KERALA UNIVERSITY OF HEALTH SCIENCES

FACULTY OF PHARMACY

REGULATIONS AND SYLLABUS

DOCTOR OF PHARMACY COURSE (PHARM.D- POST BACCALAUREATE)

2010 ADMISSION ONWARDS

REGULATIONS AND SYLLABUS FOR 3 YEAR PHARM.D (POST BACCALAUREATE) COURSE 2010 ONWARDS

1. Title of the programme: The 3 – year programmes shall be called Pharm.D (Post Baccalaureate)

2. Duration of the course. –

Pharm.D. (Post Baccalaureate): The duration of the course shall be for three academic years (two years of study and one year internship or residency) full time with each academic year spread over a period of not less than two hundred working days. The period of three years duration is divided into two phases –

Phase I – consisting of First and Second academic year.

Phase II – consisting of Internship or residency training during third year involving posting in speciality units. It is a phase of training wherein a student is exposed to actual pharmacy practice or clinical pharmacy services, and acquires skill under supervision so that he or she may become capable of functioning independently.

3. Minimum qualification for admission to. –

Pharm.D. (Post Baccalaureate) Course - A pass in B. Pharm examination with a minimum of 50% marks from the institution approved by the Pharmacy Council of India, under section 12 of the Pharmacy Act.

Provided that there shall be reservation of seats for the students belonging to the Scheduled Castes, Scheduled Tribes and other Backward Classes in accordance with the instructions issued by the Central Government/State Government/Union Territory Administration as the case may be from time to time.

4. Mode of admission: Based on merit of the qualifying examination, (Reservation as per Government norms) 50% of the total Merit seats should be filled in by the Government/University from the merit list of the qualifying examination, in keeping with all the reservation rules and the fee structure laid down by the Government of Kerala from time to time. The remaining 50% of the seats can be filled in the respective Managements, as per the norms specified by the State Government from time to time.

5. Number of admissions in the above said programmes shall be as prescribed by the Pharmacy Council of India from time to time and presently be restricted as below –

Pharm.D. (Post Baccalaureate) Programme – 10 students.

6. Institutions running B.Pharm programme approved under section 12 of the Pharmacy Act, will only be permitted to run Pharm.D. (Post Baccalaureate) programme. Pharm.D (Post Baccalaureate) will be permitted only in those institutions which are permitted to run Pharm.D programme.

7. Course of study. – The course of study for Pharm.D (Post Baccalaureate) shall include the subjects as given in the Tables below. The number of hours in a week, devoted to each subject for its teaching in theory, practical and tutorial shall not be less than that noted against it in columns (3), (4) and (5) below.

T A B L E S

First Year :

S.No.	Name of Subject	No. of hours of Theory	No. of hours of Practical/ Hospital Posting	No. of hours of Tutorial
(1)	(2)	(3)	(4)	(5)
1.1	Pharmacotherapeutics I & II	3	3	1
1.2	Pharmacotherapeutics III	3	3	1
1.3	Hospital Pharmacy	2	3	1
1.4	Clinical Pharmacy	3	3	1
1.5	Biostatistics & Research Methodology	2	-	1
1.6	Biopharmaceutics & Pharmacokinetics	3	3	1
1.7	Clinical Toxicology	2	-	1
	Total hours	**18**	**15**	**7 = 40**

Second Year:

S.No.	Name of Subject	No. of hours of Theory	No. of hours of Hospital posting*	No. of hours of Seminar
(1)	(2)	(3)	(4)	(5)
2.1	Clinical Research	3	-	1
2.2	Pharmacoepidemiology and Pharmacoeconomics	3	-	1
2.3	Clinical Pharmacokinetics & Pharmacotherapeutic Drug Monitoring	2	-	1
2.4	Clerkship *	-	-	1
2.5	Project work (Six Months)	-	20	-
	Total hours	**8**	**20**	**4 = 32**

***** Attending ward rounds on daily basis.

Third Year:

Internship or residency training including postings in speciality units. Student should independently provide the clinical pharmacy services to the allotted wards.

(i) Six months in General Medicine department, and
(ii) Two months each in three other speciality departments

8. Syllabus. – The syllabus for each subject of study in the said Tables shall be as specified in Appendix -A to these regulations.

9. Approval of the authority conducting the course of study. – (1) No person, institution, society or university shall start and conduct Pharm.D. (Post Baccalaureate) programme without the prior approval of the Pharmacy Council of India.

(2) Any person or pharmacy college for the purpose of obtaining permission under sub-section (1) of section 12 of the Pharmacy Act, shall submit a scheme as prescribed by the Pharmacy Council of India.

(3) The scheme referred to in sub-regulation (2) above, shall be in such form and contain such particulars and be preferred in such manner and be accompanied with such fee as may be prescribed:

Provided that the Pharmacy Council of India shall not approve any institution under these regulations unless it provides adequate arrangements for teaching in regard to building, accommodation, labs, equipments, teaching staff, non-teaching staff, etc., as specified in Appendix-B to these regulations.

10. Examination. – (1) Every year there shall be an examination to examine the students.

(2) Each examination may be held twice every year. The first examination in a year shall be the annual examination and the second examination shall be supplementary examination.

(3) The examinations shall be of written and practical (including oral nature) carrying maximum marks for each part of a subject as indicated in Tables below:

T A B L E S

First Year examination :

S.No.	Name of Subject	Maximum marks for Theory			Maximum marks for Practicals		
		Examination	Sessional	Total	Examination	Sessional	Total
1.1	Pharmacotherapeutics I & II	70	30	100	70	30	100
1.2	Pharmacotherapeutics III	70	30	100	70	30	100
1.3	Hospital Pharmacy	70	30	100	70	30	100
1.4	Clinical Pharmacy	70	30	100	70	30	100
1.5	Biostatistics & Research Methodology	70	30	100	-	-	-
1.6	Biopharmaceutics & Pharmacokinetics	70	30	100	70	30	100
1.7	Clinical Toxicology	70	30	100	-	-	-
				700			500 = 1200

Second Year examination :

S.No.	Name of Subject	Maximum marks for Theory			Maximum marks for Practicals		
		Examination	**Sessional**	**Total**	**Examination**	**Sessional**	**Total**
2.1	Clinical Research	70	30	100	-	-	**-**
2.2	Pharmacoepidemiology and Pharmacoeconomics	70	30	100	-	-	**-**
2.3	Clinical Pharmacokinetics & Pharmacotherapeutic Drug Monitoring	70	30	100	-	-	**-**
2.4	Clerkship *	-	-	**-**	70	30	100
2.5	Project work (Six Months)	-	-	**-**	100**	-	100
				300			200 = 500

* Attending ward rounds on daily basis.

** 30 marks – viva-voce (oral)
70 marks – Thesis work

Third Year examination :

11. Eligibility for appearing Examination.- Only such students who produce certificate from the Head of the Institution in which he or she has undergone the Pharm.D. (Post Baccalaureate) course, in proof of his or her having regularly and satisfactorily undergone the course of study by attending not less than 80% of the classes held both in theory and in practical separately in each subject shall be eligible for appearing at examination.

12. Mode of examinations.- (1) Theory examination shall be of three hours and practical examination shall be of four hours duration.

    (2) A Student who fails in theory or practical examination of a subject shall re-appear both in theory and practical of the same subject.

    (3) Practical examination shall also consist of a viva –voce (Oral) examination.

    (4) Clerkship examination – Oral examination shall be conducted after the completion of clerkship of students. An external and an internal examiner will evaluate the student. Students may be asked to present the allotted medical cases followed by discussion. Students' capabilities in delivering clinical pharmacy services, pharmaceutical care planning and knowledge of therapeutics shall be assessed.

13. Award of sessional marks and maintenance of records.- (1) A regular record of both theory and practical class work and examinations conducted in an institution imparting training for Pharm.D. (Post Baccalaureate) course, shall be maintained for each student in the institution and 30 marks for each theory and 30 marks for each practical subject shall be allotted as sessional.

    (2) There shall be at least three periodic sessional examinations during each academic year and the highest aggregate of any two performances shall form the basis of calculating sessional marks.

(3) The sessional marks in practicals shall be allotted on the following basis:-

(i) Actual performance in the sessional examination (20 marks);

(ii) Day to day assessment in the practical class work, promptness, viva-voce, record maintenance, etc. (10 marks).

14.Minimum marks for passing examination.- A student shall not be declared to have passed examination unless he or she secures at least 50% marks in each of the subjects separately in the theory examinations, including sessional marks and at least 50% marks in each of the practical examinations including sessional marks. The students securing 60% marks or above in aggregate in all subjects in a single attempt at the Pharm. D. (Post Baccalaureate) course examination shall be declared to have passed in first class. Students securing 75% marks or above in any subject or subjects shall be declared to have passed with distinction in the subject or those subjects provided he or she passes in all the subjects in a single attempt. Aggregate marks secured for the two years regular examinations shall be considered for awarding Ranks for the Pharm.D (Post Baccalaureate).

