Pharmacy education & training in



2012 – version 2



PHARMINE
Pharmacy Education
in Europe

PHARMINE (PHARMacy education IN Europe) is a project funded by the European Commission (LLL programme, Erasmus). Its aims and objectives are to survey the present state of pharmacy education and training in Europe, and on the basis of this survey, formulate recommendations for new competence curricula for pharmacy education and training in the EU. A model for pharmacy education and training for candidate member states and other countries will be proposed. The opportunities for a quality assurance and accreditation scheme for EU pharmacy courses will be investigated.

PHARMINE will take into account two important issues, (i) the EU directive 2005/36/EC on the recognition of professional qualifications and, (ii) the Bologna declaration. PHARMINE will focus both on recommendations for core education and training and for activities such as industrial and hospital pharmacy.

The PHARMINE consortium consists of universities which are members of the European Association of Faculties of Pharmacy (EAFP) and EU partner associations representing community, hospital of industrial pharmacy, together with the European Pharmacy Students' Association and other interested bodies.

In order to reach the objectives of the PHARMINE project, a work-plan was set up and divided into 7 work-packages (WP).

The aims and objectives of PHARMINE WP7 are to:

- 1. Survey European higher education institutions (HEIs)
- 2. Produce a databank of pharmacy education and training courses in Europe leading to core pharmacist qualifications and to qualifications required for industrial and hospital pharmacy
- 3. Survey to what extent the "Bologna" (based on the principles enumerated in the Bologna declaration) and the "Sectoral profession" (based on 2005/36/EC) models for pharmacy education and training are compatible.

PHARMINE WP7 will produce several documents including a WP7 survey by country. **Such surveys are** intended for the use of students and staff interested in mobility and/or contacts with the country in questions as well as educationalists working on pharmacy education and training in Europe.

(see: http://enzu.pharmine.org/media/filebook/files/PHARMINE WP7 survey of European HEIs 0309.pdf

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COLEGIUL FARMACIȘTILOR DIN ROMÂNIA ROMANIAN PHARMACISTS' COLLEGE

Nr/24din data 1 July 2010

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|digitally prescribed|

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Summary.

Pharmacies have a monopoly on the dispensation of the Rx medicines. They can also provide diagnostic services (e.g. measuring blood pressure, glycaemia, calculating the body mass index). In Romania ownership of community pharmacies is not restricted to pharmacists only and many pharmacies are now part of different pharmacy chains.

In order to become registered pharmacists, the students must follow a 5–year (M.Sc. Pharm. "license" in Romanian) degree course with a 6 months' traineeship (in the fifth year) in community or hospital pharmacy.

The so-called "pharmaceutical assistants" are, in fact, "medical assistants" (because the Romanian Law no. 95/2006 regarding The Reform of the Health System, specifies only "medical assistants"). Following a 3 years' study course at a medical faculty (B.Sc. Pharm.), a technological or high school college for health personnel, "medical assistants" dispense medicines and counsel patients under the supervision of a registered pharmacist. They can also work in other drug shops (called "drogherie") where they can dispense OTC medicines, parapharmaceuticals, dietary supplements, herbal and cosmetic preparations. In these drug shops the pharmacy assistant is working without the guidance of a registered pharmacist.

Pharmacy training is organized as a 5 years integrated study programme. The first two years are devoted mainly to chemical, biological, physics and mathematics and generic sciences while in the next 3 years, disciplines such as pharmaceutical technology, medical sciences and law prevail. In the academic year 2009-2010 the number of study hours has been reduced in accordance with the European directives.

The university study period ends with specific subject courses, 6 month training and the final exam. The graduates can specialize further either in Clinical Pharmacy or Clinical Laboratory through the internship program ("rezidentiat"), or with a master in Biostatistics or in Public Health Management and/or with a PhD.

The specialization through the internship program ("rezidentiat") is similar to the physicians' specialization and is followed by another exam of specialist pharmacist and then primary pharmacist ("farmacist primar") through an exam of "primariat". The existing Law 95/2006 of health reform doesn't have specific requests for primary or specialist pharmacists.

The master/PhD specialization is not yet equivalent to that of specialist/primary pharmacist. Certain competency can be achieved through a program of Ministry of Health (e.g. Homeopathy structured in 2 modules for pharmacists and 3 Modules for physicians). In this way a pharmacist can dispense/prepare homeopathic product or work as production responsible in such unit.

Introduction.

Statistics for Romania.

Total population: 21,438,000

Gross national income per capita (PPP international \$): 10,980

Life expectancy at birth m/f (years): 70/77

Healthy life expectancy at birth m/f (years, 2003):63/68

Probability of dying under five (per 1 000 live births): 14

Probability of dying between 15 and 60 years m/f (per 1 000 population): 215/92

Total expenditure on health per capita (Intl \$, 2006): 472

Total expenditure on health as % of GDP (2006): 5,4

Detailed information is available at: World Health Statistics 2009:

http://www.who.int/whosis/whostat/2009/en/index.html

Highlights on health in Romania.

The Romanian health care system has been changed, after 1989, from an integrated model, in which health care providers were directly employed by the Ministry of Health, to a *contract model* in which health care providers in the curative health system are independent and are contracted by the health insurance funds. These contracts are based on the so-called framework contract.

Since 1999, the main actors involved in the health care system are: the Ministry of Health and the district public health directorates, the National and the district health insurance funds, the Romanian and the district colleges of physicians and of pharmacists, the health care providers.

Until 1997, the main source of funding for the centralized health care system in Romania was general revenues, mainly through the state budget. In 1997, the Health Insurance Law transformed the Romanian health care system into an insurance-based system.

Until 1997, tax revenues were the main source of financing of the Romanian health sector. Since 1998, these sources have been replaced to a large extent by contributions to social health insurance. Health expenditure from public sources varied between 2.8% and 3.9% of GDP, or US \$30–60 per capita.

