

The FIP Hospital Pharmacy Section

Strategic Plan
2022-2027

2022



International
Pharmaceutical
Federation



Colophon

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Foreword

Dear colleagues,

‘Everything flows, nothing is left unchanged’ (*panta rhei kai ouden menei*): a statement by the Greek philosopher Heraclitus of Ephese. Similar thoughts are also expressed in proverbs in many other cultures. And yet, during the last two years the world almost seemed to have come to a grinding halt because of the COVID-19 pandemic. Seemingly, for at various levels the pandemic in fact caused a rapid change. Traditional ways of working and thinking had to be adapted to accommodate for the new reality. Care provision evolved to include new roles for pharmacists. New technologies were embraced to enable continuation of care provision with a different way patient-care provider interaction.

FIP had set out a new strategy in 2019 in which all FIP activities in pharmaceutical practice, science and education are coordinated emphasising a ‘OneFIP’ approach. The FIP Development goals were launched in 2020 to guide the transformation of pharmacy into the next decade globally, regionally, and locally. For FIP too, COVID-19 helped accelerate changes as FIP adapted to new ways of interaction with its members and its external relations.

It is in these changing times that the FIP Hospital Pharmacy Section (HPS) clearly needed to re-evaluate its strategy: redefining its role within FIP and its role for the global Hospital Pharmacy community. It has been wonderful to see so many participate in the process of updating the HPS future strategy: FIP staff and sections, member organisations and individual hospital pharmacists.

Fundamental for the HPS remain the Basel Statements. The Basel Statement assessment tool and synchronised activities by HPS members in coordination with FIP will help achieve the new strategic goals described in this strategic plan.

With this new strategy the HPS will be able to advance on its mission to advocate and support the full utilization of hospital pharmacists’ and support staffs’ expertise for the benefit of people and healthcare systems.

I am proud to be part of this global hospital pharmacist community and look forward in actively collaborating with you in the coming years.

Kind regards,



Robert Moss, hospital pharmacist, FFIP
FIP Hospital Pharmacy Section President (2018-2022)



Message from the FIP President and CEO

The most valuable asset of FIP is its global network of pharmacy leaders and experts from all around the world. This group of committed colleagues not only have an in-depth understanding of pharmaceutical practice, sciences and education and workforce development in their countries of origin and/or residence. They also have a wealth of knowledge about global health priorities and a vision for how pharmacists may contribute to delivering better care to patients and communities. This collective intelligence and leadership drive the advancement of pharmacy and provide direction to our fellow pharmacists and their organisations all around the world.

In 2019, FIP adopted a five-year strategic plan to enable FIP to increase its relevance and reach, in recognition of the fast-changing landscape of pharmacy and healthcare, globally and within individual countries and healthcare systems. FIP wanted and wants to engage and involve its member organisations, individual members and other key stakeholders in appraising and addressing the challenges that the profession, its partners, healthcare systems, and citizens will face in the years to come.

Little did we know that just a year after FIP launched that strategic plan, the world would be hit by a pandemic that would push governments, global organisations, healthcare policy makers and healthcare professionals to work together and share solutions to a shared and unprecedented crisis. Pharmacists stood up to the challenge and delivered beyond expectations. Hospital pharmacists in all countries worked shoulder to shoulder with colleagues in all other healthcare professions to provide the best care to patients, navigating newly available evidence on treatment approaches, supporting clinical decision-making and prescribing, compounding medicines, managing medication therapy and optimising the drug supply chain to minimise the impact of medicine shortages, among other services.

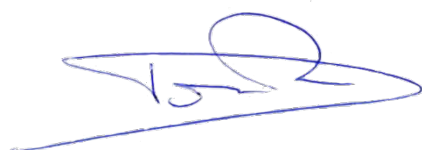
But as much as the pandemic may have provided a huge lesson in terms of health-system response, we must be prepared as a profession not only to face the challenge of future pandemics, but also to understand and embrace the changes and trends that affect us: advances in IT, automation, technology, genomics and biologicals, new medicines and new patient needs, and so many others.

In 2020, Federation launched the FIP Development Goals (DGs) as a framework for transforming the pharmacy profession over the next decade globally, regionally and nationally, in alignment with wider global imperatives underpinning the United Nations Sustainable Development Goals.

This new strategic plan by the FIP Hospital Pharmacy Section offers direction on how hospital pharmacists in all countries may make the FIP DGs a reality in all their dimensions: from working with others, to providing medicines expertise, and from leading antimicrobial stewardship to incorporating digital health solutions to patient-centred care.

Equipped with the FIP DGs, this new HPS strategy, and the globally acknowledged Based Statements, HPS will provide leadership for the development of hospital pharmacy around the world and to support individual pharmacists in better serving patients and health systems.

We congratulate HPS on this excellent document and look forward to its global implementation.



Dominique Jordan
FIP President



Catherine Duggan
FIP Chief Executive Officer

1 Background

Since its formation in 1957, the Hospital Pharmacy Section of the International Pharmaceutical Federation (FIP HPS) has continued to support its members in advancing hospital pharmacy practice worldwide. Although initially intended as a platform for hospital pharmacists and pharmaceutical scientists to share information, it has expanded to provide resources ranging from webinars and research funding to strategic planning and hospital pharmacy self-assessment tools.

