By Gillian Cavell, MSc, MRPharmS

All pharmacists, as medicines experts, have a role to play in patient safety. One of the first professional activities pharmacists carry out when they qualify, or even as preregistration trainees, will be to read and interpret a prescription for a medicine. Even without knowing anything about the patient the pharmacist will be responsible for ensuring that the prescription is safe and that the patient receives the medicine that has been prescribed, at the appropriate dose and frequency, to minimise the risk of harm. Therefore, from the day they qualify, pharmacists can be considered to have a role in medication safety.

Safe medication practice is a multidisciplinary process involving doctors, nurses, pharmacists and the patients themselves. Of all the health professionals involved in medicines use pharmacists have the most knowledge about the medicines given to patients in hospital or taken by patients in their own homes. It is easy for pharmacists working in a dispensary to assume that as long as they have interpreted the prescription and supplied the item correctly that the medicine will be used correctly and the patient will be safe. We know from the literature and data published by the National Reporting and Learning System1 that this is not always the case.

Over recent years, particularly in acute hospitals, pharmacists have developed specialist roles in medication safety, working with colleagues in pharmacy and other professions to identify problems with medicines use and prevent errors. Such roles have become increasingly well recognised since the establishment of the National Patient Safety Agency and the direction given to chief pharmacists by the NPSA to implement recommendations to reduce medicines-related harm.

Rise of the safety agenda

My own interest in medication safety began in 1993 when I attended the American Society of Hospital Pharmacists (ASHP, now called the American Society of Health-System Pharmacists) midyear clinical meeting in Orlando, Florida. My colleagues and I were impressed at how strongly medication errors featured in the work being presented and we realised that, in our hospital, there was little knowledge of medication safety issues outside the pharmacy department.

At King's College Hospital, in common with most trusts, we had an incident reporting system. Following an incident involving a medicine, the pharmacy should receive a carbon copy of the hand-written incident report form. Since few, if any, reports were received by pharmacy we were unable to say whether there were no medication errors, the errors were not being reported or the reports were not being forwarded to pharmacy for review.

Building on the ideas generated from the ASHP conference, we set up a scheme for anonymous...
reporting of medication errors with the support of our drugs and therapeutics committee.1

This was the start of my specialist role in medication safety which, until 2003, I developed in conjunction with other clinical and managerial roles as a senior hospital pharmacist.

When we first set up the scheme the topic of medication safety was not widely discussed and it certainly was not considered to be an area of specialism for pharmacists. As the patient and medication safety agenda in the UK developed the need for a full-time post to support medication safety was identified. I recognised this as a good opportunity to continue to work at a high level within the pharmacy department and trust-wide, helping staff to understand the implications of medication safety incidents and recommendations made by the NPSA, and implement changes to reduce the risk of drug errors.

What is particularly attractive about working in medication safety is the opportunity to combine management and leadership skills with multidisciplinary project work

while maintaining a degree of clinical input.

Creativity

The role of medication safety pharmacist is not an easy one. As scientists pharmacists can be rule-bound and process-driven — a positive characteristic that promotes quality and accuracy. But because accuracy is so key to our professional duties, I believe it can be difficult for some pharmacists to accept that errors occur. Although many pharmacists may also have good analytical skills not all have the experience or confidence to think outside the box and be creative.

After becoming a consultant pharmacist for medication safety (in a Strategic Health Authority-approved post as per Department of Health guidance in England), my role expanded beyond that of safe, effective and economic use of medicines at a clinical level to safe and effective use of medicines at organisational level and above.

Specialism in medication safety requires not only knowledge of medicines but the ability to look critically at how those medicines are used in practice and the context in which they might be presented by manufacturers, stored or used in the pharmacy, prescribed for patients, and handled by staff at ward level during dose preparation and administration. It requires the ability to think beyond the traditional boundaries of pharmacy practice, and to apply clinical and practical knowledge to situations that may never have been encountered before. It requires a broad clinical experience and good understanding of the roles of other professionals in medicines use and the confidence to ask difficult and challenging questions. It is also essential to be able to communicate this information to staff and managers at all levels.

Momentum

The quality agenda within the NHS is gaining momentum and medication safety is part of that agenda. There is going to be an increasing need for all pharmacists to become medication safety champions and the need for more pharmacists to develop expert roles in this area.

So how can an aspiring medication safety pharmacist acquire the skills to become an expert practitioner in this area? It is important to recognise that opportunities to acquire new knowledge are unlikely to be handed to you on a plate in the current climate of the NHS and as professionals we need to take some responsibility for our own professional development.

Recognising this I have always had the support of my managers to attend and present work at conferences and from early on in my career I have understood the benefits of attending study days and courses provided by local education providers and also national bodies such as the United Kingdom Clinical Pharmacy Association.

The UKCPA gave me an opportunity to present early work on medication error reporting at one of its conferences. Through that, and similar opportunities, I have been able to meet and learn from experienced and innovative colleagues working at the leading edge of pharmacy in the UK.

The Competency Development and Evaluation Group’s framework for advanced- and consultant-level practitioners (www.codeg.org) defines competences and skills for pharmacists choosing to develop specialist roles. CoDEG’s specialist curriculum group is working to develop the curricula for each specialist against the framework. It is likely that this work will form the basis for how advanced and specialist practice is recognised by the new professional body for pharmacy.

We live in times of evidence-based medicine. Is there an evidence base for medication safety pharmacists? Not at the moment — but it is up to pharmacists working in this area currently and in the future to develop knowledge, education, leadership and research to generate this evidence.

References

2 Scheme for anonymous reporting of medication errors. Pharmaceutical Journal 1993;251:796.