15. Eligibility for promotion to next year.- All students who have appeared for all the subjects and passed the first year annual examination are eligible for promotion to the second year and, so on. However, failure in more than two subjects shall debar him or her from promotion to the next year classes.

16. Internship.- (1) Internship is a phase of training wherein a student is expected to conduct actual practice of pharmacy and health care and acquires skills under the supervision so that he or she may become capable of functioning independently.

(2) Every student has to undergo one year internship as per Appendix-C to these regulations.

17. Approval of examinations.- Examinations mentioned in regulations 10 to12 and 14 shall be held by the examining authority hereinafter referred to as the university, which shall be approved by the Pharmacy Council of India under sub-section (2) of section 12 of the Pharmacy Act, 1948. Such approval shall be granted only if the examining authority concerned fulfills the conditions as specified in Appendix–D to these regulations.

18. Certificate of passing examination.- Every student who has passed the examinations for the Pharm.D. (Post Baccalaureate) (Doctor of Pharmacy) shall be granted a certificate by the examining authority.

(A). A candidate must have minimum 80% attendance in both Theory and Practical classes separately in each subject for appearing for the university examinations.
Only students having 70% attendance or more are eligible for condonation.
Condonation of shortage of attendance shall be vested with a Committee constituted by the Principal/Head of the respective College, with the Principal/Head as the Chairman and 5 members (senior teachers) in the Committee. The benefit of condonation will be available to the students only once during the entire course. The guidelines for condonation are as per the KUHS guidelines regarding the condonation of attendance.

(B). Candidates who fail to appear for the examination in any part or parts owing to the shortage of required attendance shall make up the lost attendance before appearing for that examination.
(C). If the shortage is beyond the condonable limit, the candidate should repeat with the junior batch and appear for the next regular examination.
(D). Candidates shall register for all parts of the examination in their first appearance.
(E). There shall be provision for improvement in the sessional examinations for the failed candidates. .

PRACTICAL TRAINING

19. Hospital posting.- Every student shall be posted in constituent hospital for a period of not less than fifty hours to be covered in not less than 200 working days in each of first & second year course. Each student shall submit report duly certified by the preceptor and duly attested by the Head of the Department or Institution as prescribed. In the third year, every student shall spend half a day in the morning hours attending ward rounds on daily basis as a part of clerkship. Theory teaching may be scheduled in the afternoon.

20. Project work.- (1) To allow the student to develop data collection and reporting skills in the area of community, hospital and clinical pharmacy, a project work shall be carried out under the supervision of a teacher. The project topic must be approved by the Head of the Department or Head of the Institution. The same shall be announced to students within one month of commencement of the fifth year classes. Project work shall be presented in a written report and as a seminar at the end of the year. External and the internal examiners shall do the assessment of the project work.

    (2) Project work shall comprise of objectives of the work, methodology, results, discussions and conclusions.

21. Objectives of project work.- The main objectives of the project work is to—
    (i) show the evidence of having made accurate description of published work of others and of having recorded the findings in an impartial manner; and
    (ii) develop the students in data collection, analysis and reporting and interpretation skills.

22. Methodology.- To complete the project work following methodology shall be adopted, namely:-
    (i) students shall work in groups of not less than *two* and not more than *four* under an authorised teacher;
    (ii) project topic shall be approved by the Head of the Department or Head of the Institution;
    (iii) project work chosen shall be related to the pharmacy practice in community, hospital and clinical setup. It shall be patient and treatment (Medicine) oriented, like drug utilisation reviews, pharmacoepidemiology, pharmacovigilance or pharmacoeconomics;
    (iv) project work shall be approved by the institutional ethics committee;
    (v) student shall present at least three seminars, one in the beginning, one at middle and one at the end of the project work; and

(vi) two-page write-up of the project indicating title, objectives, methodology anticipated benefits and references shall be submitted to the Head of the Department or Head of the Institution.

23. Reporting .- (1) Student working on the project shall submit jointly to the Head of the Department or Head of the Institution a project report of about 40-50 pages. Project report should include a certificate issued by the authorised teacher, Head of the Department as well as by the Head of the Institution

(2) Project report shall be computer typed in double space using Times Roman font on A4 paper. The title shall be in bold with font size 18, sub-tiles in bold with font size 14 and the text with font size 12. The cover page of the project report shall contain details about the name of the student and the name of the authorised teacher with font size 14.

(3) Submission of the project report shall be done at least one month prior to the commencement of annual or supplementary examination.

24. Evaluation.- The following methodology shall be adopted for evaluating the project work-

(i) Project work shall be evaluated by internal and external examiners.

(ii) Students shall be evaluated in groups for four hours (i.e., about half an hour for a group of four students).

(iii) Three seminars presented by students shall be evaluated for twenty marks each and the average of best two shall be forwarded to the university with marks of other subjects.

(iv) Evaluation shall be done on the following items:

	Marks
a) Write up of the seminar	(7.5)
b) Presentation of work	(7.5)
c) Communication skills	(7.5)
d) Question and answer skills	(7.5)
Total	(30 marks)

(v) Final evaluation of project work shall be done on the following items:

	Marks
a) Write up of the seminar	(17.5)
b) Presentation of work	(17.5)
c) Communication skills	(17.5)
d) Question and answer skills	(17.5)
Total	(70 marks)

Explanation.- For the purposes of differentiation in the evaluation in case of topic being the same for the group of students, the same shall be done based on item numbers b, c and d mentioned above.

APPENDIX-A

(See regulation 8)

PHARM.D (POST BACCALAUREATE) SYLLABUS

FIRST YEAR

1.1 PHARMACOTHERAPEUTICS I & II (THEORY)

Theory: 3 Hrs. /Week

1. **Scope of the Subject:** This course is designed to impart knowledge and skills necessary for contribution to quality use of medicines. Chapters dealt cover briefly pathophysiology and mostly therapeutics of various diseases. This will enable the student to understand the pathophysiology of common diseases and their management.

2. **Objectives:** At completion of this subject it is expected that students will be able to understand –
   a. the pathophysiology of selected disease states and the rationale for drug therapy;
   b. the therapeutic approach to management of these diseases;
   c. the controversies in drug therapy;
   d. the importance of preparation of individualised therapeutic plans based on diagnosis;
   e. needs to identify the patient-specific parameters relevant in initiating drug therapy, and monitoring therapy (including alternatives, time-course of clinical and laboratory indices of therapeutic response and adverse effects);
   f. describe the pathophysiology of selected disease states and explain the rationale for drug therapy;
   g. summarize the therapeutic approach to management of these diseases including reference to the latest available evidence;
   h. discuss the controversies in drug therapy;
   i. discuss the preparation of individualized therapeutic plans based on diagnosis; and
   j. identify the patient-specific parameters relevant in initiating drug therapy, and monitoring therapy (including alternatives, time-course of clinical and laboratory indices of therapeutic response and adverse effects).

   Text Books
   a. Clinical Pharmacy and Therapeutics - Roger and Walker, Churchill Livingstone publication.
   b. Pharmacotherapy: A Pathophysiologic approach - Joseph T. Dipiro et al. Appleton & Lange.

   Reference Books
   a. Pathologic basis of disease - Robins SL, W.B.Saunders publication.
   b. Pathology and therapeutics for Pharmacists: A Basis for Clinical Pharmacy Practice - Green and Harris, Chapman and Hall publication.
   c. Clinical Pharmacy and Therapeutics - Eric T. Herfindal, Williams and Wilkins Publication.
   d. Applied Therapeutics:The clinical Use of Drugs. Lloyd Young and Koda-Kimble MA
   e. Avery's Drug Treatment, 4th Edn, 1997, Adis International Limited.
   f. Relevant review articles from recent medical and pharmaceutical literature.

