**Title: Profession of Pharmacy in India: Current perspective and suggestions**

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| **Vinni Rawal** Associate professor Maya group of college, NH-72, Chakrata Road, Selaqui, Uttarakhand-248011, India | **Dr. Pramod Kumar**\*Priciple Scientist Limetta Laboratories, Rajvihar phase-2, Jagjeetpu, Kankhal, Haridwar (UK)- 249408, India. E-mail: pramod8755kumar@gmail.com |

**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.

**Key words: Pharmacy; Pharmacist; Profession of Pharmacy; Pharmacy in India; Pharmacies; Suggestion**

**1. 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]**. A person's life is impacted by lower levels of work satisfaction since they are closely related to lower levels of life satisfaction **[6]**. Job satisfaction affects the lives of all type of workers, including health workers. Job retention and enhanced productivity of healthcare personnel, which in turn increases the efficiency of the healthcare system, are significantly influenced by both job satisfaction and motivation **[7, 8]**. Healthcare staff retention issues in developing countries weakens the already poor state of the health care system. Hence, pharmacists’ job satisfaction with their work will not only affect employees and employers, but also patients who receive the pharmacists’ service. A pilot research on work satisfaction among pharmacists in their practising environments was undertaken by **Ahmad and Patel**. The research, which used a sample that was nationally representative, revealed that Indian pharmacists had low work satisfaction **[9, 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. Additionally, community pharmacists who work in medical stores are regarded by the general public as the first choice for seeking medical advice for minor ailments. 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. By equipping community pharmacists with the skills and knowledge to counsel patients, provide information about medications and disease conditions, or offer advice about lifestyle changes, drug administration, dosage, side effects, drug storage, and drug-drug and drug-food interactions, developed nations have clearly defined the role of community pharmacists **[13]**. To ease the load on doctors and enhance the quality of treatment, several developed countries, including Australia, the United Kingdom, and the United States, 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). To improve job satisfaction among pharmacists, it is necessary to reform the structure and policies of regulatory authorities 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 (APTI) **[15]**. We recommend the suggestions given below.

**i) 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.

**ii) 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 Panchanyat level and in CHCs (Community Health Centres) at the block/tehsil level, a team of 4–5 pharmacists should be formed. At the CHC and PHC levels, there should be a pharmacy officer reporting to a medical officer, and in each district, there should be a chief pharmacy officer (CPO) reporting to a chief medical officer (CMO). For appropriate regulation, drug inspectors must be employed at the tehsil level in addition to the district or regional levels. 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.

**iii) 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;

* Stopping physicians from storing/dispensing medicines in absence of a pharmacist,
* Mandatory writing the name of the pharmacist who dispensed the prescription aw well as the name of the physician who issued the prescription,
* Stopping pharmacists from sale of prescription medications over the counter,
* Making hiring of pharmacists mandatory in addition to procuring a pharmacist licensure in pharmacies run by non-pharmacists
* Limiting the working hours for pharmacists to a maximum of 8 hours per day.

**2. Education**:

The practise of getting a diploma in pharmacy as the bare minimum requirement to get registered as pharmacist should be discontinued, and all students should be required to get four-year graduate degree in pharmacy, because, India is one of the few countries that permits candidates with both a two-year diploma and a four-year degree to practise as independent pharmacists. 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. Pharm) degree. B. Pharm must replace D. Pharm as the ideal qualification for pharmacists. The PCI requires B. Pharm graduates to register with the state pharmacy council and become registered pharmacists after receiving a certificate from the State Pharmacy Council. Nonetheless, while being licenced as pharmacists, they are ineligible for pharmacist positions in health care facilities in many states of country.

Some graduate institutions, such as the National Institute of Pharmaceutical Education and Research (NIPER), a separate organisation for pharmaceutical sciences, permit non-pharmacy students from alternative medicine, , dentistry, veterinary sciences and medicine to apply for masters and doctoral positions in various pharmacy specialisations **[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. Thus, there is inconsistency in the execution of educational policy and the opportunity to procure higher degree programmes in the area of pharmacy. The curriculum for the civil services examination i.e. Union Public Service Commission (UPSC), State Public Service Commission (SPSC) does not cover pharmaceutical science, despite it being a professional subject like, engineering, agriculture, medicine and veterinary sciences **[15, 17]**. Pharmaceutical sciences must be included into the public service curriculum so that pharmacy graduates may compete for higher-level government employment.

**3. 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. The state and local levels of pharmacy and medical authorities should also launch initiatives to strengthen the role of pharmacists in both community settings and hospitals to improve therapeutic outcomes for patients, foster and enhance pharmacist job satisfaction, and increase public awareness of health and medication-related issues.

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