

LETTER

Hospital pharmacy services in Pakistan

Pakistan launched the National Drug Policy (NDP) as an essential element of the National Health Policy (NHP) to achieve 'health for all' in 2000. According to the NDP, hospital pharmacy services need strengthening and should be established at the federal or provincial level. The NDP also stated that all teaching, divisional and district hospitals should have Pharmacy and Therapeutic Committees (P&TC).¹ Historically, P&TC have had an effective role in improving safe and cost-effective usage of medicines. They also improve and implement the strategies for quality use of medicines. In Pakistan, small or medium size hospitals at divisional or district level lack P&TC; only few have P&TC. Most P&TC are authorised for procurement of medicines.² There are very few pharmacists in P&TC and pharmacists are not performing their exact role in formulary development.³

The NDP states that one hospital pharmacist should be appointed for each 50 beds in a hospital facility.¹ However, there is an acute shortage of pharmacists and only one pharmacist is available per 1200 beds in public hospitals.⁴ In 2009, the Supreme Court of Pakistan directed the health department of each province to ensure that the number of pharmacists in public hospitals met the specified criteria.⁵ Almost 2700 pharmacists graduate annually in Pakistan. Despite the small number of pharmacists, more than 15 000 pharmacists do not have appropriate jobs and only 15% are engaged in hospitals, administrative and technical jobs in the public sector.^{3, 4} Hundreds of pharmacist jobs in hospitals are still vacant.^{4, 5} The major reason behind the shortage of pharmacists

in public hospitals is the lack of funds and financial resources.⁵ Pharmacy services and the number of pharmacists in private hospitals are also inadequate.

Furthermore, pharmacists in hospitals are not appropriately engaged in clinical services and pharmaceutical care due to the monopoly of the physicians. Doctors are not accepting the role of pharmacists in clinical decision-making. Pharmacists in hospitals are performing only traditional responsibilities and the majority (84.5%) of hospital pharmacists are only involved in record keeping. Successful implementation of pharmaceutical care in hospital pharmacy services needs an optimal discourse and interaction between doctors and pharmacists, which does not happen in the majority of public hospitals. Doctors get in touch with pharmacists just to inquire about the availability of medicines.³

The NDP emphasised the importance of establishing model hospital pharmacies in teaching hospitals. It also reiterated that modern drug distribution and supply systems should be strengthened so that smaller hospitals could have a better system of ordering, procurement, packaging, storage, distribution and inventory.¹ However, this is not currently the case as with the shortage of pharmacists in hospitals. After 16 years of NDP endorsement, modern hospital pharmacy services still seem a dream.

Finally, federal and provincial governments should provide funds to facilitate good pharmacy services and the required number of pharmacists in hospitals. There should also be an effective collaboration between doctors and pharmacists to improve clinical outcome.

EAHP Statement 4: Clinical Pharmacy Services.

Muhammad Majid Aziz,¹ Yu Fang,¹
Zaheer-Ud-Din Babar,² Muhammad Usman³

¹Department of Pharmacy Administration and Clinical

Pharmacy; School of Pharmacy, Health Science Center, Xi'an Jiaotong University, Xi'an, Shaanxi, China

²Department of Pharmacy, University of Huddersfield, Huddersfield, West Yorkshire, UK

³Faculty of Pharmacy and Alternative Medicine, The Islamia University of Bhawalpur, Bhawalpur, Punjab, Pakistan

Correspondence to Professor Yu Fang, Department of Pharmacy Administration and Clinical Pharmacy; School of Pharmacy, Health Science Center, Director, Center for Drug Safety and Policy Research, Xi'an Jiaotong University, Xi'an, 710061, China; yufang@xjtu.edu.cn

Contributors MMA and MU wrote this article. YF and Z-U-DB edited language and reviewed article.

Competing interests None declared.

Provenance and peer review Not commissioned; internally peer reviewed.

© European Association of Hospital Pharmacists (unless otherwise stated in the text of the article) 2017. All rights reserved. No commercial use is permitted unless otherwise expressly granted.



CrossMark

To cite Aziz MM, Fang Y, Babar Z-U-D, et al. *Eur J Hosp Pharm* Published Online First: [please include Day Month Year]. doi:10.1136/ejhp-2017-001275

Received 24 March 2017

Accepted 3 April 2017

Eur J Hosp Pharm 2017;**0**:1

doi:10.1136/ejhp-2017-001275

REFERENCES

- 1 World Health Organization (WHO). National drug policy - Pakistan. <http://apps.who.int/medicinedocs/en/d/Js17118e/> (cited 2017 Mar 12).
- 2 Gul W. PTC is important for the betterment of the hospital pharmacy. *Inn Pharma & Pharmacotherapy* 2014;**2**:307–11.
- 3 Azhar S, Hassali MA, Ibrahim MMI. Perceptions of hospital pharmacist's Role in Pakistan's Healthcare System: A Cross-Sectional Survey. *Tropical Journal of Pharmaceutical Research* 2011;**10**:11–17.
- 4 Dawn. One pharmacist needed for 50 hospital beds: experts. 2016 <http://www.dawn.com/news/1289197> (cited 2017 Mar 12).
- 5 Zia A, Malik E. Defying laws of supply, demand: hospitals fall far behind WHO standard for pharmacists. *The Express Tribune* 2013 <http://tribune.com.pk/story/634103/defying-laws-of-supply-demand-hospitals-fall-far-behind-who-standard-for-pharmacists/> (cited 2017 Mar 12).



Hospital pharmacy services in Pakistan

Muhammad Majid Aziz, Yu Fang, Zaheer-Ud-Din Babar and Muhammad Usman

Eur J Hosp Pharm published online May 20, 2017

Updated information and services can be found at:

<http://ejhp.bmj.com/content/early/2017/05/20/ejhpharm-2017-001275>

These include:

References

This article cites 2 articles, 0 of which you can access for free at:
<http://ejhp.bmj.com/content/early/2017/05/20/ejhpharm-2017-001275#BIBL>

Email alerting service

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:

<http://group.bmj.com/group/rights-licensing/permissions>

To order reprints go to:

<http://journals.bmj.com/cgi/reprintform>

To subscribe to BMJ go to:

<http://group.bmj.com/subscribe/>