEEHN

Bilateral discussion after 43rd SEEHN Plenary Meeting (November 2020) to explore possible ways to promote Council of Europe Resolution CM/Res(2020)3 on the implementation of pharmaceutical care for the benefit of patients and health services

Joint initiative: map the status of implementation of pharmaceutical care and related services at national level in the 8 SEEHN member states parties to the Convention on the Elaboration of a European Pharmacopoeia

Methods

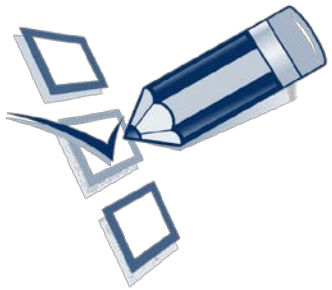
Survey questionnaire developed by EDQM Secretariat and reviewed by small group of members of intergovernmental Committee of Experts on Quality and Safety Standards in Pharmaceutical Practices and Pharmaceutical Care (CD-P-PH/PC) and Pharmaceutical Care Resolution Working Group

Questions covered concept of pharmaceutical care (as described in Resolution CM/Res(2020)3), implementation of pharmaceutical care process in daily practice, pharmaceutical care services available in hospital and community pharmacies, and barriers to implementation of pharmaceutical care

Survey distributed using a web-based application to SEEHN National Focal Points nominated by SEEHN National Health Coordinators and knowledgeable about health policy developments at national level

Responses collected over a 12-week period

Quantitative data analysed in percentage and thematic analysis used for qualitative data (free-text questions)



Results (1)

Response rate: answers received from 7 countries: 2 federal entities of Bosnia and Herzegovina (i.e. Federal Ministry of Health and Republic of Srpska), Bulgaria, Moldova, Montenegro, North Macedonia, Romania and Serbia (response rate = 87.5%)

Statistical analysis: 8 answers from 7 countries/entities included in data analysis

Part A - General questions

50% of respondents (N=4) are familiar with Resolution CM/Res(2020)3

Concept of pharmaceutical care as described in Resolution CM/Res(2020)3 known in 5 countries/entities (62.5%)

Concept of pharmaceutical care mostly included into national legislation and policy documents in 2 countries/entities (25%) and mostly included in guidance documents developed by healthcare professional associations in 4 countries/entities (50%)

Education in pharmaceutical care fully included in pharmacy curriculum and continuous professional development in only 1 country (12.5%) and partially included in 4 countries/entities (50%)

Results (2)

Part B - Characteristics and features of health system

Mean number of community pharmacists is 3098 and hospital pharmacists is 113

Quality Management System: standards and accreditation most available tools to assess quality of care

Electronic health records fully implemented in 3 countries/entities (37.5%)

Partial access to electronic health records in hospital pharmacies in 3 countries/entities (37.5%)

Partial access to electronic health records in community pharmacies in 1 country (12.5%)

Electronic health information exchange between healthcare professionals more often used in hospital settings

E-prescriptions fully implemented in 6 countries/entities (75%)

Interprofessional cooperation more often in place in hospital settings (5 countries/entities) than community care settings (2 countries/entities)

Results (3)

