

# **Community Pharmacy Practice–A Review**

**Varsha Khanderao Shinde, Kaveri Lalu Bhujbal, Prof. Indrekar Akash Shravan**

Matoshri Radha College of Pharmacy, Virgaon, India

**Abstract:** *The present paper describes community pharmacy healthcare facility that is able to provide pharmacy services a community pharmacy, often referred to as retail pharmacy or retail drug outlets, is places where medicines are stored and dispensed, supplied or sold. A community pharmacy dispenses medicine, typically involving a registered pharmacist with the education, skills and competence to deliver professional service to the community. Summary of the areas where a pharmacist can involve in public health through community Pharmacy, History and development of community pharmacy Indian scenario and International scenario. Image of Community Pharmacists.*

**Keywords:** Community Pharmacy, Healthcare, Indian Scenario, International Scenario

## **I. INTRODUCTION**

A community pharmacy is a healthcare establishment that can offer pharmacy services to individuals in a nearby region. A community pharmacy provides medication, generally involving a licensed pharmacist who possesses the education, skills, and expertise to offer professional service to the community.

OR

A community pharmacy is a pharmacy that interacts directly with the individuals in the nearby area. It has duties that include compounding, counseling, verifying, and dispensing prescription medications to the patient with care, precision, and legality.

### **Community pharmacists:**

They are the healthcare professionals who are most readily available to the public.

A community pharmacy, commonly known as a retail pharmacy or retail drug outlet, is a place where medications are stored and dispensed, supplied, or sold. The general public typically refers to community pharmacies as "medical stores." Pharmacists in the community practice setting are either diploma pharmacists or graduate pharmacists with B. Pharm degrees.

Throughout this paper, the term "Pharmacist" has been utilized to refer to both categories. Pharmacists are registered under clause (i) and section (ii) of the Pharmacy Act 1948, and their presence is legally mandated during the dispensing and selling of medications as per Rule 65(15) of the Drugs and Cosmetics Rules 1945.

- They supply medicines in accordance with a prescription or, when legally permitted, sell them without a prescription.
- In addition to ensuring an accurate supply of appropriate products, their professional activities also cover
  - i) Advising patients during the dispensing of prescription and over-the-counter medications,
  - ii) Providing drug information to healthcare professionals, patients, and the general populace,
  - iii) Engaging in health-promotion initiatives.
  - iv) They sustain connections with other healthcare professionals in primary health services.

Summary of the domains in which a pharmacist can engage in public health via community pharmacy.

- Counseling on drugs and nutrition
- Utilization of over-the-counter and prescribed medications
- Planning for family
- Care during pregnancy and for infants
- Vaccination
- Diseases transmitted through sexual contact



- Control of toxic agents
- Safety and health
- Management of unintentional injuries
- Fluoridation of the community's water supply
- Smoking prevention
- Prevention of alcohol and drug dependency
- Counseling on nutrition
- Protection of the environment
- Program for weight management
- Detection of poisoning and cancer

### **History and development of community pharmacy Indian scenario:**

- ✓ Today, community pharmacists hold a significant position in every country as they are accountable for patients' medication-related requirements. However, in India, the primary focus of community pharmacists remains merely on the distribution of medicines. Most community pharmacists in the nation still seldom provide patient-centered services.
- ✓ The origins of community pharmacy practice in India can be traced back to British India when allopathic medicines were introduced and became available through drug stores toward the end of the 19th century.
- ✓ Throughout the colonial period, the pharmacy profession was oriented towards business, and those trained in selling medications were referred to as drug sellers or, at times, dispensers.
- ✓ The scenario of pharmacy practice, particularly community pharmacy, during the pre-independence period was largely unregulated, with no rules governing the practice of pharmacy in India.
- ✓ The roles of prescribing and dispensing typically fell to doctors. Additionally, many doctors would train their clinic assistants to dispense medications and help in preparing medicinal products. These assistants were commonly referred to as "compounders," and their status, roles, and responsibilities were poorly defined and not well understood.

