The EAHP

Friday 24 March 2023

Daily dose

Information that makes you feel good!

POST-CONGRESS EDITION

CROSSWORD COMPETITION

… and the winner is

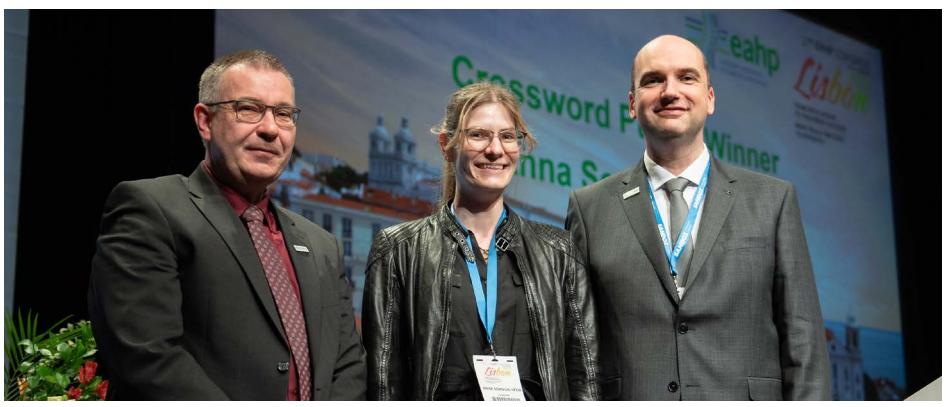
The EAHP ran a crossword competition in the Daily Dose issues of Wednesday and Thursday, during the 2023 EAHP Congress. The questions were all linked to EAHP's projects, members, objectives and more. All of those who were able to answer are definitely faithful and dedicated to EAHP's Congresses.

The Winner's name was drawn from the hat and announced during the Closing Ceremony.

Anna Somogyi-Végh, the winner, has won a free registration to the 28th EAHP Congress, which will take place from 20 to 22 March 2024, in Bordeaux, France.

Congratulations and see you in Bordeaux!

The EAHP Team



All photos by Mariona Ribó

EAHP thanks the continued support of its Corporate Partner:

Omnicell™

Special thanks to:

CONGRESS BAGS SPONSOR:

Omnicell™

LANYARDS SPONSOR:

SANDOZ A Novartis Division

YOUNG PROFESSIONAL SESSION | REVIEW

Learning from the career journeys of others

All photos by Mariona Ribó

The 27th EAHP Congress offered young professionals the opportunity to learn from the career journeys of experienced hospital pharmacists. During the panel discussion (facilitated by Clement Delage), five members of the Scientific Committee, with different expertise and from different countries (Germany, Switzerland, Czech Republic, Ireland, Sweden), presented their professional career paths.

Torsten Hoppe-Tichy shared insights into his career path by outlining his first challenge "no real idea what to be", touching on his PhD research ("blood, sweat, tears"), moving on to possibilities of building up the clinical pharmacy programme, teaching and training the young pharmacists and ending with his current position, chief hospital pharmacist at Pharmacy Department, Heidelberg University Hospital, "responsible for everything and everyone from the pharmacy sector in the hospital". A long path with many steps and challenges, but also rewarding outcomes and fun. Torsten underlined the favourable abilities that can contribute to successful and efficient career progression for hospital pharmacists, such as creativity, flexibility, ability to delegate tasks (and accept lower performance and results), and resilience. He emphasised that everything is possible if you love it.

Stefanie Deuster's career path takes her from research at a pharmaceutical company through a PhD in pharmacology and toxicology, work in a small hospital pharmacy in Germany, to her current position, Head of the Department of Quality Assurance in the Pharmacy at the University Hospital Basel. Stefanie emphasised the importance of competencies in the preparation of drugs for the special needs of patients as well as the manufacturing of investigational medicinal products for clinical trials - and all the requirements for assuring the quality of the drugs. Recognition of those competencies provided Stefanie with the possibility to create and shape the general requirements for pharmaceutical preparation in pharmacies through cooperation and networks, and involvement in several working groups on the national level with the Swiss authorities and also on the EU level.

Kornélia Chrapková, Head of Clinical Pharmacy Department at the Institute for Clinical and Experimental Medicine (Czech Republic), shared her story of becoming a clinical pharmacist. After graduation, she started as a community pharmacist, but soon she decided to go abroad to develop her competencies in clinical pharmacy. After finishing her postgraduate study in the United Kingdom, Kornelia came back with the idea to implement the knowledge she had gained in hospital pharmacy. There were many obstacles, but with great motivation, she built up a team and developed a clinical pharmacy service in the largest transplant centre in the Czech Republic and Slovakia. Kornelia emphasised the importance of motivation, enthusiasm, determination and persistence.

