



PGEU GPUE

*Pharmaceutical Group of European Union
Groupement Pharmaceutique de l'Union Européenne*

**PGEU survey on Pharmacy Education
in relation to
Non-Prescription Medicines/Self-care**

Background

Community pharmacists are at the heart of healthcare, providing a wide range of professional services to citizens of EU Member States.

Very often, the pharmacist is the first and sometimes the only healthcare professional to assist a patient through their health journey as exemplified by responding to symptoms, providing nutrition advice or selecting the most appropriate medication. Inevitably it is the pharmacist who has final contact with a patient when providing medicines prescribed by other healthcare professionals

As a result of the way in which community pharmacies are distributed, often through a deliberate planning policy, the vast majority of the public have convenient access to at least one community pharmacy and often two or more, near to where they live and work. The range of essential services provided includes participation in health promotion campaigns, one-to-one advice on how to maintain good health and avoid illness, help for those who wish to quit smoking and advice on when self-care, including self-medication, is appropriate. Pharmacists play an important role in signposting patients; referring them to the doctor or other appropriate health service when medical examination or prescription treatment is considered necessary. Pharmacists provide advice on administration, side effects, health benefits and the importance of adherence to patients' medicinal therapy when dispensing prescriptions written by other health professionals.

PGEU has been asked to undertake research in connection with pre- and post-qualification education and training of pharmacists in self-care and in supporting reclassification by The European Commission working group on promoting good governance for non-prescription medicines. Therefore, this document focuses on education in non-prescription medicines counseling and self-medication support. However it is important to note that self-care in the context of pharmacy practice is much broader and encompasses advice on:

- *hygiene both general and personal,*
- *nutrition which includes counselling on the type and quality of food eaten,*
- *lifestyle including counselling on sporting activities, leisure, exercise etc.,*

as well as

- *self-medication support, including a signposting role.*

According to a recent PGEU survey¹ on common pharmacist activities in the EU, all PGEU² members indicated supporting patients in self-care as a core activity of community pharmacists in their country. European community pharmacists are therefore expected to be competent in supporting self-care and encouraging, assisting and providing the means for pharmacy clients to take responsibility of their own care. In addition supporting patients in self-care occupies an important part of joint FIP/WHO Good Pharmacy Practice Guidelines (GPP)³. GPP is widely recognised and implemented among PGEU members.

¹ PGEU survey on common pharmacist activities 2011.

² PGEU's members are the national associations and professional bodies of community pharmacists in 31 European countries including EU Member States, EU candidate countries and EEA/EFTA countries.

³ Joint FIP/WHO guidelines on good pharmacy practice: standards for quality of pharmacy services
http://www.fip.org/files/fip/WHO/GPP%20guidelines%20FIP%20publication_final.pdf

Why are non-prescription medicines a special case?

Safety and efficacy of self-care with non-prescription medicines and medical devices is critical. Relevant regulatory authorities assume each non-prescription medicine is safe for self-use by all when the labelled directions are followed. They similarly assume that each patient purchasing non-prescription medicine will “read and follow” instructions for use included on the label of every product. However, existing evidence suggests that patients do not always use non-prescription medicines in an appropriate way^{4,5}. Other information sources, including advertising, are available to patients in respect of non-prescription medicines. This fact increases rather than diminishes the need for objective and balanced advice. For example, not all patients adequately distinguish between promotional and educational messages, and advertising usually excludes information about correct usage of the product.

Pharmacists are commonly consulted for common ailments, for example, research from Ireland shows consumers would be more likely to seek advice from a pharmacist than a doctor for some conditions, including indigestion, constipation, colds and flu and acne, spots and rash⁶. This role of the pharmacist in providing such advice is vital to minimize the burden on busy doctors (and the cost to overall health system) of visits for common ailments. Additionally, where patients self-medicate, since many do not read the label prior to use or fail to understand instructions⁷, we suggest that the pharmacist’s intervention is the most effective way to protect patients from direct and indirect risks inherent in self-care. It should be considered as a condition of safe use, especially when there is a risk of indirect harm or risk of abuse of particular product.

In order for the pharmacist to make the right decision when responding to symptoms (see below), it is important that his/her decision is based on the evidence and on the correct identification of the cause. Selection of the most appropriate medicine should be based on therapeutic factors. If evidence-based practice is to influence this type of decision, pharmacists need to use the evidence that is available and be prepared to discuss this with patients. Therefore evidence on the safety and efficacy of non-prescription medicines and devices must occupy a prominent place in the education of all pharmacists. In addition, manufacturers are encouraged to provide scientific data on safety and efficacy of the non-prescription medicines to the National Pharmacy Associations and pharmacy practitioners.

