VELS

INSTITUTE OF SCIENCE, TECHNOLOGY & ADVANCED STUDIES (VISTAS)

(DEEMED TO BE UNIVERSITY Estd. u/s 3 OF THE UGC ACT, 1956)

NAAC ACCREDITED

PALLAVARAM - CHENNAI - INDIA

PROGRAM OBJECTIVES-PHARM D (Post Bacclaureate)

To provide solid foundation in pharmacy possessing basic knowledge and comprehensive understanding of Profession of Pharmacy

To prepare student graduates for a successful career in Pharmacy Profession with effective planning skills, problem analyzing skills, leadership skills, communication skills, and professional ethics

To train student graduates in learning, selecting, and applying appropriate methods, procedures, and resources of modern tools in Pharmacy Profession

Create dynamic and proficient Pharmacists for their successful careers in Pharmaceutical industry, academia, government organization, hospitals, and other organizations and as an entrepreneur

To inculcate in student graduates, ability to gain multidisciplinary knowledge through innovative projects, visiting research institutions, health care communities, health promoters, employees and employers

To nourish and cultivate the knowledge and technical skills in the domain of Pharmaceutical Sciences through contemporary learning tools

To create the instinct of research in drug discovery and development through interdisciplinary approach

To undertake collaborative projects which tender prospects for continuous interaction between academia and industry

To enhance the study habits in the modernized scenario, newer tools like voice power point presentations, blended lectures, and ibooks will be included in regular basis

To inculcate the working together culture for research presentations and recognition through appropriate student identification and student club activities and journal club presentations

To promote alumni network and create a ardent belief of our University constantly striving for excellence in whatever filed of work they are involved in

PROGRAM OUTCOMES-PHARM D (Post Bacclaureate)

PO1: Life Sciences Knowledge: Impart fundamental knowledge of physiology, anatomy, formulation science, and applied biochemistry, Chemistry of organic and inorganic compounds as per the monographs

PO2: Pathology and Pharmacology knowledge: Impart a thorough knowledge of relevant aspects of pathophysiological mechanisms, application of microbiology in pharmacy field, medical uses of natural drugs, and Pharmacological aspects of drugs

PO3: Community Pharmacy knowledge: To improve skills such as dispensing of drugs, ensure safe medication usage, patient counseling and improve patient care in community pharmacy set up

PO4: Clinical Pharmacist Knowledge: To enhance practical clinical discussions, attending ward rounds, follow-up progress of patients, case presentation at discharge are imbibed through hospital postings

PO5: Environment and sustainability: To understand the instrumental techniques applied in Good Laboratory Practice and following ICH-GCP guidelines, total quality management, quality review and documentation and study of regulatory bodies such as Drugs and Cosmetics Act, CDSCO guidelines, pertaining to regulatory environment

PO6: Design/Development of solutions: To study the modern concept of rational drug design such as Quantitative Structure Activity Relationship, Computer Aided Drug Design and concept of antisense molecules

PO7: Conduct investigations of complex problems: To understand biopharmaceutical principles and pharmacokinetic principles through different compartment models, multiple dosage regimens, non-linear pharmacokinetics, and assessment of bioavailability and bioequivalence

PO8: Toxicology Knowledge: To understand the toxicological aspects of individual class of xenobiotics such as pesticides, opiates, NSAIDs, Caustics, radiation, heavy metals, plant, food poisonings, snake bites, and envenomations

PO9: Ethics: To understand the clinical aspects of drug development, such as phases, ethical issues, and roles and responsibilities of clinical trial personnel, design of clinical study documents, data management and safety monitoring in clinical trials

PO10: Problem analysis and learning: In house scientific and social poster competition, Case study presentations, prescription auditing, and contribution to drug information centre

PO11: The Clinical Pharmacist and society – Participation in hospital camps, disease awareness programs will inculcate the social responsibility of the clinical pharmacists

PROGRAM SPECIFIC OUTCOMES-PHARM D (Post Bacclaureate)

PSO1: Preparation of individualized therapeutic plans based on diagnosis, monitoring therapy, through identification of alternatives, time-course of clinical and laboratory indices of therapeutic response and adverse effects

PSO2: To know various drug distribution methods, know the professional practice management skills in hospital pharmacies, provide unbiased drug information to the doctors, appreciate practice based research methods, and appreciate stores management and inventory control

PSO3: To detect, assess, and monitor adverse drug reactions, interpret selected laboratory results of specific disease states, retrieve, analyze, interpret and formulate drug or medicine information

PSO4: To apply the pharmacoepidemiological methods like drug utilization review, cohort studies, meta-analysis, prescription event monitoring and study on vaccine safety, risk management and drug induced birth defects, pharmacoeconomic evaluation for cost-minimization, cost-benefit, cost-effectiveness, and cost-utility evaluations

PSO5: To establish industry institute partnership cell to bridge the gap between the industrial requirements and the academic curriculum

PSO6: To improve patient care in performing medication history, interpretations of laboratory data of biological samples, identifying potential-drug related influences of Pharmacotherapy

