Introduction

In 2008, 348 pharmacists from 98 different countries gathered in Basel, Switzerland for the Global Conference on the Future of Hospital Pharmacists, hosted by the Hospital Pharmacy Section of the International Pharmaceutical Federation (FIP). This seminal event, which followed a sustained period of preparation by means of a Global Survey of Hospital Pharmacy Practice and the commissioning of six evidence summaries, developed a set of consensus statements on the future of hospital pharmacy.\(^1\) The initial list of 75 Basel Statements were intended to be adapted for local use. As the coverage in the SA Pharmaceutical Journal at the time noted: “Taking the Basel Statements from global consensus positions to living documents, to effective application in action, and to ultimately achieving better outcomes for patients will require continued effort over many years. Every hospital pharmacist can be part of that effort through local action.”\(^2\)

The Basel Statements have been used to frame research efforts in a variety of settings, including in developing countries.\(^3,4,5,6\) They have spurred activity in a number of countries, as shown by editorials in local pharmacy journals.\(^7,8,9\) The Statements were also translated into 21 languages, including all six official languages of the United Nations (Arabic, Chinese, English, French, Russian and Spanish). In South Africa, the Statements have been unpacked by the South African Association of Hospital and Institutional Pharmacists (SAAHIP), and examined carefully for local relevance and action.\(^10,11\)

However, no consensus process can stand still. Circumstances change, processes mature and develop, and what may have seemed radically different becomes commonplace. In addition, in applying the Statements, pharmacists in a variety of settings have interpreted them, found some to be lacking, some to be duplicative, and others in need of clarification. The Basel Statements are no exception.

Updating the Statements – from Basel to Bangkok

A full account of the process of updating the Basel Statements is currently in press.\(^12\)

Briefly, the process of updating the Basel Statements was conducted in 4 phases:

- firstly, an online survey of the global hospital pharmacy community was conducted between November 2013 and February 2014 to gather responses to the initial Statements, identify those that needed attention, and suggestions for new Statements. South African hospital pharmacists were encouraged to participate by highlighting the survey on the SAAHIP-L list.

- secondly, an initial revision of the Statements was prepared by the FIP Hospital Pharmacy Section Executive Committee in March 2014, guided by the results of the online survey.

- thirdly, this draft set of revised Basel Statements was then reviewed and discussed by the international hospital pharmacy community on a moderated online forum between June and September 2014. Through this method, initial consensus on the revised version was developed.

- lastly, the revised set of Basel Statements were refined and accepted in a consensus workshop held during the 74th FIP World Congress in Bangkok, Thailand, in September 2014. This workshop used the “World Café” methods to reach consensus.\(^13\)

Although the number of South African hospital pharmacists present in Bangkok was limited, SAAHIP members were able to engage with every one of the 4 phases of the revision process. South African pharmacists were among the most prolific responders to the initial global online survey, contributing important suggestions to the revision process. The final consensus workshop, attended by 80 participants from 20 countries, produced the final 65 revised Basel Statements. The updated Basel Statements are accessible in full at http://www.fip.org/files/fip/FIP_BASEL_STATEMENTS_ON_THE_FUTURE_OF_HOSPITAL_PHARMACY_2015.pdf

Local adaptation – an essential step

There are two basic approaches that can be used when applying a set of consensus statements, such as the Basel Statements. One way, which was followed by SAAHIP in 2009, is to identify which of the Statements if immediately applicable (and to advocate for their inclusion in local practice standards, such as Good Pharmacy Practice), which Statements are perhaps still aspirational (and to work for their progressive realisation), and which are perhaps less applicable to South

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From Basel to Bangkok – the journey continues

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African practice. An alternative approach is to prepare a locally-derived and locally-relevant alternative set of Statements. In parallel with the FIP process, the European Association of Hospital Pharmacists (EAHP) followed a highly detailed process to adapt the Basel Statements for use in Europe. That process was highly resource-intensive, and perhaps better suited to a regional rather than a national or local process. What is needed now is for South African hospital pharmacy leaders, through SAAHIP, to carefully consider whether their 2009 self-assessment is still valid, and in particular to dissect out the local relevance of each of the revised Basel Statements.

