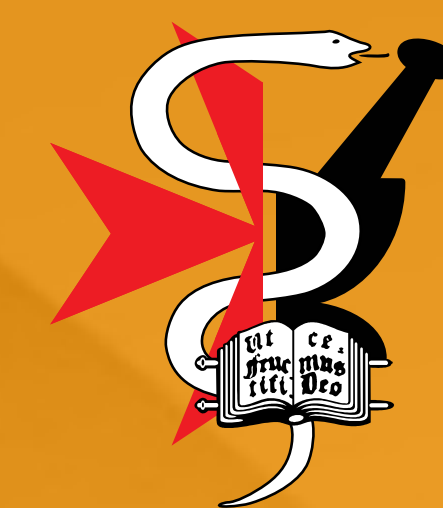


Proposing a framework of Pharmacist Prescribing within a Multidisciplinary team context

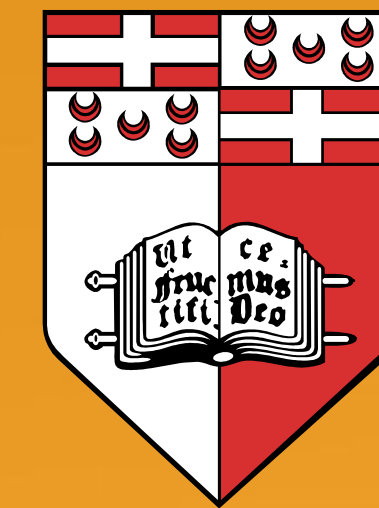
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INTRODUCTION

Pharmacist prescribing is an activity, that has been described and implemented to different degrees in various countries throughout the world. Currently, no prescribing rights for pharmacists are implemented in Malta. The introduction of pharmacist prescribing needs to be proposed in line with local needs, and developed within a collaborative scenario.

AIMS

- To propose a local framework for pharmacist prescribing,
- To validate the proposed framework by a panel of experts including pharmacists and physicians,
- To evaluate practical implementation, by including pharmacists practising in different areas of clinical pharmacy.

METHOD

- An intensive literature review research was carried out to update a draft discussion paper 'Implementing pharmacist prescribing in Malta' by Tabone¹, which aimed to define the perceptions of pharmacist prescribing within the local scenario, and to propose areas for service development and implementation.
- The proposed areas for implementation were validated through focus group discussions composed of 5 pharmacists, 5 physicians, 2 pharmacy students and 2 members of the public.
- The validated proposals were distributed by stratified random sampling to 50 community pharmacists and to 12 clinical and hospital pharmacists by convenience sampling, together with an evaluation questionnaire, to assess the pharmacists' perception on the practical implementation of the proposed systems.

RESULTS

The developed framework which was agreed upon by the multidisciplinary expert panel presents two activities namely:

1. Pharmacist prescribing in the management of minor ailments, self-diagnosed by patients through the use of guidelines in the community,
2. Repeat prescribing by clinical pharmacists in a secondary care scenario for the management of diabetes, hypertension and patients receiving oral anticoagulants based on a management plan. On validation it was agreed that defined frameworks of chronic conditions are essential especially in patients receiving oral anticoagulants. A prescription form and a management plan were proposed and validated from the focus group discussions.

On evaluation, forty-one community pharmacists (n=44) and all 11 clinical and hospital pharmacists were in favour in implementing pharmacist prescribing in the management of minor ailments. Table 1 gives a list of minor ailments for which pharmacists accepted prescribing. Pharmacists were in favour of the repeat prescribing system in the management of hypertension (46) and diabetes (45). Only 27 pharmacists were in favour of repeat prescribing in patients receiving oral anticoagulants.

| Minor Ailments | Number of pharmacists |
|-----------------------------|-----------------------|
| Allergic conjunctivitis | 38 |
| Apthous ulcers | 39 |
| Back pain | 27 |
| Congestion | 50 |
| Constipation in paediatrics | 21 |
| Diarrhoea in paediatrics | 23 |
| Dry cough | 50 |
| Dry eye disease | 38 |
| Dysmenorrhoea | 42 |
| Dyspepsia | 35 |
| Fever | 34 |
| Headache | 41 |
| Heartburn | 45 |
| Musculoskeletal pain | 39 |
| Productive cough | 45 |
| Rhinorrhoea | 47 |
| Skin conditions | 40 |
| Xerostomia | 33 |
| Others | 4 |

Table 1: Conditions for which pharmacists (n=55) accepted pharmacist prescribing in the management of minor ailments

CONCLUSION

A positive response was obtained from pharmacists towards pharmacist prescribing in the management of minor ailments and on the repeat prescribing system in the management of diabetes and hypertension. The framework emphasises the multidisciplinary team context which is essential for a pharmacist prescribing framework to be implemented.

Reference:

1. Tabone F, Azzopardi LM, Serracino-Inglott A. Perception of the community pharmacist: Impact of pharmacy services and development of pharmacist prescribing. Germany:Lap Lambert Academic Publishing; 2013.