



European Society of Clinical Pharmacy

Best Clinical Pharmacy Practice Papers for publication in the International Journal of Clinical Pharmacy

2026 submissions

Publication

Note that these are now published as Research and added to the collection of ESCP Best Practice. Authors are to select these categories on submission.

All papers are now published as fully open access which requires payment of an article profressing charge (APC).

- Fees will be waived for ESCP Best Practice Papers.
- Springer Nature has a number of OA agreements and memberships in place with consortia and institutions around the world. If the authors meet these criteria, then this option should be used rather than the ESCP waiver. Check [Open access agreements | Open science | Springer Nature](#) for the updated list.
- Waivers are also available corresponding authors are based in the world's lowest income locations as defined by the World Bank. If the authors meet these criteria, then this option should be used rather than the ESCP waiver. Check [apc waivers | Open science | Springer Nature](#)
- Further information is available on the journal website, [Transition to fully OA FAQ | International Journal of Clinical Pharmacy](#)

Aim

The ESCP Best Clinical Pharmacy Practice papers aim to disseminate best practices in clinical pharmacy through peer-reviewed publication in the International Journal of Clinical Pharmacy (IJCP). By disseminating best practices, ESCP aims to enhance the exchange of knowledge and experiences to promote innovative and sustainable clinical pharmacy services. There is potential to generate impact at many levels of patient care, professional practice, healthcare organisations and society. Publication of these best practice papers in a leading clinical pharmacy journal will also enhance the reputation and pivotal position of ESCP regarding advancing high quality clinical pharmacy practice.

What is best practice?

Best practices in clinical pharmacy relate to developments in practice and education, which are supported by thorough development and implementation processes along with high quality, robust and rigorous research evidence of evaluation outcomes. These outcomes may include aspects such as acceptability, adoption, appropriateness, effectiveness, cost-

effectiveness, efficiency, satisfaction, sustainability etc. Any areas of clinical pharmacy practice and education development in any setting will be considered.

Paper structure

Best practice papers should be structured as follows.

Title, Give as 'ESCP Best Practice: [insert title].

Authors, Give all authors and their affiliations. Include the email address of the corresponding author.

Abstract, maximum of 350 words

- Introduction
- Aim (of the practice)
- Setting
- Development (how the practice was developed)
- Implementation (how the practice was implemented)
- Evaluation (how the practice was evaluated; evaluation findings)
- Conclusion

Facilitators of best practice

- 3 bullet points of key facilitators of best practice experienced

Barriers to best practice

- 3 bullet points of barriers to best practice experienced and how these were overcome

Main text

The paper will have a word limit of 3,000, with a combined maximum of six tables or figures. IJCP authors' instructions must be adhered to [Home | International Journal of Clinical Pharmacy](#)

Structure

Introduction

- Brief information about the field (clinical practice or education)
- Summary of the peer reviewed literature and current evidence position
- Rationale for the development of best practice

Aim

- Statement of the overall aim and specific objectives in developing best practice

The next three sections relate to the phases of development, implementation and evaluation. Where possible, authors should refer to established frameworks or theories to promote comprehensive coverage to these phases. These could include the Medical Research Council framework for Developing and Evaluating Complex Interventions (Skivington, 2021), the Consolidated Framework for Implementation Research (Damschroder

LJ, 2009) the Conceptual Framework for Implementation Outcomes (Proctor, 2011) and Intervention Mapping: A Process for Developing Theory and Evidence-Based Health Education Programs (Bartholomew et al, 1998) .

Development

- Description of the development of the best practice model/ innovation
 - Core components of best practice
 - Supporting literature, systematic reviews, meta-analyses, meta-syntheses
 - Who was involved in the development and how
 - Any other models/innovations referred to in the development and how these were adapted, tailored, trialled
 - Any training required
 - Detailed description of the actual intervention, the component parts and how to be delivered, including the target population
 - Any influences within or beyond the organisation
 - Financial planning
 - Any key challenges in development and how these were overcome

Implementation

- Description of the processes of implementation
 - How, where and when the intervention was implemented
 - Those involved in the implementation

Evaluation

- Description of the approaches to evaluation, with emphasis on the presentation of evaluation data from a number of perspectives
 - Evaluation plan and outcome measures, including consideration of aspects of acceptability, adoption, appropriateness, effectiveness, cost-effectiveness, efficiency, satisfaction, sustainability etc.
 - Perspectives captured in the evaluation
 - Need for ethics approval, or any exemptions
 - Presentation of evaluation data
 - Future plans for evaluation

Discussion

- Discussion of the evidence supporting the best practice
 - Key facilitators
 - Key barriers and how these were overcome
 - Plans for the future, including sustainability, diffusion to other areas and dissemination

Conclusion

The conclusion should be concise and objectively state the extent to which the aim has been met.

Submission Process

Submission will be in two phases. The initial phase will be a call for brief proposals via the websites of ESCP and IJCP, supported by social media and targeted contacts through professional networks and groups. This call will be open to all individuals, targeting leading-edge practitioners, including ESCP non-members as the intention is for ESCP to disseminate the best practice (this is also an opportunity to attract new members). The initial submission will take the form of the structured abstract, submitted to ESCP International Office.

The call will be launched during January 2026, with a closing date of 30 April 2026 following which an ESCP jury of one member of each of the standing committees (General Committee, Communication Committee, Education Committee, Research Committee, Special Interest Group Council) will have two weeks to rank each proposal, select the top six scoring proposals and communicate this to IJCP. Authors of those selected will receive further communication, providing details of the requirements for manuscript submission.

Review process

After submission to IJCP, the journal editors will process the manuscript for peer review by at least two independent reviewers including one ESCP committee member from any of the standing committees.

References

Skivington K, Matthews L, Simpson SA, et al. A new framework for developing and evaluating complex interventions: update of Medical Research Council guidance. *BMJ*. 2021;30;374.

Damschroder LJ. Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implementation Science*. 2009;4:50.

Proctor ES. Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. *Administration and Policy in Mental Health and Mental Health Services Research*. 2011;38(2):65-76.

Bartholomew LK, Parcel GS, Kok G. Intervention mapping: a process for developing theory and evidence-based health education programs. *Health Education Behavior*. 1998;25(5):545-63.