WHO estimates that a person born in Romania in 2002 can expect to live 71 years on average: 75 years if female and 67 years if male? WHO also estimates that Romanians spend on average 12% (8 years) of their lives with illness and disability.

In Romania, post neonatal mortality is higher than neonatal mortality. Romania's maternal rate varied between 1989-1990-1996 and then decreased.

In 2002, the main non-communicable diseases accounted for about 90% of all deaths in Romania (of all deaths, 61% were caused by diseases of the circulatory system and 16% by cancer).

Pharmaceuticals are dispensed to the public through privately-owned community pharmacies in Romania. Over 80% of the community pharmacies are part of different pharmacy chains. Hospital pharmacies only provide pharmaceuticals for hospital use (in-patient care).

See also:

Health care systems in transition: Romania, European Observatory on Health Care Systems, WHO Regional Office for Europe, 2000

http://ec.europa.eu/health/ph_information/dissemination/hsis/hsis_13_nhs_en.htm

Chapter 1. Organization of the activities of pharmacists, professional bodies.

	Y/N, number	Comments.
Community pharmacy	or %	
Community	around 13,600	3,533 pharmacists in Bucharest and 10,067 outside Bucharest.
pharmacists	<i>arouna</i> 15,000	Around 1,600 inhabitants/pharmacist.
Community pharmacies	5,938	3,600 inhabitants/pharmacy
Community pharmacies	5,936	2.3 pharmacists/pharmacy
Competences and roles		Supplying prescription medicines
of community		Managing medicines for some ailments
pharmacists		Giving advice on medicines
priarmacists		Screening, diagnostic services
Ownership of a	No	The community pharmacies are private institutions. Their owners can
pharmacy limited?	110	practice any profession as long as they hire a pharmacist as the manager
Rules governing the	No	Demographic criteria only (until the end of 2012, according to the Law of
distribution of	110	pharmacy 266 / 2008):
pharmacies?		Bucharest – 1 pharmacy per 3000 inhabitants
priarmatics.		• cities that are capital of the district 1 per 3500 inhabitants
		other cities 1 per 4000 inhabitants.
Are drugs and	Yes	Through stores that sell plants or medicines from plants and OTC (<i>Plafar</i>)
healthcare products	163	only. The herbal products are available outside of community pharmacies
available by channels		as well.
other than pharmacies?		In the last years e-pharmacies appeared but their statute is not yet clearly
other than pharmacies:		established by law.
Are persons other than	Yes	Cotabilatica by law.
pharmacists involved in	163	
community practice?		
Their titles and	> 120 000	The title "Pharmacy assistants" is assimilated, by Romanian law, with that
number(s)		of "medical assistants".
		Some medical assistants, like nurses, work under the supervision of a
		physician in a hospital or a clinic. Albeit, they can also work with
		community and hospital pharmacists. In a pharmacy, the so-called
		"medical assistants" help the pharmacist in dispensing and counselling only
		for OTC medicines and plant products.
		·
		The education of medical assistants can be offered in a Faculty of Pharmacy
		or in a Medical School.
		Medical assistants and Pharmacy assistants have completely different
		curricula, but the confusion arises from the lack of "pharmacy assistant"
		profession in official documents.
Their qualifications		
Organisation providing		"Medical assistants for pharmacy" may study for 3 years at a university, or
and validating the E&T		at a post-secondary medical school. For example, the Faculty of Medical
		Assistants and Midwives (Facultatea de Asistenti Medicali si Moase of the
		University of Medicine and Pharmacy Carol Davila Bucharest
		(<u>www.univermed-cdgm.ro</u> , <u>www.umf.ro</u>) offers courses for Medical
		Assistants, Midwives, Pharmacy Assistants, Physiotherapy, Clinical
		Laboratory, Radiology and Imaging and Dental Technicians.
		The admission requires an exam.
		The graduating medical assistants are given a "graduate" diploma.
		Once again, the titles and curricula are heritage from communist period

		and have no correspondence in European laws. On the other hand, it must be remarked that the pharmacy assistants are a necessary and useful link in the pharmacy profession.
		Three-year courses are also offered by the The Carol Davila Post-secondary Medical School (<i>Scoala postliceală Carol Davila</i>) offers courses for graduates from the secondary education with or without a Diploma of Baccalaureate .(http://www.scoalacdavila.ro) Admission is made by interview. The graduates receive also a B.Sc. Pharm. diploma.
Duration of studies	3	3 years at a university, or at a post-secondary medical school.
(years) Subject areas		Assistant pharmacists study the following subjects: General, organic and inorganic chemistry, Analytical chemistry, Pharmaceutical chemistry, Physics, mathematics, Botany, Galenic formulation, Cosmetics, Elements of Human anatomy and physiology, Medical terminology, Pharmacology, Pharmacognosy, Non-pharmacological treatment, Generic drugs, OTC medicines, Phytotherapy, Legislation, law relating to pharmacy, Professional Ethics, Foreign languages
Competences and roles		Supplying OTC medicines and herbal products Part of multidisciplinary patient-care team at hospital pharmacy.
Hospital pharmacy		Tartor management, passent out o country management,
Does such a function exist?	Yes	
Number of hospital pharmacists	Around 692	120 in Bucharest and 572 in the rest of the country. The hospital pharmacies are small with 1-2 pharmacists and 2-3 medical assistants. The number of specialists is insufficient to be able to cope with the demand of the patients hospitalized who are far too numerous. Therefore it will be absolutely necessary for the good development of the patients care to increase the staff. The lack of specialist staff is also due to the small salary.
Number of hospital pharmacies	Around 564	120 in Bucharest and 444 in the rest of the country.
Competences and roles of hospital pharmacists		The pharmacist is permanent active member of the auction commission for pharmaceutical products; The order for medicines is made by the pharmacist; The pharmacist is responsible for checking the medicines ordered as well a of their depositing in the best conditions and preservation; Has to verify drug dispensation in good conditions and time in conformation with medical shifts; The pharmacist is member of the nocosomial infection committee and also reports any infection which appears in the hospital; The pharmacist has responsibility of distributing the drugs under strict legal control; The pharmacist is member of the team which is responsible with the standard operation procedures in the hospital pharmacy There are few medicines being still manufactured by pharmacists in the hospital pharmacy that are designed for internal or external use. Responsibility for clinical pharmacist Emergency Clinical Hospital Bucharest: • establishing and verify therapy in surgery ward; • implementation of the prophylaxis in antibiotics scheme;

