Section 1: Introductory Statements and Governance

Section	Statement in Delphi Round 1	Revised statement for Delphi Round 2
1.1	The overarching goal of hospital pharmacists is to optimise patient outcomes through the judicious, safe, efficacious, appropriate, and cost effective use of medicines. (Statement 1).	The overarching goal of the hospital pharmacy service is to optimise patient outcomes through working within multidisciplinary teams in order to carry out the judicious, safe, efficacious, appropriate, and cost effective use of medicines. (Statement 1)
1.2	At a European level, 'Good Hospital Pharmacy Practice' guidelines based on evidence should be developed. These guidelines should assist national efforts to define recognised standards across the levels, coverage, and scope of hospital pharmacy services and should include corresponding human resource and training requirements. (Statement 2).	At a European level, 'Good Hospital Pharmacy Practice' guidelines based on the best available evidence should be developed. These guidelines should assist national efforts to define recognised standards across the scope and levels of hospital pharmacy services and should include corresponding human resource and training requirements. (Statement 2)
1.3	Health authorities should ensure that each hospital pharmacy should be supervised by a pharmacist who has completed adequate training in hospital pharmacy. All Hospitals must have access to Hospital Pharmacy Services, including those without a Pharmacy in the Hospital. (Statement 3).	Health authorities should ensure that each hospital pharmacy is supervised by a pharmacist with sufficient working experience in the hospital settings, and preferably with explicit, specialist training and demonstration of competence in hospital pharmacy. All hospitals must have access to hospital pharmacy services, including those without a pharmacy in the hospital. (Statement 3)
1.4	Health authorities and hospital administrators should bring together stakeholders to collaboratively develop and utilise evidence-based hospital pharmacy human resource plans. These should be aligned to engage hospital pharmacists in all steps of medicine use processes and to meet health needs and priorities across public and private sectors that optimise patient outcomes. (Statement 4).	Hospital pharmacists should work with health authorities, hospital administrators and other locally relevant stakeholders to develop hospital pharmacy human resource plans. These should be aligned to engage hospital pharmacists as supervisors in all steps of all medicine use processes to meet health needs and priorities across public and private sectors that optimise medicines use and patient outcomes. (Statement 4)
1.5	Hospital pharmacists must be members of Drug & Therapeutics Committees to oversee all medicines management policies and procedures, including those related to off-label use and novel investigational medicines. (Statement 5).	Hospital pharmacists should take the lead in coordinating the activities of multidisciplinary, organisation-wide Drug & Therapeutics Committees. They must be members of these Committees which should oversee and improve all medicines management policies and procedures including those related to off-label use, novel investigational medicines, and anti-counterfeit medicines strategies. (Statement 5)
1.6	Hospital Pharmacists should ensure that pharmacy services are integrated within the general Information and Communication Technology (ICT) framework of the hospital including electronic health (eHealth) and mobile health (mHealth) procedures. Hospital pharmacists must be involved in the design, specification of parameters and evaluation of ICT within the medicines processes. (Statement 6).	Hospital Pharmacists should ensure that pharmacy services are integrated within the general Information and Communication Technology (ICT) framework of the hospital including electronic health (eHealth) and mobile health (mHealth) procedures. Hospital pharmacists must be involved in the design, specification of parameters and evaluation of ICT within the medicines processes. (Statement 6)
1.7	Hospital pharmacists should develop, together with other healthcare professionals, criteria in order to focus the activities of the Hospital Pharmacy ensuring optimal outcomes for patients. Health systems have limited resources and these should be used responsibly. (Statement 7).	Hospital pharmacists should develop, in collaboration with other stakeholders which include other healthcare professionals, patients and the public, criteria to enable the prioritisation of the activities of the Hospital Pharmacy. Health systems have limited resources and these should be used responsibly to optimise outcomes for patients. (Statement 7)