The objectives of Hospital Pharmacy Section (HPS) are to further hospital pharmacy in all its aspects

- To promote the exchange of views on professional subjects relating to the duties and responsibility of hospital pharmacists
- To promote pharmaceutical care for patients in hospital-related facilities
- To foster continuous education programs for hospital pharmacists
- To promote realization of the goals of FIP as they apply to hospital pharmacists
- To pay particular attention to the needs of low- and middle-income countries
- To promote integrating pharmacy services through communication and collaboration with other sections

In 2008, FIP HPS launched the Basel Statements, a collection of 75 statements outlining a unified vision for future hospital pharmacy practice in all aspects of hospital practice including medication use processes, procurement, and monitoring of medication practice. The Basel Statements have since been explored, implemented, and adapted in over 70 countries, reinforcing a global need for a unified hospital pharmacy-vision. Member organisations have adapted the Basel Statements for their members, including the European Association of Hospital Pharmacists (EAHP) which created a modified version for the European region known as the 'European Statements of Hospital Pharmacy'.¹ Additionally, the Canadian Society of Hospital Pharmacists (CSHP) published a crosswalk indicating how their goals and objectives aligned with the Basel Statements.² The Basel Statements were last revised in 2014 to 65 statements to prevent overlap.^{3,4} and align with the United Nations (UN) Sustainable Development Goal of '*good health and well-being*'.⁵ and the World Health Organization (WHO) mission to promote health.⁶

Since the latest revision of the Basel Statements and HPS strategy, FIP has launched numerous initiatives to align its three pillars of science, practice, and education. In 2019, FIP updated its Strategic Plan the includes the vision, mission and six strategic outcomes for FIP.⁷ This also included aligning all FIP activities and projects to ensure all parts of FIP are coordinated from within and from the outside - "One FIP".⁸ Furthermore, in 2020 FIP launched the Development Goals (DGs) as key resources in supporting the transformation of Pharmacy into the next decade globally, regionally, and locally.⁹ The FIP DGs align with FIP's mission to support, '*global health by enabling the advancement of pharmaceutical practice, sciences and education*'. FIP DGs are also in alignment with the United Nations (UN) Sustainable Development Goals.⁹ Hence, it is important the FIP HPS review its own strategy to align with "One FIP" and the DGs. The COVID-19 pandemic has also presented hospital pharmacy with many challenges and innovations. Staff burnout,^{10,11} supply chain issues,^{12,13} and the need for infection control¹⁴ have advanced technologies that support continuity of patient care,^{15,16} and demonstrated the need to support a sustainable workforce. Individual HPS member engagement, which has typically been facilitated by In-person events including conferences, has been limited by pandemic-related restrictions. This, in conjunction with FIP's more recent strategic focus on member organisations, may be contributing to a decline in Individual membership retention. These shifts in hospital pharmacy practice, member engagement and the FIP strategy have further highlighted the need for a review of the existing FIP HPS strategy to ensure that FIP HPS is still relevant and responsive to member needs. This would ensure HPS strategy reflects the "One FIP" vision as well as is relevant to current and future hospital pharmacy practice.

This document will detail the processes behind the development of HPS's future vision and strategic goals based on emerging trends and member feedback. It will also highlight how the Basel Statement Self-Assessment tool can support FIP HPS vision and strategic goals.

2 Future Directions for FIP HPS and Hospital Pharmacy

FIP HPS has taken care to develop strategic goals aligning with the One FIP vision and prioritising the needs of its members.

FIP HPS Mission

FIP HPS mission is to advocate and support the full utilization of hospital pharmacists' and support staffs' expertise for the benefit of people and healthcare systems

FIP HPS Strategic goals

- Support, facilitate and enable sharing of resources for hospital pharmacy
- Set standards for hospital pharmacy practice and workforce (Basel Statements) underpinned by patient safety
- Focus on individual FIP members and FIP member organizations in all activities
- Focus on global needs (affecting all countries independent on levels of hospital pharmacy practice while highlighting best practices in hospital pharmacy)

FIP HPS Plans to achieve these strategic goals

The Hospital Pharmacy Section Strategic goals will be used as a resource to guide the Section into the future. FIP HPS encourages all members to continue engaging and providing feedback to ensure the HPS strategy is relevant to all hospital pharmacy practice models.

The FIP HPS committee structure will need to align with the Strategic Goals to ensure that its work will be directed toward achieving one or more of the goals. The current structure includes seven committees:

- Basel Statements Promotion Committee
- Communications Committee
- Social Media Committee
- Finance Committee
- Membership Committee
- Research Committee
- Webinar Committee

While each of these committees has served an important role in advancing the past work of the section, deliberate coordination of efforts amongst them is needed to achieve greater impact. A planning process will occur to re-evaluate the committee structure and create, consolidate, or conclude committees to enhance this alignment.