		 developing and implementation of the antimicrobial therapy formula maximizing clinical effect; minimizing risk of treatment induced adverse events; minimizing cost of treatment to the insurance house of health; communication with medical staff; Responsibility for clinical pharmacist trainer (Emergency Clinical Hospital Bucharest): bedside teaching; case discussions; task based learning
Pharmaceutical and rela	ted industries	
Number of companies	7	7 Romanian companies remain, the others have been taken over by
with production, R&D		international companies
and distribution		Actavis – <u>www.actavis.com</u>
		Antibiotice – <u>www.antibiotice.ro</u>
		Gedeon-Richter – <u>www.richter.hu</u>
		Ozone Laboratories – <u>www.ozonelaboratories.com</u>
		Sandoz - http://www.sandoz.com/site/en
		Terapia Ranbaxy – <u>www.terapia.ro</u>
		Zentiva – <u>www.zentiva.com</u>
		See also: The Romanian Association of International Medicines Producers (Asociatia Romana a Producatorilor Internationali de Medicamente-
		http://www.arpim.ro)
		The Romanian Association of International Medicines Manufacturers (ARPIM), the professional organization of the major pharmaceutical companies' representatives in Romania. ARPIM is a member of the European Federation of Pharmaceutical Industries and Associations (EFPIA).
Production only	5	<u></u>
Number of companies with distribution only	10	Based on turnover the companies are: Mediplus, Relad Pharma, Fildas, Polisano, Farmexpert, Farmexim, Montero, Europharm Distribution, ADM Farm. Pharma Farm http://www.doingbusiness.ro , Romanian Pharmaceutical Market, march 2008
Number of companies	8 Romanian	The first are Actavis, Antibiotice, Gedeon Richter, Labormed, Ozone,
producing generic drugs only	and other international companies	Sandoz, Terapia Ranbaxy si Zentiva, which produce and sell around 60% of medicines volume in Romania. All are members of the Asociation of Producers of Generic Medicines in Romania.
		http://www.dsclex.ro/legislatie/2006/mai2006/mo2006_434.htm http://www.wall-street.ro/articol/Companii/57705/S-a-infiintat-Asociatia- Producatorilor-de-Medicamente-Generice-din-Romania.html, 21 January2008
Industrial pharmacy		
Industrial pharmacists	Around 100	
Competences and roles		Synthesis and production of new chemical entities and drugs
of industrial		R&D – drugs
pharmacists		R&D – health care products other than drugs
		Preclinical drug evaluation (safety and efficacy)
		Clinical drug evaluation (safety and efficacy) Marketing Distribution

		Medical devices
Other sectors		
Pharmacists working in	Less than	
other sectors	100	
Sectors in which		Armed forces
pharmacists are		Universities
employed		National health services
		Agricultural and veterinary pharmacy
Roles of professional ass	ociations	
Registration of	Yes	At the National College of Pharmacists based in Bucharest.
pharmacists		www.colegfarm.ro
		There are Colleges in each district, including Bucharest. All the branches are active in registration of pharmacists. After graduation, in order to work as a pharmacist, the candidate must obtain the Pharmacists' Membership Certificate from the National Pharmacy College. Further traineeship-practice is not required.
Creation of community pharmacies and control of territorial distribution	Yes	A dossier has to be presented in order to open a new community pharmacy. This contains data about: number from the Trade Register of the new commercial society created, the personal employed (professional qualification, number), work programme, the proof of ownership of space, proof of the demographic criteria. This must be sent to the Ministry of Health, Department of Strategies and Medicine Politics. After verification of legal criteria, inspections are performed, by the Minister of Health and the College of Pharmacists, in order to release the authorisation to function.
Ethical and other aspects of professional conduct	Yes	Romania has a new Code of Ethics for pharmacists approved by the General Assembly of Pharmacists in 15 June 2009 by Decision no 2/2009. (http://www.colegfarm.ro/documente-ale-cfr/deciziile-adunarii-generale-a-cfr/88-decizie-nr-22009-privind-aprobarea-statutului-cfr-i-a-codului-deontologic.html) (in Romanian)
Quality assurance and validation of HEI courses for pharmacists	Yes	The Romanian Agency for Quality Assurance in Higher Education (Agentia Romana de Asigurare a Calitatii in Invatamantul Superior – ARACIS, www.aracis.ro) inspects and validates the courses for pharmacists at the university.