Section 2: Selection, Procurement and Distribution

Section	Statement in Delphi Round 1	Revised statement for Delphi Round 2
2.1	Procurement of pharmaceuticals is a complex process and a core activity of hospital pharmacists. Hospital pharmacists should establish procedures of procurement based in principles of safety and quality of medicines according to the best practices and in line with national legislation. (Statement 8).	Procurement of pharmaceuticals is a complex process and a core activity of hospital pharmacists. Hospital pharmacists should establish procedures of procurement based in principles of safety and quality of medicines according to the best practices and in line with national legislation. (Statement 8)
2.2	Hospital pharmacists should have responsibility regarding the management of medicine use processes and medicine related technologies. (Statement 9).	Hospital pharmacists should take the lead in developing, monitoring, reviewing and improving medicine use processes and processes for the use of medicine related technologies. Responsibility for such processes and their use should be clearly defined, and may vary according to the medicine, the medicine related technology, the health care setting and the multidisciplinary team delivering care. (Statement 9)
2.3	Hospitals should utilise a medicine formulary system, local regional and/or national. The medicine formulary system should be linked to standard treatment guidelines, protocols and treatment pathways based on the best available evidence. (Statement 10).	Hospitals should develop, maintain and use a medicines formulary system, which may be local, regional and/or national. The medicine formulary system should be linked to standard treatment guidelines, protocols and treatment pathways based on the best available evidence including patient outcomes and pharmacoeconomic evaluations where these are available. (Statement 10)
2.4	Procurement must be according to the medicine formulary and informed by the formulary selection process. (Statement 11).	Procurement should usually be according to the medicine formulary and informed by the formulary selection process. A robust process should also be in place to appropriately procure medicines not included in the formulary where their use is indicated for the safe and effective care of individual patients. (Statement 11)
2.5	Each hospital pharmacy should have contingency plans for shortages and purchases for medicines and all products under its responsibility. (Statement 12).	In collaboration with other local and national health organisations, each hospital pharmacy should have contingency plans for shortages of medicines, and for other health care products which it procures. (Statement 12)
2.6	Hospital pharmacy departments should have responsibility for all medicines logistics in hospitals. This includes proper storage, preparation, dispensing, and distribution conditions for all medicines and pharmaceutical products used in the hospital, including investigational medicines. (Statement 13).	Hospital pharmacy departments should have responsibility for all medicines logistics in hospitals. This includes proper storage, preparation, dispensing, and distribution conditions for all medicines and pharmaceutical products used in the hospital, including investigational medicines. (Statement 13)
2.7	Hospital pharmacists should support the development of policies regarding the use of medicines brought into the hospital by patients, by evaluating the appropriateness of all medication including herbal and dietary supplements. All the medicines brought by patients should be registered on the medical record confirmed by the hospital pharmacist. (Statement 14).	Unless specifically precluded by national legislation or regulations, hospital pharmacists should support the development of policies regarding the use of medicines brought into the hospital by patients. All patients should have an evaluation of the appropriateness of all their medication including herbal and dietary supplements on admission. All the medicines used by patients should be entered on the patient's medical record and confirmed by the hospital pharmacist. (Statement 14)

Section 3: Production and Compounding

Section	Statement in Delphi Round 1	Revised statement for Delphi Round 2
3.1	Medicines not commercially available for special groups of patients that require compounding or production should be prepared by a hospital pharmacy. (Statement 15).	Medicines not commercially available that require compounding or production for special groups of patients should be prepared by a hospital pharmacy. (Statement 15)
3.2	Hospital pharmacists should appropriately develop pharmacy-managed injectables using aseptic technique. (Statement 16).	Hospital pharmacists should ensure that appropriate techniques and Good Manufacturing Practice (GMP) are applied in the manufacture and preparation of parenteral and other products supplied by the pharmacy. (Statement 16)
3.3	When reconstitution takes place in the ward, a hospital pharmacist should approve written procedures and ensure that the staff involved in reconstitution is appropriately trained. (Statement 17).	When reconstitution takes place in the ward, a hospital pharmacist should approve written procedures and ensure that the staff involved in reconstitution are appropriately trained. (Statement 17)
3.4	Hazardous medicines including cytotoxics, radiopharmaceuticals and gene therapy should be prepared under appropriate conditions that minimise the risk of contaminating the product and exposing hospital personnel and patients to harm. (Statement 18)	Hazardous medicines including cytotoxics, radiopharmaceuticals and gene therapies should be prepared in appropriate conditions that minimise the risk of contaminating the product and exposing hospital personnel and patients to harm. (Statement 18)
3.5	Hospital pharmacists should ensure that compounded and produced medicines are consistently prepared to comply with quality standards. (Statement 19)	Hospital pharmacists should ensure that compounded and produced medicines are consistently prepared to comply with quality standards. (Statement 19)
3.6	Before preparation the pharmacist should verify whether preparations are of added value due to medical, pharmaceutical or personal reasons, needed by a specific patient or by specific population groups with particular needs. The hospital pharmacist should be able to refuse a request for a pharmacy preparation if there is a suitable pharmaceutical equivalent. Essential information about the product, based on the product dossier should be made available to patients and other healthcare professionals. (Statement 20)	Before pharmacy manufacture or preparation of a medicine, the hospital pharmacist should ascertain whether there is a suitable commercially available pharmaceutical equivalent, and if necessary discuss with the health care team whether pharmacy preparation is appropriate for a specific patient or group of patients. (Statement 20)
3.7	When making a pharmacy preparation, the pharmacist should always undertake an appropriate risk assessment in order to determine the level of the quality system which should be applied to the preparation of the medicinal product. Premises, facilities and pharmaceutical knowledge should be appropriate for the preparation of the medicinal product and correct labelling should be assured through the whole process from production to administration. (Statement 21)	Before making a pharmacy preparation, the pharmacist should always undertake an appropriate risk assessment in order to determine the level of the quality system which should be applied to the preparation of the medicinal product. Premises, facilities and pharmaceutical knowledge should be appropriate for the preparation of the medicinal product and correct labelling should be assured throughout the process from production to administration. (Statement 21)
3.8	An appropriate system for quality control and quality assurance should in place, ensuring traceability for pharmacy produced and compounded medicines, in the interest of patient safety. (Statement 22)	In the interest of patient safety, an appropriate system for quality control and quality assurance should be in place; ensuring traceability for pharmacy produced and compounded medicines. (Statement 22)

