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Current Developments and Challenges in Community Pharmacy Practice

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DESCRIPTION

The practice of pharmacy is evolving a comprehensive study is required to monitor and assess the practice's development. Many countries have adopted Good Pharmacy Practices (GPP) to improve service quality. There is little information available on how pharmacy procedures are applied in poor nations. Lebanon, being a developing country, is an example of community pharmacy practice that lacks defined criteria and evidence of excellent clinical practice. It found 20 current studies that addressed components of community pharmacy practice in Lebanon as they relate to GPP criteria. Eight of the papers were about study and professional development, about medication provision, about contact and communication, about trainees, about pharmacotherapy monitoring, and about documentation systems. Additional study shed light on characteristics that influence pharmacy practice in general. It is clear that the pharmacy practice would gain if pharmacists were better supported financially and with changes to their working conditions, as this would improve their productivity, job happiness, and overall well-being.

It was discovered that there is a trend toward implementing Continuous Education for pharmacists, with the main impediments being work and family commitments, a lack of motivation, a lack of time, commuting issues, and a lack of technological ability. This criterion is consistent with the FIP's developmental goal of continued professional development initiatives. The search also yielded only one pilot study to measure GGP compliance among community pharmacies in Lebanon. This pilot study was limited in scope and found that community pharmacies in Lebanon did not adhere to GPP guidelines. The absence of enforcing regulations, limited dissemination of standards among community pharmacists, bad public perception, and Lebanon's financial and socioeconomic problems are all barriers to execution. The World Health Organization (WHO) and the International Pharmaceutical Federation (FIP) established Good Pharmacy Practice (GPP) as an international standard for pharmacy services in 1992. In 1996, the WHO improved and certified the GPP components. Traditionally, pharmacy was thought to connect chemistry with the healthcare sciences. As a result, the pharmacist was tasked with assuring

pharmaceutical safety. By the mid-nineteenth century, and with the widespread commercialization of pharmaceutical products, the pharmacist's duty had been reduced to mixing, dispensing, and labeling premade medications, and he was viewed as a vendor in a commercial operation. However, today's pharmacist is recognized as a healthcare professional that provides patient-centered care.

FIP cooperated with the WHO to release a handbook titled "Developing pharmacy practice with a focus on patient care" to satisfy the changing demands of pharmacists and to provide a new idea for pharmacy practice. Jointly, the WHO and FIP defined the Good Pharmacy Practice (GPP) as "the practice of pharmacy that responds to the requirements of the people who use the pharmacists' services to offer optimal, evidence-based treatment". As a result, the FIP established the FIP Development Goals in 2020, which would prove critical for the profession's evolution. The FIP Developmental Goals aimed to globalize the pharmacy profession by offering frameworks for pharmacy concepts such as quality assurance, leadership development, collaboration, equity, and equality.

It is well known that the practice of pharmacy in the Arab world has progressed more slowly than in other areas, with the majority of pharmacists working in community settings. It is fairly common that the law in many Arab countries does not require pharmacists to keep patient records or rely on computerized databases. Pharmacists may also dispense prescription drugs in pharmacies without a prescription. Such information suggests that the practice of pharmacy, particularly in the community setting, is loosely monitored and regulated by governing bodies. As a result of this approach to community pharmacy practice, the relationship between patients and pharmacists is harmed.