References and we	bsites
National law	Legea nr. 266/2008 - Legea Farmaciei, <i>Law of Pharmacy</i> , Publicată în Monitorul Oficial al României, Partea I, Nr. 765/13.XI.2008; http://www.colegfarm.ro/acte-normative/legi/124-legea-farmaciei-nr-2662008-in-forma-consolidatahtml
	Ordinul Ministrului Sanatatii nr 962/2009 pentru aprobarea Normelor privind infiintarea, organizarea si functionarea farmaciilor si drogheriilor, MOf al Romaniei, Partea I nr 538/3.08.2009, Order from the Minister of Health for approving the establishment, organisation and the operation of pharmacies and drugstores http://www.colegfarm.ro/images/pdf/mo_0538.pdf

	Ordinul Ministrului Sanatatii nr 1402/2009 pentru modificarea Normelor aprobate prin
	Ord.M.S. nr 962/2009, Order from the Minister of Health that modifies the above Order.
	http://www.colegfarm.ro/acte-normative/ordine-si-ordonante/146-ordin-nr-14022009-
	pentru-modificarea-normelor-aprobate-prin-oms-nr-9622009.html
	Legea 95/2006, TITLUL XIV Exercitarea profesiei de farmacist. Organizarea și funcționarea Colegiului Farmaciștilor din România, <i>Title XIV, Exercising the Pharmacist Profession. The Organising and function of Romanian College for Pharmacists,</i> Monitorul Oficial al Romaniei, Partea I nr. 372 din 28/04/2006 http://www.colegfarm.ro/acte-normative/legi/62-lege-nr-952006-din-14042006-privind-reforma-in-domeniul-sntii.html
	Legea nr. 307/2004 privind exercitarea profesiei de asistent medical si a profesiei de moasa, precum si organizarea si functionarea Ordinului Asistentilor Medicali si Moaselor din Romania, Exercising the medical assistant, the midwife and the organization and the function of the Order of Medical Assistances and Midwifes in Romania, Monitorul Oficial, Partea I nr. 578 din 30/06/2004 http://www.oamr.ro/legislatie/nationala/LEGEA NR 307.pdf
	ARPIM Code of ethics in the promotion of medicines adopted by ARPIM (Edition 2010)* http://www.arpim.ro/files/Cod etic ARPIM EN.pdf
	The Code of the Pharmacist adopted and the Statute of the Pharmacist's College http://www.colegfarm.ro/documente-ale-cfr/documente-ale-cfr/65-codul-deontologic-alfarmacistului.htm
EU)	EC Directive 2005/36/EC
	http://ec.europa.eu/internal market/qualifications/future en.htm

Chapter 2. Pharmacy HEIs, students and courses

	Y/N, number or	If you wish to expand your answer, please add your comments below.
HEIs in Romania	%	West University <i>Vasile Goldis</i> Arad,
		http://www.uvvg.ro/site/,
		http://www.4icu.org/reviews/12323.htm
		2. University of Medicine and Pharmacy Carol Davila, Bucharest,
		http://www.ceebd.co.uk/ceeed/un/rom/ro003.htm;
		www.univermed-cdgm.ro
		3. University of Medicine and Pharmacy Cluj Napoca,
		http://www.ceebd.co.uk/ceeed/un/rom/ro020.htm;
		http://www.umfcluj.ro/ in English: http://www.umfcluj.ro/en
		4. Ovidius University, Constanta,
		http://www.euroeducation.net/euro/ro025.htm;
		http://www.univ-ovidius.ro/University of Medicine and Pharmacy Craiova,
		http://www.umfcv.ro/en/index.html
		6. University of Medicine and Pharmacy lassy,
		http://www.umfiasi.ro/umf/ie2/navigation.jsp?node=2784
		7. Oradea University: http://www.uoradea.ro/
		8. University of Medicine and Pharmacy Targu Mures,
		http://www.euroeducation.net/euro/ro048.htm;
		http://www.umftgm.ro/
		9. University of Medicine and Pharmacy Timisoara,
		http://www.umft.ro/en/r_index.html
		10. University Lower Danube, Faculty of Medicine and Pharmacy,
		Galati
		http://www.ugal.ro/
Public	9	W
Private	1	West University Vasile Goldis Arad,
Organisation of HEIs		http://www.uvvg.ro/site/, http://www.4icu.org/reviews/12323.htm
Independent faculty	Yes, 8 faculties	University of Medicine and Pharmacy Carol Davila, Bucharest
macpenaent racuity	are part of the	•
	"Medicine &	
	Pharmacy"	4. University of Medicine and Pharmacy Craiova
	Universities	5. University of Medicine and Pharmacy lassy
		6. University Oradea,
		7. University of Medicine and Pharmacy Targu Mures
		8. University of Medicine and Pharmacy Timisoara
Attached to a medical	2	Faculty of Medicine, Dentistry and Pharmacy, at the "University Vasile
faculty		Goldis" Arad
		Faculty of Medicine and Pharmacy, Galati
Do HEIs offer B + M degrees?	No	All pharmacy schools have a 5 year integrated systems.
250.000		There is no split between the first years (1-3) and the years 4-5 and there is no "paper" that gives the right to work after completing the first three years.

Romania			
Teaching staff			
Number of teaching staff (nationals)	Around 100 at each HEI = 1000 in all.	There is no national data on the number of teaching staff in pharmacy	
Professionals from outside the HEIs, involved in E&T	Around 3%	The professionals from outside the HEI's involved in E&T are community pharmacists in charge of the traineeship period, researchers from hospitals or research units.	
Students			
Number of places at	Around 150 –	Around 150-200 students for smaller schools and 250 for Bucharest and	
entry Number of applicants	250 per HEI	Cluj.	
Number of applicants for entry	300-400 per HEI	Around 2 applicants per place.	
Graduates that become registered pharmacists.	150 - 270	At the Faculty of Pharmacy In Bucharest there were 270 graduates in 2011	
International students (EU)	2%	Students from Bulgaria, Germany, Greece	
International students (non EU)	20%	Students from: Albania, Jordan, Iraq, Iran, Israel, Lebanon, Macedonia, Moldavia, Mongolia, Morocco, Nigeria, Palestine, Syria, Tunisia.	
		The same conditions for entry apply as well as a test of English. We provide pharmacy courses in English.	
Entry requirements (begin	inning of S1 of B1,	following secondary school)	
Specific pharmacy- related, entrance examination	Yes	Botany or Anatomy and Organic Chemistry – these subjects are examined during specific exams to enter pharmacy studies	
Other form of entry	Yes	Graduates who already have a degree from other faculties (Medicine,	
requirement at a		Chemistry, Biology) and want a pharmacy degree also, can start from	
national level		an advanced entry, 2 nd or the 3 rd year.	
Is there a national	No		
numerus clausus?			
Advanced entry		Mana	
At which level?		None	
Fees per year			
For home students	6000 RON	Half of places are paid by government and the other half by the students.	
For EU MS students	6000 RON		
For non EU students	5000€		
Length of course	5 years		
Bucharest			
Teaching staff			
Number of teaching staff (nationals)	123	The staff is made of assistant professors, associate professors, professors with full position.	
Professionals from	2-3%	The professionals from outside our HEI's involved in E&T are	
outside the HEIs,		community pharmacists in charge of the traineeship period,	
involved in E&T		researchers from hospitals or research units.	
Students			
Number of places at entry	250	http://www.univermed-cdgm.ro/?pid=1693, in 2009	

