The following people are eligible to membership on the pharmacy committee:
(1) The hospital administrator (if a physician and a qualified clinician)
(2) Chiefs of major clinical services, including dentistry
(3) The clinical director or clinical coordinator in large hospital that have such a position
(4) The chief pharmacist.

The director of nursing services, and the purchase and supply officer might be considered as associate members without voting privileges. They do not participate in committee actions. They attend on call to receive and give information. Also, interns and residents should be invited to attend as observers for the educational value of the committee discussion in pharmacology.

THE HOSPITAL ADMINISTRATOR

Whether the hospital administrator is an active and participating member of the pharmacy committee or a member ex-officio should depend upon his knowledge of modern drug therapy. Unless the administrator is a physician familiar with present-day concepts of clinical pharmacology, biochemistry, and microbiology and is so recognized by the medical staff, he should disqualify himself for active membership on the committee. Whether an active member of the committee or an ex-officio member, he has certain responsibilities as administrator of the hospital in the functioning of the committee. These responsibilities are:
(1) Establish the policy as to the existence, purpose, scope, and duties of the committee.
(2) Determine the term of office of its members.
(3) Appoint a chairman annually.
(4) Provide means for implementing the committee's actions and recommendations through prompt channels of communications to the various departments of the hospital.

The policy statement of the administrator should define in general terms the functions of the committee. As a concrete example of what is meant here, we give the policy statement for the functions of pharmacy committees in Public Health Service hospitals:
"(1) Prepare and formulate current information on drug therapy for the guidance of the staff. This includes the adoption of a station formulary consisting of the A.S.H.P. Formulary Service, and the station supplement to it, usually termed a "Drug List."
(2) Review periodically the stock status of drugs with special reference to the pharmaceutical specialties in order to avoid the development of surplus stock of usable drugs.
(3) Consider periodically the additions and deletions of items from New Drugs, Accepted Dental Remedies, U.S. Pharmacopoeia and National Formulary.

(4) Serve as an advisory group to the pharmacist regarding the therapeutic agents to be stocked in the pharmacy.
(5) Serve as an advisory group to the pharmacy department regarding therapeutic agents to be stocked as ward, and prepackaged, medications.
(a) The committee will review requests for items not routinely stocked, including drugs not yet available in interstate commerce, upon written request of a medical or dental officer and approval of his chief of service. These requests should contain a justification of the item requested, and a statement of the amount needed, on the basis of a specific patient or service need. (See Form PHS-1689 "Request for Purchase of Non-Basic Drug")
(b) Requests should not ordinarily be made for items by trade names, especially when such items are also official in the U. S. Pharmacopoeia or National Formulary.
(6) Consider other pharmaceutical or related matters referred by the medical officer in charge."

It is advisable that the appointment system for committee members be of a "staggered nature." Such a system provides for continuity of committee action. The appointment of an entirely new and different committee at one time leads to obvious difficulties. It is imperative that committee members hold positions of responsibility. They should be at the level of chiefs, deputy chiefs, or assistant chiefs of service.