3. Detailed syllabus and lecture wise schedule :

Etiopathogenesis and pharmacotherapy of diseases associated with following systems/ diseases

Title of the topic

1 **Cardiovascular system:** Hypertension, Congestive cardiac failure, Angina Pectoris, Myocardial infarction, , Hyperlipidaemias , Electrophysiology of heart and Arrhythmias

2 **Respiratory system :** Introduction to Pulmonary function test, Asthma, Chronic obstructive airways disease, Drug induced pulmonary diseases
Endocrine system : Diabetes, Thyroid diseases, Oral contraceptives, Hormone replacement therapy, Osteoporosis

3 **General prescribing guidelines for**
a. Paediatric patients
b. Geriatric patients
c. Pregnancy and breast feeding

4 **Ophthalmology:** Glaucoma, Conjunctivitis- viral & bacterial

5 **Introduction to rational drug use**
Definition, Role of pharmacist Essential drug concept Rational drug formulations

6. **Infectious disease:** Guidelines for the rational use of antibiotics and surgical Prophylaxis, Tuberculosis, Meningitis, Respiratory tract infections, Gastroenteritis, Endocarditis, Septicemia, Urinary tract infections, Protozoal infection- Malaria, HIV & Opportunistic infections, Fungal infections, Viral infections, Gonarrhoea and Syphillis

7 **Musculoskeletal disorders**
Rheumatoid arthritis, Osteoarthritis, Gout, Spondylitis, Systemic lupus erythematosus.

8 **Renal system**
Acute Renal Failure, Chronic Renal Failure, Renal Dialysis, Drug induced renal disorders

9 **Oncology:** Basic principles of Cancer therapy, General introduction to cancer chemotherapeutic agents, Chemotherapy of breast cancer, leukemia. Management of chemotherapy nausea and emesis

10 **Dermatology:** Psoriasis, Scabies, Eczema, Impetigo

1.1 PHARMACOTHERAPEUTICS - I & II (PRACTICAL)

Practical : 3 Hrs./Week

Practicals : Hospital postings in various departments designed to complement the lectures by providing practical clinical discussion; attending ward rounds; follow up the progress and changes made in drug therapy in allotted patients; case presentation upon discharge. Students are required to maintain a record of cases presented and the same should be submitted at the end of the course for evaluation. A minimum of 20 cases should be presented and recorded covering most common diseases.

Assignments :

Students are required to submit written assignments on the topics given to them. Topics allotted should cover recent developments in drug therapy of various diseases. A minimum of THREE assignments [1500 – 2000 words] should be submitted for evaluation.

Format of the assignment:

1. Minimum & Maximum number of pages.
2. Reference(s) shall be included at the end.
3. Assignment can be a combined presentation at the end of the academic year.
4. It shall be computer draft copy.
5. Name and signature of the student.
6. Time allocated for presentation may be 8+2 Min.

Scheme of Practical Examination:

	Sessionals	**Annual**
Synopsis	05	15
Major Experiment	10	25
Minor Experiment	03	15
Viva	02	15
Max Marks	**20**	**70**
Duration	**03hrs**	**04hrs**

Note : Total sessional marks is 30 (20 for practical sessional plus 10 marks for regularity, promptness, viva-voce and record maintenance).

1.2 PHARMACOTHERAPEUTICS III (THEORY)

Theory : 3 Hrs. /Week

1. **Scope :** This course is designed to impart knowledge and skills necessary for contribution to quality use of medicines. Chapters dealt cover briefly pathophysiology and mostly therapeutics of various diseases. This will enable the student to understand the pathophysiology of common diseases and their management.

2. **Objectives:** At completion of this subject it is expected that students will be able to understand –
   a. the pathophysiology of selected disease states and the rationale for drug therapy;
   b. the therapeutic approach to management of these diseases;
   c. the controversies in drug therapy;

d. the importance of preparation of individualised therapeutic plans based on diagnosis;
e. needs to identify the patient-specific parameters relevant in initiating drug therapy, and monitoring therapy (including alternatives, time-course of clinical and laboratory indices of therapeutic response and adverse effects);
f. describe the pathophysiology of selected disease states and explain the rationale for drug therapy;
g. to summarize the therapeutic approach to management of these diseases including reference to the latest available evidence;
h. to discuss the controversies in drug therapy;
i. to discuss the preparation of individualised therapeutic plans based on diagnosis; and
j. identify the patient-specific parameters relevant in initiating drug therapy, and monitoring therapy (including alternatives, time-course of clinical and laboratory indices of therapeutic response and adverse effects).

Text Books

a. Clinical Pharmacy and Therapeutics - Roger and Walker, Churchill Livingstone publication
b. Pharmacotherapy: A Pathophysiologic approach - Joseph T. Dipiro et al. Appleton & Lange

Reference Books

a. Pathologic basis of disease - Robins SL, W.B.Saunders publication
b. Pathology and therapeutics for Pharmacists: A Basis for Clinical Pharmacy Practice - Green and Harris, Chapman and Hall publication
c. Clinical Pharmacy and Therapeutics - Eric T. Herfindal, Williams and Wilkins Publication
d. Applied Therapeutics: The clinical Use of Drugs. Lloyd Young and Koda-Kimble MA
e. Avery's Drug Treatment, 4th Edn, 1997, Adis International Limited.
f. Relevant review articles from recent medical and pharmaceutical literature.

3. Detailed syllabus and lecture wise schedule:

Etiopathogenesis and pharmacotherapy of diseases associated with following systems/ diseases:

Title of the topic

1 **Gastrointestinal system:** Peptic ulcer disease, Gastro Esophageal Reflux Disease, Inflammatory bowel disease, Liver disorders - Alcoholic liver disease, Viral hepatitis including jaundice, and Drug induced liver disorders.
2 **Haematological system:** Anaemias, Venous thromboembolism, Drug induced blood disorders.
3 **Nervous system:** Epilepsy, Parkinsonism, Stroke, Alzheimer's disease,
4 **Psychiatry disorders:** Schizophrenia, Affective disorders, Anxiety disorders, Sleep disorders, Obsessive Compulsive disorders
5 Pain management including Pain pathways, neuralgias, headaches.
6 Evidence Based Medicine

1.3 PHARMACOTHERAPEUTICS (PRACTICAL)

Practical : 3 Hrs./Week

Practicals:

Hospital postings for a period of at least 50 hours is required to understand the principles and practice involved in ward round participation and clinical discussion on selection of drug therapy. Students are required to maintain a record of 15 cases observed in the ward and the same should be submitted at the end of the course for evaluation. Each student should present at least two medical cases they have observed and followed in the wards.

Assignments:

Students are required to submit written assignments on the topics given to them. Topics allotted should cover recent developments in drug therapy of various diseases. A minimum of THREE assignments [1500 – 2000 words] should be submitted for evaluation.

Format of the assignment:

1. Minimum & Maximum number of pages
2. Reference(s) shall be included at the end.
3. Assignment can be a combined presentation at the end of the academic year
4. It shall be computer draft copy
5. Name and signature of the student
6. Time allocated for presentation may be 8+2 Min.

Scheme of Practical Examination :

	Sessionals	**Annual**
Synopsis	05	15
Major Experiment	10	25
Minor Experiment	03	15
Viva	02	15
Max Marks	**20**	**70**
Duration	**03hrs**	**04hrs**

Note : Total sessional marks is 30 (20 for practical sessional plus 10 marks for regularity, promptness, viva-voce and record maintenance).

1.3 HOSPITAL PHARMACY (THEORY)

Theory : 2 Hrs. /Week

1. **Scope**: In the changing scenario of pharmacy practice in India, for successful practice of Hospital Pharmacy, the students are required to learn various skills like drug distribution, drug dispensing, manufacturing of parenteral preparations, drug information, patient counselling, and therapeutic drug monitoring for improved patient care.

2. **Objectives:** Upon completion of the course, the student shall be able to –
   a. know various drug distribution methods;
   b. know the professional practice management skills in hospital pharmacies;
   c. provide unbiased drug information to the doctors;

d. know the manufacturing practices of various formulations in hospital set up;
e. appreciate the practice based research methods; and
f. appreciate the stores management and inventory control.

Text books: (latest editions)

a. Hospital pharmacy by William .E. Hassan
b. A text book of Hospital Pharmacyby S.H.Merchant & Dr. J.S. Qadry. Revised by R.K.Goyal & R.K. Parikh

References:

a. WHO consultative group report.
b. R.P.S. Vol.2. Part –B; Pharmacy Practice section.
c. Handbook of pharmacy – health care. Edt. Robin J Harman. The Pharmaceutical press.