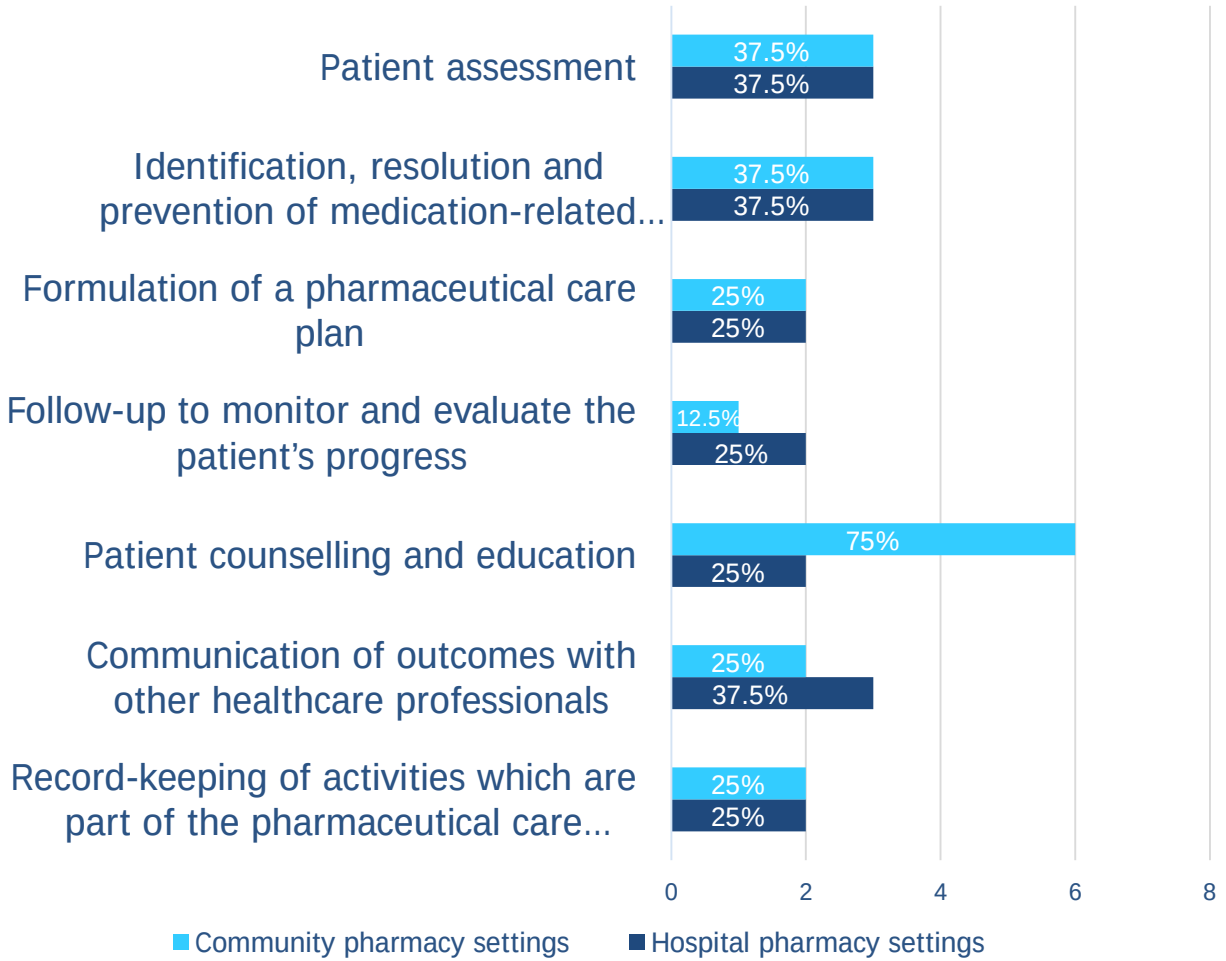
Part C - Pharmaceutical care process

Pharmaceutical care process not fully implemented in any of SEEHN member states

Patient assessment, identification, resolution and prevention of medication-related problems, and communication of outcomes most frequently implemented steps in hospital pharmacy settings

Patient counselling and education most frequently implemented step in community pharmacy settings

None of the activities belonging to the pharmaceutical care process are remunerated in hospital pharmacy settings and only one country remunerates 3 of these activities in community pharmacy settings

