

ISOPP AIS Survey - Sept, 2026

Country	How do you currently use AIS in your oncology pharmacy practice?	What should ISOPP be doing to help its members prepare for wider AIS adoption, especially with regards to cancer patient management?	How do you think AIS will affect your practice in the future?	What challenges are you experiencing with AIS?
Australia	For medicines (drug) information queries, I will use AIS (CoPilot, this is what our hospital allows us to use) as a 'last resort' to double check if I've missed anything in a literature search/reference review (e.g. article, guideline). I also use it to check calculations that I'm rusty on (e.g. osmolarity).	Be very, very wary of taking AIS answers at face value (although it can be tempting when you are busy or stressed). It hallucinates a LOT, making up fake citations and saying that an article has particular information - but when you check it, it doesn't.	More and more colleagues and patients are using it - but I think the major role of pharmacists is debunking the myths and the hallucinations of AIS. It's not Dr Google anymore, it's Dr ChatGPT. I think we will need to teach evidence based medicine and how to find medical information again for this era.	It hallucinates a lot, which is really annoying! You spend time trying to track down references that don't exist and reading papers that don't say what AIS told you it did. Sometimes the answer changes depending on what version (paid/free) you're using. I'm also spending more time trying to verify that something my colleague found using AIS is true (e.g. colleague used CoPilot for drug interactions, found an interaction and noted it - second pharmacist then saw the patient on another day and couldn't find information on the interaction, so asked for my help).
Canada	I use our institutional subscription of MS365 Copilot chat tool and notebook daily. The chat tool for basic drafting and summarizing, and discourse on my problem analysis or a new topic. I would create a notebook if I want more grounded sources of information for my drafting/summary/discourse. I also use Copilot embedded in my MS Outlook to search and summarize email discussions. I have created notebooks with the Canada's Drug Agency funding algorithms and reimbursement recommendations so I can query these grounded sources efficiently instead of looking up individual documents.	Teach the members the underlying principles of generative AI and how they differ from machine learning, and how to use generative AI for low stake basic administrative work, and for exploratory analytical discourse by tapping in the vast amount of subjects available.	Significantly increase my efficiency by doing most of the busywork of drafting, revising, summarizing, searching, while allowing a wide scope of discourse during my analysis of problems to improve the quality of my analysis	Misaligned Prompting Frameworks Standard industry prompting models (Role-Task-Context) are useful for rigid boilerplate and deterministic text generation, but not to support open-ended, Socratic questioning, hypothesis stress-testing, or non-linear problem-solving. Cognitive Divide and Organizational Resistance Using GenAI for iterative analysis is difficult to get buy-in because most staff and leadership often operate in "procedural solution-hunting" mode, and they assume GenAI as an authoritative "search engine with hidden answers," instead of a probabilistic tool requiring strict human-in-the-loop validation, expert auditing, and high-level clinical judgment. Once they don't get a perfect answer from GenAI, they stop using it for anything.
Ghana	I am just discovering that some AIs like Elicit can help get information on related oncology topics and management.	Specific AI tools related to oncology and management are readily available for reference.	Enhance practice and bridge the knowledge gap.	Getting the specific AI to address my concerns.
India	I use AIS to support literature searches, summarize clinical evidence, assist with drug information retrieval, treatment guidelines review, draft educational materials, and improve documentation.	ISOPP should provide standardized training on the safe and ethical use of AIS, develop best-practice guidelines, offer practical workshops and case-based learning, address data privacy and regulatory issues, and promote research on the effectiveness and safety of AIS in oncology pharmacy practice	Improving efficacy by reducing workload, enhancing access to current evidence, supporting medication safety, and assisting with personalized patient care. However, it should complement not replace the clinical expertise and judgment of oncology pharmacists.	Key challenges include concerns about the accuracy and reliability of AI-generated information, data privacy and confidentiality, integration with existing healthcare systems, lack of formal training, potential bias in AI outputs, and the need to verify all recommendations before applying them in clinical practice.

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Pakistan	currently have limited direct use of AIS in oncology pharmacy practice, but I use AI tools mainly for information searching, learning, literature review, and improving clinical knowledge.	ISOPP should provide practical training, webinars, guidelines, and case-based learning on the safe and ethical use of AIS in oncology pharmacy.	AIS will help improve clinical decision-making, patient safety, medication management, and personalized cancer care while allowing pharmacists to focus more on patient-centered care.	The main challenges are limited training especially in Pakistan , concerns about data privacy and accuracy, lack of access to reliable AI tools, and the need for proper integration into clinical practice.
Pakistan	AIS can be effectively used for the medication safety and medicine verification. And being a pharmacist, AIS can also be used for the prediction of utilization trends of expensive drugs, mitigating drug shortages and minimizing the waste of short stability drugs, the assurance of correct drug, diluent and volume can be selected during hazardous compounding.	Develop Universal practice standards regarding AI, like supervising AI tools in different chemotherapy dosing, clinical trials management and also developing a check on the practitioners on the use of AI. Also, Ai based educational development is necessary for the better usage of AIS in the field, like oncology specific prompt engineering and tool usage.	AIS will help assisting me in multiple tasks, like BSA calculations, basic lab thresholds and protocols. In labs, it'll be convenient in making the diagnostic data points to suggest tailored target therapies. Also, instead of reacting to an adverse drug event after it happens, predictive machine learning models analyze patient lab trends, and remote monitoring data to alert pharmacists to rising risks.	Challenges like Basic infrastructure, Education like accurate prompt engineering trainings, clinical trust transparency and regulatory uncertainty of drugs are the main problems.
Pakistan	I find it very helpful, regarding reviewing, and understanding the appropriate drug mechanism in response to the specific pathological condition	Making easy tutorial videos to encourage members about use and application of AIS in dispensing drug , dose ,route depending on the patient condition. Furthermore, it should also tell the stage and progress of tumor/cancer cells with and without the response of drug.	It will make our job super easy, interesting and meaningful and we'll be able to manage the condition at more advance level.	Total dependency Not memorising things like the previous people did Patients themselves are taking treatment with the help of AIS and not valuing pharmacists etc
Pakistan	Dose checking	Practical training	Fast verification	None
Pakistan	I use AI services to summarize clinical guidelines and research articles, compare treatment recommendations, support drug information searches, prepare educational materials and presentations, and improve professional writing. AI is used as a supportive tool, while all clinical decisions are verified using evidence-based guidelines and institutional resources.	ISOPP should develop practical guidance on the safe and ethical use of AI in oncology pharmacy, provide training webinars and case-based workshops, publish best practice recommendations, and educate members on validating AI-generated information. Resources focused on chemotherapy verification, supportive care, pharmacogenomics, medication safety, and clinical decision support would be particularly valuable.	AI is likely to improve efficiency by reducing time spent on literature review, documentation, patient education, and administrative tasks. It may enhance clinical decision support and personalized cancer care, but it should complement, not replace, the clinical judgment and expertise of oncology pharmacists.	The main challenges include ensuring the accuracy and reliability of AI-generated information, protecting patient privacy, limited integration with hospital systems, lack of clear regulatory guidance, and the need for training on the appropriate use of AI in clinical practice. Continuous human oversight remains essential.
Tanzania	I haven't started applying it in my daily practice in Oncology Pharmacy but i use it in research	Setting up relevant initiatives and capacity-building programs for pharmacists in Oncology Pharmacy to equip them with AI skills that improve patient care	Make it better	A lack of adequate skills hinders the adoption and effective use of AI.