3. Lecture wise programme :

Topics

1 Hospital - its Organisation and functions

2 Hospital pharmacy-Organisation and management

a) Organizational structure-Staff, Infrastructure & work load statistics
b) Management of materials and finance
c) Roles & responsibilities of hospital pharmacist

3 The Budget – Preparation and implementation

4 Hospital drug policy

a) Pharmacy and Therapeutic committee (PTC)
b) Hospital formulary
c) Hospital committees
- Infection committee
- Research and ethical committee

d) developing therapeutic guidelines
e) Hospital pharmacy communication - Newsletter

5 Hospital pharmacy services

a) Procurement & warehousing of drugs and Pharmaceuticals
b) Inventory control
Definition, various methods of Inventory Control
ABC, VED, EOQ, Lead time, safety stock
c) Drug distribution in the hospital
i) Individual prescription method
ii) Floor stock method
iii) Unit dose drug distribution method
d) Distribution of Narcotic and other controlled substances
e) Central sterile supply services – Role of pharmacist

6 Manufacture of Pharmaceutical preparations

a) Sterile formulations – large and small volume parenterals
b) Manufacture of Ointments, Liquids, and creams
c) Manufacturing of Tablets, granules, capsules, and powders
d) Total parenteral nutrition

7 Continuing professional development programs
Education and training

8 Radio Pharmaceuticals – Handling and packaging

9 Professional Relations and practices of hospital pharmacist

1.3 HOSPITAL PHARMACY (PRACTICAL)

Practical : 3 Hrs./Week

1. Assessment of drug interactions in the given prescriptions
2. Manufacture of parenteral formulations, powders.
3. Drug information queries.
4. Inventory control

List of Assignments:

1. Design and Management of Hospital pharmacy department for a 300 bedded hospital.
2. Pharmacy and Therapeutics committee – Organization, functions, and limitations.
3. Development of a hospital formulary for 300 bedded teaching hospital
4. Preparation of ABC analysis of drugs sold in one month from the pharmacy.
5. Different phases of clinical trials with elements to be evaluated.
6. Various sources of drug information and systematic approach to provide unbiased drug information.
7. Evaluation of prescriptions generated in hospital for drug interactions and find out the suitable management.

Special requirements:

1. Each college should sign MoU with nearby local hospital having minimum 150 beds for providing necessary training to the students' on hospital pharmacy activities.
2. Well equipped with various resources of drug information.

Scheme of Practical Examination:

	Sessionals	**Annual**
Synopsis	05	15
Major Experiment	10	25
Minor Experiment	03	15
Viva	02	15
Max Marks	**20**	**70**
Duration	**03hrs**	**04hrs**

Note : Total sessional marks is 30 (20 for practical sessional plus 10 marks for regularity, promptness, viva-voce and record maintenance).

1.4 CLINICAL PHARMACY (THEORY)

Theory : 3 Hrs. /Week

1. Objectives of the Subject :

Upon completion of the subject student shall be able to (Know, do, appreciate) –

a. monitor drug therapy of patient through medication chart review and clinical review;
b. obtain medication history interview and counsel the patients;
c. identify and resolve drug related problems;
d. detect, assess and monitor adverse drug reaction;
e. interpret selected laboratory results (as monitoring parameters in therapeutics) of specific disease states; and
f. retrieve, analyse, interpret and formulate drug or medicine information.

Text books (Theory)

a. Practice Standards and Definitions - The Society of Hospital Pharmacists of Australia.
b. Basic skills in interpreting laboratory data - Scott LT, American Society of Health System Pharmacists Inc.
c. Biopharmaceutics and Applied Pharmacokinetics - Leon Shargel, Prentice Hall publication.
d. A text book of Clinical Pharmacy Practice; Essential concepts and skills, Dr.G.Parthasarathi etal, Orient Orient Langram Pvt.Ltd. ISSBN8125026

References

a. Australian drug information -Procedure manual. The Society of Hospital Pharmacists of Australia.
b. Clinical Pharmacokinetics - Rowland and Tozer, Williams and Wilkins Publication.
c. Pharmaceutical statistics. Practical and clinical applications. Sanford Bolton, Marcel Dekker, Inc.

2. Detailed syllabus and lecture wise schedule:

Title of the topic

1. **Definitions, development and scope of clinical pharmacy**
2. **Introduction to daily activities of a clinical pharmacist**
   a. Drug therapy monitoring (medication chart review, clinical review, pharmacist interventions)
   b. Ward round participation
   c. Adverse drug reaction management
   d. Drug information and poisons information
   e. Medication history
   f. Patient counseling
   g. Drug utilisation evaluation (DUE) and review (DUR)
   h. Quality assurance of clinical pharmacy services
3. **Patient data analysis**
   The patient's case history, its structure and use in evaluation of drug therapy & Understanding common medical abbreviations and terminologies used in clinical practices.

4. **Clinical laboratory tests used in the evaluation of disease states, and interpretation of test results**
   a. Haematological, Liver function, Renal function, thyroid function tests
   b. Tests associated with cardiac disorders
   c. Fluid and electrolyte balance
   d. Microbiological culture sensitivity tests
   e. Pulmonary Function Tests
5. **Drug & Poison information**
   a. Introduction to drug information resources available
   b. Systematic approach in answering DI queries
   c. Critical evaluation of drug information and literature
   d. Preparation of written and verbal reports
   e. Establishing a Drug Information Centre
   f. Poisons information- organization & information resources
6. **Pharmacovigilance**
   a. Scope, definition and aims of pharmacovigilance
   b. Adverse drug reactions - Classification, mechanism, predisposing factors, causality assessment [different scales used]
   c. Reporting, evaluation, monitoring, preventing & management of ADRs
   d. Role of pharmacist in management of ADR.
7. Communication skills, including patient counselling techniques, medication history interview, presentation of cases.
8. Pharmaceutical care concepts
9. Critical evaluation of biomedical literature
10. Medication errors

1.4 CLINICAL PHARMACY (PRACTICAL)

Practical : 3 Hrs./Week

Students are expected to perform 15 practicals in the following areas covering the topics dealt in theory class.

a. Answering drug information questions (4 Nos)
b. Patient medication counselling (4 Nos)
c. Case studies related to laboratory investigations (4 Nos)
d. Patient medication history interview (3 Nos)

Assignment:

Students are expected to submit THREE written assignments (1500 – 2000 words) on the topics given to them covering the following areas dealt in theory class.

Drug information, Patient medication history interview, Patient medication counselling, Critical appraisal of recently published articles in the biomedical literature which deals with a drug or therapeutic issue.

Format of the assignment:

1. Minimum & Maximum number of pages.

2. Reference(s) shall be included at the end.
3. Assignment can be a combined presentation at the end of the academic year.
4. It shall be computer draft copy.
5. Name and signature of the student.
6. Time allocated for presentation may be 8+2 Min.

1.5 BIOSTATISTICS AND RESEARCH METHODOLOGY (THEORY)

Theory : 2 Hrs. /Week

1. Detailed syllabus and lecture wise schedule

1 **Research Methodology**

a) Types of clinical study designs:
Case studies, observational studies, interventional studies,

b) Designing the methodology

c) Sample size determination and Power of a study
Determination of sample size for simple comparative experiments, determination of sample size to obtain a confidence interval of specified width, power of a study

d) Report writing and presentation of data

2 **Biostatistics**

2.1 a) Introduction

b) Types of data distribution

c) Measures describing the central tendency distributions- average, median, mode

d) Measurement of the spread of data-range, variation of mean, standard deviation, variance, coefficient of variation, standard error of mean.

2.2 **Data graphics**

Construction and labeling of graphs, histogram, piecharts, scatter plots, semilogarthimic plots

2.3 **Basics of testing hypothesis**

a) Null hypothesis, level of significance, power of test, P value, statistical estimation of confidence intervals.

b) Level of significance (Parametric data)- students t test (paired and unpaired), chi Square test, Analysis of Variance (one-way and two-way)

c) Level of significance (Non-parametric data)- Sign test, Wilcoxan's signed rank test, Wilcoxan rank sum test, Mann Whitney U test, Kruskal-Wall is test (one way ANOVA)

d) Linear regression and correlation- Introduction, Pearsonn's and Spearmann's correlation and correlation co-efficient.

e) Introduction to statistical software: SPSS, Epi Info, SAS.

2.4 **Statistical methods in epidemiology**

Incidence and prevalence, relative risk, attributable risk

3. Computer applications in pharmacy

Computer System in Hospital Pharmacy: Patterns of Computer use in Hospital Pharmacy – Patient record database management, Medication order entry – Drug labels and list – Intravenous solution and admixture, patient medication profiles, Inventory control, Management report & Statistics.

Computer In Community Pharmacy
Computerizing the Prescription Dispensing process
Use of Computers for Pharmaceutical Care in community pharmacy
Accounting and General ledger system

Drug Information Retrieval & Storage :
Introduction – Advantages of Computerized Literature Retrieval
Use of Computerized Retrieval

Reference books:

a. Pharmaceutical statistics- practical and clinical applications, Sanford Bolton 3rd edition, publisher Marcel Dekker Inc. NewYork.
b. Drug Information- A Guide for Pharmacists, Patrick M Malone, Karen L Kier, John E Stanovich , 3rd edition, McGraw Hill Publications 2006

1.6 BIOPHARMACEUTICS AND PHARMACOKINETICS (THEORY)

Theory : 3 Hrs. /Week

1. Biopharmaceutics

1. Introduction to Biopharmaceutics
   a. Absorption of drugs from gastrointestinal tract.
   b. Drug Distribution.
   c. Drug Elimination.

