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Javanparast S., Gutteridge D.S., Hibbert P.D. *et al.* **The Aged Care Onsite Pharmacist (ACOP) program in Australia: a qualitative study to examine key considerations for successful implementation in residential aged care homes.** *Int J Clin Pharm* 48:169-181 (2026). doi: 10.1007/s11096-025-01991-3

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| <b>Why it was done</b>                                             | Implementation of onsite clinical pharmacy (CP) services in long-term care facilities (LTCF) is a high priority in many countries, driven by population aging and increasing numbers of frail, multimorbid older adults residing in LTC. In Australia, the new residential 'Aged Care Onsite Pharmacist (ACOP)' programme has been launched. This qualitative study aimed to explore key factors required to scale up the programme for successful national implementation.                                                                                                                                                                                                                                                                                                                                                                       |
| <b>What was done</b>                                               | Semi-structured interviews were conducted (Nov 2023- May 2024) with stakeholders (N = 61). The Consolidated Framework for Implementation Research (CFIR) informed the study methodology.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>What was found</b>                                              | Five key areas were identified for successful implementation (in examples): (1) <i>Individuals</i> : Skilled clinical pharmacists (CPs) onsite presence enabled rapid problem-solving, reduced nursing workload, and supported staff education. CPs highlighted the value of closer collaboration with general practitioners and other pharmacists; (2) <i>Innovation</i> : need for flexibility at rural sites, and flexible working arrangements for CPs at more sites; (3) <i>Processes</i> : need for detailed information on the programme, resources, and ways to adopt the service; (4) <i>Inner setting</i> : strong organisational leadership, supportive facility culture and funding; (5) <i>Outer setting</i> : support by national reform and broader workforce policies, access to CPs and their relevant distribution across LTCF. |
| <b>Conclusions</b>                                                 | Identified implementation components provide an important, transferable guide for other countries seeking to introduce and scale up residential ACOP services in LTCF.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>What is interesting</b>                                         | This large qualitative study offers a comprehensive and practice-oriented analysis of implementation requirements for onsite clinical pharmacy services in LTCF. The findings are highly relevant for clinicians, healthcare managers and policy makers planning service implementation, redesigning or national scale-up initiatives.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>By Daniela Fialová on behalf of the ESCP Research Committee</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

## 2.

Rajiah, K., McArthur. A. **Future pharmacists and climate action: a qualitative study of students' views on environmental sustainability in education and practice.** *Int J Clin Pharm* 48, 656–666 (2026). <https://doi.org/10.1007/s11096-025-02053-4>

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| <b>Why it was done</b>                                             | There is little evidence on effectively embedding sustainability into pharmacy undergraduate curricula. This study aimed to explore student pharmacists' perceptions of environmental sustainability within their education and future professional roles and was conducted in a university in Northern Ireland.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>What was done</b>                                               | Online semi-structured interviews with 16 student pharmacists across all four years of the current Master of Pharmacy Programme were conducted by a final year pharmacy student between January and May 2025. The data were analysed with a thematic content approach following Braun and Clarke's six-phase process.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>What was found</b>                                              | Six themes relating to student pharmacists' perceptions on environmental sustainability were identified: <ol style="list-style-type: none"> <li>1. Environmental sustainability as an overlooked area - indicating a lack of awareness due to limited or no curricular coverage.</li> <li>2. Narrow understanding of medicine waste - focused on the carbon footprint of inhalers and packaging, but little awareness on more complex issues such as pharmaceutical manufacturing and excretion.</li> <li>3. Pharmacy practice as both contributor and solution - emphasizing the changes needed and ongoing in practice.</li> <li>4. Need for better integration of sustainability into pharmacy education – requiring greater visibility and relevance.</li> <li>5. Barriers to change in practice and education - including workload pressures, competing priorities and difficulty in changing habits.</li> <li>6. Policy, incentives and leadership as drivers of change – highlighting that individual goodwill does not drive transition.</li> </ol> |
| <b>Conclusions</b>                                                 | Though there are plenty of opportunities for pharmacy to reduce its carbon footprint and practice more environmental sustainably, it is unlikely for the future workforce to be prepared for this challenge without structured and systematic teaching embedded across pharmacy curricula. This will also align with the International Pharmaceutical Federation (FIP) Workforce Development Goals.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>What is interesting</b>                                         | Despite only being conducted in one university, this study highlights a need to better prepare future pharmacists to act as environmental stewards while still optimising patient care. Involving students in co-designing pharmacy curricula reform may further enhance their knowledge, skills and motivation to address this challenge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>By Antonella Tonna on behalf of the ESCP Research Committee</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

### 3.

Gündogan-Yilmaz, R., Wahedi, S., Driessen, J.H.M. *et al.* **Dose-dependent relationships in potential prescribing cascades: a cohort study using community pharmacy dispensing data.** *Int J Clin Pharm* 48, 874–885 (2026). <https://doi.org/10.1007/s11096-025-02083-y>

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| <b>Why it was done</b>     | The aim was to examine the dose-dependent relationship across a range of index medications related to various potential prescribing cascades, for which the dose-dependent relationship between the index medication and the adverse drug reaction (ADR) was not yet known.                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>What was done</b>       | A cohort study was conducted using prescription sequence symmetry analysis with data from over 600 Dutch community pharmacies (2015–2020). The study assesses 18 potential prescribing cascades involving drug classes such as angiotensin converting enzyme inhibitors (ACEIs), statins, antidepressants, dihydropyridine calcium channel blockers (DCCBs). Index medication doses were categorized based on the World Health Organization (WHO) Defined Daily Dose (DDD) classification. The adjusted sequence ratio (aSR) quantified the likelihood of marker drug initiation after vs. before the index drug.                                                                    |
| <b>What was found</b>      | Twelve of the 18 potential prescribing cascades showed a dose-dependent relationship. All ACEI related cascades demonstrated increasing aSRs with higher doses. ACEIs associated with cough showed increasing aSRs across four cascades. Dose-dependent relationships were also found for statins, antidepressants, and DCCBs. No such relationship was observed for cascades involving proton pump inhibitors, diuretics, and non-steroidal anti-inflammatory drugs.                                                                                                                                                                                                                |
| <b>Conclusions</b>         | Medication dose can play a significant role in potential prescribing cascades. In the majority of cascades, higher doses of the index drug were associated with a stronger likelihood of a subsequent “marker” medication being started. The clearest signal was seen with ACE inhibitors: all ACE inhibitor–related cascades showed increasing adjusted sequence ratios with higher doses, including cough-related cascades. Healthcare professionals should be aware of the potential contribution of dose to prescribing cascade development. The study design precludes causal inference, and confirmation of the results is needed to support further clinical recommendations. |
| <b>What is interesting</b> | There seems to be a well-supported observational link between higher dosages and prescribing cascades in relation to ACEIs, antidepressants and DCCBs. While there is not yet proven causal evidence that dosage drives prescribing cascades across all medications, attention should be paid to any recent dose increases to avoid adverse drug reactions and further escalation. The dose-response patterns of a dose decrease to manage potential prescribing cascades are not yet fully explored.                                                                                                                                                                                |

**By Anita Weidmann** on behalf of the ESCP Research Committee