# PharmacoLearn

**MPP103T Hospital and Community Pharmacy, M.Pharm Semester 1**

## Unit 1: Introduction to Hospitals, Hospital Pharmacy and Hospital Drug Policy

*Free notes at pharmacolearn.fyi*

Hospital and Community Pharmacy, subject code MPP103T, is the third core theory subject of M.Pharm Pharmacy Practice, Semester 1. It carries 4 credits and 60 hours of theory, taught at 4 hours per week, for 100 marks, and its five units are of equal length at 12 hours each in the PCI scheme. Its scope, as the syllabus states it, is to impart the basic knowledge and skills required to practice pharmacy in both hospital and community settings. Its objectives follow: to understand the organizational structure of hospital pharmacy, to understand drug policy and drug committees, to know about procurement and drug distribution practices, to know about admixture services, to understand community pharmacy management, and to know about the value added services in community pharmacies. The first two units build the hospital side: what a hospital is, how its pharmacy is organised, governed, financed and supplied, how medicines are selected through a formulary, procured, stored, controlled and distributed, and how intravenous admixtures and waste are handled. Unit 3 covers education and training inside the hospital and then crosses to the community side: what a community pharmacy is, how it is set up legally, laid out, stocked, accounted for and run to good dispensing practice. Unit 4 is the professional work at the community counter: the prescription, minor ailments, over the counter medicines, counselling, adherence, referral and adverse drug reaction monitoring. Unit 5 is the public health role: health promotion, screening, first aid, prevention, the national programs for malaria and tuberculosis, Home Medicines Review and research in community practice. One discipline runs through the whole subject: these notes describe systems, committees, procedures and professional roles at standard textbook level. No hospital statistics, budget figures or staffing ratios are invented, no named institutional protocol is presented as universal, and medicines are mentioned at class level only, without doses.

### 1.1 Introduction to hospitals: definition and classification

A hospital is an institution that provides medical, surgical and nursing care for sick and injured people, organised so that diagnosis, treatment, rehabilitation and, in larger institutions, teaching and research happen under one roof and under one system of accountability. The definition matters for pharmacy because the hospital is a closed and highly regulated practice setting: nearly every medicine used inside it passes through one pharmacy department, is prescribed by an authorised prescriber, is recorded in institutional documents, and is subject to institutional policy in a way that community practice is not. Hospitals are classified on several independent axes, and an examination answer should keep the axes separate. By ownership and control, hospitals are government or public hospitals, private hospitals owned by individuals, companies or trusts, and voluntary or charitable hospitals run by non profit bodies. By system of medicine, they are allopathic hospitals or hospitals of the Indian systems of medicine and other recognised systems.

### 1.2 Organisational structure of the hospital

The organisational structure of a hospital is the formal arrangement of its authority, departments and reporting lines. At the head stands the governing body, a board, trust or government authority, which owns the institution, sets its mission and is ultimately accountable for it. Below the governing body, administration is led by a chief executive or medical superintendent, who coordinates the two great arms of the hospital:

the medical and clinical services, organised into departments such as medicine, surgery, paediatrics, obstetrics and gynaecology, orthopaedics, radiology, pathology and anaesthesia, and the support and administrative services, which include nursing services, pharmacy, finance, human resources, medical records, housekeeping, dietary, laundry, engineering and security. Nursing services form their own hierarchy under a nursing superintendent, because nurses deliver most of the bedside care and administer most of the medicines. Committees cut across the departmental structure wherever a decision needs several professions at once: the pharmacy and therapeutics committee, the infection control committee and the research and ethics committee of this unit are the standard examples, and quality, safety and credentialing committees work in the same way. The pharmacist reads this chart practically.

## 1.3 Hospital pharmacy: definition and place in the hospital

Hospital pharmacy is the department of the hospital responsible for the procurement, storage, compounding, dispensing and distribution of medicines, and for the professional services that surround their use, so that every patient receives the right medicine, of the right quality, at the right time, with the information needed to use it safely. The older picture of the hospital pharmacy as a store that issues stock has been replaced in modern practice by a combined supply and clinical service: the department still runs the hospital's medicines supply chain, and it also advises on selection, prepares specialised products such as intravenous admixtures, monitors therapy, educates staff and patients, and carries the institution's medication safety work. Its functions are conventionally grouped as follows. Administrative functions: planning, budgeting, staffing, policy making and record keeping for the department. Supply functions: selection support, procurement, storage and inventory control, covered in Unit 2. Dispensing and distribution functions: filling prescriptions and medication orders and operating the distribution systems of Unit 2. Production and preparation functions: compounding, repacking, and sterile preparation including intravenous admixtures. Clinical and advisory functions: drug information, participation in committees, therapeutic guideline work, patient counselling and therapy monitoring, working alongside the clinical pharmacy services of MPP101T.

