



Original Article

PTC is important for the betterment of the hospital pharmacy

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Abstract

Survey based study was carried out including 43 hospitals (large, medium-sized and small) of the city. A questionnaire was sent to all the hospitals, only 53.5% of the hospitals responded. After analyzing the received data it can be concluded that 65% of the hospitals in Karachi have P & T committee out of which only few are working in a well defined manner while others are merely meant for approving the drugs for the pharmacy and any other functions are not performed, while in the remaining hospitals either there is no such committee as P&T but if there is such committee, then its major task is not fulfilled. Hence it can be concluded that the hospitals in Karachi lacks the pharmacy and therapeutic committee. Most of the large and few medium sized hospitals have such recommending body and therefore it helps the institution in selecting cost-effective and safe medicines and also in improving the implementation and evaluation strategies concerned with the use of medicine.

Keywords: P&T committee, pharmacy, formulary, hospital, Karachi.

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Introduction

Pharmacy and therapeutic committee is required for the effective running of a hospital. There wasn't any concept of any such drug committee in the beginning but with the advent of time the need of such a body started increasing¹. In the P&T committee, the pharmacist, physicians and nurses play their role in the presences of an administrative². It is an important body needed for all the matters related to the use of drugs in the hospital 3-5 and also the hospital formulary 6-7.

For running a better P&T committee not only the expenditures⁸ but also the actively participating members and well defined agenda⁹ is also a must. In most, but not all, of the developed countries, the P&T committee is working efficiently.

Throughout the world much work has been done to improve the working of the P&T committee like its structure, activities and functions¹⁰⁻¹⁴. Most of the developed countries have well developed P&T committees in their hospitals. The

performance of P&T committees in countries like Australia 15, 16 and Canada 17 must be appreciated. However, the P&T committees of countries like Brazil 18 and Germany 19 are not much well developed.

In South Asia we are amazed to find that in most of the countries there is no concept of P&T committee in a hospital. Only certain hospitals in these regions (large and teaching) have a full-fledged, well-developed and effectively running committee 20-22 and in some regions the P&T committee in getting developed 23, 24. And even among them only few are working properly 25-27 while others are working according to the policies and procedures of the individual hospital 28, 29.

In the South Asian region, when we talk about Pakistan, the scenario is not much different. No doubt very few hospitals have a well working drug body but the country is still lagging behind. Most of the small hospitals do not hire pharmacist for running a pharmacy and few have only a single pharmacist along with the whole non-professional staff. In spite of the fact that with the passage of time the state is providing a large number of pharmacist every year 30 but because of current situation of the hospitals they avoid to begin their career as a hospital pharmacist but go for the pharmaceutical companies on work as an industrial pharmacist. The large teaching hospitals are playing their role efficiently for the well working of hospital pharmacy and have their own P&T committee.

Experimental Work:

A survey based study was carried out in which 43 hospitals of the city were included of which 3 were the large

hospitals, 24 medium-sized and 16 were small hospitals. A questioner was send to the director of pharmacy/ chief pharmacist of each hospital. The questions included in the survey were, if there is any P&T committee working in the hospital or not?, the members of the committee, role and responsibilities of the committee, formulary maintenances activity of the committee, number of meetings of the committee held per year regarding the updating of formulary, if the minutes of the meetings are kept in record, number of drugs in the formulary, members having the authority to enter or delete the drugs from the formulary, number of pharmacists in the pharmacy, the pharmacist/ non-pharmacist ratio in the pharmacy, if the pharmacist acts as a secretary of the committee, authorities given to the pharmacist, if the representative from nursing, purchasing and store department are invited in the meeting, does the formulary contains the sections regarding adverse drug reactions, drug-drug interactions and medication errors, do all the departments receive the copy of the revised formulary and if all the clinics, wards and pharmacy are provided with the drug removal / addition forms, if the committee holds educational programs within the hospital and in which departments.

