

# Role of Pharmacist in Health Care System

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**Abstract** *The aim of this study was to examine pharmacists' perceptions of their professional identity, both in terms of how they see themselves and how they think others view their profession. Pharmacy profession has long time struggled to embrace a unified professional identity despite many leaders calling for such. With societal and scientific evolutions, the functions of the pharmacist have changed over time, often assuming multiple identity discourses. Pharmacy has also been seen as a very heterogeneous profession with product- and patient-focused practitioners, contributing to the lack of a unifying identity. This commentary argues that to advocate for and promote our profession we must confront the brutal facts and realize the true state of pharmacy practice. The fact is that all areas of pharmacy practice, both product- and patient-focused, have always shared a central theme which is and has been the pharmacist's professional identity the prevention, identification, and management of medication therapy problems and their root causes as the medication specialist. Fully embracing this professional identity will help the profession assume a clear and unique role on the healthcare team in optimizing patient care and allow for meaningful practice-based research, grounded in theory, which will improve the education of currently practicing and future pharmacists. A firm professional identity will also allow for a seamless continuation between pharmacist education and practice across a lifetime, strengthening the pharmacy profession as a whole. KEYWORDS medication therapy problems, pharmacist, professional identity.*

**Keywords** Pharmacy

## I. INTRODUCTION

The pharmacy profession has undertaken enormous changes over the past few decennary that have led to an enlargement in the spread of skillful practice. Pharmacists' roles are short limited to the standard resources of drug preparation and dispense ; they have prolongs their boundaries to encircle other an individual's specific health needs desired health outcome are the driving force behind all health care decision and quality measurement services to secure an indefectible helping to cure an illness result.<sup>[1-2]</sup>

The role of the pharmacist changing and will continue to change alongside the needs and expectation of patient or service's users. Change is ever present .<sup>3</sup>The bulk of drug relating problem [DRPs] are excepted and practically presentable.<sup>4</sup> DRPs cause both unnecessary suffering and enormous spending the public, because they involve extra doctor's visits and hospitalizations .<sup>5</sup> while adverse drug event [ADEs] normally the most spreading very quickly into all areas of the body and difficult to stop or control type of drug-related problems (DRPs), other DRPs may also out come in patient injury, which then results in accidental hospital readmissions.

### 1.1 History of Pharmacist Professional Identity and Treatment Therapy Problems

Although here has been an evolution of the discussion used to describe the professional identity of the pharmacist from "apothecary" to "healthcare provider," pharmacologist have continually served as *medication specialists*. Throughout this conversation evolution, the theory behind identifying, preventing, and managing medication therapy problems (MTPs) has remained central to the role, or preference role, of the pharmacist through patient direction and prescription order confirmation, even though the term "medication therapy problem" and other related terms, such as drug-related problems, drug therapy problems, and medication-related problems, did not appear in the literature until later.

As “apothecaries,” pharmacists would use their aggregate awareness about the therapeutic properties of natural and manufacture substances to care for patients through combining the art and science of medicines.<sup>7</sup>

### **1.2 Pharmacists, the experts in drug therapy management**

All people who take medications are at risk of actual or potential drug therapy problems. These problems are a significant source of morbidity and mortality when left undetected and unresolved and drive huge costs across the health system. As drug therapy experts, pharmacists provide drug therapy management services built around a partnership between the pharmacist, the patient (or his or her caregiver), physicians and other members of a patient’s health care team. The goals of these services are to identify and resolve actual or potential drug therapy problems for patients and to promote the safe and effective use of medications and enable patients to achieve positive, targeted therapy outcomes.<sup>8</sup>

## **II. ROLES OF PHARMACIST**

### **Educational Pharmacist**

In educational pharmacist central point on give lessons to research and training of the oncoming pharmacist .for study professional player training program helps to is for their steady flow understanding Pharmacist gets a particular knowledge regarding to drugs and health-giving action through there practical training generally speaking we can say academic pharmacist preliminary action part in pharmacy profession.

### **Industrial Pharmacist Experimentation**

Pharmacist give to Investigation, and their effort in articulation Evaluation is of specific connection to the biotic Accessibility of active constituents.

### **Creator and Cross Checking**

The pharmacist’s comprehensive knowledge of the medication sciences secure an unified proceed towards cross check between the confirm of the different stages of Manufacture and put to the test of result previous allow to leave.

