



On 19 November 2016, the CPME Board adopted the 'CPME policy on medication – Interprofessional collaboration between doctors and pharmacists' (CPME 2016/034 FINAL)

**CPME policy on medication –
Interprofessional collaboration between doctors and pharmacists**

The Standing Committee of European Doctors (CPME) represents national medical associations across Europe. We are committed to contributing the medical profession's point of view to EU and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues¹.

Overall patient care implies a multidisciplinary and coordinated approach within healthcare systems. The growing challenges faced by our societies, such as the ageing of the population and chronic diseases, strengthen the need for enhanced cooperation between healthcare professionals to ensure high-quality and continuity of care.

In this context, the patient-doctor relationship is, more than ever, the cornerstone of the overall patient care. This implies both a close relationship with patients and a strong collaboration with other healthcare professionals, and especially with pharmacists in the context of increasingly complex pharmacological treatments. This collaboration should take place in a clear and legally secure environment which properly delineates respective responsibilities.

Healthcare systems are facing increasing economic pressure to improve their performance and reduce their cost, leading national governments try to implement new measures to improve efficiency. However, patient safety and quality of care should always remain at the center of our policies. Any measure taken should always be motivated by the main goal to ensure high quality healthcare delivery to the patient and never be detrimental to the patient's health.

Clear delineation of roles and competences

A clear distinction between roles and competences of health professions ensures legal certainty and prevents conflict of interest. It is a matter of professional accountability and liability.

¹ CPME is registered in the Transparency Register with the ID number 9276943405-41. More information about CPME's activities can be found under www.cpme.eu



Diagnostic and treatment decisions are a doctor's responsibility, from the assessment of patient's need to drug prescribing and monitoring patient's response to treatment. The doctor also has the responsibility to inform the patient of the nature of his/her condition, of the therapeutic options available and the risks and benefits associated with the chosen treatment. Furthermore, the monitoring of patient's response to treatment includes the revision of the treatment strategy, when deemed necessary.

The pharmacist is responsible for dispensing of the appropriate medicinal product by ensuring the concordance between the medicinal product prescribed by the doctor and the one delivered to the patient. Furthermore, the pharmacist shall ensure the safe procurement of the medicinal product, which means checking that the pharmaceutical is not counterfeit and is handled under secure conditions. The pharmacist shall also review prescription orders to check potential drug interactions, allergic reactions and contra-indications and warn the patient against wrong use.

National systems in which the dispensing of medicines is provided for by other legal provisions are to be excluded from these considerations.

Close cooperation between doctors and pharmacists

Ensuring patient safety is a common goal for all healthcare professionals. This common goal should enhance collaborative practice between doctors and pharmacists in the context of pharmacological treatment, especially when dealing with complicated cases such as multi-medicated patients. Ongoing communication and exchange of information, especially on the patient's prescription and on his reaction to the treatment, is essential. The team work around a patient should be coordinated by a physician since he/she is broadly educated to this avail and bears the responsibility for diagnostic and therapeutic decisions.

Doctors and pharmacists have shared duties when it comes to provide comprehensive information to patients on their medication, the expected benefits, possible side effects and contra-indications, as well as on how treatments should be carried out (dosage and duration). To that end, both professions should acquire and maintain a high level of knowledge of pharmaceutical treatments through education and continuing professional development (CPD). This also implies to have access to the same accurate and up-to-date information, in order to avoid providing patients with conflicting information².

Furthermore, both professions have the responsibility to report suspected adverse reactions of which they become aware to their national competent authorities as part of the pharmacovigilance system.

² [WMA Statement on the Relationship between Physicians and Pharmacists in Medicinal Therapy](#), from October 1999 (Tel Aviv, Israel) - updated in October 2010 (Vancouver, Canada)



Evidence and involvement of the medical profession

Over the last decade, some European countries have gone through a shift in tasks from healthcare to pharmacies primarily driven by commercial interests in the pharmacy industry. CPME has noticed this with concern. In line with the CPME policy on task-shifting³, CPME would like to reaffirm that patient safety, quality and continuity of care should be the underlying objectives of organisation and reforms of healthcare. The evaluation of the task-shifting implemented in these countries has to date failed to take into account the risks of discontinuity of care and blatant conflicts of interest. CPME emphasizes that an evidence based approach needs to be adopted in the delineation between tasks carried out by professionals within the health care system and pharmacists meeting patients in the pharmacies.

³ [CPME policy on task-shifting](#), November 2010