



**Specialisation in pharmacy  
“case study of UBTH and  
pharmacy evolution”.**

**Presenter: Pharm (Dr.) Emejulu  
Jacinta.**

# QUESTIONS TO ASK.

- WHY /GOALS.

- ❖ Medication and patient safety
- ❖ Improving quality of care and access to care.
- ❖ Fulfill current gap in clinical practice.

- WHAT.

- ❖ What you need to set it up.
  - Personel
  - Equipment.
  - Forming a team.
  - Support from senior colleagues.
  - Foster key relationships with other healthcare profesionales.
  - Information.

# QUESTIONS TO ASK.

- ❖ What is the need assessment.
- ❖ What need are you satisfying.
- WHERE.
- ❖ Workplace design and structure.
- ❖ Where you are needed.

# WRITING A PROPOSAL

- Introduction to oncology pharmacy.
- Effects of cytotoxic.
- Healthcare professionals at risk.
- Control measures to be taken.
- PPEs
- Conclusion.

- Specialization in oncology pharmacy in Nigeria.



# Value of Oncology Pharmacist

- Oncology pharmacist still finding their rooting in MDT's of most public hospitals.
- Not generally integrated in ward rounds and clinical reviews with only few institutions thriving.
- The value of oncology pharmacist has not been established in many public hospitals with the few established still struggling to suffice.

# Training and Accreditation

- Basic tertiary certifications (BSC, Pharm D).
- universities offer master of pharmacy in clinical pharmacy (no oncology specialized).
- No nationally accredited post graduate programmes for pharmacist wishing to specialize in oncology.
- Speciality rank has not been nationally implemented but recognised.
- Many pharmacists become oncology pharmacists by practice and experience.

# COMPARING GLOBAL PRACTICE:

- **JAPAN.**

- No pharmacy technician system.*

- **CANADA.**

- Consistent oncology education for students and residents.*

- pharmacists prescribes.*

- **TURKEY**

- Oncology pharmacists does mainly teaching activities, so undergrads and post grads courses are integrated .*

- started implementation at university teaching hospitals in 2000, but conducted their first national board exams in clinical pharmacy residency in 2020.*

- **KENYA.**

- oncology pharmacist specialist now recognised by law.*

- there are training programs like the international cancer institute.*



# Challenges

- Lack of interest
- Funding
- Political and governmental shenanigans.
- Continuous Access to quality drugs.
- Lack of compensation
- Retention of staff
- No clear carer pathway
- Lack of involvement in clinical trials and research
- No standardized outpatient oncology pharmacy service.
- Self-induced barrier to advancement.
- Standard treatment guidelines.

# Brief History

- University of Benin teaching hospital (UBTH) is the sixth of the first generation teaching hospitals in Nigeria and a renowned centre of excellence for oncology practice in the southern Nigeria. It is located in the geographically strategic city of Benin to provide secondary and tertiary healthcare to the people of Edo, delta, Ondo, Anambra , Kogi, Bayelsa and other neighbouring states.

# Brief History

- Oncology pharmacy is one of the newest speciality pharmacy unit created by the pharmacy department in 2017 and was championed by Pharm Izah Comfort, Pharm Omoluabi and Pharm Justice.
- The current and pioneer unit head is Pharm(Dr). Emejulu Jacinta. and assisted by Pharm Ijomah Paul with rotational intern pharmacists and students. The unit provides services to both inpatient and outpatients on chemotherapy and runs 8-4pm daily with skeleton weekend duties.

## **Before 2017;**

- There was no oncology pharmacy services.
- Anticancer drugs were bought, kept and dispensed along with other drugs.
- No trained pharmacist.
- Had no centralized oncology unit that serviced the hospital.
- Oncology drugs were prepared by the doctors (interns) by the patients bed sides without any aseptic procedure or PPE'S.
- Oncology drugs were usually not available.
- Inadequate support by the hospital.

## **But now;**

- Chemotherapy reconstitution are done ONLY by the Pharmacists.
- Have a separate chemo-preparation room with two class 2 biological safety cabinet.
- Have a 50-bedded dedicated oncology ward.
- Have a separate oncology pharmacy store, dispensing area and reconstitution room with temp logs.
- Provide 100% availability of all oncology drugs from 2018 till date.
- Internationally trained oncology Pharmacist.

- Clinical oncology pharmacy fully in practice provides;
  - ❖ Regular oncology pharmacy clinical services.
  - ❖ Attend major rounds.
  - ❖ MDT rounds.
- Provide bedside pharmacy counseling and education.
- Fostered good relationship and communication between Pharmacists and other healthcare professionals.
- Recommend and comment on patients management and regimen review.
- Identified, intervened and resolved numerous drug therapy problems.

# Challenges

- Unwillingness for other healthcare workers to adapt.
- intermittent stock out of drugs.
- Low enthusiasm by Pharmacists leading to low workforce.
- Lack of continuous on job trainings.
- Lack of compensation for healthcare professionals at risk of exposure.
- Poor disposal of cytotoxic wastes.

