INTRODUCTION
Patients suffering from rheumatic conditions are prescribed biological agents and disease modifying anti-rheumatic drugs which are sometimes administered in complex dosage regimens.1 Shared care guidelines assist healthcare professionals and patients in clinical decision making, allowing the seamless transfer of patient treatment, management and pharmaceutical care.

In Malta, rheumatology patients pick up their chronic medication supply free of charge from a community pharmacy of their choice. Shared Care Models are designed to support communication and coordination between primary and secondary settings.2

AIMS
- To compile and validate Maltese Rheumatology Shared Care Guidelines (MRSCGs) for drugs commonly used in rheumatology with the intention of incorporating intervention guidelines for community pharmacists.
- To enhance communication between:
  i. Rheumatology consultants and general practitioners
  ii. Pharmacists working within hospital and community
  iii. All professionals involved in Shared Care and patient
- Disseminate the MRSCGs for use within the clinical scenario with the intention of initiating a Shared Care Model in the treatment of rheumatic conditions.

METHOD

SECTION A: Outlines the pharmacological background of the drug, indications, dosage and administration.

SECTION B: Defines the associated responsibilities of the medical rheumatology team, general practitioner (GP), community pharmacist and the patient.

SECTION C: Consists of appendices for clinical particulars, monitoring and dosage worksheets, and referral checklists including Shared Care request form, GP confirmation of acceptance, and Pharmaceutical Care Documentation Sheet.

CONCLUSION

The MRSCGs have been subjected for sanctioning within the clinical scenario through the Pharmacy and Therapeutics (P&T) Committee at Mater Dei Hospital. Willingness of healthcare professionals to participate in Shared Care was positive supporting the implementation of a Shared Care Model for rheumatic conditions.

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References