

## Introduction of Community Pharmacy

A Community pharmacy is a health care facilities that is able to provide pharmacy service to people in a local areas.

A Community pharmacy dispense medicine typically involving a registered pharmacist with the education skill & complains deliver professional service

A community pharmacy that deals directly with people in the local areas.

It has responsibility including compounding counselling checking and dispensing of prescription drug to the patient with care accuracy and legality.

## Community pharmacists

They are the health professional most accessible to the public.

A community pharmacy often referred to as retail pharmacy as retail drug outlet is placed where medicine stored and dispensed supplied as save.

The general population usually for community pharmacist (medical stores) pharmacist working in the community —

pharmacy practices setting or as the Diploma pharmacist or graduate pharmacist with B. Pharma degree throw out this paper the would pharmacist as be class (i) and Section (ii) the pharmacy act 1948, and their presence in legally required during the dispensing and selling of medicine according to rule 65(15) of the drug and cosmetic rule 1945.

The supply medicine in according with a prescription or when legally permitted sell them without are prescription

In addition to insuring and adequate supply of appropriate (Whit state par) product there professional activity are so cover.

- Counseling of patients of the time of dispensing of prescription and non-prescription drug.
- Drug information to health professional patient at the general public.
- Participation in health promotion program.
- They maintain linked with other health professional public health care (PHC)

- Summary of the area where of pharmacist can involve in public health through community pharmacy.
- Drug and Nutrition Counseling.
- Use of O.T.C and prescribe medicine.
- family planning
- pregnancy and infant care.
- immunization
- Sexually transmitted disease - STDs
- Toxic agent control.
- Health and Safety
- Control of accidental injury.
- prevention of smoking.
- environmental protection
- Weight control program
- poisoning and cancer detection.

g.m.s

## History and development Community pharmacy Indian Scenario

- To day community pharmacist play important role in many country and they take responsibility for patient health medicine related need.
- However in India only the supply of medicine remain the care activity of the community pharmacist. Most community pharmacist in the country still hardly after patient oriented service.
- The genesis of community pharmacy practice in India can be traced back to British India where apothecary and druggist work make available through drug store to ward the end of 19th century. To ~~was~~ during the colony period the pharmacy vocation remain business oriented and those trust to ~~sell~~ drug where called drug seller or some time dispenser specially.
- The pharmacy scenario "C.P practice during preindependent was highly unregulated & there were no

restoration on the practice in pharmacy in India.

- The practice of prescribing and dispensing was normally of function performed by Dr. In addition most doctors send their clinic assistant to dispense medicine & assist in the compounding in the medicine preparation.
- The assistant whose property now as compounder to status function and duties were define the and improperly understood.

### Pharmacy regulation

- After the enforcement of provision of the pharmacy act 1948, pharmacist working in India must have a pharmacist registration certificate issued by the State in which they wish to practice. To obtain a registration certificate the prospective pharmacist must the minimum D. pharm<sup>sc</sup> pharmacy institute that is recognized by The pharmacy council of India (PCI).
- Both B. Pharm & D. pharm holder are allow to practice in any sector of pharmacy.

However the B. Pharm course was designed in such a way to requirement of the pharmaceutical industries, drug control laboratories & drug regulatory bodies.

- The D. Pharm course developed to satisfy the requirement of hospital and medical stores.

- The Community pharmacist to actually manage pharmacist today mostly D. Pharm holder.

- The D. Pharm involves minimum 2 years of study and practical training of 500 hours separate over a period of 3 months in a hospital or community pharmacy.

- However, 1984 persons without any pharmacy educational qualification when adult able to be registered their name as pharmacist in the first registered of the pharmacy act as long as they have 5 years of experience in the compounding and dispensing of the drug in the hospital or clinic.

