

UNIT 1 - HOSPITAL - ITS ORGANISATION AND FUNCTIONS

Hospital: It is a Place where Treatment & diagnosis of disease by expert doctor.

Or Hospital is a organization is governing body which make the use of specialized scientific equipment and functioning through team of trend. Hospital word has been derived from Latin word “Hospes” as we know which means a host, guest or Hotel.

Function of Hospital

- Take care of sick & injured patient.
- Promote good service to patient getting relief from disease and pain.
- Restoring & Keeping up good health of community.
- To run programmer people education.
- Primary function is to take care of inpatient and outpatient. Hospital pharmacy Hospital pharmacy is the healthcare service which comprises the art practice and profession of choosing preparing storing compounding and dispensing medicine and medical device advising healthcare professionals and patients on their safe effective and efficient and use.



THE ROLE OF A HOSPITAL PHARMACIST

- A pharmacist's role in a hospital might appear straightforward. Simply assess the patients in their care and dispense any drugs that are deemed necessary by the doctors, right? Certainly not.
- While the delivery of medication is a major part of the job, the role extends far beyond this, as they are seen as a core member of the hospital team, when it comes to delivering patient care.
- Hospital pharmacist jobs are unlike community pharmacy, prison pharmacy or primary care pharmacy in many ways. So what makes a hospital pharmacist's job so different?

Responsibilities

The key responsibilities of a hospital pharmacist include:

Medicine Management

A key role in a hospital pharmacist's job is determining which form of medication best suits each patient. Each decision must be made in a timely and efficient manner and requires significant input from doctors, nurses and other healthcare professionals.

Hospital pharmacists will often monitor the effects of the medications they prescribe and counsel their patients on the effects of the drugs.

Another aspect of this role is to recommend administration routes and dosages, all of which are dependent on an individual's needs.

A source of information

A hospital pharmacist is often a great source of advice for patients. They can also be called upon to recommend safe combinations of medicines or solutions to specific patient problems.

Hospital pharmacists can offer information on potential side effects and check that medicines are compatible with existing medication. They will often also monitor the effects of treatments to ensure that they are proving effective, safe and appropriate to the user.

Monitoring drug charts

As hospital pharmacists are required to work closely with other members of staff, such as physicians, nurses and dieticians, information must be passed on in a way that is clear to understand. While this might seem simple, performing hand-overs between shifts has the potential to make this aspect of the role a little more complicated.

Luckily, drug charts provide a vital source of information and act as an efficient method of communication between hospital pharmacists and other members of medical staff. Hospital pharmacists must monitor these charts and ensure that the correct medication is being provided to each patient.

Such information may include which form of medication a patient requires, with options including tablets, injections, ointments or inhalers. How the medication should be administered must also be communicated.

Discharging patients

Discharging patients is another important role. It is the duty of a hospital pharmacist to keep track of which patients are being discharged and inspect the discharge summary. This requires the pharmacist to inspect the patient's drug chart to ensure that the medication prescribed matches that contained in the discharge summary. It is then the responsibility of the pharmacist to dispense the correct medication.

Many hospital pharmacists are also qualified to prescribe medication, however, this does not apply to all those in the profession.

Keeping up to date

As with any healthcare job, hospital pharmacists are expected to remain up to date with all aspects of medicine. This includes their usage and any new developments that may occur.

To do this, hospital pharmacists must use electronic databases and read research papers. These provide invaluable data that enables pharmacists to learn more about new drugs before recommending that they are purchased by the hospital.

Utilising these resources regularly will allow hospital pharmacists to remain an excellent source of pharmaceutical advice.

Beyond the ward

Hospital pharmacists are responsible for monitoring the supply of all medicines used in the hospital and are in charge of purchasing, manufacturing, dispensing and quality testing their medication stock along with help from pharmacy assistants and pharmacy technicians.

The role can extend to manufacturing medicines when ready-made preparations are unavailable.

Skills

Hospital pharmacists are a valuable commodity. Once fully qualified, a hospital pharmacist can impart their knowledge of medicine to other members of healthcare staff. Patients may also benefit from this wisdom, particularly pregnant or breastfeeding women, or those with chronic conditions affecting their heart, liver or kidneys.

For cases that offer a greater degree of complexity, hospital pharmacists are required to use their adept communication skills to gather more information on a patient. Once these facts have been obtained, they are expected to come to a qualified decision over the best course of action.

Factors such as medical history, lifestyle, existing medication and beliefs of the patient, as well as their ability to understand and follow an individual treatment plan, are all important factors when it comes to dispensing or prescribing medication.