# Way forward.

- Establish, encourage and strengthen the relationship between pharmacists and other healthcare providers.
- Enhance the procurement policy to improve availability of anticancer drugs.
- Establishment/ validation of the reconstitution process, the room and equipment's.
- Continuous and periodic training of pharmacists and technicians .
- Proper and safe disposal of cytotoxic wastes.
- Encourage pharmacist to specialize in oncology pharmacy practice.
- Have pharmacists, technicians dedicated to oncology pharmacy practice.



# New developments to consider

- Aseptic dispensing ( hepafilter rooms)
- Dose banding
- SACT ( systemic anti-cancer therapy)
- RTTA ( reducing time to treatment administration).
- Genome medicine.
- C-CAT
- DVO (drug vial optimisation)
- Robotic dispensing.

# Lessons learnt.

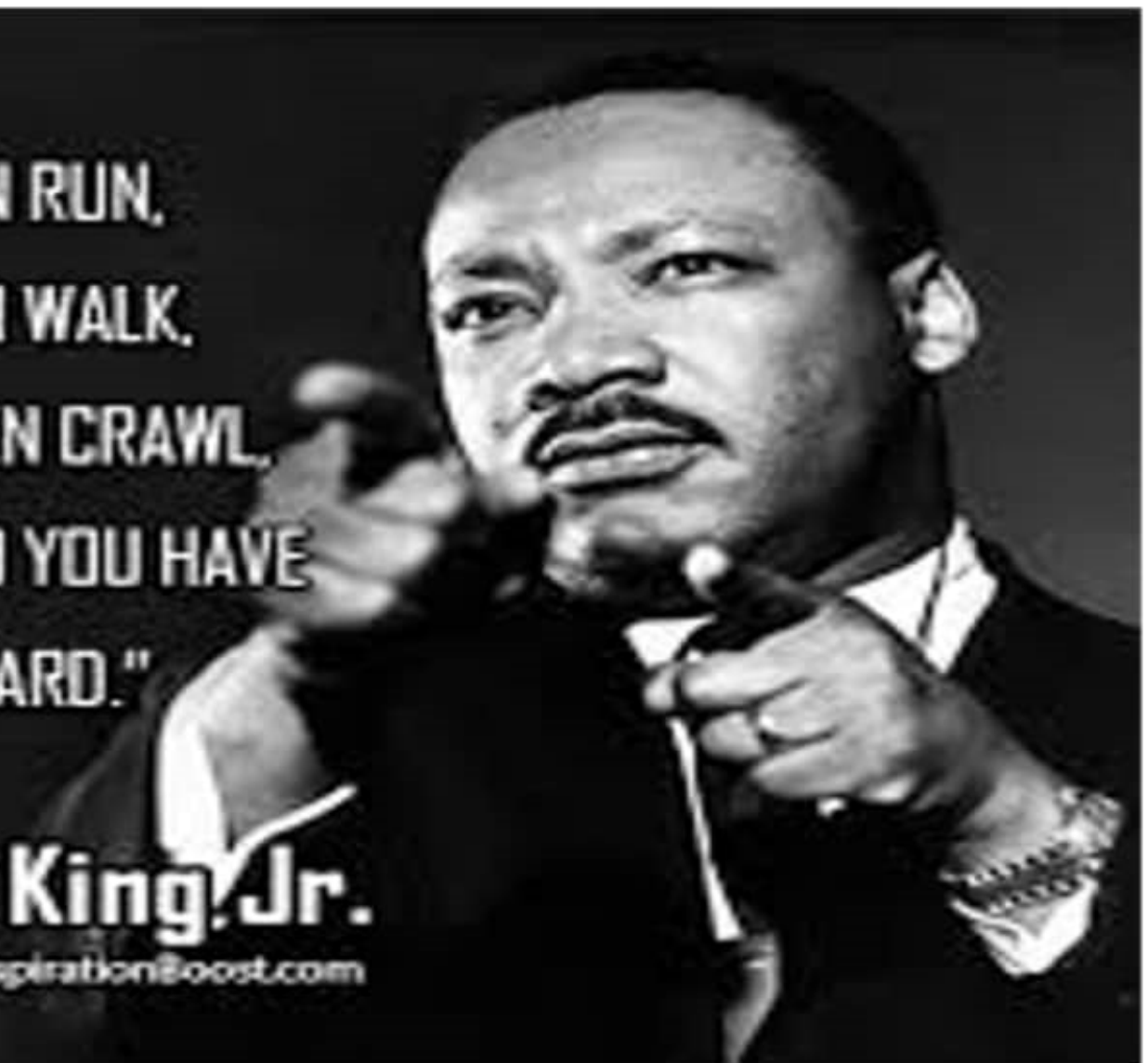
- Think critically and think clinically.
- Maintain your priorities.
- Know when to ask for help.

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"IF YOU CAN'T FLY THEN RUN,  
IF YOU CAN'T RUN THEN WALK,  
IF YOU CAN'T WALK THEN CRAWL,  
BUT WHATEVER YOU DO YOU HAVE  
TO KEEP MOVING FORWARD."

**Martin Luther King Jr.**

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