### **Pharmacy Regulation**

- ✓ following the implementation of the Pharmacy Act 1948, pharmacists practicing in India are required to possess a pharmacist registration certificate granted by the state in which they intend to work. To obtain a registration certificate, the aspiring pharmacist must earn at least a diploma (D. Pharm. ) from a pharmacy institution recognized by the Pharmacy Council of India (PCI).
- ✓ Both D. Pharm. and B. Pharm. graduates are permitted to engage in practice across all areas of pharmacy.
- ✓ Nonetheless, the B. Pharm program was structured to meet the needs of the pharmaceutical industry, drug control laboratories, and drug regulatory authorities.
- ✓ The D. Pharm. program was created to meet the needs of hospitals and medical stores.
- ✓ Most of the community pharmacists currently managing pharmacies hold D. Pharm. degrees (diploma pharmacists).
- ✓ The D. Pharm requires at least 2 years of study alongside 500 hours of practical training spread over 3 months in a hospital or community pharmacy.
- ✓ However, before 1984, individuals without any pharmacy educational credentials could register as pharmacists in the First Register of the pharmacy act if they had five years of experience in compounding and dispensing medications in a hospital or clinic.
- ✓ Nonetheless, the provisions of section 32B of the pharmacy act were exploited in the 1980s, leading to numerous individuals, lacking recognized education or training, registering their names as pharmacists (referred to as non-diploma pharmacists). Many of these individuals, who were unsuccessful in obtaining positions in government hospitals, are now employed as community pharmacists in private pharmacies.



- ✓ Legally, each community pharmacy is required to have a diploma pharmacist or B. Pharm pharmacist present on-site. In reality, only a few pharmacists are available at these community pharmacies, and the dispensing is often performed by the pharmacy owner.
- ✓ A study conducted in 2005 revealed that around 50% of pharmacies operate without pharmacists. This study additionally noted that most patients (70-80%) seek guidance on sexually transmitted diseases, menstrual issues, contraceptive methods, and minor ailments from community pharmacists.
- ✓ Most pharmacy owners, who are not pharmacists, employ pharmacists in a nominal capacity, which results in pharmacists being unavailable to dispense medications. Pharmacists receive low wages in retail establishments owned by individuals without any health-related education or training.
- ✓ There are relatively few studies that address the condition of community pharmacy services in India. One study indicated that pharmacists lack adequate training to provide patient counseling. Two studies imply that community pharmacy practice in India is predominantly restricted to the distribution of “ready to dispense drug packages.”

#### Image of Community Pharmacists

- ✓ The public perception of community pharmacy and pharmacists is quite weak. The general populace views community pharmacists as drug sellers, and not significantly better than general store proprietors.
- ✓ Consumers and patients regard visiting a medical store to buy medications similarly to visiting a grocery store for food items. They believe that anyone in India can open both a stationery shop and a medical store (i. e. pharmacy).
- ✓ Pharmacists are depicted as inadequate compounders, who act merely as assistants to doctors in the mainstream. This portrayal is unsurprising, given that the national health policy of 2002, while noting the existing levels of healthcare professionals, remains notably silent regarding pharmacists.
- ✓ The recently established Indian Public Health Standards under the National Rural Health Mission (NRHM) do not afford much importance to the role of pharmacists in comparison to other categories of personnel such as nurses and laboratory technicians.
- ✓ In the newly approved report of the union government’s sixth pay commission, pharmacists have been categorized in the lowest band and structure together with other non-technical personnel.

#### Community Pharmacy and Availability of Medicines:

- ✓ The retail pharmacy sector is the main source of medications for both outpatients and hospitalized individuals.
- ✓ The drugs produced by pharmaceutical companies are provided to the community pharmacy level via their distributor or clearing and forwarding agent.
- ✓ In several developing nations, private community pharmacies are frequently regarded as a source of affordable medical care.
- ✓ Private pharmacies are often the initial and sole source of healthcare for many patients in developing countries.
- ✓ In the initial period, diploma courses were primarily conducted by Government medical colleges. Since the 1980s, there has been remarkable growth in private institutions offering D. Pharm courses.

#### Community pharmacy in India-the way forward:

- ✓ As per unofficial estimates, there exist more than 600,000 licensed retail establishments for the sale and supply of medicines.
- ✓ In India, the expectations of consumers (or patients) from community pharmacists include that the medication should be effective, safe, and affordable.
- ✓ Additional expectations from Indian pharmacists include dispensing medications in accordance with regulations, providing appropriate advice on how and when to take the medicines, indicating what actions to take in case of adverse drug reactions, along with offering guidance on common ailments.



