



**GENERAL
PHARMACEUTICAL
COUNCIL OF SPAIN**

Good Pharmacy Practice in Spanish Community Pharmacy

05

**Dissemination of Information
about Medicines and Health
Related Issues**

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Introduction

The community pharmacist, as the healthcare professional with the maximum accessibility to the citizen, must play a key role in informing the population about medicines and health-related issues. The pharmacist should be recognised as the main source of information that citizens can go to with any inquiry or questions about medicines.

For medicines that do not require a prescription, the pharmacist should provide the information based on their scientific expertise, personalised according to the needs of the patient¹ and uninfluenced by commercial considerations. It is important to bear in mind that in this case the pharmacist will act by providing evidence-based information to a user who may attend the pharmacy attracted by some advertising or with the desire to self-medicate with a treatment that is not suitable for his/her needs. The community pharmacist plays an active role in the area of self-care and self-medication and is the main source of information regarding non-prescription medicines. The pharmacist also offers health advice about various health problems and symptoms cited by the user.

The information that the community pharmacist provides about medicines that have been prescribed by a doctor or other prescriber has to be adapted to the requirements of the Dispensing Service procedure (see ***Procedure for the Dispensing Service for Medicines and Medical Devices***) and must include personalised information relating to all the aspects necessary for its correct use depending on the user who is being served. In this case, the information provided by the pharmacist is complementary to that provided by the prescriber or other healthcare professionals. For this reason, the coordination of the community pharmacist with the other healthcare professionals is very important, so that the user receives consistent information.

These informational activities will promote the importance of adherence to treatments, as well as, the appropriate and responsible use of medicines.

In reference to information on other health related issues, the pharmacists' accessibility allows them to provide health education advice that can favourably affect the lifestyle and health behaviour of users and that is not strictly related to the use of a medicine. In this area, the community pharmacist can play an important role in the field of prevention by undertaking educational activities to prevent the consumption of substances of abuse and prevent the spread of diseases, or promote vaccinations and healthy habits, among others.

The community pharmacist must also use sources that are reliable and of recognised quality to carry out tasks relating to the health education of the population in relation to the search for health information, particularly about medicines, and especially when this search for information is based on the Internet.

Pharmacists will collaborate in training and information programmes both for citizens and for other healthcare professionals.

A number of requirements will need to be met in order to develop this type of activities:

- Performed by the pharmacist. The role of the pharmacy technician or assistant will be to collaborate in identifying queries that can be referred to the qualified pharmacist.
- Have adequate space, including an area for individual attention, so that information can be provided to users, guaranteeing the confidentiality of consultations and the information-giving activity that takes place.
- Have specific written material about the use of medicines and/or health issues. This information can be compiled by the pharmacy, according to the needs of the users or it can be information that has been written by different institutions (public administration, General Pharmaceutical Council, Pharmacy Chambers, scientific societies, etc.).
- Record informational activity that takes place in the pharmacy so that it can be evaluated.

This document contains the necessary recommendations for the dissemination of information related to medicines and health, which can be considered as good pharmacy practice.

¹ A *patient* is understood to be a *user* if he/she has or perceives a health problem. This document uses the term *user* generally to refer to all those people who come to the community pharmacy.

Objectives

- a) Provide verified, scientific information on medicines and health related issues, in a manner that is comprehensive, accurate and adapted to the needs of each individual in order to improve the behaviour and habits that can maintain or improve users' health.
- b) Promote the general dissemination of information on medicines and health related issues, as well as information issued by central government, professional / scientific organisations, etc.

Procedure

The pharmacist's health information and educational activities regarding the use of medicines or relating to health issues can be addressed in a number of ways:

- i. Responding to specific queries from users.
- ii. Providing personalised information in response to specifically identified needs.
- iii. By planning and offering information to groups of users who can benefit from specific educational activities.

The information provided by the pharmacist becomes health education when it is provided in a structured manner. The pharmacist must consider:

1. Establishing a partnership with the user: community pharmacists should be aware of the importance of their role as health educators and the primary objective is that users benefit from it. This requires the user to be receptive to the educational action and this can be achieved if the user takes responsibility for their own health.

The pharmacist's role is to inform the users of the lifestyles and behaviours that must be abandoned or adopted as well as the need for good adherence to treatment, motivating them and helping them achieve this.