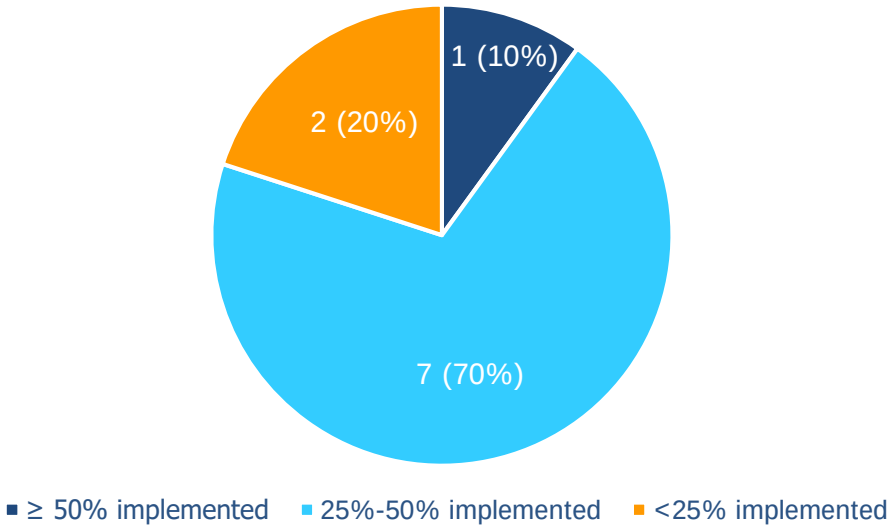


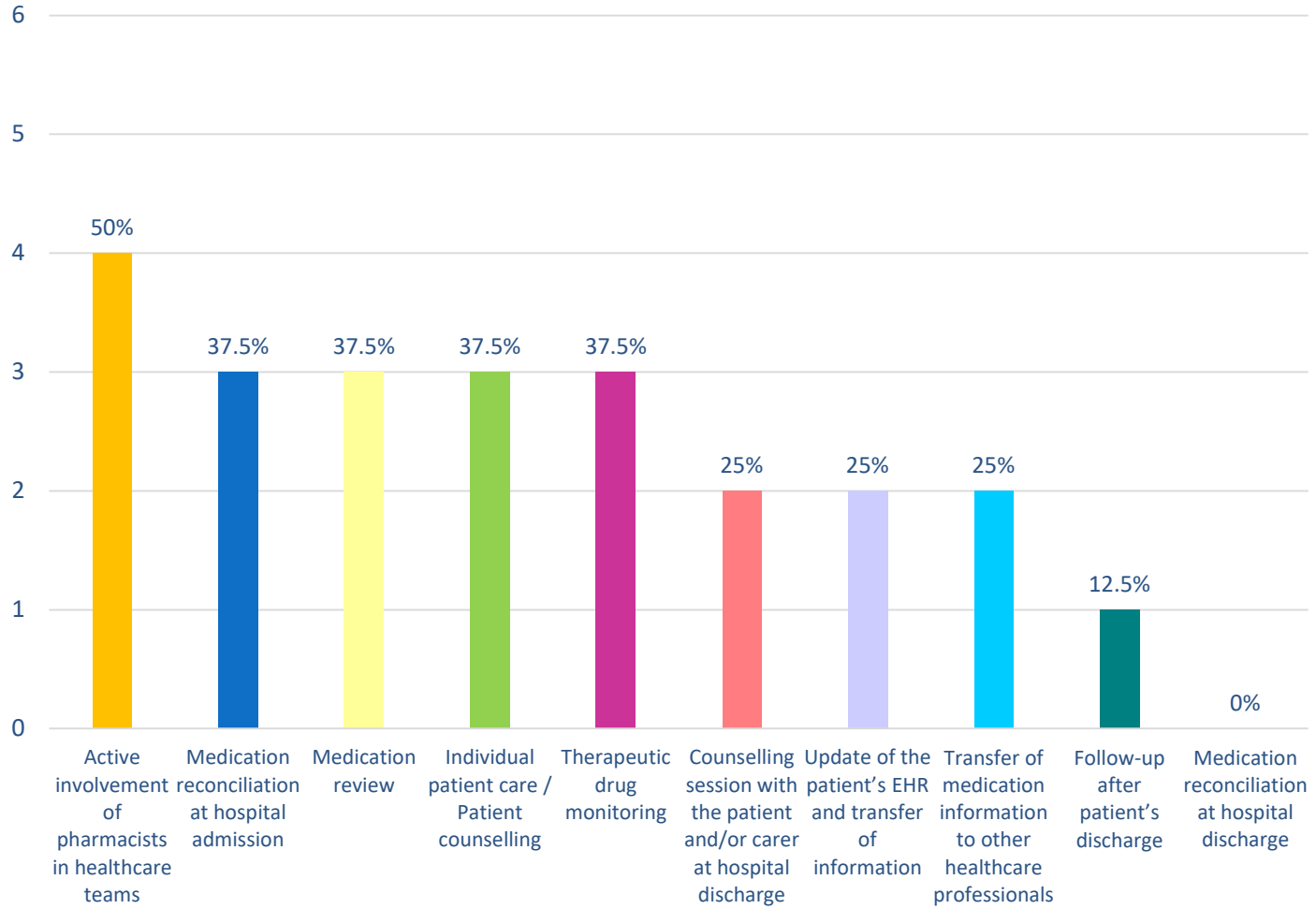
Results (4)

Part D - Pharmaceutical care services in hospital pharmacy settings

Active involvement of pharmacists in healthcare teams is the most frequently available service in hospital pharmacy settings

