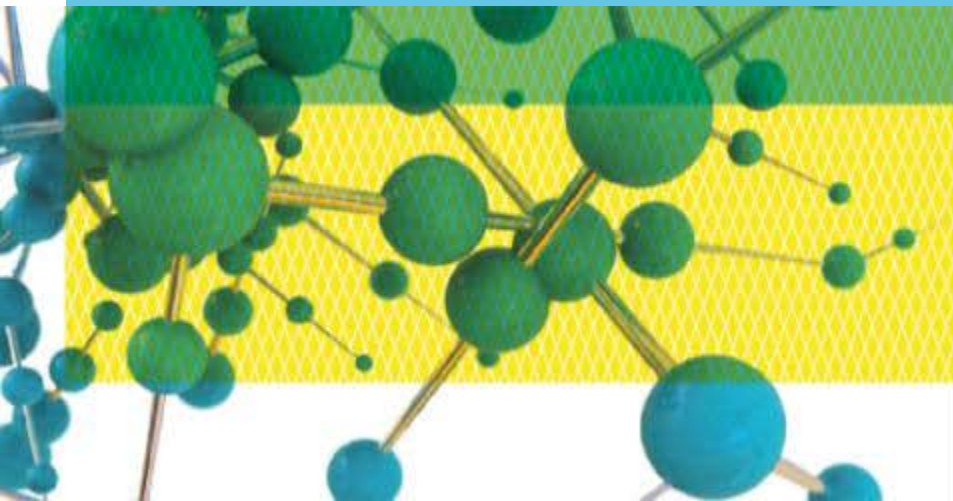


Good Pharmacy Practice – FIP Perspective

24th Annual Congress
Lebanese Order of Pharmacists
17-19 November 2016
Beirut, Lebanon

Luís Miguel Lourenço, PharmD.

Professional Secretary
Community Pharmacy Section (CPS)
International Pharmaceutical Federation
(FIP)



Outline of the presentation

- Introduction
- 1 - What is FIP?
- 2 - What is GPP?
- 3 - The FIP Perspective
- 4 - Conclusions



Introduction

- World of FIP (practice, science, education, leadership...)
- Diverse audience (practitioners, professional organizations...)
- Goal – understand the value of GPP and the scope of action of FIP and its members



1 - What is FIP?

Fédération
Internationale
Pharmaceutique

International
Pharmaceutical
Federation

1.1 - What is FIP?

