



Community Pharmacy Practice



1.1 Introduction

Enjoying the highest possible level of "health" is a fundamental right of all human beings. Health is a comprehensive concept that involves an interdisciplinary team of healthcare providers to provide optimal healthcare to patients. The preamble to WHO's constitution defines "Health as a state of complete physical, mental and social well-being and not merely the absence

of disease or infirmity. Community Pharmacy practice takes place in a medical setting and exists to benefit both individual patients as well as society by improving patient's quality of life.

Definition

Community Pharmacy includes all privately owned facilities and is responsible for serving society to meet the needs of medicines and pharmaceutical services. "Community Pharmacy is defined as a place where the medicines are stocked and dispensed to the patients on a valid prescription".

The main responsibilities of a community pharmacy include compounding, counseling, and dispensing of drugs to the patients with care, accuracy, and legality along with the proper procurement, storage, dispensing and documentation of medicines.

Community pharmacists are health care professionals who are available to the public and dispense drugs by prescription or over-the-counter where permitted legally.

LEARNING OBJECTIVES

After completing this chapter, students will be able to understand

- ◆ The term community pharmacy
- ◆ History and development of community pharmacy
- ◆ International and Indian scenario



1.2 History and Development of Community Pharmacy

The emergence of community pharmacies in India can be traced back to British India, where symptomatic drugs were introduced in the late 19th century and became available through drug stores. In the course of colonial period, the pharmacy profession was more business-oriented, and those who were trained to sell drugs were referred to as drug sellers or, in some cases, dispensers. The prescribing and dispensing functions were traditionally performed by the physicians/doctors or sometimes by their assistants called “Compounders”. When India gained independence in 1947, it inherited an unorganized system for the pharmacy profession from the British rulers, and there were no legal restrictions on the practice of pharmacy. The concept of pharmacy practice did not emerge until after independence. Earlier in the century, anyone could prepare any drug in any way and give it to a patient without being held responsible for it. The Pharmacy Act came into force in 1948 as the nation's first minimum educational qualification standards for pharmacy in order to correct this state of affairs and regulate pharmacy practice, education, and profession.

After the enactment of the Pharmacy Act 1948, pharmacists working in India are required to have a pharmacist registration certificate issued by the state in which they wish to practice. For obtaining registration certificate, a prospective pharmacist must obtain a diploma (D. Pharm.) from a Pharmacy Council of India-accredited pharmacy institute. D. Pharm. and B. Pharm. holders are both permitted to practice in pharmacy sector. Most of the community pharmacies now are managed by the individuals who are D. Pharm. holders (diploma pharmacists). The D. Pharm. requires at least two years of study, as well as 500 hours of practical training spread over three months in a hospital or community pharmacy. Prior to 1984, a person without a pharmacist degree could be registered as a pharmacist in the first register of the Pharmacy Act having five years of experience in compounding and dispensing medicines in hospitals or clinics. The provisions of Article 32B of the pharmacy act (related to displaced persons or repatriates) were abused in the 1980s, and many uneducated and untrained people registered their names as pharmacists (called non-diploma pharmacist).

1.2.1 International Scenario

The profession of pharmacists has changed significantly in the last few decades. The focus has been shifted from the product to the patient. The role of pharmacists has evolved from drug commanders and suppliers to service and information providers and ultimately to patient care providers through drug supply services.

In order to meet the professional challenges and gain recognition as a health care professional, community pharmacists in developed countries like Australia, United States, and United Kingdom are embracing the new professional responsibilities in addition to dispensing. They have also given pharmacists prescription rights in order to reduce the burden on physicians and improve the quality of care. However, in comparison to the Western world, the role of the community pharmacist in India is limited. New responsibilities for community pharmacists include reviewing medication records, providing advice on medication use, un-biased drug information, medication reviews, health care services, and providing education on smoking cessation and family planning.

In Australia, the principle activity of community pharmacy is the distribution of medicines under the pharmaceutical benefits scheme (PBS), to the citizens. Community pharmacists in Australia provides a wide range of services, including home medication reviews, population screening and testing for hypertension, glaucoma, and diabetes, in addition to providing necessary patient counselling on drugs and diseases.