Virginia Silvari described her experiences and the career path she could never have imagined. Virginia underlined that the pharmacy degree allowed her to take different career steps from conducting research, to engaging in a community pharmacy, and recently becoming chief pharmacist for education and research at the Pharmacy Department of Cork University Hospital (Ireland). Being Italian, Virginia shared her story of challenging differences in the education system, culture, and language, and, hence, in the early months of her career, she was terrified but learned and progressed very fast. Virginia pointed out the importance of having a good and supportive mentor, with whom learning is much easier. She addressed the importance of finding what we like and pursuing it hard to become the best version of ourselves.

Ulrika Gillespie reflected on her professional journey as one of the first clinical pharmacists in Sweden. On her career path, she has focused on the development, implementation, and evaluation of clinical pharmacy services in a hospital setting. Ulrika described her responsibilities as the Chief Pharmacist at Uppsala University Hospital and an Associate Professor at the Department of Pharmacy at Uppsala University. She underlined that a hospital pharmacy career is a rewarding profession, with opportunities for patient care, scientific research, and innovation. She underlined that hospital pharmacists need to be open-minded, ready to learn from more experienced colleagues and mentors and willing to constantly improve themselves.

The panellists agreed that the development of a professional career usually takes more time and energy than planned, and before making a step forward there might be some steps sideways or backwards. "We need to be persistent in our pursuit of the career that we want" was the final message of the panellists.

Branislava Miljković
EAHP Scientific Committee Member

Student Science Award winner :

"EVALUATION OF ANTIMICROBIAL-LOADED CALCIUM SULFATE COMPOSITES FOR THE MANAGEMENT OF RESISTANT GRAM-NEGATIVE DIABETIC FOOT OSTEOMYELITIS" by **Usman Arshad**

KEYNOTE 2 | REVIEW

Improving the communication of risks and benefits to patients

Information, education, entertainment! That was the mantra used by Lord Reith when he was Chair of the British Broadcasting Corporation (BBC) to encapsulate the aims of the organisation. And that was what delegates of the EAHP Congress in Lisbon were given during the second Keynote of Congress presented by María del Carmen Climent from the UK.

She gave us 7 key strategies when communicating risks and benefits to patients and the public and with wit and charm gave examples of each to really make her points memorable for us:

1. Specify what risk are you talking about and who is affected by it
2. Never replace numbers with words
3. In addition to the relative risk, present the absolute risks
4. Consider the format: use natural frequencies
5. Be balanced: present negative and positive framing
6. Use visual aids
7. Explain uncertainties

Maria emphasised the importance of finding out 'what matters to people', rather than 'what's the matter with them'. She addressed the issues around the conventional 'persuasive' approach so often taken in risk communication to 'maximise compliance', and the importance of moving towards an informative style which clearly communicates risks and benefits. She emphasised how pharmacists have a crucial role to play in this, in order to facilitate shared decision making and enable truly person-centred care.

Choosing a treatment, deciding whether or not to have a surgical procedure or interrupting a treatment are all scenarios which can be influenced by how we present risks and benefits to patients. These 7 strategies can help pharmacists any time they communicate risks and benefits of treatments to patients, which hopefully can lead to more informed and patient-centred decisions.

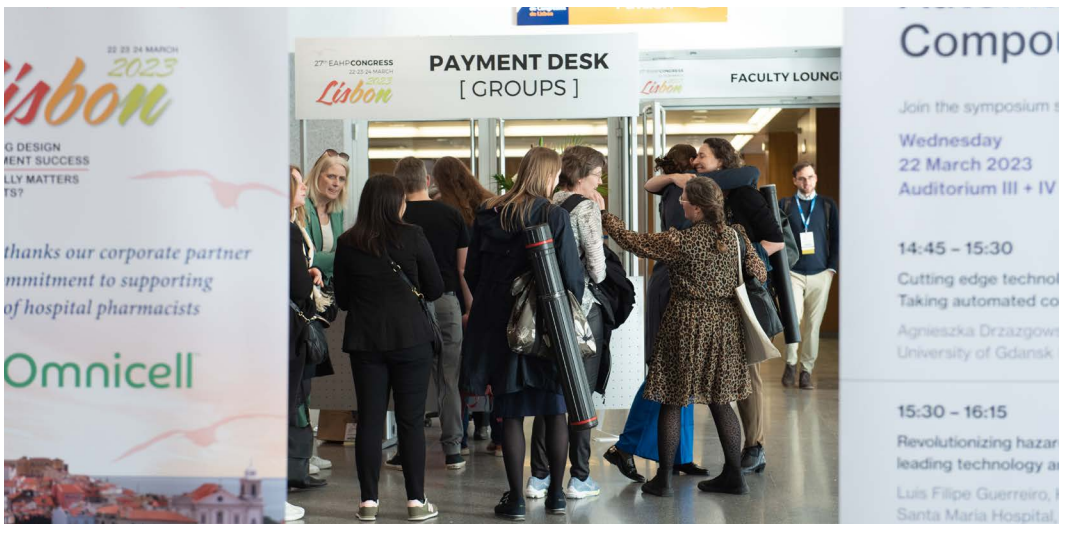
The standing ovation at the end of the keynote gave an indication of the impact Maria had on the audience. "Were you not entertained?", as Maximus Decimus Meridius famously said in the movie Gladiator. The answer was an overwhelming, "Yes!".