The Basel Statements have been and will continue to be a foundation of the work of the FIP HPS. Since 2020, healthcare across the world has seen substantial changes, many of which are likely to remain after the end of the COVID-10 pandemic. Given all of this change, the FIP HPS is at another point in the evolution of hospital pharmacy practice and the health care environment and that an update to the Basel Statements is necessary. Revised Basel Statements and self-assessment tool will enable greater alignment with the FIP Development Goals and provide a means to measure the success of the FIP HPS with achieving its strategic goals.

How the Mission and Strategic goals were developed

This document showcases some of the work associated with developing a global hospital pharmacy strategy. This includes:

- Reporting the use of the global use of the Basel Statement Self-Assessment Survey tool
- Aligning the revised Basel Statement to FIP DGs
- Developing, disseminating and considering feedback provided from the HPS Strategy Survey
- Drafting HPS mission and strategies, ensuring alignment with trends analysis and member feedback

3 Basel Statements and the FIP Development Goals













Author: Dr Régis Vaillancourt, Dr Laurel Legenza and Dr Jonathan Penm












Following the publication of the FIP 21 Development Goals (DGs), the revised Basel Statements (2014) were presented to FIP HPS members for feedback regarding their alignment to these DGs.











All Basel Statements aligned with one or more FIP DGs, with 20 of 65 Basel Statements having at least 50% agreement on one specific goal. There were 4 Basel Statements that were close to agreement (3 or less goals chosen). Although DG 19, 'patient safety' is reported by members as aligning with many Basel Statements as in Table 1, FIP HPS acknowledges that 'patient safety' is integral to all HPS activities.













Table 1 - Revised Basel Statements aligned to FIP Development Goals











Basel Statement	Corresponding FIP Development Goals
Overarching and Governance Statements	
1. The overarching goal of hospital pharmacists is to optimize patient outcomes through collaborative, inter-professional, responsible use of medicines and medical devices.	
2. At a global level, evidence-based hospital pharmacy practice standards should be developed.	
3. Hospital pharmacists should engage health authorities and hospital administrators to ensure appropriate resources for, and design of, the hospital medicines-use process.	
4. Health authorities should ensure that each hospital is serviced by a pharmacy that is supervised by pharmacists who have completed advanced training in hospital pharmacy.	
5. The Chief Pharmacist/Director of Pharmacy should be the accountable professional coordinating the responsible use of medicines in the hospital.	
6. Hospital pharmacists should serve as a resource regarding all aspects of medicines use and be accessible as a point of contact for patients and health care providers.	
7. All prescriptions should be reviewed, interpreted, and validated by a hospital pharmacist prior to the medicine being dispensed and administered.	
8. Hospital pharmacists should monitor patients taking medicines to assure patient safety, appropriate medicine use, and optimal outcomes for inpatients and outpatients.	
9. Hospital pharmacists should be allowed to access and document in the full patient health record.	

Basel Statement	Corresponding FIP Development Goals
10. Hospital pharmacists should ensure that patients or care givers are educated and provided written information on the appropriate use of medicines.	
11. Hospital pharmacists should provide orientation, drug information and education to nurses, physicians, and other hospital staff regarding best practices for medicines use.	
12. Undergraduate pharmacy curricula should include hospital-relevant content, and postgraduate training programs and specializations in hospital pharmacy should be developed.	
13. Hospital pharmacists should actively engage in research into new methods and systems to improve the use of medicines and of human resource needs in hospital pharmacy.	
14. Hospital pharmacists should take responsibility for the management and disposal of waste related to the medicine use process, and advise on disposal of human waste from patients receiving medicines.	
15. Hospital pharmacists should take responsibility for all aspects of selection, implementation and maintenance of technologies that support the medicine use process, including distribution devices, administration devices and other equipment.	
16. Hospital pharmacists must ensure proper storage to maintain the integrity of medicines across the supply chain to ensure quality, safety and security.	
17. Hospital pharmacists should ensure appropriate assessment, development, implementation and maintenance of clinical decision support systems and informatics that guide therapeutic decision making and improve the medicine use process.	
18. Each pharmacy should have contingency plans for medicine shortages and emergencies.	
19. The “seven rights” (right patient, medicine, dose, route, information, documentation and time) should be fulfilled in all medicine-related activities in the hospital.	
Theme 1 – Procurement	
20. Hospital pharmacists should be involved in the complex process of procurement of medicines and health products, promoting equity and access.	
21. Procurement practices must be supported by strong quality assurance principles, regularly reviewed and adapted to fit different settings and emerging needs in the most appropriate and cost effective way.	