Section 4: Clinical Services

Section	Statement in Delphi Round 1	Revised statement for Delphi Round 2
4.1	Clinical pharmacy services should continuously develop to manage medication therapy to optimise patients outcomes. (Statement 23)	Clinical pharmacy services should continuously develop to manage medication therapy to optimise patients' outcomes. (Statement 23)
4.2	Hospital pharmacists are an integral part of all patient care teams to assist with therapeutic decision-making and advise on clinical pharmacy and patient safety issues. This ensures that Hospital pharmacists are accessible for patients and other healthcare professionals. (Statement 24)	Hospital pharmacists should be an integral part of all patient care teams advising especially on therapeutics, clinical pharmacy and patient safety issues; they should play a full part in decision making in partnership with patients and other health care professionals. (Statement 24)
4.3	All prescriptions should be reviewed and validated by a hospital pharmacist prior to dispensing and administration of medication. (Statement 25).	Whenever the clinical situation allows, all prescriptions should be reviewed and validated as soon as possible by a hospital pharmacist; this review should preferably take place prior to the dispensing and administration of medication. (Statement 25)
4.4	Hospital pharmacists should be involved in all patient care areas to prospectively influence collaborative therapeutic decision-making and should have access to the patients' health record. (Statement 26)	Hospital pharmacists should be involved in all patient care settings to prospectively influence collaborative, multidisciplinary therapeutic decision-making; they should have access to the patients' health record. (Statement 26)
4.5	Pharmacists' clinical interventions should be documented in the patients' health record. (Statement 27).	Pharmacists' clinical interventions should be documented in the patients' health record. (Statement 27).
4.6	Hospital pharmacists should promote seamless care by contributing to medication information transfer whenever patients move between healthcare settings. (Statement 28).	Hospital pharmacists should promote seamless care by contributing to medication information transfer whenever patients move between healthcare settings. (Statement 2
4.7	Hospital pharmacists should ensure that patients are educated on the appropriate use of their medicines. (Statement 29).	As an integral part of all patient care teams, hospital pharmacists should ensure that patients are given appropriate information on the use of their medicines. (Statement 29)
4.8	Pharmacists should inform and advise on and oversee the use of medicines outside of their marketing authorisation (off label use). (Statement 30)	Pharmacists should inform and advise on the use of medicines outside of their marketing authorisation (off label use). (Statement 30)

Section 5: Patient Safety and Quality Assurance

Section	Statement in Delphi Round 1	Revised statement for Delphi Round 2
5.1	The "seven rights" (the right patient, right medicine, right dose, right route, right time, right information and right documentation) should be fulfilled in all medicines-related activities in the hospital. (Statement 31)	The "seven rights" (the right patient, right medicine, right dose, right route, right time, right information and right documentation) should be fulfilled in all medicines-related activities in the hospital. (Statement 31)
5.2	Hospital medication practices should be reviewed by an external quality assessment accreditation program. Hospitals should act on reports following regular external quality assessment inspections to improve the quality and safety of their practices. (Statement 32)	Hospitals should seek review of their medication practices by an external quality assessment accreditation programme. Hospitals should act on reports as appropriate to improve the quality and safety of their practices. (Statement 32)
5.3	Hospital pharmacists should ensure the development of quality assurance strategies for medication practices, including the use of observation methodology and Clinical Incident Reporting System (CIRS) to detect errors and identify priorities for improvement. (Statement 33)	Hospital pharmacists should ensure the development of quality assurance strategies for medication practices including the use of observation methodology, Medication Error Reporting Systems (MERS), and Clinical Incident Reporting System (CIRS) to detect errors and identify priorities for improvement. (Statement 33)
5.4	Hospital pharmacists should decrease the risk of medication errors by implementing evidence-based systems or technologies systems. (Statement 34)	Hospital pharmacists should help to decrease the risk of medication errors by disseminating evidence-based approaches to error reduction including computerised decision support. (Statement 34)
5.5	The medicines administration process should be designed such that transcription steps between the original prescription and the medicines administration record are eliminated. (Statement 35).	The medicines administration process should be designed such that transcription steps between the original prescription and the medicines administration record are eliminated. (Statement 35)
5.6	High risk medicines should be identified and appropriate procedures implemented that assure checks prior to dispensing and administration. (Statement 36)	High risk medicines should be identified and appropriate procedures implemented that assure checks prior to prescribing, dispensing and administration. (Statement 36)
5.7	Hospital pharmacists should ensure that medicines stored throughout the hospital are packaged and labelled so to assure identification, maintain integrity until immediately prior to use and permit correct administration. Premises, facilities and pharmaceutical knowledge should be appropriate for the preparation of the medicinal product and correct labelling should be assured through the whole process from production to administration. (Statement 37).	Hospital pharmacists should ensure that medicines stored throughout the hospital are packaged and labelled so to assure identification, maintain integrity until immediately prior to use and permit correct administration. Premises, facilities and pharmaceutical knowledge should be appropriate for the preparation of the medicinal product and correct labelling should be assured through the whole process from production to administration. (Statement 37)
5.8	Hospital pharmacists should promote the reporting of adverse drug reactions and the forwarding of these to regional or national pharmacovigilance reporting programs where these are available. The monitoring data should be regularly reviewed to improve the quality and safety of medication practices. (Statement 38).	Hospital pharmacists should promote the reporting of adverse drug reactions to regional or national pharmacovigilance programmes. (Statement 38)
5.9	Hospital pharmacists should promote accurate recording of all allergy information in the patients' health record. This information should be accessible and evaluated prior to prescription and administration of	Hospital pharmacists should promote accurate recording of all allergy information in the patients' health record. This information should be accessible and evaluated prior to prescription and administration of