It should be remembered that the final decision rests with the user, so it is important to establish a therapeutic / educational partnership. The user has to be trained to be ultimately responsible for his/her treatment.

2. Provide advice to all users: all the people who come to the community pharmacy are able to receive educational advice. Studies show that users who need the most information and advice are often those who ask the fewest questions. That advice must reach all users according to their information needs, age, sex, educational level, socio-economic status, etc.

3. Investigate the users' habits: it is important that the pharmacist has information about lifestyles and health behaviours of their users, suitably recording this information. Do not attempt to change any habit without first having a complete profile of a user's lifestyle.

4. Select the health behaviour to be modified: a fundamental rule in health education is to not try to change all behaviours at the same time since it leads to certain failure. It is important that the user participates in the evaluation and prioritisation of the importance of the behaviours that must be modified to improve his/her health.

5. Design and implement an educational plan: once the behaviour to be changed has been decided on, a specific plan has to be designed in which the user must participate and which must include specific objectives to be achieved. It is desirable to use written material (brochures, leaflets, etc.) as these will complement verbal educational messages.

6. Recording: the educational activities conducted from the community pharmacy that follow a specific plan, either on the pharmacy's own initiative or due to the participation in a campaign developed by an institution, must be recorded in a register provided for this purpose.

In order to be able to quantitatively evaluate these activities, as a minimum, the data recorded should include:

- Educational activity undertaken.
- Community pharmacist responsible.
- Date on which it is carried out.
- Number of users who have been provided with the information.

7. Evaluation: user satisfaction surveys should be planned if a qualitative assessment is to be made of the educational interventions. If there is a desire to evaluate any of the group educational activities, it is appropriate to conduct a survey before starting the activity and again afterwards to see if the pharmacist's intervention has been helpful in improving and increasing the users' knowledge.

For educational advice imparted by the pharmacist to be effective, it must incorporate the following points:

- The messages must be informative and motivational.
- It must provide clear instructions on what specific action needs to be taken.
- The language used in verbal and written communication must be adapted to the users' age, sex and educational level. It is desirable to use terms that are simple and easily understood.
- The message must be repeated frequently, the more often the better.
- Verbal and written communication (leaflets) should be combined.

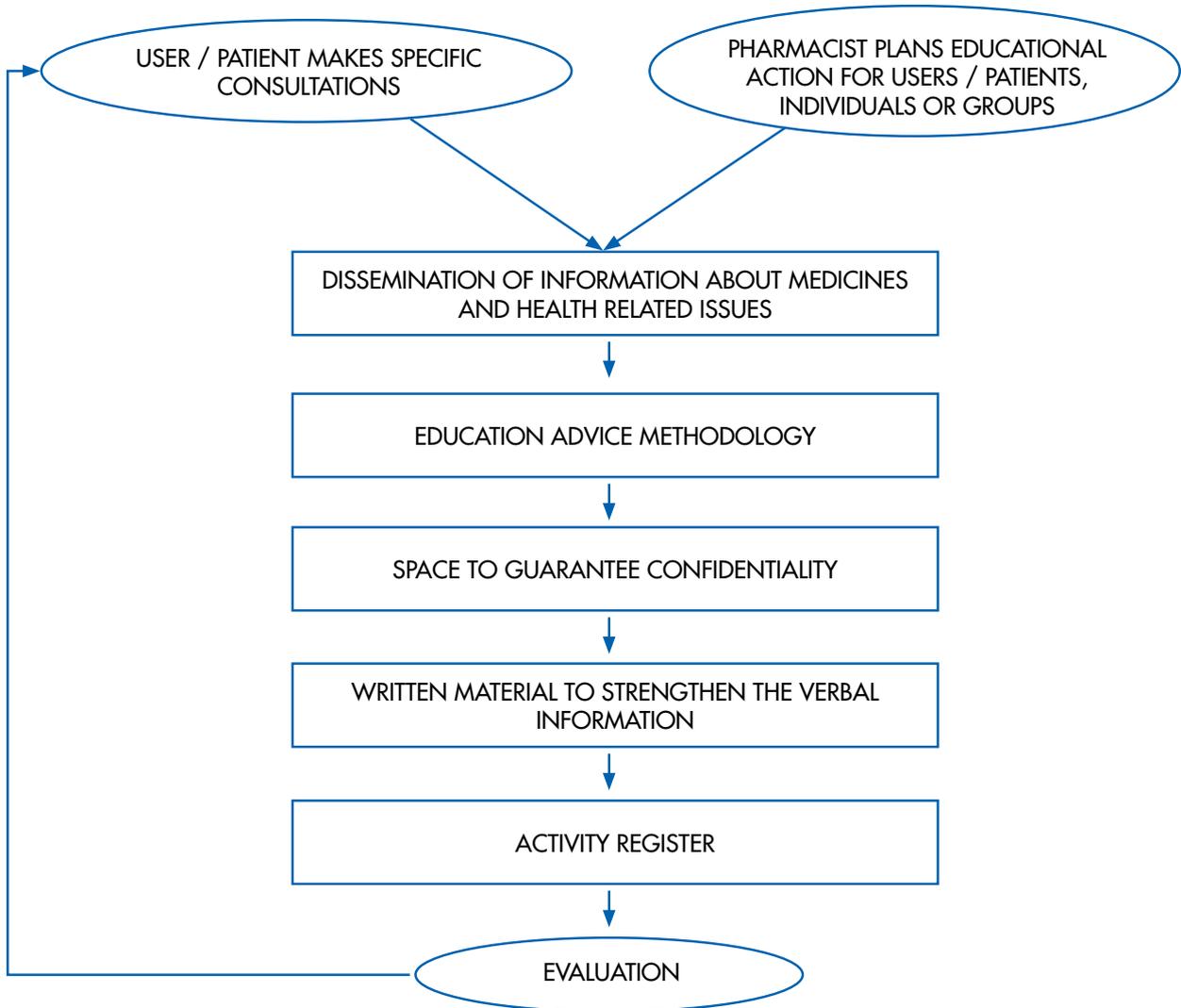
Table 1 summarises the key points to be covered when community pharmacists supply information and motivate users²

