



Indian Pharmaceutical Association—Community Pharmacy
Division (IPA-CPD)

IPA CPD E–Times

Editor: Dixon Thomas, IPA CPD

First Anniversary Special Issue

Message from the President, Pharmacy Council of India (PCI)

My dear fellow Pharmacists! Greetings from Pharmacy Council of India! The first ever Pharmacists' Day celebrations on September 25th were a grand success in our country. All Pharmacy professionals, institutions, organizations, and Councils observed the Pharmacists' Day and celebrated the same with fervor and great enthusiasm. The observing of the Pharmacists' Day is not only for seeking recognition or recognizing pharmacists' role in health care, but also to remind us all of our responsibilities too! Indian community pharmacy practice is undergoing transition and is moving towards patient care and professional services. Pharmacy Council of India has responded to this CHANGE, and to equip budding pharmacists with the required skills and knowledge is revising and formulating a new syllabus for the Diploma In Pharmacy which is currently in the draft stage. The continuous efforts of IPA CPD for the up gradation of pharmacists is laudable and I wish them all the success. CPD E-Times is an excellent tool to reach out to pharmacists all across the country as well as the globe. I am sure this communication would benefit all pharmacy students and faculty and encourage them to read E-Times. Various institutions, State Pharmacy Councils and professional organizations may consider providing link to this newsletter on their websites.



(**Dr. B. Suresh**)

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Message from the Vice-President and Chairperson, IPA CPD

Dear Pharmacists, We all have just experienced the excitement in celebrating the first Pharmacists' Day in our country. I congratulate PCI for this initiative and am sure the celebrations of this Day will go a long way in bringing visibility and recognition to the profession. The FIP Dublin Congress has been a very satisfying and enriching experience. The FIP Congress always inspires each one to learn more, network more and do more for the profession. I appeal to all of you to start planning to attend the FIP Congress which will be held at Bangkok, in Sept. 2014. I also request you to start planning for the National Pharmacy Week which is scheduled in the 3rd week of November and the theme is "Pharmacist: A Healthcare Professional".



(**Manjiri Gharat**)

Editorial

Dear Pharmacists, E-Times successfully completed one year of publishing. We thank all contributors and readers for their wonderful support. Collaborations between professionals in a profession and other related professions are improving like never before. All the stakeholders share their expertise and responsibilities for better outcomes. In this era, I would like to quote Prof. Dr. Daan J.A. Crommelin from Utrecht University, The Netherlands, who won the FIP Host Madsen Medal in 2013. He said in his lecture that one of the most convincing professional policies for healthcare team members is to blur the borders in practice. This shall improve healthcare team works. In this issue please find our regular topics and news about Pharmacists' Day celebrations. Happy reading.



(**Dixon Thomas**)

Drug information: PIOGLITAZONE

7.5 mg, 15mg,
30mg

Few examples of common Brands: Pioz, Pioglar, Pioglit etc.

Pharmacological class and Indication :

Thiazolidinedione for Type 2 diabetes mellitus (antidiabetic)

Route	Onset	Peak	Duration
Oral	Unknown	2hr	Unknown

Prescription Only
Medicine

Counselling the patient:

- Pioglitazone is generally recommended for once daily use, it could be taken with or without food, at the same time every day.
- Pioglitazone is contraindicated in patients with hypersensitivity to the drug, type 1 diabetes mellitus, diabetic ketoacidosis, active liver disease, heart failure.
- **Patients with active bladder cancer or with a history of bladder cancer and those with un-investigated haematuria should not receive pioglitazone.**
- Use pioglitazone during pregnancy only if the benefit justifies the risk to the foetus.
- Pioglitazone should not be used during lactation. Caution is advised while using pioglitazone in the elderly patients, as risk of bladder cancer increases with age.
- Make sure the patient understands that therapy relieves symptoms but doesn't cure it.
- Stress the importance of adhering to specific diet, weight reduction, exercise, and personal hygiene programs.
- Inform patients taking pioglitazone about signs, symptoms, & management of hypoglycaemia & hyperglycaemia.
- Low blood sugar (hypoglycaemia) is most likely to occur when meal is skipped, patient exercises too long, drinks alcohol, or is under stress.
- Monitor blood sugar levels regularly as directed by the doctor. Inform the doctor if blood sugar measurements are too high or too low.
- Report to the doctor immediately if symptoms of unexplained nausea, vomiting, abdominal pain, fatigue, anorexia, or dark urine occurs as they are potential indicators of liver problems.
- Advise anti-ovulatory, premenopausal women that pioglitazone may cause resumption of ovulation and contraceptive measures may need to be considered.

