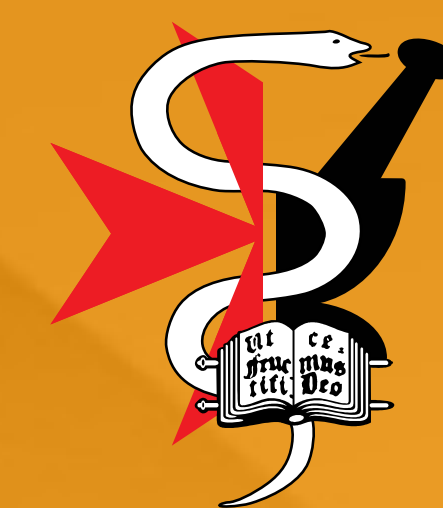


Risks in Pharmacist Prescribing

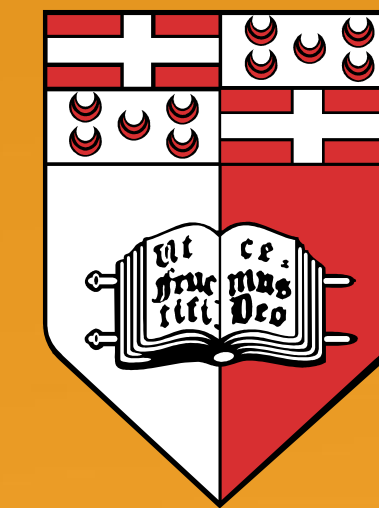
Maresca Attard Pizzuto*, Anthony Serracino Inglott, Lilian M. Azzopardi

Department of Pharmacy, Faculty of Medicine and Surgery, University of Malta, Msida, Malta

email: maresca.attard-pizzuto@um.edu.mt



Department of Pharmacy



University of Malta

INTRODUCTION

The concept of Risk is becoming part of daily language and is used in a variety of contexts and scenarios. Risk may be related to the probability of an incident either happening or not happening, about success or failure. Managing dangers and threats by applying techniques of 'risk management' maximises the chance of a successful outcome and limits the chance of failure.¹ Evidence shows that pharmacists intercept prescribing errors that could lead to patient harm and therefore reducing adverse risks to patients.² The question that is now posed is 'Does pharmacist prescribing reduce this risk to patients when compared to prescribing by physicians?'

AIMS

To evaluate medical practitioners' perceptions on antibiotic prescribing and to establish the risks and competencies of pharmacist prescribing as perceived by medical practitioners

METHOD

- A questionnaire to study medical practitioners' perceptions on antibiotic prescribing and to establish pharmacists' contribution in prescribing and dispensing antibiotics was developed.
- The Delphi technique was adopted to validate the questionnaire and a heterogeneous expert group (Figure 1) comprising of 11 members was formed.