In United Kingdom, pharmacists are involved in public health education programs about medication safety, dental health, coronary disease prevention, and patient compliance, using posters, leaflets, badges, and audiovisual displays as information sources. In addition to traditional roles dispensing medicines community pharmacist are also engaging themselves in community services to allow better working and integration.

Pharmacists in United States are trained pharmaceutical professionals who use their knowledge to improve the health of their patients. Responsibilities include dosing, ensuring the safety and appropriateness of prescribed treatments, and monitoring patient health and progression.

1.2.2 Indian Scenario

In terms of pharmaceutical production, exports, and imports, India ranks among the top fifteen countries in the world. This is encouraging, but in India, pharmacy is merely a technically oriented job of preparing and dispensing drugs. The country has approximately 800000 retail pharmacies. The majority of them are concentrated in urban areas. Those which have the facility of compounding are permitted to use the term pharmacy while others are permitted to be called as either a chemist and druggist or medical store. The legal requirements for opening a pharmacy under Article 42 of the Drugs and Cosmetics Act require a qualified person or a "registered pharmacist" and all dispensing activities must be carried out in the presence of the pharmacist. Unfortunately, in many of them a pharmacist is not present all the times.

In India, the minimum qualification for registration as a "pharmacist" is a pharmacy diploma (D.Pharm), but in most developed countries, the minimum qualification for registration is B.Pharm or Pharm D. Only the pharmacist should be permitted to dispense medications under strict legal restrictions. A vast majority of the medical stores/pharmacies are owned by independents. In the last 10 years some Indian chains and online pharmacies have emerged and are posing tough competitions to independents. The concept and technique of compounding prescription has already been wiped out in the last 30 years, and today only 1% of prescriptions are compounded. The regional (retail) pharmacy sector is the primary source of medicine for both outpatients and inpatients. The most common activity performed at a pharmacy is to fill out a prescription. In many cases, prescription filling is basically done by people who are not qualified and who view pharmacy profession as a trade.

Listed below are the problems which are faced by community pharmacies are:

1. Inadequate incentives and profit margin
2. Overcrowding of urban and suburban community pharmacies in co-located areas is the reason for unhealthy competition and lack of professional conceptual development in the realm of practice.
3. Anyone can open a pharmacy. It is not an exclusive domain of the pharmacist
4. Professional fee- at present in India, there is no practice of charging professional fee for dispensing medicine

Despite numerous obstacles, community pharmacy services are central to the safe and effective management of medicines for the health promotion and advancement. With rapid changes in health care delivery and rising patient expectations, community pharmacies are expected to change accordingly.



Exercise Questions

Multiple Choice Questions

1. As per WHO.....is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity
 - a. Health
 - b. Happiness
 - c. Gentle
 - d. Lethargy

2. Community Pharmacy is defined as a place where the medicines areto the patients on a valid prescription”
 - a. Stocked
 - b. Dispensed
 - c. Both a & b
 - d. None of the above
3. In India, the minimum qualification for registration as a "pharmacist" is?
 - a. D.Pharm
 - b. B.Pharm
 - c. Pharm.D
 - d. All the above
4. Act came into force in 1948 as the nation's first minimum educational qualification standards for pharmacy
 - a. Drug and Cosmetic Act
 - b. Pharmacy Act
 - c. Drug and Magic Remedies Act
 - d. None of the above
5. The legal requirements for opening a pharmacy underof the Drugs and Cosmetics Act require a qualified person or a "registered pharmacist"
 - a. Article 40
 - b. Article 41
 - c. Article 42
 - d. All the above

Answers

1. a
2. c
3. a
4. b
5. c

Short Answer Questions

1. Write a short on community pharmacy
2. Write a brief descriptive note on the development of community pharmacy
3. Write a short note on international scenario of community pharmacy

Long Answer Questions

1. What do you mean by community pharmacy? Write a detailed note on history and development of community pharmacy in India
2. Write a detailed note on International and Indian scenario of community pharmacy