Methodology

A brief questionnaire was designed to explore undergraduate pharmacy education in relation to self-care and self-medication. Questions were based on the findings and initial views found in the literature and identified by pharmacy practice experts. The questionnaire consisted of three main questions on subjects in pharmacy curriculum aiming to develop core competencies in clinical, responding to symptoms and communication aspects of the practice. The questionnaire was sent to 32 Liaison Secretaries (national representatives) of European Pharmacy Students’ Associations (EPSA) for completion.

Twelve responses from EU Member States were received (Annex I) and was used to inform our thinking expressed in this document. Information on continuing professional development and continuing education (Annex II) is provided by PGEU member associations. In addition, we have addressed responding to symptoms as important aspect of pharmacy practice in the self-care context.

⁴ Sinclair HK., Bond CM., Hannaford PC. Over the counter ibuprofen: how and why is it used? *Int J Pharm Pract* 2000; 8:121-127.

⁵ Nature and frequency of drug-related problems in self-medication (over-the-counter drugs) in daily community pharmacy practice in Germany. [Eickhoff C, Hämmerlein A, Griese N, Schulz M. *Pharmacoepidemiol Drug Saf.* 2012 Mar;21\(3\):254-60. doi: 10.1002/pds.2241. Epub 2011 Sep 28.](#)

⁶ Bell HM, McElnay JC, Hughes CM. Societal perspectives on the role of the community pharmacist and community-based pharmaceutical services. *J Soc Admin Pharm* 2000; 17: 119-28.

⁷ According to a survey carried out in Ireland (TNS mrbi Survey Study, 2005) one in three people do not read the instructions included on the packaging of NPMs, and nearly 50% do not read the instruction leaflet.

Pharmacy Education

Every Pharmacy Faculty in Europe is required to ensure minimum harmonization of pharmacy training as described in the annex of Directive 36/2005 on Recognition of Professional Qualifications. This annex lays down a minimum list of core subjects to be included in the pharmacy curriculum. These include pharmaceutical chemistry, pharmacology and pharmacotherapy. No distinction is generally made between prescription and non-prescription medicines in this context; training in the therapeutic action, metabolism, and toxicity that is included in the minimum range of subjects covers all medicines.

Pharmacy education institutions have emphasised therapeutics and clinical pharmacy practice as primary components of the pharmacy curriculum in the last decade. There is a widespread recognition that, in critical areas of knowledge, pharmacists require more grounding in clinical aspects of pharmacy both to meet current requirements of health systems (for example, encouraging more complex interventions and the provision of a wider range of pharmacy based clinical services) and the potential for the further development of the pharmacist's role as a healthcare provider.

Subjects such as clinical pharmacy, internal medicine, therapeutics, pharmaceutical care are a part of the modern pharmacy curriculum⁸. They prepare the pharmacy workforce to respond effectively to patient's common ailments, symptoms and self-care needs, including in preventative therapy. This has the potential to substantially enhance the provision of appropriate medication, self-care advice and support in the pharmacy.

Skills needed for effective communication are as important as clinical skills. They are essential for efficient and safe patient-pharmacist interaction and ultimately facilitate patient centred care. Different components of communication skills are used when counseling a patient about the use of their prescribed medicine compared with those needed to recommend a non-prescription medicine. Traditionally pharmacists are familiar with skills associated with explaining doses, therapeutic action, side effects, and health advantages and negotiating adherence of the prescribed medicines they supply. However, responding to symptoms, supplying a non-prescription medicine and offering healthcare advice require a different subset of communication skills. Pharmacists have to interview the patient to ascertain the underlying problem and then suggest appropriate remedial action. This extended pharmaceutical function requires more listening, questioning, interpreting, reflection, negotiation and empathising skills.

Pharmacists should have the skills of presenting essential facts to patients they provide with non-prescription medicines or healthcare advice in terms which their patients understand. It is important that communication techniques taught to pharmacists take into account personal attitudes and beliefs as well as external factors such as practice setting and legal aspects etc.

Communication and counseling skills are not necessarily part of the pharmacist's formal education and are expected to be acquired both during the practice period which is part of formal pharmacy training and through practice. Most pharmacists acquire these skills in this way. However, effective communication skills can be taught and appropriately supported pharmacy practitioners could learn effective communication techniques and develop necessary skills in shorter time prior to submersion in practice. We believe it is important that training of these skills is recognized as an integral part of pharmacy education.

