

# CHAPTER – 1 Community Pharmacy Practice

## 1.1

### INTRODUCTION

Community pharmacies, also known as retail pharmacies, play a critical role in the provision of health services and function as a health centre which provides clinical interventions, drug reviews, medical examinations, treatment of acute illnesses, lifestyle modification counselling, and drug supply.

A community pharmacist should:

- (i) have a sound background of pharmaceutical care, pharmacotherapy, and health promotion.
- (ii) have good communication skills with patients and other healthcare providers.
- (iii) maintain a high degree of standard in products, services, and communication.
- (iv) record and maintain his documents in order.

## 1.2

### History of Pharmacy in India

- ❖ The genesis of community pharmacy practice in India can be traced back to British India, when the profession was only business oriented and the professionals were called as either drug sellers or drug dispensers. Scotch M. Bathgate opened first chemist shop in Kolkata in 1811; the starting point of the pharmacy practice in India.
- ❖ Pharmacy education under British ruled India had first begun in Madras Medical School in December 1860 - a 2 years course.
- ❖ In Goa, which was under Portuguese rule, Escola Medico started a combined course in medicine and pharmacy in 1842. The Indian Pharmacopeia was first published in 1868. The official Indian Journal of Pharmacy was first released in 1939.
- ❖ The pharmacy practice scenario and especially community pharmacy practice during pre-independence era was highly unregulated and there were no restrictions on the practice of pharmacy in India. The standardization of pharmacy education was introduced in 1945.
- ❖ The Indian Pharmaceutical Congress Association had its first annual conference in 1948.
- ❖ The Pharmaceutical Association was the first pharmaceutical society of India started in 1923 and was renamed as The Pharmaceutical Society of India after 2 years.
- ❖ In 1932, pharmacy education was started at Banaras Hindu University, and introduced a Bachelor's of Pharmaceutical Chemistry and was first university to start a 3-year bachelors' program in pharmacy.

- ❖ In 2008, Pharm. D (Doctor of Pharmacy) 6 year program has been introduced by PCI (Pharmacy Council of India).
- ❖ The minimum qualification required to practice pharmacy is a Diploma in Pharmacy. A pharmacist's presence is legally required during the dispensing and selling of medicines.
- ❖ There is no pharmacist licensure pre-reg exam in India. Anyone who has the minimum qualification (D. Pharm) and above can apply for registration as a pharmacist.

**1.3****Development of Community Pharmacy Practice**

1. Good pharmacy Practice Compliance.
2. Skill Development : Pharmacist Assistants.
3. Availability art and other essentials medication.
4. Quality pharmaceutical care.

**1.4****The problems faced by community pharmacies**

The problems faced by community pharmacies are:

1. Inadequate incentives and profit margin - Varies 12-20%.
2. Overcrowding of pharmacies in urban and semi urban areas - the overcrowding of community pharmacies in same locality is a reason for unhealthy competition and non-development of professional concepts in the practice area. Whereas in rural areas, the pharmacies are much lesser, or not there.
3. Anyone can open a pharmacy. It is not the exclusive domain of the pharmacist.
4. Professional fee - at present in India, there is no practice of charging professional fee for dispensing prescriptions.
5. Too many "me-too" brands in the market. India has many drugs and FDCs in the market, and more than 1,00,000 brands. Lack of implementation of drug laws -pharmacist is often not present when dispensing takes place, and prescription medicines are also available without a proper prescription.

**1.5****Scope of Community Pharmacy**

- ❖ steep rise in the field of medical and health services due to introduction of various latest techniques and globalization of medical profession.
- ❖ Population of whole world is rising tremendously day by day.
- ❖ Medical and health services are insufficient for overall improvement of health status.

- ❖ There is a requirement of equal participation of all health professionals to obtain a common goal of disease prevention and health promotion.
- ❖ Community pharmacist strives for most effective, appropriate, safe and economic treatment of the patient.
- ❖ Now a days the scope of community pharmacy is expanding to the following areas:
  1. Informing health care professionals and the public.
  2. Community Pharmacy compile and maintain information on all medicines, and particularly on newly introduced medicines, provide this information as necessary to other health care professionals and to patients.

**1.6**

**International and Indian Scenarios**

- ❖ India is nearly in the most reduced normal yearly wage of drug specialist in this investigation which is just \$2854, and when we come toward the fulfillment level of drug specialist an examination demonstrates that lone 17.5% of the partook drug specialist were fulfilled in India
- ❖ General Pakistan and India needs to accomplish for their kin and hitter wellbeing framework to convey drug store calling to a phase where it can the general population and wellbeing framework in a player way.
- ❖ South Africa has 14124 aggregate number of drug specialist, 43% (6073) of which works in community pharmacy. Add up to numbers of community drug store are around 3155. As opposed to the nearness of drug specialist nearness in Pakistani and Indian people.