Work experience

Hospital pharmacists can improve their skills through regular rotations. Rotations see hospital pharmacists operate in a different department within their hospital for a set amount of time, essentially like a shift pattern. Such departments can include clinical wards and medicine information. Working these rotations allows a hospital pharmacist the chance to develop and gain a much more well-rounded skill set.

Career prospects

Hospital pharmacist jobs certainly don't come with a glass ceiling. The role offers plenty of scope to progress up the banding system. Generally starting at Band 6, IN IELTS there is the potential for a hospital pharmacist to improve their skills and, ultimately, their band.

For those with extensive experience or advanced skills, Band 7 managerial positions are achievable, as is Band 8B to 8D consultant pharmaceutical roles. These act as superb incentives and offer fantastic career paths.

Salary

The average salary for a hospital pharmacist varies and is dependent on experience, qualifications, and responsibilities.

Working in an NHS trust can affect pay rates due to NHS pay bands. Hospital pharmacist salaries can range from £23,500 for a band 6 entry-level pharmacist to upwards of £70,000 for band 8B to 8D pharmacy consultants.

Operating as a hospital pharmacist in a high-cost area, such as inner London, often results in a higher salary. Salaries may also be higher for those working through private trusts.

International pharmacists

Hospital pharmacy roles in the UK are open to pharmacists from across the world.

Role that Pharmacists can take up in the changed scenario:

To face this challenge, the health care professionals need to prepare themselves thoroughly. Being the experts in drugs & medicines, pharmacists can bear the main responsibility of this Herculean task in the following manner:

- a) **As a policy maker:** It is a fact that about 30 - 35 % of the national health budget of the country is spent on medicines. Despite this fact, a regular supply of quality medicines cannot be uniformly achieved. Moreover, there is little scope to increase the budget allocation in consonance with the price rise of medicine. Therefore, there is an urgent need to frame a drug policy so that safer drugs reach the patient in their times of need. It should be done keeping the following objectives in mind:
 - i. Availability of safe and effective drugs at all the hospitals and health care facilities.
 - ii. A good quality control and assurance system, and an updated inventory as well as logistics system to be put in place.
 - iii. Improved procurement, storage and distribution of drugs.
 - iv. Rational prescribing of medicines.
 - v. Prescribing by generic names.
 - vi. Strengthening of health education programme and
 - vii. Research on all aspects of drug use.

As per the WHO list, a few drugs are sufficient to treat most of the diseases, which are prevalent, apart from a few specialized drugs needed for some diseases, which are rare in this country. Each state should prepare a list of drugs needed for treatment of diseases prevalent in such state as well as drugs needed locally. Though most of the states of this country have not

yet prepared such an Essential Drug list, the Central Government, Delhi State Govt., and Rajasthan State Govt. have already published an Essential Drug list. Central Govt. published the first edition of the list in the year of 1996 and has published an amended version containing 354 medicines in the year of 2003. National Human Rights Commission has recommended that the Central Govt. should create a post of Joint Drugs Controller of India (Pharmaceutical Services) under the Drugs Controller General of India to look after the whole affairs of Drugs and Medicines. Similarly they recommended that each State Govt. should create a post of Deputy Commissioner (Pharmaceutical Services) to look after the whole affair of the drugs and medicines used by the respective State Govt. They also recommended setting up of modern hospital pharmacy in Govt. hospitals under the head of a pharmacist having postgraduate qualification, whose status should not be less than an assistant Professor and who will report directly to the head of the hospital⁶. Though it has not been implemented till date, let us hope it will be taken up in earnest by the concerned authority considering its importance in providing quality health care to the mass.

Being a part of the Pharmacy and Therapeutic Committee pharmacists could contribute in framing the Antibiotics Policy of the hospital. Antibiotic use is now a well-debated issue because, inappropriate use of latest antibiotics is leading to large-scale antibiotic resistance, resulting in cost escalation as well as compromised efficiency of treatment

b) Propagating the concept of Essential Drugs and Rational use of Drugs

In order to maintain an efficient health care system, the drug distribution system must be cost effective and should reach out to a wide cross section of common people. This can be possible only if the drugs and formulations used are affordable by the patients. But in the current state of health scenario, we see the random use of multiple costly drugs - which often, hovers on the border of being irrational and mostly, unnecessarily costly. Unfortunately, these concepts of drug accessibility and utilization are not properly conceived and practiced in our country. India has been rated inferior even to Sri Lanka, Philippines and Zimbabwe in respect of accessibility to Essential Drugs and with respect to rational use of drugs. This is due to various reasons, the foremost factor being the biased concept of physicians and aggressive advertising by pharmaceutical manufacturers, with an objective of reaping whopping profits. All these can be eliminated if the state Govt. maintains an Essential Drugs list and enforces upon the hospitals and physicians to stringently follow the same.

