Good Pharmacy Practice Workshop
22nd - 24th November 2006

Background:

In November 2006, Mr. John Ware, President of Western Pacific Pharmaceutical Forum (WPFF) and Mr. Kurt Rasmussen, Project Manager of the International Pharmacy Federation (FIP) Action Program on Good Pharmacy Practice conducted on-site inspections to assess Vietnam's progress in the second phase of the country's *Strategy for Pharmaceutical Sector Development up to 2010*. This government-approved plan aims to improve all aspects of pharmacy (from manufacture, distribution and practice) in order to assure sufficient supply of quality medicines and rational and safe use of medicines for the country's health protection and care. It implies that international standards and guidelines such as GMP (Good Manufacturing Practices), GDP (Good Distribution Practice) and GPP (Good Pharmacy Practice) have to be implemented according to a plan of action. For example, GMP has to be implemented by the end of 2007 and GPP by the end of 2010. The government is now in its final stages of approving the draft of these two new legislation documents, which have been written on the basis of international guidelines for GDP and GPP.

Purpose:

To gain insight into the current status of Vietnam's pharmaceutical sector through meetings with representatives from the Ministry of Health, national pharmaceutical association, universities and to visit pharmacies and other relevant organisations.

To provide technical assistance by reviewing the implementation plan of GDP and GPP, and provide guidance for further planning including setting up training programs.

To identify other areas in which FIP/WPPF can provide further assistance in the implementation of GPP, including technical assistance, project management or funding.

Program:

Wednesday 22 November 2006
Meeting with representatives of the Vietnam Pharmaceutical Association Good Pharmacy Practice forum for members of Hanoi Pharmaceutical Association
Thursday 23 November 2006
Visit to three pharmacies and a drug manufacturing company - Trapharco Meeting with the Deputy Minister of Health
Friday 24 November 2006
Visit to one Model pharmacy and to a wholesale distributor - Harpharco

Meeting with the WHO Representative of Vietnam

Summing up meeting with representatives from the Ministry of Health and from t Vietnam Pharmaceutical Association

Vietnam Pharmaceutical Association:

The Vietnam Pharmaceutical Association (VPA) was established 40 years ago. Its main aims are to provide members with services relating to education and training, as well as legal and operational assistances. In general, the association acts as a liaison between the profession and the government. The President Dr. Cuong resides in Ho Chi Minh City. The delegation was hosted by Mr. Nguyen Van Dinh, the Vice-Chairman of the Association of Pharmacy in Vietnam. Mr. Van Dinh is also the Chairman of the Association of Pharmacy Hanoi and the head pharmacist of the Hanoi Municipal Health Department.

The Association has sub-groups which represent the pharmacy industry, public and private sectors. Member pharmacists, who pay an annual membership fee, receive a regular pharmacy journal and can attend education programs run by the association.

The delegation had lengthy discussions with Mr. Van Dinh and the associate board members about the current situation of pharmacy in Vietnam, with focus on the Good Pharmacy Practice initiative.

Access to pharmaceutical services:

There are approximately 1200 private pharmacies operating in Hanoi, which inhabits over three million people in 950 square meters. However, in the outer district of Hanoi, which makes up half the size of the city, there are a total of three pharmacies. It is evident that access to essential medicines and pharmacy services is limited, especially in the rural and more remote areas. The problem however, seen in both the private and public sectors, is not simply a shortage of the number of practicing pharmacists, but an uneven distribution across the country. All communes have access to a doctor, not necessarily a pharmacist; often there is only a pharmacy assistant. In some disadvantages areas, local health authorities have had to nominate a doctor to train to be a pharmacist.

Pharmacy graduates are often recruited by foreign pharmaceutical companies, as drug company representatives, where they can earn twice as much as community pharmacists.

Access to drug information

Pharmacies have reference books such as MIMS, VIDAL (Pharmacopaeia equivalent) and texts such as “Pharmaceutical Drugs and their Uses”, however they are not mandatory. The VPA is in the process of revising the VIDAL to a more condensed version to be distributed to all pharmacies and drug outlets, even in rural areas.

