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PRACTICE OF COMMUNITY PHARMACY IN INDIA PAST, PRESENT AND FUTURE

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ABSTRACT

Community pharmacists now play a significant role in every nation as they take charge of patients' needs for access to healthcare related to their use of medications. However, in India, a community pharmacist's primary duty still consists of supplying patients with medications. Patients are still barely the focus of the majority of community pharmacies nationwide. The significant increase in domestic drug production and national healthcare spending may influence the role of pharmacists in the community and, consequently, how they handle medications. This article outlines education, training, and future possibilities for Indian community pharmacies, the majority of which are privately owned. To better train pharmacists for their duties and responsibilities in an increasingly complicated health care setting with sophisticated patient health requirements, pharmacy education is constantly evolving. The pharmacists themselves are a crucial component. The function of pharmacists has changed over the past 50 years as a result of the population's changing healthcare needs. Today's pharmacists play a bigger role as medical advisors, educators, and activists in addition to administering prescriptions and maintaining patient safety. They are among the most dependable and approachable healthcare experts and a vital element of the medical team. Due to their increased accessibility, they are able to provide more patient care services, such as counselling, medication management, and screenings for preventative care. Pharmacists have extended their influence to have an impact on community public health in addition to the care they deliver to specific patients. Every person who takes medication runs the possibility of experiencing actual or potential drug

therapy issues. When these issues go unnoticed and untreated, they significantly increase the risk of morbidity and mortality and place a considerable financial burden on the health care system. As experts in drug therapy, pharmacists offer drug therapy management services that are based on collaboration with the patient (or his or her carer), doctors, and other healthcare professionals.

INTRODUCTION

Pharmacy is the preparation and distribution of medications as well as the public dissemination of information on drugs. It involves the interpretation of prescription orders, the compounding, labelling, and dispensing of drugs and devices, the selection of drug products and reviews of drug utilisation, the patient monitoring and intervention, and the provision of cognitive services related to the use of drugs and devices. Pharmaceutical care is the name given to the present school of thought or methodology in pharmacy practise. According to this theory, a pharmacist's key responsibility is "the responsible supply of medication therapy for the aim of obtaining certain outcomes that improve a patient's quality of life." A wider integration of pharmacists into general practises was advocated by the RPS in 2015, describing the potential advantages that they may offer. Positive GP responses to the integration of pharmacists into general practises have been observed in Australia, New Zealand, and Canada. GPs realised that having a practice-based pharmacist reduced their burden and let them concentrate on their diagnostic and prescribing responsibilities while pharmacists provided knowledgeable pharmaceutical guidance and patient counselling. Traditional pharmacy practice takes place in the three main settings of community, clinical, and hospital settings. Today, it is widely acknowledged that a pharmacist's office is not limited to the hospital wards. As the point of contact between the pharmacist and the patient, every location (including a neighbourhood pharmacy) where medication is utilized for the prevention, diagnosis, and treatment of any clinical disease should be acknowledged as the pharmacist's clinic. India is a developing country with a population of more than 1.39 billion. The country is rapidly expanding and makes up 2.4% of the planet's surface, yet it is also home to 16.7% of the world's inhabitants. With over 400 mother tongues and 800 diverse dialects in use across its 29 states and 7 union territories, the United States has 22 national languages that have been officially recognized. There were no constraints on the practice of pharmacy in India during the pre-independence era, and the pharmacy practice environment was particularly unregulated for community pharmacies. Doctors typically fulfil the functions of prescribing and dispensing medication. The majority of doctors also gave their clinic assistants training in medication dispensing and

compounding. The status, responsibilities, and nickname for the assistants—"compounders"—were unclearly understood.

Community Pharmacists-A community pharmacy, also known as a retail pharmacy or a retail drug shop, is a location where medications are stored, supplied, or sold. Community pharmacies are commonly referred to as "medical stores" by the general public. Community practice pharmacists are either B. Pharm graduates or diploma pharmacists who have completed their training. The term "Pharmacist" has been used to refer to both categories of pharmacists throughout this essay. Pharmacists are licensed pursuant to clause I and section (ii) of the Pharmacy Act.[2] 1948, and pursuant to Rule 65(15) of the Drugs and Cosmetics Rules.[3] 1945, their presence is legally necessary while dispensing and selling medicines.

Pharmacy Regulation-After the Pharmacy Act of 1948's requirements came into effect, pharmacists employed in India were required to possess a pharmacist registration certificate issued by the state where they wished to practice. A prospective pharmacist must earn a minimum diploma (D. Pharm.) from a pharmacy school accredited by the Pharmacy Council of India in order to obtain a registration certificate (PCI).[4] Holders with a D. Pharm. and a B. Pharm. may work in any area of pharmacy. The B. Pharm. program, however, was created in a way that satisfies the demands of the pharmaceutical business, drug testing facilities, and regulatory authorities for pharmaceuticals. The D. Pharm. program was created to meet the needs of hospitals and drug stores. This is corroborated by the fact that B. Pharm. (graduate) pharmacists are not in significant numbers in community pharmacies and other practice settings, likely because of their lower pay compared to industrial positions, and diploma pharmacists are not regarded as suitable for positions within the pharmaceutical industry. Today, most community pharmacists who run pharmacies hold a doctorate in pharmacy (diploma pharmacists). In addition to 500 hours of practical training spread out over three months in a hospital or community pharmacy, the D. Pharm. (Table 1) requires a minimum of two years of study. Once certified, most of these pharmacists receive minimal extra training and are not exposed to current material. Prior to 1984, anyone without any formal training in pharmacy could still register as pharmacists in the First Register of the Pharmacy Act if they had five years of experience preparing and distributing medications in a hospital or clinic. Nevertheless, section 32B provisions of the pharmacy act (relating to displaced persons or repatriates) had been abused throughout the 1980s, and it was alleged that a significant number of people had registered their identities as pharmacists without any recognized