Rational Drugs are those, which are accepted world wide, and are included in standard textbooks of medicine and pharmacology. Essential Drugs are those drugs, selected by each country, based on the health needs of its people, and the morbidity pattern prevalent there. Essential Drugs are basic drugs of utmost importance and are necessary to treat a large number of people thus being indispensable for a country/nation/state. Essential Drug must be safe, economic and it must be therapeutically effective, have proven scientific value and must be rational. The concept of Essential Drug is very important for a country like India, where people suffer from lack of medicines, despite thousands of formulations being available in the market. It has been found in a survey that out of 60000-formulations existent in the Indian market only 25 - 30 % have any rational therapeutic basis.

The WHO has identified and listed around 400 drugs, which are absolutely essential in treating the morbidity pattern prevalent in the world. The Essential Drug list if present in a country, can assure Rational Use of Drugs by limiting use of irrational and hazardous drugs, and decreases risk of iatrogenic diseases and also improve chances of monitoring Adverse Drug Reactions in patients. Rational Use of Drugs makes imperative to draw up priorities to meet the most urgent needs of people for essential health care. It also facilitates streamlining of production, storage,

and distribution of drugs - due to a smaller number of drugs involved. The concept of Rational Use of Drugs can start from listing only rational formulation in the hospital formulary and making available in the country, only rational drugs/formulations. Proper training of RUD can help to move away from the practice of polypharmacy. A survey in 12 countries reveals that the average number of drugs per prescription was 1.95 in Bulgaria and 2.39 in Columbia. Though no exhaustive survey has been done in India, but some isolated surveys showed that the number of drugs per prescription is too high .

c) Bulk Compounding and Dispensing:

There are a lot of common products, which are being purchased by the hospital authority from the market at a high price, which the pharmacists can easily prepare in the pharmacy at extremely low cost. Preparing such common formulations like carminative mixtures, lotions, ointments, disinfectants etc. will involve a minimal investment by the pharmacy. But the dividends reaped will be rich - these cheap formulations can be supplied to the patients at low cost thus relieving the cost of medical care for common people. This is because, indigenous manufacturing at the pharmacy, cuts out the cost of fancy packaging, huge inventory levels, eliminates cost of transport and different taxes, and so final products are cheaper. The products prepared by in house staff will also assure quality of drugs dispensed.

d) Shortening the Hospitalization Timing:

A concerted effort of the health care team can significantly shorten the patient hospitalization time by implementing a well-designed patient management policy and implementing rational drug therapy. Hospitalization for a long time increases the medical expenditure by way of hospital charges including cost of medicines, bed charges, and miscellaneous. Reduction in span of hospitalization can also improve the efficiency of the hospital by providing treatment to a larger number of ambulatory patients per unit time. To achieve the goal pharmacists should engage themselves in Pharmacoeconomics and Outcome research and to implement the result.

e) Propagating unbiased information to all professionals of the health care team as well as the general public:

Physicians often get confused by the biased information provided by pharmaceutical manufacturers. Availability of unbiased information by physicians may lead to more prudent prescriptions & consequent drug use. These unbiased sources can be standard reference books, journals & other primary information sources. Common people are also confused by the aggressive promotional propaganda, made by the pharmaceutical companies in electronic and print media with an eye towards gaining an edge in the cutthroat competition market. Sometimes consumers become more interested in medicines having no beneficial or least beneficial effects, by virtue of attractive advertisements. These products may often have some damaging effect on the health in the long run. So, the dissemination of unbiased information may restrict people from such deleterious attitudes/practices. To serve this purpose in a meaningful way, the setting up of Drug -Information centre at hospital level, manned by Pharmacists, is being suggested. Presently a number of Drug-information centers are doing a commendable job. A few of which are:

1. Community Development Medicinal Unit (CDMU), Kolkata.
<http://www.cdmubengal.org>
2. Maharashtra State Pharmacy Council's Drug Information Centre, Mumbai
3. Karnataka State Pharmacy Council, Bangalore.
4. Medicine Information Centre, NIPER. <http://www.niper.gov.in/medicine.htm>
5. Andhra Pradesh State Pharmacy Council.
6. Pharma Information Centre, Chennai, Tamil Nadu.

f) Adverse Drugs Reaction (ADR) Monitoring:

Physicians in our country are always busy, and cannot often afford much time for a patient. Sometimes a patient needs to get an appointment to report a complaint after taking a medicine. Generally a patient chooses not to report the same, to avoid a cumbersome process of seeking an appointment. In some cases, physicians also avoid ADR reporting in anticipation that patients may get scared. Pharmacists being the most easily accessible health care professionals, can serve an important role in ADR monitoring programme, by acting as a link between the patient and the doctor / the regulatory authorities.

