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Short communication

Consultation models in pharmaceutical care: a framework for supporting medication adherence

Donka Pankov*

Capacitet Consulting Services Ltd, Ul. Arhiepiskop Dositev 6/1-52, 1000 Skopje, RN Macedonia

Introduction

Consultation models provide pharmacy professionals with an evidence-based foundation for structuring patient interactions. Their true value lies in how flexibly they can be tailored to the needs of each individual patient. Pharmacists may choose to apply a single model or draw on elements from several, selecting the techniques that best align with their natural consulting style and the specific demands of the clinical context. Applying consultation models to practice while maintaining flexibility is a learned skill that cannot be acquired through experience alone. It requires deliberate study, regular reflection, and a sustained commitment to professional development. Medication adherence remains one of the most significant and persistent challenges in contemporary healthcare. Adherence is not a fixed state but a dynamic process, one that changes over time as patients' beliefs, circumstances, symptoms, and life situations evolve (NICE, 2009). NICE CG76 identifies two distinct forms of non-adherence. Unintentional non-adherence occurs when patients want to take their medicines as prescribed but are prevented by practical barriers such as forgetfulness, difficulty with packaging, complex dosing regimens, or external life circumstances. Intentional non-adherence reflects a conscious decision not to take the medicine as prescribed, driven by the patient's own beliefs, concerns, or experiences of treatment. Non-adherence is not a failure it is a signal that a new intervention or a different form of support is needed. The focus of the pharmacist should be on analyzing the situation, not judging the individual. In practice, these two forms frequently overlap, and understanding which is operating requires sensitive, non-judgmental exploration of the patient's perspective (NICE, 2009). There is no single intervention that permanently resolves non-adherence. Strategies should be tailored to each patient's unique needs and the specific barriers they face. The present paper examines the relationship between consultation models and medication adherence in pharmaceutical care, with reference to the evidence-based principles of NICE Clinical Guideline 76.

NICE principles for adherence support in practice

NICE CG76 defines three key principles through which healthcare professionals should support medication adherence: the active involvement of patients in decisions about their treatment; the provision of ongoing evidence-based support and advice; and the regular review and optimization of therapy (NICE, 2009). Realizing these principles in practice requires the consistent application of effective consultation skills and evidence-based consultation models, which provide the structured framework through which pharmacists can explore patients' beliefs, address barriers to adherence, and engage patients as active partners in their own care.

*pankovdonka@gmail.com

Evidence-based consultation models in pharmaceutical care

Structured consultation models provide pharmacists with evidence-based frameworks for conducting patient-centred interactions that actively support adherence. *The Calgary-Cambridge Guide* is one of the most widely recognised frameworks for structuring clinical consultations. It integrates the content and process of communication into a single cohesive model, outlining key tasks including initiating the session, gathering information, explanation and planning, and closing the session. Greenhill et al. (2011) demonstrated that pharmacist-patient communication can be effectively analysed and improved using this framework, and Kurtz et al. (2003) emphasised that communication skills are not supplementary to clinical practice but central to it. *Pendleton's Framework* promotes collaborative goal-setting by structuring the consultation around the patient's ideas, concerns, and expectations, and achieving a shared understanding of the problem (Pendleton et al., 1984). This model is particularly relevant to adherence support, as it creates the conditions for open dialogue about the patient's beliefs and reservations about their medicines. *Neighbour's Inner Consultation* emphasises empathy, intuition, and safety-netting — the ability of the pharmacist to sense and respond to the patient's emotional state and to plan for what should happen if the agreed approach does not work as expected (Neighbour, 2005). *The BARD model*, with its focus on body language, active listening, reflection, and direction, helps pharmacists create a safe and non-judgemental space in which patients can openly discuss the concerns and barriers that most directly affect their adherence (Warren, 1999). Consultation skills are therefore not a peripheral competency but a core professional skill and the personal development of the pharmacist as a communicator directly translates into improved health outcomes for patients.

Conclusion

Consultations between patients and pharmacy professionals will always be at the heart of pharmaceutical care. Evidence from Pendleton (2003) confirms that the quality of the consultation directly influences patient adherence, and patients achieve better outcomes when actively engaged in their own decision-making. Effective adherence support requires sustained, patient-centred engagement, grounded in empathy, shared decision-making, and a genuine commitment to understanding the individual patient's perspective.

Consultation skills are the cornerstone of effective adherence support. The systematic integration of evidence-based consultation models into pharmaceutical care, guided by NICE CG76, is essential to developing the competencies required to engage patients meaningfully and achieve sustained improvements in health outcomes.

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