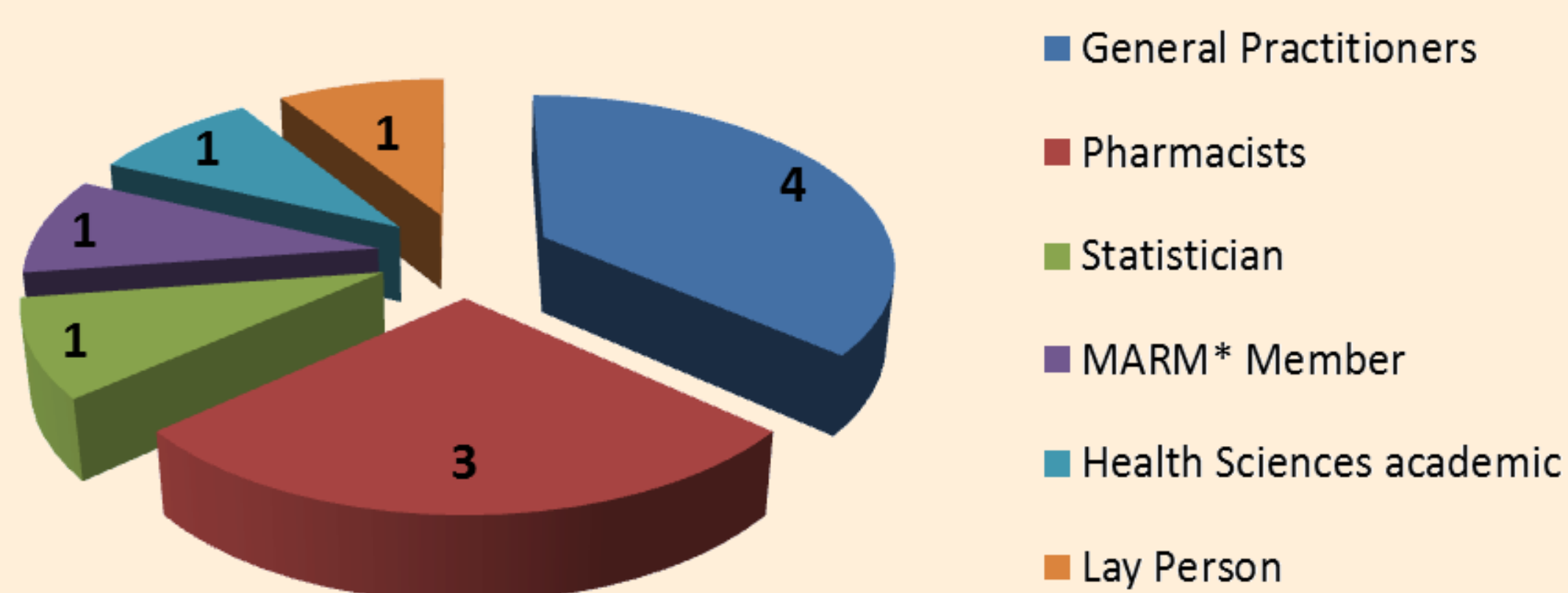


Figure 1: Participants' area of expertise

*Malta Association of Risk Management

- This study adopted a two-round Delphi consisting of a structured five point Likert scale questionnaire anchored by 1 when there is least agreement and 5 when there is highest agreement. Participants could amend the question in the 'Recommended Changes' field provided and add other comments in the 'Remarks' section.
- After addressing the suggestions and recommendations generated during the two Delphi Rounds, the final version of the 'Antibiotic Prescribing Practices Questionnaire' was completed.
- The updated questionnaire is disseminated to medical practitioners around Malta.

RESULTS

- The developed questionnaire contains 28 close-ended questions with 4 different sections, namely:
 - Section I: Respondent Demographics
 - Section II: Antibiotic prescribing by physicians
 - Section III: Antibiotic prescribing by pharmacists
 - Section IV: Physician-Pharmacist collaboration
- Delphi Round I had a response rate of 85% (N=11), whereas Round II had a response rate of 77% (N=10).
- The majority of changes were done after Delphi Round I and included re-wording, re-structuring and adding new questions.
- Six questions were added in total.
- This questionnaire aims to answer questions included in Table 1.

Table 1: Questions included in questionnaire

What are the risks for physicians when prescribing antibiotics?
Will these risks be greater for pharmacists?
What is the greatest problem you envisage if limited antibiotic prescribing rights are given to pharmacists?
How competent would you rate pharmacists' ability to prescribe broad-spectrum antibiotics (example: co-amoxiclav or clarithromycin) to treat common infections?

A list of different topical and systemic antibiotics used for mild conditions^{3,4} (Table 2) was drawn up to evaluate which antibiotics would physicians favour pharmacists to prescribe in different clinical scenarios.

Table 2: Mild conditions drawn up in questionnaire

Bacterial skin infections	Bacterial conjunctivitis
Uncomplicated urinary tract infections in women	Mild to moderate acne
Uncomplicated upper respiratory tract infection	Chlamydia

The collaboration between physicians and pharmacists will be assessed to evaluate whether teamwork can ultimately benefit the patient.

CONCLUSION

Evaluating the perceptions and beliefs of medical practitioners of the risks associated with pharmacist prescribing within different scenarios that range from managing minor conditions to prescribing within a collaborative practice is beneficial before embarking on proposing national structures for pharmacist prescribing.

References

1. Drennan LT, McConnell A. Risk and Crisis Management in the Public Sector. New York: Routledge; 2007. p. 2-4.
2. Abramowitz PW, Shane R, Daigle LA, Noonan KA, Letendre DE. Pharmacist interdependent prescribing: A new model for optimizing patient outcomes. American Journal of Health-System Pharmacy 2012;69:1976-81.
3. Saskatchewan Drug Information Service. Guidelines for Minor Ailment Prescribing. Saskatchewan (Canada): University of Saskatchewan; 2010.
4. British Medical Association/Royal Pharmaceutical Association of Great Britain. BNF 65. UK (London): BMJ Publishing Group Ltd/RPB Publishing; 2013.