### **Medicine Details**

The chemist has the understanding and knowledge to supply complete details on practice of medicines limb of the health care providers and the public. Also, pharmacists supply data assistance within the company.<sup>10</sup>

### **Community Pharmacist**

Community drug store, frequently mention market drug store or apothecary’s shop location where remedy are keep and distribute, provide or sold. The common public generally calls community pharmacies "drug stores." Pharmacists working in the community practice setting are either diploma pharmacists or graduate pharmacists with B. Pharm degrees. In every part of this paper the word “Pharmacist” has been used to describe both types. Pharmacists are registered under the clause (i) and section (ii) of the Pharmacy Act.<sup>1</sup>

### **Power of Druggist on Authorize Application**

The power of pharmacists on authorize application could be seen every day in some possible application location No wellbeing professional worker unfailing and the profit of a variation of clinical druggist interference possess been register.<sup>[12,13]</sup>

### **The Contribution of the Druggist Past, Present and Future**

Nowadays in the SIVUH the MR is restricted to susceptiblezone. Drug store operate volume carry outpermit asmore distant compartment-form health services. The Health details standard power (HIQA), an unconventional power that occur to enhance well-being and community service inside Ireland, noted theNon-appearance of compartment-form MR at the examination of drug welfare in August 2017 .<sup>14</sup>

### **Druggist Role in Immunize**

Sole of the master plan suggest to help out direction the barricade with dare related and immunize assistance is the teaching of nonconventional immunize supplier acting as chemist who can carefully and successfully manage immunize in his application position.15

### **Part and Effect of the Chemist Interminably Progression Charge**

Introduction to the over education some education particularly judge effect of mediation providing by chemists at the short time conversion over position of supervision. All most education concentrated above the passage from medical Centre into group take care of institution position Two RCTs were performed in the UK. Nazareth al.16

### **Drug Related Problems (DRPs)**

**Pharmaco dynamics Interaction** Drug interactions can be extra (the result is what you expect when you add together the effect of drug taken independently), synergistic (Combining the drugs leads to a larger effect than expected), or antagonistic (Combining the drugs leads to a smaller effect than expected).17

### **Overdoses**

Dosage higher than the maximal recommended dosage for a given indication.18

### **Unprocessed Sign**

Quality in physical examination implement to aware doctors to Right Treatment (START) OR Drugs recommended for prophylaxis but not prescribed

Laxative and opioids

Calcium and vitamin D in elderly

Prophylactic anticoagulation after surgery or venous thromboembolism risk factors

Vitamin B6 and isoniazid.19

## **III. CONCLUSION**

Medication therapy problems clearly play a pivotal role in the daily work and unique role of pharmacists in all care settings suggesting that pharmacy's professional identity is centered on optimizing medication use through identifying, preventing, and managing MTPs and their root causes. More importantly, pharmacists are the only healthcare professionals to view patient care through a medication-oriented lens, which is well represented in AACP's identified core entrust able professional activities for new pharmacy graduates.

Pharmacy must embrace identifying, preventing, and managing MTPs as the pharmacist's unique contribution to the healthcare team and common unifier of all practices settings within the profession thus allowing us to capitalize on connecting education with our practice and practice-based research, grounded in theory, to advance the profession forward. By focusing on and appropriately documenting MTPs, pharmacists can demonstrate and advance our unique contributions to the quadruple aim of healthcare and improving patient care. If pharmacy, as a profession, wants to evolve from good to great, we must "confront the brutal facts" plaguing our profession. In his 1996 Harvey A. K. Whitney lecture address, William A. Zellmer stated pharmacy tends "to deny the true state of pharmacy practice."13 Now, two and a half decades later, pharmacy is still denying its true, unique, and important contribution to patient care and the healthcare system at large. The "fate of pharmacy practice in all settings in interlinked" through our unique professional identity medication specialists whose primary role is to prevent, identify, and manage medication therapy problems and their root causes. Medication therapy problems are and have been the profession's unique lens through which we approach patient care, ensuring safe and effective medication use since our early days as apothecaries. Although the profession has experienced many evolutions, preventing and managing actual or potential MTPs has remained a focus of the pharmacist's daily practice of recommending, monitoring, and dispensing medications. It is time for the profession to fully embrace MTPs as core to our unique professional identity. Once pharmacy differentiates itself from other health professions and creates a link between our practice, theories, research, and education we can clearly articulate the important role of pharmacy in healthcare distinctly different from all other disciplines. This clear and unifying identity across all areas of pharmacy practice will allow for meaningful practice-

based research to advance the profession forward by assessing the true impact of pharmacist-provided care to the healthcare system.

