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Der Pharmacia Lettre, 2010: 2 (1) 415-420  
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### Community Pharmacists – Self Assessment

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#### Abstract

Compared to Western World, Community Pharmacy Practices, in India, are still in its infancy stage. It still has to cover a long distance before carving its due image in the mind of general public. Even Govt. polices are not lending any helping hand for its upliftment. Keeping above in mind, the present study was designed so as to assess community pharmacists self evaluation on; their knowledge level, Sources of refreshing /up gradation of knowledge, difficulties faced; while performing professional duties and their satisfaction level.

**Key word:** Pharmacist, Community Pharmacy and Community Pharmacy Practice.

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#### Introduction

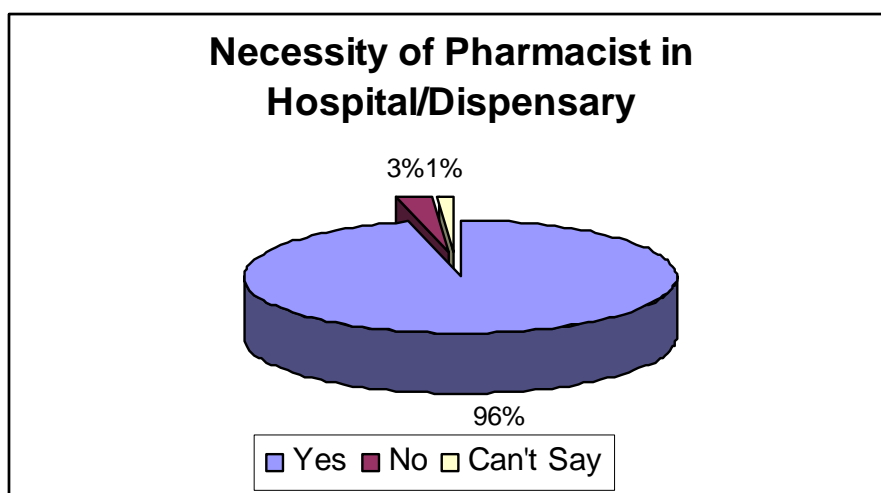
Community pharmacies usually consist of a retail storefront with a dispensary where medications are stored and dispensed. Pharmacist is always looked upon to advice on every aspect of drugs. He/she is the right person in our neighbourhood to guide us on various aspects of health care. This way he/she helps in maintaining the public health. Community pharmacists, however, can also play an important role in (ADR) adverse drug reaction reporting.[1]

In the present time, the community pharmacists have a unique role to play in our National Health Functions. But the irony of situation is that 'Indian National Health Care Policy' (2002) even fails to mention 'PHARMACIST'. Time and again, the debates have high lightened the importance of 'Community Pharmacy Practice' but the darker side of this is; that in India, the exact role of pharmacist is still to be defined. Hence the general feeling, amongst professionals, is that time is ripe enough to think of organizing our community pharmacy practices on the lines of that of advanced countries, keeping in mind our needs and constraints. The pharmacy practices (Institutional/Hospital/Community Pharmacy) consist of, two major components- Clinical Pharmacy Services and Non- clinical Pharmaceutical Services. The patient appears to be best served when both services are provided to him/her with the objective of achieving the Pharmaceutical Care. While performing these, it is expected that the community pharmacist sheds its 'trader's' image and presents professionalism. [2-12]

