The Need of Incorporating Pharmacoeconomics in Pharmacy Curriculum of Pakistan

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Editorial

The fundamentals of Pharmacoeconomics compare value of a pharmaceutical system over another. Being a sub-discipline of health economics, Pharmacoeconomics appraises the cost and effects of a pharmaceutical product or service hence directs best possible healthcare resource allotment, in a homogeneous and scientifically acceptable approach [1].

Indeed the use of Pharmacoeconomics in pharmaceutical and medical sciences is a valid and valuable method that is beyond doubt and comparison. However, there are multiple factors that affect practical application of the Pharmacoeconomical processes in a real time environment. As discussed by Babar and Scahill in their commentary published in 2010, health system design and performance, pharmaceutical situation and country's expenditure on pharmaceuticals are key factors that hinder the progress of Pharmacoeconomics in developing countries [2]. I do not doubt Babar and Scahill observations and recommendations, however, there are some additional issues that are to be considered before using the very concept of Pharmacoeconomics in developing countries.

It has been observed that majority of the pharmacy-teaching institutes of the developing countries either do not pay enough attention or very briefly give an overview of Pharmacoeconomics in the curriculum. Even in schools where specialized Pharmacoeconomics courses are offered, the subject is of supplementary in nature and very few institute offer Pharmacoeconomics as a core subject. In case of Pakistan, there is no concept of Pharmacoeconomics in the current pharmacy curriculum. Even though pharmacy educators and trainers do appreciate the inclusion of Pharmacoeconomics as an essential part of pharmacy education, students are not provided with opportunities to get in-depth information about Pharmacoeconomics or about the potentials of Pharmacoeconomics in existing doctor of pharmacy programs. I strongly believe that it should be a core and planned part of pharmacy curriculum and training. By incorporating the understanding of Pharmacoeconomical concepts as a core competency for undergraduates, future pharmacists will at least have an idea to leverage the acquired knowledge and skills in their respective practice settings.

However, an in important issue is when to introduce the subject of Pharmacoeconomics in pharmacy curriculum of Pakistan? We have to remember that Pharmacoeconomics is a specialized discipline and the delivery of the parent concepts like economic valuation endow with the methods to balance competing treatment options. Therefore, it is vital that pharmacy undergraduates should be mentally and knowledgably ready to accept the offerings of Pharmacoeconomics. We do not want the new subject to create panic among pharmacy undergraduates which in return can create a complete turnover from the subject in future. Consequently, it is proposed that the subject of Pharmacoeconomics should be introduced in later years of the pharmacy education so that the pharmacy undergraduates have ample information and knowhow of the terms and notions that are essentially required as a prerequisite for Pharmacoeconomics. Furthermore, pharmacy undergraduates will also have the other related information related to healthcare systems and taxonomies that will augment with the new knowledge gained through Pharmacoeconomics.

Therefore, we strongly urge to train future pharmacists of Pakistan in the multiple aspects of Pharmacoeconomics. It is high time that policy makers and curriculum designers should rethink upon the objectives and motives of the existing pharmacy curricula and incorporate Pharmacoeconomics as a major course in pharmacy curriculum. This incorporation of Pharmacoeconomics in pharmacy curriculum of Pakistan will add more recompense to the existing pharmacy education. It is to remember that pharmacy undergraduates are the future practitioners therefore; they must be ready to measure and compare the costs and consequences of drug therapy to healthcare systems and society.

References