Most of the services listed in the questionnaire are available in less than 50% of SEEHN member states





Results (5)

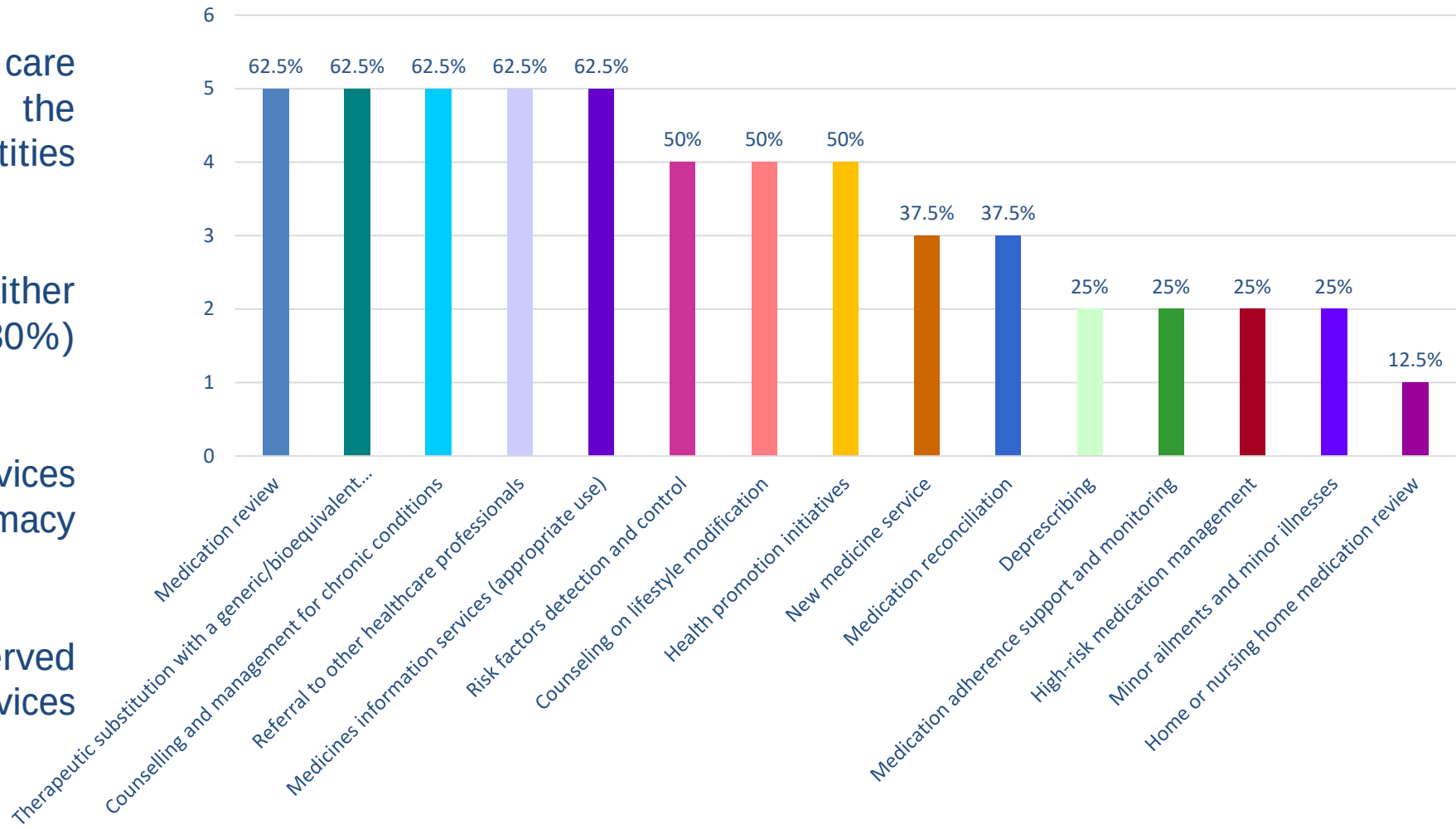
Part E - Pharmaceutical care services in community pharmacy settings

One third of pharmaceutical care services are implemented in the majority of the countries/entities (62.5%)

These services can be either voluntary (51%) or required (30%) (not known = 19%)

