Good Pharmacy Practice – FIP Perspective

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

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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?
1.1 - What is FIP?

- FIP – Fédération Internationale Pharmaceutique /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
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))
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
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
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

1983 - (Argentina)
Legal requirements specified for vaccine administration in pharmacies and/or by pharmacists.

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

- 1983 Argentina: Legal requirement specified for vaccine administration in pharmacies and/or by pharmacists.
- 1999 GPP: 2011 GPP
- 2002 UK: Legal authorization 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 expansion of immunisation services.
- 2009 USA: At 503 states legally authorized vaccine administration by pharmacists.
- 2010 Portugal: Amendment of legislation to include further details on pharmacy-based vaccination.
- 2011 Ireland: Legal authorization 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 introduced 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 (first).
- 2014 Philippines: Vaccine administration rights granted to trained pharmacists.
- 2015 Switzerland: Pharmacy-based vaccine administration authorized in 2 Canton; followed by 4 more later in the same year.
- 2015 Australia: Trained pharmacists in South and West Australia administer vaccinations.
- 2015 Ireland: Amendment to the 2011 regulation enabling pharmacists to also administer pneumococcal and pertussis (DPT) vaccines.
- 2015 Switzerland: Pharmacists invited for the first time to serve on immunisation advisory committees.
- 2016 Australia: Victoria was the final state to introduce vaccinations in pharmacies.
- 2016 Ireland: Plan to deliver training to pharmacists to enable administration of pneumococcal and pertussis (DPT) vaccines.
- 2016 Philippines: "Pharmacists' train to administrate" rotavirus and develop new 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.
### 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).

<table>
<thead>
<tr>
<th>Countries</th>
<th>Advocacy for vaccination</th>
<th>Vaccination administration</th>
<th>Training required</th>
<th>Access to Records</th>
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Legend:
- Y: Yes
- N: No
- PH: Pharmacist and other healthcare professional
- P: Pharmacist
- H: Healthcare professional
- Others: No response
### 3.2 - Case-study - Vaccination

<table>
<thead>
<tr>
<th>Country</th>
<th>Population (millions)</th>
<th>Population 65+ years (% total)</th>
<th>Health Expenditure (% GDP)</th>
<th>Number of community pharmacies</th>
<th>Immunisation advocacy activities</th>
<th>Vaccine administration by pharmacists</th>
<th>Management of vaccination records</th>
<th>Training of pharmacists</th>
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</table>

**Indicators:**
- Population (millions)
- Population 65+ years (% total)
- Health Expenditure (% GDP)
- Number of community pharmacies
- Immunisation advocacy activities
- Vaccine administration by pharmacists
- Management of vaccination records
- Training of pharmacists
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