2. Pharmacokinetics

2. Introduction to Pharmacokinetics.
   a. Mathematical model
   b. Drug levels in blood.
   c. Pharmacokinetic model
   d. Compartment models
   e. Pharmacokinetic study.

3. One compartment open model.
   a. Intravenous Injection (Bolus)
   b. Intravenous infusion.

4. Multicompartment models.
   a. Two compartment open model.
   b. IV bolus, IV infusion and oral administration

5. Multiple – Dosage Regimens.
   a. Repititive Intravenous injections – One Compartment Open Model
   b. Repititive Extravascular dosing – One Compartment Open model
   c. Multiple Dose Regimen – Two Compartment Open Model

6. Nonlinear Pharmacokinetics.
   a. Introduction
   b. Factors causing Non-linearity.
   c. Michaelis-menton method of estimating parameters.

7. Noncompartmental Pharmacokinetics.
   a. Statistical Moment Theory.
   b. MRT for various compartment models.
   c. Physiological Pharmacokinetic model.

8. Bioavailability and Bioequivalence.
   a. Introduction.
   b. Bioavailability study protocol.
   c. Methods of Assessment of Bioavailability

1.6 BIOPHARMACEUTICS AND PHARMACOKINETICS (PRACTICAL)

Practical : 3 Hrs./Week

1. Improvement of dissolution characteristics of slightly soluble drugs by some methods.
2. Comparison of dissolution studies of two different marketed products of same drug.
3. Influence of polymorphism on solubility and dissolution.
4. Protein binding studies of a highly protein bound drug and poorly protein bound drug.
5. Extent of plasma-protein binding studies on the same drug (i.e. highly and poorly protein bound drug) at different concentrations in respect of constant time.
6. Bioavailability studies of some commonly used drugs on animal/human model.
7. Calculation of Ka, Ke, $t_1/2$, Cmax, AUC, AUMC, MRT etc. from blood profile data.
8. Calculation of bioavailability from urinary excretion data for two drugs.
9. Calculation of AUC and bioequivalence from the given data for two drugs.
10. In vitro absorption studies.
11. Bioequivalency studies on the different drugs marketed.(eg) Tetracycline, Sulphamethoxzole, Trimethoprim, Aspirin etc., on animals and human volunteers.
12. Absorption studies in animal inverted intestine using various drugs.
13. Effect on contact time on the plasma protein binding of drugs.
14. Studying metabolic pathways for different drugs based on elimination kinetics data.
15. Calculation of elimination half-life for different drugs by using urinary elimination data and blood level data.
16. Determination of renal clearance.

References:

a. Biopharmaceutics and Clinical Pharmacokinetics by, Milo Gibaldi
b. Remington's Pharmaceutical Sciences, By Mack Publishing Company, Pennsylvnia.
c. Pharmacokinetics: By Milo Glbaldi Donald, R. Mercel Dekker Inc.
d. Hand Book of Clinical Pharmacokinetics, By Milo Gibaldi and Laurie Prescott by ADIS Health Science Press.

e. Biopharmaceutics and Pharmacokinetics; By Robert F Notari
f. Biopharmaceutics; By Swarbrick
g. Bio pharmaceutics and Pharmacokinetics-A Treatise, By D. M. Brahmankar and Sunil B.Jaiswal, Vallabh Prakashan Pitampura, Delhi
h. Cilincal Pharmacokinetics, Concepts and Applications: By Malcolm Rowland and Thomas, N. Tozen, Lea and Febrger, Philadelphia, 1995.
i. Dissolution, Bioavailability and Bioequivalence, By Abdou H.M, Mack, Publishing Company, Pennsylvania 1989.
j. Biopharmaceutics and Clinical Pharmacokinetics-An introduction 4th edition Revised and expanded by Rebort F Notari Marcel Dekker Inn, New York and Basel, 1987.
k. Encyclopedia of Pharmaceutical Technology, Vol 13, James Swarbrick, James, C. Roylan, Marcel Dekker Inc, New York 1996.

1.7 CLINICAL TOXICOLOGY (THEORY)

Theory : 2 Hrs. /Week

1. General principles involved in the management of poisoning
2. Antidotes and the clinical applications.
3. Supportive care in clinical Toxicology.
4. Gut Decontamination.
5. Elimination Enhancement.
6. Toxicokinetics.
7. Clinical symptoms and management of acute poisoning with the following agents –
   a) Pesticide poisoning: organophosphorous compounds, carbamates, organochlorines, pyrethroids.
   b) Opiates overdose.
   c) Antidepressants
   d) Barbiturates and benzodiazepines.
   e) Alcohol: ethanol, methanol.
   f) Paracetamol and salicylates.
   g) Non-steroidal anti-inflammatory drugs.
   h) Hydrocarbons: Petroleum products and PEG.
   i) Caustics: inorganic acids and alkali.
   j) Radiation poisoning
8. Clinical symptoms and management of chronic poisoning with the following agents – Heavy metals: Arsenic, lead, mercury, iron, copper
9. Venomous snake bites: Families of venomous snakes, clinical effects of venoms, general management as first aid, early manifestations, complications and snake bite injuries.
10. Plants poisoning. Mushrooms, Mycotoxins.
11. Food poisonings
12. Envenomations – Arthropod bites and stings.

Substance abuse:
Signs and symptoms of substance abuse and treatment of dependence
a) CNS stimulants :amphetamine
b) Opioids

c) CNS depressants
d) Hallucinogens: LSD
e) Cannabis group
f) Tobacco

References:

a. Matthew J Ellenhorn. ELLENHORNS MEDICAL TOXICOLOGY – DIAGNOSIS AND TREATMENT OF POISONING. Second edition. Williams and Willkins publication, London
b. V V Pillay. HANDBOOK OF FORENSIC MEDICINE AND TOXICOLOGY. Thirteenth edition 2003 Paras Publication, Hyderabad

SECOND YEAR

2.1 CLINICAL RESEARCH (THEORY)

Theory : 3 Hrs. /Week

1. Drug development process:

Introduction

Various Approaches to drug discovery

1. Pharmacological
2. Toxicological
3. IND Application
4. Drug characterization
5. Dosage form

2. Clinical development of drug:

1. Introduction to Clinical trials
2. Various phases of clinical trial.
3. Methods of post marketing surveillance
4. Abbreviated New Drug Application submission.
5. Good Clinical Practice – ICH, GCP, Central drug standard control organisation (CDSCO) guidelines
6. Challenges in the implementation of guidelines
7. Ethical guidelines in Clinical Research
8. Composition, responsibilities, procedures of IRB / IEC
9. Overview of regulatory environment in USA, Europe and India.
10. Role and responsibilities of clinical trial personnel as per ICH GCP
    a. Sponsor
    b. Investigators
    c. Clinical research associate
    d. Auditors
    e. Contract research coordinators
    f. Regulatory authority
11. Designing of clinical study documents (protocol, CRF, ICF, PIC with assignment)

12. Informed consent Process
13. Data management and its components
14. Safety monitoring in clinical trials.

References :

a. Central Drugs Standard Control Organization. Good Clinical Practices-Guidelines for Clinical Trials on Pharmaceutical Products in India. New Delhi: Ministry of Health; 2001.
b. International Conference on Harmonisation of Technical requirements for registration of Pharmaceuticals for human use. ICH Harmonised Tripartite Guideline. Guideline for Good Clinical Practice.E6; May 1996.
c. Ethical Guidelines for Biomedical Research on Human Subjects 2000. Indian Council of Medical Research, New Delhi.
d. Textbook of Clinical Trials edited by David Machin, Simon Day and Sylvan Green, March 2005, John Wiley and Sons.
e. Principles of Clinical Research edited by Giovanna di Ignazio, Di Giovanna and Haynes.
f. Clinical Data Management edited by R K Rondels, S A Varley, C F Webbs. Second Edition, Jan 2000, Wiley Publications.
g. Goodman & Gilman: JG Hardman, LE Limbard, 10th Edn. McGraw Hill Publications, 2001.

2.2 PHARMACOEPIDEMIOLOGY AND PHARMACOECONOMICS (THEORY)

Theory : 3 Hrs. /Week

1. Pharmacoepidemiology :

Definition and scope:
Origin and evaluation of pharmacoepidemiology need for pharmacoepidemiology, aims and applications.

