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சுவசிரிபாய  
SUWASIRIPAYA

මගේ අංකය )  
எனது இல )  
My No. ) MSD/QA/NDTC/10/2019

ඔබේ අංකය )  
உமது இல )  
Your No. : )

දිනය )  
திகதி )  
Date ) 28.06.2019

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சுகாதார, போசணை மற்றும் சுதேச வைத்திய அமைச்சு  
Ministry of Health, Nutrition & Indigenous Medicine

All Provincial Directors of Health Services,  
All Regional Directors of Health Services,  
All Heads of Line Ministry Institutions,

**Conducting and Reporting Institutional Drugs and Therapeutic Committee (DTC) meetings**

As per the policy decision taken at the National Drugs and Therapeutic Committee meeting held on 17<sup>th</sup> June 2019, at Auditorium-Ministry of Health, it is **compulsory** to conduct DTC meetings in all institutions adhering to the instructions in Manual on Management of Drugs (available at www.msd.gov.lk).

The minutes of the meetings should be reported to Deputy Director General, Medical Supplies Division using the format annexed.

Please take necessary actions to implement the above decision and communicate the same to all concerned.

Dr. Anil Jasinghe,

Director General of Health Services, Ministry of Health

Copies: 1. All DDGs

Dr. Anil Jasinghe  
Director General of Health Services  
Ministry of Health, Nutrition & Indigenous Medicine  
"Suwasiripaya"  
385, Rev. Baddegama Wimalawansa Thero Mawatha,  
Colombo 10.



If " Yes" name the guidelines with suggestions to improve the same.

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**2. Auditing/ Surveys of the practice**

Audit / Survey	Deficiencies found	Suggestions made/ Action taken

**3. Continuous Professional Development programs/ Workshops conducted to enhance effective Medical supplies management**

No	Date	Name of Programme/ workshop / seminar	Staff categories participated	No.of participants

**4. Quality/efficacy issues detected at the institution**

No. of Quality issues reported in the month    **Drugs**                      **Surgical**                      **Diagnostic**

No	SR No/ Item	Quality issue	Remedial Action taken	Date of reporting to D/NDQAL, D/MT& S, D/MSD,

**5. No.of Adverse drug reactions reported**

No	SR No/ Item	Adverse reaction	Action taken	Date informed to, Dept. of pharmacology, D/MT&S'D/MSD and relevant authorities

**6. Current requirement review with Estimate/ Forecast Consumption**

Deviations in the monthly requirement (forecast)

Item/ SR No	Reason for deviation	Remedial measures suggested

7. Usage optimization to prevent wastage – Optimizing usage of available stock, short expiry , non moving, excess stock

7.1 Short Expiry items

No	SR No/ Item	Quantity	Reason	Action taken/ Suggestions

7.2 Slow moving items

No	SR No/ Item	Quantity	Reason	Action taken/ Suggestions

7.3 Non Moving items

No	SR No/ Item	Quantity	Reason	Action taken/ Suggestions

8. Monthly expenditure on Local purchase( excluding machine specific consumables , analyzer reagents and medical gases)

Month	Ward No, Unit and Consultant	Formulary items purchased	LP value on Formulary items	Non formulary items purchased	LP value on Non Formulary items	Total LP value ( per month)

9. Evaluation of new items introduced

Item ( generic name)	Requested consultant	Justification	Other consultants views/comments	Alternative views

10. Information of Local Purchased Non Formulary Items

No	Name of the item	Strength / Size	Detailed Justification (specify the reasons for available formulary items cannot be used as effective alternative or substitute)	Unit price	Quantity	Total Amount

11. Any anticipated problems for near future (Therapeutic / relating to Drug management)

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12. Any comments to improve effective and rational use of medical supplies

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13. Date of Next meeting

Date		Month		Year			

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Signature of chairman of the committee  
committee  
Name ::.....  
Designation:.....  
Official frank

.....  
Signature of the secretary to the  
Name :.....  
Designation:.....