

DIVISION OF HOSPITALS OPERATIONS MANUAL

RESPONSIBILITIES OF INDIVIDUAL PHARMACY COMMITTEE MEMBERS ATTACHMENT C4.1.2a

"Responsibilities and Functions of the Individual Pharmacy Committee Member." Relatively little has appeared in print on this subject, although much has been written upon the functions and responsibilities of a pharmacy committee acting as a whole. The functions, responsibilities, and qualifications of the individual committee member have been subjects to which considerable thought has been given in the development of its total pharmacy program in the Division of Hospitals of the Public Health Service. This section is developed to serve as a guide in formulating a plan of instruction for newly appointed pharmacy committee members in discharging their important duties. It is important that any plan of instruction should emphasize that the pharmacy committee is the forum for medical staff self-government in drug evaluation and utilization, a program we refer to as Rationale Drug Therapy and Quality Control of Medications. This approach will give prestige to the venture and be most likely to effect acceptance by medical staffs, residents, and interns.

Pharmacy and drug therapeutic committees do not represent a new procedure to many hospital administrators, hospital pharmacists, and clinicians. However, there are probably some hospitals and hospital staffs that are only vaguely familiar with their place and function in the administration of the modern hospital. It seems appropriate, therefore, to mention briefly at this point, events considered as the four landmarks of the development of the pharmacy committee in the rapidly growing field of hospital pharmacy administration:

(1) the 1937 "Report of the Committee on Pharmacy" of the American Hospital Association. This report contained the following statements concerning the proposed standards of operation of a pharmacy committee, "The hospital shall appoint a pharmacy committee which shall meet at regular intervals. The members of the committee shall be chosen from the several divisions of the medical staff. The pharmacist shall be a member of the committee and shall serve as its secretary. He shall keep a transcript of proceedings and forward a copy to the proper governing body of the hospital. The purposes of the pharmacy committee shall be:

- (a) To determine the policy of operation of the pharmacy, and to deal with such matters of a pharmaceutical nature as may from time to time arise.
- (b) To add or delete from the drugs used.
- (c) To supervise the purchase and issuance of drugs, chemicals, pharmaceutical preparations, biologicals, and professional supplies within the hospital."

(2) The Manual of Hospital Standardization, published in 1946, by The American College of Surgeons. This manual repeated in essence what has already been stated above, in its section dealing with "Minimum Standards for Pharmacies in Hospitals."

(3) The 1950 revision of the "Minimum Standards for Hospital Pharmacies."

This manual again reaffirmed what has already been stated. The American Society of Hospital Pharmacists released these same standards at that time. In this same year they were approved with minor changes by The American Hospital Association's Council on Professional Practice.

They were also accepted in principle by The Catholic Hospital Association's Committee on Pharmacy Practice, and endorsed by The American Medical Association, and (4) The Joint Committee on Accreditation of Hospitals requires, among other things, for the full approval and credit of a pharmaceutical service in a hospital:

- (a) An active pharmacy committee
- (b) An up-to-date hospital formulary

These actions by national organizations certainly establish beyond question the necessity and legitimacy of the pharmacy committee in the administrative and clinical organization of the modern hospital.