Jonathan Underhill* - *EAHP Scientific Committee Member

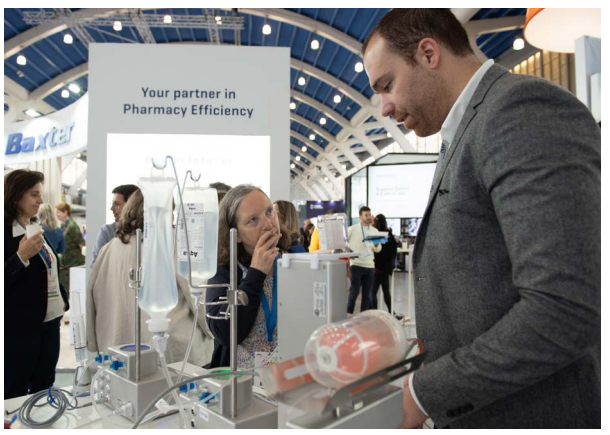
27th EAHP CONGRESS PHOTO GALLERY

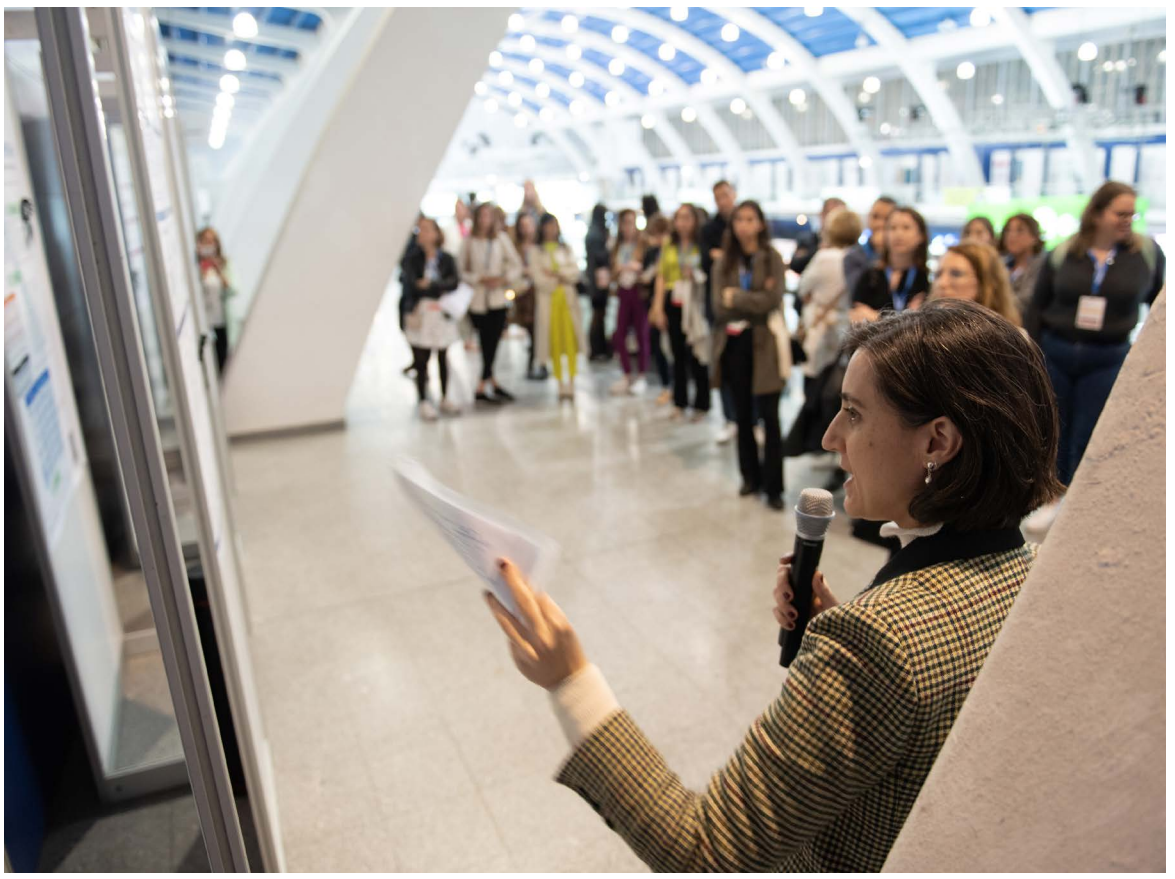
You can view the 27th EAHP Congress Photo Album on our Facebook Page:

https://www.facebook.com/eahp.eu/



All photos by Mariona Ribó





All photos by Mariona Ribó

ABSTRACT AND GPI ORAL PRESENTATIONS

Winners of the Abstract Poster Nominees Oral Presentations and the Good Practices Initiatives Oral Presentations