Measurement of outcomes in pharmacoepidemiology
Outcome measure and drug use measures
Prevalence, incidence and incidence rate. Monetary units, number of prescriptions, units of drugs dispensed, defined daily doses and prescribed daily doses, medication adherence measurement

Concept of risk in pharmacoepidemiology
Measurement of risk, attributable risk and relative risk, time-risk relationship and odds ratio

Pharmacoepidemiological methods
Includes theoretical aspects of various methods and practical study of various methods with the help of case studies for individual methods
Drug utilization review, case reports, case series, surveys of drug use, cross – sectional studies, cohort studies, case control studies, case –cohort studies, meta – analysis studies, spontaneous reporting, prescription event monitoring and record linkage system.

Sources of data for pharmacoepidemiological studies
Ad Hoc data sources and automated data systems.

Selected special applications of pharmacoepidemiology
Studies of vaccine safety, hospital pharmacoepidemiology, pharmacoepidemiology and risk management, drug induced birth defects.

2. Phrmacoeconomics:

Definition, history, needs of pharmacoeconomic evaluations

Role in formulary management decisions

Pharmacoeconomic evaluation
Outcome assessment and types of evaluation
Includes theoretical aspects of various methods and practical study of various methods with the help of case studies for individual methods:
Cost – minimization, cost- benefit, cost – effectiveness, cost utility

3. Applications of Pharmacoeconomics

Software and case studies

2.3 CLINICAL PHARMACOKINETICS AND THERAPEUTIC DRUG MONITORING (THEORY)

Theory : 2 Hrs. /Week

1. **Introduction to Clinical pharmacokinetics.**

2. **Design of dosage regimens:**
   Nomograms and Tabulations in designing dosage regimen, Conversion from intravenous to oral dosing, Determination of dose and dosing intervals, Drug dosing in the elderly and pediatrics and obese patients.

3. **Pharmacokinetics of Drug Interaction:**
   a. Pharmacokinetic drug interactions
   b. Inhibition and Induction of Drug metabolism
   c. Inhibition of Biliary Excretion.

4. **Therapeutic Drug monitoring:**
   a. Introduction
   b. Individualization of drug dosage regimen (Variability – Genetic, Age and Weight , disease, Interacting drugs).
   c. Indications for TDM. Protocol for TDM.
   d. Pharmacokinetic/Pharmacodynamic Correlation in drug therapy.
   e. TDM of drugs used in the following disease conditions: cardiovascular disease, Seizure disorders, Psychiatric conditions, and Organ transplantations.

5. Dosage adjustment in Renal and hepatic Disease.

a. Renal impairment
b. Pharmacokinetic considerations
c. General approach for dosage adjustment in Renal disease.
d. Measurement of Glomerular Filtration rate and creatinine clearance.
e. Dosage adjustment for uremic patients.
f. Extracorporeal removal of drugs.
g. Effect of Hepatic disease on pharmacokinetics.

6. Population Pharmacokinetics.

a. Introduction to Bayesian Theory.
b. Adaptive method or Dosing with feed back.
c. Analysis of Population pharmacokinetic Data.

7. Pharmacogenetics

a. Genetic polymorphism in Drug metabolism: Cytochrome P-450 Isoenzymes.
b. Genetic Polymorphism in Drug Transport and Drug Targets.
c. Pharmacogenetics and Pharmacokinetics/Pharmacodynamic considerations

APPENDIX-B

(See regulation 9)

CONDITIONS TO BE FULFILLED BY THE ACADEMIC TRAINING INSTITUTION

1) Any authority or institution in India applying to the Pharmacy Council of India for approval of courses of study for Pharm.D. (Post Baccalaureate) under sub-section (1) of section 12 of the Pharmacy Act, 1948 shall comply with the infrastructural facilities as prescribed by the Pharmacy Council of India from time to time.

2) Pharm.D. (Post Baccalaureate) programmes shall be conducted only in those institutions which -
   a) are approved by the Pharmacy Council of India for B.Pharm course as provided under section 12 of the Pharmacy Act, 1948;
   b) have 300 bedded hospital attached to it.

(i) Hospital Details

1. Institution with their own hospital of minimum 300 beds.
2. Teaching hospital recognised by the Medical Council of India or University, or a Government hospital not below the level of district headquarter hospital with 300 beds with clearly defined Memorandum of Understanding including housing pharmacy practice department with minimum carpet area of 30 square feet per student along with consent to provide the professional manpower to support the programme.
3. Corporate type hospital with minimum 300 beds with clearly defined Memorandum of Understanding including housing pharmacy practice department with minimum carpet area of 30 square feet per student along with consent to provide the professional manpower to support the programme.
4. Number of institutions which can be attached to one hospital shall be restricted by the student pharmacist to bed ratio of 1:10.

(ii) Speciality

a) Tertiary care hospitals are desirable
b) Medicine[compulsory], and any three specialization of the following
   1. Surgery
   2. Pediatrics
   3. Gynecology and obstetrics
   4. Psychiatry
   5. Skin and VD
   6. Orthopedics

(iii)Location of the Hospital

Within the same limits of Corporation or Municipality or Campus with Medical Faculty involvement as adjunct faculty.

3) **TEACHING STAFF REQUIREMENT**

i) Staff Pattern : All faculty shall be full time. However part time perceptors in hospital shall be allowed.

ii) Subject wise specialisation of the Teaching Staff :

S.No.	Subject	Specialisation required
1.	Pharmacy Practice	M.Pharm in Pharmacy Practice or Pharmacology or Pharmaceutics.
2.	Human Anatomy & Physiology	M.Pharm in Pharmacology or Pharmacy practice
3.	Pharmaceutics (Dispensing & General Pharmacy)	M.Pharm in Pharmaceutics
4.	Pharmacognosy-I	M.Pharm in Pharmacognosy
5.	Pharmaceutical Organic Chemistry-I	M.Pharm in Pharmaceutical chemistry or Pharmaceutical Analysis or Quality assurance or Bulk Drug
6.	Pharmaceutical Inorganic Chemistry	M.Pharm in Pharmaceutical chemistry or Pharmaceutical Analysis or Quality assurance or Bulk Drug
7.	Pharmaceutical microbiology	M.Pharm in Pharmaceutics or Pharmaceutical Biotechnology
8.	Pathophysiology	M.Pharm Pharmacy practice or Pharmacology
9.	Applied Biochemistry & Clinical Chemistry	M.Pharm in Pharmacology or Pharmacy practice or Pharmaceutical chemistry
10.	Pharmacology-I	M.Pharm in Pharmacology or Pharmacy practice
11.	Pharmaceutical Jurisprudence	M.Pharm in Pharmaceutics
12.	Pharmacology-II	M.Pharm in Pharmacology or Pharmacy practice
13.	Pharmaceutical Dosage Forms	M.Pharm in Pharmaceutics or Industrial Pharmacy
14.	Pharmacotherapeutics –I, II and III	M.Pharm Pharmacy practice or Pharmacology
15.	Community Pharmacy	M.Pharm in Pharmacy practice or Pharmacology or Pharmaceutics
16.	Hospital Pharmacy	M.Pharm in Pharmacy practice or Pharmacology or Pharmaceutics
17.	Clinical Pharmacy	M.Pharm in Pharmacy practice
18.	Computer Science or Computer Application in pharmacy	MCA
19.	Mathematics	M.Sc. (Maths)

iii) Teaching Staff :

Department/Division	Name of the post	No.
Department of Pharmaceutics	Professor	1
	Asst. Professor	1
	Lecturer	2
Department of Pharmaceutical Chemistry (Including Pharmaceutical Analysis)	Professor	1
	Asst. Professor	1
	Lecturer	3
Department of Pharmacology	Professor	1

	Asst. Professor	1
	Lecturer	2
Department of Pharmacognosy	Professor	1
	Asst. Professor	1
	Lecturer	1
Department of Pharmacy Practice	Professor	1
	Asst. Professor	2
	Lecturer	3

iv) Prescribed qualifications and experience for Professor, Assistant Professor, Lecturer and others :

Sl. No.	**CADRE**	**QUALIFICATIONS**	**EXPERIENCE**
1.	Lecturer	i) Basic degree in pharmacy (B.Pharm). ii) Registration as a pharmacist under the Pharmacy Act. iii) First Class Master's degree in appropriate branch of specialization in Pharmacy (M.Pharm)	No minimum requirement.
2.	Assistant Professor	i) Basic degree in pharmacy (B.Pharm). ii) Registration as a pharmacist under the Pharmacy Act. iii) Master's degree in appropriate branch of specialization in Pharmacy (M.Pharm) iv) Ph.D. degree (with First Class degree either at Bachelor's or Master's level) in the appropriate branch of specialization in Pharmacy.	Three years experience in Teaching or Research at the level of Lecturer or equivalent.
3.	Professor	i) Basic degree in pharmacy (B.Pharm). ii) Registration as a pharmacist under the Pharmacy Act. iii) Master's degree in appropriate branch of	i) Ten years experience in Teaching or Research. ii) Out of which five years must be as Assistant Professor.

		specialization in Pharmacy (M.Pharm).	
		iv) Ph.D. degree (with first Class either at Bachelor's or Master's level) in appropriate branch of specialization in Pharmacy.	
4.	Director or Principal or Head of institute	i) Basic degree in pharmacy (B.Pharm).	i) Fifteen years experience in Teaching or Research.
		ii) Registration as a pharmacist under the Pharmacy Act.	ii) Out of which five years must be as Professor or above in Pharmacy.
		iii) Master's degree in appropriate branch of specialization in Pharmacy (M.Pharm)	Desirable : Administrative experience in responsible position.
		iv) Ph.D. degree (with first Class degree either at Bachelor's or Master's level in the appropriate branch of specialization in Pharmacy.	The maximum age for holding the post shall be 65 years.

