

Barriers and facilitators for the implementation of a pharmacist prescribing service in Switzerland

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Background

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Expanding pharmacists' responsibilities is one of the measures adopted in Switzerland and other countries to face the shortage of general medical practitioners (GPs) and health care system rising costs. In 2019, the Swiss Therapeutic Products Act was revised to allow pharmacist prescribing (medication supply on the pharmacists' own responsibility without medical prescription). The pharmacist prescribing service is one of the new roles for community pharmacists in pharmaceutical care, however its implementation needs to be supported. As first step, factors (facilitators and barriers), that influence this implementation, need to be understood.

Purposes

1

To identify the barriers and facilitators related to the implementation for the pharmacist prescribing service in community pharmacies.

To summarize the interventions developed by the cantonal community pharmacists associations in the French-speaking part of Switzerland to support implementation.

2

Method



Semi-structured interviews with community pharmacists who had been practicing ≥ 1 year in a pharmacy in the French-speaking Switzerland. The interview guide was developed using the Consolidated Framework of Implementation Research (CFIR)* and piloted. Data was recorded and transcribed, thematic analysis using the CFIR classification was undertaken and intercoder reliability was assured.

A five-item ad-hoc questionnaire developed by a group of academic pharmacists with expertise in the service, was submitted to each board of the six cantonal pharmacy associations: Vaud, Fribourg, Jura, Valais, Geneva and Neuchâtel, by email.



Results

1

Ten community pharmacists were interviewed (last interview without new codes found). 50% of respondents were women and 80% were pharmacy owners. Personal prescription of medication throughout the service the previous 6 months was low or 0-20 (30%), medium or 21-50 (30%) and high or >50 (40%). **Figure 1** shows the main barriers and facilitators identified, categorized according to their CFIR domain.

2

The questionnaire was answered by the board of five cantonal associations, who showed different interventions for the implementation related to training and documentation. However, none of them had developed interventions towards politicians nor communication strategies with patients and/or GPs.

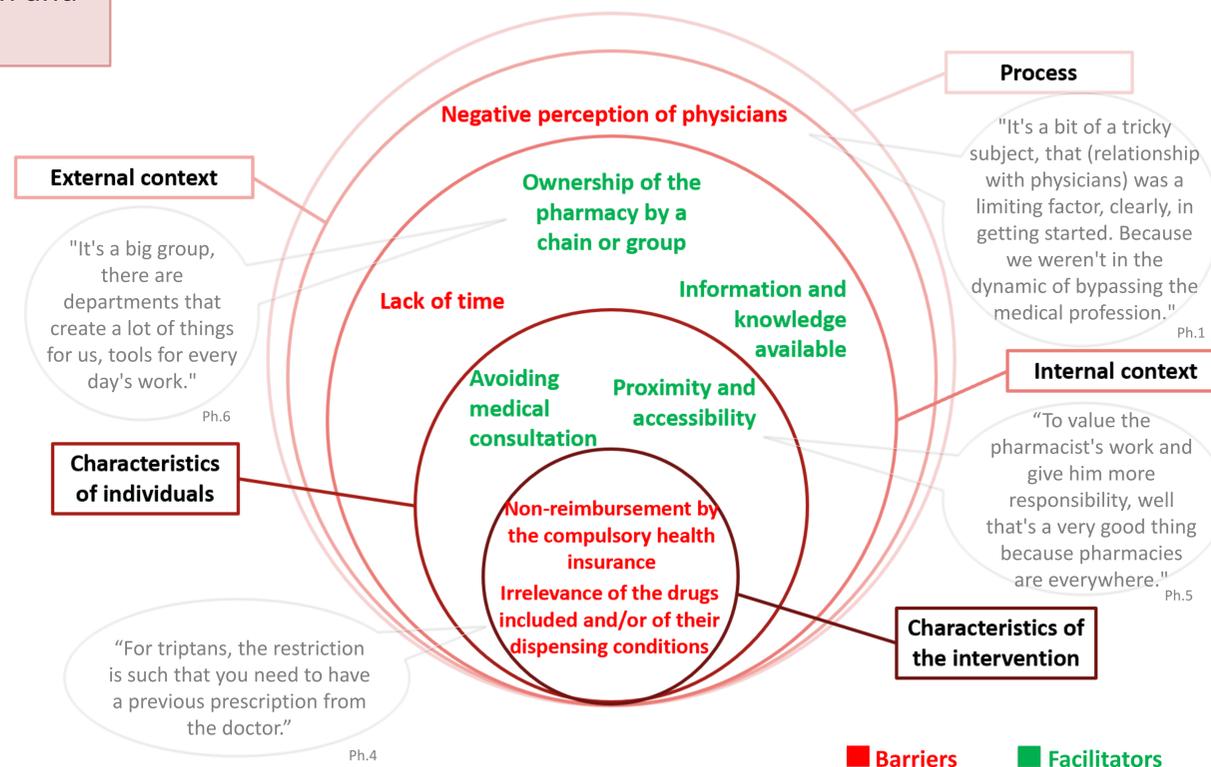


Fig1. Main barriers and facilitators identified, categorized according to their CFIR domain

Conclusion

The factors influencing the implementation of pharmacist prescribing in the French-speaking part of Switzerland were described, highlighting the most frequently mentioned. In addition, the interventions of each cantonal pharmacy association for the implementation of the service into daily practice was listed. **The study is a first step to support the implementation** of the pharmacist prescribing service in community pharmacy in French-speaking Switzerland as it will allow the identification of targeted interventions to be developed.

Keywords

Community pharmacies; Pharmaceutical Services; Prescriptions; Implementation Science

References

* Damschroder LJ, Aron DC, Keith RE, Kirsh SR, Alexander JA, Lowery JC. Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implementation Science*. 2009;4(1):50.

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