Some pharmacists rely solely on the Product information (PI) leaflets inside medication boxes as their point of reference for indications for use and dosages.

Computers and printers are not commonly used in pharmacies - and if so, only for stock control or accounting purposes – thus drug information is limited primarily to verbal advice or written instructions. Some patients request for the PI leaflets, however pharmacists' supply is limited to the number of boxes they have.

Documentation of prescriptions or labeling of medicines is not mandatory. Some pharmacies do not make any records whatsoever, some give verbal directions only.

Pharmacy education

It was established that there are three levels of pharmacy training:

- **Five-year** university degree (which enables you to open a pharmacy)
- **Three-year** college degree (which enables you to work in a pharmacy only)
- **One year** pharmacy assistant/technician qualification (which enables you to work in a drug outlet and sell medicines according to essential drug lists).

The are currently six institutions which offer training for university level pharmacists, however due to shortages there is heavy reliance of the college graduates and pharmacy assistants.

The role of the pharmacists as medication experts and credible sources of healthcare information has yet to be established in the Vietnamese community. One reason for the distrust of pharmacists could be explained by varying levels of pharmacy education. Although university degree pharmacists own and manage pharmacies, it is often the college pharmacists or assistants who work there on a day to day basis. The comprehensiveness off their training compared to the university degree is unknown but they are still eligible to practice as pharmacists.

Surprisingly there is no mention of pharmacy education and training specified in the current GPP document. The GPP initiative has been included as part of the National Drug Policy, but only after the draft has been approved by the Ministry of Health (MoH) will there be discussions about pharmacy education.

As it is already 2007, the fact that GPP is set to be implemented by 2010, and a standard pharmacy university degree lasts fives years, I struggle to understand how the MoH and the VPA expects to be able to have sufficient numbers of fully qualified pharmacists who understand and can practice under GPP conditions, without considering improvements to the undergraduate course curriculum and developing some sort of postgraduate training.

Currently, continuing education opportunities are limited, and from what we could gather, are not compulsory. The VPA offers a quarterly magazine with drug and clinical updates as well as some training courses, but only for its paying members. Drug companies also hold some education session on their products.

There seems to be a lack of governance that ensures practicing pharmacists are up-to-date with their knowledge. There is no need for re-accreditation after initial registration

as a pharmacist is obtained. The VPA have expressed interest in following Thailand's example of pharmacy accreditation.

*(Go to **'Hanoi University of Pharmacy'** for more information of the current undergraduate curriculum.)*

Rational use of medicines

The fact that many patients go straight to pharmacies for common ailments, without the consultation of a medical physician, it is necessary to ensure standard treatment guidelines, which are safe, affordable, needed by the population and effective (SANE) are in place and followed.

Technically, antibiotics should only be available with a prescription; however it is common practice and widely accepted to buy almost any type of antibiotic over the counter. The concern is whether pharmacists are adequately trained in their appropriate use (indication, dosage and duration of therapy) and whether this is conveyed to the patient through adequate counseling. Medications are rarely sold as full boxes; often pharmacists sell blister strips or even less to patients according to their perceived needs or how much they can afford. This is a major concern with regard to antibiotic resistance.

Drug Price Control

The price of drugs has been heavily debated, both politically and in the public. Prices still remain high as compared to household incomes, and most likely the reason why medications are dispensed as blister pack quantities or less. Although this accommodates the patient's finances, it undermines the effectiveness of therapy and can lead to antibiotic resistance.

No government subsidies, healthcare concession or health insurance system in place.

Pharmacies are free to set their own prices on medications, however with the introduction of GPP they are expected to increase to cover increased costs. Moreover, with recent admittance into the World Trade Organisation (WTO), there is certain to be a significant number for more expensive Western drugs coming on to the market.

Pharmacy Ownership

There are concerns about the lack of awareness of pharmacy owners and financers, about the need to focus on *quality*, not quantity, of pharmacy services provided. This will be a major challenge in introducing the GPP initiative.