Basel Statement	Corresponding FIP Development Goals
22. Procurement should not occur in isolation, but rather be guided by the formulary selection process. This includes the procurement of standard concentrations of high-risk medicines including electrolytes.	
23. Procurement must be supported by a reliable information system that provides accurate, timely, and accessible information.	
Theme 2 – Influences on Prescribing	
24. Hospitals should utilize a medicine formulary system (local, regional, and/or national) linked to standard treatment guidelines, protocols, and treatment pathways based on the best available evidence.	
25. Hospital pharmacists should be key members of pharmacy and therapeutics committees to oversee all medicines management policies and procedures, including those related to off-label use and investigational medicines.	
26. Hospital pharmacists should have a key role in educating prescribers at all levels of training on the access to and evidence for responsible use of medicines, including the required monitoring parameters and subsequent prescribing adjustments.	
27. Hospital pharmacists should be an integral part of the multidisciplinary team responsible for therapeutic decision making in all patient care areas.	
28. Hospital pharmacists should promote seamless care by contributing to the transfer of information about medicines whenever patients move between and within health care settings.	
29. Appropriately trained and credentialed hospital pharmacists should participate in collaborative prescribing.	
Theme 3 – Preparation and Delivery	
30. Hospital pharmacists should assume responsibility for storage, preparation, dispensing, and distribution of all medicines, including investigational medicines.	
31. Hospital pharmacists should assume responsibility for the appropriate labeling and control of medicines stored throughout the facility.	
32. Hospital pharmacists should be involved in determining which medicines are included in ward stock and standardizing the storage and handling of ward medicines.	

Basel Statement	Corresponding FIP Development Goals
33. Hospital pharmacists should ensure that compounded medicines are consistently prepared to comply with quality standards.	
34. The preparation of hazardous medicines including cytotoxics should be under the responsibility of the hospital pharmacist and prepared under environmental conditions that minimize the risk of contaminating the product and environment, as well as minimizing exposure of hospital personnel to harm using accepted practice standards.	
35. Hospital pharmacists should implement evidence-based systems or technologies (e.g., automated prescription-filling, unit dose distribution, machine-readable coding systems, etc.) to decrease the risk of medication errors.	
36. Hospital pharmacists should support the development of policies regarding the use of medicines brought into the hospital by patients, including the evaluation of appropriateness of complementary and alternative medicines.	
37. Hospital pharmacists should implement systems for tracing medicines dispensed by the pharmacy (e.g., to facilitate recalls, etc.).	
38. Concentrated electrolyte products (such as potassium chloride and sodium chloride) and other institutionally-identified high-risk medicines should be dispensed in ready-to-administer dilutions, and stored in secure, separate areas with distinct labels.	
39. Hospital pharmacists should develop simple, rules-based approaches to advancing patient safety; for example, when a large number of dosage units are needed to give a dose (more than two tablets, vials, etc.), the prescription should be verified prior to preparation or dispensing.	
Theme 4 – Administration	
40. Hospital pharmacists should ensure that the information resources needed for safe medicines preparation and administration are accessible at the point of care.	
41. Hospital pharmacists should ensure that clinically relevant allergies, drug interactions, contraindications, past adverse events and other relevant medication history details are accurately recorded in a standard location in patient records and evaluated prior to medicine use.	
42. Hospital pharmacists should ensure that medicines are packaged and labeled to ensure identification and to maintain integrity until immediately prior to administration to the individual patient.	

Basel Statement	Corresponding FIP Development Goals
43. Medication labels should be clear and have sufficient information to ensure safe administration, including at least 2 patient identifiers, the name of the medicine, prescribed route, dose in mass and, where appropriate, volume and rate of administration.	
44. Hospital pharmacists should ensure that health care professionals who administer medicines are appropriately trained in their use, hazards, and necessary precautions.	
45. Doses of chemotherapy and other institutionally-identified high-risk medicines should be independently checked against the original prescription by at least two health care professionals, 1 of whom should be a pharmacist, prior to administration.	
46. Hospital pharmacists should develop and implement policies and practices that prevent route errors.	
47. Hospital pharmacists should ensure the development of quality assurance strategies for medicines administration to detect errors and identify priorities for improvement.	
48. The medicines administration process should be designed such that transcription steps between the original prescription and the medicines administration record are eliminated.	
Theme 5 – Monitoring of Medicines Use	
49. An easily accessible reporting system for defective medicines should be established and maintained.	
50. An easily accessible reporting system for adverse drug reactions should be established and maintained.	
51. An easily accessible, non-punitive reporting system for medication errors, including near misses, should be established and maintained.	
52. Medicines use practices should be self assessed and compared with benchmarks and best practices to improve safety, clinical effectiveness, and cost-effectiveness.	
53. The medicines use process should be reviewed through an external accreditation or quality improvement program.	
54. Pharmacists' clinically-relevant activities should be documented, collected and analyzed to improve the quality and safety of medicines use and patient outcomes.	