AUXILLARY LABEL

Pioglitazone xmg tablet

Patient with active bladder cancer or with a history of bladder cancer and those with un-investigated haematuria, should not be prescribed with pioglitazone. See <http://www.cdsco.nic.in/> for more info.

Drug information service is a vital part of the functioning of pharmacies. A computer with internet connection could help in providing authentic and unbiased information to health care professionals.

Source: AHFS Drug Information 2010

For more details and comments, e-mail to ipacpdetimes@gmail.com

Lab information: CD4 COUNT

THEORY:

A CD4+ count is a blood test to determine how well the immune system is working in people who have been diagnosed with human immunodeficiency virus (HIV). CD4+ cells are a type of white blood cell. White blood cells are important in fighting infections. CD4+ cells are also called T-lymphocytes, T-cells, or T-helper cells.

CD4+ CELL VALUES:

Normal:	CD4+ cell counts in people who are not infected with HIV usually range from 600 to 1,500 cells per microliter (mcL).
Abnormal:	A CD4+ cell count greater than 350 but less than 500 cells/mcL means that the immune system is beginning to weaken. Antiretroviral treatment for HIV is recommended when the CD4+ count drops below 500 cells/mcL.
	A CD4+ cell count of fewer than 350 cells/mcL indicates a weak immune system and an increased risk for opportunistic infections.
	A CD4+ cell count of fewer than 200 cells/mcL indicates acquired immunodeficiency syndrome (AIDS) and a high risk for opportunistic infections.

INTERPRETATION:

A low CD4+ cell count is more common than a high CD4+ cell count. Low CD4+ cell counts usually indicate problems with the immune system or the lymph nodes. This condition may be caused by:

- Viral infections, such as influenza,
- Aging,
- Immunodeficiency disorders,
- Exposure to radiation,
- HIV and AIDS,
- Cancers that affect the blood or lymph nodes.

Medications that may affect CD4+ cell count include:

- Chemotherapy drugs,
- Radiation therapy,
- Corticosteroids,
- Immunosuppressive drugs or anti-rejections drugs, including glucocorticoids, and antibodies.

CLINICAL DECISIONS:

CD4+ cell count can be used to decide when to start HIV treatment. If CD4+ cell count falls below 350, generally doctors start treatment with ART as soon as possible. If CD4+ cell count is below 250, then ART treatment is started straight away. A CD4+ cell count of below 200 indicates the real risk of becoming ill with an AIDS-defining illness.

Further reading:

<http://www.webmed.com>, <http://www.healthline.com>, <http://www.aidsmap.com>

Consumer dialogue: Peptic Ulcer Disease

Pharmacist: Hello Sir I am xxx, a pharmacist working over here. How can I help you?

Patient: Hello I'm yyy. I am diagnosed with ulcers in the stomach, can you please dispense me these medicines prescribed by my doctor?

Pharmacist: Yes Sir, since how long are you suffering from this problem?

Patient: I did have acidity problems for a long time but I have been diagnosed with Ulcers for the first time I guess.

Pharmacist: What are your daily eating habits? How much do you travel? May I ask if you have a habit of smoking or drinking alcohol? And do you take painkillers often?

Patient: You are right, my work demand me to travel a lot and I often eat late, then it is common that I have to take food from some places which may not be clean. Well, I don't drink but I smoke quite often like, 5 to 6 cigarettes per day. Does it have any relation with my disease? And I do take Ibuprofen, etc. quite often for my back pain.

Pharmacist: Oh, It's necessary that you should avoid eating from unhygienic facilities, eat frequently but smaller meals. You know, alkaline food can decrease acidity. Smoking is a trigger factor for peptic ulcer, it doubles the chances; please quit smoking for quicker recovery. Overuse of painkillers causes irritation of the stomach linings and can contribute to ulcers.