## 1.4 Relationship of the hospital pharmacy with other departments

The hospital pharmacy works through its relationships, and the syllabus names this as a topic in its own right. With the medical departments, the relationship is advisory and collaborative: prescribers choose therapy, and the pharmacy supports that choice with formulary information, availability, therapeutic alternatives where a prescribed item is unavailable or unsuitable, and alerts on interactions, duplications and allergies; the tone is professional, evidence based and patient centred, never obstructive. With nursing services, the relationship is operational and continuous: nurses administer the medicines the pharmacy supplies, so distribution timing, labelling clarity, ward stock arrangements, controlled drug records and the return of unused medicines are agreed jointly and reviewed when errors occur. With administration and finance, the relationship is one of budgets, procurement approvals, audits and staffing: the pharmacy justifies its budget, follows purchase rules and accounts for its stock. With the stores and purchase department, where these are separate, the pharmacy supplies the technical specification and quality judgement while purchase handles the commercial process. With pathology, radiology and other diagnostic departments, the relationship is one of shared supplies and shared information, including reagents and contrast media where the pharmacy handles them, and laboratory results that condition drug therapy.

## 1.5 Organisational structure of the hospital pharmacy department

Inside the department, structure follows function. The chief pharmacist, also called the head of pharmacy or pharmacy superintendent in different institutions, leads the department, represents it to administration and the committees, and carries legal and professional accountability for its work. Below the head, senior

pharmacists take charge of the main sections, and pharmacists, pharmacy technicians and support staff are assigned to them. The standard sections of a medium or large hospital pharmacy are: the main pharmacy and dispensing section, which fills outpatient and discharge prescriptions and medication orders; the stores section, which receives, stores and issues stock and keeps inventory records; the inpatient distribution section or satellite pharmacies, which serve wards and specialised areas such as intensive care, operation theatres and emergency; the sterile preparation or intravenous admixture section, which works under the controlled conditions of Unit 2; the manufacturing or compounding and repacking section, where it exists; the drug information and clinical pharmacy section; and the administrative office, which holds records, accounts and correspondence. Small hospitals combine sections under fewer staff, and very large hospitals add specialised units, but the functional divisions remain recognisable at every scale. Two design rules govern any version of this chart.

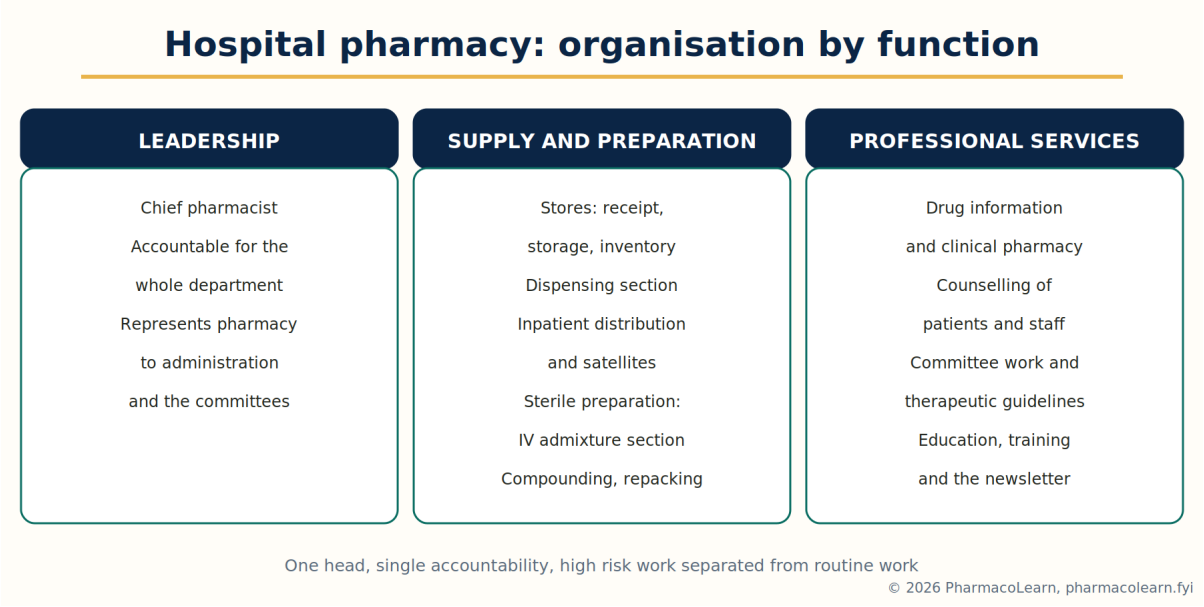


*Figure: The hospital pharmacy department organised by function. Every section answers to one head, and high risk work is separated from routine work.*