Following the Abstract submissions' closure, the EAHP Scientific Committee selected 8 Authors as Award Nominees and requested them to give a 5-minute oral presentation, followed by a 2-minute Question & Answer session, during the Congress. The nominated abstracts were selected with regards to aspects like originality, scientific quality and practical applicability.

Out of the presentations, which took place on Wednesday 22 March from 10h30 to 12h30, three prizes were handed out to the following:

1ST PRIZE

EVALUATING THE POTENTIAL CLINICAL AND ECONOMIC IMPACT OF CHEMOTHERAPY PRESCRIBING BY PHARMACISTS AT A UNIVERSITY TEACHING HOSPITAL
by Shannon Nally

2ND PRIZE

BEDSIDE CHECK OF MEDICATION APPROPRIATENESS (BED-CMA) AS A RISK-BASED TOOL FOR BEDSIDE CLINICAL PHARMACY SERVICES: A PROOF-OF-CONCEPT STUDY AT THE TRAUMA SURGERY WARD
by Greet van de Sijpe

3RD PRIZE

USING A TEXT-MINING APPROACH TO IDENTIFY THE CONTEXT VARIABLES LANGUAGE BARRIER, LIVING ALONE, COGNITIVE FRAILTY AND NON-ADHERENCE FROM ELECTRONIC HEALTH RECORDS (EHRs)
by Simone ten Hoope

All photos by Mariona Ribó

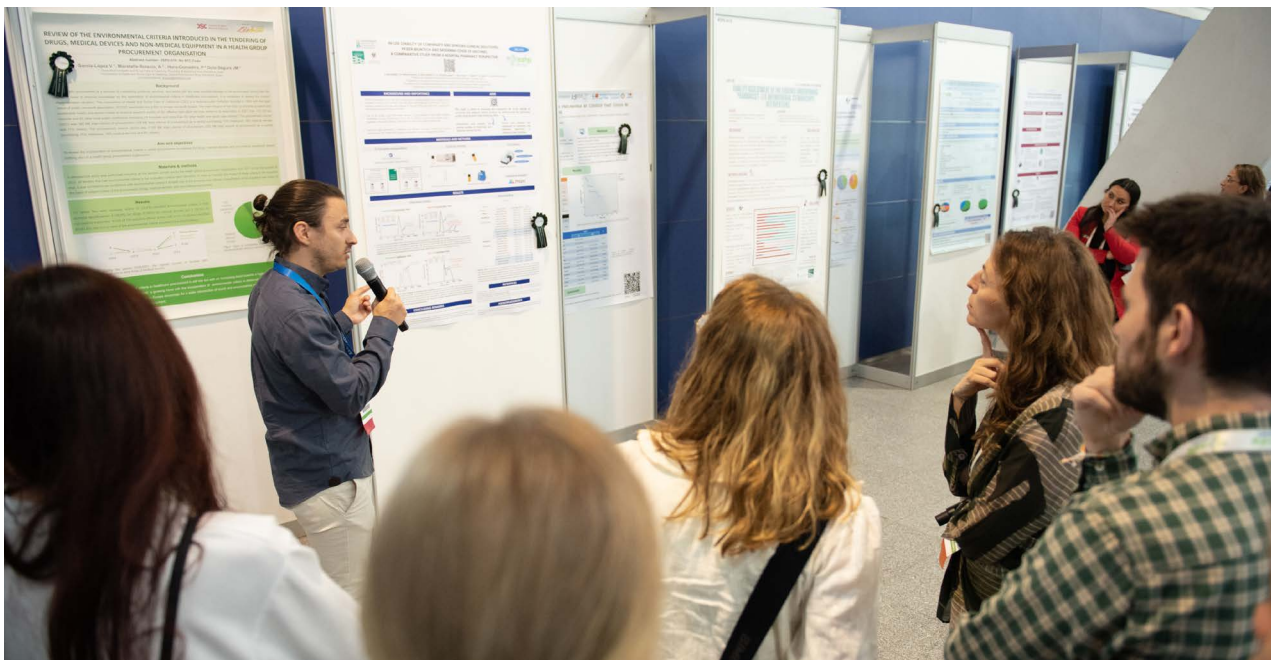
The EAHP Scientific Committee also chose 11 abstracts for the Poster walk. These abstracts were highlighted in the poster area.
You can find more information about Abstract submission for the 2024 EAHP Congress here: *https://www.eahp.eu/congresses/abstract*

The Congress also offered an Award for Good Practices Initiatives, an initiative, either in pharmacy practice or in pharmacy education, implemented in a hospital / group of hospitals / region / country, that, in line with EAHP statements, reports relevant experiences in specific areas of pharmacy practice or education.