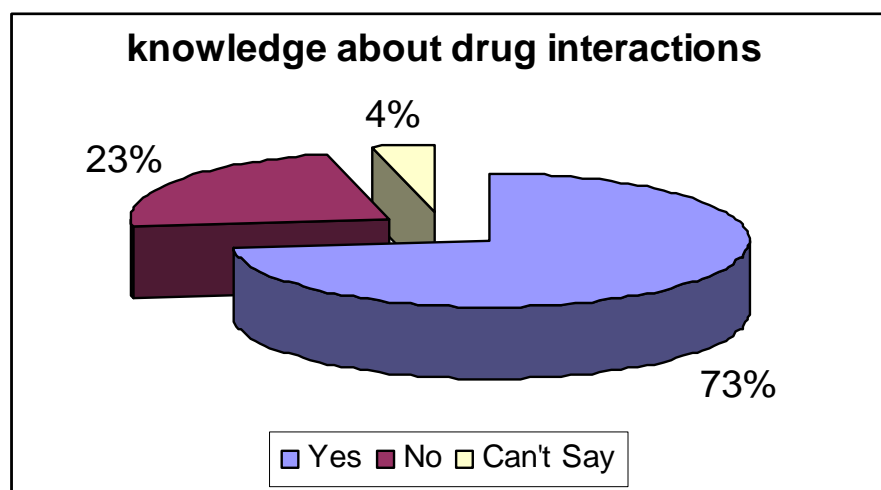
To make a humble beginning in this direction, we thought of undertaking the present study. The objectives put forward for the purpose were- Views of Pharmacists about importance of their own role in Community Pharmacy Practice. Their knowledge about drugs, drugs interactions, doses and source(s) to refresh/up grade knowledge. Difficulties faced by them as professional and their satisfaction level.

## Materials & Methods

The response sheet was drafted in very simple language so as to present no difficulty in understanding and recording of responses. 500-community pharmacist (Chemist Shops) situated in Villages, towns and Cities were contacted. Objectives of study were explained and they were persuaded to record their honest response to questionnaire.



**Fig 1: Views on necessity of Pharmacist in Hospital/Dispensary**

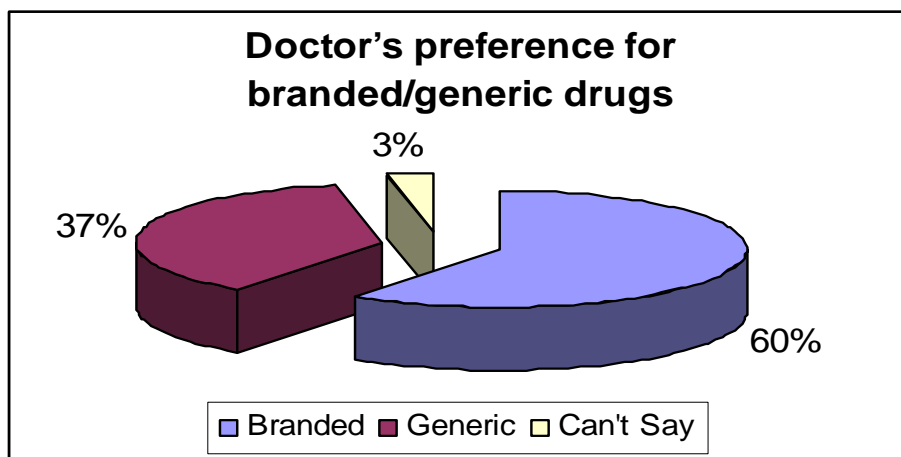


**Fig 2: Pharmacist's knowledge about drug interactions**

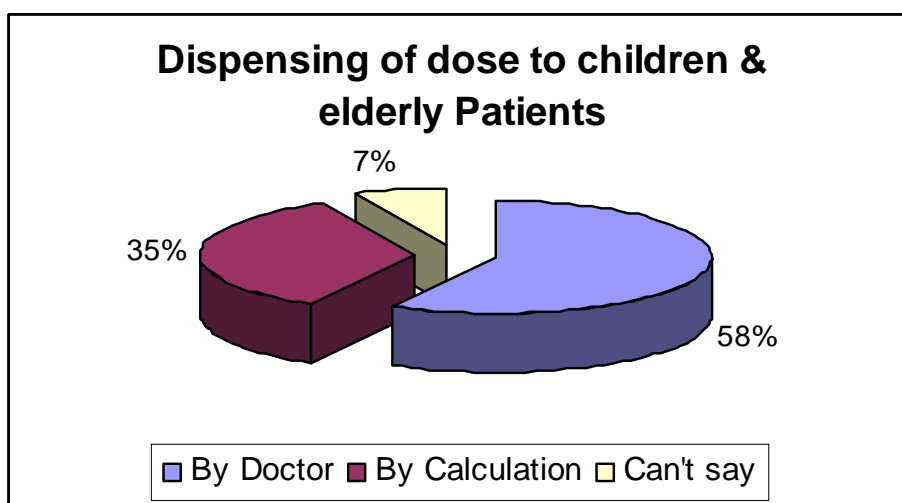
A questionnaire consisting of questions on following aspects was drafted-Name and Location of Pharmacy. What exactly should be role of pharmacist in community health care? Opinion about necessity of pharmacist in every Hospital/ Dispensary (to check & dispense prescriptions). Knowledge about drug interactions. Doctor's preferences for drugs (Branded/ Generic). What criteria do you follow while dispensing drug to children & elderly persons? On whose advice the patients purchase medicines. (Doctor/ Pharmacist/ Self). Source(s) to Refresh/upgrade knowledge.

