

Embracing pharmacists' roles in health-care delivery

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The universal shortage of qualified health workers remains a persistent challenge for health-care systems. As per the WHO European Framework for Action on Health and Care Workforce¹ a solution lies in re-defining and re-distributing tasks across different health-care providers to keep pace with patient needs, advances in professional education and new technologies.² In this context, the contribution of pharmacists to achieving health system priorities becomes critical. Pharmacists, particularly those working in community settings, are essential yet often overlooked health professionals who can make a difference in improving healthcare delivery.

In 1994, WHO called upon pharmacists to step up their input into community services. Fast forward to 2011, WHO and the International Pharmaceutical Federation (FIP) released the Good Pharmacy Practice guidelines,³ which outlined the essential roles community pharmacists could play. The document underscored the potential of the pharmacy workforce to improve health-care systems and public health effectiveness. It provided impetus for the pharmacy practice evolution enabling pharmacists to embrace a broad range of health-care services, in addition to the traditional roles of ensuring availability, quality, safety, efficacy and optimal use of medical products. However, this transformation has neither been rapid, nor uniform across the WHO European Region. Why is that so?

There are several factors which contribute to this inertia, including a lack of awareness among policy-makers about the potential roles pharmacists can assume, perhaps due to a historical secondary care-led view of health service delivery which tends to emphasize the role of medical doctors. Issues related to legal barriers, effective delivery models, funding, and inconsistent involvement of pharmacists' professional organisations in developing disease programme strategies are also common. These lead to a slow and uneven transformation, which comes at a significant cost to health systems. It is not just an opportunity cost; it also leads to increased expenditures due to late disease detection, sub-optimal use of medicines and losses in patient follow-up.

Pharmacists are among the most accessible, frequently visited and most trusted health-care

professionals.⁴ This unique positioning allows them to substantially contribute to disease prevention, including through vaccination, early detection, symptoms alleviation, and chronic condition management. Pharmacists also play a crucial role in informing and facilitating self-care, making appropriate referrals, contributing to medication adherence and responsible use of medicines and resources. One way community pharmacists contribute to timely patient care, reducing pressures on GP and emergency services is through common ailments schemes, where pharmacies are the primary place for treating a range of minor conditions and a gateway to healthcare. During the COVID-19 pandemic, community pharmacists emerged as crucial players in many health systems across the region, not only through the provision of diagnostic services and vaccination delivery but also through the continued prevention or uninterrupted management of chronic conditions. However, on the other end of the spectrum there are still countries, which reduce pharmacists' roles to only dispensing products and prohibit any care delivery.

How can good practices be replicated and expanded? Through an inclusive policy dialogue, countries can identify the context-specific roles that pharmacists can play in health-care delivery and adopt enabling policies outlining (1) eligible conditions, (2) the responsibilities of pharmacists and their operational protocols, (3) requisite inputs, such as knowledge and skillsets, or the availability of infrastructure for pharmacy care delivery, (4) supporting frameworks, such as integrated digital systems and patient pathways, (5) financing mechanisms to ensure pharmacy care sustainability, (6) monitoring service quality, and (7) roadmaps for the integration of pharmacists' services into the health-care ecosystem.

The systematic roll-out of pharmacy care helps mitigate the impact of health workforce shortages by embracing and harnessing the advances in the skillset of pharmacists. It also becomes an indispensable element of patient-centered health systems in which previous product-focused approaches are no longer sufficient. This helps optimize the use of resources so scarce and precious for health systems grappling with the dual burden of infectious diseases and non-communicable conditions against the backdrop of rising healthcare costs, ageing populations and shocks produced by emergencies of diverse nature.

Pharmacists are highly trained, versatile health professionals who are integral to primary health care. By harnessing their full potential and skillset, pharmacists



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can play a central role in primary health care reform and moving towards Universal Health Coverage. Their contributions are invaluable, and their potential is vast. It is time we fully recognize this and utilize their capabilities in our journey towards better health for all.

Expanded pharmacists' roles in health-care delivery

Community pharmacy:

- Integral part of Primary Health-care
- Health promotion, disease prevention, detection, and management
- Rational, safe, and cost-effective use of medical products
- Vaccine confidence, delivery, and uptake
- Contribution to management of communicable & non-communicable conditions
- AMR prevention
- Tobacco cessation

Hospital pharmacy:

- Clinical pharmacy
- Clinical nutrition
- Antibiotic stewardship
- Patient safety
- Personalised, precision, and predictive medicine

Contributors

Natasha Azzopardi Muscat: conceptualization, planning, validation, original draft co-production: policy and senior management/leadership aspects; Paul Sinclair: conceptualization, validation, review, and editing; Tomas Zapata: original draft co-production: health workforce aspects, review, and editing; Daragh Connolly: validation, review and editing of practice and innovation aspects; Gonçalo Sousa Pinto: original draft co-production: practice and innovation aspects, editing; Stanislav Kniazkov: original draft co-production: pharmacy, technical, and implementation aspects.

Declaration of interests

None.

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