Patient: Ok, I understand. But, if the food is not clean there is chances of loose motion right? How it causes a stomach ulcer?

Pharmacist: Well, the food, if un-hygienically made or stored, can carry the germ *Helicobacter pylori* which actually causes stomach ulcers. This germ is found in all cases of stomach ulcers, so your doctor has prescribed some medicines to kill them, those medicines are called antibiotics and you have to take them fully as advised by the doctor, otherwise all those germs shall not die and you shall develop ulcer again. Let me ask you another question, do you get pain at stomach when you start taking food?

Patient: Yes when I start taking food there is pain but later it decreases. My mother suggest me to take lot of milk to decrease my acidity.

Pharmacist: Right, in stomach ulcers some times there will be irritation while taking food, but not always. Many believe that milk decreases acidity but that is not true. But I recommend milk as it is nutritious for you.

Patient: What are the complications of peptic ulcer disease?

Pharmacist: If untreated it can lead to bleeding in the stomach and cause even perforation, anaemia due to repeated bleeding, gastric outlet obstructions are some of the immediate but rare complications. In some long lasting cases even cancer could be a complication, but that could be only in old age.

Patient: Okay, tell me about my medicines. You think they will cure me?. I hope so.

Pharmacist: Yes Sir, you will definitely be cured provided you adhere to these medications. Please take them as prescribed. Don't miss the next consultation with your doctor after two weeks. Stop smoking. Avoid spicy and oily food, eat only clean and warmed food. And please don't take painkillers without consulting your doctor or pharmacist.

Patient: Thank you for providing me all this information and I will contact you again if needed.

Pharmacist: These are your medicines (explains how to take them), take care.

Community pharmacy practice in Israel

Israel is a small country the size of Wales (UK) or New Jersey (USA) yet, apart from its' small area (27,000 sq km) and size of population (8 million), it is in many ways similar to India. We have sea and lakes with golden beaches, deserts, mountains, rivers and lush cultivated land. Our people at home speak many different languages (having come from all over the world) but we all speak, read and write the ancient language of Hebrew. The official languages in Israel are Hebrew, Arabic, and English (In India you have some 23 official languages), yet Russian, Spanish, French, German, Romanian and Amharic are also very widely spoken. We are a democracy with a healthy GMP and excellent life expectancy (79.6 Male 83 Female).

Israel has;

1. A health budget of 8 billion US\$ per annum,
2. 10% of health expenditure is on medicines,
3. 9% of Gross National Expenditure goes to health.

Each Israeli spends \$95 on an average per year on medicines. Israel is predominately a High Tech country and this is well felt in community pharmacy licensing. There is about one pharmacist to every 2300 people. Israel has two pharmacy institutions running bachelors, masters, doctorate, and Pharm.D programmes. The Pharmaceutical Association of Israel is promoting pharmacy profession since 1948. The professional obligations and day to day working of the community pharmacy in Israel are governed by the Ministry of Health and National Health Insurance Law. All citizens have health insurance and must belong to one of four MCOs (managed care organisations) (or HMOs - Health Maintenance Organisations). Temporary foreign workers must be insured by one of a number of private MCOs. These organizations have their own physicians and each has a number of their own pharmacies. Some have their own hospitals although the

patient can always choose his preferred hospital if he wishes.

The "Basket of medicinal services" available for the patients is large and comprehensive but often the medication can only be obtained via a pharmacy belonging to the MCO.

The distribution to pharmacies via wholesalers is virtually hermetically sealed, goods arrive with microchips which is checked by the government agencies. so the introduction of counterfeit is almost impossible.



The prescriptions are generally sent electronically to the pharmacy, and as such are checked for any drug/drug interaction before it reaches the pharmacy. The pharmacist has to undertake questioning and consultation with the patient to ensure that his way of life or food habits, use of OTC or alternative medication and the prescribed dosage are in order as well as his involvement in the adherence of the patient in understanding about his drug regime and of what to be aware when taking his medication. Failure to do so could lead to prosecution if harm came to the patient and the pharmacist is legally responsible in case of error together with physician.



