news about our section

International Pharmaceutical Federation

FIP/Hospital Pharmacy Section

newsletter 53

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President's Message

Hello, Members of the FIP Hospital Pharmacy Section and all Readers!

We have moved into the part of the FIP year where we are busy completing details of the Congress in Buenos Aires. Scheduling the exciting informational sessions in the educational and policy-making components of the Congress and confirming all is key at this time of the year. Please look at the FIP website www.fip.org to learn the latest information and related thoughts about attending the Congress in Argentina in late August. Also if you wish to present a poster, abstracts are due April 1.

And, believe it or not we are also doing substantial planning for the Congress in Seoul in 2017! The theme has been selected and several sessions have been proposed which combine both the science of pharmacy with the practice of pharmacy. This combination of both of pharmacy's strengths has been an emphasis in our educational sessions for the last 3 years. Last year in Dusseldorf this combined programming produced some very exciting presentations such as in the area of personalized medicine including 3-D printing, in the development of vaccines as related to immunology and cancer, etc. This same effort is part of the sessions for Buenos Aires and proposals for Seoul. The results are very cutting edge information presented to all attendees.

I'd like to draw your attention to articles in this newsletter. Eurek Ranjit provides an article on the consequences of the earthquake in Nepal and the problem being experienced throughout the world on medication shortages. Another article from India describes a remarkable role for pharmacy students to help the advancement of patient care, particularly in areas where patients have been underserved. Increasing the care of the underserved is a way in which we can demonstrate pharmacy's important contributions to health care in every country offering pharmacy education. In another article our HPS past president, Jacqueline Surugue, had a very productive meeting with colleagues in Oman in discussing the revised Basel Statements on Hospital Pharmacy Practice and how they can be used to improve local patient care delivery. I invite all organized hospital pharmacy associations in all countries to do this and ask you to call on the officers of FIP HPS to assist in this discussion. I predict much good will come from these discussions.

Finally, I draw your attention to an article on an opportunity for you to apply for financial support related to research projects on implementation and other exploration of the revised Basel Statements. The deadline for these applications is Feb 28, 2016.

Best Wishes and Take Care.

Marianne Ivey
President; Hospital Pharmacy Section

SPREADING THE BASEL WORD IN OMAN

Immediate Past President Jacqueline Surugue was recently in OMAN. Jacqueline led a 3 hour workshop on our revised Basel Statements and how they can lead to better pharmacy services for our patients. Jacqueline wrote the following words in an email to the HPS president – "*I am really convinced this is the kind of performance we should try to offer around the world, the exchanges have been extremely fruitful*". Encouragingly she relayed that all 20 participants have expressed their interest in being part of the next revision of the Basel Statements exercise.

Does your country have a conference or workshop coming up, where you would like to include a session on the Basel Statements? Your HPS ExCo may be willing to help, so please contact your HPS region representative and don't forget to copy in the president, secretary or assistant secretary.

For more information on the Basel Statements go to:

http://fip.org/basel-statements

FIP HPS Research Grant – Call for Proposals

The FIP HPS is proud of the research that our members are involved in and are pleased to announce the creation of the FIP HPS Research Grant to support such initiatives. In light of the release of the revised Basel Statements in 2015, the FIP HPS is opening up the FIP HPS Research Grant to FIP HPS members for research that focuses on the implementation of the revised Basel Statements. The grant will fund a project of up to €3000 (EUR).

The application form for this grant can be downloaded at: https://uc.box.com/FIPHPSGrant

Applications forms must be submitted to LC.Vermeulen@hosp.wisc.edu by **28 February 2016.**

For additional information, please contact jimsteve@med.umich.edu

Update from South East Asia Region

Eurek Ranjit, B. Pharm., M. Sc., M. Phil.

