

Supplementary Pharmacist Prescribing and Point-of-care Testing in Community Pharmacy

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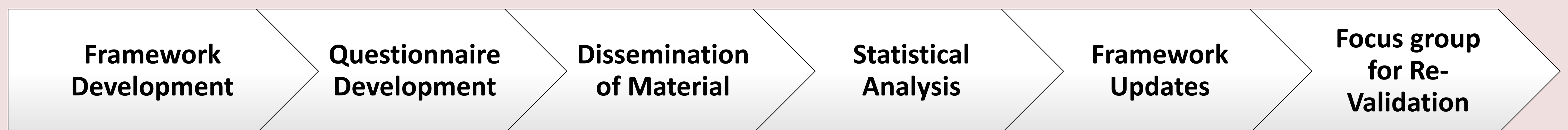
INTRODUCTION

Studies indicated that supplementary prescribing would be most appropriate for the local scenario.¹ These claims were supported by studies carried out in 2012 and 2013 where 82 % of pharmacists and 87 % of the general public were in favour of pharmacists extending their role to include prescribing in collaboration with physicians respectively.^{2,3}

AIMS

To provide an efficient pharmacist supplementary prescribing model for conditions which may be identified and managed through the use of point-of-care tests (POCT) such as diabetes mellitus and hypertension in adults.

METHOD



Treatment frameworks for common chronic conditions (Hypertension, Type 1 and Type 2 diabetes mellitus) were developed on the basis of NICE recommendations. These frameworks are to be used by pharmacists within a supplementary pharmacist prescribing model in order to decide upon optimal patient treatment, following diagnosis by a physician. The questionnaire was developed to identify pharmacist and physician opinions on the introduction of pharmacist prescribing, identify POCT commonly available and their perceived reliability. These materials were disseminated to all community pharmacies (218) and 250 physicians. Participant suggestions were analysed and treatment frameworks updated accordingly before re-validation by means of a focus group.

RESULTS

A response rate of 22.8 % (57) physicians and 65.14 % (142) pharmacies was obtained. When asked if pharmacists are competent to prescribe with their current level of knowledge 51 % physicians, 74 % community pharmacists and 67 % locum pharmacists agree or strongly agreed. 81 % pharmacist participants are willing to follow a course to obtain prescribing rights. This opinion did not vary significantly between community and locum pharmacists, however, older pharmacists are less willing to do so. Changes to the frameworks included colour coding and provision of generic examples for each drug class (Figure 1).

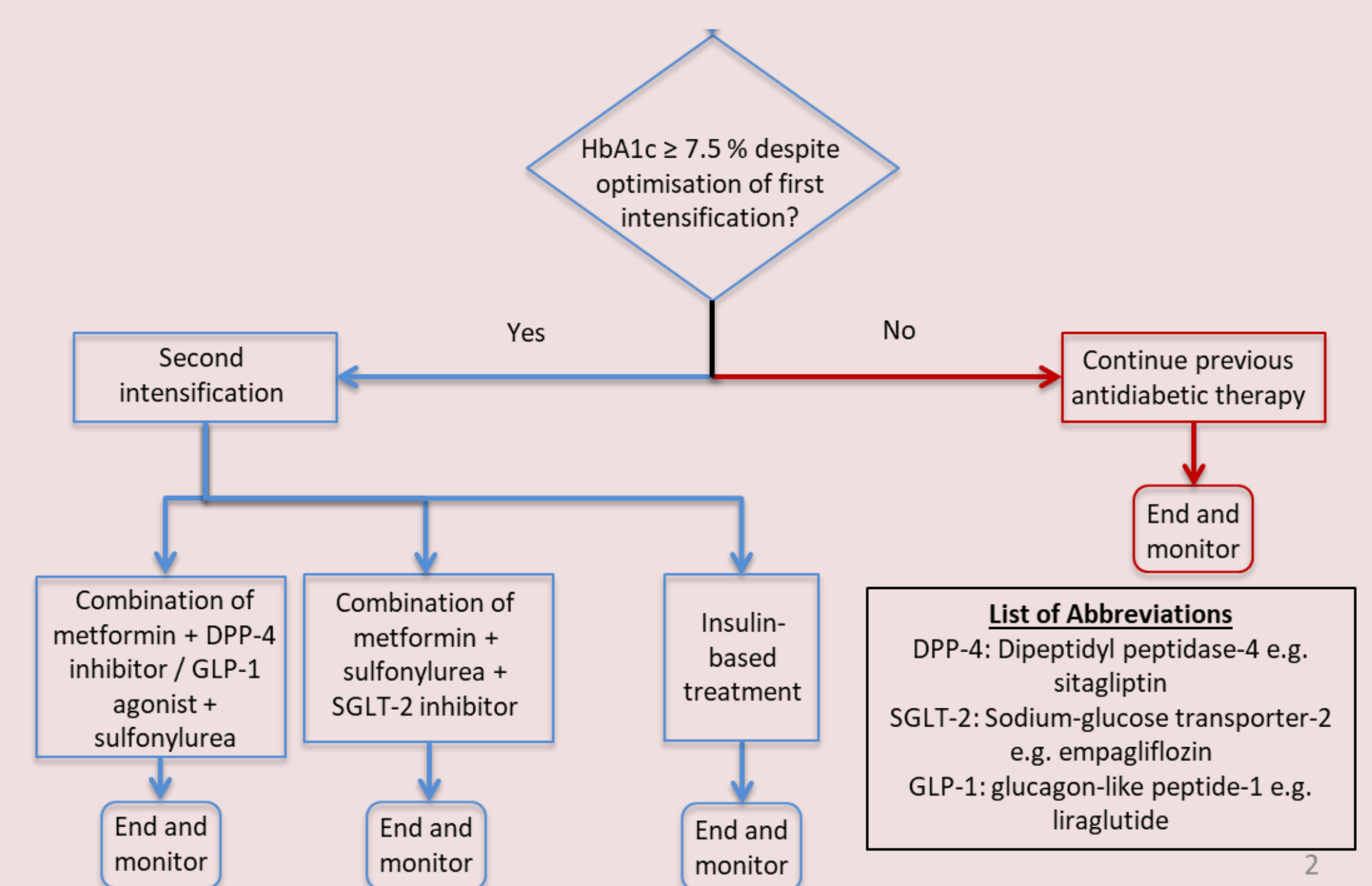


Figure 1: Section of the updated treatment framework for Type 2 diabetes mellitus

CONCLUSION

This project puts forward a feasible framework that could be implemented in community pharmacies for point-of-care testing-led pharmacist prescribing in hypertension and diabetes mellitus. The perception of local pharmacists and physicians is in support of supplementary pharmacist prescribing for these chronic conditions, in which the condition will initially be diagnosed by a physician and a clinical management plan be decided upon, together with the pharmacist and patient.

REFERENCES

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