Cont'd on Page 6

There is no hierarchy between physician and pharmacist and we enjoy a very good mutual professional relationship despite some changes in law that may bring tension due to fear of “stepping on the other’s toes”. Pharmacies require a license from the Ministry of Health to open and everything from minimum size, layout and design, air conditioners (that must work day and night), refrigeration equipment, cleanliness, positioning of medication (accessibility of the public), pharmaceutical apparatus and the health and conduct of pharmacists are regularly checked. A consultation room is required as is ensuring the privacy of the patient. Violation of requirements can lead to the closure of the pharmacy and suspension of the pharmacist’s license to practice. A business relationship between physician and pharmacist is prohibited.

Pharmacists must be registered with the Ministry of Health who grant the license to practice. The minimum requirement is a Bachelor Degree and internship. Those coming from abroad must also pass a board examination before practicing. Each pharmacy must have a superintendant pharmacist who must be approved by the Ministry. There is to be even stricter legislation regarding the pharmacists’ duties and his counselling the patient, and the conditions within the pharmacy. Pharmacists wishing to compound are subject to even greater demands and legislation and apart from the dilution of (antibiotic) medication, compounding is undertaken predominately in specialised compounding pharmacies.

Prescriptions received by the pharmacy can be electronic or the patient arrives with a paper prescription which is identified electronically. This prevents duplication of supply and the interactions of medications already on the patient’s “medical” profile. The pharmacist has the possibility of overriding any inter reaction but must be prepared to be accountable for the reason of his action. Prescriptions are retained for future inspection

and can be stored either physically or in the “cloud”. Both for the sale of recommended OTC and prescription medication, consultation must be given.

There is shortly to be introduced the “pharmacist prescription” for chronic or emergency supply. Pharmacists will be required to undergo special training and licensing for this.



In conclusion however, not all is as rosy as it may look. Health funds are the “bosses” and both physicians and pharmacists know this. Remuneration is poor and government does very little to improve it. True and effective Pharmaceutical Care therefore is lame amongst many pharmacists. Our work at the Association is to convince government that they and the very public they serve are the losers. Innumerable studies have shown that if the pharmacist does work as he should, we could save enormous amounts in mortality, morbidity, and money. The costs of non-compliance are staggering in every health system, even if they appear great from the outside. We all can save 0.03% of population from unnecessary death and \$960 p.a. in Health Care Systems budgets for each inhabitant of that country (1,2) whilst Pharmacist providers could save Health Care Systems \$4 for every \$1 spent (3). It is in our hands to change this and we shall, not just for ourselves but for future generations.

Contributed by: .

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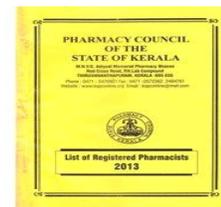
The Kerala State Pharmacy Council- A Review

The Kerala State Pharmacy Council (KSPC) is a statutory body functioning under the Kerala State health Department. It is constituted under Section 19 of the Pharmacy Act, 1948 to regulate the profession and practice of Pharmacy in the State. The Pharmacy Act, 1948 was enforced in the State of Kerala on 1st June 1960. The present Pharmacy council was established in the year 1961 at Thiruvananthapuram, Kerala.

The KSPC could introduce a lot of new programmes and revised the existing ones during the past few years. The KSPC has an uncompromising attitude in the case of implementation of all sections especially the Section 42 of the Pharmacy Act 1948. Dispensing of drugs by non-qualified persons cannot be allowed at any cost. Section 42 is formulated not for giving employment to pharmacy diploma holders or graduates. It is introduced with the aim of providing quality service to the patients who have the right to know what drugs they are consuming, what are its side effects, at what times it should be consumed or not consumed and so on. Only a fully qualified pharmacist can help the patients in these rules. Wrong information or counselling by non qualified person can be harmful for the patients. Unfortunately most of the pharmacies in the state are running with non qualified pharmacists. Our strong enforcement wing could bring a lot of law breakers before the law. But still there are violations. Dearth of sufficient number of Inspectors is the main reason which stands as a hindrance to a state-wide combing operation to book all the law breakers. The enforcement wing of KSPC is the strongest in the country. Recently the state government has accorded sanction to post pharmacy inspectors in all districts. The Government issued orders fixing minimum wages for the Pharmacists working in the Private sector.