#### REFERENCES

- [1]. Holland, R.W.; Nimmo, C.M. Transitions, part 1 Beyond pharmaceutical care. *Am. J. Health Syst. Pharm.* 1999, 56, 1758–1764. [CrossRef].
- [2]. Tsuyuki, R.T.; Schindel, T.J. Changing pharmacy practice The leadership challenge. *Can. Pharm. J. /Revue Pharmaciens Canada* 2008, 141, 174–180. [CrossRef].
- [3]. NSW Government Department of Health NSW Pharmacist Vaccination Program. Available online <https://www.health.nsw.gov.au/immunisation/Pages/pharmacist-vaccination-expansion.aspx> (accessed on 20 January 2019).
- [4]. Brennan TA, Leape LL, Laird NM, Hebert L, Localio AR, Lawthers AG, et al. Incidence of adverse events and negligence in hospitalized patients. Results of the Harvard Medical Practice Study I. *N Engl J Med* 1991; 324 370–6.
- [5]. Viktil KK, Blix HS, Reikvam A, et al. Comparison of drug-related problems in different patient groups. *Ann Pharmacother* 2004; 38 942-8.
- [6]. Witherington EM, Pirzada OM, Avery AJ. Communication gaps and readmissions to hospital for patients aged 75 years and older observational study. *Qual Saf Health Care.* 2008; 17(1) 71-75.
- [7]. Kellar J, Paradis E, van der Vleuten CP, Oude Egbrink MG, Austin Z. A historical discourse analysis of pharmacist identity in pharmacy education. *Am J Pharm Educ.* 2020; 84(9) Article 7864. CrossrefWeb of Science@Google Scholar
- [8]. Snowdon A, Cohen J. Strengthening health systems through innovation lessons learned. Ivey International Centre for Health Innovation. 2011. Available <http://sites.ivey.ca/healthinnovation/files/2011/11/GlobalHealthSystemsWhitePaperFINAL.pdf> (accessed May 2, 2013).
- [9]. Hospital Pharmacy by H.P. Tipnis, Amrita Balaji.
- [10]. The role of Pharmacist in health care system report by WHO consultative group New Delhi 13-16 December 1988.
- [11]. The Pharmacy Act, 1948 (8 of 1948) Government of India, Ministry of Law, Justice and Company Affairs; [Google Scholar]9. Bond CA, Raehl CL. Clinical pharmacy services, pharmacy staffing, and hospital mortality rates. *Pharmacotherapy.* 2007; 27 481-93.
- [12]. Dooley MJ, Allen KM, Doecke CJ et al. A prospective multicentre study of pharmacist initiated changes to drug therapy and patient management in acute care government funded hospitals. *Br J Clin Pharmacol.* 2004; 57 513-21.
- [13]. Lu, T.H.; Lee, Y.Y.; Tsai, S.C.; Chien, H.Y.; Chang, J.C.; Tseng, J.H.; Leu, W.J. The outcome of clinical pharmacists' interventions in a Taiwanese hospital on pharmacoeconomics and cost saving. *J. Exp. Clin. Med.* 2014, 6, 139–142. [CrossRef]
- [14]. Isenor J, Edwards N, Alia T, Slayter K, MacDougall D, McNeil S, Bowles S. Impact of pharmacists as immunizers on vaccination rates A systematic review and meta-analysis. *Vaccine;* 2016;34 5708-5723
- [15]. Nazareth I, Burton A, Shulman S, et al. A pharmacy discharge plan for hospitalized elderly patients a randomized controlled trial. *Age Ageing* 2001 Jan; 30 (1) 33-40
- [16]. Radford A, Richardson I, Mason M, Rutledge S. The Key Role of Sole Community Pharmacists in Their Local Healthcare Delivery Systems (Findings Brief #88) Chapel Hill, NC North Carolina Rural Health Research & Policy Analysis Center. 2009.
- [17]. Greco, W. R.; Bravo, G.; Parsons, J. C. (1995). "The search for synergy a critical review from a response surface perspective". *Pharmacological Reviews.* 47 (2) 331–385. ISSN 0031-6997. PMID 7568331
- [18]. Swissmedic, Information sur le médicament. Bern Swissmedic.
- [19]. Gallagher P, Ryan C, Byrne S, Kennedy J, O'Mahony D. STOPP (Screening Tool of Older Person's Prescriptions) and START (Screening Tool to Alert Doctors to Right Treatment). Consensus validation. *Int J Clin Pharmacol Ther* 2008;46 72–83.