- However Section 32-B provision of the pharmacy act has been misused during 1980 and a large no. of persons without any recognis recogn... education or training were reported non-dip to have registered their name as pharmacist called non-diploma pharmacist. Many of those people who did not succeed in pharmacist in the private community pharmacist.
- A majority of pharmacy owners who are not pharmacist higher pharmacist on a token basis and as a result pharmacist are never available to dispense medication. Pharmacist are under paid in retail outlet owner by the people having no health related education or training.
- There are relatively few study articulating the situation with community pharmacy services in India:
  - ⇒ One study - reported that pharmacist lack proper training to undertake patient counseling.
  - ⇒ Second study - two study suggest that C.P. practice in India is only limited to the supply ready to dispense along package

Ambulatory → walk to patient

Date / /

Page No. 61

## Image of Community Pharmacy

- The public image of Community pharmacy and the pharmacist very weak. The general population consider C. Pharmacist as drug trader and not better than the general store owner.
- Consumer and patient consider a visit to the medical store to purchase drugs in much same way they consider a visit to buy food items. They think any one in our country can open a grocery shop and a medical store that is pharmacy also.
- The pharmacist poor compounder who assistant to doctor in many states. This is not surprising because the national health policy 2002 will decreasing current level of health care professional of maintain a stoic silence about pharmacist.

## Community Pharmacy is available in of Medicine

- The Community detail pharmacy sector is the prime source of medicine for both ambulatory and hospitalised patient.



- The medicine mfg. by pharmaceutical company are made available to the C.P. label through their distributor and clearing and forwarding agent.
- Private pharmacy are often the first only source of health care for a majority of patient in developing country.
- In many developing country private C.P. are often seen as a source of an expensive medical care.

g.m.p.

### International Scenarios -

①

2600 BC

The first pharmaceutical law is written on clay tablet by the mesopotamians.

Some of the formulae and instruction on the tablet include pulverisation, infusion, boiling, filtering and spreading.

②

130 - 200 AD

Galen (first pharmacist-Internationall) introduce

compounding a process of mixing two or more medicine to meet the individual need of the patient.

Compounding is still its practice today for patient with special need of an unique prescription.

- ⑧ 1240 AD - pharmacy and medicine are officially separated king Frederick a powerful European issued decree and order for the first time in Europe completely separating the profession of physician and pharmacist and issuing professional regulation for both.

Pharmacy and medicine in ancient time were inseparable. Historical figures from pharmacy like Galen were called physician all the way they were often involved in preparation and dispensing of medicine.

The first prepared prescription were etched on clay tablet in Mesopotamia around 2100 BC.

The first drug store were established in 754 AD - during Islamic golden age.

Pharmacy involved over the year in numerous pharm ancient societies include.

- Indian
- Roman
- Chinese

- Islamic

- European

- Greek

- Egyptian

④ 1700's

- 1729 — Irish immigrant Christopher Marshall open one of colonial America's first apothecaries (Saler) Philadelphia (place, city in America).

- 1759 — The Philadelphia hospital colonial America's first hospital open first hospital pharmacy.

⑤ 1800

- 1820 — Creation of the United States Pharmacopoeia (U.S.P.) which offer a system of standard to be use as a reference guide for professional pharmacist

- 1821 —

- American first pharmacy school established Philadelphia College of pharmacy.

- 1852 — Funding of the American pharmaceutical pharmacist association the first established national professional Society of American pharmacists.

- 1892 - German pharmacist Felix Hoffmann successfully synthesised salicylic acid as aspirin for commercial sale which became the most widely used drug used in modern time.

- (6) • 1900 - 1905 - New York state requires graduation from a minimum of year course in pharmacy to taking the licensing examination.

1914 - The Harrison Narcotic Act requires control on manufacture and distribution of addictive substances.

1922 - Canadian Scientist isolate Insulin.

1940 - Oxford University Scientist successfully develop penicillin for administration.

Community pharmacy practice in 1960 and 1970

- Pharmacy owned and operated by pharmacist as independent business

• Located near doctor who prescribe therapeutic treatment. Choice of paper that was hand delivered by the patient to the pharmacy.

- The pharmacist role was to accurately provide and elegant pharmaceutical product as a service.
- pharmacist compounded cultivated long term relationship with patient doctor and the community pharmacy.