Presently an effective Pharmacovigilance system has been established in India. Two Zonal centers have been established at Mumbai and Delhi. 5 regional centers were established at Kolkata, Mumbai, Nagpur, New Delhi and Pondicherry. 24 peripheral centers are now operating from different medical colleges or Pharmacy colleges throughout the country. The national Pharmacovigilance programme encourages the reporting of all suspected adverse reaction to drugs and other medical substances including herbal, traditional or alternative remedies. Recently Schedule Y has been amended including mandatory requirement of post marketing surveillance of any new drug. A National Pharmacovigilance Advisory Committee (NPAC) has been formed to oversee the performance of various zonal, regional and peripheral centres and to recommend possible regulatory measures based on data received from different centers. Pharmacists can report any ADR detected in the centres mentioned above. Apart from this WHO has a reporting Centre at Uppsala, Sweden. Pharmacists can report any ADR online to this center.

2 HOSPITAL PHARMACY-ORGANISATION AND MANAGEMENT

The organization of modern-day hospitals is a complex network of committees, departments, personnel, and services. The hospitals are not only caring, people-oriented institutions but also many-faceted, high-tech businesses. They operate like other large businesses constantly concerned about their bottom line and have a hierarchy of personnel and channels of authority. However, the number of administrative personnel depends on the hospital's size.

The organization of hospitals includes the following:

1. Administrative staff,
2. Medical staff,
3. Associated medical services, and
4. Supportive paramedical services and staff.

Administrative Staff

The administrative services of a hospital are controlled by a **chief executive officer** or president. They have day-to-day responsibility for handling all the hospital businesses. He or she is the highest-ranking administrative officer who manages all the administrative departments associated with financial operations, public relations, and personnel. In

many large hospitals, a **chief operating officer** manages the activities of certain departments, and a chief financial officer guides the financial activities of the hospital. These key administrative officers are **corporate vice presidents** of the hospital.

The huge number of employees and the extensive collection of [individual skills needed to staff a hospital calls for a personnel or human resources](#) department with specialized labor expertise. This department is also headed by a vice president for human resources. Nursing is a great component of the hospital's service operations, thus larger facilities also have a **chief nursing executive** at the vice president level.

Medical Staff

Each hospital should have a medical staff with the aim to provide medical care to the patients as per the ethical conduct and professional practices of their membership. The structure of medical staff is different in every hospital.

Following are the divisions of medical staff in large hospitals:

1. **Residential Medical Staff:** These staff members remain available for 24 hours to attend to the patients. They are also responsible for organizational and administrative duties.
2. **Associate Medical Staff:** These staff members include the physicians allotted to different services similar to the members of the active medical staff. These can be progressive as the residential medical staff.
3. **Consulting Medical Staff:** These staff members include medical physicians of known professional ability.
4. **Honorary Medical Staff:** These staff members are like the part-time consulting medical staff. These members are retired physicians or physicians possessing a clinic and providing nominal facilities to the hospital.

Associated medical services

Medicine Division:

- | | |
|---------------------------------|-------------------------------|
| i) Internal medicine, | ii) Cardiology, |
| iii) Gastroenterology, | iv) Nephrology, |
| v) Pulmonary diseases, | vi) Psychiatry and neurology, |
| vii) Infectious diseases, | viii) Allergy, |
| ix) Skin and venereal diseases, | x) Endocrinology, |
| xi) Geriatrics, | xii) Immunology, and |
| xiii) Paediatrics. | |

Surgery Division:

- | | |
|---------------------------|--------------------------------|
| i) General surgery, | ii) Obstetrics and gynecology, |
| iii) Orthopaedic surgery, | iv) Ophthalmology, |