². Adaptation Table 1 page 37 White Paper on Integrating Preventive Activities in the Pharmacy. Catalan Government Department of Health and Pharmaceutical Council of Catalonia. 1998.

Table 1. Key points to be covered when pharmacists supply information and motivate users

<p>1. Treat the user with respect</p> <p>Avoid being patronising and be accessible. Do not seem to be in a hurry, maintain eye contact. Speak calmly and in a relaxed manner.</p>	<p>5. Encourage communication</p> <p>The information must be provided actively as part of a two-way process in order to promote decision making by the user, allowing the clarification of doubts or correction of errors.</p>	<p>9. Avoid sending contradictory messages</p> <p>Do not make judgements about treatments prescribed or information provided by other professionals, but quite the opposite. Co-evaluate the educational strategy to unify action criteria for the same user.</p>
<p>2. Provide suitable and personalised information</p> <p>Adapt the information to the cultural and social level, capabilities and resources of the interlocutor. Personalise the information to the user's characteristics.</p>	<p>6. Encourage empathy</p> <p>Radiate confidence, show interest, listen to the requests and suggestions of the user and take them into account.</p>	<p>10. Avoid speculating about the unknown</p> <p>Not to talk about diagnoses or prognoses with the user.</p>
<p>3. Avoid jargon</p> <p>The language used must be adapted. Measure your words avoiding complex phrases. The wrong choice of language is the most important factor in blocking a user's understanding of the information.</p>	<p>7. Assess "in situ" the degree of understanding</p> <p>Ask certain key questions to assess the degree of understanding of the message. For example, Have I explained it well enough? Would you like to make any comments?</p>	<p>11. Provide written information</p> <p>It is useful to give written information as a reminder of what has been said or to convey specific instructions for action.</p>
<p>4. Prioritise the information</p> <p>Reiterate the most important information to motivate behavioural change. Provide instructions aimed more at "doing" rather than "knowing". Do not give irrelevant information to pad out the dialogue.</p>	<p>8. Involve the user in decision-making</p> <p>Promote self-reliance, prioritise according to perceived needs and preferences. Involve key people in the user's environment.</p>	<p>12. Promote contact with the user</p> <p>On parting, give a clear message of continuity in the established educational relationship.</p>

Flowchart for the procedure



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