Number of applicants	400	
for entry	270	As all graduates became registered about sciets this record that the
Graduates that become	270	As all graduates become registered pharmacists this means that the
registered pharmacists.		Romanian government authorities accept the pharmacy degree as
		being sufficient proof of competence and do not have any further
		requirements such as a pre-registration of practice followed by an
No contract of interception of	7	examination set by the pharmacy council, for example.
Number of international students (EU)	7	Students from Bulgaria, Germany, Greece
Number of international	68	Students from: Albania, Jordan, Iraq, Iran, Israel, Lebanon, Macedonia,
students (non EU)		Moldavia, Mongolia, Morocco, Nigeria, Palestine, Siria, Tunisia
Specialization		
Does your HEI provide	Yes	In order to work in industry or hospital as an executive it is sufficient to
specialized courses?		be a graduate of the integrated Bachelor + Master 5 years program.
		One can become a "Qualified Person" after two years' activity in
		certified (GMP, GCP, GLP) industrial units in the field of qualitative
		analysis of the medicines, quality control of active substances or any
		other tests and checking necessary to insure the quality of medicines .
		The certification is validated by the National Medicines Agency after
		examination of the activity of the candidate.
		It is not mandatory to be a pharmacist in order to become a Qualified
		Person. Specific conditions are mentioned in the Law 95/2006 Title XVII
		Art. 758.
		In order to obtain a leading position in a hospital pharmacy it is
		necessary to become a "specialist" following a two years' education in
		the framework of "rezidentiate" in a faculty of pharmacy and an exam.
		In order to be promoted the pharmacist may or not be specialist in
		clinical pharmacy.
		Very few hospitals have pharmacists specialized in clinical pharmacy.
		Most of them are specialists in community pharmacy.
In which years?	Postgraduate	
In which specialisation		Specialisation in Pharmaceutical Laboratory , Clinical Pharmacy
(industry, hospital)?		The disciplines studied in Pharmaceutical Laboratory specialisation are:
		Methodology of the scientific research
		2. Elements of mathematics and biostatistics in laboratory analysis
		3. Legislation and Management in pharmaceutical laboratory
		4. Biochemistry
		5. Evaluation of therapeutic effects, analysis and control of the vegetal
		products
		6. Experimental pharmacology
		7. Elements of informatics in pharmaceutical laboratory
		8. Food hygiene
		9. Toxicology
		The disciplines of Clinical Pharmacy are:
		Clinical Pharmacy in hospital and community pharmacy
		2. Clinical Laboratory
		3. Pharmacotherapy and Pharmacoepidemiology;
		4. Pathology
		5. Medical Biochemistry
		6. Drug Toxicology
		7. Clinical Research Methodology
		8. Biostatistics and Mathematics applied

		 Clinical Trials. Bioethics aspects Biopharmacy and Pharmacokinetics Legislation, Management and Marketing Pharmaco-economics
		13.Communication
		14. Clinical Pharmacy training
What are the student	20 in clinical	
numbers in each	pharmacy, 10 in	
specialization?	pharmaceutical	
	laboratory	
Past and present changes	s in E&T	
Major changes since	No	
1999 at your HEI?		
Major changes	No	
envisaged before 2019.		
Is your HEI typical of all	Yes	
HEIs in Romania?		

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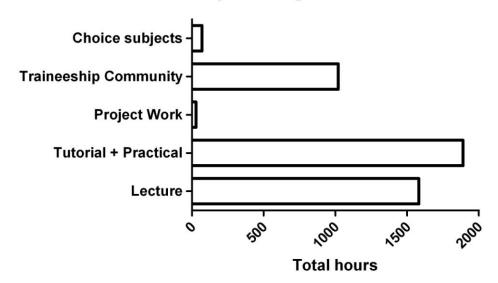
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EC Directive 2005/36/EC
http://ec.europa.eu/internal_market/qualifications/future_en.htm

Chapter 3. Teaching and learning methods

Method	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL
HEIs courses	HEIs courses					
Lecture	308	322	378	378	196	1582
Tutorial +	462	406	364	420	238	1890
Practical						
Project work	-	-	-	-	28	28
Traineeship	Traineeship					
Community	60	60	60	60	780	1020
Subtotal:	830	788	802	858	1242	4520
Electives	<u>Electives</u>					
Choice	14	14	14	14	14	70
Total:	844	802	816	872	1256	4590

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EU	EC Directive 2005/36/EC http://ec.europa.eu/internal_market/qualifications/future_en.htm

