



A BRIEF REVIEW ON: PHARMACIST'S ROLE IN HEALTH SECTOR OF INDIA

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Article Received on 01/03/2017

Article Revised on 21/03/2017

Article Accepted on 11/04/2017

ABSTRACT

Now a days the pharmacy profession has been recognised as an important profession of health care as there has been a paradigm shift from traditional business people into patient. Centred health professionals. Pharmacists are still underutilized in terms of health care by community or other health care providers. The objective of this paper is to highlight the role of pharmacist in India. The paper draws review on the literature related to the background on the pharmacy profession in the country in the context of the current status of Indian health care system.

BACKGROUND

The World Health Organization (WHO) has defined health as the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Within the context of this definition, health care providers play a major role in striving for health in a population. In terms of modern health care delivery, studies have shown that engaging multidisciplinary expertise is one of the goals for achieving ultimate population health. Although the pharmacy profession is recognized for its importance as a health care provider in many developed countries, in most developing countries it is still underutilized.

The pharmacist as a health care provider

Pharmacy is the health profession that links the health sciences with the basic sciences; it is committed to ensuring the safe and effective use of medication. Pharmacists' professional roles and responsibilities have evolved historically from a focus on medication compounding and dispensing to extended pharmaceutical care services. An increase in health care demands, with a complex range of chronic medicines and poor adherence to prescribed medicines, has forced pharmacists to take a patient-centered approach. The paradigm shift for pharmacy practice took turn in 1990, when Hepler and Strand introduced the term "pharmaceutical care". Over the last few decades, pharmacy organizations and academic training programmes around the world have promoted pharmaceutical care as a philosophy and standard of provision of care for patients.

In essence, the pharmaceutical care concept has transformed the pharmacy profession to be more accountable in patient care, especially to ensure that a patient achieves positive outcomes from drug therapy. In

many parts of the world, pharmacists have played a significant role in provision of pharmaceutical care services. In addition, it is also widely believed that pharmacists can make a great contribution to the provision of the primary health care, especially in developing countries. Their role varies in different parts of the world: some deal with the preparation and supply of medicines, while some focus on sharing pharmaceutical expertise with doctors, nurses and patients.

The pharmacy profession in the international context

WHO has contributed effectively towards encouraging and defending the role of pharmacists worldwide. Although all health care providers and the public are rationally involved in using drugs, WHO has recommended a special role for pharmacists, particularly in quality assurance and the safe and effective administration of drugs. The International Pharmaceutical Federation (FIP) and WHO developed the concept of "The seven star pharmacist", which stated that a well-rounded pharmacist should be a compassionate care giver, decision maker, active communicator, lifelong learner and good manager; and should possess good leadership qualities and the ability to be a teacher and researcher. According to WHO, future pharmacists must possess specific knowledge, attitudes, skills and behaviors in support of their roles.

Due to the increasing demand for pharmacists in public health, WHO recommends a ratio of one pharmacist per 2000 population in order for optimal health care to be delivered. Besides their pivotal role in public health, pharmacists can also act as advisors to physicians and nurses and contribute to policy decisions.

Pharmacy practice in developing countries

Pharmacy practice models in developing countries vary significantly from one country to another. Some of the major issues identified as barriers to effective pharmacy practice models in these countries include an acute shortage of qualified pharmacists and no implementation of dispensing separation practices – especially in countries where the pharmacist is not the sole dispenser and medical practitioners are allowed to dispense as well– and a lack of standard practice guidelines.

For example the number of registered pharmacists in the UAE remains lower than the Accepted worldwide number of pharmacists serving a population of 10,000 in a country. The proportion of pharmacists to 10,000 citizens in the UAE was about 4 in 2002 (MOH, 2002). This proportion is about half the proportion in countries like United Kingdom and United States of America. (IPF, 2009).

Looking at the perspective of African nations such as Ghana, the shortage of pharmacists is even worse: it has been reported that only 619 pharmacists are serving 2.9 million people in Greater Accra, which is far behind the WHO recommendation (1:2000).

Pharmaceutical services in developing countries face some specific challenges unlike those faced by pharmacists in the developed world. In most developing countries, lack of appropriate and good-quality medicines is the most common problem encountered. Irrational use of medicine and weak regulatory enforcement of drug sales are also serious issues in developing countries. For example, findings from a survey conducted in a rural region of Ghana revealed that drug retailers in five pharmacy shops were found to have little or no training in pharmacy; the population bought drugs without prescriptions; the staff of these shops contributed to drug misuse by providing misinformation about drugs and selling drugs according to popular demand.