- ✓ Nevertheless, it is an undeniable truth that the community pharmacist has not succeeded in delivering all these patient-centered services. It is possible that our D. Pharm curriculum, last revised in 1991, has not shifted its emphasis from preparative and compounding pharmacy to a focus on patient care.
- ✓ However, the recent introduction of the Doctor of Pharmacy (Pharm. D. ) program in India may not benefit the community pharmacy sector, and concerns have been expressed regarding the use of this course for achieving international status and addressing the shortage of pharmacists in the U. S.
- ✓ In summary, India faces significant challenges in delivering healthcare to its extensive and expanding population. Despite numerous obstacles, community pharmacy services are crucial for the safe and effective management of medications in promoting health. With the rapidly changing landscape of healthcare delivery and increasing patient expectations, it is anticipated that community pharmacy practice will evolve accordingly.

#### **International scenario 2100 B.C.**

- ✓ The initial pharmaceutical text is inscribed on clay tablets by the Mesopotamians. Some of the recipes and guidelines on the tablets entail pulverization, infusion, boiling, filtering, and spreading.
- ✓ In addition to herbs, components like beer, tree bark, and wine are referenced.  
130-200 A. D
- ✓ Galen introduces compounding, a method of blending two or more medicines to cater to the specific needs of a patient.
- ✓ Compounding continues to be practiced today for patients with unique requirements or for distinct prescriptions.  
1240 AD
- ✓ Pharmacy and Medicine are formally distinguished.
- ✓ King Frederick II, a significant European monarch, issues an order for the first time in Europe entirely separating the professions of physicians and pharmacists, while also providing professional regulations for both.
- ✓ Pharmacy and medicine in ancient history were interlinked. Historical figures from pharmacy such as Galen were known as physicians even though they were frequently engaged in the preparation and dispensing of medications.
- ✓ The earliest prescription were inscribed on clay tablets in Mesopotamia around 2100 B. C.
- ✓ The first drugstores were established in 754 A. D. , during Islam's Golden Age.

#### **Pharmacy evolved over the years in numerous ancient societies including:**

- Indian
- Chinese
- Egyptian
- Greek
- Roman
- Islamic
- European

1700's

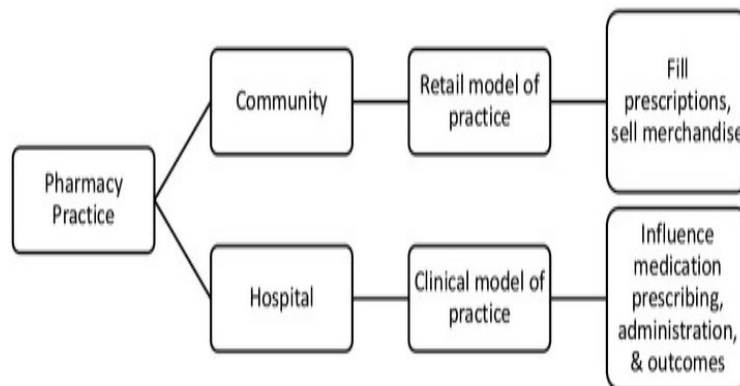
- ✓ 1729-Irish immigrant Christopher Marshall establishes one of Colonial America's earliest apothecaries in Philadelphia,
- ✓ 1759- The Philadelphia Hospital, the first hospital in Colonial America, launches the first hospital pharmacy.

1800's

- ✓ 1820- Establishment of the United States Pharmacopeia (USP), providing a set of standards to be utilized as a reference for professional pharmacists
- ✓ 1821- The first pharmacy school in America is founded  
--Philadelphia College of Pharmacy