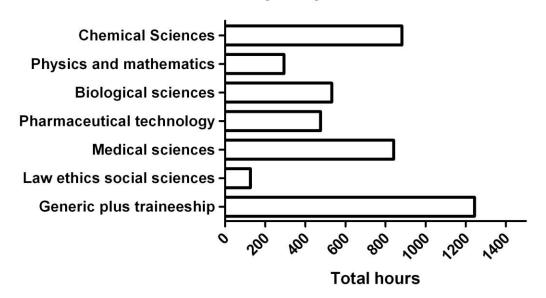
Hours by learning methods



Chapter 4. Subject areas

Subject area	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL
CHEMSCI	238	238	238	168	-	882
PHYSMATH	238	-	-	56	-	294
BIOLSCI	154	14	336	14	14	532
PHARMTECH	28	14	84	140	210	476
MEDISCI	-	182	98	392	168	840
LAWSOC	14	14	-	42	56	126
GENERIC +	172	172	60	60	780	1244
TRAINEESHIP						
TOTAL	844	634	816	872	1228	4394

Hours by subject area



References and website	S
National law	Hotărârea Guvernului Romaniei nr. 1257/2005 din 18/10/2005 privind aprobarea Regulamentului de organizare si functionare al Agentiei Române de Asigurare a Calitătii în Învătământul Superior (ARACIS), Publicat in Monitorul Oficial, Partea I nr. 966 din 01/11/2005, Romanian Government resolution regarding the approval of the Rules for Organising and Function of Romanian Agency for Quality Assurance http://www.aracis.ro/uploads/media/HG nr 1257.pdf Lege nr. 288 din 24 iunie 2004 privind organizarea studiilor universitare Publicat în Monitorul Oficial, Partea I nr. 614 din 7 iulie 2004, Law regarding the organization of university studies http://www.univermed-cdgm.ro/dwl/04 Legea privind organizarea studiilor universitare.pdf
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EU	EC Directive 2005/36/EC http://ec.europa.eu/internal_market/qualifications/future_en.htm

Chapter 5. Impact of the Bologna principles

Bologna principle	Is the principle applied? Y/N or partially	How is it applie Does your HEI h Other commen	I have multilateral recognition and agreements?	
1. Comparable degrees / Diploma Supplement	Yes	Diploma Supple English)	ment is according to European directives (it is in Romanian and	
2. Two mair cycles (B and M) with entry and exit at E	1 <u>/</u>	We have a 5-ye years.	ear integrated course with no possibility of graduation after 3	
3. ECTS system or credits / links to LLL		Theoretically, this system was accepted and formally adopted in 1998. CPD is compulsory. Renewal of a licence to practice depends on proof of assiduity at CPD courses (organised by faculties of pharmacy and/or the College of Pharmacists) or participating in scientific conferences and subscribing to pharmaceutical magazines. Each pharmacist must gather 40 "Credit Points" of Pharmaceutical Education every year. After presenting the proof (diplomas, subscriptions) to the College the licence to practice is renewed. There is no link between pre-and post-graduate systems of credit points.		
4. Obstacles to mobility	Yes	Only incoming s	parriers and finance. Students receive language tuition. Outgoing ones can apply but ceive. We do not have supplementary travel scholarships	
5. European QA	No	Not yet, but in the near future. Pharmacy courses and traineeship are validated by the Ministry of Education and the Romanian Agency for Quality Assurance in Higher Education (ARACIS http://www.aracis.ro/).		
6. European dimension	Yes	Our staff is involved in European Projects: - Cooperation in Science and Technology (COST) - Joint Research Center (JRC) Ispra The EU collaboration in the field of education is rather absent.		
ERASMUS staff exchange to your HEI from elsewhere		our HEI from	0	
ERASMUS staff exchange from your HEI to other HEIs		ur HEI to other	0	
ERASMUS student exchange to your HEI from elsewhere		your HEI from	0	
ERASMUS student exchange from your HEI to other HEIs			Number of student months: 3-6 2 students in 2008 3 students in 2009, all to Italy	

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cdgm.ro/dwl/08_HG_1257_2005_Regulament_organizare_functionare_ARACIS.pdf<u>Hotarare</u> nr. 1175/2006 privind organizarea studiilor universitare de licenta si aprobarea listei domeniilor si specializarilor din cadrul acestora

Nomenclatorul domeniilor de studii universitare de licenta si al specializarilor din cadrul acestora, al specializarilor reglementate sectorial si/sau general, precum si numarul de credite de studiu transferabile, Bucureşti, Nr. 67628 iunie 2007, Classification of the licence academic studies and the specializations that are regulated as well as the number of credits of transfer and accumulation

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Publicata in M.Of. Partea I nr 540/2005, Romanian Government Decision regarding the organization and the ongoing of the doctoral studies

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<u>Decizia consiliului din 16 septembrie 1985 privind constituirea unui Comitet consultativ pentru formare profesionala in domeniul farmaciei (85/434/CEE)</u>, L253/43, JO EC 01/vol 1, p. 53, European Council Decision regarding the formation of an advisory Commitee for professional formation in pharmacy

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agreement by cooperation with third countries

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Chapter 6. Impact of EC directive 2005/36/EC

The directive states	How does / will this directive	If you wish to expand your answer, please
	statement affect pharmacy E&T?	add your comments below. Do you consider the directive statement valid? If not how would you change it?
"Evidence of formal qualifications as a pharmacist shall attest to training of at least <u>five years' duration,"</u>	Duration 5 years	
" form was of full times	Vac applied ad literary /4.5 years of	Duefessous from the phonocontical
" <u>four years of full-time</u> theoretical and practical	Yes, applied ad literam (4.5 years of full time theoretical and practical	Professors from the pharmaceutical technology department validate the
training at a university or	training and 6 months of traineeship	traineeship through an oral / written
at a higher institute of a	in hospital or community pharmacy)	examination in which the student must
level recognised as		solve a problem in pharmaceutical
equivalent, or under the		technology (e.g. a pharmaceutical
supervision of a		preparation). At the end of this period, the
university;"		student must also present a notebook with
		his/her activity in the practice period and
		be able to answer questions regarding
		pharmaceutical practice.
" <u>six-month traineeship in</u>	yes	Industrial traineeship is allowed in lieu of
a pharmacy which is open		community or hospital traineeship, but for
to the public or in a hospital, under the		only 1 of the 6 compulsory months.
supervision of that		
hospital's pharmaceutical		
department."		
"The balance between	Yes	
theoretical and practical		
training shall, in respect of		
each subject, give sufficient		
importance to theory to		
maintain the university		
character of the training."	Handara / will shire it with	If
Directive annex	How does / will this directive annex affect pharmacy E&T?	If you wish to expand your answer, please add your comments below. Do you
	arrect priarrilacy Ext:	consider the directive annex valid? If not how would you change it?
V.6. PHARMACIST	2005 curricula is in fact "old" and	We would change the annex by changing
5.6.1. Course of training for	represents an obstacle in updating	the importance of certain subjects:
pharmacists	pharmaceutical education to general	
Plant and animal biology /	frame	Greater importance: Biopharmacy, I.T.,
Physics / General and		Bioanalytics, Medicinal chemistry, Physio-
inorganic chemistry / Organic chemistry / Analytical		pathology, Bioanorganic chemistry
chemistry / Analytical chemistry / Pharmaceutical		
chemistry, including analysis		Less importance: Inorganic chemistry,
of medicinal products /		Anatomy