Good Pharmacy Practice forum:

The GPP forum was held as an assembly hall at the Ministry of Health, which is located in Hanoi. Over 100 local pharmacists and committee members of the Vietnam Pharmacy Association attended. After overcoming some technical difficulties - no laptop, projector or screen had been prepared - John Ware and Kurt Rasmussen presented information on the principles behind GPP and discussed issues surrounding its implementation.

John & Kurt had asked me at breakfast that morning if I would like to do a short speech on my expectations of practicing as a community pharmacist. They thought it would be interesting for the Vietnamese community to hear an international perspective from a young Vietnamese student. Although I was reluctant at first, the idea seemed more and more appealing as I began to think it was a good opportunity to introduce myself and my views on the role of pharmacist.

We ended up having a heavily booked schedule and I didn't have nearly as much time as I would have liked to prepare; I actually scribbled down most of my speech during the afternoon presentations. Although, I did feel that it was important for me to incorporate some Vietnamese, even if it was only the opening paragraphs.

My Speech:

Greetings everyone. My name is Nguyen Thi Hong Hieu. My English name is Madelaine. I am Vietnamese however I was born and live in Australia, in the city of Melbourne. ***Kinh thua qui vi. Em ten la Nguyen Thi Hong Hieu, ten tieng anh cua em la Madelaine. Em la nguoi Viet nam ma em sinh o ben Uc o tai thanh pho Melbourne.***

I am a pharmacy student from Monash Univiersity. I have just finished four years of university study and after this I will return to Australia for one more year of training

to qualify as a pharmacist. ***Em la mot hoc sinh duoc tu truong dai hoc Monash. Em da xong hoc bon nam o dai hoc va xao day se ve Uc thuoc tap cho mot nam nua de lay ban duoc si.***

I have come to Hanoi because I was awarded a scholarship to travel to another country to study about pharmacy. I chose to come to Vietnam to learn about pharmacy and my home country. ***Em da den Hanoi tai vi em da nhan duoc mot hoc bong de qua ben nuoc ngoai de thuoc tap ve duoc. Em da chon ve Viet Nam de tim hieu ve duoc va nuoc nha em***.

I have chosen to investigate the potential role of pharmacists in preventing HIV/AIDs, for example, through need syringe exchange and drug substitution programs such as Methadone. ***Em da chon tim hieu vai tro tiem nang cua duoc si trong viec phong chong tac hai HIV/AIDs thi u chuong trinh trao doi bom kiem tiem va lieu phap thay the Methadone***.

I think that pharmacists can contribute a lot to the prevention of HIV transmission for everyone as well as reduce the spread of HIV among injecting drug users. ***Em nghi la cac duoc si co the dong gop nhieu viec ngan ngua nguy co lay nhiem HIV cho moi nguoi ca cung trong giam thieu tac HIV/AIDS cho nhung nguoi tiem chit ma tuy.***

I think the pharmacists also have an important role in mediation counseling and disease state management. ***Em nghi la cac duoc si cung co vai tro quan trong trong viec tu van ve thuoc va cac benh thong thuong.***

Now I would like to speak English, if I may. I've been asked today to share my thoughts on my future as a pharmacist. This speech is very last minute so I have not had much time to prepare. I will be brief but there are some important points that I would like to share.

In my four years of study I have come to learn that there are 3 key principles that are important for a pharmacist to embody.

The first is **EXPERTISE**. Pharmacists are trained to be drug specialists. We are trained to practice in a way that is based on evidence. We are trained to appraise data and information critically to ensure that the best advice is given to a patient. We have an important role to work with doctors and other health professionals to ensure drug regimens are safe and efficacious; and to optimize overall health outcomes.

The second principle required is **RESPECT.** Pharmacists must respect their patients, their colleagues and their profession. Pharmacists should endeavour to practice in a way that is professional and ethical. This allows pharmacists to gain the respect and trust of their patients in order to help them.

The third principle is **COMMUNICATION.** As Mr. John Ware said before, one of the most important things I have learnt in my university studies is communication. Pharmacists need to be able to communicate their knowledge of drugs and their actions in a way that a patient can understand.

