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FIP STATEMENT OF POLICY
On interprofessional collaborative practice

Introduction

According to the World Health Organization (WHO), "[interprofessional] collaborative practice (ICP) happens when multiple health workers from different professional backgrounds work together with patients, families, carers and communities to deliver the highest quality of care across settings" and, as a critical element in ensuring the high quality of health services, ICP should be a standard practice in patient care.[1]

The principal elements of pharmaceutical care[2] are a patient-centred approach, collaboration with carers, prescribers and other healthcare professionals (i.e., integrated care), prevention, detection and resolution of medication-related problems, and taking responsibility for optimising medication use in order to improve health outcomes and quality of life.

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According to the World Health Professions Alliance (WHPA),[a,3] effective ICP can lead to:

- Improved access to health interventions, improved coordination between different care sectors, and more involvement in decision making for individuals and their families;
- A comprehensive, coordinated and safe health system that is responsive to the needs of the population and individual patients;
- Efficient use of resources and workforce, decreased healthcare spending and better quality of care;
- Reduced risk of over- or mis-prescribing, and therefore reduced polypharmacy;
- Better managed communicable diseases and reduced antimicrobial resistance;
- Reduced incidence and prevalence of disability and poor health outcomes (In particular, disability associated with noncommunicable diseases is reduced when health systems embrace ICP across the full course of a disease, including health promotion, illness, and injury prevention as well as disease management and cure, and rehabilitation.);
- Reduced stress and burnout for health professionals; and

[a] The World Health Professions Alliance (WHPA) is the global alliance representing the world's dentists, nurses, pharmacists, physical therapists and physicians. FIP is a founding member of WHPA.

- Faster decision making, an improved chain of care and positive experiences of integrated practice.

Acknowledging the importance of ICP, FIP has established "Working with others" as one of the FIP Development Goals (Development Goal 8).[4] The FIP Development Goals are a key resource for transforming the pharmacy profession globally, regionally and nationally. Development Goal 8 aspires to strengthen the contributions of pharmacists by enhancing their effective collaboration with other healthcare professionals across the health system. Such collaboration can include pharmacists being recognised as a core member of the multidisciplinary team, for instance through a medication management service, with a prescriber (often a physician), an administrator (often a nurse) and a pharmacist. Pharmacists, prescribers, and other qualified professionals also conduct medication reviews collaboratively in multidisciplinary teams to achieve optimal medication.[5] Antimicrobial stewardship, collaboration to support patients with chronic diseases, reducing polypharmacy, managing rare diseases and individualisation of pharmacotherapy are also examples of interprofessional practice where multiple healthcare professionals are involved, with clear roles within the team.[5,6]

In response to technological and demographic shifts in recent decades, in many countries alongside growing specialisation in healthcare delivery, collaborative efforts between pharmacists, specialists and nurses extend to services such as dietetics for diabetes and obesity, and psychology for mental illness. Interprofessional education is a necessary requirement to develop pharmacists to practise in such a collaborative manner.

Pharmacists strive to deliver high quality services within their scope of practice and with respect for the expertise of other members of the healthcare team. However, for individuals accessing health services, there may appear to be duplication in access and care, or gaps and discontinuities as they move through the health system. This is a challenge that health professions can positively address together with support from governments, educators and other stakeholders in health systems.

AGAINST THIS BACKGROUND, FIP RECOMMENDS THAT:

A. Governments and policymakers, in collaboration with healthcare professional organisations, should:

A1. Establish governance, governance structures and regulations that facilitate and support opportunities for ICP by:

1. Providing appropriate leadership, resources and funding (including incentives for financial and career progression), and structuring health systems to support ICP;
2. Encouraging ICP health services and related health professional education and regulation, including adopting interprofessional education accreditation requirements to prepare graduates for ICP;

3. Engaging in discussions and development of ICP policy and guidance documents, governance structures, education programmes and funding models; and
4. Establishing professional regulatory systems and processes, including for professional competencies, practice standards, quality assurance measures (e.g. quality indicators), and scopes of practice that permit and facilitate effective collaborative practice to optimise patient care.

A2. Embrace ICP across health system infrastructure by:

1. Ensuring that sufficient workforce capacity is in place to meet population needs;
2. Guaranteeing access to professionals with clearly defined roles and responsibilities;
3. Establishing collaborative roles and responsibilities through prior agreement while respecting each profession's scope of practice (Collaborative teams could possess overlapping roles for safety and to prevent gaps, with suitable and complementary skills tailored to the team's purpose, patient characteristics and needs, and practice environment.);
4. Ensuring that administrative systems encompassing human resources, financial planning, budget setting and reimbursement fully support collaboration among healthcare professionals;
5. Implementing ICP across all stages of healthcare, including health promotion, curative, rehabilitative, and palliative professional services; and
6. Utilising digital health solutions to facilitate the sharing of patient information among all relevant healthcare professionals.

A3. Establish ICP policies and practice based on sound available evidence by:

1. Building the evidence base for the effectiveness of ICP for improved health outcomes;
2. Monitoring practice and research in diverse settings to translate these initiatives into best practices for ICP;
3. Providing widely accessible and secure health information systems generating current, comprehensive and accurate information;
4. Ensuring that patient health data are equally accessible to all relevant healthcare professionals (with respect for relevant legal and privacy provisions), with full willingness and agreement for equal access.