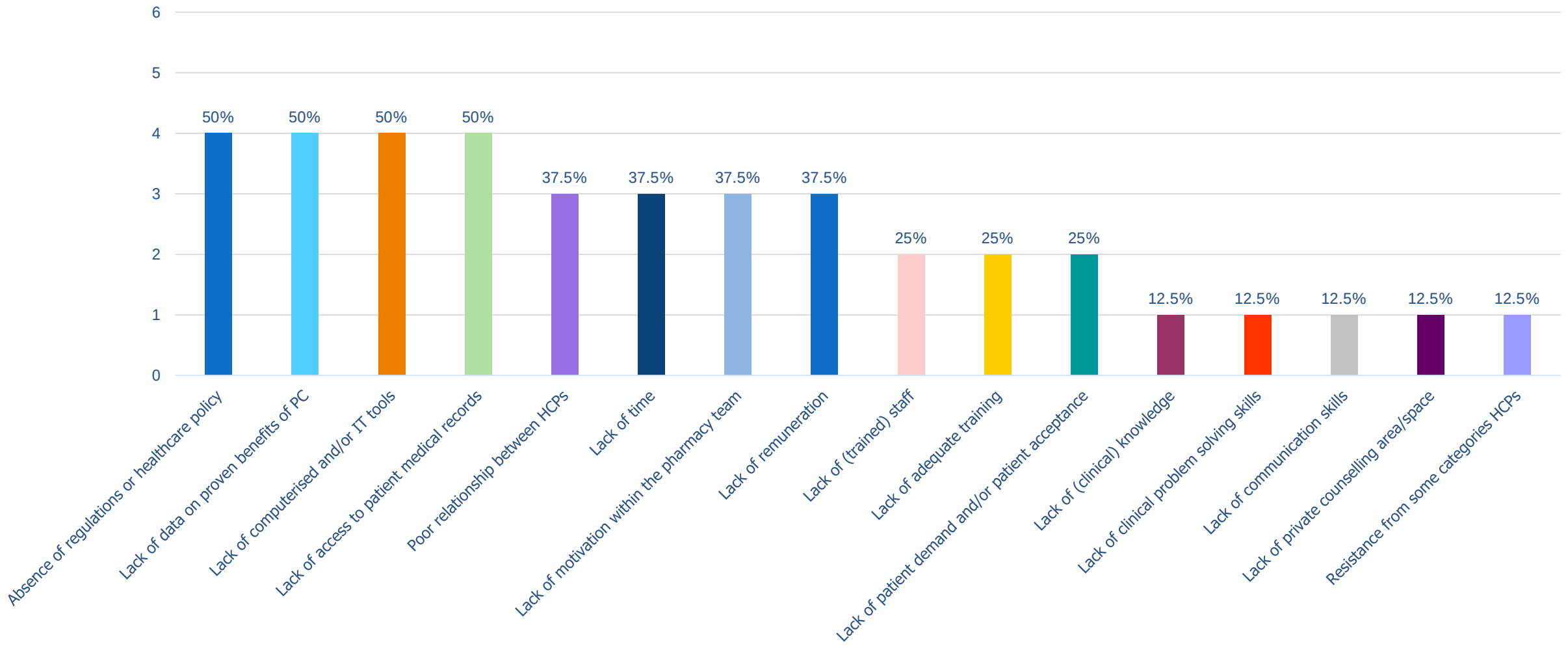
No pharmaceutical care services reimbursed in community pharmacy settings

Great heterogeneity can be observed in implementation of these services across countries/entities



Results (6)

Part F - Barriers to implementation



Conclusions

Long and complex survey but very good response rate

Implementation of the pharmaceutical care process is still limited in SEEHN member states

Pharmaceutical care services are not widely available nor reimbursed in SEEHN member states

The following steps could be carried out to enhance the implementation of pharmaceutical care into national legislation and daily practice:

- Dissemination of EDQM-SEEHN survey results among stakeholders to inform them and raise awareness
- Wider dissemination of Resolution CM/Res(2020)3 and promotion of pharmaceutical care concept, e.g. through targeted training events or meetings with policy makers and healthcare professionals
- To remove some barriers identified by respondents, e.g. evidence sharing on added value of pharmaceutical care
- To repeat the survey in the future to measure progress or assess effectiveness of targeted interventions (e.g. training events and campaigns to promote Resolution CM/Res(2020)3 and pharmaceutical care implementation)

Acknowledgments

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SEEHN National Focal Points and members of the Committee of Experts CD-P-PH/PC and Pharmaceutical Care Resolution Working Group involved in the survey preparation

Thank you for your attention

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Final remarks
Martin C Henman

Responsible care for the whole population

A medicines expert, easily accessible source of information is key to dispelling patient's concerns and to countering misinformation and therefore to better use of medicines

A holistic approach means that lifestyle advice and support for behavioural change, such as smoking cessation, must go hand-in-hand with optimising medicines use

People who use health services infrequently because of barriers, or because of reluctance, present for treatment later, when their condition is more advanced and difficult to treat.

