G-1453 Risks in pharmacist prescribing guidelines

Background: Risk is part of daily language and is used in a variety of contexts. One might talk about 'risk' as the probability of an incident happening or not happening, about success or failure. The main benefit of following guidelines is to improve patients' quality of care, however, the potential risks should not be neglected.

Purpose: To examine the risks of following or not following guidelines in pharmacist prescribing.

Methods: Risk assessments and ways of determining risks were examined in other processes extraneous to pharmacy. Ways of adapting these activities to pharmaceutical processes were studied. Proposals to apply these activities in adherence with guidelines such as the NICE guidelines, guidelines in pharmacist prescribing and established formularies are suggested. Methods to evaluate risks involved in strict adherence to the formulary as well as the risk of ignoring the formulary are identified.

Findings: Industries that were evaluated include banking, insurance, airline and food. A common feature of all industries was that risks are documented onto 'risk registers' containing a record of all risks as categorised in terms of impact and likelihood. Risk registers also record mitigating measures, responsibilities of risk owners and deadlines for taking agreed actions. The development of a risk register is part of the Risk Management Process. Risks are assigned 'Likelihood and Impact' scores by first considering the inherent risk and after looking at the mitigating actions being taken to limit the company's exposure, a score is assigned upon the residual risk. Such measures need to be implemented to identify and assess risks in guidelines for pharmacist prescribing, which involves a delicate evaluation of benefits and risks within a holistic clinical picture. The risks of not following recommendations provided by guidelines could be extremely serious. However, following guidelines has its disadvantages too, in that recommendations may be too restrictive for individual patients, hindering professional judgment. Scientific evidence about what to recommend is often misinterpreted. Recommendations are influenced by the experience of guideline developers and treatments experts believe are good for patients may be inferior to other options. Patients' needs may not be the only priority when developing guidelines, since they may be recommended to protect special interests.

Conclusion: The examination exercise undertaken in other processes extraneous to pharmacy helps to provide a framework for the development of risk assessment strategies to be used in different pharmaceutical scenarios, particularly in assessing risks in pharmacist prescribing guidelines to improve outcomes.

Location of Primary Work: Malta