## 1.6 Legal requirements, workload statistics and infrastructural requirements

A hospital pharmacy operates under the same legal framework as other pharmacy practice in India, applied to an institutional setting. The Pharmacy Act governs who may practise as a pharmacist, and registration with the State Pharmacy Council is the foundation qualification for the staff who compound and dispense. The Drugs and Cosmetics Act and its Rules govern the licences under which medicines are stocked, sold and dispensed, the conditions of storage, the records for specified schedules of medicines, and the requirement that dispensing be done by or under the supervision of a registered pharmacist; the Narcotic Drugs and Psychotropic Substances framework adds its own licences, registers and custody rules for controlled medicines. Institutional requirements add a second layer: hospital registration and clinical establishment rules, biomedical waste rules for the department's own waste, and the standards of accreditation bodies where the hospital seeks accreditation. Workload statistics are the department's own measurement of itself: the numbers of prescriptions and medication orders dispensed, items issued, admixtures prepared, patients counselled and interventions made, counted over defined periods and compared with staffing and with previous periods.

## 1.7 The hospital pharmacy budget

The hospital pharmacy budget is the financial plan of the department for a defined period, usually one financial year, setting out what the department expects to spend and, where the hospital charges for

medicines or services, what it expects to recover. A budget is prepared by the chief pharmacist with the sections, defended before administration, approved through the hospital's own process, and then used as the control document for the year: actual spending is compared with the budget head by head, and variances are explained and acted on. The standard heads of a pharmacy budget are: medicines and surgical consumables handled by the pharmacy, which form the largest head in most departments; staff salaries and related costs; equipment purchase and maintenance; materials for compounding and sterile preparation; books, software and drug information resources; training and continuing education; and contingencies for price rises and emergency purchases. Two budget disciplines deserve examination emphasis. The first is estimation from evidence: the medicines head is built from previous consumption, formulary changes, expected patient load and known price movements, adjusted for wastage and expiry, not from a single global figure carried forward.

## 1.8 Hospital pharmacy management

Hospital pharmacy management is the application of the general functions of management, planning, organising, staffing, directing, coordinating and controlling, to the pharmacy department, with the profession's own standards added. Planning sets the department's objectives and service plans: which services will be offered, to what standard, with what staff, and how success will be measured, using the workload statistics of Section 1.6. Organising builds the structure of Section 1.5, writes the job descriptions and standard operating procedures that make the structure real, and arranges duty rosters so that qualified cover matches the hospital's working pattern, including emergency cover outside routine hours where the hospital provides it. Staffing covers recruitment support, induction, training, appraisal and discipline, and the professional duty to keep every pharmacist's registration and competence current. Directing and leadership keep a mixed team of pharmacists, technicians and support staff working to one standard: clear communication, supervision proportionate to risk, and a culture in which reporting an error is safer than hiding it. Coordinating links the department outward, through the relationships of Section 1.4 and the committees of this unit, and inward, so that stores, dispensing and clinical sections do not optimise themselves at each other's expense.

## 1.9 Hospital drug policy and the Pharmacy and Therapeutics Committee

A hospital drug policy is the institution's agreed framework for how medicines are selected, procured, prescribed, dispensed, administered and monitored, so that therapy across the hospital is rational, safe and affordable rather than a sum of individual habits. The policy covers the formulary system of Unit 2, prescribing and generic name policies, antimicrobial policy, controlled medicine custody, medication error reporting, and the rules for non formulary and emergency medicines. Its engine is the Pharmacy and Therapeutics Committee, usually shortened to PTC. The PTC is a standing advisory committee of the medical staff and administration, composed of senior physicians from the major specialities, the chief pharmacist, who commonly serves as its member secretary, nursing leadership, and representatives of administration and other relevant departments, with specialists co opted for particular questions.