Difficulties faced while performing professional responsibilities. Are you satisfied with Job? Are you satisfied with profit margin allowed by Pharmaceutical Companies?

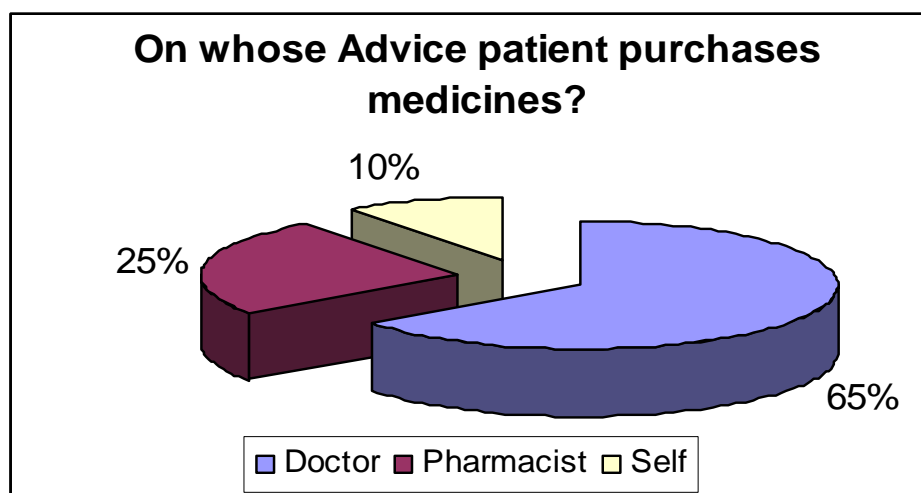
In all 500 response sheets were collected and critically examined for possible discrepancies. The data was then compiled and statistically analyzed. This is being presented in the form of Pie Charts.

