

Statement from the Federation of Asian Pharmaceutical Associations (FAPA) Stakeholders' Forum on Addressing the Medication Safety Challenge in Asian Countries: Separation of Dispensing and Prescribing Practices

Co-hosted by Malaysian Pharmaceutical Society (MPS)

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Modern medicines have changed the way in which diseases are managed. Safety monitoring of medicines is an integral part of clinical practice. In providing high quality medical care, safety monitoring is essential to the ongoing effective use of medicines. Approval for a medicine is based on controlled and regulated clinical trials. Once an approved medicine is placed on the market, it leaves the controlled scientific environment of clinical trials. At this point, most medicines will only have been tested for short-term safety and efficacy on a limited number of carefully selected individuals. Therefore, it is important that the use of these medicines is monitored for their ongoing effectiveness and safety. Pharmacists have an important responsibility in monitoring the ongoing safety of medicines. This is particularly true as pharmacists increasingly provide management of medication therapy using pharmaceutical care concept as a part of their professional practices.

Globally, the role of pharmacist has been extended from merely medicines dispenser to a healthcare professional who involves directly in-patient care services. This is referred as a paradigm shift, where it has brought new sets of beliefs and assumptions on way services should be delivered to pharmacy clients. The pharmaceutical world is evolving continuously and has become more dynamic, so is the role of the community pharmacist. Pharmaceutical care has evolved to embrace different counselling services delivered by pharmacists. These services range from brief counselling following medication purchase to lengthy extensive counselling services and other value-added services. The extended pharmacy-services offered through community pharmacies by pharmacists require additional or special skills, knowledge and/or facilities, and are provided to people with special needs. The traditional community pharmacy practices are prevalent and common in all the Asian countries with few exceptions. The dominance of physician culture has kept pharmacists off dispensing rights, where most of the physicians prescribe and dispense the medicines. This issue of separation of dispensing and prescribing (SDP) is of prime importance in the region not only for the pharmacists' rights but also for the promotion of rational and quality use of medicines

To address the issue of SDP more holistically with relevant evidences, FAPA and MPS had organized a forum with pharmacy stakeholders in the region. Collaboration between FAPA and MPS for 1st SDP sharing session in Asia hosted 35 participants from 14 different countries. It was mainly supported by stake holders from 6 countries including Japan, Korea, Taiwan, Thailand, Philippines and Malaysia and the following outcomes achieved.

The Forum Acknowledged that:

Medication safety is a big challenge today. There are many factors involved, most of which surrounds SDP practices. SDP is a crucial factor to maintain patient safety especially at community level. In many Asian countries SDP is still not implemented fully. GPs could prescribe and dispense medicines to a patient at their own practice. In majority of GP practice, the issuance of prescription to patient is not enforced though it is in law and normally the dispensing activities been undertaken by a non-qualified personal. Beside these two issues, evidence from Malaysia had shown that the dispensing doctors are charging the patients too much for their patients' medications compared to the same medications obtained from community pharmacy settings.

Without SDP, the quality and safety of medications dispensed to a patient will not be screened, reviewed and counter-checked by a qualified and highly trained health professional - the pharmacist. This practice has eliminated the filter to protect the patients from potential medication errors. Medication errors originate most often during the medication prescribing process and at least half of these prescribing errors are detected and corrected during the screening process by pharmacists. These human errors could be avoided when an appropriate check and balance mechanism by pharmacists is in place.

Besides dispensing, all patients should have been informed and have received safe and adequate medical care. Without prescription, the patients are deprived of their right of being informed of the treatment plan and the right to choose where to purchase and how much to pay for their medications. Also, if medicines are dispensed by GPs themselves, there is no counter check of prescription by the pharmacists. Patients' medication safety should be a priority. Pharmacists need to play a major role to achieve the goal of complete medication safety.

The Forum welcomes the idea that:

Emerging global and regional co-operation are very well needed to address issue of medication safety by having SDP implemented. Initiating and implementation of SDP are progressive trends to ensure medication safety of the population. For example, Japan and Korea had implemented SDP over 15 years and have good prescription release rate by their GPs without any ill feeling to the dispensing pharmacists. SDP was implemented long ago in European and American states but many Asian countries are still far from this trend. The 'Drug Profile Book' formulary model in Japan for an instance was seen as a good step to support pharmaceutical care followed by policy implementation for cost reduction to consumers of healthcare.

SDP is for public benefit. Taiwanese experience after implementing SDP is quite promising towards ensuring medication safety. Post SDP implementation, doctors in Taiwan release prescription and pharmacists only dispense drug and give consultation to patient. There is provision of a dispensing fee. Medication safety is ensured with collaborative work of physician with pharmacists. In Korean experience of SDP implementation, a pharmacist must review patients' drug regimen, identify and resolve problems to ensure medication safety.

The Forum Recommendations:

- Organize information campaign aimed at the local health policy makers to learn from the existing successful models of SDP from other Asian countries such as Japan, Korea and Taiwan
- To implement as soon as possible an improved locally suited SDP program to answer the issue of medication safety in countries where no separation of prescribing and dispensing functions exist. Train pharmacists for successful implementation of SDP and achieve goal of medication safety. The services that could be offered are: comprehensively review of prescriptions for any possible ADR, interactions, medication counselling and other aspects of medication safety.
- In alliance with medical institutions – pharmacists should answer inquiries regarding patient safety, feedback about ADR and compliance, and consultation about medication.

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