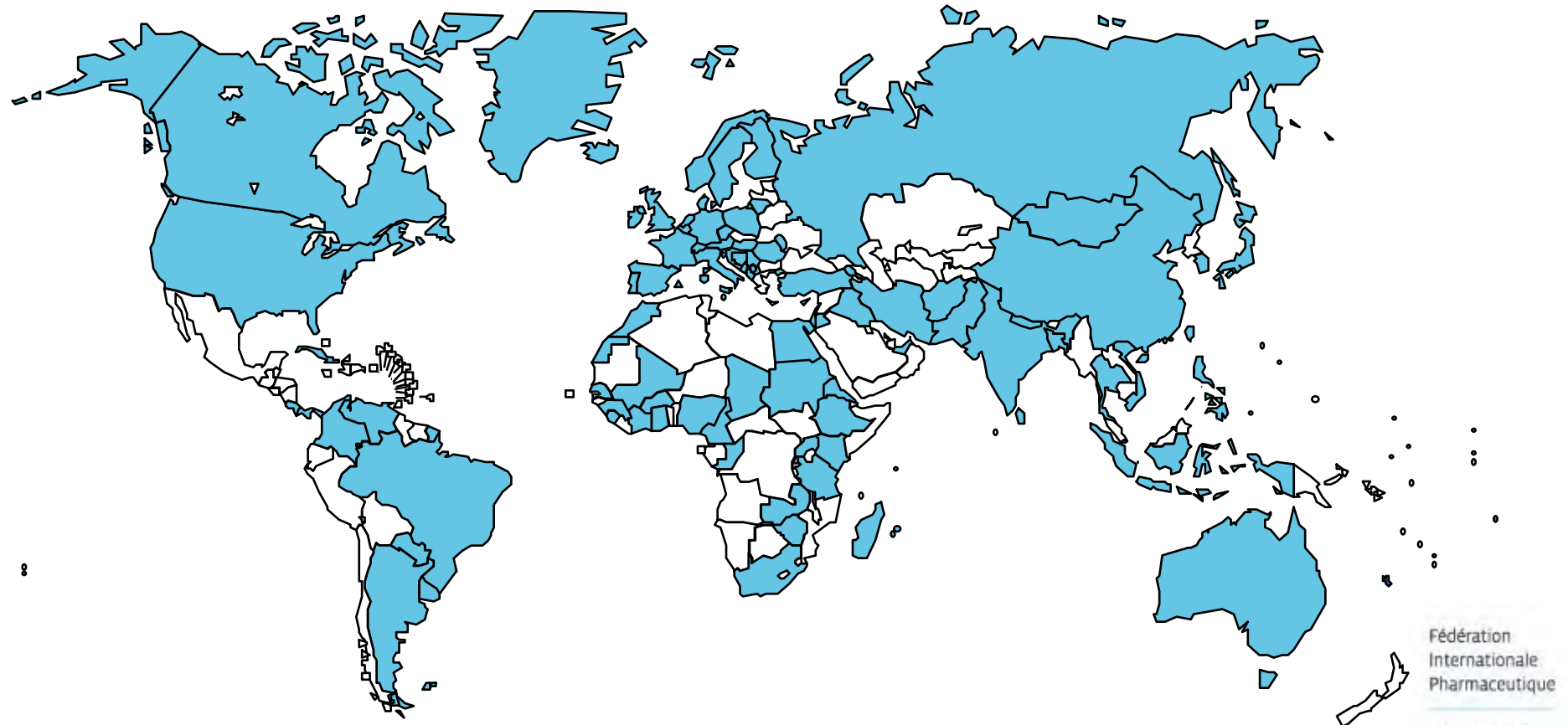
- FIP – **F**édération **I**nternationale **P**harmaceutique /International Pharmaceutical Federation
- Global federation of national associations representing **3 million** pharmacists and pharmaceutical scientists around the world
- In official relations with **WHO (World Health Organization)** since 1948.

1.2 – FIP membership

- **Individual members**: around 3 000 individuals gathered in 8 (practice) sections and 8 (sciences) special interest groups (SIGs)
- **Schools of pharmacy**: 140 schools which are member of Academic Institution Membership
- **Member organisations**: 139 national associations of pharmacists and/or pharmaceutical scientists

FIP

139 Member Organisations



**And 3 000 individuals gathered in 8 (practice) sections
and 8 (sciences) special interest groups**

Fédération
Internationale
Pharmaceutique

International
Pharmaceutical
Federation

1.3 – Vision and Mission

- Vision: Wherever and whenever decision makers discuss any aspects of **medicines** on a global level, FIP is at the table.
- Mission: FIP's Mission is to **improve global health** by **advancing pharmacy practice** and science to enable better discovery, development, access to and safe use of appropriate, cost-effective, quality medicines worldwide.

1.4 - Highlights of the work of FIP

- Work in improving pharmacists' practice: **best practice sharing** and **education, guidelines** and joint publications including with WHO
- Political and advocacy work at global level: statements, representing pharmacists at UN, World Pharmacists Day, ministers Summit, Chief Pharmacists meeting
- Support of national associations at local level
- Developing vision and sharing trends among leaders...

1.5 – Some examples

- Biowaiver (Thursday session “Bioequivalence and Therapeutic Equivalence – (Dr. Soula Kyriacos))

**An overview of
current pharmacy
impact on
immunisation**

Aglobal report

2016



2 – GPP

2.1 – What is GPP?

