

Pharmacy Council Statement Raising Concerns with Prescribers

Introduction

A complaint investigated by the Health and Disability Commission (HDC) in 2005 resulted in both the doctor and the pharmacist being found in breach of the HDC's Code of Health and Disability Services Consumer's Rights. The pharmacy had been concerned for some time about the doctor's prescribing, had phoned the doctor to query prescriptions on a number of occasions and had been documenting these incidents.

In spite of this, the Commissioner commented that a pharmacist has an ethical duty to act on well-founded suspicions, rather than waiting until they are "very certain" there is an issue.

This statement is supported by the Pharmacy Council's Code of Ethics and the HPCA Act.

Code of Ethics 2018 Obligation 7F

Consults with the prescriber, and documents the results, if there are reasonable grounds to consider that a prescription contains any error or is not legitimate or could be detrimental to a patient's health.

General policy statements:

- i. The purpose of the Health Practitioners Competence Assurance Act 2003 is to protect the health and safety of members of the public. As such, a pharmacist is expected to act in the best interests of patients and the public and ensure the provision of high quality patient care.
- ii. Pharmacist responsibility for patient's health outcomes is a central pillar of pharmaceutical care. In the event of unclear or incorrect prescriptions, prescribing errors, clear contraindications or recurrent inappropriate prescribing it is essential that a pharmacist intervenes and communicates their concerns with the prescriber in a timely and professional manner.
- iii. Accurate records should be kept to record details and outcome of any interventions, in the event that this may be required at a later date.
- iv. The Pharmacy Council's Code of Ethics Obligation 7F regarding inappropriate or erroneous prescribing directs a pharmacist to act where there are grounds to consider patient safety may be at risk.
- v. Raising concerns or making a complaint about the conduct or competence of another health professional must be managed with due care and consideration especially if the concern is based on a suspicion rather than hard evidence. Where appropriate, advice should be sought from the Pharmacy Council.
- vi. Pharmacies must have robust, regularly reviewed procedures in place for dealing with and recording interventions with prescribers.

1.0 Communication

- 1.1** A pharmacist has a duty to contact the prescriber in a number of situations including where the pharmacist:
 - 1.1.1 has knowledge that the prescriber may not have considered clinically significant concerns such as concurrent use of other medicines by the patient, including non-prescription medicines; comments from the patient on their medicines use; or lifestyle factors (such as the use of alcohol or other substances).
 - 1.1.2 is clear that the prescription is, on the face of it, incorrect clinically or legally.
 - 1.1.3 has concerns about the safety of an individual patient due to the prescribed medication regimen.
 - 1.1.4 has received an unusual prescription (dose, form or route) for a medicine recognised to have potentially serious adverse effects or side effects.
- 1.2** When raising concerns about prescriptions with the prescriber, a pharmacist should suggest or offer solutions in a professional manner as a first step. This will build trust, allow for recognition of skills and develop a relationship based on the patient's needs.
- 1.3** Effective communication¹ will enable a pharmacist to have a positive impact on a patient's health outcomes and on pharmacist-prescriber relationships. If the prescriber is unknown to the pharmacist, a pleasant business-like approach is recommended.
- 1.4** Establishing a procedure like SBAR (Situation - Background - Assessment - Recommendation) to address essential issues quickly and thoroughly may help facilitate good communication. (See Appendix 1 for further information)
- 1.5** Pharmacists are reminded every consumer has the right to effective communication in a form, language, and manner that enables the consumer to understand the information provided.

¹ Basic principles for effective communication: acquire sound clinical skills; work within the bounds of medical knowledge; develop a professional relationship; focus on patient outcomes; develop appropriate language.

2.0 Clinical check

- 2.1 Including a clinical check in the dispensing process (Competence Standard O3.1) ensures the appropriateness of the medicine for the person. This should be done within the limitations of available information and taking into consideration other medicines being taken and past medication history
- 2.2 For all children's prescriptions the pharmacist should highlight the date of birth on the prescription, check the child's weight and ask themselves "*Is this a reasonable dose for a child of this age and weight?*"
- 2.3 A pharmacist must be mindful of potential adverse drug reactions, interactions and contraindications, particularly when therapy changes in any way or patient circumstances change.
- 2.4 If there are any doubts about the suitability of the medicine, the pharmacist must contact the prescriber.
- 2.5 The pharmacist should provide advice to the patient that is consistent with, and complementary to, the advice given by the prescriber. Pharmacists are reminded, however, that if the prescriber's actions are thought to be unsafe the pharmacist must work in the patient's best interests (refer to 3.3 below).

3.0 Raising Concerns

- 3.1 If a pharmacist reasonably believes that patient safety has been compromised or is likely to be compromised, they should be prepared to intervene and raise concerns.
- 3.2 When deciding to raise a concern, a pharmacist should consider the following: what would be the consequences of not raising the concern; and if challenged, could the pharmacist justify why the concern was not raised with the prescriber.
- 3.3 The Pharmacy Council's Code of Ethics Obligation 7F requires a pharmacist to "Consult with the prescriber, and document the results, if there are reasonable grounds to consider that a prescription contains any error or is not legitimate or could be detrimental to a patient's health".²
- 3.4 Pharmacists are reminded the HPCA Act s34(1) requires if a pharmacist has reason to believe that another health practitioner may pose a risk of harm to the public by practising below the required standard of competence, the pharmacist may give the Registrar of the authority that health practitioner is registered with written notice of the reasons on which that belief is based.
- 3.5 A pharmacist's failure to act on their concerns could constitute a breach of the Pharmacy Council's Code of Ethics.
- 3.6 Pharmacists are reminded they have the right to not dispense a prescription if the concerns raised have not been resolved, all procedures followed have been fully documented, and both the prescriber and the patient have been advised of the reasons for taking this action.

² If the pharmacist's concerns remain unresolved after consulting with the prescriber, the pharmacist should consult with the Medical Officer of Health or their Medicines Control Advisor (www.medsafe.govt.nz/other/contact.asp#regional) and document this action.

Appendix 1

Situation – Background – Assessment – Recommendation (SBAR) Technique for Communication

The SBAR communication technique was initially developed to provide a framework for high-risk communication; however it also works with other types of communication between healthcare professionals. It is an easy to remember mechanism useful for framing any conversation requiring attention and action. It allows for an easy and focused way to set expectations for what will be communicated and how, and is important in fostering a culture of patient safety. Although it may have more immediate application in a hospital environment where members of the healthcare team work more closely together, it is still a practical tool to utilise in a community pharmacy setting.

SBAR answers three questions:

- What is the issue?
- What do you need me to do?
- When do I have to do it?

Situation – the punch line, what is going on with the patient/prescription?

Background – the context, what clinical background information is available that is pertinent to the patient

Assessment – analysis and consideration of options

Recommendation – an agreement on what needs to be done, by whom and by when?

SBAR gives health care workers a method to communicate effectively, but it does not assure good communication. Good communication can still be hindered even while using the SBAR technique. For example, if people don't really listen to each other, or if they hear something different from what is actually being said, communication will break down despite efforts to standardise it. So, keep in mind some of the basic guidelines for communicating, such as not multi-tasking while communicating, making eye contact when possible, being clear and direct, avoiding vague information, and repeating back critical information, such as agreed medication changes.