A number of judgments also have been issued by the Honourable court on the relevance of implementation of Section 32B (1) and (2) (total ban on pharmacy practice by non qualified persons on the basis of certificate issued by the Drugs Control Department before 1978), section 41 & 42 of the Pharmacy Act and the implementation of drug license in clinics. High Security Pharmacy Registration Certificate [PRC]'s have been issued to all the registered Pharmacists by recalling the old PRCs. A total of 14,150 High Security PRCs have been issued so far.



White-coat ceremonies have a great role in building confidence in the newly inducted pharmacists. Letting them suddenly step into practice without proper induction training will leave them bad practitioners. We have also made white coat a strict uniform for the working pharmacists. In many occasion, it was revealed that the KSPC is the only council which is conducting the White-coat Ceremonies in the country. More than 120 white coat ceremonies have been conducted so far. Each ceremony was also converted into a Continuing Education Programme for the Pharmacists.

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A 20 days long residential training was imparted to the pharmacists of Kerala State Medical service cooperation. The training was conducted with a well designed module touching the entire aspect of pharmacy practice. An institution named State Institute of Pharmacist's Advanced Training [SIPAT] was opened in the premises of KSPC with the sole aim of imparting training to the practicing pharmacists of the country. SIPAT is a permanent institution having all the required facilities for imparting quality training to ambitious pharmacists. Within a short while, SIPAT will be transformed into a centre of excellence and a furnishing school.



National Scientific seminars have been conducted every year. Each seminar was a class event with enormous participation of enthusiastic pharmacists. Pharmacy professionals of international repute presented papers and conducted classes. A pharmacy journal is being published with articles beneficial for the working pharmacists, doctors and other professionals. A workshop has been conducted for preparing a dispensing protocol for good pharmacy practice in



August 2012. The draft of the protocol for dispensing was prepared by eminent professionals.

A society named 'Pharmaceutical society of Kerala' was opened under the aegis of KSPC with the sole aim of encouraging model community pharmacies and educational institutions owned by pharmacists in the state. KSPC offers home stay to Registered Pharmacists at the pharmacy bhavan, Thiruvananthapuram.

A lot of financial assistance under various schemes is distributed by the KSPC. This includes endowments to the family of deceased Pharmacists and bedridden patient pharmacists, best pharmacist award, honouring of rank holders etc. We have made sure that all these assistance are distributed in time to the beneficiaries without any delay. In a major push towards health supportive reforms, the KSPC has decided to implement health insurance scheme for all the registered pharmacists and their family members. The coverage will also be benefited to the members of the KSPC and non-pharmacist proprietors and owners of pharmacies on account of their long experience and association with pharmacy profession. It will benefit about 47 thousand registered pharmacists in the State. The Council proposes to cover all registered pharmacists under the insurance scheme by the year 2013-14. The premium for the scheme is very low compared to any other health insurance available at present.

Visit the website of KSPC for more details:
<http://www.kspconline.org/>

Contributed by: **B. Rajan**,
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CPD at FIP Dublin Congress 2013

Mrs. Manjiri was invited as a speaker and delivered A talk on “Communicable Diseases and Pharmacy Based programme”. She was also invited by the Department of Health, Ministry of Ireland as a Speaker at the Senior Pharmaceutical Policymakers Symposium and delivered a talk on the Pharmacist TB project.

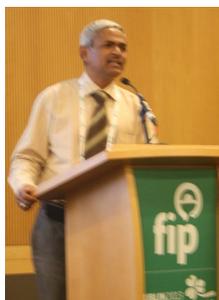


She also participated in FIP CPS meeting as well as the FIP Council meeting.

At CPS Session: *The complexity of health challenges in 2020: are we ready?*

FIP Dublin World Congress 2013

The International Pharmaceutical Federation (FIP) World Congress of Pharmacy and Pharmaceutical Sciences 2013 was held in Dublin from August 30 to September 5, 2013. There were 27 participants from India. Theme of the Congress was “Towards a future vision for complex patients: Integrated care in a dynamic continuum”.



A Pharmacist's invited talk in pharmacy institution at Pune

Sagar Kulkarni, DOTS Pharmacist, Kalyan, Maharashtra, India was invited as a Speaker at A Symposium on multi-drug resistant/ extended drug resistant tuberculosis at Sinhgad College of Pharmacy, Pune and delivered a presentation on the role of the pharmacist in TB care and control and shared his own experiences with the audience. It was very well received and was highly appreciated.