Note : If a class or division is not awarded at Master's level, a minimum of 60% marks in aggregate or equivalent cumulative grade point average shall be considered equivalent to first class or division, as the case may be.

v) Workload of Faculty :

Professor – 8 hrs. per week

Assistant Professor – 12 hrs. per week

Lecturers – 16 hrs. per week

vi) Training of Pharmacy Practice Faculty :

a) Teaching staff will be trained as per the module prescribed by the Central Council.

b) Duration of training – Minimum 3 months.

c) Training sites – Institutions running pharmacy practice or Programmes for at least five years.

d) Trainer – Professor or Assistant Professor with minimum of five years of clinical pharmacy teaching and practice experience.

4) NON-TEACHING STAFF :

S.No.	Designation	Required	Required Qualification

		(Minimum)	
1	Laboratory Technician	1 for each Dept	D. Pharm
2	Laboratory Assistants or Laboratory Attenders	1 for each Lab (minimum)	SSLC
3	Office Superintendent	1	Degree
4	Accountant	1	Degree
5	Store keeper	1	D.Pharm or a Bachelor degree recognized by a University or institution.
6	Computer Data Operator	1	BCA or Graduate with Computer Course
7	Office Staff I	1	Degree
8	Office Staff II	2	Degree
9	Peon	2	SSLC
10	Cleaning personnel	Adequate	---
11	Gardener	Adequate	---

5) ACCOMMODATION :

Suitable and sufficient accommodation with adequate ventilation, lighting and other hygienic conditions should be provided to the rooms for Principal or the Head of the department, office, class rooms, library, staff, staff common room, students common room, museum, laboratories, stores, etc.

At least two lecture halls alongwith eight laboratories as specified below should be provided for: —

1. Pharmaceutics and Pharmacokinetics Lab - 2
2. Life Science (Pharmacology, Physiology, Pathophysiology) - 2
3. Phytochemistry or Pharmaceutical Chemistry - 2
4. Pharmacy Practice - 2

Total = 8

In addition to the laboratories, balance room, aseptic room or cabinet, animal house and a machine room shall also be provided.

Floor area of the laboratory should not be less than 30 square feet per student required to work in the laboratory at any given time subject to a minimum of 750 square feet.

Laboratories should be fitted and constructed in a manner that these can be kept reasonably clean. Gas and water fittings, shelves, fuming cupboards be provided wherever necessary.

6. EQUIPMENT AND APPARATUS :

Department wise list of minimum equipments

A. DEPARTMENT OF PHARMACOLOGY :

I. Equipment:

S.No.	Name	Minimum required Nos.
1	Microscopes	15
2	Haemocytometer with Micropipettes	20
3	Sahli's haemocytometer	20
4	Hutchinson's spirometer	01
5	Spygmomanometer	05
6	Stethoscope	05
7	Permanent Slides for various tissues	One pair of each tissue Organs and endocrine glands One slide of each organ system
8	Models for various organs	One model of each organ system
9	Specimen for various organs and systems	One model for each organ system
10	Skeleton and bones	One set of skeleton and one spare bone
11	Different Contraceptive Devices and Models	One set of each device
12	Muscle electrodes	01
13	Lucas moist chamber	01
14	Myographic lever	01
15	Stimulator	01
16	Centrifuge	01
17	Digital Balance	01
18	Physical /Chemical Balance	01
19	Sherrington's Kymograph Machine or Polyrite	10
20	Sherrington Drum	10
21	Perspex bath assembly (single unit)	10
22	Aerators	10
23	Computer with LCD	01
24	Software packages for experiment	01
25	Standard graphs of various drugs	Adequate number
26	Actophotometer	01
27	Rotarod	01
28	Pole climbing apparatus	01
29	Analgesiometer (Eddy's hot plate and radiant heat methods)	01
30	Convulsiometer	01
31	Plethysmograph	01
32	Digital pH meter	01

II. Apparatus:

S.No	Name	Minimum required Nos.
1	Folin-Wu tubes	60
2	Dissection Tray and Boards	10
3	Haemostatic artery forceps	10
4	Hypodermic syringes and needles of size 15,24,26G	10
5	Levers, cannulae	20

NOTE: Adequate number of glassware commonly used in the laboratory should be provided in each laboratory and department.

B. DEPARTMENT OF PHARMACOGNOSY :

I. Equipment:

S.No.	Name	Minimum required Nos.
1	Microscope with stage micrometer	15
2	Digital Balance	02
3	Autoclave	02
4	Hot air oven	02
5	B.O.D.incubator	01
6	Refrigerator	01
7	Laminar air flow	01
8	Colony counter	02
9	Zone reader	01
10	Digital pH meter	01
11	Sterility testing unit	01
12	Camera Lucida	15
13	Eye piece micrometer	15
14	Incinerator	01
15	Moisture balance	01
16	Heating mantle	15
17	Flourimeter	01
18	Vacuum pump	02
19	Micropipettes (Single and multi channeled)	02
20	Micro Centrifuge	01
21	Projection Microscope	01

II. Apparatus:

S.No.	Name	Minimum required Nos.
1	Reflux flask with condenser	20
2	Water bath	20
3	Clavengers apparatus	10
4	Soxhlet apparatus	10
6	TLC chamber and sprayer	10
7	Distillation unit	01

NOTE: Adequate number of glassware commonly used in the laboratory should be provided in each laboratory and department.

C. DEPARTMENT OF PHARMACEUTICAL CHEMISTRY :

I. Equipment:

S.No.	Name	Minimum required Nos.
1	Hot plates	05
2	Oven	03
3	Refrigerator	01
4	Analytical Balances for demonstration	05
5	Digital balance 10mg sensitivity	10
6	Digital Balance (1mg sensitivity)	01
7	Suction pumps	06
8	Muffle Furnace	01
9	Mechanical Stirrers	10
10	Magnetic Stirrers with Thermostat	10
11	Vacuum Pump	01
12	Digital pH meter	01
13	Microwave Oven	02

II. Apparatus:

S.No.	Name	Minimum required Nos.
1	Distillation Unit	02
2	Reflux flask and condenser single necked	20
3	Reflux flask and condenser double/ triple necked	20
4	Burettes	40
5	Arsenic Limit Test Apparatus	20
6	Nesslers Cylinders	40

NOTE: Adequate number of glassware commonly used in the laboratory should be provided in each laboratory and department.

D. DEPARTMENT OF PHARMACEUTICS :

I. Equipment:

S.No	Name	Minimum required Nos.
1	Mechanical stirrers	10
2	Homogenizer	05
3	Digital balance	05
4	Microscopes	05
5	Stage and eye piece micrometers	05
6	Brookfield's viscometer	01
7	Tray dryer	01
8	Ball mill	01
9	Sieve shaker with sieve set	01

10	Double cone blender	01
11	Propeller type mechanical agitator	05
12	Autoclave	01
13	Steam distillation still	01
14	Vacuum Pump	01
15	Standard sieves, sieve no. 8, 10, 12,22,24, 44, 66, 80	10 sets
16	Tablet punching machine	01
17	Capsule filling machine	01
18	Ampoule washing machine	01
19	Ampoule filling and sealing machine	01
20	Tablet disintegration test apparatus IP	01
21	Tablet dissolution test apparatus IP	01
22	Monsanto's hardness tester	01
23	Pfizer type hardness tester	01
24	Friability test apparatus	01
25	Clarity test apparatus	01
26	Ointment filling machine	01
27	Collapsible tube crimping machine	01
28	Tablet coating pan	01
29	Magnetic stirrer, 500ml and 1 liter capacity with speed control	05 EACH 10
30	Digital pH meter	01
31	All purpose equipment with all accessories	01
32	Aseptic Cabinet	01
33	BOD Incubator	02
34	Bottle washing Machine	01
35	Bottle Sealing Machine	01
36	Bulk Density Apparatus	02
37	Conical Percolator (glass/copper/ stainless steel)	10
38	Capsule Counter	02
39	Energy meter	02
40	Hot Plate	02
41	Humidity Control Oven	01
42	Liquid Filling Machine	01
43	Mechanical stirrer with speed regulator	02
44	Precision Melting point Apparatus	01
45	Distillation Unit	01

II. Apparatus:

S.No	Name	Minimum required Nos.
1	Ostwald's viscometer	15
2	Stalagmometer	15
3	Desiccator*	05
4	Suppository moulds	20
5	Buchner Funnels (Small, medium,	05 each

	large)	
6	Filtration assembly	01
7	Permeability Cups	05
8	Andreason's Pipette	03
9	Lipstick moulds	10

NOTE: Adequate number of glassware commonly used in the laboratory should be provided in each laboratory and department.

