



Original Article

The Assessment of Current Status of Retail Pharmacy in Old City Hyderabad Region, Telangana

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The community Pharmacists is most accessible health care professionals to the public. They are visible or direct connected to the public. The present study deals with current status of retail pharmacies in old city of Hyderabad in A.P, regarding their perception about professional responsibility as well as their social status and role of community pharmacists. The questionnaire was developed which consist of various parameters which are directly and indirectly related to pharmacy profession and community pharmacist services like educational qualification, experience, source and dispatching system of medicines, clinical services, etc. During this survey total 70 pharmacies directly approached.

In this survey, we have collected data from 100 retail pharmacists, apart from these, the chief retail pharmacists were 91% males and remaining females. As considering educational qualification about 57% were B. Pham, 28% D. Pharm. and very less staff (14%) was, M.Pharm. All have Refrigerators, 81% and 68 have computer and has 34% Air Conditioner and very few have Library. The source of medicines in all pharmacies were mostly wholesale (76%) just few from manufacturer (24%). Not even single retail pharmacist participates in research projects, but they are willing to participate in future and only 32% provide clinical pharmacy services. In 57% the maintenance of inventory and dispensing records were computerized, while in remaining 39% it was manual by using central stock book.

86% pharmacists think that they should not have power to change prescription. It is revealed that most of the pharmacists fulfill their current professional status, but they also advised about improvement in their profession.

Key words: Current status, retail pharmacist, community pharmacist, survey.

1. INTRODUCTION

Clinical pharmacy practice is concerned with promotion of effective, safe and economical drug therapy. Pharmacy practice is a boarder term which includes clinical pharmacy and other activities performed by pharmacist in the hospital

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and community setting. These include dispensing and drug distribution, drug information, health promotion, patient counselling, pharmacovigilance, medication review, academic detailing, and sterile and nonsterile manufacturing.

A community pharmacy is a pharmacy that deals directly with people in the local area. It has responsibilities including compounding, counselling, checking and dispensing of prescription drugs to the patients with care, accuracy, and legality¹.

A community pharmacy has appropriate procurement, storage, dispensing and documentation of medicines. It is an important branch of the pharmacy profession and involves a registered pharmacist with the education, skills and competence to deliver the professional service to the community. The retail and community pharmacist are the member of pharmacy who are most visible to civic. The pharmacist has unique opportunity of communicating with public more than the physicians. They are providing themselves as a health care professionals through their services in developing countries. The trade forms a part of his business, but what impression the public is the image he creates as a professional, as the term pharmacy refers to premises licensed for retail sale of drug which having qualified person².

A community pharmacy, often referred to as retail pharmacy or retail drug outlets, is places where medicines are stored and dispensed, supplied or sold. The general population usually calls community pharmacies "medical stores".

The community pharmacy is not considered as well as established in India. Community pharmacies are managed by less qualified (as compare to many countries) diploma trained pharmacists. In India there are about 6,00,000 community pharmacist all across the country are practicing and providing pharmaceutical care through prescription filling and provide medical information to public on interest. The concept of good pharmacy practice is getting promoted, as a pharmacy practice; branch of pharmacy is under development in India. The pharmacist is defined by EHO as it plays the roles and responsibilities in developing countries are proving themselves as health care professionals through their services, pharmacist should move from behind the counter and start serving the people by providing care along with medicines they dispense. In India the community pharmacy practice is different community pharmacies are generally called, as medical store, drug store or chemist shop. As per section 42 of pharmacy Act 1948, no person other than registered pharmacist can compound, prepare, mix or dispense medicines on prescription of registered medical practitioner. Many pharmacists are unaware of their professional role and responsibilities. The community pharmacist should provide drug information services and patient counselling^{3,4}.

2. MATERIAL AND METHOD

This study was conducted to review the status of pharmacist in old city of Hyderabad region in Andhra Pradesh state by using the questionnaires. The questions were developed which consist of various parameters regarding pharmacy owner's education qualification, experience, their staff and their qualifications, source of medication and dispensing system of medicines, clinical services provision etc. As considering various parameters in the form of questionnaires, the present study aimed to assess the perception of retail pharmacists in old city of Hyderabad region of A.P state about their professional services and role as community pharmacist.

Research Design

The format for the collection of the data is developed into questionnaires and the study survey was done with it along with verbal communication.