General and Biopharmacy – release of drugs from applied (medical) biochemistry pharmaceutical formulations, bioavailability and physiology; Anatomy and pharmacokinetics. medical terminology Bioanalytics – assay of drugs in biological Microbiology / Pharmacology fluids pharmacotherapy Bioanorganic- complexes of ionic metals Pharmaceutical technology / with enzymes and proteins. Toxicology / Pharmacognosy / Legislation and, where appropriate, professional ethics.

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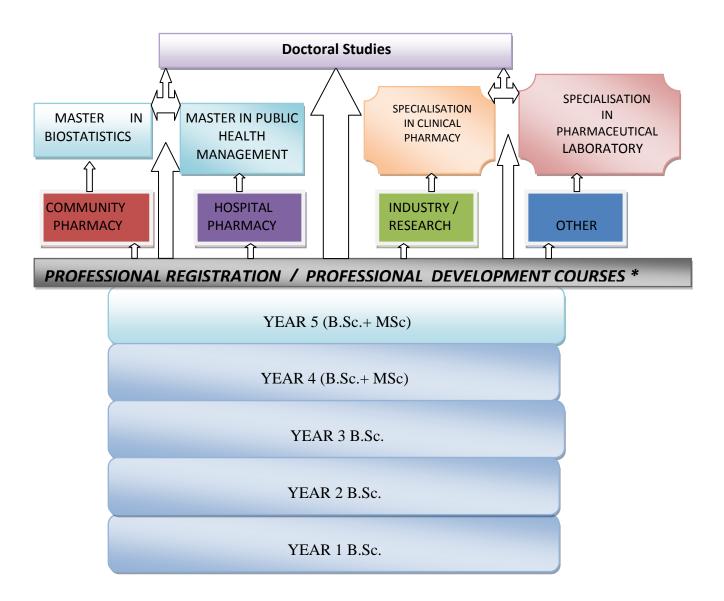
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http://eur-lex.europa.eu/ro/legis/20080601/chap1630.htm

The Romanian system of pharmacy education and training



1. *The professional development courses offered by the Faculty of Pharmacy in Bucharest are the following: Asigurarea calitatii preparatelor farmaceutice sterile.

Quality assurance for pharmaceutical sterile products

2. Proiectarea si formularea comprimatelor "perorale".

Design and formulation of "peroral" tablets

3. Tehnologii moderne de granulare farmaceutica.

Modern granulation pharmaceutical technologies

4. Aplicatiile farmaceutice ale emulsiilor si suspensiilor.

Therapeutical application of emulsions and suspensions

Design-ul, tehnologii de obtinere si aplicatiile sistemelor terapeutice transdermice.

Design and technologies for obtaining and application of terapeutical transdermic systems

6. Rolul farmacistului in comunicare si complianta.

Pharmacists's role in communication and compliance

7. Acoperirea comprimatelor si peletelor.

Coating of the tablets

8. Homeopatie.

Homeopathy

9. Preparate farmaceutice de inhalat si presurizate.

Presurised pharmaceutical products for inhalation

10. Caracteristici tehnico-administrative ale medicamentului.

Technical – administrative characteristics of medicine

11. Strategii de imbunatatire a eliberarii dermice a substantelor medicamentoase.

Strategies for improving the dermal release of active substances

Aspecte de formulare a preparatelor administrate in medicatia geriatrica.

Formulation aspects of products administered in geriatric population

12. Aspecte de formulare a preparatelor administrate in medicatia pediatrica.

Aspects regarding formulation of products administered in pediatric therapy

13. Tehnici de promovare in industria farmaceutica.

Techniques for promotion in the pharmaceutical industry

14. Capsule gelatinoase-formulare si tehnologii de obtinere.

Softgel – formulation and obtaining technologies

15. Sisteme orale de eliberare a substantelor medicamentoase.

Oral system for releasing medical substances

16. Sisteme de eliberare oculara a substantelor medicamentoase.

Systems for ocular application

17. Forme farmaceutice cu administrare intravaginala.

Pharmaceutical formulations for vaginal administration

18.Metode moderne in controlul calitatii medicamentelor.

Modern methods in quality control of medicines

19. Controlul calitatii preparatelor de origine vegetala.

Quality control for formulations of vegetal origin

20.Controlul calitatii formelor farmaceutice.

Quality control of pharmaceutical formulations

21. Controlul calitatii preparatelor de uz stomatologic.

Quality control for dental products

22. Calitatea medicamentului.

Quality of drugs

23. Aspecte noi privind analizele de laborator clinic. Notiuni de nutritie si dietoterapie.

New aspects regarding clinical lab analysis. Notions of nutrition and dietotherapy

24.Administratie sanitara-Management si Marketing farmaceutic.