Basel Statement	Corresponding FIP Development Goals
<p>55. Systematic approaches (e.g., trigger tools) should be used to provide quantitative data on adverse drug events and optimal medicines use. These data should be regularly reviewed to improve the quality and safety of medicines practices.</p>	
<h3>Theme 6 – Human Resources, Training and Development</h3>	
<p>56. At a national level, competency frameworks are defined, established and regularly assessed.</p>	
<p>57. At a national level, hospital pharmacists should engage health authorities to bring together stakeholders to collaboratively develop evidence-based hospital pharmacy human resource plans, to support responsible use of medicines including those in rural and remote areas.</p>	
<p>58. Hospital pharmacists should work with key stakeholders to ensure that workforce education, training, competency, size, and capacity are appropriate to the scope of services, coverage, and responsibilities of all cadres providing pharmacy services.</p>	
<p>59. Hospital pharmacy workforce plans should describe strategies for human resource education and training, recruitment and retention, competency development, remuneration and career progression pathways, diversity-sensitive policies, equitable deployment and distribution, management, and roles and responsibilities of stakeholders for implementation.</p>	
<p>60. Hospitals should maintain human resource information systems that contain basic data for planning, training, appraising, and supporting the workforce. Data should be collated at a national level to improve workforce planning.</p>	
<p>61. The training programs of pharmacy support staff should be nationally formalized, harmonized, and credentialed within a defined scope of practice.</p>	
<p>62. Hospital human resource policies should be founded in ethical principles, equity and human rights, and be compliant with labor regulations, guidelines, and hospital pharmacy practice standards.</p>	
<p>63. Hospitals should use the nationally accepted competency framework to assess individual human resource training needs and performance.</p>	
<p>64. To promote interprofessional education and team-based care, the role of hospital pharmacists, including collaborative prescribing, should be included in the curriculum of other health care professionals, and the roles of other health care professionals should be included in the pharmacy curricula.</p>	

Basel Statement	Corresponding FIP Development Goals
65. Postgraduate clinical courses should be developed to prepare hospital pharmacists for collaborative prescribing of medicines, including instruction in legal and professional accountability.	

It was identified that no Basel Statements aligned with DG 17: Antimicrobial Stewardship. Antimicrobial stewardship programs have often started in the hospital setting and may have been considered under ‘responsible use of medicines.’ However, considering its strong focus by the World Health Organization and FIP, additional statements regarding Antimicrobial Stewardship in the Basel Statements is warranted. FIP HPS acknowledges the dynamic nature of hospital pharmacy practice and hence, plans to review the Basel Statements. to ensure its relevancy to current and future practice (Figure 1).

Figure 1 - FIP Development Goals



4 FIP HPS Strategy Survey

The FIP HPS Strategy survey was designed to identify how the FIP HPS can support FIP's vision, mission and DGs. This survey disseminated to all FIP HPS executive committee members, chairs of committee, observers, past executive committee members, hospital pharmacy member organisations and regional forums. Responses were captured across all World Health Organization Regions.

FIP HPS members were asked to identify their support of each FIP Mission Statement on a 5-point Likert scale from 'do not agree at all' to 'very strongly agree'. Overall, FIP HPS members 'moderately agree' to 'very strongly agree' with the FIP Mission Statements. The FIP Mission Statements are ranked in order of agreeance (Table 2):

Table 2 - FIP mission statements ranked in order of agreement by survey respondents

Rank	FIP Mission Statement
1	Advocate for the full utilisation of pharmacists' expertise for the benefit of people and healthcare systems
2	Improve health outcomes by the development and implementation of pharmacy services
3	Support pharmaceutical workforce development around the world to deliver our vision
4	Collaborate with international agencies, partners, and other healthcare professions, to ensure comprehensive and integrated health care for all.
5	Support and strengthen the integrity of the pharmaceutical supply chain from manufacturing to patient access
6	Promote pharmacy as the first point of access for pharmaceutical care for every person in the world
7	Support the science-based development and regulation of medicines and health technologies to meet healthcare needs

FIP HPS members were then asked to identify their support of each FIP strategy from 'not a priority' to 'extremely high priority'. Overall, FIP HPS members felt that the FIP strategies were of 'moderate priority' to 'extremely high priority'. The following FIP strategies are ranked in order of priority (Table 3):

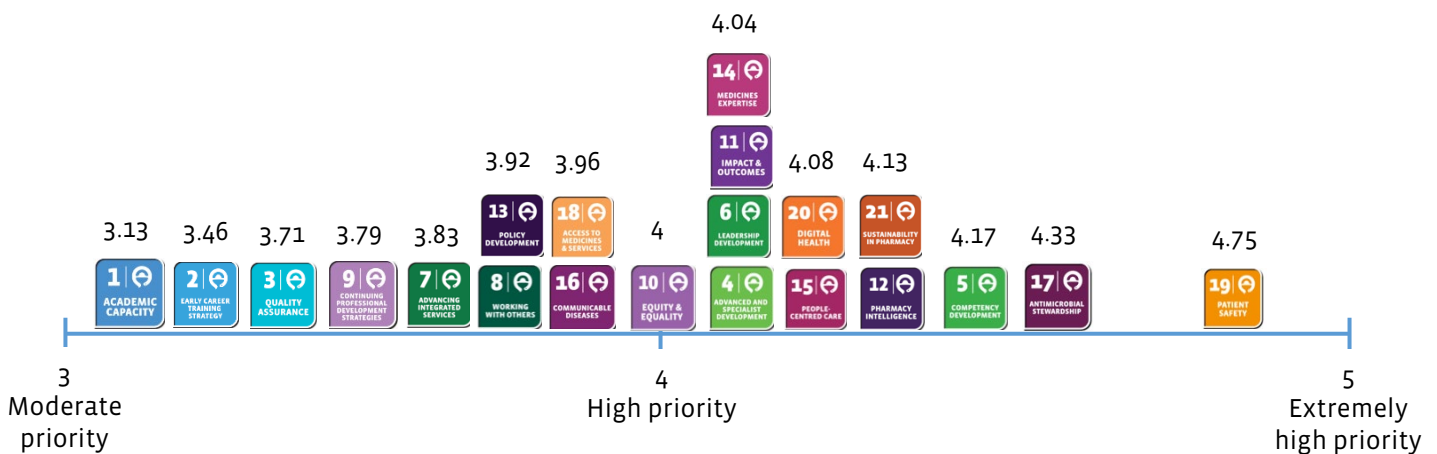
Table 3 - FIP strategies ranked in order of priority by survey respondents