Study Site and Setting

The study survey was carried out of retail pharmacies in old city of Hyderabad region in A.P state (INDIA).

Source of Data

All the necessary & relevant information were collected by using questionnaire form and verbal communication with the retail pharmacists and their staff members.

Collection of Data

The format for the collection of the data is developed into questionnaire and the study survey was done with it along with verbal communication

Statistical Analysis and Measurement

Results are represented in the form of the percentages and shown graphically by using the software MS excel.

3. RESULTS AND DISCUSSIONS

During this survey of retail pharmacy a total of 100 pharmacists were directly approached for filling the questionnaire and for verbal communication. Apart from these so many others are involved in unofficial verbal communication. The questionnaire provided to retail pharmacists who consist of various questions and which are directly related to the pharmacy profession and the community pharmacist services. The pharmacist in developing countries may also play an important role in community as community pharmacist. Apart from these 100 pharmacies the chief pharmacist were of both the genders but mostly males, in varying age groups and having uneven work experience mostly of 5-10 years that is 42% and the size of the retail pharmacy for efficient and interruption free working of pharmacist and based on evaluation 92% pharmacies passed the requirement, 8% need to improve. In 57% of retail pharmacies the inventory records are maintained by computer and remaining 39 by central book and remaining 4% both by computer and central book...the information was summarized in table.

Gender Distribution:

In our survey apart from these 100 retail pharmacies were male chief retail pharmacist and remaining were female chief pharmacist shown below, Fig.1

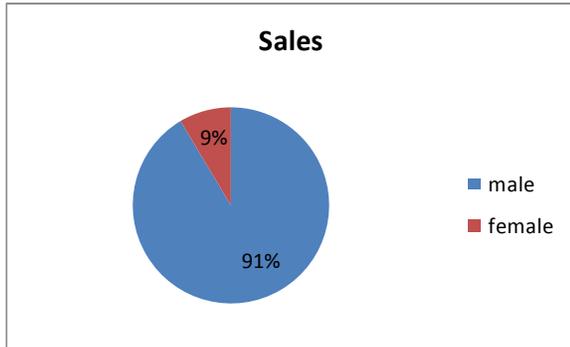


Fig 1: Percentage of sales

Experience of Chief Retail Pharmacists:

The experience of chief retail pharmacists in terms of percentile form.Fig.2

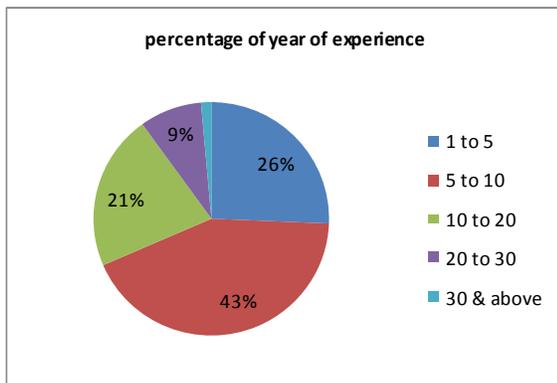


Fig 2: Percentage of year of experience

Age of Chief Pharmacist:

The age of the most of the retail pharmacists having between 25-35 was highest i.e. 61% Fig.3

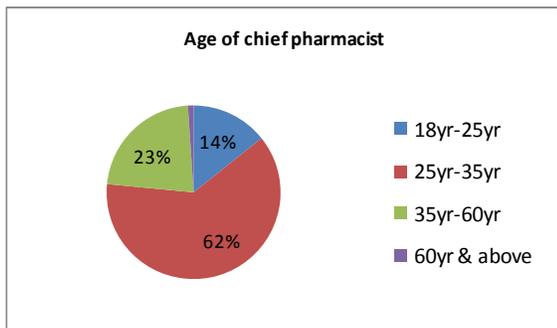


Fig 3: Age of pharmacist

Educational Qualification of Chief Pharmacist:

The educational qualification of chief pharmacist were 57% were B Pharm,29% were D Pham and 14% were M Pharm.Fig.No.4

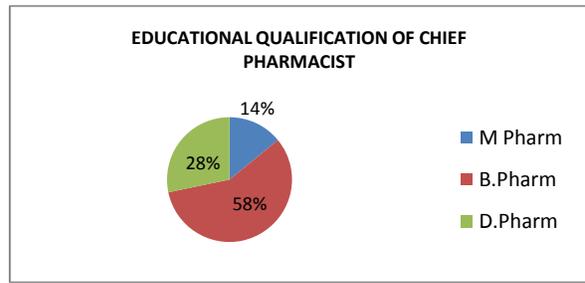


Fig 4: Educational Qualification of Chief Pharmacist

Educational Qualification of Supporting Staff:

The educational qualification of supporting staff that 50% were D Pham, 38%were science graduate and 12%were nonequalified.Fig.No.5

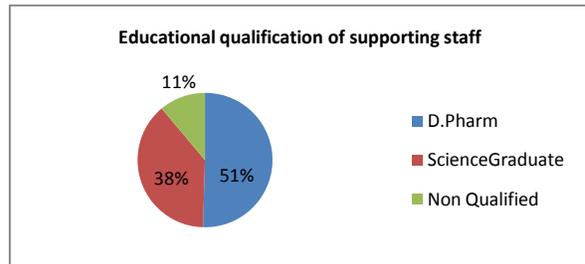


Fig 5: Educational Qualification of supporting staff

Mode of Inventory and Dispensing Record:

In our study the mode of inventory and dispensing records were maintained by computer were 39% and by central book 57%.Fig.6

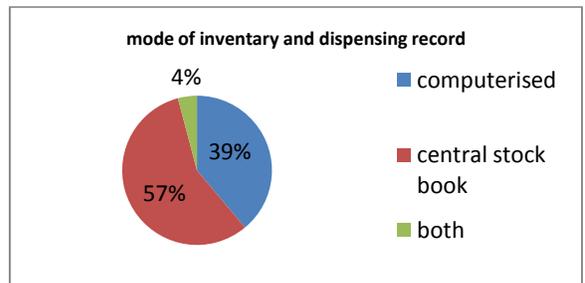


Fig 6: Mode of Inventory and Dispensing Record

Source of Medication:

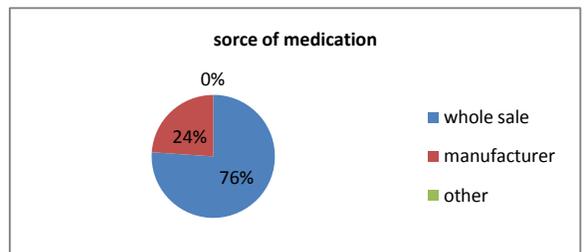


Fig 7: Source of medication

Facilities:

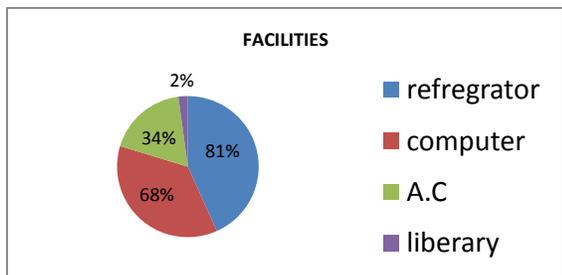


Fig 8:Facilities

Area

In this survey we have evaluated the size of retail pharmacy for a efficient and interruption free working of pharmacist and based on that evaluation (in terms of sq.ft) 92% pharmacies were passed the requirement of total area and 7%pharmacies need to improve .

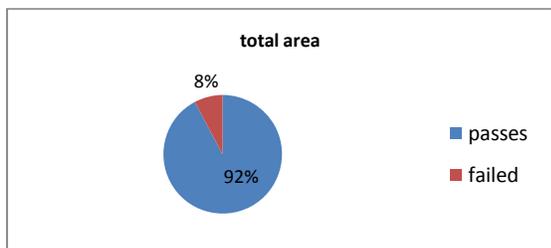


Fig 9: Total area

Research projects and also not much provided clinical services but are willing to participate (32.85) in future time period under the supervision and proper guidance shown in

Table 1: Willing to participate research project

Research project participation	Yes	00
	No	100
Clinical pharmacy service	Yes	33
	No	67
Power to change The prescription	Yes	14
	No	86
Satisfy with job	Yes	94

Willing To Participation in Various Projects With Student Pharmacist:

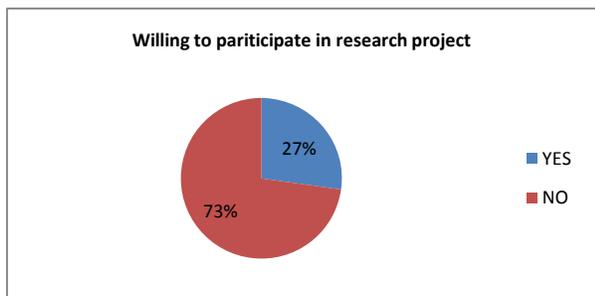


Fig 10: Willing To Participation in Various Projects

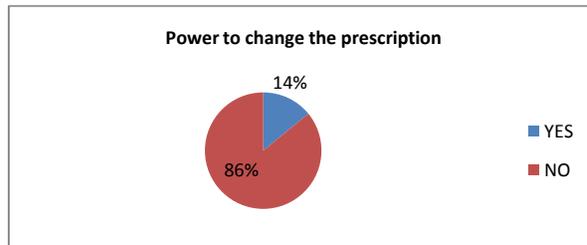


Fig 11: Power to Change the Prescription

Satisfy With The Job:

In this survey, the 94 % of pharmacist are mostly satisfy with their job and reaming 6 % were not satisfy with their job. Fig.12

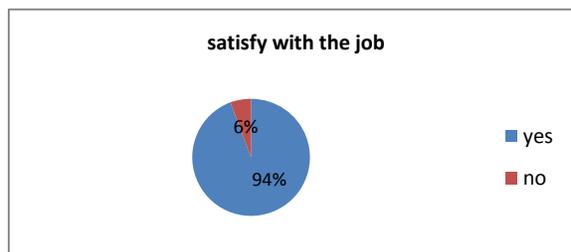


Fig 12: Percentage of pharmacist satisfied with job

The present result analysis has revealed that out of 100 retail pharmacist 91% were male and reaming 8% were female but the study conducted by khavane karna out of 67 pharmacies 86.5% were male and reaming female.

The pharmacist having experience in 5-10 years was 42 % which was highest and having experience in 30& above years was 6% which was lowest. in other study by khavane karna .the pharmacist having experience in 1-5 years was 28.3% was highest and having experience in 1-5 yr& 5-10 yr was 25.8%.This shows that the percentage of highly experienced pharmacists in this profession were less in this region.

The educational qualification of chief pharmacist showed that 29 %were D.Pharm, 57 % were B.Pharm and 14 % M .Pharm. In other study it was 95.5% D.Pharm and 4.4% B.Pharm .This shows that in India the concept of community pharmacy is not well establish and people having M.Pharm qualification were not interested in becoming as a community pharmacist.

The educational qualification of supporting staff showed that 50% were having D.Pharm qualification, 38 % were science graduate in similar study not even single person was having D.Pharm qualification,43.2% were science graduate, 7.4% were arts graduate . This concludes that supporting staff were not having much knowledge about drugs and brands.

The facility provided by the retail pharmacist for their own shop were that ,all of them were having refrigerator 81 % and computer 68 % and few of are having A.C 34 % But no one is having library. In similar study all of them are having refrigerator, 28.3% were having computer, 2.9% were

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having A.C. This shows that retail pharmacist is not interested in updating their knowledge.

In our study of maintaining of inventory and dispensing of records 39% were having central book, 57% were having computer 4% were having both. In another study it showed that 28.3% were having computer, 71.6% were having central stock book and 17.9% were having both. This shows that the pharmacist is not using the technology.

In our study age of chief pharmacist showed that most of the pharmacist having age between 25-35 was the highest i.e. 61%. In similar study 18-35 was highest i.e. 62.6% and this shows that mostly middle age people are in the community pharmacy.

In this survey the fact was revealed that not even single pharmacist participated in research project. In other survey it was the same⁵.

In our study 14 % of pharmacist think that they should have a power to change the prescription 86 % of pharmacist thinks that they should not change it. In similar study 14.9 % pharmacist have power to change the prescription.

In the study 94% of pharmacist were satisfy with their job and only 6% are not satisfy in similar study also the pharmacist are satisfy with their job only 19.04% are not satisfy.

4. CONCLUSION

It concludes that most of the pharmacists fulfill their current professional status, and there are mostly male working in the retail pharmacy, and they are also advice to improve the knowledge and skills of patient by giving proper counseling in various disease. There should be some norms regarding the educational qualification of supporting staff in retail pharmacy.

The statutory body of pharmacy in India should take efforts to improve the status of pharmacist that they are also an active member of health care professionals like doctor and nurses. The statutory body should make it compulsory to participate in research projects and provide clinical pharmacy services.

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