

The Karnaka State Pharmacy Council Project

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The drug information center by the Karnataka State Pharmacy Council was started in August 1997 to serve the hospitals of Karnataka by providing unbiased drug information to healthcare professionals. The center is also involved in training the hospital and community pharmacists of the state. The center had conducted many CE programs for hospital pharmacists in government and private hospitals and for community pharmacists of the state¹³. This project is to train hospital pharmacists in the latest disease management and counseling aspects in coordination with a private hospital.

A training book, to be used by the hospital pharmacists of the state, is being prepared. During the project the usefulness of the book to the pharmacists will also be assessed.

Method: For part of the CE program the center coordinated with a private corporate hospital in Bangalore. The hospital has a 500-bed capacity with cardiac specialty. It is a secondary care general hospital, which treats the patient on payment. At the time of the training, 33 pharmacists worked in the pharmacy, 60% diploma pharmacists and 40% graduate pharmacists. The main activities of the pharmacists were dispensing and store-management.

The training program was conducted for all pharmacists and dealt with various topics like tuberculosis, asthma, general counseling, clinical pharmacy, drug information, diabetes, aids, drug interactions and adverse drug reactions. The program was administered for 3 months during Feb 2001 to April 2001 in two batches.

Before and after the program, a pretested 25-point questionnaire was administered to the pharmacists on the topics covered in the program. Thus the effectiveness of the program and knowledge improvement of the diploma and graduate pharmacists was assessed.

At the end of the program a book was prepared and released during the golden jubilee celebrations of the Pharmacy Council of India on 19th Aug 2000 by Karnataka State Pharmacy Council. In the book the reader can find dispensing instructions on 500 drugs commonly used in India. The book was also given to all the pharmacists on the course and who came to take their registration with Karnataka State Pharmacy Council to practice pharmacy in the

state. The feed back form of the book was collected and evaluated from the trained pharmacist of this hospital and other pharmacists of the state.

Results: The questionnaire shows that diploma pharmacists scored 60 to 62% and graduate pharmacists scored 80 to 85% before the training. After the training the diploma pharmacists improved by 15 to 20%, the graduate pharmacists showed an increase of 5-10%. Diploma pharmacists probably have to be given continuing education more frequently compared to graduate pharmacists.

A total of 5000 copies of the book "Pharma SOS" were printed. About 3500 copies were distributed to the pharmacists who came for the registration as well as pharmacists who requested a copy. The feedback of the book was filled in and sent to the council by the pharmacists. About 20 % (16% hospital pharmacists and 4% community pharmacists) of the readers (pharmacists) sent their filled in feedback form to the center. 18% of the 20% felt the book was very useful, easy and helpful but some respondents asked to print the book in the local language (Kannada).

Discussion: The results show that diploma pharmacists probably have to be trained in the latest developments of disease management and other aspects of pharmacy in order to improve their knowledge and skills and to enable them to provide better services to the patients. The demand for the book shows the interest of the pharmacists in receiving updates on the latest trends. As a result of the responses, the council has plans to update the book and to print it in the local language.

Conclusion: The results suggest that there was a lot of room for improvement of the knowledge of the pharmacists. The book prepared by the council (Pharma SOS) is useful to both community and hospital pharmacists. The book is now available to all the pharmacists of Karnataka and also to other states of India. The future of hospital pharmacists in India depends on the proper training by the authorities to improve the pharmacists' knowledge, skills and professional standards.

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tice center in the government sector in the whole country where 150 pharmacists are presently working. Unlike the west, the role of the pharmacist in India has until now not been utilized. Several training courses in hospital and clinical pharmacy were arranged

since 1999 in India with the help and support of agencies like WHO, PCI, AICTE and other government departments. Nonetheless these developments are insignificant considering the size of our country.

Conclusion, Looking at the Future of Hospital Pharmacy in India

Several committees like the Hathi Committee (1975) and Bajaj Committee (1980) recommended the establishment of hospital pharmacy¹⁴. Unfortunately the govern-

ment has not implemented these recommendations leaving hospital pharmacy practice poorly organized. Recently (1999) the National Human Rights Commission (NHRC) has recommended that the government of India^{15,16}:

- Establish hospital pharmacy departments in large hospitals headed by, at minimum, a post graduate degree holder in pharmacy with the rank of, at least, assistant professor who will directly report to the Chief of Hospital (Medical Superintendent) like other departmental heads.
- Develop policies and procedures for the procurement of multi source medicine items and inventory control, receipt handling, storage, quality control, distribution and dispensing.
- Develop a hospital formulary.
- Set up a computerized drug information service.
- Create a post of director in the central government and deputy director in the state government for pharmaceutical services.

As the NHRC recommendation is statutory in nature it is necessary to develop the minimum achievable standards for hospital

pharmacy practice based on WHO and FIP guidelines. The professional associations like the Indian Hospital Pharmacists Association (IHPA) and hospital and clinical pharmacy division of the Indian Pharmaceutical Association, a constituent of FIP, are in the process of consolidating and improving hospital pharmacy practice.

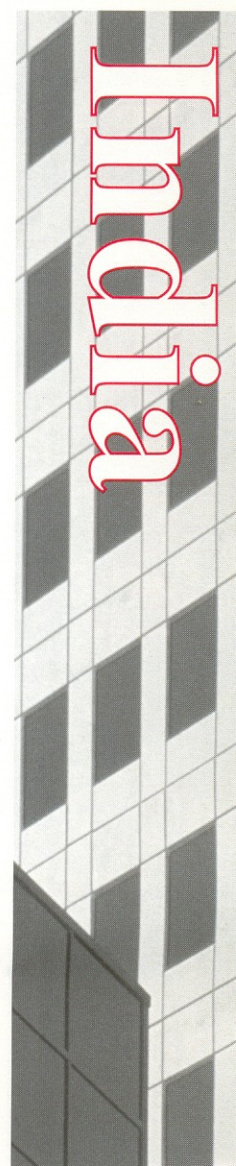
Apart from this national development, projects like the Karnaka State initiative (see frame), also will help the profession further its development.

The Indian hospital pharmacists association publishes a bimonthly journal called Indian journal of hospital pharmacy that certainly also supports future developments of the profession and hospital pharmacies.

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India



Hospital Pharmacy in India

Health-care Environment

India is a country with a population of approximately 100 crores. While 75% of its inhabitants live in urban areas, 25% still dwell in approximately 600 scattered and very poor communities. Currently 50% of the economically active population is in the service sector, 25% in the industrial sector and 25% percent in the agricultural sector.

The Mexican Health system is administered by the

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government health agencies. The Ministry of Health reports to the president and is responsible for planning and implementing the health matters for the entire country. A fundamental distinction can be made between two social groups: the 10% who are insured and 90% who are not insured. The vast majority of the insured are employed by social security, the private sector, or are a small section of the middle class.

The Mexican Health system

National Association of

are reported to the president, especially the private sector, who are not protected by social security and have not acquired private health insurance.

Institutions in the Social Security group are the Instituto Mexicano de Seguro Social (IMSS), which serves the vast majority of the population, the Hospital General de México (HGM), which serves the private sector, and the Hospital General de México (HGM), which serves the private sector.

The Mexican Health system

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