Rank	FIP Strategy
1	Support and empower pharmacists to provide high quality person-centred pharmaceutical care to improve health outcomes for individuals and populations alike.
2	Facilitate and enable the sharing of relevant knowledge and professional development tools for all members, across countries and regions.
3	Collaborate with global and international agencies and partners to work to eliminate medicine shortages, sub-standard and falsified medicines. Set standards and advocate for sustainable pharmaceutical care services which ensure the responsible use of medicines.
5.	Focus on our members in all that we do.
6	Advocate for everyone to have access to the medicines they need in accordance with the principles of Universal Health Coverage. Provide leadership and support to pharmacist to ensure people have the information they need and value about medicines and service, in order to derive the maximum benefit from them.
8.	Work with member organisations and partners to set usable standard in the areas of pharmaceutical care, science, research and education.
9.	Collaborate with global and international agencies to ensure access and affordability to essential medicines Work to reduce the abuse and misuse of medicines to ensure patient safety and public benefit Develop future leaders from all parts of the organisation, the profession and the globe
12.	Collaborate to create and sustain policies and practices that support each person to make informed choices in areas such as medication adherence.
13.	Establish strategic partnerships across international agencies and organisations to achieve shared outcomes for the benefit of patients and the public.

Rank	FIP Strategy
14.	Enable sustainable pharmacy services to ensure the responsible use of innovations in medicines, with appropriate remuneration.
	Promote the responsible use of limited healthcare resources by helping people stay health, reducing unnecessary use of medicines, and preventing adverse drug events.
16.	Improve decision-making processes and models for developing business to ensure FIP continues to grow and develop.
17.	Provider leadership and support to pharmacists to empower people to take better care of themselves, through prevention strategies and health promotion.
	Work in partnership with patient organisations to align pharmacy services with patient needs.
19.	Collaborate with relevant organisations on shared projects to deliver improved health benefits and public health for all.
20.	Support the discovery, development and innovations in medicines, health technologies, and services.

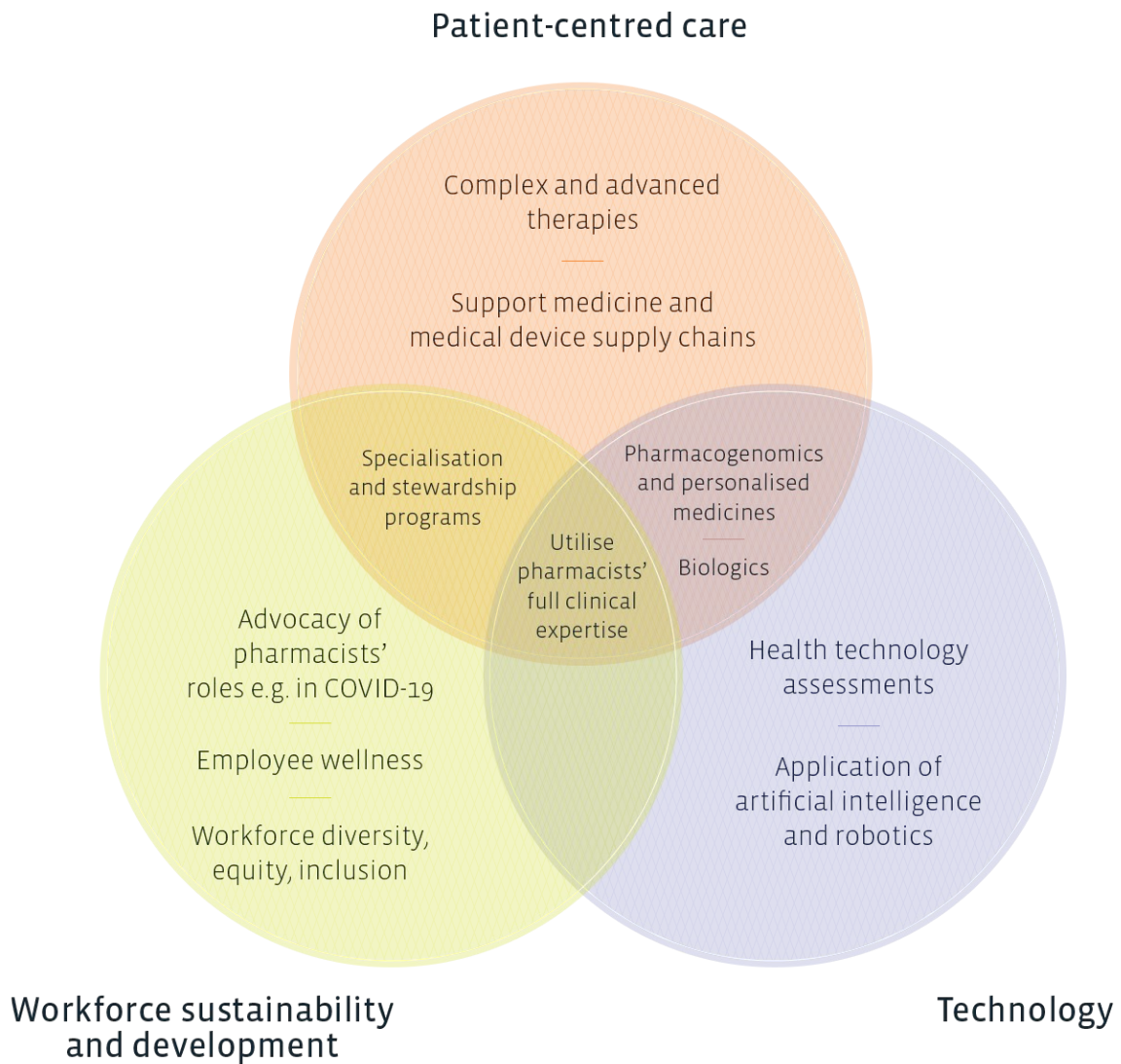
FIP HPS members were also asked to identify their support of each FIP DG from ‘not a priority’ to ‘extremely high priority’. Overall, FIP HPS members felt that the FIP strategies were of ‘moderate priority’ to ‘extremely high priority’ (Figure 2).