Following the GPIs submissions' closure, the EAHP Scientific Committee selected 11 Authors as Award Nominees and requested them to give a 5-minute oral presentation, followed by a 2-minute Question & Answers session, during the Congress.

This year's Winner is **Sophia Hannou** with
OPIOIDS ROOM OF HORRORS - AN INTERACTIVE LEARNING TO IMPROVE SAFETY OF DRUG ADMINISTRATION

You can find more information about the GPI submission for the 2024 EAHP Congress here: *https://www.eahp.eu/gpis/general-information*



eahp
european association of hospital pharmacists
making the difference in medication

Good Practices Initiatives - 2024 BORDEAUX

Submissions are now OPEN for the 2024 Congress
(deadline: 01 October 2023)

The GPI initiative was launched as part of EAHPs effort to show to stakeholders what European hospital pharmacists are doing and might also be part of the coming educational programme of EAHP.
The overall purpose of collecting and sharing GPIs is:

- to inspire and encourage fellow hospital pharmacists in other countries to strive for the next high standard in practice;
- to identify how colleague hospital pharmacists were able to overcome barriers and obstacles in order to make improvement happen; and,
- to give recognition to those who have completed successful new initiatives in hospital pharmacy service.

GPIs must be linked to one of the sections of the European Statements of Hospital Pharmacy approved at the European Summit on Hospital Pharmacy in May 2014. The EAHP statements are separated into the 6 themes below:

1. Introductory Statements and Governance
2. Selection, Procurement and Distribution
3. Production and Compounding
4. Clinical Pharmacy Services
5. Patient Safety and Quality Assurance
6. Education and Research

28TH EAHP CONGRESS
20-21-22 MARCH 2024
Bordeaux
Sustainable healthcare - Opportunities & strategies

SYNERGY SATELLITE | REVIEW

Non-Biologic Complex Drugs (and nanomedicines): revolutionising science

Wednesday afternoon's Synergy Satellite, supported by an education grant from CSL Vifor, explored the theme of Non-Biologic Complex Drugs (NBCDs) and nanomedicines, with each speaker presenting different angles to analyse NBCDs from regulatory through hospital pharmacy clinical practice and ending up with giving their take on the future vision for these products.

In his opening slides, Jon de Vlieger outlined how bio and nanomedicines accelerated the emergence of complex medicines. An NBCD is a synthetic medicinal product that is not a biological medicine. In fact, it has an active substance that is not homo-molecular but contains different (closely related, often nano-particulate) structures. It cannot be fully characterized by physicochemical analytical means.

In this context, Jon de Vlieger showed that the complexity of these products lead to different regulatory pathways. He also stated that the European regulatory framework for non-biologic complex drug products is heterogenous and there is not a distinct regulatory pathway for these types of products.

Jon de Vlieger recalled a study on the EU regulatory landscape of these products which underlines that the variation in the regulatory approaches for NBCDs and their follow-on products in the EU predominately relies on a non-centralised procedures. A more consistent approach for regulating these products in the EU, he proposed, could already be achieved by building on the EMA guidance documents on nanomedicines and providing an outline of appropriate regulatory pathways for specific NBCD product classes (e.g., generic or hybrid application). Furthermore, like for biotechnology-derived products or advanced therapy medicinal products (ATMPs), NBCDs could also benefit from a mandatory centralised procedure, as this will guarantee consistency in the scientific evaluation of follow-up products. The upcoming revision of the EU general pharmaceutical seems to be an opportunity to find a definition for these products.

Since his presentation aimed at setting the scene for the discussion, Jon de Vlieger also touched on the European and American regulatory framework. A more harmonised terminology for these products is required worldwide, since NBCD is defined differently by EMA and FDA. EMA defines hybrid medicines as medicines whose authorisation depends partly on the results of tests on the reference medicine and partly on new data from clinical trials. For FDA, complex (generic) drug products are defined as a product with a complex active ingredient(s), a complex formulation, a complex route of delivery and a complex dosage form. Consequently, there is a need for global guidance for these products and in September 2021 EMA and FDA have launched a pilot programme on parallel scientific advice for hybrid/complex generic products. This could pave the way to alignment on the terminology but the outcome and their use are not very clear in more concrete terms/practical application. There is a need to put the stakeholders together around the table and share best practices.