PSO7: To establish systems management as an entrepreneur through inventory control, distribution systems, documentation, analysis of financial resources, utilizing management theories, and information technology in industrial Pharmacy and Business Management

PSO8: To train the students and develop their technical skill knowledge for handling sophisticated analytical instruments

PSO9: To create a talent pool by involving students in research projects and to make students undertake research projects under faculty guidance for publication

PSO10: To foster ambitious desire among students to undertake higher studies and career growth

BOS Members

PG Board of Studies

S.No	Name	Post	Contact Address
1	Dr.P.Shanmugasundaram	Chairman	Director, School of Pharmaceutical Sciences, Vels University Chennai
2	Dr.S.Jayakumari	Professor	Professor and Head, Department of Pharmacognosy School of Pharmaceutical Sciences Vels University
3	Dr. S. Sathesh Kumar	Professor	Professor and Head, Department of Pharmaceutics School of Pharmaceutical Sciences Vels University
4	Dr. M.Vijey Aanandhi	Professor	Professor and Head, Department of Pharmaceutical chemistry and Analysis School of Pharmaceutical Sciences Vels University
5	Dr. S.Santhosh Kumar	Professor	Professor and Head, Department of Pharmacology School of Pharmaceutical Sciences Vels University
6	Dr.T.S.Shanmugarajan	Professor	Professor, Department of Pharmaceutics School of Pharmaceutical Sciences Vels University
7	Mr.M.Ashok Kumar	Associate Professor	Department of Pharmacy Practice School of Pharmaceutical Sciences Vels University
8	Dr.A.Vijayalakshmmi	Associate Professor	Department of Pharmacognosy School of Pharmaceutical Sciences Vels University
9	Mr.I.Somasundaram	Assistant Professor	Department of Pharmaceutics School of Pharmaceutical Sciences Vels University
10	Mrs. V.Jayashree	Assistant Professor	Department of Pharmacology School of Pharmaceutical Sciences Vels University
Subject Experts			
11	Mr.C.Venkatasubramaniyan	Expert (Industry)	Senior Scientist, Formulation Development, Par Formulations Pvt. Ltd., Kelambakkam, Chennai
12	Dr.R.Sundhararajan	Expert (Academic)	Professor and Principal M.S.A.J College of Pharmacy, Sholinganallur.
13	Dr.B.V.Nagarjuna Yadav	Alumni	Assistant Professor

			Vishwa Bharathi College of Pharm.Sci., Perecherla, Guntur, Andhra Pradesh- 522005

CURRICULUM STRUCTURE

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)
4.1	Pharmacotherapeutics-III	3	3	1
4.2	Hospital Pharmacy	2	3	1
4.3	Clinical Pharmacy	3	3	1
4.4	Biostatistics & Research Methodology	2	-	1
4.5	Biopharmaceutics & Pharmacokinetics	3	3	1
4.6	Clinical Toxicology	2	-	1
4.7	Pharmacotherapeutics I & II	3	3	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)
5.1	Clinical Research	3	-	1
5.2	Pharmacoepidemiology and Pharmacoeconomics	3	-	1
5.3	Clinical Pharmacokinetics & Pharmacotherapeutic Drug Monitoring	2	-	1
5.4	Clerkship *	-	-	1
5.5	Project work (Six Months)	-	20	-
	Total hours	**8**	**20**	**4 = 32**

Third Year:

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

Curriculum

First year

S .No.	Name of Subject	Maximum marks for Theory			Maximum marks for Practicals		
		Examination	Sessional	Total	Examination	Sessional	Total
4.1	Pharmacotherapeutics-III	70	30	100	70	30	100
4.2	Hospital Pharmacy	70	30	100	70	30	100
4.3	Clinical Pharmacy	70	30	100	70	30	100
4.4	Biostatistics & Research M ethodology	70	30	100	-	-	-
4.5	Biopharmaceutics & Pharmacokinetics	70	30	100	70	30	100
4.6	Clinical Toxicology	70	30	100	-	-	-
4.7	Pharmacotherapeutics-I & II	70	30	100	70	30	100
				700			500 = 1200

Fifth Year examination :

S .No.	Name of Subject	Maximum marks for Theory			Maximum marks for Practicals		
		Examination	Sessional	Total	Examination	Sessional	Total
5.1	Clinical Research	70	30	100	-	-	-
5.2	Pharmacoepidemiology and Pharmacoeconomics	70	30	100	-	-	-
5.3	Clinical Pharmacokinetics & Pharmacotherapeutic Drug M onitoring	70	30	100	-	-	-
5.4	Clerkship *	-	-	-	70	30	100
5.5	Project work (Six M onths)	-	-	-	100**	-	100
				300			200 = 500

* Attending ward rounds on daily basis .

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

4.1 PHARMACOTHERAPEUTICS – III (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.

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

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).

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

   3 The Budget – Pre paration and imple mentation

   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

4.2 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 ap proach to provide unbiased drug information.
7. Evaluation of prescriptions generated in hospital for drug interactions and find out the suitable management.

Special require ments:

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).

4.3 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

4.3 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.

