

## 1 FIP Statement of Policy on pharmacists' roles in supporting patient safety

2 This Statement of Policy is based on the reference document 'Patient safety: Pharmacists' role in  
3 delivering medications without harm' to be published in 2020 which aims to serve as a platform to inform  
4 policy and practice development of patient safety initiatives internationally. The Statement of Policy is  
5 intended to support these initiatives, with a focus on medication safety.

### 6 **Background:**

7 The World Health Organization (WHO) estimates that millions of patients are harmed each year due to  
8 unsafe health care, resulting in 2.6 million deaths annually in low- and middle-income countries alone.<sup>1</sup>  
9 The most detrimental errors are related to misdiagnosis, prescription errors, or incorrect use of  
10 medications.<sup>1</sup> Medication errors<sup>i</sup> alone cost an estimated US \$42 billion globally annually.<sup>1</sup> The personal,  
11 social and economic impact of patient harm leads to losses of trillions of US dollars worldwide. However,  
12 most of these harmful events and deaths are avoidable.<sup>4</sup>

13 Patient safety is broadly defined as a patient being free from harm during the course of receiving health  
14 care.<sup>5</sup> Medication safety is a large component of patient safety and encompasses preventing medication  
15 errors and medication-related harm<sup>ii</sup>, particularly in relation to high-risk medications<sup>6</sup> and polypharmacy,<sup>3</sup>  
16 and optimising safe medication use at each stage of the medication-using journey,<sup>1</sup> notably at the  
17 transitions of care.<sup>7</sup>

18 Pharmacists are key health care professionals who specialise in medication management. Pharmacists and  
19 their pharmaceutical support workforce are involved in a range of activities which impact patient safety,  
20 including direct patient care and being part of health care teams. Pharmacists are well-positioned to  
21 advocate for both safer medication management systems, including management of medication  
22 shortages, and a culture of health care safety in health care organisations. An effective safety culture  
23 facilitates a "just" culture<sup>8</sup> and encourages reporting and learning from errors. The role of pharmacist  
24 teams in patient safety requires recognition and support by health care organisations and regulating  
25 bodies in order to be an integrated part of the global health agenda.

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#### Definitions

<sup>i</sup> Medication errors: "Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer".<sup>2,3</sup>

<sup>ii</sup> Medication-related harm: "Patient harm related to medication. It includes preventable adverse drug events (e.g. due to a medication error or accidental or intentional misuse) and non-preventable adverse drug events (e.g. an adverse drug reaction)".<sup>3</sup>

26 FIP encourages all health care professionals and other key stakeholders, including patients and their  
27 caregivers, managers, policy makers, and educators to consider designing/optimising services  
28 collaboratively to improve patient safety. A multifaceted approach on a national and international level is  
29 needed. Key aspects include: development and optimisation of medication safety-related policies and  
30 guidelines, including timely access to effective medications and evidence-based treatments; systems for  
31 reporting, monitoring and analysing safety events; education programmes; collaboration between  
32 stakeholders; patient empowerment programmes; and research programmes. The goal is to increase the  
33 effective use of medications, prevent errors and decrease the risk of harm associated with health care.

34 **AGAINST THIS BACKGROUND, FIP MAKES THE FOLLOWING RECOMMENDATIONS** to the key  
35 stakeholders responsible for patient safety, recognising that the jurisdictions, roles and responsibilities of  
36 the stakeholders may vary between different countries. Consequently, there is flexibility in who is  
37 responsible for acting and implementing the recommendations, however, all recommendations imply a  
38 collaborative approach amongst the key stakeholders, with specific emphasis on the involvement and  
39 engagement of health care professionals, patients and the public.