Gunar Stemer shared considerations for hospital pharmacy practice looking at both nanomedicines' landscape and clinical data as well as the handling of nanomedicines. He highlighted that hospital pharmacists have a pivotal role in both hospital formulary drug selection and substitution processes, based on the European Statement of Hospital Pharmacy 2.3,. The selection of drugs needs to be based on comprehensible criteria, but knowledge gaps seem to be present. Therefore, such gaps need to be addressed in terms of NCBDs, the concept of nanosimilars' evaluation and their special characteristics.

Jon de Vlieger pointed out that post-approval standards for NCBDs are important to ensure patient safety. In this sense, hospital pharmacists contribute to post-marketing surveillance of all types of medicines by actively reporting side effects and quality issues that might appear.

Manuel Bañobre-Lopez emphasized that nanomedicines are revolutionising medicine. They are on the market for clinical development for various indications, notably cancer. Since today's healthcare system is more reactive to the symptoms, precision medicine is about moving the healthcare system towards more preventive and personalised treatment. Consequently, there is an immense potential to change the health system, by reducing hospital stays, accelerating recovery and improving the quality of patients' lives, especially the ones with chronic diseases.

***Diogo Teixeira Pereira* - EAHP Policy Assistant**

All photos by Mariona Ribó

POLICY ARTICLE

Revision of the EU's Pharmaceutical Legislation – a chance to further address patient safety and to better combat medicine shortages

Like many others, EAHP is patiently awaiting the publication of the proposal for the revision of the EU's General Pharmaceutical Legislation which will hopefully be released by the European Commission by the end of April. Leading up to the pending publication of the proposal, EAHP engaged with different stakeholders to bring specific issues to the attention of the European Commission, the Council and Members of the European Parliament (MEPs).

In November 2022, EAHP joined forces with fifteen associations representing healthcare providers, patients, healthcare professionals and payers to release a joint statement touching on the revision of the general pharmaceutical legislation. The signatories of this joint statement – that included for example the Association of European Cancer Leagues (ECL), the European Hospital and Healthcare Federation (HOPE), the European Public Health Alliance (EPHA), the International Association of Mutual Benefits Societies (AIM), the Pharmaceutical Group of the European Union (PGEU) and the Standing Committee of European Doctors (CPME) – underlined that enhancing patients' access to high-quality and affordable medicinal products across the European Union while preserving the financial sustainability of healthcare systems should be the overarching aim of the current revision of the general pharmaceutical legislation. To achieve this aim, the general pharmaceutical legislation should:

1. Foster affordability to improve access to high-quality medicinal products,
2. Improve the assessment and evidence requirement of medicinal products' effectiveness and safety, and
3. Ensure a sufficient supply of medicinal products and combat shortages.

In December 2022, the European Association of Nuclear Medicine (EANM) and EAHP got together to share their thoughts on the availability of radiopharmaceuticals in the context of the revision of the general pharmaceutical legislation. EANM and EAHP underlined that due to the difference between commercial and non-commercial preparations of radiopharmaceuticals, a specific approach to the regulation of small-scale preparation of radiopharmaceuticals is needed. Further details were included in the joint statement issued by both associations.

Improvements in the general pharmaceutical legislation should focus on enhancing patient safety, combatting antimicrobial resistance, improving the access to medicines and addressing medicines shortages. To ensure that emphasis is put on these areas, EAHP plans to engage with MEPs once the proposal is published. Key changes should include improved information exchange between authorities and supply chain actors as well as best practice sharing and implementation support on shortage management strategies between relevant national regulatory bodies to support patient safety, a wider application of different risk management tools, including but not limited to single unit dose barcoding to lower medication errors for the benefits of patients and creating specific incentives to promote the development of new classes of antimicrobials while at the same time making arrangements to maintain essential antibiotics on the market.

***Stephanie Kohl* - EAHP Policy & Advocacy Officer**

KEYNOTE 3 | REVIEW

"No decision about me without me"

The 27th EAHP Congress focused on what really matters to patients. In this topical keynote lecture, Kati Turner and Gary Hickey illustrated what is patient and public involvement in pharmacy practice research and why and how research intended to develop or improve pharmacy services to patients should be planned together with patients who are users of these services. This is a key topic for all those who intend to develop pharmacy services. Are you planning research with patients, or are you planning research to improve pharmacy services for patients? This keynote lecture was an opportunity not to be missed.

Gary Hickey started by explaining what is meant by patient and public involvement in pharmacy practice research. Involvement in research means research that is being carried out 'with' or 'by' patients or members of the public rather than 'to', 'about' or 'for' them. On the other hand, participation means that people take part in a research study.

Patients live with their condition 365 days a year, but they rarely meet hospital pharmacists or use hospital pharmacy services. Patients are experts in their own health or condition, and they make the decisions about using or not using medicines, or health or pharmacy services. How can involving patients in research improve the quality of research? How could patients be involved to provide the 'best' outcomes for the patients and the improvement of the pharmacy services?

