
FIP STATEMENT OF POLICY

Sustainability of pharmacist-delivered professional services through viable remuneration models

Preamble:

This statement aims to support advocates of and recommendations for the remuneration of professional services delivered by pharmacists in any setting, including in multidisciplinary healthcare teams and collaborative practice. Pharmacists have custodianship over the entire medicines use process, which spans from ensuring the best medicine is ordered for a patient (including through pharmacist prescribing) to ensuring patients understand how to use their medicines optimally. Professional services are health-related activities provided by pharmacists, whereby they use their professional skills to prevent disease and to improve the health of consumers of medical products as well as the population in general. In this way, pharmacists play an active role in optimising medicines use and the outcomes of treatment, with the patient at the centre of care. Such professional services focus on addressing patients' healthcare needs and include: assessing the appropriateness, efficacy and safety of medication regimens; dispensing and compounding medicines; educating patients and caregivers; administering medicines and vaccines; and safely disposing of medicines. Services also include the ongoing therapeutic monitoring and evaluation of patients with chronic conditions for adherence, ensuring medication efficacy and safety throughout their course of care. Pharmacists provide professional services at a population level as well, for example health promotion, pharmacovigilance and other public health related services. Professional services, aligned with the general objectives of a country's health system, should have their own definitions, goals, procedures and documentation systems. This would allow for their evaluation and remuneration, guaranteeing their universality, continuity and sustainability.

Background:

Supporting global health by enabling the advancement of pharmaceutical practice, sciences and education is the mission of the International Pharmaceutical Federation (FIP). One important element in achieving this mission is to examine the sustainability of pharmacist remuneration models in ever-evolving healthcare settings. Pharmacist-provided patient-



centred care services¹ supported by clear communication with patients are among the most important professional assets and are a critical part of health system infrastructure.

A common concern among pharmacy associations worldwide is the long-term financial viability of professional services delivered by pharmacists. These concerns are first and foremost triggered by the impacts of continued price and margin cuts in dispensing of medicines and the non-allocation of funding mechanisms in many settings for extended professional services and social care. Such cuts limit the ability of pharmacists to weather the inconsistencies of usual business cycles and pose significant threats to the long-term viability of professional services delivered by pharmacists (in particular, from independent community pharmacies). In some settings there is increased competition from the sale of medicines and health products by non-pharmacy retailers and corporate group pharmacies. Some of these stores often operate without a pharmacist, which substantially increases the risk of unsafe access to and use of medicines for the public. Where medicines are supplied without the direct supervision of a pharmacist there is increased potential for inappropriate access and use, and for less than optimal patient health outcomes.

Furthermore, countries vary in the way they support professional services delivered by pharmacists in rural areas or community pharmacies with low turn-over. These variations are largely influenced by geography, among other factors, and may lead to reduced access to medicines and professional services, thereby worsening patient health outcomes.

There is a trend towards reforming remuneration by linking it to additional professional services delivered by pharmacists — to which is applied an outcome-based formula to the total remuneration package. These services are not just delivered to patients, but also to other health professionals and sometimes to payers. However, expanding remuneration for these services is not without challenges. Examples of these include: the reluctance of payers to pay for expanded pharmacy services; restrictive eligibility criteria that limit access to services and the ability of pharmacists to provide them; discontinuation of services due to annual or frequent (re)negotiations with insurers; and determining who is responsible for measuring the quality of professional services.²

A successful remuneration model is one that promotes sustainable delivery of professional services. These should be integrated into broader

¹ 2011 FIP/WHO Joint Good Pharmacy Practice document. Available from: <https://apps.who.int/medicinedocs/documents/s18676en/s18676en.pdf>

² General Council of Official Colleges of Pharmacists of Spain: Design, impact evaluation and implementation of a professional service on adherence to therapeutics with the participation of the community pharmacy. Available from: <https://www.portalfarma.com/Profesionales/InvestigacionFarmacia/AdherenciaMED/Documents/2019-informe-resultados-adherenciamed.pdf>



health system strategies and, therefore, funding plans. From a health system's perspective, these models need not only to bring value to patients and improve the health of the population, but also to be cost-effective. For pharmacies, they must also provide adequate compensation to enable sustainable access to medicines and delivery of comprehensive professional services, including important public health services and initiatives.

Remuneration for professional services delivered by pharmacists continues to be the subject of careful review by payers (governments, health insurers) to ensure that it supports their objectives of cost containment and, at the same time, reflects new societal needs and expectations through the development of new pharmacist delivered services. A professional service model is more effective where an appropriate regulatory policy is in place that governs the practice of pharmacy. As universal health coverage (promoted by the World Health Organization [WHO] and United Nations' Sustainable Development Goal 3) will not be achieved without investment in the global pharmaceutical workforce, equally, sustainable remuneration models for pharmacy should also be considered in the light of accessibility to quality, patient-centred health care.

In addition, having a sustainable system in place makes pharmacy a more attractive career choice, thereby lessening projected workforce shortages. Overall, the delivery of professional services should be supported by professional education.

