

COUNCIL OF EUROPE

COMMITTEE OF MINISTERS

(PARTIAL AGREEMENT IN THE SOCIAL AND PUBLIC HEALTH FIELD)

RESOLUTION AP (93) 1

ON THE ROLE AND TRAINING OF COMMUNITY PHARMACISTS

*(Adopted by the Committee of Ministers on 23 November 1993
at the 503rd meeting of the Ministers' Deputies)*

The Representatives on the Committee of Ministers of Belgium, France, Germany, Italy, Luxembourg, the Netherlands and the United Kingdom of Great Britain and Northern Ireland, these states being parties to the Partial Agreement in the social and public health field, and the Representatives of Austria, Denmark, Finland, Ireland, Spain and Switzerland, states which have participated in the public health activities carried out within the above-mentioned Partial Agreement since 1 October 1974, 2 April 1968, 20 June 1991, 23 September 1969, 21 April 1988 and 5 May 1964, respectively,

Considering that the aim of the Council of Europe is to achieve greater unity between its members and that this aim may be pursued, amongst others, by common action in the social and public health fields;

Having regard to the provisions of the Brussels Treaty, signed on 17 March 1948, by virtue of which Belgium, France, Luxembourg, the Netherlands and the United Kingdom of Great Britain and Northern Ireland declared themselves resolved to strengthen the social ties by which they were already united;

Having regard to the protocol modifying and completing the Brussels Treaty, signed on 23 October 1954 by the signatory states of the Brussels Treaty, on the one hand, and the Federal Republic of Germany and Italy, on the other hand;

Observing that the seven states parties to the Partial Agreement which have resumed, within the Council of Europe, the social work hitherto undertaken by the Brussels Treaty Organisation and then by Western European Union, which derived from the Brussels Treaty as modified by the protocol mentioned in the fourth paragraph above, as well as Austria, Denmark, Finland, Ireland, Spain and Switzerland, who participate in Partial Agreement activities in the field of public health, have always endeavoured to be in the forefront of progress in social matters and in developing pharmaceutical questions and have for many years undertaken action towards harmonisation of their legislation;

Considering the economic benefits to society and therapeutic advantage to the population as a whole and to individuals of advocating and reinforcing the rational use of medicines;

Considering that the pharmacist plays a key role in the health field and particularly in the field of medicines, with a view to ensuring public accessibility to medicines in appropriate quantities and with a reasonable cost;

Considering that community pharmacists must participate in the health education of the population;

Considering that the pharmacist should collaborate with all the professionals in the health field with a patient-oriented approach;

Considering that the primary focus of pharmaceutical care shall at all times be targeted towards patient advantage, either individually or collectively, whether directed at health promotion or maintenance, symptom relief, or maximising benefits and minimising risks from medication ;

Considering that in a changing economic and social environment, pharmacists must adapt and update their knowledge, training and practice to play their full part in society ;

Considering the unquestionable need for the pharmacists' training to enable them to appropriately meet all the requirements of their future professional life by ensuring that they understand the science related to medicines, that they will be able to appraise their appropriate use in the prevention and treatment of sickness, and to inform and motivate patients to make best use of them ;

Considering that generally patients' interests are best served by facilitating access to medicines, although due regard needs to be given to maintaining limitations where public health issues of safety or misuse dictate ;

Considering the fundamental importance of appropriate choice and use of prescribed medicines particularly to enable those undergoing long-term rehabilitation and/or recently discharged from hospital to achieve or regain their independence ;

Considering the benefits both to individuals and to the community of the public being well-informed and better able to cope with what are regarded as minor ailments ;

Considering the convenient location of community pharmacies and the ready availability of community pharmacists, who could be of greater help to the community ;

Recalling the debates of the seminar on the role and training of community pharmacists, held in Strasbourg from 2 to 4 October 1991,

Recommend that the governments of the seven states parties to the Partial Agreement, as well as those of Austria, Denmark, Finland, Ireland, Spain and Switzerland, take the principles set out in the appendix hereafter into consideration when regulating the role and training of the community pharmacist and recommend that professional bodies, academic institutions, consumer associations and community pharmacists take into account the principles set out below.

Appendix to Resolution AP (93) 1

Principles relating to the practice and training of community pharmacists

1. The organisation and provision of primary care must be arranged so that the process of drug therapy, whether prescribed or not, is an integrated activity involving community pharmacists with the primary health care team, in planning, rationalising and implementing treatments.
2. Steps should be taken to ensure public awareness of the contribution that the community pharmacists can make to health care generally (supply and rational use of medicines, collaboration with other health professionals, patient education, training of their collaborating staff), stressing their accessibility, and co-ordinating this with activities to motivate community pharmacists to concentrate on their role in public health.
3. The legislation controlling pharmacy, whilst providing adequate protection and service to the public on medicines, particularly by guaranteeing independence in the exercise of the profession, should allow pharmacists to exercise their professional discretion, in deciding activities within and outside the pharmacy.
4. Bodies responsible for representing the professions concerned in their relations with the public authorities and the organisations most representative of those professions should consider as a matter of priority the adequacy of ethical and practice criteria and also the structure of the pharmacy profession.
5. Governments, educational institutions, the bodies responsible for representing the professions concerned in their relations with the public authorities and the organisations most representative of those professions must review initial

training in pharmacy to ensure that it provides an appropriate basis to enable community pharmacists to reach their goals, particularly as regards good patient-oriented pharmacy practice.

6. Governments, educational institutions, the bodies responsible for representing the professions concerned in their relations with the public authorities, and the organisations most representative of those professions must take steps to ensure that continuing education be organised, encouraged and followed by pharmacists, and that arrangements for continuing education are adequate to ensure their competence to practice.

7. Services provided in community pharmacy should be assessed in relation to the objectives laid down pursuant to this resolution.

8. As new products become available and experience in practice develops, systems should be developed whereby medicines and therapeutic regimens are routinely, independently and objectively evaluated, community pharmacists being integrated into such systems.

9. The facilities and internal organisation of community pharmacies providing an appropriate range of pharmaceutical services should be so arranged that the community pharmacy becomes a health advice centre and provides sufficient privacy for counselling needs.

10. The remuneration within community pharmacy should relate to provision of pharmaceutical care and not depend solely on either the price of medicines or volume of prescriptions. Pharmacists must be paid on the basis of their professional services.