- ✓ 1825-Soda fountains make their debut in pharmacies. The soda fountain became a signature feature of the American drugstore from the 1860s to the 1950s.
- ✓ 1852- The American Pharmaceutical (now Pharmacists) Association, or APhA, is established, marking the first national professional organization for American pharmacists.
- ✓ 1886-Dr. John Stith Pemberton, an Atlanta pharmacist, invents a syrup that serves as the foundation for the beverage Coca Cola.
- ✓ 1892- German pharmacist Felix Hoffmann successfully synthesizes salicylic acid, or aspirin, For commercial distribution, it becomes the most commonly used medication in contemporary times.
- 1900's
- ✓ 1905- New York State mandates graduation from a minimum two-year pharmacy program before taking the licensing exam.
- ✓ 1914- The Harrison Narcotic Act imposes regulations on the production or distribution of addictive substances.
- ✓ 1922- Canadian scientists successfully isolate insulin.
- ✓ 1938-Congress enacts the Food, Drug and Cosmetic Act following the Elixir of Sulfanilamide disaster (The medicine that resulted in the deaths of Dr. Calhoun's patients was Elixir Sulfanilamide. During September and October 1937, this drug caused the deaths of over 100 individuals across 15 states)
- ✓ 1940- Scientists from Oxford University successfully create penicillin for administration.
- Mid-1900's
- ✓ 1942- Establishment of the American Society of Hospital (now Health-System) Pharmacists, or ASHP.
- ✓ 1948- Lederle Laboratories formulates methotrexate, one of the earliest anticancer drugs capable of eliminating cancer cells.
- ✓ 1954- The American Association of Colleges of Pharmacy (AACP) endorses a proposal that necessitates five years of academic study to obtain a pharmacy degree.
- ✓ 1955- Jonas Salk at the University of Pittsburgh produces an injectable vaccine for polio.
- ✓ 1965- The national Medicare and Medicaid programs are established.
- ✓ Mid-1900s Two practice models emerge.



**Prior to the 1960s, pharmacists were mainly:**

- i) Retail sellers,
- ii) Crucial members of communities,
- iii) Not practitioners based on evidence.



**Community pharmacy practice in the 1960s and 1970s :**

- ✓ Pharmacies were owned and run by pharmacists as standalone businesses
- ✓ Situated close to MDs who prescribed therapeutic treatment options on a 3x5 inch slip of paper that was delivered by the patient to the pharmacy
- ✓ The role of the pharmacist was to precisely provide a high-quality pharmaceutical product as prescribed
- ✓ Pharmacists compounded and developed long-term relationships with patients, MDs, and the community
- ✓ In 1952, the APhA's code of ethics forbade pharmacists from discussing "therapeutic effects or composition of a prescription with a patient"
- ✓ The Omnibus Budget Reconciliation Act of 1990 (OBRA90) required pharmacists to ask patients if they wished to talk about their new prescriptions with a pharmacist

1970s and 1980s:

- ✓ Innovative pharmacists experimented with novel pharmacy practices
- ✓ Eugene V. White from Berryville, Virginia conceptualized and established the idea of an office-based pharmacy practice in the 1960s.

**American community pharmacy in the modern era can be segmented into four phases:**

1. 1920–1949 (Soda Fountain Era)

- ✓ By the time the modern era of pharmacy began in the 1920s, pharmacy education was swiftly adopting three and four-year degrees as the norm for education
- ✓ This comprehensive manual on pharmacy education was produced by the American Association of Colleges of Pharmacy (AACP)

2. 1950–1979 (Lick, Stick, Pour and More Era) -

- ✓ The responsibilities of the pharmacist for patient care and educational standards grew from the 1950s through the 1970s

3. 1980–2009 (Pharmaceutical Care Era) -

- ✓ The ultimate significant shift in pharmacy education over the past century was the move from the five-year, entry-level B. S. degree with optional postgraduate Pharm D training to the Pharm D becoming the required entry-level degree.

4. 2010–present (Post-Pharmaceutical Care Era) -

- ✓ By 2010, the requirement for an all-Pharm D degree had been completely instituted
- ✓ Both immunizations and patient care services have risen in the 2010s
- ✓ Most patients indicate feeling at ease receiving vaccines in pharmacy environments, and over 22% of all individuals who received a flu vaccination during the 2014–15 flu season obtained their immunization from a pharmacy or retail location.

**FUTURE PERSPECTIVES:**

The goal should be to bring the plant-derived EPIs to market for clinical treatment. The limitations in product development should be examined and removed. Studies should concentrate on generating sufficient preclinical and clinical data regarding the use of EPIs in both animal models and human patients.



**REFERENCES**

- [1]. World Health Organization. Global Strategy on Diet, Physical Activity and Health. Geneva:WHO;2004.
- [2]. Department of Health. Pharmacy in England: Building on Strengths – Delivering the Future. London:DH;2008.
- [3]. Department of Health. Choosing Health through Pharmacy. A Programme for Pharmaceutical Public Health 2005–2015. London: DH; 2005.
- [4]. Department of Health. Healthy Lives, Healthy People: Our Strategy for Public Health in England. London: DH; 2010