Section	Statement in Delphi Round 1	Revised statement for Delphi Round 2
	medicines. (Statement 39).	medicines. (Statement 39)
5.10	Hospital pharmacists should support and implement systems that allow traceability of all medicines dispensed by the pharmacy. (Statement 40)	Hospital pharmacists should support and implement systems that allow traceability of all medicines dispensed by the pharmacy. (Statement 40)
5.11	Hospital pharmacists should ensure that the information resources needed for safe medicines use, preparation and administration are accessible at the point of care. (Statement 41).	Hospital pharmacists should ensure that the information resources needed for safe medicines use, including both preparation and administration, are accessible at the point of care. (Statement 41)

Section 6: Education and Research

Section	Statement in Delphi Round 1	Revised statement for Delphi Round 2
6.1	Undergraduate pharmacy curricula should include an introduction to hospital pharmacy practice. The role of hospital pharmacists should be promoted in the curricula of other health professionals. (Statement 42).	Undergraduate pharmacy curricula should include an introduction to hospital pharmacy practice. The role of hospital pharmacists should be promoted in the curricula of other health professionals. (Statement 42).
6.2	Post graduate education in the hospital setting, with a final assessment of individual competency is essential to ensure that where pharmacists are providing hospital pharmacy services, patients benefit from the highest levels of expertise. (Statement 43).	Postgraduate education in the hospital setting, with a final assessment of individual competency is essential to ensure that where pharmacists are providing hospital pharmacy services, patients benefit from the highest levels of expertise. (Statement 43)
6.3	Hospitals should use a European accepted competency framework to assess individual human resource training needs and performance of hospital pharmacists. This should be defined and used regularly to assess all candidates. (Statement 44).	A European-wide competency framework to regularly assess performance and training needs of hospital pharmacists should be developed and implemented. This should contain core minimum competencies which would be applicable to all hospital pharmacists; given the heterogeneity of hospital pharmacy practice in different countries, additional national competency frameworks should be developed and implemented. (Statement 44)
6.4	The training of all other staff involved in medication use processes should be nationally formalised, harmonised, including the details of defined competencies for the attainment of defined scope of practice. (Statement 45).	A European-wide competency framework and training programme to support all other staff involved in medication use processes should be developed and implemented. (Statement 45)
6.5	Hospital pharmacists should provide orientation and education to healthcare providers regarding best practices for medicine use for patients. (Statement 46).	Hospital pharmacists should provide orientation and education to other healthcare providers on best practices for medicine use. (Statement 46)
6.6	Hospital pharmacists should actively engage in research into improving and creating new methods and systems to optimise the use of medicines for the benefits of patients. Research methods should be part of postgraduate training programmes for hospital pharmacists. (Statement 47).	Hospital pharmacists should actively engage in hospital pharmacy practice research which describes improving existing and creating new methods and systems to optimise the use of medicines for the benefit of patients. Research methods should be part of postgraduate training programmes for hospital pharmacists.
6.7	Hospital pharmacists should be actively involved in the management and medicine use processes relating to clinical trials. (Statement 48).	Hospital pharmacists must be actively involved in the management and medicine use processes relating to clinical trials.

David Preece 14/1/14 18:35
Comment [1]: On the report – page 139 and 140 there are two versions.