Vice President SEAR, HPS, International Pharmaceutical Federation

Shortage of Medicines

A strong earthquake measuring 7.8 Richter scale struck South Asia, especially mountainous region of Nepal, India and surrounding areas with its epicentre in Barpak, Gorkha, Nepal on 15th April 2015. This earthquake was followed by more than 200 aftershocks of more than 4 Richter scale which has continued to hit Nepal till the preparation of this article with an aftershock hitting Nepal on Friday, February 5, 2016. This disastrous earthquake of 15th April and its aftershocks has led to the deaths of nearly ten thousand Nepalese and has led to damage of thousands of houses. Centuries old UNESCO world heritage sites of Kathmandu Durbar Square have been badly damaged. It was estimated that around two third of the buildings in Kathmandu Valley were partially damaged by the earthquake and around one tenth of the houses were completely damaged. Certain regions of the earthquake such as Barpak of Gorkha, Balambu of Kathmandu witnessed damage of many homes leaving many residents homeless. Prompt international support was pledged which led to support from the United States, United Kingdom, Israel, European Union, Pakistan, India as well as other neighboring countries with significant funds being raised to rehabilitate those displaced by the earthquake. FIP itself was also involved in supporting the relief effort in Nepal. However, negligible rehabilitation and reconstruction has occurred till this date due to improperly managed bureaucratic structure of the Nepalese Government.

Against this backdrop, Nepalese people have exhibited unprecedented unity, patience and endurance. Political parties which had remained fragmented since the end of Maoist Violent Uprising in Nepal,

decided to unite; and the constitution drafting process which had been hindered due to conflicts in certain articles was completed with unity amongst the major political parties. The new Nepalese Constitution was promulgated on 20 September 2015 with support of more than 80% of Member of Nepalese Constituent Assembly, which was hailed as an historical achievement in the history of this country. However, certain ethnic communities, especially those residing in the Terai region of Nepal, bordering India, were not satisfied with certain points in the Constitution and started agitation with demands for constitutional amendments. This agitation was mainly focused at Nepal's transit points at the Nepal India Border. Nepal is a landlocked country between two huge neighbors India and China and is surrounded by India in the west, east and south; and by China in the north. Nepal imports huge quantities of essential supplies from transit points via India; with India being the largest exporter of goods to Nepal. More than 50% of the Nepal's medicines are imported from India as well. Thus, both natural disaster and political conflict at the border between Nepal and India has caused an unintentional shortage of medicines.

Certain disturbing trends have therefore been witnessed due to the shortage of medicines in Nepal. Firstly, patients' basic health care rights have been curtailed due to the unavailability of medicines. The impact of such medicine shortage is beyond the scope of this article and is a matter of public debate and research. Secondly, certain healthcare experts, with good intentions, recommended generic substitution of medicines. Whilst generic substitution has its own merits, generic substitution in a developing country like Nepal poses certain potential threats to patients as bioavailability tests are rarely carried out for medicines manufactured in Nepal; as these tests of bioequivalence are not yet a regulatory requirement. Medicines with a low therapeutic index which need careful therapeutic drug monitoring, if substituted, might pose either low or high plasma concentrations, and might lead to failure of therapy or toxicity. Therapeutic drug monitoring is rarely carried out in Nepal, India, Bangladesh and other South Asian countries and is not a routine practice.

Medicines which have been most affected are the ones requiring proper storage and maintenance of cold chain. Medicines such as insulin and vaccines which require proper maintenance were hard hit due to the blockades. To make matters worse, an eye witness informed that hundreds of vehicles have been lined up at Nepal-India borders for days, even weeks. If the cold chain is not maintained for the above mentioned products, the quality is definitely not going to be reliable. In summary, both earthquake and political problems have affected health care of the general public. It is recommended that passage of medicines through international borders be allowed without hindrance in a similar

manner to that of humanitarian efforts even during political conflicts and natural disasters. Similarly, proper protection of healthcare professionals, especially pharmacists, be guaranteed and highlighted in a similar manner that of journalists. Such matters should be raised by pharmacists, so that the general population, even in disaster affected areas or conflict zones are not denied access to medicines. Similarly, the safety of the pharmacists must be guaranteed in all conflict zones as well.

On 8th February 2016 some good news however started to pour in, that agitating political parties have decided to withdraw their agitation and border blockade at major transit points after 135 days. It is hoped that this resolution of political conflict remains long lasting and medicine supply is quickly returned to normal.

A New Program where Indian pharmacy students bring services to the community – PRESCRIPTION ADALAT

Dr Dilip C from Alshifa College of Pharmacy, India reports on this innovation

This is just a beginning; it is the dreams and responsibility of a new generation. A process of interlink age of knowledge and social commitment and also a stepping stone towards a bright new venture.