education or training (called non-diploma pharmacists). Many of these individuals, who were unsuccessful in getting jobs as community pharmacists at government hospitals, are now employed by commercial community pharmacies. According to the law, there must be a B. Pharm. or diploma pharmacist on staff at every community pharmacy. The owner of the pharmacy, a relative if the pharmacy is owned by a pharmacist, or another supporting person (assistant or attendant) with knowledge of selling medicines typically handles the dispensing in community pharmacies, where there are typically few pharmacists on site. About 50% of pharmacies, according to 2005 research, can operate without pharmacists.[5] The survey also found that the majority of patients (70–80%) use community pharmacists for help on STDs, menstruation problems, contraceptive options, and mild illnesses. The majority of non-pharmacist drugstore proprietors only occasionally employ pharmacists, which results in a constant shortage of pharmacists who can distribute medication. In retail establishments run by people with no health-related education or experience, pharmacists are underpaid. Studies that describe the state of community pharmacy services in India are scarce.[6] According to one study, pharmacists lack the necessary training to provide patient counseling According to two surveys, the only thing available to community pharmacists in India is ready-to-dispense medicine packets.[7-8]

Image of Community Pharmacists-The general public's opinion of community pharmacies and pharmacists is very poor. Community pharmacists are viewed by the general public as drug dealers who are manifestly no better than ordinary shop proprietors. Similar to how they think about going to a grocery store to buy food, customers and patients think about visiting a pharmacy to buy pharmaceuticals. The majority of educated people define a retail pharmacist as a shopkeeper who sells medicines and has obtained a drug license. They believe that anyone in our nation has the authority to start a pharmacy and a stationary store. In many movies and television shows, pharmacists are portrayed as subpar compounders who serve as doctors' helpers. This is hardly unexpected considering that the national health policy 2002[9] maintains a stoic silence about pharmacists despite stating the existing levels of healthcare professionals. The National Rural Health Mission (NRHM), which recently developed the Indian Public Health Standards, places less emphasis on the function of pharmacists than on those of nurses and laboratory technicians. Pharmacists and other non-technical workers have been assigned to the lowest band and structure in the recently approved sixth pay commission report of the union government.[10]

Career, Scope and Opportunities of Pharmacists-Pharmacy graduates are involved in the research and development of new therapeutics as well as ensure their manufacturing quality control. The demand for pharma graduates is high in sectors like - healthcare, research, manufacturing, medical marketing, pharmacovigilance etc. As a pharma graduate, you can take up job roles like - drugs inspector, drugs controller, hospital pharmacist etc. We have seen demand increasing for new-age job roles like - big-data analyst, computational pharmacist, healthcare management scientist, life-cycle management scientist etc.

Community Pharmacy and Availability of Medicine-The primary source of medications for both ambulatory and hospitalized patients is the community (retail) pharmacy industry (minimum stock in many hospitals). Through their distributor or clearing and forwarding agent, pharmaceutical corporations distribute their products to community pharmacies. Private community pharmacies are frequently viewed as a source of accessible, affordable healthcare in many developing nations.[11] There is no exception in India. Most patients in impoverished nations receive their medical care from private pharmacies as their first and only option.[12] The diploma programs were initially primarily run by government medical colleges. Since the 1980s, the number of private universities offering D. Pharm. courses has risen dramatically. However, the majority of these independently funded institutes that offer pharmacy education are removed from the practice environment, leaving diploma pharmacists without the abilities required for the community practice setting.

Community Pharmacy in India-The drug should be efficient, secure, and economical, according to the consumers' (or patients') expectations in India. Indian pharmacists are also expected to dispense medications in accordance with the law, provide accurate instructions on how and when to take the medications, what to do in the event of bad drug reactions, and offer guidance on common illnesses. The community pharmacist has undoubtedly fallen short in offering all of these patient-focused services, that much is evident. Perhaps the 1991 revision to our D. Pharm. program, which sought to shift the emphasis away from preparatory and compounding pharmacy and toward patient care, was unsuccessful. However, the recent establishment of the Doctor of Pharmacy (Pharm. D.) program in India (Table 1) may not benefit the community pharmacy industry, and concerns have been expressed about the use of this program to gain international recognition and address the US lack of pharmacists.[13]

Table 1: Spectrum of Pharmacy Education in India.

Course	Entry Level	Duration	Regulation
D. Pharm	10+2	2 years	PCI
B. Pharm	10+2	4 years	AICTE, PCI
M. Pharm	B. Pharm	2 years	AICTE
M. Pharm (Clinical)	B. Pharm	2 years	AICTE
Pharm. D	10+2	6 years	PCI
Pharm. D (Post B.S.)	B. Pharm	3 years	PCI

CONCLUSION

The drug should be efficient, secure, and economical, according to the consumers' (or patients') expectations in India. Indian pharmacists are also expected to dispense medications in accordance with the law, provide accurate instructions on how and when to take the medications, what to do in the event of bad drug reactions, and offer guidance on common illnesses. The community pharmacist has undoubtedly fallen short in offering all of these patient-focused services, that much is evident. The recent implementation of the Doctor of Pharmacy (Pharm. D.) program in India, however, may not benefit the community pharmacy industry, and concerns have been expressed about the use of this program to gain international recognition and address the US lack of pharmacists. In order to adequately care for its enormous and expanding population, India must overcome enormous obstacles. Despite numerous obstacles, community pharmacy services are essential for the safe and efficient management of medications in progressing health. It is envisioned that community pharmacy practice will adapt in accordance with the quickly evolving changes in health care delivery and rising patient expectations**.**

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