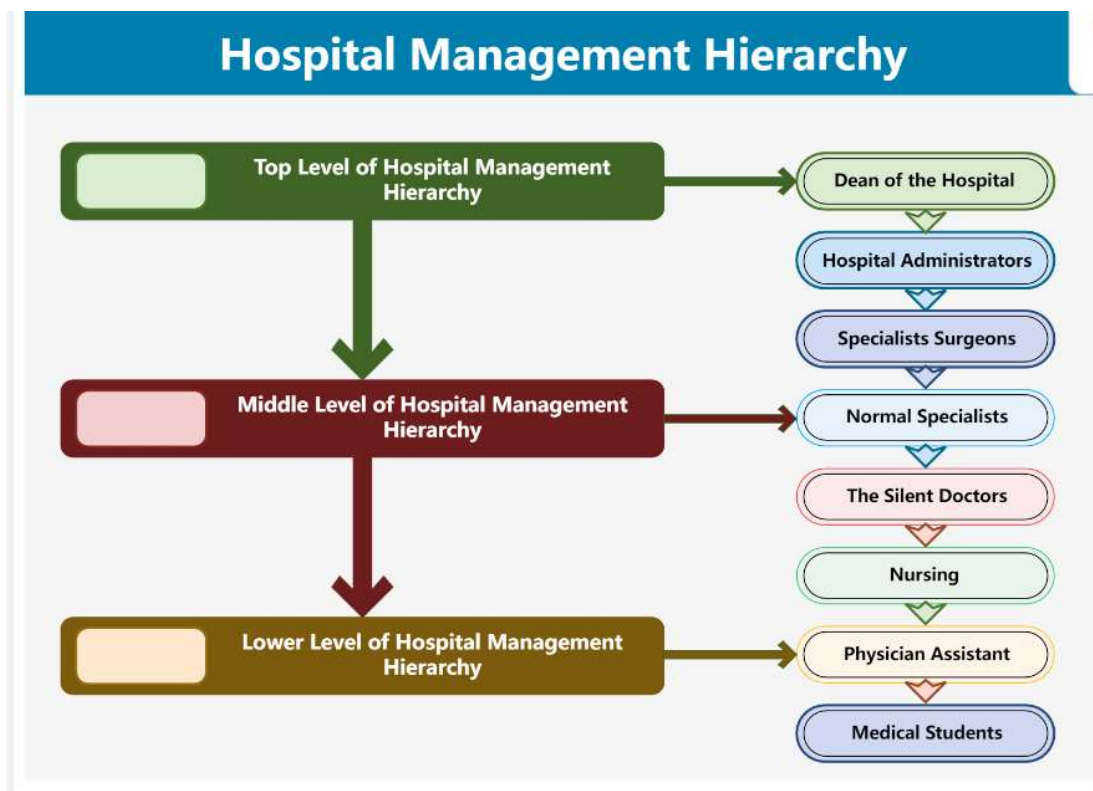
The Organizational Structure of Hospitals

Many hospitals don't realize the importance of [organizational charts](#), and the same goes with hospital management. In our opinion, the management of the hospital system should be handled using the matrices used in the business. Managing a hospital is more challenging

than managing a business because there is chaos every time. So, you have the right tools in your hand to handle the situation.

Before introducing the layers of **hospital organization charts**, let us understand what the organizational structure chart is. An **organizational structure** presents the high-level overview of the business and conveys the roles and responsibilities of every entity working inside the company.

The chart is the abstract view of the organization, which shows the departments functioning, whether independently or cross-functionally. The senior employees use this chart, board of directors, C-Suite, managers, etc., to make decisions about the organization annually or daily.



Five Common Roles in Hospitals and Their Key Responsibilities

The five common roles mean the five layers of positions or departments involved in the hospital's organizational structure. Before making a sustainable hospital organizational chart, it is essential to know about these layers.

The company's organizational chart helps the business leaders and board of directors make crucial decisions daily or annually regarding the daily operations or another company's working.

The Board of Directors

Every organization has a board of directors, which act as a governing body and take high-level decisions for the business. Usually, the board of directors in companies comprises entities that represent the shareholders. The board of directors includes health experts, medical university hospitals, and sometimes religious figures in hospitals. These people take every right decision for the hospital, and then those decisions are implemented.

The Executives

The executives implement the decisions imposed by the board of directors for the betterment of the hospital. The executives include Chief Operating Officer, Chief Financial Officer, Chief Operating Officer, Chief Technological Officer, and so on, like traditional business executives. These officers, with micro-managers, manage the hospital and take important decisions to make the hospital work perfectly.

Department Managers

The department managers are the head of their relevant department and are responsible for implementing the decisions in their department imposed by the senior executives like the CEO, etc. They manage the day-to-day operations and directly report to the executives.

