national health authorities and several laws govern this notion since the beginning of the 2000s. In our hospital, 34 patient education programmes exist but only five integrate a pharmacist into their team.

**Purpose** The main objective of this qualitative research is to understand why pharmacists are so few in patient education teams by studying the perception of other health professionals on the work of pharmacists. Then, we could propose several solutions to make easier the integration of pharmacists into these multidisciplinary healthcare teams.

**Material and methods** Semi-structured interviews were planned with the healthcare professionals involved in the educational teams where there are no pharmacists. After a word-by-word anonymous transcription, verbatim were coded in the software Nvivo 12 (QSR International; Melbourne, Australia) by two pharmacists trained in qualitative research in order to minimise the subjectivity of this work.

**Results** Fourteen healthcare professionals had been interviewed: six nurses (among whom three executive nurses), four physicians, two psychologists, one dentist and one clinical research associate. These persons represented 11 of the 34 educational programmes. The results showed that the pharmacist was not considered as a part of the healthcare team. Moreover, the pharmacy profession was not well known by others healthcare professionals, which was why patient education was not known as a pharmaceutical mission. The added-value of the pharmacist was contentious (pharmaceutical expertise was recognized but pharmacists had a lack of knowledge of the real-life experience of the disease according to the interviewed). Respondents also mentioned organisational factors such as lack of time and funds.

**Conclusion** All these elements of the response could be used in the aim to make it easier for pharmacists’ integration into the educational teams and enhance their multidisciplinary nature. This work allowed reflection with the educational teams, which is essential to the integration. In the team interviewed, there is still no clinical pharmacist and we hope that development of clinical pharmacy could change these representations. Furthermore, it would be interesting to compare our results with the perceptions of European or international health professionals on the role of pharmacists in educational teams.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

No conflict of interest.

---

**6ER-023**

**ESTABLISHMENT OF GROUP WORK: WHAT IS THE EFFECT ON THE STATE OF KNOWLEDGE AND PERCEPTION OF PHARMACOVIGILANCE AMONG OUR FUTURE MOROCCAN PHARMACISTS?**

**Background** For pharmacy students, the time devoted to the ‘adverse events and pharmacovigilance’ module was 2 hours in the first year. A first assessment of knowledge showed a low level of knowledge concerning adverse events and pharmacovigilance, following which tutorials have been added to the training programme.

**Purpose** To evaluate the state of progress of knowledge and perception of students in the second year of pharmacy education with regard to adverse drug reaction (ADR) and pharmacovigilance, after the introduction of a work groups system.

**Material and methods** This was a monocentric descriptive study conducted in the pharmacology laboratory of the Faculty of Medicine and Pharmacy of Mohammed V University of Rabat, for all students of the second year of pharmacy for the academic year 2017–2018, by means of a questionnaire of the knowledge and perception of pharmacovigilance.