- GPP – **Good Pharmacy Practice**
- GPP is the practice of pharmacy that responds to the **needs of the people** who use the pharmacists' **services** to provide optimal, evidence-based care. To support this practice it is essential that there be an established **national framework of quality standards and guidelines.**

2.2 – Background

1988 / 1993 – OMS:
Meetings on the role of
the pharmacist

1992 – Standards on pharmacy
services with the title “Good
Practices in Community and
Hospital settings”

1994 – Resolution by the World
Health Assembly WHA47.12 on the
role of the pharmacist

1997 / 1998 – Meetings on the
role of the pharmacist

1999 – Joint document
FIP – WHO on Good
Pharmacy Practice

2006 – Publication FIP/OMS:
“Developing pharmacy practice
— a focus on patient care”

2011 – Update of the major areas of good pharmacy practice in order to reflect the most recent standards of practice and guidance of the profession



2.3 – Current GPP



Fédération
Internationale
Pharmaceutique

International
Pharmaceutical
Federation

 1917-2017
100 YEARS OF
ADVANCING
PHARMACY
WORLDWIDE



Fédération
Internationale
Pharmaceutique

International
Pharmaceutical
Federation

2.4 – GPP - Goal

- “It is the policy of FIP and WHO to **provide guidance** to national pharmacy professional organizations regarding the development of their national GPP guidelines.”
- “The conditions of practice **vary widely from country to country** and each national pharmacy professional organization is best able to decide **what can be achieved** and **within what time-scale.** “

2.5 – Underlying philosophy

There are six components to this mission:

- being readily available to patients with or without an appointment;
- identifying and managing or triaging health-related problems;
- health promotion;
- assuring effectiveness of medicines;
- preventing harm from medicines;
- making responsible use of limited health-care resources.

2.6 – Role of the national organizations

To establish a **legal framework** that:

- defines who can practice pharmacy;
- defines the scope of pharmacy practice;
- ensures the integrity of the supply chain and the quality of medicines.

2.6 – Role of the national organizations

To establish a **workforce framework** that:

- ensures the **competence** of pharmacy staff through continuing professional development (**CPD** or continuing education (CE)) programmes;
- defines the **personnel resources** needed to provide GPP.

2.6 – Role of the national organizations

To establish an economic framework that:

- provides **sufficient resources** and incentives that are effectively used to ensure the activities undertaken in GPP.

To set a quality management framework and a strategic plan for developing services (consider the needs of the users of health-care services and the capacity of national health-care systems to support these services).

2.7 – Roles of the pharmacist

Role 1 - Prepare, obtain, store, secure, distribute, administer, dispense and dispose of medical products.

Role 2 - Provide effective medication therapy management.

Role 3 - Maintain and improve professional performance.

Role 4 - Contribute to improve effectiveness of the health-care system and public health.

2.7.1 – Role 1 (Prepare, obtain, store... medical products)



- **Function A** - Prepare extemporaneous medicine preparations and medical products
- **Function B** - Obtain, store and secure medicine preparations and medical products
- **Function C** - Distribute medicine preparations and medical products
- **Function D** - Administration of medicines, vaccines and other injectable medications
- **Function E** - Dispensing of medical products
- **Function F** - Dispose of medicine preparations and medical products

2.7.2 – Role 2 (Provide effective MTM)

- **Function A** - Assess patient health status and needs
- **Function B** - Manage patient medication therapy
- **Function C** - Monitor patient progress and outcomes
- **Function D** - Provide information about medicines and health-related issues

2.7.2.1 Role 2 – Function A (Assess patient health status and needs) – in depth



Function A: Assess patient health status and needs

Minimum national standards should be established for these activities.

- Pharmacists should ensure that health management, disease prevention and healthy lifestyle behaviour are **incorporated** into the patient assessment and care process.
- Pharmacists should **acknowledge unique patient considerations** such as education level, cultural beliefs, literacy, native language and physical and mental capacity in all individual patient assessments.

2.7.3 – Role 3 (Maintain and improve professional performance)



- **Function A** - Plan and implement continuing professional

2.7.4 – Role 4 (Contribute to improve effectiveness of the health-care system...)