Felicitation of Sagar Kulkarni

Pharmacists' Day Celebrations 2013

In 2010, the International Pharmaceutical Federation (FIP) announced September 25th as World Pharmacists' Day. In India, Pharmacy Council of India declared same day as pharmacists' Day in 2013. The day was celebrated with professional spirit and enthusiasm throughout the country. The theme of the World Pharmacists Day celebration in 2013 was **Pharmacists—simplifying your medicines use, no matter how complex.**

Please find some of the photos of the Pharmacists' Day celebrations in India as follows;



DOTS TB Pharmacists meeting
Kalyan, MH



Maharashtra State Pharmacy Council releases
Patient Counseling Booklet



Manjiri Gharat in Panel Discussion on TV



Safe Use of Medicines Exhibition
Kundanani Pharmacy Polytechnic, Ulhasnagar, MH



Student at Pharmacists' Day Rally in Anantapur,



Dr. Y. Padmanabha Reddy, RIPER felicitating Best
Pharmacist in town Mr. Radhakrishna

Pharmacists' day celebrations at Goa



Panel Discussion

The Pharmacists' Day celebrations concluded on a grand note with a high quality Panel Discussion involving Dr. V. N. Jindal (Dean Goa Medical College), Dr. Satish Shetye (V.C. Goa University), Dr. B. Suresh (President, Pharmacy Council of India), Salim Veljee (Director, FDA-Goa and President, IPA, Goa), Bharati Heble (Corporate, CPP), Roland Martins (GOACAN, Coordinator), Gauresh Agni, and Dr. Ajay Vaidya. The topic of discussion was "Role of the Pharmacist in

Health Care". The audience of 100+ consisted of a cross section of society; eminent citizens, school teachers, health care professionals, NGO representatives, consumer forum members, pharmacists, etc.

Street Play competition for students, health check-ups were conducted throughout Goa on the occasion of Pharmacists Day. On the occasion, Mr. Shripati Vaidya, who has been a practicing Pharmacist for over 50 years at the Hindu Pharmacy, was awarded the Life Time Award for his long and outstanding service to the profession and society.



Dr. B. Suresh, President, Pharmacy Council of India felicitating Mr. Shripati Vaidya, of Hindu Pharmacy with Life Time Award. Seen along Mr. Salim Veljee, President, IPA Goa

Initiative for consumer awareness on safe use of medicines (ICASUM)

Delhi Pharmaceutical Trust launched its "Initiative for consumer awareness on safe use of Medicines" (ICASUM) at the premises of Majeedia Hospital, New Delhi. The initiative was inaugurated one day before the Pharmacist's Day (Sep 25th) by Dr. Firdosh Wani, Registrar and Dr. Dwivedi, Dy. Medical Superintendent of the hospital.

Posters were prepared on care to be taken while buying and storing medicines. It was also circulated to encourage patients to consult pharmacists as and when required. Patient Information leaflets were prepared on medicines used in common medical conditions and circulated to patients. The initiative has been launched in collaboration with the Indian Pharmaceutical Association Delhi branch.



Inauguration and interactions in ICASUM

Pfizer and Indian Pharmaceutical Association collaborate to support pharmacy education

A new pharmacy continuing education pilot will be launched during India's National Pharmacy Week.

The one-day training session, which will take place both in Chennai and Goa, will be open to community and hospital pharmacists. The organisers are aiming to train up to 100 pharmacists in this initial pilot phase. This initiative is made possible through a collaboration between the Indian Pharmaceutical Association and Pfizer Inc.

Emma Andrews, pharmacist and Director at Pfizer's External Medical Affairs division in New York commented:

"Pfizer is proud to support pharmacists and pharmacy education in India. Pharmacists are the final link between patients and our medicines, so it's essential to partner with them to ensure their safe, effective and appropriate use."

Shaantanu Donde, Physician Medical Affairs Pfizer India added, "we are excited to partner with IPA to bring this training to pharmacists in India and look forward to continued collaboration with this important stakeholder.

