

Message from the top: Chief Pharmacists' views of Adverse Drug Reaction Reporting

West Midlands Centre
For Adverse Drug
Reaction Reporting



Cox AR^{1,2}, Marriott JF¹, Wilson KA¹, Ferner RE². Pharmacy Practice Group, Aston Pharmacy School, Aston University, Birmingham B4 7ET¹ and West Midlands Centre for Adverse Drug Reaction Reporting, City Hospital NHS Trust, Dudley Road, Birmingham, B18 7QH. <http://www.csmwm.org>²



Introduction

The Yellow Card scheme, administered by the Committee on Safety of Medicines (CSM), was established in 1964 to enable doctors and dentists to report Adverse Drug Reactions (ADRs).

Following successful pilots, hospital pharmacists were invited to contribute in 1997¹. A number of studies have explored the views of individual pharmacists^{2,3} and drug information centres⁴. The aim of the present study was to discover the views of Chief Pharmacists on hospital ADR reporting, their assessment of the importance of ADR reporting, and the pressures that may affect the priority given to ADR reporting within their pharmacy departments.

Method

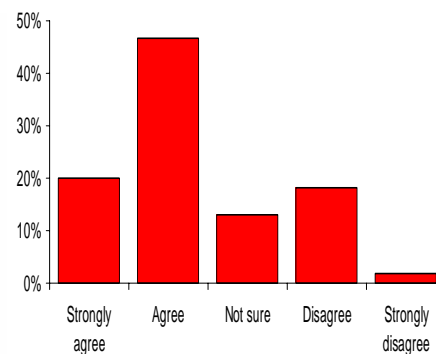
In February 2002, a reply-paid self-completion questionnaire was sent to the Chief Pharmacist in all 209 acute NHS trusts within the UK with a covering letter. The questionnaire was previously piloted on 4 Chief Pharmacists, and 4 Principal Pharmacists responsible for clinical services. A tick box form was provided allowing non-respondents to indicate their reasons for not doing so. A second mailing was sent 9 weeks later.

Results

The overall response rate was 82% with 18 respondents declining to participate; leaving 154 completed questionnaires (74% valid responses). About one-third (37%) of respondents operated a local ADR reporting scheme and two-thirds (67%) strongly agreed or agreed, that yellow cards from pharmacists should be reviewed by the pharmacy department before submission to the CSM. (Figure 1) However, 70% of respondents were either unsure or believed their pharmacists did not have the competency to detect ADRs. (Figure 2) Eighty-eight percent felt that increased training would benefit pharmacists.

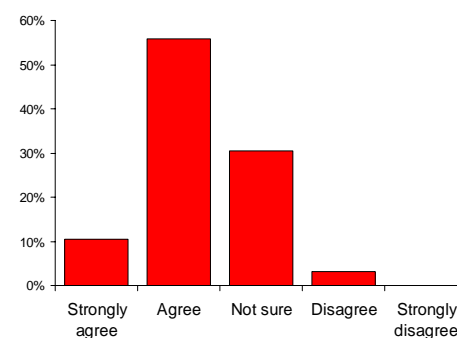
Complaints arising as a result of pharmacist ADR reporting were low. Three chief pharmacists reported complaints from medical staff (2%); none reported complaints from patients.

Figure 1: "Pharmacist reports should be reviewed by the pharmacy department before being sent to the CSM".



While 96% of respondents felt that ADR reporting was an essential component of a pharmacist's role, only 78% strongly agreed or agreed with the statement 'monitoring of adverse drug reactions should be a priority for pharmacy services'. Fifty-two percent of respondents felt that ADR reporting was their responsibility, but only 13% felt it was a priority of their line manager.

Figure 2: "Pharmacists within my trust have the competency to detect ADRs".



Increased time on the wards in a clinical capacity was felt likely to increase ADR reporting rates by 86% of respondents, and only one respondent disagreed. Seventy percent of respondents agreed that "current recruitment and retention problems are inhibiting pharmacist ADR reporting".

Discussion

Several chief pharmacists still have concerns about hospital pharmacist involvement in ADR reporting. The view that Yellow Cards should be reviewed by the pharmacy department before being sent to the CSM may be an attempt to maintain the quality of reports, or perhaps a desire to reduce the risk of local complaints. The CSM's evidence that pharmacists' reports are of good quality⁵ and our failure to identify any serious complaints should allay these concerns.

It is often impossible to assess causality in a single report, and local attempts to do so may prevent important information being forwarded to the CSM. Resources might be better used to provide training and promote individual professional responsibility for ADR reporting. Recruitment difficulties and time available for clinical activity are also seen as important. This supports the previous work that showed pharmacist workload and a lack of confidence in recognising ADRs may reduce ADR reporting.²

References

1. Reporting of adverse drug reactions by hospital pharmacists: pilot scheme. *Brit Med J* 1997; **315**:519
2. A survey on factors that could affect adverse drug reaction reporting according to hospital pharmacists in Great Britain. *Drug Safety* 2000;**23**(2):165-172
3. Attitudes and knowledge of hospital pharmacists to adverse drug reaction reporting. *British Journal of Clinical Pharmacology* 2001; **51**:81-86
4. A survey of adverse drug reaction reporting by hospital pharmacists to the Committee on Safety of Medicines - the role of pharmacy departments. *Int J Pharm Pract* 1999; **7**:167-171
5. The Yellow Card scheme and the role of pharmacists as reporters. *Pharm J* 2002;**269**:25-26