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#### 41 **GOVERNMENTS AND POLICY MAKERS:**

##### 42 *Policies, procedures and guidelines*

- 43 • In consultation with health care professionals and/or their associations, develop, implement and  
44 monitor national health and medicines policies that promote safe and effective use of medications
- 45 • In collaboration with health care professionals and/or their associations, support the development  
46 and implementation of national standards related to patient safety
- 47 • Support the implementation of national systems to record, monitor, analyse and report medication  
48 errors and medication-related harms

49

##### 50 *Engagement and advocacy*

- 51 • Initiate and drive constructive dialogue with all key stakeholders concerned with patient safety
- 52 • In consultation with individuals and/or their carers, and patient/consumer organisations, develop,  
53 implement and promote programmes related to patient safety and patient empowerment

- 54 • Implement programmes that allow people to access their health information, including clinical  
55 information and prescription notes (e.g., via electronic health record) to empower them to take  
56 charge of their health and, at the same time, prevent inaccuracies and medication errors
- 57 • Implement programmes that allow pharmacists to access relevant patient data, including clinical  
58 information (e.g., via electronic health record) to enable them to effectively provide health and  
59 pharmaceutical services

60

61 *Education and training*

- 62 • Support the inclusion of patient safety and the role of different health care professions in  
63 undergraduate medical, pharmacy and other allied health care curricula
- 64 • Initiate and support on-going programmes to educate the public about the safe use of medications

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66 *Resources*

- 67 • In collaboration with health care professionals, health care organisations and researchers, develop,  
68 implement and monitor indicators and tools to proactively measure patient/consumer safety in  
69 practice; the outcomes of which can be used to promote and monitor the development of a safety  
70 culture
- 71 • Facilitate reporting of medication errors by all key stakeholders through removing barriers and  
72 fostering proactive reporting

73

74 **PHARMACY PROFESSION:**

75 **FIP Member Organisations:**

76 *Policies, procedures and guidelines*

- 77 • In collaboration with key stakeholders, develop and promote best practice standards on patient safety  
78 which apply to all areas of the practice of pharmacy, and take into account transitions of care,<sup>7</sup> high-  
79 risk medications<sup>6</sup> and polypharmacy<sup>3</sup>
- 80 • Establish systems for reporting and addressing health care-related harm, including empowering  
81 individuals and/or their carers to report patient safety incidents<sup>iii</sup>

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Definition

<sup>iii</sup> Patient safety incident: "An event or circumstance that could have resulted, or did result, in unnecessary harm to a patient".<sup>9</sup>

82 • Develop, implement, monitor and review indicators and tools to proactively measure improvements  
83 in medication safety in practice and within health care systems

84 • Ensure pharmaceutical teams are involved in determination of medication supply and distribution in  
85 times of shortages

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87 *Engagement and advocacy*

88 • In collaboration with patient/consumer organisations, develop and deliver ongoing campaigns to  
89 educate patients and the public on medication safety, including understanding their own medications,  
90 keeping a medication list and knowing their allergy history; and how to report patient safety incidents

91 • Develop strategies to share lessons learned from patient safety incidents (including medication-  
92 related harm) and near misses<sup>iv</sup> with other health care organisations internationally

93 • Join the global community of pharmacists in celebrating the annual WHO World Patient Safety Day  
94 (September 17<sup>th</sup>)

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96 *Education and training*

97 • In collaboration with key stakeholders, develop training programmes on patient safety for  
98 pharmacists and their pharmaceutical workforce at all levels of practice

99 • Contribute towards the medication safety component of medical, pharmacy and allied health care  
100 training programmes

101 • Deliver ongoing continuing education programmes for practising pharmacists and their  
102 pharmaceutical workforce on patient safety

103 **Pharmacists and their pharmaceutical support workforce:**

104 *Policies, procedures and guidelines*

105 • Develop, implement, promote, monitor and review medication safety policies, procedures and  
106 outcomes in hospital, primary care community and residential care facilities and other relevant  
107 facilities to prevent patient safety incidents and improve patient outcomes

108 • Implement systems to record patient safety incidents and actions taken, and use these reporting  
109 systems to report, monitor and analyse medication-related harms and near misses

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Definition

<sup>iv</sup> Near misses: "An incident that did not reach the patient".<sup>9</sup>