Figure 2 - FIP Development Goals as prioritised by survey respondents



FIP HPS members were asked about emerging trends in hospital pharmacy as well as priorities and critical success factors for FIP HPS. In regard to emerging trends in hospital pharmacy, responses highlighted three overarching themes of ‘workforce sustainability and development’, ‘patient-centred care’ and ‘technology’. Emerging trends are summarised in the diagram below (Figure 3):

Figure 3 - Emerging trends in hospital pharmacy



Members suggested key priorities for FIP HPS. These priorities addressed many of the emerging trends recognised by HPS members (Table 4).

Table 4 - Priority areas for the FIP HPS provided by survey respondents

Priority Area	Priorities
Patient-centred care	<ul style="list-style-type: none"> • Advance global hospital pharmacy standards using the Basel Statements and Self-Assessment Survey • Support safe and timely universal health coverage • Develop competencies for patient care e.g. required medication reconciliation and discharge counselling for all patients • Diversify and protect supply chains e.g. reinvestigate medicines compounding as a solution to medicine supply chain issues • Support access to evidence-based emerging drug therapies e.g. personalised medicines and biologics
Workforce sustainability and development	<ul style="list-style-type: none"> • Provide continued education to hospital pharmacists through e.g. webinars, mentorship opportunities • Anticipate and drive the evolution of hospital pharmacy roles and specialties i.e. antimicrobial and opioid stewardships • Promote models for effective use of support personnel • Support hospital pharmacy workforce wellness • Facilitate leadership opportunities and academic contributions • Develop strategies to support emergency preparedness
Membership	<ul style="list-style-type: none"> • Align with the One FIP vision, mission and strategies • Promote hospital pharmacy globally • Advocate for hospital pharmacists as a member of the healthcare team • Engage in collaborative projects with hospital pharmacy member organisations and FIP • Recognise and promote the successes of the FIP HPS global membership

These priorities also aligned with HPS members' perceived critical factors for the success of FIP HPS. Critical success factors include:

- Develop a clear purpose for HPS that aligns with the One FIP strategy
- Promote the use of the Basel Statements and Self-Assessment Survey tool
- Promote FIP HPS as a global network and knowledge database for hospital pharmacists
- Engage, involve and promote innovation in members
- Be agile, responsive to change and focus on the needs of the members
- Support the effective and efficient use of technicians, automations and technology
- Collaborate with member organisations
- Improve access to a wider range of education recourses
- Demonstrate the value of hospital pharmacists
- Influence among national and international health system policies and decision making

5 Draft Mission and Strategy Consultation

HPS proposed a draft mission and strategy statement for the HPS Strategy Update developed based on Strategy Survey results. To further gather membership feedback on the HPS Strategy, two webinars were held for HPS members, member organisations and Board of Pharmaceutical Practice members. Webinars captured feedback across 17 countries listed below:

- Australia
- Bolivia
- Cambodia
- Canada
- China Taiwan
- Hungary
- India
- Jamaica
- Japan
- Lebanon
- Malaysia
- Namibia
- New Zealand
- Philippines
- Serbia
- United States
- Zambia

Based on the results of the survey, the following Mission and Strategic Goals for the Section were presented to the membership:

Vision for FIP⁷

A world where everyone benefits from access to safe, effective, quality and affordable medicines and health technologies, as well as from pharmaceutical care services provided by pharmacists, in collaboration with other healthcare professionals.

