HOSPITAL PHARMACY: TOWARDS A NEW APPROACH

INTERVIEW GUIDE with Mr. Ioan ANTOFIE, senior pharmacist

President of the NAHPR
National Association of Hospital Pharmacists in Romania

Birth date: 24th January 1963

In present:
President of the National Association of Hospital Pharmacists in Romania
2016 - member in the Board of Directors at the National Authority of Management ad Quality in Health, on behalf of the NAHPR;
2015 - President of the National Union of Pharmacists of Romania;
2012 - President of the National Association of Hospital Pharmacists in Romania;
2003 - 2007 - Substitute member of the Steering Committee of the College of Pharmacists of Romania - Cluj Branch;
1992 - 1997 - Secretary of the College of Pharmacists of Romania - Mures Branch;

Reporter: Mr. President, for over 10 years, the personnel working in Romanian hospital pharmacies is represented and supported by the National Association of Romanian Hospital Pharmacists, association currently coordinated by you.

Please let us know the purpose and the objectives of this association.

Ioan ANTOFIE: I am honored to participate in this interview, thank you.
The most important goal we committed to is to represent the interests of the hospital pharmacists toward the Romanian authorities and institutions, as well as toward the international ones. I mention this because we are affiliated with EAHP (the European Association of Hospital Pharmacists) since 2013, we are in the Leading Board of the National Authority of Quality Management in Health (NAQMH) since 2015, we are affiliated with FIP (the International Pharmaceutical Federation – Hospital Pharmacy Section) since 2015, we are present in the E-COST 15105 Action – Medicine Shortage since 2016, and we are part of the health cluster – ROHEALTH since 2018.

- How many pharmacists do you represent, and how many members there are in this association?

IA: Now there are 215 colleagues in our association, and we represent the pharmacists working in hospitals, who count for around 600-700 pharmacists, according to our estimates.

R: Hospital pharmacy is practically a hospital ward with no beds, and its activity supports and therewith is involved in the medical act and medical care provision as needed to solve the cases admitted in the hospital.

- What organizational and operational alternatives currently exist for the Hospital Pharmacy, within the Romanian healthcare system?

IA: According to the Minister of Health Order no. 444 / April 9, 2019, the hospital pharmacy is indeed recognized as a hospital ward with no beds. We actually face a complicated situation, as the Ministry of Health has promised, within the Explanatory Memorandum of the MoH Order no.75/2010 – regarding the Good Pharmacy Practice Rules for the Community Pharmacy – to establish as soon as possible similar rules for the hospital pharmacy. Nine years have passed and nothing happened yet. Law no. 95/2006, republished in 2015, was the only one regulating our activity. Unfortunately, the law articles referring directly to the hospital pharmacy have been removed since the first amendments of the law.

- What organizational alternatives are available for a Romanian hospital in order to properly ensure the pharmaceutical products needed for solving the cases admitted in the hospital?

IA: There is no other alternative for a hospital except for organizing its own hospital pharmacy. In our point of view, it is COMPULSORY for any hospital in Romania to have a Pharmacy ward. The pharmacist is not just a simple manager of medicines. Pharmacist is the specialist of the medicines. The medical act is completed on a case when the pharmacist is consulted, who is required to know the drug-drug interactions, contraindications and side/adverse effects of the therapeutic scheme. We stand for the implementation of the 44 declarations of the European Association of Hospital Pharmacists, within the Romanian legislation, as we consider that the patient is in the center of the Romanian healthcare system and they have the right to be properly informed about their therapeutic scheme, as prescribed.

R: The community pharmacy and the hospital pharmacy seem to be completely dissociated, however they as a whole, together with the other public or private pharmaceutical entities or pharmaceutical-type entities, define the pharmaceutical sector, with the role of supplying and providing the pharmaceutical services for the human medicine.
- What is the statute and role of the hospital pharmacist, and what are the operational features of the personnel employed in the hospital pharmacy?

IA: As I mentioned before, the statute of the hospital pharmacist is to be recognized when Good Pharmaceutical Practice Rules for the Hospital Pharmacy will exist. Until then, the hospital pharmacist is «downwind». Most of the Romanian hospitals do not have a complete scheme of personnel for their pharmacy. Normative of personal for the hospital pharmacy is not a priority for the hospital management. The pharmacist needs to check if the therapeutic protocols are complied with.

- What elements define the doctor-pharmacist relationship, and the pharmacist-patient relationship, in the hospital?

IA: Hospital doctor-pharmacist relationship should be collaborative and supportive, in order to get a personalized therapeutic scheme for each patient. As you well know, there is no disease, only patients, each of them with of their characteristics, distinctiveness. In the European hospital pharmacy, the pharmacist goes to the patient bed in order to explain the drug-drug interactions, contraindications and adverse effects of a therapeutic scheme.

- What shared elements and different elements the hospital pharmacy has, in comparison with the other pharmaceutical entities?

IA: Shared elements are the medicines and relationships with prescribing physicians. The difference now is that we do not relate directly with the patient, but we hope to remove this obstacle soon.

- How does the community pharmaceutical sector interrelate with the hospital sector, from the perspective of a coherent integrative policy of the Romanian pharmaceutical system?

IA: We hope to implement and adapt in the near future the ‘Pharmacist Dossier’, as it is in France, in order to avoid possible accidents / adverse events induced by the wrong medication. There is no such inter-relationship at this moment.

R: As you already mentioned, although the hospital pharmacy provides medical services in benefit of the patient admitted in hospital, it has not the same statute as the other hospital wards with beds.

IA: They have no similar statute because only the medical services are currently recognized in our healthcare system. We are attested as providers of pharmaceutical services only when we pay for mal praxis insurance, not otherwise. The pharmacy, no matter its statute, is a provider of services. The pharmacist is a provider of services, not a merchant, as the legislator introduced us since 1991.

- From the operational point of view, what are the obstacles in the organization, planning, coordination, management and control of the specific activities within a hospital pharmacy?

IA: There are multiple obstacles: unpredictable budgetary allocation, deficit of human resources, defective legislation, lack of proper training programs for the personnel (such as communication, management, leadership courses etc.).

- What organizational and legislative premises should be in place in order to optimize the activity of the hospital pharmacy, in Romania?

IA: To be regulated according to the hospital category, and having a budget specially allocated for the hospital pharmacy medicines, health materials, logistics. Training of the pharmacy management personnel – training programs in hospital pharmacy administration and management. Our Association is entitled to organize this kind of training, especially in order to support our colleagues occupying managerial positions.

R: Management plays an essential role in the activity of any organization. Being a complex organization, performance hospital management cannot be achieved without the contribution of all its structural components.

- How could the pharmacy contribute to increasing performance and improving quality of care in a hospital?

IA: Starting with the hospital supply plan, worked out by summing monthly/yearly requirements from all the hospital wards, which should be 80% based on the hospital history for the medicines. Hospital Pharmacy is a piece in a bigger engine, and its contribution could be essential for the budget and for the image of the hospital.

- What does Romanian hospital pharmaceutical system need in order to achieve all of these desiderata?

IA: From our perspective, there is a need for solid legislation and not to be frequently changed, in the first place. By legislation we mean: allocated budget, personnel normative, good pharmaceutical practice rules, human resources, public procurements, specializations, competences, all of which cannot be done without a good correlation with all the stakeholders and factors involved. To report our legislation to the European or international regulation, that has a considerable advance towards what we actually do now in our country. Our profession is progressing, whether we want it or not. We must keep up with the progress of our profession.