A4. Develop competencies for ICP and formal recommendations for ICP implementation by:

1. Identifying the competencies needed for pharmacists to effectively practise ICP, including (but not limited to): professional interactions, relationship initiation, trust and role specification, and commitment to collaboration;
2. Providing guidance on how pharmacists can implement ICP in their practice, focusing on collaborative approaches and teamwork;

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3. Providing structured, evidence-based, and formal recommendations to improve patient care outcomes and promote ICP;
4. Actively involving all healthcare professionals in discussions on establishing ICP in practice, which includes pharmaceutical care, antimicrobial stewardship programmes, clinical pharmacy practice and medication review schemes.

B. Academia should:

1. Both advocate for research and evidence that highlight the benefits of interprofessional education in preparing students for collaborative practice, and document the outcomes of ICP;
2. Conduct research to evaluate the effectiveness of interprofessional education programmes in establishing ICP (Efforts should be made to develop and integrate them into undergraduate and postgraduate curricula. ICP programmes should be promoted among students of different careers in each year of study and, whenever possible, participation should be made mandatory to ensure widespread adoption and benefit.);
3. Adopt a philosophy of ICP in both initial (professional entry level) and post-professional education, including in advanced levels of education and continuing professional development programmes;
4. Emphasise the importance of fostering joint and person-centred, problem-oriented learning environments that promote inter-professional socialisation (This is particularly crucial in countries where, despite initial interprofessional education, there are challenges in advancing ICP.);
5. Offer specialised training for educators to effectively facilitate interprofessional learning experiences and equip them with the necessary skills and knowledge to implement interdisciplinary teaching methods and foster collaborative environments;
6. Address any issue of hierarchy among different disciplines by promoting mutual respect and understanding during training. (Collaborative learning experiences that transcend traditional hierarchical structures, fostering an environment where healthcare workers can effectively collaborate in practice should be encouraged.); and
7. Foster continuous interprofessional education for practitioners, building on any ICP-focused training available and offering advanced clinical programmes to experienced ICP practitioners to enhance their skills in collaborative care.

C. Pharmacists should:

1. Recognise the scope of practice of different health professions involved in collaborative care;
2. Recognise and respect each professional's body of knowledge, and agreed-upon roles and responsibilities within the multidisciplinary team;
3. Acknowledge and understand the diverse styles, expectations, and educational needs of each healthcare professional involved in ICP;

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4. Focus on person-centred care by prioritising the needs of individuals, their families, and communities in their professional practice;
5. Advocate that everyone involved must understand the importance and benefits of ICP;
6. Advocate collaborative decision-making and partnership (including the patient) to minimise professional differences between healthcare professionals and ensure effective teamwork;
7. Practise effective communication by actively listening to team members and individuals, including their family, carers and advocates;
8. Share information promptly and accurately when necessary, including using digital tools to support ICP by accessing and sharing the same level of data as other team members;
9. Facilitate collaboration by modifying, adding and recording data as needed, ensuring all team members have access to updated and relevant information;
10. Ensure appropriate and timely referrals, and effectively match competencies to individuals' needs;
11. Advocate for professional accountability, responsibility, and independence while collaborating with other healthcare professionals; and
12. Foster an environment of mutual respect, competence, trust and synergy among team members.

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Based on the above, FIP commits to:

1. Advocate and emphasise the importance of ICP in improving patient outcomes and enhancing the quality of care;
2. Collaborate with the WHO and other global health stakeholders, policymakers, and other health professional bodies (alongside WHPA), educators, patient organisations and others to foster an ICP approach to improved person-centred care;
3. Advocate pharmacists' timely access to appropriate, accurate and secure patient data and information to support ICP;
4. Advocate that pharmacists should able to modify, add and record data as needed, ensuring all team members have access to updated and relevant information;
5. Collaborate with academia and FIP member organisations on initial pharmacist training as well as lifelong learning initiatives, and to develop and implement standards that demonstrate proficiency in ICP for healthcare professionals; and
6. Advocate for and contribute to efforts for benchmarking ICP implementation, for example, focusing on the existence and effectiveness of ICP schemes at the national level, allowing for routine assessment of progress in ICP implementation.

FIP STATEMENT OF POLICY
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Date of Adoption	:	1 September 2024
This Statement replaces the following FIP Statement		2010 FIP STATEMENT OF POLICY on interprofessional collaborative practice. https://www.fip.org/file/1492
Proposed by	:	FIP Bureau
This Statement can be quoted by stating:	:	FIP Statement of Policy on Interprofessional collaborative practice
This Statement references the following FIP Statements and documents:	:	See list of references to FIP documents below.

References

1. World Health Organization. Framework for action on interprofessional education and collaborative practice. 2010. Geneva, Switzerland: WHO.
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3. World Health Professions Alliance. Statement on Interprofessional Collaborative Practice 2019. Available at: www.whpa.org/activities/interprofessional-collaborative-practice
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5. The International Pharmaceutical Federation (FIP). Medication review and medicines use review: A toolkit for pharmacists. 2022. The Hague, Netherlands. Available at: https://www.fip.org/file/5100
6. The International Pharmaceutical Federation (FIP). Antimicrobial resistance and stewardship in the management of respiratory diseases in the United States. Report from an insight board. 2023. The Hague, Netherlands. Available at: https://www.fip.org/file/5706

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