Result and Discussion:

For any hospital to work effectively, the P&T committee is a must. Although previously there wasn't any concept of such body in a hospital but with the advent of time its need has been felt and now it is thought to be compulsory in hospitals throughout the world. Most of the developed countries are leading in this field however most of the developing countries are still lagging behind while few

Sr. No.	Percent age	Members
1	50	Adm, md, phy, phr
2	33.3	Adm, md, phy, phr, n
3	16.7	Adm, md, phy, phr, n, pur

Table 1: Members of P&T committee

Adm= administrator, md= medical director, phy= physician, phr= pharmacist, n= nurse, pur= purchaser

have made active attempts in making such committee a major part of their hospitals.

This survey study has encircle the region of Pakistan which is a part of South Asia and the situation here is not much different from the other countries of its neighborhood.

The response rate was 53.5% (i.e. 23 hospitals). The results obtained shows that 65% hospitals (15) in the city have the pharmacy and therapeutic committee. According to the results obtained, most of the hospitals having well-working drug committees are large, teaching hospitals while the medium sized hospitals have contributed little to it and the role of small hospitals is negligible.

The hospitals where the committee is working properly do arrange the meetings at least 3-4 times per year. The committee is comprised of the administrator (or his representative) physicians, pharmacist, nursing supervisor (20% cases) and a purchasing supervisor (10% cases) (table 1) and in one of the case a storekeeper has also been included in the meeting. The pharmacy and all the clinics and wards are equipped with the addition and removal forms for the drugs.

The physicians have the authority to change the formulary and the pharmacist being the secretary can also contribute his ideas (in 20% cases) (table 2). Such hospitals have approximately less than or equal to 400 drugs available in the formulary. The expiry of the drugs is checked on regular basis. The formulary is updated yearly if needed. The updated copies of the formulary are distributed in all the related departments of the hospital (3).

The small hospitals and most of the medium-sized hospitals, lack the P&T committee. In most of such hospitals either they don't have a well defined pharmacy or there is no concept of formulary. The number of drugs in such hospitals is more than 400. The reason for such a large number of medicines is the duplication of many same generic drugs in the pharmacy. Only the physicians have the authority for the addition or removal of drugs. In almost all of these hospitals the staff comprises of the non-pharmacists along with a single pharmacist while few don't even have a single professional employee.

The hospitals which lack the committee suffer economically. Because of the presences of such a large number of drugs the inventory increases while the turnover rate decreases. All this happens because of the absences of the pharmacy and therapeutic committee.

Because of such conditions, the fresh graduates of pharmacy are avoiding going towards the hospital side as the majority of the hospitals are hiring non-pharmacist to run the pharmacy under the supervision of a single pharmacist and even where there is a single professional, the responsibilities are not laid upon him/ her whom the profession owes.

S.No.	Percent age	Role of pharmacist in the P&T committee
1	83.3	phr is an active member and also acts as a secretary, he/she also contributes his/ her ideas
2	16.7	phr is a member but do not has the authority to contributes his/her ideas

Table 2: Pharmacist working as a secretary to the chairperson of the P&T committee.
phr= pharmacist

Conclusion:

According to the results obtained we can say that the hospitals of Karachi lack the P & T committee. Most of the large hospitals of the city do have the P&T committee working in its full fledged form but still there is a great need of such body in the other hospitals of the city too. Formulary helps the pharmacist in the selecting the drug which is his professional responsibility and without P&T committee it would be impossible. Hence it can be concluded that the hospitals in Karachi lack the P&T Committee and therefore the development and designing of the formulary is affected. Other factors which are also affected due to it are management of adverse drug reactions, management of quality and cost of medicines, implementation of use of drugs. Hospital pharmacy is one of the major fields of this profession which cannot be over looked. There is a need of pharmacists there and hiring non-professionals instead of pharmacists will be a great loss not only for the hospital but also for the country where the hospital is located. It is the responsibility of the hospital administrator and the director of pharmacy/chief pharmacist to take measure steps of as to attract the fresh pharmacist towards the hospital pharmacy by giving them the opportunity to avail their knowledge and qualities which will be beneficial not only for the betterment of the healthcare system of the hospital but also for the nation.

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