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How a medicine earns its place on the hospital formulary
  Clinical need identified, or a new medicine proposed
        |
        v
  Pharmacy prepares the evidence summary: efficacy,
  safety, comparisons, cost and likely use
        |
        v
  PTC deliberates and decides: include, include with
  restrictions, defer or decline, with reasons recorded
        |
        v
  Decision communicated to all prescribers, stock and
  distribution arranged, guideline updated
        |
        v
  Use is monitored: utilisation, adverse reactions and
  outcomes reviewed, formulary status revisited
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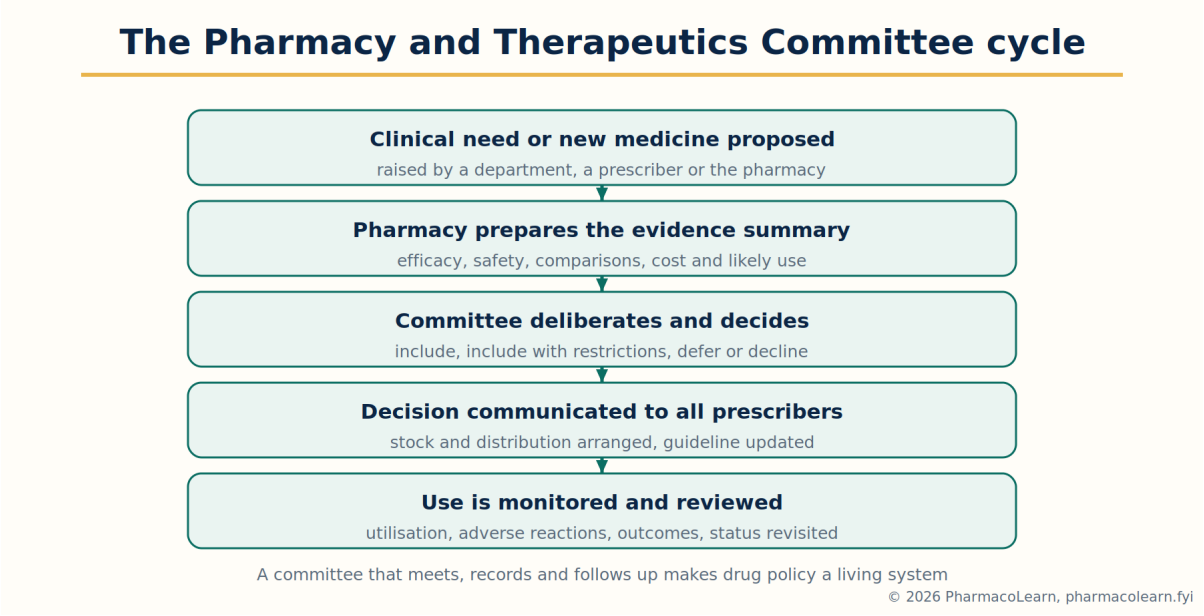


*Figure: The PTC cycle. Selection is a decision, communication makes it real, and monitoring decides whether it stands.*

## 1.10 The Infection Control Committee and the Research and Ethics Committee

Two further committees complete the drug policy structure named in this unit. The Infection Control Committee is the multidisciplinary body responsible for preventing and controlling healthcare associated infections: it frames the infection control policies of the hospital, including hand hygiene, isolation, sterilisation and disinfection practice and waste management, oversees surveillance of infections and resistant organisms, and directs outbreak investigation. Its connection with pharmacy is direct and continuous. Antimicrobial use is both a treatment and a driver of resistance, so the committee and the pharmacy together run the antimicrobial stewardship work of the hospital: an antimicrobial policy that guides empirical and targeted therapy, restriction and review arrangements for reserve antimicrobials, consumption monitoring, and feedback of resistance patterns from the microbiology laboratory to prescribers, in cooperation with the PTC, which owns the formulary side of the same decisions. The Research and Ethics Committee, also called the institutional ethics committee, is the independent body that reviews and approves research involving human participants before it begins, and monitors it while it runs.

## 1.11 Management of medicines as per NABH

The National Accreditation Board for Hospitals and Healthcare Providers, NABH, sets the accreditation standards against which Indian hospitals are assessed, and its standards include a dedicated chapter on

the management of medication. Studying medicines management as per NABH means studying the hospital's medicines system as an auditable chain of defined processes, each with a written policy, a responsible person, records that prove the process happened, and indicators that show whether it is working. The chain, in the order an assessor walks it, runs: selection and procurement of medicines under policy, with quality checked at receipt; storage under the conditions each medicine requires, with temperature monitoring, segregation of look alike and sound alike medicines, and special custody for controlled and high alert medicines; prescription and transcription, with complete, legible and authorised orders and defined rules for verbal orders; dispensing and distribution against the verified order, labelled for the patient; administration by authorised staff with patient identification and the checks that precede giving a medicine; and monitoring after administration, including adverse drug reaction reporting, medication error reporting and review, and recall procedures when a product is found defective.

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