



# Specialization in Pharmacy

University of Ilorin Teaching Hospital  
Experience

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# Scope

- Initial motivators
- Approach
- Early gains
- Now @ UITH
- Challenges
- Repositioning Hospital Practice
- Proposed Hospital Pharmacy
- Clinical Pharmacy & Subspecialties



How it began

# Initial Motivators

- Need to care for Patients medication requirements
  - Errors occurs that cannot be overlooked
- Correcting Consultants'/Professors' prescribing
  - Prof. of internal medicine prescribing of co-trimoxazole IV b.d for 2wks
  - Prof. of Gastro prescribing of Cimetidine and PPI
- Need to change physicians perception of pharmacists

# Approach

- Highlighted certain specialties and every interested pharmacist chose one to build himself on
- Regular clinical meetings
- Decentralization clamor and gradual process
- Formal trainings
  - Postgraduate studies
  - Workshops/Seminars

# Approach

- Opportunistic Grand round presentation in 2013
- World Pharmacists Day to showcase need for the specialties to the Hospital community
- Newsletter with articles from different Pharmacy Specialties
- Some special ward-services e.g deposit scheme

# Early gains

- A Diabetogenic Quinolone already banned in India
- Diclofenac suspension for pediatrics
- Misoprostol 25 $\mu$ g for intravaginal use
- Preceptors on-hand before the Pharmacy School started

# Now @ the UITH

- The following specialties are either developed or developing
  1. Family medicine pharmacy
  2. Adult Emergency/trauma
  3. Pediatrics emergency
  4. Obs & Gyn Pharmacy
  5. Behavioral Sciences Pharmacy



# Now @ the UITH

- The following specialties are either developed or developing
  6. Drug information
  7. Oncology
  8. Internal medicine
    - Cardiology
    - Renal
    - Endocrine
    - Infectious disease

# Now @ the UITH

- FWAPCPharm – 11
- Pharm.D – 8
- M.Pharm./M.Sc Clin – 2
- M.Sc Pharmacology – 2
- Ph.D PH – 1
- MPH – 1
- Ph.D Clin in-view – 1
- M.Sc Clin in-view – 3
- Fellowship in-view – 2
- Clinical Preceptors - 6

## Now @ the UITH

- Pharmacotherapy rounds
- Join Physicians round – fostering collaborative practice
- Key member of the Therapeutic committee
- Research ethics committee
- Unrestricted access to the ward and patients' medical record

# Challenges

- Change is difficult – leaving comfort zone
- Sacrifice – time and money
- Intra-professional demotivators
- Perceived – as – threat (intra and inter professional)
- Manpower/workload



Going forward

# Repositioning Hospital Practice

- Consultancy cadre approval
- Plurality of Director of Pharmaceutical Services
- Specialization in Pharmacy
- **Reorganization/repositioning of Hospital Pharmacy is inevitable**
- **General postings should wind down**
- **Rotational headship will engender innovation/quality improvement**

# Proposed Hospital Pharmacy

- Not just one department but many departments
- Units should transform to departments (enhances status and acceptability)
- Recognize nonclinical departments in the hospital pharmacy
- The departments should be headed by Consultants/Directors (DPS, DDPS, ADPS)

# Proposed Hospital Pharmacy

1. Clinical Pharmacy and Sub-specializations
2. Quality management services
3. Compounding/manufacturing services
4. Administrative and Social Pharmacy
5. Supply Chain management
6. Pharmacovigilance/Pharmacoepidemiology



# Clinical Pharmacy Sub-specializations

- Cardiology Pharmacy
- Critical care Pharmacy
- Oncology Pharmacy
- Nephrology Pharmacy
- Ambulatory Pharmacy
- Drug information
- Endocrine pharmacy
- Urology Pharmacy
- Behavioral science Pharmacy
- O & G Pharmacy
- Infectious Disease Pharmacy (Anti-microbial Stewardship)
- Pharmacovigilance
- Pediatrics Pharmacy
- Geriatric Pharmacy
- Emergency care Pharmacy

# Clinical Pharmacy Sub-specializations

- Other areas of Specialization include
  - Medication Therapy management (Clinic)
  - Medication Adherence management