For these people, a community pharmacy provides a convenient contact point with the health service

The offer of a discussion with the possibility of screening and risk assessment means people can be engaged

Pharmacists can then direct them to the most appropriate service for their circumstances

Expanding the roles of pharmacies and pharmacists in clinical care can improve access to medicines and other care services.

In some countries, pharmacists have taken on new roles renewing prescriptions and helping patients access medication. In Australia, Germany, Israel, Netherlands, Norway and Switzerland, community pharmacists are able to provide emergency prescription refills.

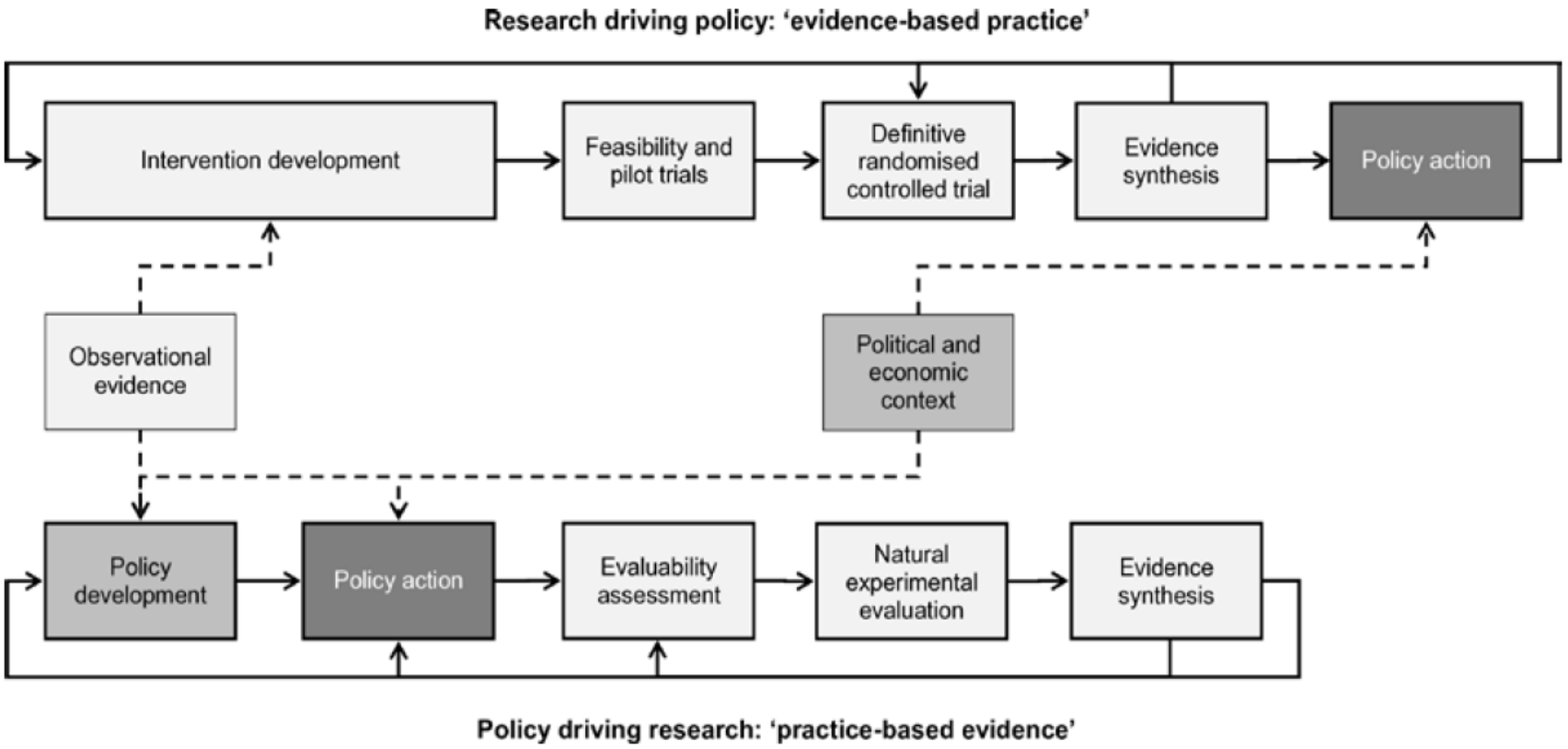
Pharmacists are increasingly included as members of inter-disciplinary care teams in primary and hospital care, with roles including oversight of medication dispensing process and review of prescriptions for high-risk patients at admission.

