My day with Oncology Pharmacy - Egypt

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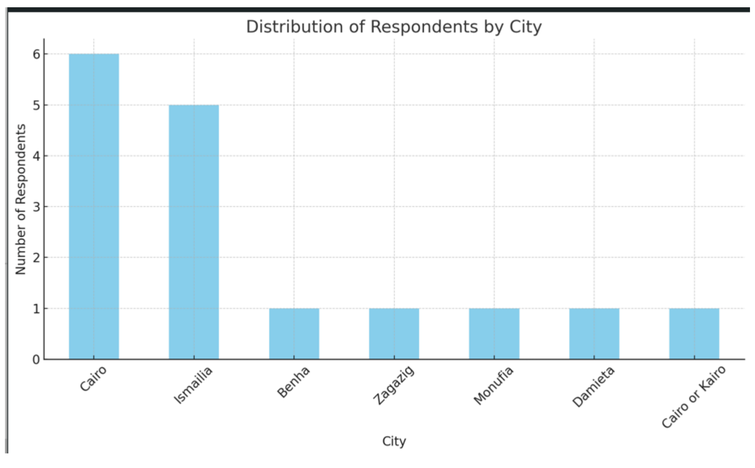
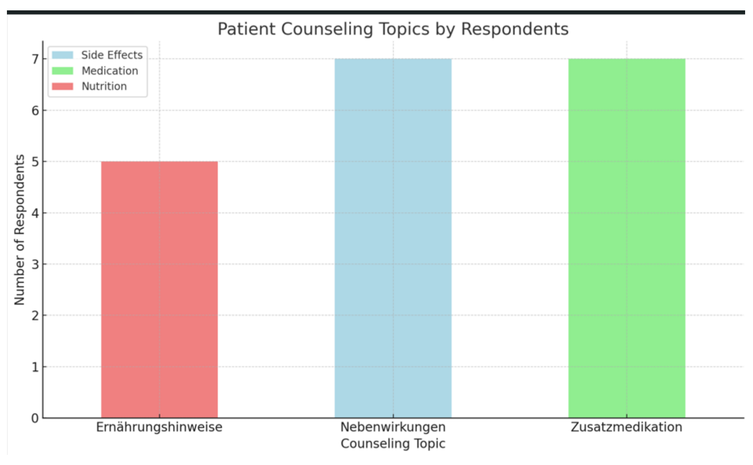
1. Introduction

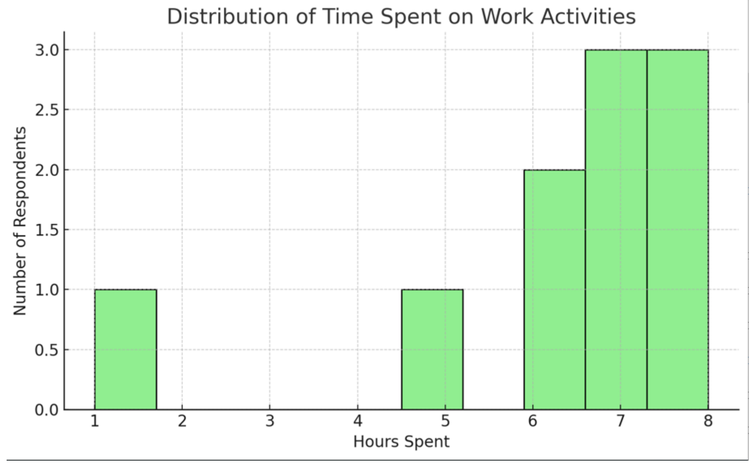
Understanding the diverse roles and responsibilities of oncology pharmacists across different regions in Egypt is crucial for optimizing patient care and streamlining operational efficiencies. This study captures the current practices and challenges faced by oncology pharmacists in various hospitals across the country.Pharmacists from 16 hospitals answered the 17 questions, 7 of them are in Cairo , 5 from Ismailia ,1 from Zagazig 1 from Benha and 1 from Menofia . Their answers represent the acutal situation in Egypt . At the moment pharmacists covering the oncological production have additional activities on the ward and round with the physician or sit with them in the clinic to finalize the patient treatment Plan and are also working in the manufacturing and logistical process of cytotoxic medication . Patients care is mainly covered by specialized clinical pharmacists.

2. Material and method

A comprehensive survey comprising 17 questions was distributed to pharmacists from 16 hospitals, including 7 in Cairo, 5 in Ismailia, and one each in Zagazig, Benha, and Menofia. The survey gathered detailed insights into their roles, responsibilities, and the integration of their work within the oncology care team.







3. Results and discussion

survey responses highlight a multifaceted role for oncology pharmacists in Egypt. In addition to overseeing oncological production, pharmacists are actively involved in ward rounds, collaborating closely with physicians to finalize patient treatment plans. They also participate in clinical settings, directly contributing to patient care. Their responsibilities extend to the manufacturing and logistical processes of cytotoxic medications, ensuring the safe and efficient production and distribution of these critical drugs. Patient care is predominantly managed by specialized clinical pharmacists who provide focused and expert care to oncology patients.

•Working Conditions: All hospitals primarily utilize gravimetric procedures for manufacturing oncologicals. Pharmacists validate prescriptions and release produced medications. Three hospitals enhance capacity by employing additional staff to pass materials into the work area.

•Number of Produced IV Medications: Seven hospitals have a daily production capacity of 50 to 100 medications, ten produce up to 50, and one produces up to 25.

•Form of Prescription: Paper-based prescriptions are predominant, with 15 hospitals relying on them, while 2 hospitals receive electronic orders.

Conclusion:

Optimizing the oncology pharmacy workflow by integrating technological advancements and reallocating duties could enhance the role of pharmacists in patient care. By transitioning to a more patient-centric model, with pharmacists more involved in clinical decision-making, there is potential to improve both the efficiency of chemotherapy preparation and the overall quality of care.

To bring the production experts tighter to the ward, to enable dialogs with physicians and care unit and to avoid long transportation, more and more hospitals directly integrate the production module into the oncological outpatient unit. This will make it possible that oncological pharmacists can combine clinical and manufacturing aspects of the therapy. They also need special EUSOP training.

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