There are different approaches to patient and public involvement. What differentiates these approaches from each other is the level of power patients or the public have. Gary Hickey described how researchers could consult patients or the public on, for example, the relevance of research topics or the suitability of research methods for patient groups. Instead of consulting patients and the public, researchers can collaborate with them when planning research, giving them more power. Indeed, while researchers have research expertise, patients have experience with what it is like to be a patient, using medicines and healthcare services. Patients and the public could co-produce research, or research could even be patient-led, which would shift the power dynamic in research. Hickey invited everyone to think about how much power patients should have in decision-making on services that are developed for them. He recommended that researchers who are new to involving patients in research start small but encouraged everyone to consider combining all these approaches as appropriate.

Why should pharmacy practice researchers involve patients and the public in research? Gary Hickey explained that this involvement could be used to ensure and improve the relevance and quality of research for the users of pharmacy services. Patients have experience with the medicines, treatment, and healthcare services – it is their lived experience. This lived experience is included in evidence-based practice along with the use of research, guidelines, and clinical expertise. For example, patient involvement might improve recruitment materials and research tools so that less research is likely to be wasted.

If patients and the public pay for the healthcare or pharmacy services they use either directly or indirectly, or are users of these services, patients have a right to be involved in research. Indeed, many research funding bodies may also have a requirement for patient and public involvement in research intended to develop services for patients. Finally, involvement in research may create trust between patients and healthcare professionals, which in turn may create trust in research and its findings and, as such, increase the take-up of, for example, vaccinations or hospital pharmacy services.

To answer the question of where, or in which processes or parts of research, patients and the public could be involved, Kati Turner described the research cycle. Certainly, patients and the public could be involved in all processes of the research cycle, from identifying and prioritising relevant research topics to disseminating, implementing, and evaluating research. The first part of the research cycle is to identify what to study: research is conducted to benefit patients, but often patients are not involved at this stage. Perhaps researchers do not know what is important to patients. Once relevant research topics have been identified, patients can prioritise research through participation in research and other committees. When planning research, patients can contribute to developing and improving, for example, study protocols, research tools, participant information leaflets, and consent forms. They can support participant recruitment, perhaps increasing the recruitment rate and decreasing drop-out as they know how it is to live with a certain condition and are able to reach out to others in similar, or different, situations, bridging the gap between researchers and healthcare professionals. They can say that 'You matter and your experiences matter'. Patients can co-author and co-present research, and they can support the implementation of the newly developed hospital pharmacy service through, for example, their input in the training of pharmacists or other healthcare professionals. Finally, patients can record the impact of patient and public involvement on the research process.

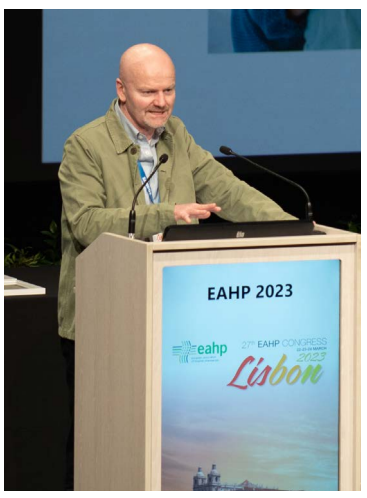
How should patients and the public be involved in pharmacy practice research? In the UK, there are standards for the involvement of patients and the public in research. The opportunity to participate in, or to be involved in, research should be inclusive to everyone. Kati Turner explained that researchers should 'offer the public opportunities that are accessible and that reach people and groups according to research needs'. Further, 'working together in a way that values all contributions and that builds and sustains mutually respectful and productive relationships' should be seen as building trust between researchers and the public. Kati Turner described that to 'build confidence and skills for public involvement in research, patients and the public should be offered support and learning opportunities', which could include training in research skills. Such learning opportunities and support should be promoted so that potential participants can access them.

Gary Hickey emphasised that to ensure that patients and the public will be able to participate in or be involved in research, the language used in all communications with patients and the public should be plain, and the communications well-timed and relevant. He highlighted that researchers should foster improvement in research in general and identify and share the difference that public involvement has made to their research. In addition to involving the public in all research processes, according to UK standards for the involvement of patients and the public in research, the public should also be involved in research management, regulation, leadership, and decision-making.

At the end, Gary Hickey shared top tips with the audience on public involvement in research, including involving patients as early as possible, accessibility of involvement, resourcing patient and public involvement, training and support for patients, acknowledging the expertise of patients and the public, and clarifying the purpose and responsibilities.

In this keynote lecture, Kati Turner and Gary Hickey demonstrated how the lived experience of patients influences the use of medicines and health services and how, by involving patients in pharmacy practice research, the quality of the research and, ultimately, hospital pharmacy services to patients can be enhanced. Let's involve the experts in improving their care!

