The Basel Statements

Moving the hospital pharmacy agenda forward

Andy Gray and Lee Vermeulen

The Global Conference on the Future of Hospital Pharmacy – looking forward

In late August 2008, the Hospital Pharmacy Section of the FIP hosted a successful Global Conference on the Future of Hospital Pharmacy in Basel, Switzerland. This critical consensus-building event was attended by 348 pharmacists from 98 different countries. The aims of the conference were as follows:

• to build a shared vision among hospital pharmacy opinion leaders around the world about the preferred future of hospital pharmacy practice;
• to identify strategic goals for the global advancement of hospital pharmacy that are relevant to the needs of each participating country, and to identify opportunities for global cooperation that will allow every country to achieve their goals for hospital pharmacy; and
• to develop consensus statements on how to best prioritise practice advancements and offer guidance on the development of tools, timelines and tactics for achieving those advancements.
The end result of the Global Conference was a series of statements – termed “The Basel Statements on the Future of Hospital Pharmacy” – which encapsulated the elements of a preferred future for pharmacy practice in this setting. More details on the Global Conference and the Basel Statements can be found on the website: http://www.fip.org/globalhosp/

Hospital pharmacy practice – the current reality
Before even embarking on an event of this nature, the Hospital Pharmacy Section recognised the need to “take a snapshot” of hospital pharmacy practice around the world. This was achieved by performing a Global Survey of Hospital Pharmacy Practice. Designing an appropriate instrument for such a survey proved to be a challenge. National and regional surveys have been conducted in the past and have become ever more detailed and intensive.

The American Society for Health-Systems Pharmacists conducts an annual survey, which provides a very in-depth picture of the status of hospital pharmacy practice in that country. The 2007 survey involved the distribution of a mailed questionnaire to a stratified random sample of 1264 pharmacy directors at general and children’s medical-surgical hospitals in the United States. Even within a single country, a response rate of just over 42% was achieved. The 2006 survey achieved a response rate of 39%, the 2005 survey a response rate of almost 42%. In each case, the survey instrument is detailed and specific to the nature of hospital pharmacy practice in a single country. The nature of the data generated is such that each year’s report can only focus on a single issue (prescribing and transcribing in 2007, monitoring and patient education in 2006 and dispensing and administration in 2005, for example).

A biennial survey is conducted in Canada. The 2005/2006 report was based on a sample of 203 hospitals, using a web-based survey. The survey questions were provided over 22 web pages.

Perhaps most importantly, the European Association of Hospital Pharmacists used a regional survey of hospital pharmacy practice as the basis for their inaugural conference in 1996. The third in their series of pan-European surveys was conducted in 2005. This was also achieved by electronic means, and involved the distribution of access codes to 3517 hospital pharmacy managers in 25 countries. Responses were received from 22 countries, but only 24% of hospital pharmacy managers completed the survey. In two countries (the United Kingdom and Sweden) the response rate was too low to allow for their results to be included.

Other hospital pharmacy professional groups have also conducted “snapshot” surveys. For example, in 2005, the Society of Hospital Pharmacists of Australia looked at the available human resources in public hospital phar-
medicines." Applying several of the others requires an safe, efficacious, appropriate, and cost effective use of medicines. While these literature evaluations represent the "state of the art" in a global sense, they cannot adequately represent the local situation in a particular country, or even a region. Equally, the Basel Statements cannot be translated into effective local action without a clear understanding of the local situation. The overarching statements are applicable everywhere: the first states "The overarching goal of hospital pharmacists is to optimise patient outcomes through the judicious, safe, efficacious, appropriate, and cost effective use of medicines." Applying several of the others requires an appreciation of local barriers or enabling provisions. For example, applying the statements that "Hospital pharmacists should be allowed to access the full patient record" and that "Undergraduate pharmacy curricula should include hospital-relevant content, and post-graduate training programs and specialisations in hospital pharmacy should be developed" may require amendments to legal statutes or to prescribed curricula. The situation in relation to either may vary considerably in different settings.

In order to promote local action, the FIP Hospital Pharmacy Section is encouraging national and regional groups to evaluate practice issues more locally. While the FIP Global Survey of Hospital Pharmacy (and other national or regional survey efforts) may provide valuable information for individual nations and regions, effective planning will require more detailed local information. In order to support these efforts, the FIP Hospital Pharmacy Section has planned a session at the 69th World Congress of Pharmacy and Pharmaceutical Sciences, to be held in Istanbul, Turkey in September 2009. Invited speakers who have been intimately involved in the US and European hospital pharmacy surveys as well as the FIP Global Survey will present on their experiences, and then the session will explore how the results of such surveys can create benchmarks, drive improvement projects, and foster international collaboration. They will also explore the practicalities of designing and applying a national instrument in their own settings, while considering the opportunities for continued collaboration on international survey efforts.
Taking the Basel Statements from global consensus positions to living documents in each country, to effective application in action, and to ultimately achieving better outcomes for patients will require continued effort over many years. Measuring not only where we are now, but where we have reached as we progress will be crucial. In his reflection on the “Direction for Clinical Practice in Pharmacy” Conference held at Hilton Head Island in 1985, Bill Zellmer wrote that: “Directors of pharmacy departments should launch consensus-building efforts within their departments through which strategic plans can be developed to increase pharmacy’s clinical thrust. If all pharmacists in a department participate in the development of a clinically focused strategic plan, they will have a greater commitment to the success of that plan. If pharmacists see themselves as practitioners of a clinical profession, they will speak and behave accordingly, and others will perceive of them as clinical professionals.”

Hospital pharmacy has moved beyond the clinical focus outlined in 1985, to take responsibility for all medicines in the hospital, everywhere, and at all times. However, they will still need to critically examine their performance against those goals, both now and in the future. National and regional surveys will be needed, and in time, a repeat of the Global Survey will also be needed to track progress. The necessary tools may not exist at present, but the means to develop them lie at hand.

References


Authors’ Information:

Andy Gray is the President, Hospital Pharmacy Section, FIP; University of KwaZulu-Natal, Durban, South Africa

Lee Vermeulen is the Assistant Secretary, Hospital Pharmacy Section, FIP; University of Wisconsin Hospital and Clinics, Madison, Wisconsin USA