AGAINST THIS BACKGROUND, FIP RECOMMENDS THAT:

Governments and policy makers:

- Recognise the vital roles that pharmacists play in healthcare systems and, in doing so, ensure the health infrastructure provided by pharmacists remains viable and sustainable into the future;
- Recognise pharmacists' role in guaranteeing successful pharmacotherapy for patient care;
- Acknowledge that the viability of the pharmacy profession is an issue for the broader health sector and society as a whole, and that it needs to be addressed with immediate priority to ensure access to medicines and their optimal use to achieve desired patient outcomes;
- Support investment in infrastructure and remuneration to expand pharmaceutical services to meet the WHO pharmacist-to-population ratio recommendation;³
- Design remuneration models that recognise the value delivered by pharmacists in optimising quality use of medicines, achieving positive health outcomes for their patients and contributing to the broader health system;

³ International Pharmaceutical Federation (FIP). Pharmacy at a Glance (2015-2017). 2017. The Hague, The Netherlands: International Pharmaceutical Federation (FIP). Available from: <https://www.fip.org/file/1348>



- Support expanding roles and collaborative practices of pharmacists driven by people's needs, in line with health system goals and in association with primary health care and hospital care services, as well as collaborative practices between providers and systems according to prevailing needs or the environment at that time;
- Promote incentives that reward high value and quality services that are focused on people's health needs and are associated with optimising pharmaceutical care;
- Promote pharmacists to become integrated players in clinical teams that make therapeutic recommendations on safe use of medicines;
- Ensure that remuneration for medicines supply, dispensing activities and patient care services are based on pre-established, transparent criteria so that the important contribution pharmacists make to health outcomes is visible to patients, payers and political decision-makers;
- Strengthen promotion policies so that society recognises the ability and potential of pharmacists to improve not only the health of individuals but also the health of communities as a whole, and incentivise the pharmacist to act accordingly; and
- Ensure patient safety by implementing and enforcing laws guaranteeing pharmacist oversight of pharmacy activities and services, including appropriate regulation of the distribution and dispensing of prescription medicines.

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FIP member organisations:

- Take responsibility for safe, responsible, effective and efficient use of medicines at the highest standards of practice to achieve better patient and population health outcomes;
- Support medicines use stakeholders in providing universal and reliable patient access to medicines and relevant healthcare products;
- Promote a framework to develop an overview of the different functions performed and services provided by pharmacists practising in all settings, as expected by society at a national or subnational level and design an appropriate costing and remuneration model for these functions;
- Foster the evaluation of the impact of pharmacists' functions, as well as their key role within clinical teams, to build an evidence-informed framework to support increased investments in pharmacy services such that effective and cost-effective solutions for society and better health outcomes for people can be delivered. The evaluation data should be shared with other member organisations and FIP, and disseminated among relevant national and regional stakeholders to strengthen advocacy initiatives in all jurisdictions;
- Analyse the sustainability of current (and, if possible, future) remuneration models for pharmacists' functions in line with the financing systems of healthcare in their territories;
- Advocate that pharmacist remuneration models must ensure the sustainability of the provision of professional services needed for optimal patient care and overall health services sustainability. As a result, remuneration for professional services must incorporate costs,



recognise value and quality, and include the right incentives for the provision of new and essential services;

- Support the design and delivery of cost-effective solutions for payers and better health outcomes for people;
- Organise continuous education and quality management systems in order to keep pharmacists updated on new treatments, services and therapy with the goal of increasing patient safety; and
- Disseminate FIP-developed strategies to help pharmacists understand the importance of embracing the concept of providing pharmaceutical services.

Pharmacists:

- Provide data to inform evidence-based value for current and emerging pharmacist-led professional services that optimise patients' use of medicines and facilitate implementation of all valued professional services provided by pharmacists to all populations in need;
- Collaborate in the development and design of universal data collection tools to inform evidence-based value in pharmaceutical care;
- Promote data on how pharmacists can help to provide better patient care and share it with colleagues;
- Actively support national member-based organisations in implementing strategies to progress the profession;
- Ensure that the professional service provided to every patient is of appropriate quality and adhere to the principles outlined in the national, regional and/or international FIP/WHO Good Pharmacy Practice guidelines⁴;
- Observe the ethical responsibilities⁴ and professional autonomy principles⁵ of healthcare professionals; and
- Live up to their own abilities and potential to improve not only people's health but also community health as a whole.

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AGAINST THIS BACKGROUND, FIP COMMITS TO:

- Advocate for pharmacists globally, demonstrating the pharmacy profession's contribution to individual patients, health sectors and society as a whole;
- Develop strategies to help all pharmacists understand the importance of embracing the concept of providing patient-centred pharmaceutical services;
- Assure FIP member organisations that any increased scope of practice would be supported by the existence of appropriate professional education, which should be guaranteed for the delivery of professional services (by an accredited programme);
- Advocate for sustainable pharmacist services models, promoting the advancement of practice and the resilience of healthcare systems to all citizens.

⁴ International Pharmaceutical Federation. Codes of Ethics for Pharmacists. Bangkok, 2014. Available from: <https://www.fip.org/file/1586>

⁵ International Pharmaceutical Federation. Pharmacist Ethics and Professional Autonomy: Imperatives for Keeping Pharmacy Aligned with the Public Interest. Available from: <https://www.fip.org/file/1368>

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Date of Adoption : 13 September 2020

Proposed by : FIP Bureau

This Statement can be quoted by stating: : FIP Statement of Policy: Sustainability of pharmacist delivered professional services through viable remuneration models

This Statement references the following FIP Statements and documents: : International Pharmaceutical Federation. Sustainability of Pharmacy Services: Advancing Global Health: International overview of remuneration models for community and hospital pharmacy. The Hague: FIP, 2015. Available at: <https://www.fip.org/files/content/publications/2015/Sustainability-of-Pharmacy-Services-Advancing-Global-Health-summary.pdf>

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