In essence, the broad thrust of the Basel Statements remains the same. The first overarching Basel Statement has been reworded as follows: “The overarching goal of hospital pharmacists is to optimize patient outcomes through collaborative, inter-professional, responsible use of medicines and medical devices”.

The term “responsible use of medicines”, which was first developed for the FIP Centennial in 2012, is defined as reflecting three elements:

- “That a medicine is only used when necessary and that the choice of medicine is appropriate based on what is proven by scientific and/or clinical evidence to be most effective and least likely to cause harm. This choice also considers patient preferences and makes the best use of limited healthcare resources.”
- “There is timely access to and the availability of quality medicine that is properly administered and monitored for effectiveness and safety.”
- “A multidisciplinary collaborative approach is used that includes patients and those in addition to health professionals assisting in their care.”

Even the initial, overarching Statements still pose challenges for local, South African practice. How many South African hospitals would comply with the following Statements, for instance?

- Revised Basel Statement 4: “Health authorities should ensure that each hospital is serviced by a pharmacy that is supervised by pharmacists who have completed advanced training in hospital pharmacy.”
- Revised Basel Statement 10: “Hospital pharmacists should ensure that patients or care givers are educated and provided written information on the appropriate use of medicines.”
- Revised Basel Statement 11: “Hospital pharmacists should provide orientation, drug information and education to nurses, physicians, and other hospital staff regarding best practices for medicines use (a best practice is a method or technique that has consistently shown results superior to those achieved with other means, and that is used as a benchmark).”

The following Statements still pose considerable challenges, in both the private and public sectors:

- Revised Basel Statement 7: “All prescriptions should be reviewed, interpreted, and validated by a hospital pharmacist prior to the medicine being dispensed and administered.”
- Revised Basel Statement 8: “Hospital pharmacists should monitor patients taking medicines to assure patient safety, appropriate medicine use, and optimal outcomes for inpatients and outpatients. When resource limitations do not permit pharmacist monitoring of all patients taking medicines, patient-selection criteria should be established to guide pharmacist monitoring.”

This new Statement also poses significant challenges, in many countries:

- Revised Basel Statement 14: “Hospital pharmacists should take responsibility for the management and disposal of waste related to the medicine use process, and advise on disposal of human waste from patients receiving medicines.”

The following two overarching Statements introduce new responsibilities, reflecting the increasing role of technology in hospital practice, but also the growing attention being paid to medical devices:

- Revised Basel Statement 15: “Hospital pharmacists should take responsibility for all aspects of selection, implementation and maintenance of technologies that support the medicine use process, including distribution devices, administration devices and other equipment.”
- Revised Basel Statement 17. “Hospital pharmacists should ensure appropriate assessment, development, implementation and maintenance of clinical decision support systems and informatics that guide therapeutic decision making and improve the medicine use process.”

This revised Statement will resonate with all South African pharmacists, regardless of their practice setting:

- Revised Basel Statement 18. “Each pharmacy should have contingency plans for medicine shortages and emergencies.”

Each of the 65 Statements, and in particular those dealing with the specifics of medicines procurement, influences on prescribing, preparation and delivery, administration and monitoring, and human resources issues, require careful reading, consideration and application.

**Conclusion**

In 2008, the Basel Statements on the Future of Hospital Pharmacy resulted in renewed attention to the quality and orientation of hospital pharmacy practice on a global level. However, the profession cannot rest on its laurels. Hospital pharmacists have engaged in a global effort to revise and update the Basel Statements, a process which ended in Bangkok. Equally, that cannot be the end of the effort. Every hospital pharmacist, in every country, needs to reflect on how well his/her own practice, and on how well his/her hospital complies with the revised Basel Statements. Professional associations in every country need to provide leadership in this regard, and ensure that all of their advocacy efforts are informed by this new set of globally-accepted aspirational goals. In South Africa, SAAHIP is well-equipped to provide that leadership and to ensure the progressive realisation of the profession’s espoused aspirations.

**References**