Patient Care Managers

These hospital employees are patient care managers to see the entities who directly interact with the patients. These patient care managers are the micro-managers who work under the department managers and report to them directly. The department managers can not handle the whole department single-handedly, so they need people to step into their shoes and perform duties on their behalf.

Service Providers

Service providers work under the patient care managers and directly interact with the patients to give the right services to them. These professionals include doctors, nurses, orderlies, physical therapists, laundry workers, and many other people.

How to Create a Hospital Organizational Chart?

This section will be very informative for our readers because we will tell you how to create hospital organizational charts. All the information listed below is written after much research, and so you follow them perfectly without missing any point. If you don't know how to make a perfect hospital organizational chart, then do not get worried; just read the section carefully.

Identify the type of your hospital structure

At first, you have to perform a crucial task to identify the structure your hospital follows. There are four types of business or hospital organizational charts that you must keep in mind; they are listed below:

Hierarchical organizational chart

Every hospital includes multiple departments on its premises. The hierarchical hospital organizational chart is used to map and track those departments. The hierarchical hospital organizational chart shows the departments and their connection with other entities and departments.

Functional organizational chart

A functional hospital organizational chart is used in such organizations that includes complex hierarchies. Each department head is mentioned in the chart and their information and connection with other departments or positions.

Matrix organizational chart

The matrix hospital organizational charts are used in hospitals that include departments and work cross-functionally; hence, they make complex connections and hierarchies. Sometimes, those departments are not in the exact location or area, so the matrix hospital organizational chart provides a way to handle them.

Circular organizational chart

The circular hospital organizational chart follows the same model as the hierarchical structure chart but circularly. In this type of chart, the highest positions are located at the circle's core, and every position below that high-order covers it circularly.

2.2 Gather data of every entity included

You have to get all the data related to the objects, entities, or positions that you will map on the chart. Like, how they are working, who is under them, who supervises the department, why this department is connected to that department, etc.

2.3 Complete the organizational chart

Now, you have to seek the answer to the question about completing the chart. Topping the chart simply means the tool you will use to complete the chart. There are hundreds of tools available on the Internet that you may consult, but always choose the tool that boosts your productivity and helps you avoid errors.

We recommend our users use [EdrawMax Online](#), which contains hundreds of pre-generated templates and more than five thousand diagram-making symbols that will suffice you in your hospital organizational chart making. Take the chart after completion to the seniors to point out the mistakes, and finally, take it to your supervisor, who will take the chart to the executives for approval.

PROFESSIONAL RESPONSIBILITIES

Hospital pharmacists work in hospital pharmacy services belong to the MOH as well as the private sector. Pharmacists work in this field are responsible for dispensing of medications, quality testing, formulating and re-formulating dosage forms, monitoring and reporting drug safety, and preparing budgets for medications. They are also responsible for medication storage and planning for medication quantities for their hospitals. Some hospitals also have a drug reviewing committee and [pharmacoeconomic](#) unit for approval of new medications and optimizing their utilization. The specialized and university hospitals have pharmacy-managed clinics for some specialized areas, depending on the specialty of pharmacists they have. Therefore, typical day of hospital pharmacists may include the following activities:

- Managing pharmacy-related services and logistics 24/7
- Prescribing medications and ensuring their safety and efficacy
- Preparing all the medications and converting dosage forms to the applicable situation
- Reporting all the potential DRPs to the SFDA
- Contacting all healthcare provider for medication-related issues
- Participating in clinical rounds run by all healthcare providers and attending pharmacy-managed clinics
- Providing adequate statistics on medication consumptions
- Managing medication stores and planning for medication budgets
- Conducting pharmacy-related training for under- and postgraduates
- Supervising pharmacy-related research activities

REFERENCE :- [https://www.sciencedirect.com/topics/nursing-and-health-professions/hospital-pharmacist#:~:text=Hospital%20pharmacists'%20duties%20include%20administrative,performance%20improvement%20\(Table%207\).](https://www.sciencedirect.com/topics/nursing-and-health-professions/hospital-pharmacist#:~:text=Hospital%20pharmacists'%20duties%20include%20administrative,performance%20improvement%20(Table%207).)

QUALIFICATION AND EXPERIENCE REQUIREMENTS

Qualifications

To qualify as a hospital pharmacist, you need to:

- successfully complete a Masters degree in pharmacy (MPharm) accredited by the General Pharmaceutical Council (GPhC)
- successfully complete one-year's foundation training (formerly pre-registration training) as a trainee pharmacist
- pass the GPhC registration assessment
- meet the GPhC fitness to practise requirements.