***Raisa Laaksonen* - EAHP Scientific Committee Member**



All photos by Mariona Ribó

All photos by Mariona Ribó

EUROPEAN STATEMENTS

The European Statements of Hospital Pharmacy: at the centre of all EAHP activities

Adopted in 2012, the European Statements of Hospital Pharmacy express commonly agreed objectives which every European health system should aim for in the delivery of hospital pharmacy services. The Statements were subject to open Delphi consultation with national hospital pharmacy associations, European patient groups, doctors and nursing organisations. The same organisations then gave their final joint approval to each statement individually by a weighted voting method at a Summit event.

In addition, the Statements were reviewed in 2020 and further comments were added to explain the meaning of some of the Statements. The European Statements represent what EAHP believes is the future of the profession, but not only that, they guide and inspire all EAHP's projects and activities. For instance, the EAHP has developed a self-assessment tool allowing hospital pharmacists to assess the level of Implementation of the Statements within their hospitals (while providing tailored action plans) and the Statement Implementation Learning Collaborative Centers (SILCC) programme that allow hospital pharmacists to visit hospitals from other member countries to receive training in procedures linked with the European Statements.

In the last couple of years EAHP has also adopted and developed other initiatives to help its members adopt and implement the European Statements of Hospital Pharmacy. For instance, EAHP has set up the EAHP Special Interest Groups (SIGs). SIGs are comprised of professionals that focus on specific topics related to pharmaceutical care, medical devices and many other related areas. Members of the SIGs should be hospital pharmacists and other specialty pharmacists, doctors, nurses, patients and pharmaceutical industry leaders for the various subject-matter areas. All SIGs are connected and linked with the European Statements of Hospital Pharmacy.

EAHP and the European Society of Clinical Pharmacy also adopted in 2021 the Oath to Society, that acts as contract for excellence in providing compassionate patient care, working as part of the healthcare team and advancing the pharmacy profession, and showcasing how clinical and hospital pharmacists work every day. The Oath to Society are very much in line with the European Statements and are important to show the importance of hospital and clinical pharmacists within the multidisciplinary teams.

We can't forget that all Congress sessions are linked with specific European Statements with the ultimate goal of providing resources and tools to help with their implementation. Do you want to learn more about the Statements? Please visit the www.statements.eahp.eu.

Gonzalo Marzal Lopez* - *EAHP Project Portfolio Manager

CALL FOR ABSTRACTS

ABSTRACT SUBMISSION OPENS: 1ST AUGUST 2023!

Original contributions from all fields of hospital pharmacy are encouraged and welcomed for poster presentation.

DEADLINE FOR SUBMISSION: 1ST OCTOBER 2023

During the review process, the award nominees will be selected, and the presenting author of the nominated abstracts will be invited to give an oral presentation after which the final judging will take place.

Please be sure to provide an email address which will not be blocked by spam servers so that EAHP may notify you for modifications and nominations. (Abstracts may be submitted through the EAHP website's online submission page.)
IMPORTANT NOTE: The online submission form does not recognise some symbols from certain keyboards. Therefore, please proof your abstract after it has been entered into the system and before your final submission.
Please visit the EAHP website at https://www.eahp.eu/congresses/abstract to view the guidelines and to submit abstracts for the Lisbon Congress 2023.
Abstracts must be entered into the system by section according to the guidelines.

There will be 5 sections: Background – Purpose – Material and methods – Results – Conclusion
All abstracts must be linked to the European Statements on Hospital Pharmacy:

Section 1: Introductory Statements and Governance
Section 2: Selection, Procurement and Distribution
Section 3: Production and Compounding
Section 4: Clinical Pharmacy Services
Section 5: Patient Safety and Quality Assurance
Section 6: Education and Research

28TH EAHP CONGRESS
20-21-22 MARCH 2024
Bordeaux
Sustainable healthcare - Opportunities & strategies

The EAHP Team would like to thank all the exhibitors, Board members, Scientific Committee members, Faculty members, Technical Supports and all participants for joining us in Lisbon, Portugal for the 27th EAHP Congress.

See you all next year for the 28th EAHP Congress in Bordeaux, France

eahp
european association
of hospital pharmacists

congress@eahp.eu
www.eahp.eu
tel: +32 (0) 2/669.25.15

28TH EAHP CONGRESS

20-21-22 MARCH 2024

Bordeaux

Sustainable healthcare - Opportunities & strategies

#EAHP2024

*EAHP thanks the continued support of Corporate Partner **Omnicell***

The European Association of Hospital Pharmacists represents more than 25.000 hospital pharmacists in 35 European countries and is the only association of national organisations representing hospital pharmacists at European and international

The European Association of Hospital Pharmacists (EAHP) is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.