OECD Health Working Papers No.147. The Economics of Medication Safety Improving medication safety through collective, real-time learning. Katherine de Bienassis, Laura Esmail, Ruth Lopert, Niek Klazinga

Policy and performance during the pandemic

- Countries whose policies already facilitated pharmacists to do more than dispensing were able to rely on pharmacists to deliver services and to take on new responsibilities
  - Vaccination programmes that include community pharmacists are now established as effective, safe and reliable and reach a greater proportion of the population
  - Testing for Covid 19, assessing and prescribing for Minor Illness, Screening for risk factors and Monitoring of biochemical markers were all provided through Community Pharmacies
  - Seven countries allowed pharmacists to judge whether it was appropriate to provide prescription medicines
  - Hospital teams incorporated clinical pharmacists as members
    - Intensive Care Units
- Conversely, those countries in which pharmacists were limited to traditional roles, remained relatively passive with the exception of delivering medicines and compounding hand sanitiser

Changing policy development



Skivington K, Matthews L, Simpson SA, Craig P, Baird J, Blazeby JM, et al. Framework for the development and evaluation of complex interventions: gap analysis, workshop and consultation-informed update. Health Technol Assess 2021;25(57).

Some of the enablers of Pharmaceutical Care

- Pharmacists have strengthened and enriched their CPD and service-related training to enable them to take on these roles and to update their skills on a continuing basis
- Pharmacy education has revised the content, delivery and internships that undergraduates experience
- This ensures that newly qualified pharmacists and ready to take on new roles supported by accredited CPD
- At all levels in pharmacy education there are initiatives to incorporate interprofessional education into both new and existing programmes
- There is scope to increase the implementation and effectiveness of pharmaceutical care through interprofessional collaboration

Strategy and Tone of the Resolution

- Puts patient care, front and centre and emphasises the need for pharmaceutical care to improve the use of medication, so as to realise the benefits and minimise the risks of medicines
- Sets out not only what pharmacists should do, but also what other healthcare professionals, managers and policy makers should do to support pharmaceutical care
- Combines description with explanation for an audience some of whom may be unfamiliar with both pharmaceutical care and with the wider contribution that pharmacists make to patient care
- Pharmaceutical care emphasises the need for interprofessional collaboration and the Resolution recommends policies to support its implementation

- Guidelines for Medication Review
- Remote and online access to medicines
- Borderline products

At the end of this webinar (before leaving the GoToWebinar app) please complete a short satisfaction survey.

This survey provides important feedback to EDQM and will help improve their services, meet their stakeholders' expectations and also get some insights about ongoing initiatives in the pharmaceutical care field.

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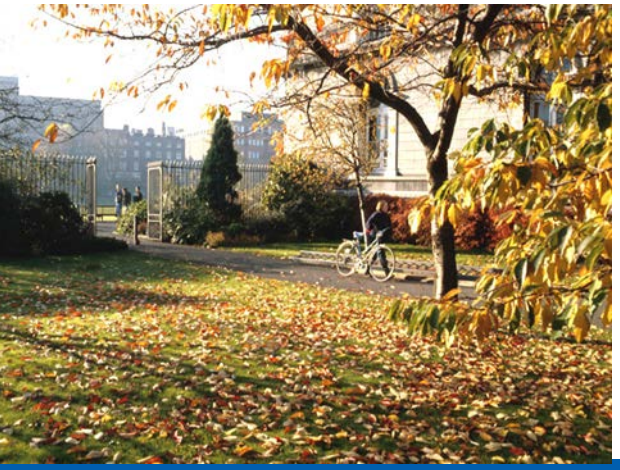
Thank you - Go Raibh maith agaibh.



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