Here we are introducing a simple but a unique concept, which arise from the existing circumstance. Healthy critics, suggestion along with appreciation can make it easy to achieve this aim. In this era were hearth and medicines having an important role. Almost all countries were spending their major portion of GDP for health and improving quality of life. Even though advanced amenities exist, most of the developed countries are facing so many challenges. Situation remains same for developing countries also. Report and statistics shows that private health care institution are playing important role in Medicare systems. But it is insufficient to develop the entire health care system. The reality is that such services are still not reaching the rural areas where a major portion of the population lives.

In that scenario prescription adalat can be a novel step which is being initiated by a group of young clinical pharmacist students that can make such dreams come true. It can be considered as a rejuvenating step which brings about the real revolutionary change in the current health system of our nation. The basic concept is to implement a direct face to face interaction between the clinical pharmacist and the patients. The difference is that here the pharmacist is moving towards the patient rather than patient towards the pharmacist. Either the person be a patient or not, we are just focusing on their concern and drought regarding the drugs about the medical condition, drug they taken, matters regarding prescription, administration etc.

Scientific background

Prescription adalat is a novel system of alternative dispute resolution developed by Indian pharm D students. It roughly means “patient’s court”, where the disputes are solved regarding their medication, life style, knowledge about disease and drugs are governed by clinical pharmacist. Now a day’s service of clinical pharmacy is not focused on common man but the implementation of this program has widely benefitted the common man.

The introduction of prescription adalat added a new chapter to the health dispensation system of our country and succeeded in providing a supplementary forum to the victims of unsatisfactory settlement of patient health dispute. This system merges the western clinical applications like medication chart review, history interview, DUE, with the Gandhian principles, there by expanding the clinical and community services to the rural areas. Usually the patients directly consult a physician for their medical problems. And the busy service schedule of the physician directs the patient to the qualified pharmacist. However, many pharmaceutical markets have transformed the patient care into marketing lobby minimalizing the involvement of health care professionals in the pharmaceutical care service. It has fractioned the patient cares into product care. This improper culture is to be lubricated by transforming the product oriented care to patient oriented one with implementing programs like prescription adalat by the clinical pharmacist.

The institution of prescription adalat in India as the very name suggests means patients court. Prescription stands for any order or written format by physician or any other registered medical practitioner to a pharmacist to compound and dispense a specific medication for a patient and the term adalat means court. India has not tradition and history of such method being practiced in the pharmaceutical community

One of the key components of the national rural health mission is to provide every village in community with a trained female health activist ASHA (Accredited Social Health Activist) ASHA will be a health activist in community who will create awareness on health and its social determinants and empower the community towards local health planning and increased utilization and accountability of the existing health services.

Origin

The concept of prescription adalat was pushed on against the oblivions existing against the current pharmaceutical scenario. Now this concept have being reformed as a part of the academicals project for the doctor of pharmacy program as a part of familiarization of this professionals, as an attempt for integrating the clinical pharmacist with rural

India. The first prescription adalat was held on May 23th of this year at Perinthalmanna, Malapuram. The camp have being very successful in settlement of prescription assessment, patient medication history interview, assessment of ADR, medication error, assessing the prevalence of disease.

Scope and objective

The advent of drug and cosmetic act 1948 gave a statutory status on schedule; the prescription handling is the prime duty of pharmacist. This program is full-fledged to provide free and competent pharmaceutical services to weaker sessions of the society to ensure that opportunity for preserving the health are not denied to any citizen by reason of economic or other disabilities and to organize prescription adalat to secure that the operations of the health system provide justice on a basis of equal opportunity.

Need of prescription adalat

- The number of clinically efficient pharmacist for the rural India in all grades areca laming inadequate.
- The introduction of doctor of pharmacy program in India and the need for popularizing the new program.
- Increase in flow of health related issues and prescription misuse due to multifarious conditions.
- Alarming rise in drug induced issues and antibiotic resistance in recent years.
- The high cost involved in medical services and regular health follow up.
- Lack of public awareness in medication, storage, administration, etc.
- The lack of opportunity for the clinical pharmacist in government initiated health programs.

Organization of prescription adalat

Every prescription adalat so organized shall consist of

a. Serving or active clinical pharmacist.
b. Well experienced community pharmacist in handling of prescription.
c. Accredited social health activist (ASHA workers) workers of each village/ward.
d. Any other person who is interested in public service that is engaged in the upliftment of weaker sections of people, including SC/ST women, children, rural and urban labors.
e. NRHM nurse of each ward.