Draft FIP HPS Mission

FIP HPS mission is to advocate and support the full utilization of hospital pharmacists' expertise for the benefit of people and healthcare systems.

Draft FIP HPS Strategy

- Support, facilitate and enable sharing of resources for hospital pharmacy.
- Set standards for hospital pharmacy practice and workforce (Basel Statements) underpinned by patient safety.
- Focus on individual FIP members and FIP member organizations in all activities.

Member Feedback

Feedback from members was generally positive towards the draft Mission and Strategic Goals. Suggestions from the membership included:

- focus on both pharmacists and support staff.
- focus on best practice and bringing all countries to a common level of hospital pharmacy practice.
- addressing global needs.

From this, a new FIP HPS Strategic Goal was developed:

- Focus on global needs (affecting the least developed to the most developed countries, e.g. antimicrobial resistance) while highlighting best practices in hospital pharmacy.

6 HPS Strategy and Trend Analysis

In 2020, FIP HPS submitted a trend analysis report to the FIP Board of Pharmaceutical Practice outlining any foreseeable drivers for change in Pharmacy worldwide. The analysis of trends in hospital pharmacy would enable FIP HPS to:

- Determine relevant session topics to address member needs
- Facilitate collaborative projects by establishing similar trends with other FIP sections or member organisations
- Inform FIP global policies and actions

The 2020 trends analysis on the HPS found 5 major trends which still reflect many of the emerging trends and priorities perceived by HPS members in the Strategy Survey. Emerging trends submitted to BPP and gathered from Strategy Survey feedback were considered when developing HPS strategies (Table 5).

Table 5 - Major trends identified in the HPS trend analysis

HPS-BPP 2020 Trend	HPS Strategy Survey Emerging Trends Theme	Aligned HPS Strategy
Transitions of Care Services e.g. medication reconciliation	Patient-centred care	<ul style="list-style-type: none"> • Set standards for hospital pharmacy practice and workforce (Basel Statements) underpinned by patient safety • Focus on individual FIP members and FIP member organizations in all activities
New stewardship roles for pharmacists in pain and infection	Patient-centred care	<ul style="list-style-type: none"> • Focus on global needs (affecting developing and developed countries, e.g. antimicrobial resistance) while highlighting best practices in hospital pharmacy • Set standards for hospital pharmacy practice and workforce (Basel Statements) underpinned by patient safety • Support, facilitate and enable sharing of resources for hospital pharmacy • Focus on individual FIP members and FIP member organizations in all activities
Expanding roles of technicians	Workforce Sustainability and Development	<ul style="list-style-type: none"> • Focus on global needs (affecting developing and developed countries, e.g. antimicrobial resistance) while highlighting best practices in hospital pharmacy • Focus on individual FIP members and FIP member organizations in all activities
Advancing Technologies and Data Management	Technology	<ul style="list-style-type: none"> • Focus on global needs (affecting developing and developed countries, e.g. antimicrobial resistance) while highlighting best practices in hospital pharmacy • Focus on individual FIP members and FIP member organizations in all activities
Pharmacist and Pharmacy Staff Wellbeing	Workforce Sustainability and Development	<ul style="list-style-type: none"> • Set standards for hospital pharmacy practice and workforce (Basel Statements) underpinned by patient safety • Focus on individual FIP members and FIP member organizations in all activities

7 Basel Statement Self-Assessment Tool

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The main initiatives of the FIP HPS to support its global members is the development of the Basel Statements and the Basel Statement Self-Assessment Tool. In October 2020, FIP HPS launched the Basel Statement Self-Assessment tool to facilitate hospitals in identifying short- and long-term focus areas within their practice model, compared to the revised Basel Statements (2014) and HPS strategic goals.

The assessment tool also:

- recommends likely useful resources depending on the needs of the hospital
- enables hospitals to monitor progress
- allows its users to compare their hospital pharmacy services to the other hospitals

Indonesian, Spanish, French and Chinese translations of the tool are available for use. The tool can be completed as an official reflection of the practice setting (official assessment) or for personal use (personal assessment).

Since its launch, over 119 assessments have been completed, predominantly for personal use (83%). The tool has been applied across a wide range of hospital models and sizes. It has been used in countries including Namibia, Pakistan, Cameroon and Indonesia to further advance hospital pharmacy practice and medication safety. The Basel Statement Self-Assessment Tool was also used as part of the 'Bold Audacious Goals' project, a HPS Initiative designed to facilitate the Implementation of sustainable pharmacy services in low- and middle-income countries.

Following the findings from the 'Bold Audacious Goal' Namibia¹⁷ and Pakistan projects, as well as feedback from HPS members, future revisions to the Basel Statement will also address:

- Antibiotic stewardship
- Workforce training and competency
- Pandemic related activities



Scan here for the Basel Assessment Tool

“Research highlighted how the Basel Statements and self-assessment tool can identify opportunities for motivating practitioner interest and building hospital pharmacy capabilities”

*Bare, A. et al., 2021
International Journal of Pharmacy Practice*

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