Manjiri Gharat, Vice-President and Chairperson, IPA CPD commented:

"Increasing education opportunities for pharmacists is critical for the profession – particularly to support the expanding role and practical challenges this brings. We know that good ongoing education not only improves patient care, but also boosts pharmacist's job satisfaction and retention. This training module is an important addition to continuing pharmacy education, and we are delighted to be making it available to our practicing colleagues."

The training aims to provide knowledge and skills development opportunity around expanding capability set for pharmacists in areas such as adherence, patient counselling and safe use of medicines. It will also provide knowledge and skills on good pharmacy practices which will enhance pharmacists' professional and business management capability. Modules include "Be a NEW GENERATION Pharmacist" and "Patient Counselling Role-plays".

In line with international guidance from FIP (International Pharmacy Federation)¹, the training content is a needs based professional educational model, which is: Quality Assured, Locally determined, Socially accountable, Globally connected.

Learnings from the two pilot sessions will be integrated into the final program, anticipated for full national roll-out during 2014.

¹International Pharmaceutical Federation: 2012 FIP Global Pharmacy Workforce Report (available from www.fip.org/humanresources)

E–Times BRAIN TICKLES : 6

1. The highest level of cholesterol is found in:
 - A) Chylomicrons
 - B) Very Low Density Lipoproteins
 - C) Low Density Lipoproteins
 - D) High Density Lipoproteins
 2. The normal life span of a red blood cell is:
 - A) 30 days
 - B) 60 days
 - C) 90days
 - D) 120days
 3. Which of the iron salts has the most elemental iron per milligram?
 - A) Iron sulphate
 - B) Iron gluconate
 - C) Iron fumarate
 - D) Iron carbonate
 4. What is a harmless side effect that occurs with rifampin therapy?
 - A) Altered taste
 - B) Flatulence
 - C) Body fluid turn orange
 - D) Acidity
 5. Specific antidote for trimethoprim poisoning is
 - A) Dimercaprol
 - B) Flumazenil
 - C) Deferoxamine
 - D) Leucovorin
- Answers to Brain Ticklers 5
 1) B, 2) A, 3) D, 4) A, 5) B
 Winner for Brain Ticklers 5 is:
Uday Venkat Mateti, Research Scholar,
 Manipal University, Manipal-576104, KA.

JOIN Indian Pharmaceutical Association and select Community Pharmacy Division (IPA CPD)

www.ipapharma.org

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Provide your feedback to this issue of the CPD E-Times; pass it to more pharmacists and also send in your thoughts/issues/problems faced by you in pharmacy practice.

Upcoming scientific events

Pharmacy Practice Training Module 6, Hyderabad, October 6-8, 2013. Visit: <http://www.iacp.org.in/>

Nasal and Pulmonary Drug Delivery: Global Regulatory Trends, Mumbai, October 24-25, 2013. Visit: <http://www.ipapharma.org/>

Clinical Research in India, Bangalore, October 24-26, 2013. Visit: <http://www.diahome.org/>

65th IPC, New Delhi, December 20-22, 2013. Visit <http://scientificipca.org/>

PSWC, Melbourne, April 13-16, 2014. Visit: <http://www.fip.org/pswc2014/>

National Pharmacy Week-2013

Dear Members,

The Indian Pharmaceutical Association has been celebrating the National Pharmacy Week (NPW) every year during the third week of November. The major focus of NPW celebrations is to create awareness amongst the public, other healthcare providers and the authorities, about the NPW theme in specific and about the pharmacy profession and the role of the pharmacist in general. The 52nd NPW will be celebrated during **17th to 24th November, 2013.**

The theme selected for this year is:

“Pharmacist: A Healthcare Professional”

We look forward to receiving your ideas about the pattern of celebrating the NPW as well as about the educational material to be developed to make it effective and meaningful. Your active participation is most welcome.

Please write your suggestions to;

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‘For private circulation to healthcare professionals only’

Disclaimer: Drug information is for health care professionals only. We try our level best to gather updated healthcare information, but it is better advised to refer and consult other relevant resources before taking a practice decision. Views of the authors are not necessarily, the views of IPA CPD, and the association is not responsible for any damage caused due to information published in IPA CPD E-Times. Subject to Mumbai Jurisdiction only.

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