Pharm.D Syllabus

Year 05

Supplied Pharm.D Regulations 2008 | Annual programme

Year-wise theory and practical syllabus.

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Pharm.D Annual Course Structure

Year 05

Hours per week, as listed in the supplied Pharm.D Regulations 2008.

Subject	Theory	Hospital posting	Seminar
Clinical Research	3	-	1
Pharmacoepidemiology and Pharmacoeconomics	3	-	1
Clinical Pharmacokinetics and Pharmacotherapeutic Drug Monitoring	2	-	1
Clerkship	-	-	1
Project Work (Six Months)	-	20	-
Total hours per week	8	20	4

Clerkship and Project Work

Clerkship includes attending ward rounds daily. Project work is specified for six months. The hospital-posting, project methodology, reporting and evaluation requirements are included after the subject syllabuses.

Annual structure reproduced from the supplied course tables; this course is arranged by year.

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.

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

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

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

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

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

2. Phrmacoeconomics:

Definition, history, needs of pharmacoeconomic evaluations

Role in formulary management decisions

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

3. Applications of Pharmacoeconomics

Software and case studies

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

CHAPTER-III
Practical training

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

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

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

21. Objectives of project work.— The main objectives of the project work is to—

    (i) show the evidence of having made accurate description of published work of others and of having recorded the findings in an impartial manner; and

    (ii) develop the students in data collection, analysis and reporting and interpretation skills.

22. Methodology.— To complete the project work following methodology shall be adopted, namely:—

    (i) students shall work in groups of not less than *two* and not more than *four* under an authorised teacher;

    (ii) project topic shall be approved by the Head of the Department or Head of the Institution;

    (iii) project work chosen shall be related to the pharmacy practice in community, hospital and clinical setup. It shall be patient and treatment (Medicine) oriented, like drug utilisation reviews, pharmacoepidemiology, pharmacovigilance or pharmacoeconomics;

    (iv) project work shall be approved by the institutional ethics committee;

    (v) student shall present at least three seminars, one in the beginning, one at middle and one at the end of the project work; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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