Procedure

- The initial step for conducting prescription adalat is assessing the demand of selected community home medication review; prevalence taking, Patients home visit etc. enhance the productivity and promptness of the program.
- Select an appropriate space and accommodate the patients and people who are interested to take part in prescription adalat.
- Assessment, clarification, counselling, supporting, cooperating in good health culture in reconciliation process


FB/Department of Pharmacy Practice ACP

- Permanent prescription adalat should assist the patients in their medical reconciliation process between patient and clinical pharmacist in an independent and impartial manner.

Advantages

- Patient care at no cost.
- Speedy patient care with in the rural premises.
- Solving the health related problems, droughts, questions in their vernacular language.
- Need of maintaining personal hygiene to prevent disease especially for females.
- Make people aware about recent government health policies like MDA, Polio vaccination, health sense.
- Providing awareness against communicable disease and prepare guidelines for management of malnutrition.
- Need of importance of new health insurance policies which aim for the upliftment of rural society.
- Emphasizing the need of a clinical pharmacist as that of a physician.
- Promoting the efficacy of a drug information centre and familiarizing the information technology and other Medicare resources.
- Good environment and with pharmacist and public which make inspiration of joining health activities.
- Exchange of the knowledge of other health care system.

Challenges

- Regional variation among prescription pattern and pharmaceutical brands.
- Space and time barriers.
- Lack of pioneers in the field of integrated clinical-community work.
- The patient are always eager to know the sources of free drugs and most times such questions are difficult to answer.
- Language barriers.

Future plans

- Convince the next generations to consider it as a routine clinical activity.
- To spread this trend all over Kerala/India by other institutions having clinical pharmacy services.
- Funding allocation should be made available for promoting such programs by state and central governments.
- Extending the prescription adalat from rural to urban community.

Conclusion

Even though we have passed seven decades after getting independence, still we fail to make the dreams of mahatma ji, to build a soul of the nation in the villages. Let's hope this be an attempt to fulfil such dreams. Being a clinical pharmacist let us put an effort from our side for this movement through approaches like Prescription Adalat.

Call for Nominations Coming – FIP Hospital Pharmacy Section Offices

A number of FIP Hospital Pharmacy Section offices will become vacant in 2016, and the election process has begun. A Nominations Committee has formed and the official call for candidates will be sent to HPS members in March.

HPS Secretary, Lee Vermeulen, will complete his first 4-year term and will not be seeking a second term, but will serve again as the Chair of the Nominations Committee. In addition to Section Secretary three other officers will complete first terms in 2016. Those include Assistant Secretary (Rebekah Moles completing first term), Vice President, Western Pacific (Jonathan Penm completing first term) and Vice President, Southeast Asia (Eurek Ranjit completing first term). Eurek Ranjit has agreed to serve a second 4-year term as Vice President for Southeast Asia, so no candidates for that post will be sought. Those interested in being considered for offices should watch for the formal call. Questions about serving the Section should contact any current ExCo member, and those with questions about the election process should contact Lee Vermeulen at LC.Vermeulen@hosp.wisc.edu.

CHEMOTHERAPAY AND TRACE CONTAMINATION – A QUESTION

Dear HPS Members,

I am working with the CDC (Centers of Disease Control) in the US on a revision of a guidance document for the proper management of items that are "trace-contaminated" with chemotherapy. We are looking for international studies on the aerosolization of chemotherapy molecules occurring when items such as gloves, gowns, syringes, etc. that held chemotherapy are treated solely by autoclave or microwave instead of by incineration. The last study we've seen was many years ago out of Brazil. Do you know about any more research in this area? It is such as highly specialized area, it is tough to find these studies through common searches. If you do, I would love to hear from you as soon as possible. Please contact me on the email below.

Thank you in advance for considering this request

Best regards,

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The Hospital Pharmacy Section is very grateful to these sponsors for their support of Section activities:

Organizational Sponsors of the Hospital Pharmacy Section

In addition to corporate sponsors, many national and regional pharmacy organizations have provided financial and in-kind support of the activities of the FIP Hospital Pharmacy Section. We gratefully recognize these contributors:

- The French Ordre des Pharmaciens
- The Japanese Society of Hospital Pharmacists

International Pharmaceutical Federation

Hospital Pharmacy Section

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