- **Function A** - Disseminate evaluated information about medicines and various aspects of self-care
- **Function B** - Engage in preventive care activities and services
- **Function C** - Comply with national professional obligations, guidelines and legislations
- **Function D** - Advocate and support national policies that promote improved health outcomes

3 – The FIP perspective

3.1 – The FIP Perspective

- **GPP**
 - Dynamic document
- **National organizations**
 - Implementation
 - Report and share (international level)
 - Involvement on the update
 - Use the document to foster pharmacy practice
- **Practitioners**
 - Implementation
 - Report and share (national/international level)

3.2 - Case-study Vaccination

Vaccination

1983 - (Argentina)

Legal requirements specified for vaccine administration in pharmacies and/or by pharmacists.

3 Case-studies

Timeline of events for the development of vaccination services in community pharmacies in eleven of the countries/territories surveyed in this study

The legal authority to perform immunisation activities, including administration of vaccines, can vary significantly across countries and territories. The integration of community pharmacies and pharmacists in the vaccination policy tends to develop as a gradual process over time. This timeline highlights the gradual changes of this expanded area of pharmacy practice, with rapid developments taking place particularly in the last decade.

1983 Argentina	Legal requirements specified for vaccine administration in pharmacies and/or by pharmacists.	
1991 South Africa	Private training institutions start offering vaccination training opportunities to pharmacists.	
1994 USA	Pharmacists in Seattle, Washington, trained for the first time to administer vaccinations.	
1996 USA	All of 14 States authorised pharmacists for influenza vaccination.	
2002 UK	Legal authorisation for pharmacy-based vaccine administration.	
2007 Portugal	Legal expansion of the scope of services provided by pharmacies and pharmacists, including vaccine administration.	
2008 UK	Increase in focus on pharmacists delivering commissioned immunisation services.	
2008 Portugal	Initial pharmacists' training delivered based on the American Pharmacists' Association model. Development of recommendations for pharmacy-based vaccination by the Portuguese National Association of Pharmacies.	
2009 USA	All 50 States legally authorised vaccine administration by pharmacists.	
2010 Portugal	Amendment of legislation to include further details on pharmacy-based vaccination.	
2011 Ireland	Legal authorisation for pharmacy-based vaccine administration.	
2012 Portugal	Mandatory electronic vaccination records were adopted.	
2013 Portugal	Publishing of new guidelines by the Portuguese Pharmaceutical Society for the training of pharmacists in immunisation with competency certification.	
2013 USA	The concept of the "immunization neighborhood" is implemented to define the close collaboration, coordination, and communication between all immunisation stakeholders.	
2014 Australia	Pharmacy Board of Australia announced vaccination as part of pharmacists' current practice. Pharmacy-based vaccination initiated in Queensland (Pilot).	
2014 Philippines	Vaccine administration rights granted to trained pharmacists.	
2015 Switzerland	Pharmacy-based vaccine administration authorised in 2 Cantons followed by 4 more later in the same year.	
2015 Australia	Trained pharmacists in South and West Australia administer flu vaccinations.	
2015 Ireland	Amendment to the 2011 legislation enabling pharmacists to also administer pneumococcal and herpes zoster (shingles) vaccines.	
2015 Switzerland	Pharmacists invited for the first time to serve on immunisation advisory committees.	
2016 Australia	Victoria was the final state jurisdiction to introduce vaccinations in pharmacies.	
2016 Ireland	Plan to deliver training to pharmacists to enable administration of pneumococcal and herpes zoster (shingles) vaccines.	
2016 Philippines	Pharmacists' training to administer vaccines and development of guidelines and protocols for vaccination by pharmacists.	
2016 USA	All Accreditation Council for Pharmacy Education (ACPE)-accredited schools of pharmacy required to include immunisation training in their undergraduate curricula.	
2017 Switzerland	Plans to integrate comprehensive immunisation training at undergraduate level.	

1999 - GPP

2011 - GPP



Fédération
Internationale
Pharmaceutique

International
Pharmaceutical
Federation

3.2 - Case-study

Vaccination



Table 1: General overview of the immunisation activities undertaken in each of countries/territories that responded to our survey (responses to Q1 to Q4).