Continuing Education/Continuing Professional Development

In all EU countries pharmacists have a professional obligation to remain up-to-date in their practice, which they may do through organised or individual continuing professional development activities. Self-

⁸ See Annex I

care issues as well as training in effective communication are a part of these activities. In common with other health professions, some EU countries (Annex II) mandate Continuing Education and/or Continuing Professional Development for pharmacists.

Responding to symptoms

It is commonly known and accepted that community pharmacists are regularly approached by members of the public for advice about how to manage symptoms or other health issues not related to prescribed medication. This provides an important part of the health service, at no cost to funders, and reduces pressure on the healthcare workforce.

The first process when responding to a request for management of a patient's symptoms is to reach an agreed working hypothesis. Then a management strategy is formulated and agreed with the patient. This process frequently includes recommending purchase of non-prescription medication and/or referral to other health provider or services – and is a core primary health care service provided by community pharmacists daily. Symptoms dealt with in the community pharmacy include, for example:

- Common cold and related symptoms,
- Infections and rashes,
- Allergies including skin conditions,
- Stomach upsets,
- Cuts and bruises,
- Burns and strains,
- Muscular and joint pain, etc.

Observations and possible issues for further exploration:

People in all parts of Europe encounter similar health problems and with approximately the same frequency and the people generally respond in the same way (one quarter turn to non-prescription medicines). European pharmacists have the competence to support the further development of self-care. Moreover, pharmacists have insight into how people manage their medicines, especially those with chronic conditions, how they present to pharmacy, and what their needs are with respect to medicines, so the pharmacists' perspective is vital when creating self-care policies.

This is an opportunity for the pharmacy profession as a whole to engage and foster links with governments, other healthcare professionals and most of all patients/the public in order to demonstrate the significant contribution that pharmacists and pharmacy can make to enable people to better self-care. Therefore, we conclude that:

- An emphasis on therapeutics and clinical practice in the curriculum provides a sound basis for developing pharmacist self-care interventions, given the acknowledged role of pharmacists in advising patients who present with symptoms at the pharmacy. The potential to develop this aspect of pharmacy education, possibly specifically in a self-care context, needs to be explored.
- A specific approach to non-prescription medicines as a category from a pharmacological/therapeutic perspective within the pharmacy curriculum is unnecessary.

- Training in effective communication and counselling when responding to symptoms should be an integral part of the pharmacy qualification.
- The role of meaningful continuing professional development is a key and is essential if communication and clinical skills are to be developed in the self-care context. For example, pharmacists are broadly in favour of following schematic interactions (guidelines, standard operating procedures, flow charts, etc) between themselves and patients when dispensing non-prescription medicines, as demonstrated in some countries⁹ with regard to for example emergency hormonal contraception and Alli¹⁰. This should be facilitated and supported by continuing education activities or material.

⁹ Gauld N, Kelly F, Shaw J. Is non-prescription oseltamivir availability under strict criteria workable? A qualitative study in New Zealand. *J Antimicrob Chemother.* 2011;66(1):201-4.

¹⁰ *Weight-management non-prescription medicine (generic name- Orlistat), first centrally 'switched' from prescription only to non-prescription medicine in EU27.*

Annex I: EPSA Questionnaire on Self Care Education

Country	1. Is there a specific subject on communication or patient counselling in your pharmacy course?	2. If yes, a.) Is it obligatory or selective?	2. If yes, b. How many ECTS credits does it have?	3. Is there a subject dedicated to diagnostic skills in your pharmacy course, such as internal medicine, differential diagnosis, etc?	4. If yes, a.) Is it obligatory or selective?	4. If yes, b. How many ECTS credits does it have?	5. Is there a pharmaceutical care, clinical pharmacy, etc module in your pharmacy course?	6. If yes, a.) Is it obligatory or selective?	6. If yes, b. How many ECTS credits does it have?
Belgium	Yes	Obligatory	3	Yes	Obligatory	4	Yes	Obligatory	15 ECTS
Bulgaria	No			No			Yes	Obligatory (a module on clinical pharmacy – is selective)	Pharmaceutical care - 5 ECTS
Czech Republic	No			No			Yes	Obligatory	Pharmaceutical care- 5 ECTS, Clinical Pharmacology 10 ECTS.
Denmark	Yes, as a part of our internship in a pharmacy (half a year) during the last 2 years of the study (Masters). Patient counselling and communication are integrated in this course.	The internship is in some way selective, since you can choose between Industrial practice and pharmacy. However, If you want to be able to work in a pharmacy, it is obligatory to complete the internship in pharmacy.	30 ECTS	–	–	–	Yes	It is selective in our Masters programme. It is offered for half a year.	7,5 ECTS

