LETTER

Creating the position of surgical pharmacist in China

Chinese hospital pharmacists must face the challenge of the Zero-Markup Drug Policy which has been implemented since 2017 in China. The policy mandates all drugs to be sold in hospitals with no markup on price. Besides pharmacist-managed clinics (PMCs),¹ we found the surgery department may be a good place for pharmacists to play a role, because most surgeons are more interested in surgical procedures than medicinal treatment, and irrational drug usage is more common in the surgery department than in the internal medicine department.

At the end of 2015, Guangdong Province Pharmaceutical Association (GDPA) put forward the concept of 'surgical pharmacist' first in China. The implementation of the Zero-Markup Drug Policy forced GDPA to create the position of surgical pharmacist. In September 2018, GDPA applied to create the position of surgical pharmacist officially. Unlike American Society of Health-System Pharmacists,² GDPA believes that surgical pharmacists should take care of the whole process of drug management during the perioperative period and focus on the perioperative medications, such as anti-infection, anti-thrombosis, analgesia, clinical nutrition, blood glucose, blood pressure and liquid management, the use of glucocorticoids, special drug control, and deprescribing,³ and the management of drugs prone to be used irrationally, such as proton pump inhibitors. In brief, surgical pharmacists should act as the bridge between surgeons and physicians.

However, pharmacists have no authority to prescribe drugs. Pharmacists can obtain the drug-prescription authority by signing the collaborative drug therapy management (CDTM) agreements with physicians

and surgeons.¹ Pharmacists make the agreements with physicians, which are also approved by surgeons. Then the surgeons can delegate the management authority to the pharmacists within the terms of the agreements. Hospital pharmacists play an important role in antimicrobial stewardship in China, and pharmacists who are in charge of the perioperative use of antimicrobial agents can be trained as surgical pharmacists. Furthermore, post-operative patients can also be followed up in PMCs using the CDTM model,¹ freeing up surgeons for other procedures.

Using blood glucose management as an example, the GDPA consensus helped pharmacists reach CDTM agreements with physicians and surgeons, which provides the guideline on drug usage: insulin is the first choice to control perioperative hyperglycaemia and different administration methods of insulin in different situations; pharmacists monitor and control blood glucose according to the CDTM agreements made with the endocrinologists; and the situations that are not covered in the CDTM agreements must be handled by the endocrinologists.⁴ GDPA appealed to pharmacists to take care of perioperative blood glucose and made this a common practice not only in the province but also all over the country by issuing certificates to the qualified pharmacists. GDPA has the slogan "Let surgeons focus on procedures" to promote the practice. Most surgeons were delighted to delegate the management authority to pharmacists, and most endocrinologists were satisfied with the expansion of blood glucose management teams in the hospitals.

Some hospitals, such as Sun Yat-sen Memorial Hospital, Guangdong Provincial People's Hospital, and Second Affiliated Hospital of Guangzhou Medical University, have established the position of surgical pharmacist as reported previously.⁵

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REFERENCES

- 1 Zheng Z, Zeng Y, Wu J. Rise of pharmacist-managed clinics in Guangdong Province, China. *Eur J Hosp Pharm* 2018;**25**:290.
- 2 Bickham P, Golembiewski J, Meyer T, et al. ASHP guidelines on perioperative pharmacy services. *Am J Health Syst Pharm* 2019;**76**:903–20.
- 3 Zheng Z, Huang H, Wang Y, et al. Spread of the idea of 'deprescribing' in China. *Eur J Hosp Pharm* 2019;**26**:241–2.
- 4 Guangdong Province Pharmaceutical Association. Consensus of physicians, surgeons and pharmacists for perioperative blood glucose management. *Pharmacy Today* 2018;**28**:73–83.
- 5 Zhao W, Wu J, Zheng Z. Surgical pharmacists participating in pharmacy practice for orthopedic inpatients. *Pharmacy Today* 2019;**29**:406–9.