

PROFESSION OF PHARMACY IN INDIA: CURRENT PERSPECTIVE AND SUGGESTIONS

Abstract

The Pharmacy Profession is a vital aspect of the global healthcare system. Well-organized pharmacies may go a long way toward ensuring that patients get great health care. Historically, pharmacists were exclusively accountable only for drugs dispensing. Slowly, the traditional function of pharmacists is growing, and pharmacists are now a critical team member in the direct treatment of patients. Pharmacists play a significant role in delivering healthcare services via community pharmacy services in rural regions when doctors are unavailable or physician services are too expensive to satisfy the healthcare needs. Numerous reforms, including greater compensation, more work possibilities in government offices, acknowledgment of pharmacists as health care professionals, and modifications to the Pharmacy curriculum, are still required to increase job satisfaction among Indian pharmacists. The present paper examines the present difficulties facing the pharmacy profession in India and gives some solutions for increasing pharmacist work satisfaction.

Keywords: Pharmacy; Pharmacist; Profession of Pharmacy; Pharmacy in India; Pharmacies; Suggestion

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I. INTRODUCTION

Pharmacists are the third biggest group of healthcare professionals in the world, and the pharmacy profession in India has developed substantially over the last decade [1]. Today, pharmacist roles have evolved beyond dispensing to pharmaceutical care by optimising the advantages and safety of drugs [2]. The quantity of work-related activities has grown up, which has both a direct or indirect impact on pharmacist job satisfaction and the quality of work performed. Job satisfaction is characterised as an employee's response to their responsibilities inside the company where they work [3]. It is a crucial aspect in determining a person's motivation and productivity and measures how favourably people regard their employment [4]. It may affect whether a worker will stay in their job or look for employment elsewhere. Additionally, employment happiness might affect the quality of the work that is performed [5]. Lower levels of job satisfaction have an influence on a person's life since they are directly tied to lower levels of life satisfaction [6]. Job happiness impacts the lives of all employees, especially health care professionals. Job retention and increased productivity of healthcare staff, which in turn improves the efficiency of the healthcare system, are greatly impacted by job satisfaction and motivation [7, 8]. Healthcare staff retention issues in developing countries weakens the already poor state of the health care system. Therefore, pharmacists' job happiness will affect not only workers and employers, but also the patients who get their services. **Ahmad and Patel** conducted a pilot study on job satisfaction among pharmacists in their practise contexts [9]. The research, which used a sample that was nationally representative, revealed that Indian pharmacists had low work satisfaction [10].

One of the main services that pharmacists provide in both hospital and community pharmacy settings is patient counselling. This is especially true in developed states like Maharashtra, Tamil Nadu, Kerala, and Karnataka. Even now, pharmacists in North India are seen as "mere drug dispenser." The Drugs and Cosmetics Act of 1940 has not been implemented in many jurisdictions, and as a result, chemists in these areas operate without full-time pharmacists. A study done in an urban area of North India (New Delhi) found that 71% of patients benefited from community pharmacists, but most pharmacists are in the business of making money, not helping people [11]. India's rural regions are in terrible shape, particularly in the under-developed provinces of Uttar Pradesh, Bihar, Rajasthan, and Madhya Pradesh where the majority of pharmacies lack pharmacists. In these states, pharmacy proprietors who just have a high school education or are illiterate must hire a pharmacist on paper in return for an annual payment of \$119 to \$184 in order to get a pharmacy licence. In addition, the general public views community pharmacists who operate in drugstores as their first option when seeking medical assistance for minor diseases. Unfortunately, pharmacists are not always accessible due to their increased workload, increased volume of prescriptions, and increased number of patient interactions [12]. In community pharmacies in India, pharmacists just dispense the drugs and provides no advice to patients about the use of prescribed drugs or over-the-counter remedies. Developed countries have firmly established the role of community pharmacists by providing them with the training and knowledge necessary to counsel patients, inform them about medications and medical conditions, and provide advice about lifestyle changes, drug administration, dosage, side effects, drug storage, and drug-drug and drug-food interactions [13]. To ease the load on doctors and enhance the quality of treatment, several developed countries, including Australia, the UK and the USA, have also granted pharmacists and nurses the power to write prescriptions [14]. However, the community pharmacist position is more constrained in India than it is in the west world.

Due to industrialisation and a growth in patient demands over the last ten years, the pharmacy profession in India has changed leading to increasing need for pharmacists. India recorded record 907132 registered pharmacist in year 2017 as per the Pharmacy Council of India (PCI). The structure and policies of regulatory bodies like the PCI, the All India Council for Technical Education (AICTE), and various associations like the Indian Pharmaceutical Association (IPA), the Indian Pharmacy Graduates Association (IPGA), the Indian Hospital Pharmacist Association (IHPA), and the Association of Pharmaceutical Teachers of India must be changed in order to increase the job satisfaction of pharmacists (APTI) [15]. We recommend the suggestions given below.