I have been taught skills such as how to be empathetic, how to listen, how to ask and respond to questions. We have learnt how to interact with both patients and

other health professionals, as it is necessary to be able to work together as a healthcare team.

These three principles, however, cannot be achieved without a strong foundation of support. This is where the GPP program has a vital and significant role, as it provides a framework in which to practice pharmacy at a professional level.

However, I believe that the skills required by pharmacists in order to implement this program and ensure its success and longevity must be taught from the beginning. They should be taught to university pharmacy students so that when they graduate they are equipped with the appropriate skills to practice good pharmacy practice.

Pharmacists knowledge on clinical pharmacy and the pharmacology of drugs, allows them to help people help themselves. The advice and information that pharmacists can provide help patients to make informed decisions about their health and their family's health. This emphasizes the pharmacists' roles in promoting health as a whole in the community.

I strongly believe that if a country, like Vietnam, wants to build up their health system they need to take advantage of pharmacists' knowledge and accessibility in the community. Pharmacists can play a significant role in dissemination of important healthcare advice. Furthermore, we can be proactive in our practice and seek out opportunities to help our patients.

However, it is up to you as individual pharmacists to make the decision whether or not to help improve the health of your community and your country.

As Mr. John Ware said, GPP will collapse without strong building blocks. I believe that these building blocks are the support of pharmacists who are dedicated to the same cause.

So I encourage each of you to step up to the challenge, work together, so that we can achieve better health outcomes for all Vietnamese people.

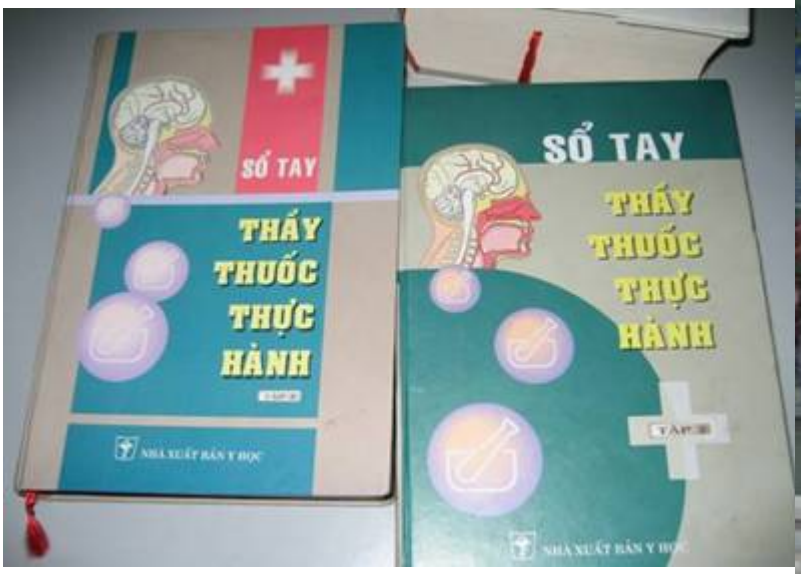
Despite my nerves, shaky Vietnamese pronunciation and persistent dry cough, I somehow managed to get through the entire speech. Nonetheless, being there up on stage, in Vietnam, talking Vietnamese to the Vietnamese community was one of those rare moments in my life when I thought to myself, 'My parents would be proud if they were here now.' I hope I made a positive impact on the pharmacists who were present, even if it was just allowing them to hear another viewpoint of pharmacy practice. To me, I felt that I was conveying the simplest concepts; what I had learnt to be the basis of pharmaceutical care. Principles which I think are achievable anywhere in the world, as long as there is strong foundation of education, a professional framework and a government which supports the profession.