Finland	Yes	Obligatory	4 ECTS	Yes we learn, pharmacotherapy etc	Obligatory	8-20 ECTS	In Helsinki Faculty we do not have clinical pharmacy, but in Kuopio yes. For pharmaceutical care we don't have just one specific course/subject; parts of different courses include pharmaceutical care.	Yes	As with the other subjects asked, it is hard to estimate the specific number of credits.
Germany	Majority of universities teach patient counselling and communication within clinical pharmacy courses, additionally in some universities we have possibility to go for OSCE exam + communication courses within a special programme for community pharmacy from external partner of BPhD (student association).	Courses of clinical pharmacy are obligatory. OSCE and external lectures are selective.	We do not use ECTS points in our curriculum.	As part of clinical pharmacy courses we learn some basics about diseases but we think that diagnosis should be left to the doctors.			Yes	Obligatory, it is main part of the curriculum and 1/5 of our final graduation depends on this.	We do not use ECTS points in our curriculum.
Lithuania	Yes	Obligatory	Part of pharmacy traineeship.	Yes	Obligatory	N.I.	Yes	Obligatory	N.I.
Malta	Included in a module named Pharmacy Practice.	Obligatory	N.I.	Included in a module named Pharmacy Practice.	Obligatory	N.I.	Yes	Pharmaceutical care is included in a module named Pharmacy Practice - Obligatory; Clinical Pharmacy –	Clinical Pharmacy – 20 ECTS

								Selective.	
The Netherlands	Yes. The K.N.P.S.V. also organises the Patient Counselling Event- PCE (an IPSF project) where students of Groningen and Utrecht Faculties participate. The winner gets a free ticket to the IPSF world congress where he/she takes part in the international patient counselling event.	Obligatory. Attending the PCE is selective.	Depends on the university (ranges from 4 ECTS to 45 ECTS).	Yes. Mostly by doing internships.	Obligatory	Depends on university. (+/- 45 ECTS)	Yes	Obligatory	At least 3 ECTS. More is possible by doing selective courses.
Portugal	There is at least one subject in each faculty. In addition we organise IPSF project (Patient Cancelling Event - PCE) to make students more aware of the importance of communication skills in their pharmacy practice.	Obligatory	5/6 ECTS (depending on the faculty).	Yes, diagnostic skills are an important part of our pathology.	Obligatory	5 ECTS (depends on the faculty).	Yes, there are a few subjects on this matter.	Obligatory/Selective (depends on the faculty).	5/6 ECTS (depends on the faculty).
Romania	Yes	Selective	1 ECTS	Yes	Obligatory	4 ECTS	Yes	Obligatory	4 ECTS
UK	Yes	Obligatory	N/A	Yes	Obligatory	N/A	Yes	Obligatory	N/A

Annex II: PGEU Database 2011- Pharmacy education and Training

Country	Faculties	Number of newly licensed pharm. in a year	Continuing Education compulsory	Continuing Professional Development compulsory	The licence compulsory for comm. pharm	How long is licence valid? (in years)
Austria	3	207	No	Yes	Yes	Unlimited
Belgium	9	534	No	No	Yes	Unlimited
Croatia	2	130	Yes	No	Yes	6
Czech Rep.	2	/	/	/	/	/
Denmark	2	/	No	No	No	/
Estonia	1	36	No	No	Yes	Unlimited
Finland	3	96	Yes	No	Yes	Unlimited
France	24	3090	Yes	Yes	Yes	Unlimited*
Germany	22	1858	No	No	Yes	Unlimited
Ireland	3	270	No	No	Yes	1
Italy	30	5290	Yes	No	Yes	Unlimited
Latvia	2	/	/	/	/	/
Lithuania	1	100	No	Yes	Yes	5
FYR Macedonia	3	100	Yes	Yes	Yes	7
Malta	1	/	/	/	/	/
Netherlands	2	160	Yes	Yes	Yes	5
Norway	3	/	No	No	No	N/A
Poland	9	900	Yes	No	Yes	N/A
Portugal	9	700	No	Yes	Yes	1**
Romania	8	/	/	/	/	/
Serbia	4	/	Yes	No	Yes	N/A
Slovakia	2	360	Yes	No	Yes	Unlimited
Slovenia	1	140	Yes	No	No	N/A
Spain	20	2247	No	No	Yes	1
Sweden	7	270	No	Yes	Yes	N/A
Switzerland	3	115	Yes	No	Yes	10
Turkey	17	820	No	No	No	N/A
UK	26	/	No	Yes	Yes	1

**Provided the pharmacist renews his registration within the Chamber every year by paying the fee.

* Professional card issued to a licensed pharmacist is valid for 3 years, however licensed is renewed every year.