E. DEPARTMENT OF PHARMACEUTICAL BIOTECHNOLOGY :

S.No.	Name	Minimum required Nos.
1	Orbital shaker incubator	01
2	Lyophilizer (Desirable)	01
3	Gel Electrophoresis (Vertical and Horizontal)	01
4	Phase contrast/Trinocular Microscope	01
5	Refrigerated Centrifuge	01
6	Fermenters of different capacity (Desirable)	01
7	Tissue culture station	01
8	Laminar airflow unit	01
9	Diagnostic kits to identify infectious agents	01
10	Rheometer	01
11	Viscometer	01
12	Micropipettes (single and multi channeled)	01 each
13	Sonicator	01
14	Respinometer	01
15	BOD Incubator	01
16	Paper Electrophoresis Unit	01
17	Micro Centrifuge	01
18	Incubator water bath	01
19	Autoclave	01
20	Refrigerator	01
21	Filtration Assembly	01
22	Digital pH meter	01

NOTE: Adequate number of glassware commonly used in the laboratory should be provided in each laboratory and department.

F. DEPARTMENT OF PHARMACY PRACTICE :

Equipment:

S.No.	Name	Minimum required Nos.
1	Colorimeter	2
2	Microscope	Adequate
3	Permanent slides (skin, kidney, pancreas, smooth muscle, liver etc.,)	Adequate
4	Watch glass	Adequate

5	Centrifuge	1
6	Biochemical reagents for analysis of normal and pathological constituents in urine and blood facilities	Adequate
7	Filtration equipment	2
8	Filling Machine	1
9	Sealing Machine	1
10	Autoclave sterilizer	1
11	Membrane filter	1 Unit
12	Sintered glass funnel with complete filtering assemble	Adequate
13	Small disposable membrane filter for IV admixture filtration	Adequate
14	Laminar air flow bench	1
15	Vacuum pump	1
16	Oven	1
17	Surgical dressing	Adequate
18	Incubator	1
19	PH meter	1
20	Disintegration test apparatus	1
21	Hardness tester	1
22	Centrifuge	1
23	Magnetic stirrer	1
24	Thermostatic bath	1

NOTE:

1. **Computers and Internet connection (Broadband), six computers for students with internet and staff computers as required.**
2. **Adequate number of glassware commonly used in the laboratory should be provided in each laboratory and the department.**

G. CENTRAL INSTRUMENTATION ROOM :

S.No.	Name	Minimum required Nos.
1	Colorimeter	01
2	Digital pH meter	01
3	UV- Visible Spectrophotometer	01
4	Flourimeter	01
5	Digital Balance (1mg sensitivity)	01
6	Nephelo Turbidity meter	01
7	Flame Photometer	01
8	Potentiometer	01
9	Conductivity meter	01
10	Fourier Transform Infra Red Spectrometer (Desirable)	01
11	HPLC	01
12	HPTLC (Desirable)	01
13	Atomic Absorption and Emission spectrophotometer (Desirable)	01
14	Biochemistry Analyzer (Desirable)	01

15	Carbon, Hydrogen, Nitrogen Analyzer (Desirable)	01
16	Deep Freezer (Desirable)	01
17	Ion- Exchanger	01
18	Lyophilizer (Desirable)	01

APPENDIX-C

(See regulation 16)

INTERNSHIP

1) **SPECIFIC OBJECTIVES :**

i) to provide patient care in cooperation with patients, prescribers, and other members of an interprofessional health care team based upon sound therapeutic principles and evidence-based data, taking into account relevant legal, ethical, social cultural, economic, and professional issues, emerging technologies, and evolving biomedical, pharmaceutical, social or behavioral or administrative, and clinical sciences that may impact therapeutic outcomes.

ii) to manage and use resources of the health care system, in cooperation with patients, prescribers, other health care providers, and administrative and supportive personnel, to promote health; to provide, assess, and coordinate safe, accurate, and time-sensitive medication distribution; and to improve therapeutic outcomes of medication use.

iii) to promote health improvement, wellness, and disease prevention in co-operation with patients, communities, at-risk population, and other members of an interprofessional team of health care providers.

iv) to demonstrate skills in monitoring of the National Health Programmes and schemes, oriented to provide preventive and promotive health care services to the community.

v) to develop leadership qualities to function effectively as a member of the health care team organised to deliver the health and family welfare services in existing socio-economic, political and cultural environment.

vi) to communicate effectively with patients and the community.

2) **OTHER DETAILS :**

i) All parts of the internship shall be done, as far as possible, in institutions in India. In case of any difficulties, the matter may be referred to the Pharmacy Council of India to be considered on merits.

ii) Where an intern is posted to district hospital for training, there shall be a committee consisting of representatives of the college or university, and the district hospital administration, who shall regulate the training of such trainee. For such trainee a certificate of satisfactory completion of training shall be obtained from the relevant administrative authorities which shall be countersigned by the Principal or Dean of College.

iii) Every candidate shall be required, after passing the final Pharm.D. (Post Baccalaureate) examination as the case may be to undergo compulsory rotational internship to the satisfaction of the College authorities and University concerned for a period of twelve months so as to be eligible for the award of the degree of Pharm.D. (Post Baccalaureate) as the case may be.

3. ASSESSMENT OF INTERNSHIP :

i) The intern shall maintain a record of work which is to be verified and certified by the preceptor (teacher practioner) under whom he works. Apart from scrutiny of the record of work, assessment and evaluation of training shall be undertaken by an objective approach using situation tests in knowledge, skills and attitude during and at the end of the training. Based on the record of work and date of evaluation, the Dean or Principal shall issue certificate of satisfactory completion of training, following which the university shall award the degree or declare him eligible for it.

ii) Satisfactory completion of internship shall be determined on the basis of the following:-

(1) Proficiency of knowledge required for each case management SCORE 0-5

(2) The competency in skills expected for providing Clinical Pharmacy Services SCORE 0-5

(3) Responsibility, punctuality, work up of case, involvement in patient care SCORE 0-5

(4) Ability to work in a team (Behavior with other healthcare professionals including medical doctors, nursing staff and colleagues). SCORE 0-5

(5) Initiative, participation in discussions, research aptitude. SCORE 0-5

Poor	Fair	Below Average	Average	Above Average	Excellent
0	1	2	3	4	5

A Score of less than 3 in any of above items will represent unsatisfactory completion of internship.

APPENDIX-D

(See regulation 17)

CONDITIONS TO BE FULFILLED BY THE EXAMINING AUTHORITY

1. The Examining Authority shall be a statutory Indian University constituted by the Central Government/State Government/Union Territory Administration. It shall ensure that discipline and decorum of the examinations are strictly observed at the examination centers.

2. It shall permit the Inspector or Inspectors of the Pharmacy Council of India to visit and inspect the examinations.

3. It shall provide:-
   (a) adequate rooms with necessary furniture for holding written examinations;
   (b) well-equipped laboratories for holding practical examinations;
   (c) an adequate number of qualified and responsible examiners and staff to conduct and invigilate the examinations; and
   (d) such other facilities as may be necessary for efficient and proper conduct of examinations.

4. It shall, if so required by a candidate, furnish the statement of marks secured by a candidate in the examinations after payment of prescribed fee, if any, to the Examining Authority.

5. It shall appoint examiners whose qualifications should be similar to those of the teachers in the respective subjects as shown in Appendix–B.

6. In pursuance of sub–section (3) of section 12 of the Pharmacy Act, 1948, the Examining Authority shall communicate to the Secretary, Pharmacy Council of India, not less than six weeks in advance the dates fixed for examinations, the time-table for such examinations, so as to enable the Council to arrange for inspection of the examinations.

7. The Examining Authority shall ensure that examiners for conducting examination for Pharm.D. (Post Baccalaureate) programmes shall be persons possessing pharmacy qualification and are actually involved in the teaching of the Pharm.D. (Post Baccalaureate) programmes in an approved institution.

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