Health administration – Pharmaceutical management and marketing

25. Politica nationala a medicamentului. Legislatie nationala, legislatie europeana.

National medicine policy. National and European legislation

26. Economie farmaceutica-- Management si Marketing in domeniul farmaceutic.

Pharmaceutical economy - Pharmaceutical management and marketing

27. Etica si deontologie farmaceutica in context european.

Ethics and deontology in European context.

28. Consultatia minimala in farmacia de comunitate.

Minimal consultation in community pharmacy

29. Atestat de Farmacologie Experimentala. – atestat de studii complementare

Experimental Farmacology – complementary studies

30. Metaloporfirine in terapia fotodinamica a cancerului.

Metaporphirines in the fotodynamic cancer therapy

31. Mecanisme biochimice implicate in actiunea medicamentelor.

Biochemical mechanisms involved in the drugs action

33. Medicamente biologice in practica farmaceutica.

Biological medicines in pharmaceutical practice

34.Interferonii si interleukinele.

Interpherons and interleukines

35. Medicamente obtinute prin inginerie genetica.

Medicines obtained by genetic engeneering

36.Toxicologia medicamentelor.

Toxicology for medicines

37. Metode rapide pentru diagnosticarea intoxicatiilor acute medicamentoase.

Rapid methods for diagnosis of acute intoxications

38. Toxicologia impuritatilor aerului. Ecotoxicologie.

Toxicology of impurities in the air. Ecotoxicology

39. Controlul toxicologic al alimentelor.

Food toxicology control

40. Metode screening pentru detectarea in materiale biologice si corpuri delicte a substantelor care induc dependenta (medicamente, stupefiante, halucinogene).

Screening methods for detecting substances that induce addiction in biological materials and material evidence

41. Evaluari comparative ale actiunii stupefiantelor si halucinogenelor.

Comparative evaluation of the drugs and hallucinogetic action

42. Metode de separare electroforetice. Aplicatii in controlul medicamentului.

Electroforetic methods of separation. Applications in medicines control

43. Metode spectrofotometrice in vizibil si UV aplicate la controlul calitatii formelor

farmaceutice.

Spectrophotometric methods in visible and UV applied to quality control of pharmaceutical formulations

44. Asigurarea calitatii in laboratorul de control fizico-chimic al medicamentului.

Quality assurance in the phisico-chemical medicine control laboratory

45. Spectrometria de absorbtie si emisie atomica- metoda de investigare a puritatii substantelor si formelor farmaceutice.

Atomic absorption and emission spectrometry – method for investigating the purity of the substances and pharmaceutical formulations

46. Stabilitatea formelor farmaceutice – parametru de apreciere a calitatii medicamentelor.

Stability of pharmaceutical formulations - parameter for evaluating the quality of the medicines

47. Cromatografia de lichide de inalta performanta - metoda de electie in determinarea puritatii si dozarea substantelor farmaceutice.

HPLC – election method in determining purity and dosage of pharmaceutical substances

48. Validarea metodelor analitice.

Validation of analytical methods

49.Biofarmacia preparatelor orale.

Biopharmacy of oral formulation

50. Biofarmacia preparatelor dermice.

Biopharmacy of dermic formulations

51.Biofarmacia preparatelor oftalmice.

Biopharmacy of eye formulations

52. Medicamente anxiolitice.

Anxiolytic drugs

53. Medicamente antipsihotice.

Antipsychotic drugs

54. Medicamente hipnotice-sedative.

Sedative-hypnotics drugs

55. Medicamente antihipertensive.

Medicines for high blood presure

56. Medicamente de uz veterinar.

Veterinary medicines

57. Substante psihotrope de natura vegetala si animala.

Psychotropic substances vegetal and animal

58. Ciuperci terapeutice.

Therapeutic mushrooms

59. Actualitati privind analiza si controlul preparatelor farmaceutice de natura vegetala.

News regarding the analysis and control of pharmaceutical formulations

60. Fitoterapia afectiunilor gastro-intestinale.

Phytotherapy of gastro-intestinal diseases

61. Modalitati de standardizare a productiei de medicamente.

Ways of standardization medicine production

62. Combaterea alcoolismului.

Alchoolism treatment

63. Analiza compusilor organici prin metode cromatografice si spectrale.

Analysis of organic compounds using chromatography and spectral methods

64. Bazele teoretice ale chimiei bioorganice.

Theoretical basis of bio- organic chemistry

65. Noi aspecte privind rezistenta microbiana. Mecanisme de rezistenta, dificultati in testarea

rezistentei bacteriene, implicatii clinico - epidemiologice. Masuri de prevenire si control a

transmiterii bacteriilor cu inalta rezistenta la antibiotice.

New aspects regarding microbial resistance. Mechanisms, difficulties in testing clinical-epidemiological implications. Measures of prevention and control of transmission of bacterias with high resistance to antibiotics

66. Bioterorismul si armele biologice. Managementul crizei biologice, profilaxie, scheme moderne de tratament.

Bioterrorism and biological weapons. Biological crisis management, modern treatment schemes

67. Laboratoarele de microbiologie securizate; laboratoarele de nivel 1, 2, 3, 4; biobazele 1, 2,

3, 4; norme de protectie a muncii in laborator. Bioprotectie, biosiguranta, biosecuritate.

Safety microbiology labs: level 1,2,3,4 labs bio-bases 1,2,3,4, regulations for work protection in the lab. Bio-protection, bio-safety, bio-security

68. Actualitati in micologia medicala. Diagnosticul de laborator al candidozelor; cand si cum

testam sensibilitatea Candidei spp? Cum interpreteaza clinicianul rezultatul eliberat de

News in medical mycology. Diagnostic of candidiasis in the lab; when and how we test sensibility for Candida spp. ? How does the clinician interpret the result from the laboratory?



PHARMINE **Pharmacy Education** in Europe













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