Pharmacy Visits:

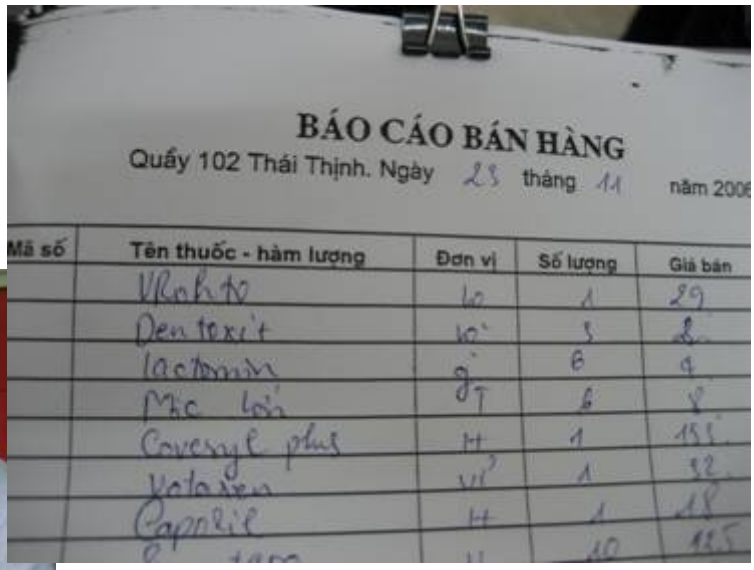
The purpose of these pharmacy inspections was to gain insight into the current pharmacy practice situation, to allow more informed recommendations for improvement of the GPP guidelines.

- **Pharmacy #1**

The first pharmacy we visited is owned by drug company, Trapharco. The layout was similar to western-style pharmacy; equipped with a dispensary area, a separate counseling area with ready access to reference books. It also displayed a list of essential drugs with corresponding prices to the public, which is expected in all pharmacies.



Medications were dispensed, primarily by blister strips, in a paper envelope with ***Drug name, Quantity, Indication*** and ***Directions for use*** written by the pharmacist. The pharmacy did not record patients name or Doctor's details. It was the impression that the record books were use for stock control purposes, rather than patient histories, as the only recorded drug name, dosage form, quantity and price.



BÁO CÁO BÁN HÀNG

Quầy 102 Thái Thịnh. Ngày 23 tháng 11 năm 2006

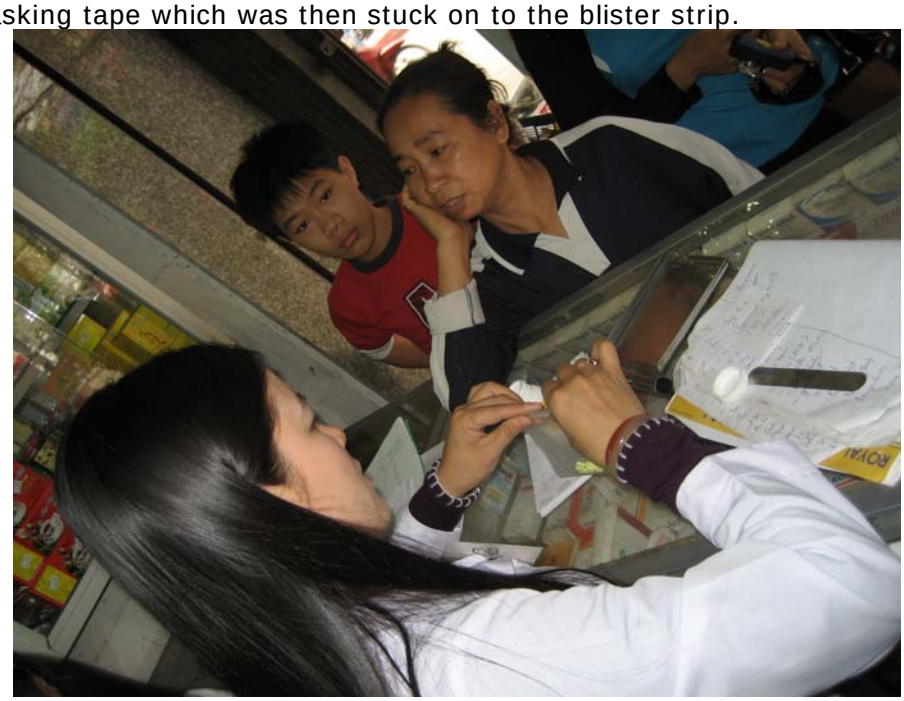
Mã số	Tên thuốc - hàm lượng	Đơn vị	Số lượng	Giá bán
	Vitamin C	Lọ	1	29
	Dentexit	Lọ	3	8
	Lactomin	Gói	6	4
	Mắc lời	Gói	6	8
	Coversyl plus	Hộp	1	155
	Katasan	Vỉ	1	32
	Caprilic	Hộp	1	18
			10	195