4.4 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 epide miology**

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

4.5 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

4.5 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 prod ucts 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 C linical 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 4^{th} 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.

4.6 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

4.7. PHARMACOTHERAPEUTICS I & II (THEORY)

Theory: 3Hrs/week

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

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.
3. **Endocrine system :**
   Diabetes, Thyroid diseases, Oral contraceptives, Hormone replacement therapy, Osteoporosis.
4. **General prescribing guidelines for**
   a. Paediatric patients
   b. Geriatric patients
   c. Pregnancy and breast feeding
5. **Ophthalmology:**
   Glaucoma, Conjunctivitis- viral & bacterial.
6. **Introduction to rational drug use**
   Definition, Role of pharmacist Essential drug concept Rational drug formulations.
7. **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.
8. **Musculoskeletal disorders**
   Rheumatoid arthritis, Osteoarthritis, Gout, Spondylitis, Systemic lupus erythematosus.
9. **Renal system**
   Acute Renal Failure, Chronic Renal Failure, Renal Dialysis, Drug induced renal disorders.
10. **Oncology:**
    Basic principles of Cancer therapy, General introduction to cancer chemotherapeutic agents, Chemotherapy of breast cancer, leukemia. Management of chemotherapy nausea and emesis.
11. **Dermatology:** Psoriasis, Scabies, Eczema, Impetigo.

Text books (Theory)

Clinical Pharmacy and Therapeutics - Roger and Walker, Churchill Livingstone publication

Reference books (Theory)

a. Pharmacotherapy: A Pathophysiologic approach - Joseph T. Dipiro et al. Appleton & Lange

b. Clinical Pharmacy and Therapeutics - Eric T. Herfindal, Williams and Wilkins Publication

c. Applied Therapeutics: The clinical Use of Drugs. Lloyd Young and Koda-Kimble MA]

4.7. PHARMACOTHERAPEUTICS I & II (PRACTICAL)

Practicals: 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:

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

Note:

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

Fifth year

5.1 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.

5.2 PHARMACOEPIDEMIOLOGY AND PHARMACOECONOMICS (THEORY)

Theory : 3 Hrs. /Week

1. Pharmacoepidemiology :

Definition and scope:

Origin and evaluation of pharmacoepidemiology need for pharmacoepidemiology, aims and applications.

Measure ment 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 pharmacoepide miological 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

5.3 CLINICAL PHARMACOKINETICS AND PHARMACOTHERAPEUTIC 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. and 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. and 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)	Three years experience in Teaching or Research at the level of Lecturer or equivalent.

		iv) Ph.D. degree (with First Class degree either at Bachelor's or Master's level) in the appropriate branch of specialization in Pharmacy.	
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 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.	i) Ten years experience in Teaching or Research. ii) Out of which five years must be as Assistant Professor.
4.	Director or Principal or Head of institute	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.	i) Fifteen years experience in Teaching or Research. ii) Out of which five years must be as Professor or above in Pharmacy. Desirable : Administrative experience in responsible position. 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 atleast five years.

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

4) NON-TEACHING STAFF :

Sl.No.	Designation	Required (Minimum)	Required Qualification
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 re quired 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 re quired 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 numbe r of glassware commonly used in the laboratory should be provided in each laboratory and departme nt.

B. DEPARTMENT OF PHARMACOGNOSY

: I. Equipment:

S.No.	Name	Minimum re quired 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 re quired 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 numbe r of glassware commonly used in the laboratory should be provided in each laboratory and departme nt.

C. DEPARTMENT OF PHARMACEUTICAL CHEMISTRY :

I. Equipment:

S.No.	Name	Minimum re quired 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 re quired 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 numbe r of glassware commonly used in the laboratory should be provided in each laboratory and departme nt.

D. DEPARTMENT OF PHARMACEUTICS :

I. Equipment:

S.No	Name	Minimum re quired 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 re quired Nos.
1	Ostwald's viscometer	15
2	Stalagmometer	15
3	Desiccator*	05
4	Suppository moulds	20
5	Buchner Funnels (Small, medium, large)	05 each
6	Filtration assembly	01
7	Permeability Cups	05
8	Andreason's Pipette	03
9	Lipstick moulds	10

NOTE: Adequate numbe r of glassware commonly used in the laboratory should be provided in each laboratory and departme nt.

E. DEPARTMENT OF PHARMACEUTICAL BIOTECHNOLOGY :

S.No.	Name	Minimum re quired 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 departme nt.

F. DEPARTMENT OF PHARMACY PRACTICE :

Equipment:

S.No.	Name	Minimum re quired 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 numbe r of glassware commonly used in the laboratory should be provided in each laboratory and the departme nt.**

G. CENTRAL INSTRUMENTATION ROOM :

S.No.	Name	Minimum re quired 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
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 Programme s 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 P harmacy 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. or 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. or 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 presc ribed 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. and Pharm.D. (Post Baccalaureate) programmes shall be persons possessing pharmacy qualification and are actually involved in the teaching of the Pharm.D. and Pharm.D. (Post Baccalaureate) programmes in an approved institution.

(ARCHNA MUDGAL)
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