Countries	Advocacy for vaccination	Vaccination administration	Training required	Access to Records
Argentina	Y	P	Y	N
Australia	Y	PH	Y	Y
Belgium	Y	N	N	Y
Bolivia	Y	H	N	N
Brazil	Y	N	N	Y
Canada	Y	PH	Y	Y
China (People's Republic)	Y	N	N	N
Congo (Democratic Republic)	Y	H	Y	N
Costa Rica	Y	P	Y	Y
Denmark	Y	PH	Y	Y
Ecuador (Quito's province)	N	N	N	N
Ethiopia	Y	N	N	N
Finland	Y	H	N	N
France	Y	N	N	Y
Germany	N	N	N	Y
Hong Kong, People's Republic of China	N	N	N	N
Hungary	N	N	N	N
Iceland	N	H	N	N
India	N	N	N	-
Iraq	Y	N	N	N
Ireland	Y	P	Y	Y
Israel	N	N	N	-
Italy	Y	N	N	N
Japan	Y	N	N	N
Jordan	Y	-	-	-
Lebanon	N	H	N	N
Netherlands	Y	H	N	Y
New Zealand	Y	P	Y	N
Nigeria	Y	N	Y	Y
Norway	N	N	N	N
Pakistan	Y	H	N	Y
Paraguay (Asunción)	N	N	N	N
Philippines	Y	PH	Y	N
Poland	Y	N	N	N
Portugal	Y	PH	Y	Y
Russian Federation	Y	N	N	N
Senegal	Y	N	Y	N
South Africa	Y	PH	Y	Y
Spain	Y	N	Y	N
Switzerland	Y	PH	Y	Y
United Arab Emirates	N	N	N	N
Ukraine	N	N	N	N
United Kingdom	Y	PH	Y	Y
United States of America	Y	PH	Y	Y
Uruguay	N	N	N	N

Legend

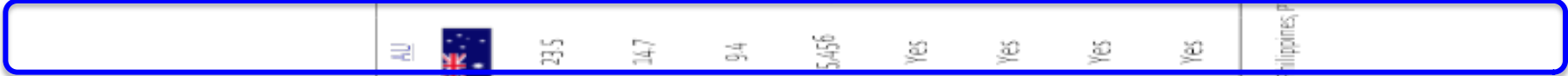
Y	Yes
N	No
P	Pharmacist

H	Other healthcare professional
PH	Pharmacist and other healthcare professional
-	No response



3.2 - Case-study - Vaccination

Indicators	AR	AU	BE	FR	IE	PH	PT	SA	CH	UK	US
Population (millions)	42.98	23.5	11.2	66.5	4.6	98.4	10.4	54.0	8.2	64.1	335.5
Population > 65 years (% total)	11	14.7	18.0	18.7	12.1	3.9	20.1	5	18	17.5	14.1
Health Expenditure (% GDP)	7.3	9.4	11.2	11.7	8.9	4.4	9.0	8.9	11.7	9.1	11.1
Number of community pharmacies	20,000	5,456	4,950	22,510	1,807	32,443	2,885	3,136	1,774	14,361	32,500
Immunisation advocacy activities	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Vaccine administration by pharmacists	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Management of vaccination records	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Training of pharmacists	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes



AR: Argentina, AU: Australia, BE: Belgium, FR: France, IE: Ireland, PH: Philippines, PT: Portugal, SA: South Africa, CH: Switzerland, UK: United Kingdom, USA: United States of America

3.3 – The FIP Perspective

- **FIP**
 - Collects reports
 - Shares best practices
 - Actively promotes the update of the document
 - Promotes discussions on trends to reach consensus

- **Importance of global trends:**
 - Example: Vaccination and Biologic/Biosimilars

4 - Conclusions

4 – Conclusions – FIP perspective

- Goal – understand the value of GPP and the scope of action of FIP and its members
- GPP provides guidance to national organizations
- National organizations adapt the standards (not standardize)
- Practitioners implement and report
- FIP collects best practices + discuss trends to update GPP

**Thank you for your
attention!**

<http://www.fip.org>