Pharmacy #2

The second pharmacy represented what most pharmacies in Vietnam look like: a small kiosk-like front counter, open to main road or street.

The pharmacist in charge, 34 years of age, believed in and focused of customer service as a means of maintaining customer loyalty. Whether this meant simply supplying what the customer requested or practicing good pharmacy practice is unclear.

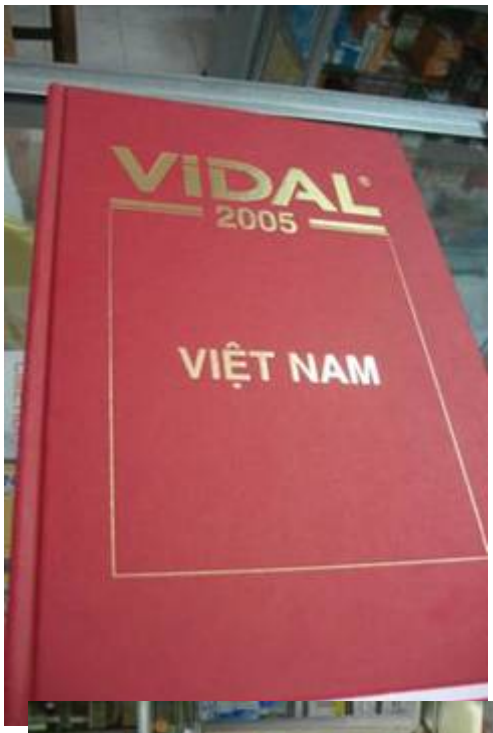
Although this pharmacy had more detailed documentation of prescriptions, including previously excluded details such as ***patients name, address, quality of drug***; the labeling of dispensed medications was limited to dosage instructions written on a piece masking tape which was then stuck on to the blister strip.