A brief overview of the pharmacy practice in India

In India, in the community pharmacies, pharmacists just dispense medications and do not counsel patients about taking prescriptions and OTC products. Developed nations have clearly established the role of community pharmacists by providing them with knowledge and techniques to counsel patients, provide information about medicines and disease conditions or advice about life style modifications, drug administration, dosage, side effects, storage of drugs, and drug drug and drug-food interactions. Many developed nations such as Australia, United Kingdom, and United States have also given prescription rights to pharmacists and nurses to reduce burden on physicians and improve quality of care. However, in India, compared to the western world, the role of the community pharmacist is limited. Since the last decade, pharmacy profession in India is evolving due to industrialization and increase in patient needs, leading

to an increase in the demand of pharmacists. In lieu of this large number, there is a need for reforming the structure and policies of governing bodies like Pharmacy Council of India (PCI) and All India Council for technical Education (AICTE) and several associations such as Indian Pharmaceutical Association (IPA), Indian Pharmacy Graduates Association (IPGA), Indian Hospital Pharmacists' Association (IHPA) and Association of Pharmaceutical Teachers of India (APTI) to improve job satisfaction among pharmacists. A typical community pharmacy in the India sells human medications along with other general items such as perfumes, cosmetics, baby health products, and few medical apparatus. A Pharmacist is probably expected to deliver professional assistance to patients through dispensing medicines, advising patients on the proper use of it, and explaining side frequency besides any drug–drug interaction. Additional services are consulting customers on the use of cosmetics, food supplements, and other products like diabetic care machines, weight education, and wound care. Pharmacy practice in the government sector is quite different. Government pharmacies are mainly available inside government hospitals. They are either in-patient or out-patient pharmacies. Pharmaceutical and medical products are available for free for Indian nationals who hold a valid Indian passport along with a serial national number. A government pharmacist mostly fills prescriptions generated by the hospital's physicians and explains the doses to be consumed by patients.

Shift in pharmacy practice

The fast growth in public demand level elevated customers' expectations about the services pharmacists must adhere to while practicing their profession. For this reason; the regulatory bodies have risen to the occasion by pushing toward enhancing quality of services provided by registered pharmacists in the country. A new major requirement is introduction of quality system. This program is basically a grading system for all pharmacies within India. It consists of auditing pharmacies about 3 times per year. Each facility is ranked according to a number of checklists designed for three categories of pharmacies namely inpatient pharmacy, outpatient pharmacy, and drug store. These include employees' communication, infrastructure, dispensing and labelling systems, narcotic substances storage and records, medication reliability, and customer service and their compliance with the regulations.

Other new requirements are the monthly submission of self inspection report, and availability of internet connection in each pharmacy to receive circulars and notices online and to use the e-services provided on its website like renewing the professional and practitioners licenses. The latest requirements for Indian pharmacies are designing a patient's counselling area in each pharmacy with an accepted degree of privacy, and restricting the reach of customers to shelves containing medicines.

In general terms, pharmacy practice in the UAE has many strengths and prospective future. A note worthy point to mention about one of its positive features is the complete separation between physicians' and pharmacists' professions. This means that a pharmacist – in most of the cases – has a full control over the supply of medicines to patients. HAAD had moved further in this pathway; as it announced in its circular number (PHP/PHM/P0003/09) which was published in May, 2009 a new policy for prescription writing by physicians. This new regulation allowed physicians to write generic names in their prescriptions instead of writing trade names. The pharmacist carries the right to choose between trade names available in the pharmacy (HAAD, 2010). This new legislation provided a significant advantage toward limiting unethical marketing and selling techniques used to exist through some of the medical representatives while promoting their medicines to physicians. It also gave pharmacists more attention by principal pharmaceutical companies to their role completing the medical professional supply chain. Frustration of some pharmacists across INDIA might be one more point to study. According to them, reasons for such phenomena are the underestimation to their profession's importance by other medical practitioners, public, and media which sometimes frames the pharmacist as a medicine seller or a business person.

CONCLUSION

In conclusion, this overview work provided an insight about the pharmacy practice scenario in the INDIA. It illustrated the country's demographics and pharmacists' registration requirements. In addition, this paper acknowledged the fact that there might be a number of challenges and barriers to optimized pharmacy services that can to be explored by quantitative and qualitative methods in future studies.

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