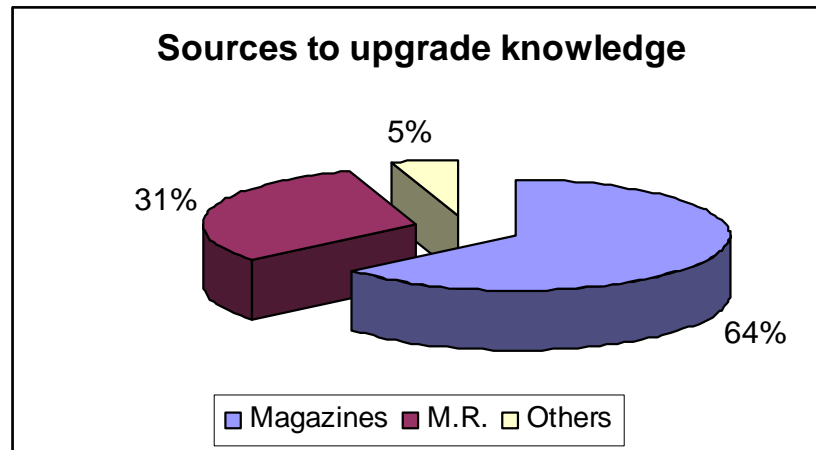
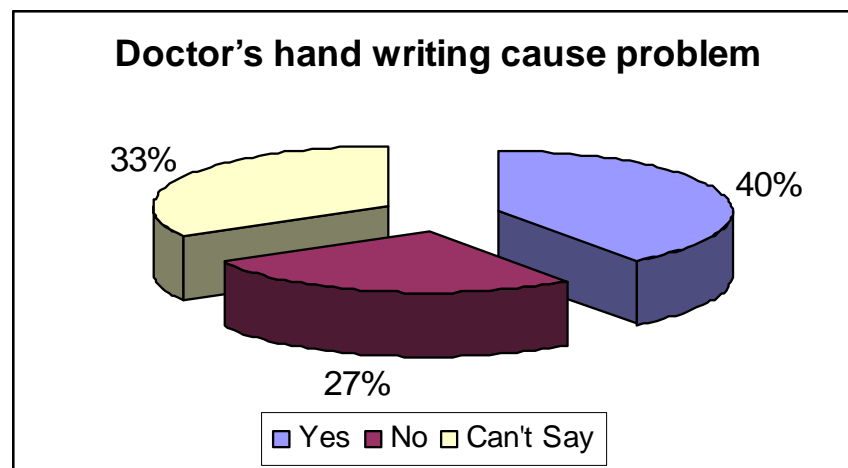
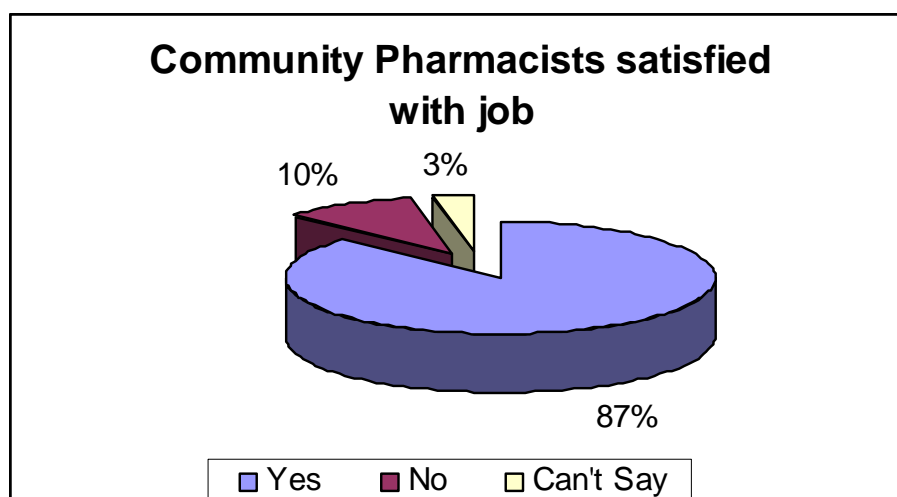


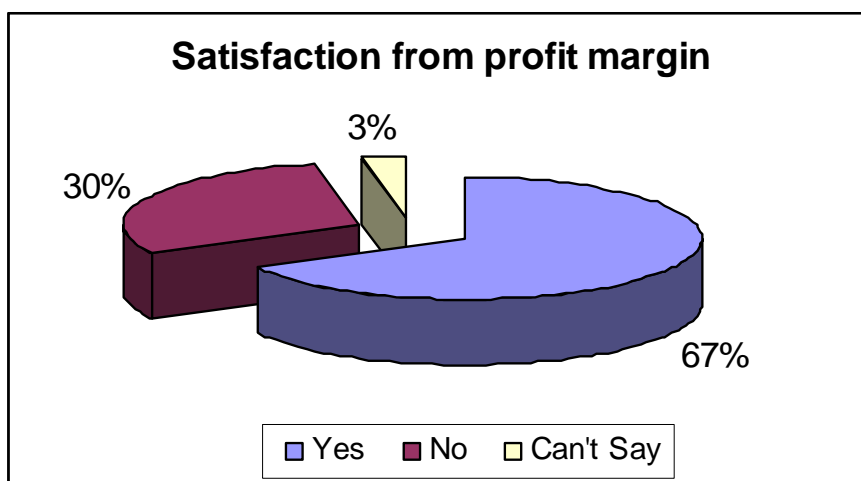
**Fig 3: Doctor's preference for branded/generic drugs**



