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## Volume 13, Issue 1/2011 - Pharma

### (E) Hospital Pharma Special

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**This issue includes a special section on pharmaceuticals. Our aim is to keep you up to date with the latest issues in hospital pharmacy; from e-prescribing in the ICU to pharmacoeconomics in breast cancer treatment. To get a general overview, who better to ask than Dr. Roberto Frontini, President of the European Association of Hospital Pharmacists (EAHP).**

**(E)Hospital: Dr. Frontini, Thank You for Agreeing to Speak to Us. As President of the European Association of Hospital Pharmacists Can You Tell Us a Little About the Association (its Role, Current Activities, etc.)?**

**Frontini:** The EAHP was founded 1972 as a federation of national associations of Hospital Pharmacists. Members are countries of the European Council, today 31 representing more than 21,000 pharmacists. EAHP supports the profession through science and networking with sister associations as well as stakeholders in European projects on patient safety, education and procurement. EAHP is also recognised as important partner at the European Medicines Agency (EMA), European Directorate for the Quality of Medicines and HealthCare (EDQM) and at the European Commission. The annual congress is the second biggest meeting on hospital pharmacy worldwide and attracts around 3,000 people not only from Europe.

**(E)Hospital: Moving on to Hospital Pharmacy as a Profession. What are the Main Responsibilities of a Hospital Pharmacist?**

**Frontini:** Hospital pharmacists make the difference in medication use. Their responsibility includes not only the procurement and quality assurance of the medicines but also their appropriate and safe use. Modern hospital pharmacy is patient-oriented and supports physicians making decisions at the patient's bedside. For example, checking interactions with other drugs and appropriate dosing reduces errors and as consequence costs. Individualised medicine requires individualised drugs. Hospital pharmacists take high responsibility in preparing and compounding medicines under GMP (Good Manufacturing Practice) conditions. Therefore it is crucial to have both clinical and manufacturing expertise.

**(E)Hospital: What Would You Say have Been the Three Most Important Developments in Hospital Pharmacy in Recent Years?**

**Frontini:** First is the major role hospital pharmacists have taken in terms of patient safety. This begins with "procurement for safety", i.e. avoiding sound- alike and lookalike medicines. It is crucial in compounding and ends at the patient's bed by advising physicians and nurses. Since the beginning of this millennium hospital pharmacists have become more and more involved in the process, becoming stakeholders for safety.

The second most important development in recent years is the implementation of hospital pharmacy specialisation in almost all countries, covering 75 percent of the European population. The specific setting of hospitals requires a high level of education to understand the complex therapies used in acute situations and rare diseases. EAHP created this year a list of competencies necessary to work in hospitals.

I would say the third most important development is the automation in different fields of hospital pharmacy. This includes distribution, traceability by barcode technology and also compounding robots. The goal is not only a higher efficiency but more importantly the reduction of errors.

**(E)Hospital: What Trends do you Predict for the Future (Main Challenges to Overcome; New Technological Developments)?**

**Frontini:** Our profession is taking more and more responsibility. "Collaborative prescribing", i.e. shared responsibility with physicians is already reality in some countries and the big challenge for European pharmacists. We need more clinical-oriented education and harmonised specialisation to fulfil the requirements in the future. While physicians have to cope with more and more sophisticated and complex diagnostic methods as well as challenging new surgical technology, the complexity of modern medicines needs the support of competent professionals and is no longer manageable only by physicians. Hospital pharmacists have to take on this role in the future.

**(E)Hospital: Our Recent Congress Focused on Quality. What is the Hospital Pharmacy Sector Doing to Promote Quality and Safety in Healthcare?**

**Frontini:** As follow up of the results of the survey carried out by a working party in the EDQM, EAHP was a stakeholder in preparing a resolution on quality and safety assurance requirements for medicinal products prepared in hospital pharmacies to meet the needs of special patients. It is important for patients that the quality of medicines produced in hospital pharmacies is the same as industrial products. But the most important field is the contribution made by clinical pharmacists working together with other healthcare professionals. The EuNetPaS project supported by the European Commission selected many best practices for patient safety in hospitals. Hospital managers can contribute implementing such best practices in their hospitals.

**(E)Hospital: This is Your Opportunity to Address European Hospital Managers. What Could They Change or Implement in Their Hospitals to Facilitate Hospital Pharmacists?**

**Frontini:** There is impressive evidence from international research that hospital pharmacists are very cost-effective personnel. However, in some countries or in some hospitals, their position as advocates for safe and evidence-based medication use is not well recognised. Hospital managers can facilitate the process by allocating more resources to implement clinical pharmacy. In committees, pharmacists should be represented at the same level as physicians and nurses. Only having their voice in all medication related processes guarantees the quality of the process.

Some managers believe that outsourcing pharmacy services is necessary because of the high costs of the facilities but this does not take into account the synergy between clinical and back office services. The tight connection in the on-site pharmacy between clinical and other staff responsible for procurement and compounding is the most efficient way to get best outcomes and reduce errors.

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