- 1. Salary and job opportunity:** To minimise exploitation, pay scales should be acceptable and competitive for all pharmaceutical specialties, since incomes are much lower in private hospitals, community pharmacies, and industry [10]. Pharmacy governing authorities such as the PCI and the AICTE should stop issuing licences for starting new pharmacy institutions due to the current lack of vacancies for recently graduated pharmacy students and the prevailing concern regarding the quality of education given in pharmacy institutions. The public and private sectors should provide more employment options to recent pass out graduates. The Drug and Cosmetics Act of 1945 should be implemented strictly in all states, to increase the number of pharmacists who may find well-paying job in nearby pharmacies. Additionally, PCI should keep computerised records of the registration information, contact information, and job openings for pharmacists employed throughout the country.
- 2. Recognition of pharmacists:** By collaborating with doctors, pharmacists may play a significant part in delivering high-quality medical care. In PHCs (Primary Health Centers) at the Panchayat level and in CHCs (Community Health Centres) at the block/tehsil level, a team of 4–5 pharmacists should be formed. There should be a pharmacy officer reporting to a medical officer at the CHC and PHC levels, and a chief pharmacy officer (CPO) reporting to a chief medical officer in each district (CMO). In addition to the district and regional levels, drug inspectors must be engaged at the tehsil level for proper control. It is important to recognise pharmacy educators and pharmacists who work in hospitals and other settings, particularly in the pharmaceutical sector where a large number of art and science graduates hold many of the pharmacy-related positions [16]. Both at the federal and state levels, the Department of Pharmaceuticals (DoP) should be acknowledged as a division of the Ministry of Health rather than the Ministry of Chemicals and Fertilizers, as pharmaceutical products (such as life-saving medications, surgical supplies, and cosmetics) go through a very different process than chemicals and fertilisers.
- 3. Working practice:** Due to their competence in the industry, pharmacists should be heavily engaged in the production of medications. A lot of art and science graduates with no fundamental understanding of medicines are now employed in the pharmaceutical industry [9, 10]. Some measures to be taken by PCI to improve pharmacy practice should be;
 - Preventing doctors from keeping and distributing drugs in the absence of a pharmacist.
 - Both the pharmacist who write the prescription and the prescribing physician's name must be included on the prescription.
 - Preventing pharmacists from selling over-the-counter prescription drugs,

- Making the employment of pharmacists in pharmacies owned by non-pharmacists essential in addition to obtaining a pharmacist licence
- Limiting pharmacists' daily work hours to not more than 8 hours.

II. EDUCATION

Since India is one of the few nations that allows candidates with both a two-year diploma and a four-year degree to practise as independent pharmacists, the practise of obtaining a pharmacy diploma as the absolute minimum requirement to get registered as a pharmacist should be discontinued and all students should be required to obtain a four-year graduate degree in pharmacy. This is not the case in industrialised nations, where applicants possessing a pharmacy diploma have less duties than those obtaining a four-year pharmacy degree. Candidates with a pharmacy diploma may have less knowledge than those with a four-year pharmacy degree. In addition, the curriculum for the diploma in pharmacy is not regularly revised, emphasising the significance of obtaining the four-year Bachelor of Pharmacy (B. Pharma) degree. B. Pharma must replace D. Pharma as the ideal qualification for pharmacists. The PCI mandates that B.Pharma graduates register with the state pharmacy council and become registered pharmacists upon getting a certificate from the State Pharmacy Council. Despite being licenced as pharmacists, in many states they are disqualified for pharmacist roles in health care institutions.

Some graduate programmes allow non-pharmacy students from alternative medicine, dentistry, veterinary sciences, and medicine to apply for masters and doctoral positions in various pharmacy specialisations. One such programme is the National Institute of Pharmaceutical Education and Research (NIPER), a separate organisation for pharmaceutical sciences [15]. These students do not possess a pharmacy bachelor's degree. Pharmacy graduates are not eligible to undertake postgraduate study in any of the aforementioned disciplines without a bachelor's degree in the same subject. Even while students in other developed nations are allowed to pursue post-graduate study in whatever discipline they want, this is not the case in India. As a result, there are discrepancies in the way educational policy is carried out and the availability of higher degree programmes in the field of pharmacy. Pharmaceutical science is not included in the curriculum for the civil services examinations administered by the Union Public Service Commission (UPSC) and the State Public Service Commission (SPSC), despite the fact that it is a professional subject similar to engineering, agriculture, medicine, and veterinary science [15, 17]. Pharmacy graduates must be able to compete for higher-level government jobs by taking pharmaceutical sciences as part of the public service curriculum.

III. CONCLUSION

The pharmacist may serve as a critical source of drug knowledge or poly-pharmacy for physicians, nurses, other healthcare workers, and patients; he or she is perhaps the sole practitioner who can aid in reducing drug-related difficulties and drug interactions. Numerous studies have revealed that intrinsic and extrinsic elements are significant criteria to consider when assessing pharmacist work satisfaction. Significant and key indicators of work satisfaction include intrinsic elements such as challenge, performance, and autonomy; and extrinsic ones such as rewards, compensation, perks, job culture, promotion, and management concerns. A multidisciplinary team's further investigation of these factors might increase the work satisfaction of Indian pharmacists. In order to improve patient therapeutic outcomes,

foster and enhance pharmacist job satisfaction, and raise public awareness of health and medication-related issues, the state and local levels of pharmacy and medical authorities should also launch initiatives to strengthen the role of pharmacists in community settings and hospitals.

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