**Fig 4: Dispensing of dose to children & elderly Patients**



**Fig 5: On whose Advice patient purchases medicines.****Fig 6: Sources to refresh/upgrade knowledge. (M.R. =Medical Representative).****Fig 7: Does doctor's hand writing cause problem?****Fig 8: Satisfaction level of Community Pharmacists**



**Fig 9: Satisfaction from profit margin**

## Result and Discussion

From the analysis of response sheets of 500 community pharmacists, following results have emerged. Almost all (96%) Community Pharmacist are of the view that pharmacist is must in every Hospital/Dispensary. Most of them (70%) are aware of drug interactions. Only (35%) consider themselves to be competent to calculate, exactly, the pediatric & geriatrics doses. They refresh/upgrade their professional knowledge through books & magazines (64%) or through interaction with medical representatives (31%). While purchasing medicines the patients rely largely on doctor's advice (Doctor 65%, Pharmacist 25% & self 10%). Doctor's handwriting is a problem (40%) while dispensing the prescription. Only 40% doctors prefer to prescribe drugs by generic names. Majority of community pharmacist (85%) are satisfied with profit margin allowed by pharmaceutical companies. The pharmacists having shops within premises of hospitals feel that their services are being better utilized.

## Conclusions

A glance on results obtained reveals that the objectives set for study, have been largely met. However, following suggestions are made to brighten the image of community pharmacists in the mind of general public.

- Always present a neat and clean appearance of your pharmacy.
- Always wear apron to present professional & dignified looks.
- Never charge more than Max-Retail Price, printed on the formulation.
- Allow maximum possible concession; be extra considerate in case of poor patients.
- Keep meticulous record of each patient visiting your pharmacy; preferably using computers.
- Develop counseling language, which is friendly & non-offensive to your patients.
- Try to provide the maximum counseling to each patient.
- Educate the community surrounding your pharmacy (medical emergency tips, timely guidance, distribution of pamphlets and conduct of seminars).
- Do not allow outsiders to enter & sit in your pharmacy.
- Keep yourself updated by consulting MIMS, CIMS and DRUG TODAY.

Above suggestion; upon implementation, should result in fruitful utilization of professional knowledge, enhanced business and profit and above all a brightened professional image and respect in the society.

**sReferences**

- [1] A.C. Van Grootheest, *Research in Social and Administrative Pharmacy*, **2005**, 1(1), 126-133.
- [2] Ramesh M and Parthasarathi G., *Ind. J. Pharm. Edu.*, **2002**, 34(3), 120-123.
- [3] B. D. Miglani, *Indian Journal of Hospital Pharmacy*, **2000**, 37(4), 57-65.
- [4] S. S. Bhise, *Pharmabiz*; **2003**, 4; 17.
- [5] Pankaj R. Patel, *Indian Journal of Hospital Pharmacy*, **2004**, 12(6), 33-36.
- [6] American Society of Hospital Pharmacist: "ASHP statement on Pharmaceutical Care", *Am. J. Hospital Pharm.*, **1993**, 50; 1720
- [7] Sbal Basak, Raja R, *Indian Journal of Hospital Pharmacy*, **2001**, 37(5), 58-69.
- [8] A. Roberts, S. Benrimoj, T. Chen, K. Williams, T. Hopp, P. Aslani, *Research in Social and Administrative Pharmacy*, **2005**, 1(4), 546-564.
- [9] Andrew P. Traynor and Todd D. Sorensen, *Journal of the American Pharmacists Association*, **2005**, 45(6), 694 – 699.
- [10] C. Roche, and F. Kelliher, *Journal of Business Ethics*, **2009**, 86(1), 91-99.
- [11] Anna Volodina, Sylvia Sax, Stuart Anderson, *Pharmacy Practice*, **2009**; 7(4), 228-237.
- [12] Geetha Jayaprakash, Munna L. Rajarajan, Ponnushankar Shivam, *Pharmacy Practice*. **2009**, 7(3), 157-162.