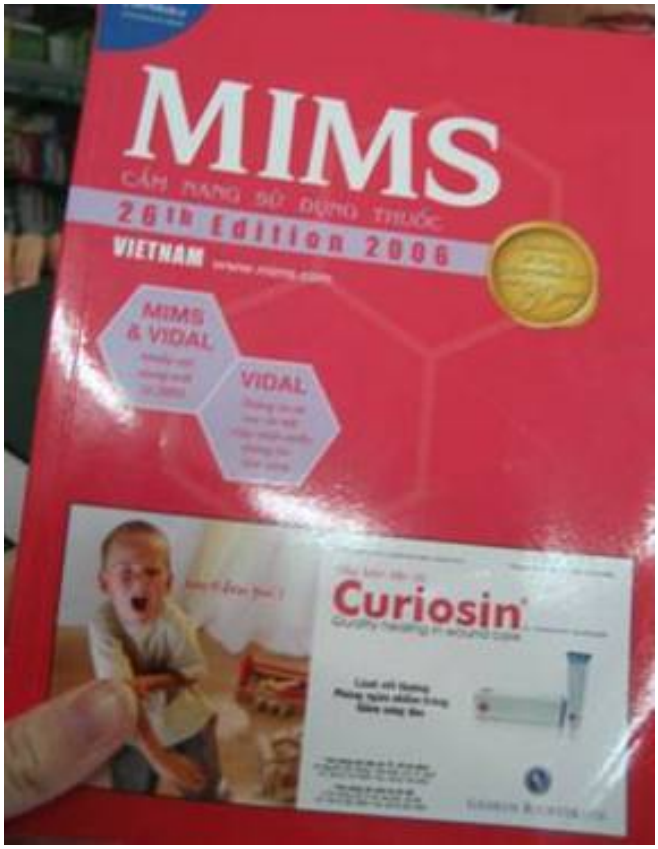


We observed bulk dispensing of chlorpheniramine; where tablets from a larger bulk bottle was dispensed into a small snap-lock plastic bag and directions written directly onto the bag. This method is primarily seen with sedatives, where there is a policy of dispensing ten tablets at a time. There are no warning labels or written warnings about drowsiness for such medications. Verbal advice is the only means of communicating this information, whether this is done for every patient is questionable.

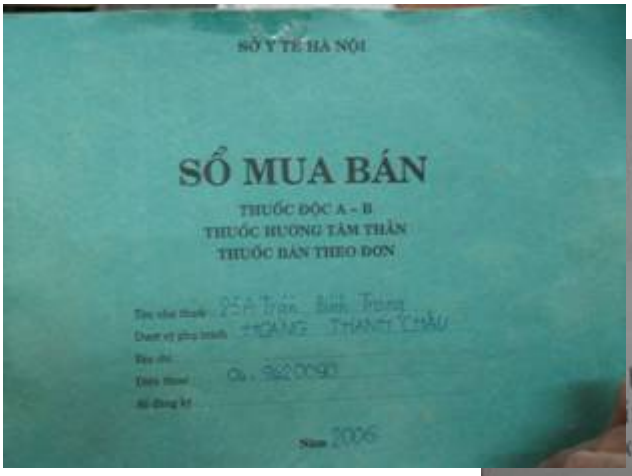
- **Pharmacy #3**

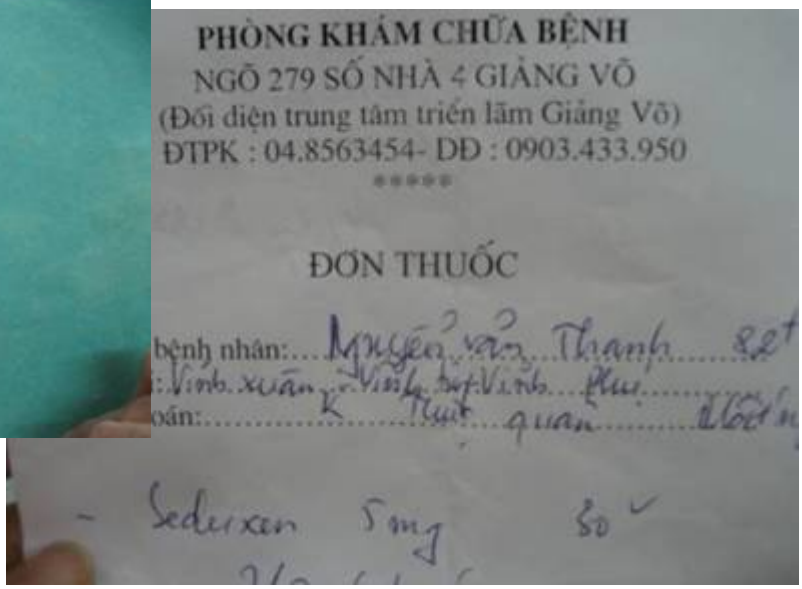
This pharmacy was a medium size pharmacy and cleaner than the last. There as a distinct entrance with a door so it was not completely exposed to the main street. It is owned and managed by a former pharmacy university lecturer.





The pharmacists had developed a more systematic documentation method with separate record books for different classes of drugs. However, this arrangement still has heavy emphasis on the drug and again would be more useful in monitoring stock use and overall drug use rather than a form of patient history. There has been no attempt to try bring patient medication histories together. Although patients' names were recorded in the books, medications were similarly dispensed in paper envelopes with primarily the dosage instructions only.





The pharmacist seemed more compliant with pharmacy regulations, as she had even made her own advertisement, which informed customers which classes of drugs required a prescription.