You can then apply for registration with the GPhC, which is necessary to practise as a pharmacist in England, Wales and Scotland. For qualifying as a pharmacist in Northern Ireland, see the [Pharmaceutical Society of Northern Ireland \(PSNI\)](#).

The MPharm is a full-time course that usually lasts four years. Some universities, however, offer a five-year integrated MPharm that includes the foundation training. In addition, the University of Bradford offers a five-year sandwich degree that also includes the foundation year. See the GPhC website for a list of [accredited MPharm degrees](#).

RESEARCH DOCTOR PHARMA

Entry to the profession without a pharmacy degree is not possible. However, it is possible to progress into year two of an MPharm course with a GPhC-accredited pharmacy foundation degree from Kingston University.

Some universities also offer a pharmacy degree with a foundation year for those who don't have the qualifications to enter directly onto the MPharm. On successful completion of this foundation year, you will move into year one of the MPharm.

The GPhC is in the process of reforming the initial education and training of pharmacists. The pre-registration scheme has been replaced by the new [foundation training scheme](#).

All students who started on an MPharm degree in 2021/22 onwards will follow the new standards and training.

The foundation training year will offer on-the-job training in a clinical setting. You'll work under the supervision of a designated supervisor as a trainee pharmacist at an approved training site for at least 52 weeks. You will develop your practice and enhance your knowledge and skills guided by your supervisor and will follow an approved training plan in order to meet set learning outcomes. [Find a training placement](#).

There is also another key change to pharmacist training that is in the process of being implemented. In the future, you will undertake at least 90 hours of supervised practice relating to prescribing during your foundation training year so that you will be qualified to prescribe as soon as you have GPhC registration.

If you meet all the learning outcomes in your foundation year, you will sit a registration assessment, which tests the specific knowledge and skills needed to work as a pharmacist.

Once you have passed the registration assessment and demonstrated your fitness to practise, you can apply for registration with the GPhC. As part of the process, you will also undergo a character check and complete a health declaration.

Skills

You'll need to have:

- excellent communication skills for dealing with patients and health professionals
- the ability to work carefully, methodically and accurately with medicines and doses - this is vital as mistakes could prove fatal
- the ability to use your initiative and to apply scientific knowledge to solve problems
- IT skills for recording information
- interpersonal skills and a caring and sympathetic manner, as the work involves contact with patients on the wards and in outpatient departments
- the ability to prioritise your work and to meet deadlines
- the ability to work independently and also as part of a team
- a flexible approach to work
- general clinical awareness
- the ability to work under pressure
- a professional and responsible attitude to work
- effective management and leadership skills - you'll need these if you have supervisory responsibility.

Work experience

Try to get experience either in a setting where you work with the public or in a local pharmacy that will give you exposure to working with prescriptions and drugs. Any knowledge and experience of the profession will be helpful. You could also apply to volunteer in hospitals through the [Royal Voluntary Service](#).

You should also consider becoming a student member of the [Royal Pharmaceutical Society \(RPS\)](#). This provides access to resources, networking opportunities and support throughout your studies.

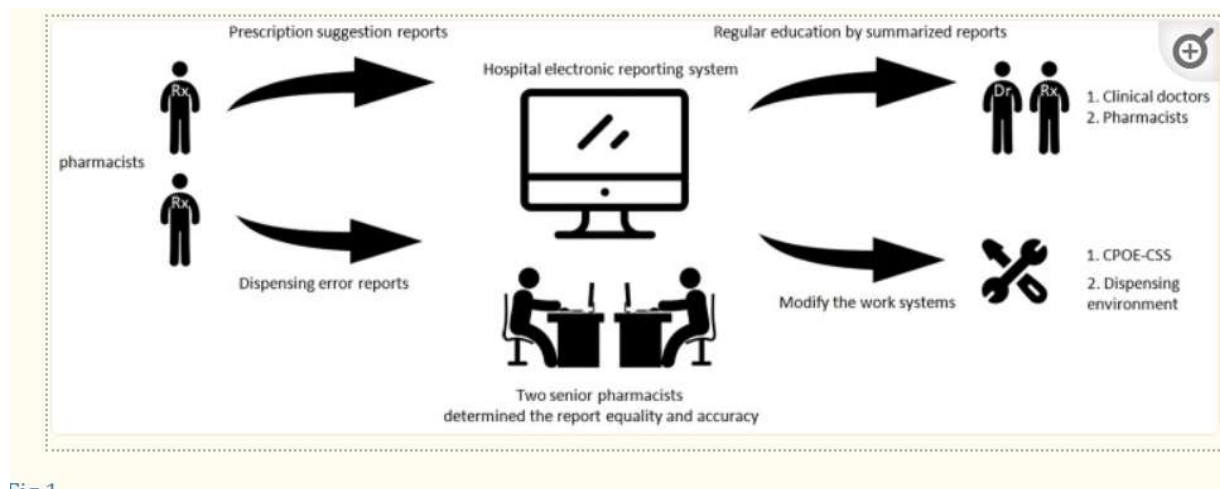
Once you've finished your degree, you must complete one year's foundation training. Health Education England runs the [National Foundation Trainee Pharmacist Recruitment](#) scheme through [Oriol](#). You need to apply to the scheme in June in the year before you finish your MPharm (your third year) if you want to start your foundation training straight after your degree. The pharmacist foundation scheme in Scotland is managed by [NHS Education for Scotland](#). For Wales, see [Health Education and Improvement Wales \(Pharmacy\)](#).