- 110 • Actively share patient safety data with approved local, regional and national bodies or registration  
111 databases to support a patient safety culture
- 112 • Ensure systems are in place for supply of medications in times of shortages and for access to  
113 medications by patients most in need

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115 *Engagement and advocacy*

- 116 • Implement national standards and guidelines on patient safety in their practice
- 117 • Engage in ongoing continuing education programmes on patient safety
- 118 • Advocate for the patient with other health care professionals on any medication-related issues
- 119 • Deliver education programmes on patient safety to the pharmaceutical workforce team
- 120 • Advocate for and create a positive patient safety culture at local, regional and national levels to avoid  
121 patient harm and to ensure reporting and addressing errors and issues related to patient harm
- 122 • Promote medication safety processes to decrease risk of error and harm, such as medication  
123 reconciliation, documentation of adverse drug reactions, documentation and communication of  
124 medication changes at transitions of care, monitoring of adherence to medications, empowering  
125 individuals and/or their carers to ask questions about the harms and benefits of medication therapy
- 126 • Collaborate with pharmacy organisations, other health care professionals and governments to create  
127 and implement educational policies to improve patient safety
- 128 • Consider patients as equal partners, and ensure that they are fully informed and engaged when  
129 making health care decisions
- 130 • Implement appropriate technology that improves patient safety
- 131 • Join the global community of pharmacists in celebrating the annual WHO World Patient Safety Day

132

133 *Education and training*

- 134 • Participate in campaigns to educate the public on patient safety
- 135 • Implement patient safety training programmes for all staff in their practice including mechanisms to  
136 prevent patient harm, reporting, monitoring and analysing patient safety incidents
- 137 • Be actively involved in medication management-related activities and quality improvement activities

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140 **Health care-related research institutes and universities**

- 141 • Ensure patient safety, especially prevention of medication-related harm is part of the pharmacy
- 142     curricula and that interprofessional learning is facilitated
- 143 • Advocate for medication safety to be part of medical and other allied health care curricula
- 144 • Collaborate with key stakeholders to develop and implement medication safety training
- 145     programmes
- 146 • Be actively involved in delivering medication-related training programmes to medical and other
- 147     allied health care curricula
- 148 • Promote, participate and/or initiate medication safety research and outcomes
- 149 • Actively disseminate findings of research studies in all aspects of patient safety to the local, national
- 150     and international audience

151 **Pharmaceutical industry**

- 152 • Develop, implement and monitor systems related to patient safety according to national and
- 153     international guidelines and regulations (e.g., systems for pharmacovigilance, emerging health
- 154     threats, incident management and medication supply logistics)
- 155 • Develop strategies and actively share patient safety incident data with approved local, regional and
- 156     national bodies or registration databases to support a patient safety culture

157 **AGAINST THIS BACKGROUND, FIP COMMITS TO:**

158     *Policies, procedures and guidelines*

- 159 • Contribute to the development of national health and medicines policies
- 160 • Contribute to the development of standards on patient safety in the health care system
- 161 • Contribute to the development of indicators of patient safety
- 162 • Contribute to the development of national systems to report patient safety incidents

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164     *Engagement and advocacy*

- 165 • Provide leadership for pharmacists globally to ensure that pharmacy remains a key stakeholder in
- 166     medication and patient safety within the health care system and health policy
- 167 • Ensure that medication safety remains high on the agenda of world health and health care
- 168     professional organisations, as well as national pharmacy organisations

- 169 • Support campaigns to educate patients and the public on patient safety  
170 • Promote best practice and visibility of local pharmacist champions, member organization champions  
171 and related projects  
172 • Support the global community of pharmacists in celebrating the annual WHO World Patient Safety  
173  
174 *Education and training*  
175 • Support training in medication safety in medical, pharmacy and other allied health programmes  
176 • Contribute to the development of medication safety training programmes for pharmacists and their  
177 pharmaceutical workforce

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