

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, verbatims 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

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6ER-022 WHAT IS PHARMACOVIGILANCE FOR YOU? A SURVEY OF 153 PHARMACISTS

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Background Our national pharmacovigilance system is based on the spontaneous reporting of adverse drug reactions (ADRs) which requires successful participation of health professionals and pharmacists, in particular their specialisation in medicines and their proximity and availability for the patient.

Purpose To study the knowledge, and the perception of the pharmacists of the largest city of our country in terms of pharmacovigilance.

Material and methods This was a descriptive study conducted in the form of a survey of pharmacists practising in 153 pharmacies in the economic capital of the country, chosen at random, through an anonymous self-administered questionnaire of 19 questions organised around three items, over a period of 4 months from September to December 2017.

Results One-hundred and thirty pharmacists (85%) responded, of whom 40% had experience of less than 10 years. Regarding their pharmacovigilance knowledge, n=108 (83.1%) confirmed that they were aware of the existence of a national pharmacovigilance organisation in our country. Among pharmacists surveyed, 1.7% could not give a definition of pharmacovigilance, while 67.8% defined it as the activity of identifying, assessing and preventing ADRs resulting from the use of drugs. As for their opinion on the ADRs to be reported, the exceptional or unexpected ADRs were the most chosen by respondents with 25.9%. Sixty-four per cent of pharmacists confirmed that they had already been asked about ADRs in patients. But only 10.7% of these reports were sent to competent authorities. Among the proposed answers concerning the under-reporting, the ignorance of the reporting circuit remains the most chosen cause, with a rate of 44.2%. Finally, a more simplified statement was the way to improve the number of statements most cited, with a rate of 32.7%. The other means proposed, with a rate of 1.2%, were continuing education and awareness-raising through the media.

Conclusion This study showed a moderate level of knowledge and a low perception of pharmacovigilance. There is therefore a real interest in sensitising the teams of pharmacists so that they can play their role in the spontaneous reporting of adverse effects. In this context, a national pharmacovigilance awareness day is planned for March 2019.

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6ER-023 ESTABLISHMENT OF GROUP WORK: WHAT IS THE EFFECT ON THE STATE OF KNOWLEDGE AND PERCEPTION OF PHARMACOVIGILANCE AMONG OUR FUTURE MOROCCAN PHARMACISTS?

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Background For pharmacy students, the time devoted to the 'adverse effects and pharmacovigilance' module was 2 hours in the first year. A first assessment of knowledge showed a low level of knowledge concerning adverse effects 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