WORK LOAD REQUIREMENTS AND INTER PROFESSIONAL RELATIONSHIPS

- Medication errors may cause unintended treatment outcomes or mortality, There are two major types of medication errors, including dispensing errors and medication prescribing errors, accounting for 4% and 70% of medication errors, respectively, Dispensing errors are defined as discrepancies between the medications that were prescribed and those that were dispensed. Medication prescribing errors are defined as errors from prescribing decisions or prescription writing processes resulting in unintentional reductions of treatment effects or possible harms to patients. It is important to establish strategies for the reduction of medication errors to maintain high quality and safety of treatment.
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- Pharmacists play an indispensable role in delivering drugs and assuring their proper use when medication is being used more widely. Over the past decades, the pharmacist profession has expanded its role from dispensing medication to providing consultations to patients, and taking clinical responsibility for ensuring successful patient care outcomes, such as by decreasing adverse drug events and medication errors . However, the escalating use of prescription drugs nowadays has significantly increased the pharmacists' workload and compelled them to spend more time on the traditional dispensing role. Although automation may increase dispensing efficiency, the overall demand for pharmaceutical care remains high . A study found that more than two-thirds of pharmacists considered their workload to be excessive and some studies indicated an association between a high workload and poor quality of pharmacy services, as indicated by the failure to detect prescribing errors with drug-drug interactions and dispensing errors However, there has been no prior study to evaluate the impact of pharmacy workload on both drug dispensing and prescription validation, which share the same clinical importance for pharmacists with regard to medication quality and safety.

- Different from the medical systems of other countries, pharmacists in Taiwan are in charge of all dispensing procedures and assistance from pharmaceutical technicians is prohibited. Due to the accessibility of medicine supported by the Taiwan National Health Insurance Program, the number of prescriptions and the related workload for pharmacists may have greatly increased over time. A previous survey in Taiwan reported that dispensing overload was the top burden for hospital pharmacists, and it was also associated with adverse work outcomes. Government and hospital administrators in Taiwan have undertaken great effort to reduce the dispensing workload of pharmacists in pursuit of better pharmacy services. For example, hospital accreditations from the Taiwan Ministry of Health and Welfare stipulate an optimal dispensing volume of 40 inpatient prescriptions or 70 outpatient prescriptions per pharmacist per day for medical centers, and hospitals have introduced many health information technologies to assist pharmacists in reviewing and dispensing prescriptions.
- There is much evidence on how the increased workload negatively impacts pharmacy services, but there has been no study to evaluate if reduced workload of pharmacists improves the quality of pharmacy services. In this study, we evaluated the impact of pharmacists' dispensing workload (PDW) on pharmacy services using two indicators, prescription suggestion rate (PSR) and dispensing error rate (DER). Based on previous studies of negative impact of workload on pharmacy services, we hypothesize that an increase in PSR and a decrease in DER may result from efforts to reduce pharmacist workload.

[Workload of pharmacists and the performance of pharmacy services - PMC \(nih.gov\)](#)



Moreover, we classified the pharmacists' prescription suggestions into two groups depending on whether or not the suggestions were accepted by the prescribing doctors. Compared to prescription suggestions not accepted by prescribing doctors, it took more time for

pharmacists to provide accepted prescription suggestions regarding drug-related problems because in most cases pharmacists needed to recommend alternative drugs or possible solutions to doctors.

RESEARCH DOCTOR PHARMA