



Research Article

ASSESSMENT OF CURRENT STATUS OF RETAIL PHARMACIES IN A RURAL AURANGABAD OF MAHARASHTRA, INDIA

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ABSTRACT

The community Pharmacists are most accessible health care professionals to the public. The present study deals with Current status of retail pharmacies in Deolai-Satara region of Aurangabad City in Maharashtra, 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 59 pharmacies directly approached. In this survey, we have collected data from 59 retail pharmacists, apart from these, the chief retail pharmacists were 77.9% males and remaining females. As considering educational qualification about 22% were B. Pharm, 77.9% D. Pharm. and majority of staff (59.1%) was other than science graduate. All have Refrigerators, 18.64% has Air Conditioner but not a single pharmacy have own Library. The source of medicines in all pharmacies was wholesaler. Not a single retail pharmacist should participate in research projects and also not provide clinical pharmacy services, but they are willing to participate in future. In 42.8 % the maintenance of inventory and dispensing records were computerized, while in remaining 37.2 % it was manual by using central stock book and 20% have both. 85.1% pharmacists should not have power to change prescription. It is revealed that most of the pharmacists fulfill their current professional status, but they also advice about improvement in their profession.

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

INTRODUCTION

The community Pharmacists are most accessible health care professionals to the public. They provide health/medical facilities and dispense medicines in accordance with legal and ethical permission, either on prescription or as over-the-counter (OTC) medicines¹. They also bridge the gap between doctors and patients for optimal and rational use of medicines.

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."² The community pharmacists are proving themselves as health care professionals through their services in developing countries³.

However, community pharmacy is not considered a well established healthcare profession in India. Community pharmacies are managed by less qualified (as compared to many countries) diploma trained pharmacists⁴. 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 request⁵.

The community pharmacist provides verity of functions, including procurement and dispensing of drugs, patient counselling and education, health promotion, drug information and consultation services to health care professionals, on rational selection of medicines⁶. The trade forms a part of his business, but what impresses the public is the image he creates as a professional, as the term Pharmacy refers to 'premises licensed for retail sale of drugs which having a 'qualified person'⁷ In some developed countries, the pharmacist are rated as one of the top three professionals who serve the society. This recognition to pharmacists is due to the professional's services rendered by them to improve the public health in community.^{8,9}

The concept of good pharmacy practice is getting promoted, as a pharmacy practice; branch of pharmacy is under development in India¹⁰. The Pharmacists is defined by WHO 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 the medicines they dispense¹¹.

In India, the community pharmacy practice is different, community pharmacies are generally called, as medical store,

drug store or chemist shop¹². As per section 42 of pharmacy Act 1948, no person other than registered pharmacist can compound, prepare, premix, mix or dispense medicines on prescription of registered medical practitioner. In India community pharmacist are more interested in trade than profession. Many pharmacists are unaware of their professional role and responsibilities¹³. The community pharmacist may be involved in detection, management and prevention of adverse drug reaction, alcoholism¹⁴. The community pharmacist should provide drug information services and patient counselling¹⁵.

The present study was carried out in Deolai-Satara region of Aurangabad City in Marathawada region of Maharashtra state. Because of town place there is lack of certain facilities like community pharmacists and any other things. Here retail pharmacists are playing a role of community pharmacist for in conditions like spread of chicken guinea malaria, flue and social camps like polio vaccines, blood donations, blood group detections etc. with other social associations also.

MATERIALS AND METHOD

This study was conducted to review the current status of retail pharmacist in Majalgaon Town Marathawada Region of Maharashtra by using the questionnaire. The questionnaire was developed which consist of various parameters regarding pharmacy owner's educational qualification, experience, their staff, and source and dispatching system of medicines, facilities provided, clinical services provided etc. As considering various parameters in the form of questionnaire, the present study aimed to assess the perception of retail pharmacists Majalgaon Town Marathawada Region of Maharashtra State about their professional services and role as community pharmacist.

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

Subjects: The study-survey was carried out of Retail Pharmacies Deolai-Satara region of Aurangabad City in Town Marathawada Region in Maharashtra State (India).

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

Statistical Method

Results are represented in the form of the Percentages and shown graphically by using the software MS-Excel.

RESULTS

During this survey of the retail pharmacist a total of 59 pharmacists directly approached for feeling the questionnaire and for verbal communication. The questionnaire provided to retail pharmacists, which consists of the various questions and which are directly and indirectly related to the pharmacy profession and the community pharmacist services provider by these retail pharmacists. The retail pharmacist in developing countries may also playing important role in community as community pharmacist. Apart from these 59 pharmacies the chief retail pharmacists were of both the gender but mostly males, and remaining were females

Gender distribution

In our survey apart from these 59 retail pharmacies 77.9% were male chief retail pharmacists and remaining 22.1% were female chief pharmacist shown in Table and Figure 1.

Experience of Chief Retail Pharmacists

The Table 2 shows that the experience of chief retail pharmacists in terms of quantity and percentile form.

Table 3 shows Educational qualification of chief pharmacists, Educational qualification of staff, Source of Medicine, Facilities and Mode of Inventory & dispensing.

In our survey it was seen that, the pharmacists having experience in 1-5 years was 28.3% which was highest and having experience in 30 & more years was 11.9% which was lowest.

In our study, Figure 3 was revealed that not a single pharmacist having M.pharm and Pharm.D. qualifications, remaining 95.5 % were D.Pharm and 4.4 % were B.pharm.

The Figure 4 showed that, The educational qualification of supporting staff that not a single person having D.Pharm qualification, 43.2% were science graduate, 7.4% were Arts graduate, 22.3% were H.S.C., 5.9% were S.S.C., and remaining 20.8% were not qualified.

The Figure 5 showed that, all retail pharmacists can procure the medicines from wholesaler only.

The Figure 6 showed that, the facilities provided by retail pharmacist for their own shops were that, all of them have refrigerator, 28.3% were having computers, and 2.9% were having air- conditioner but not a single pharmacist having a library.

In our study (Figure 7) the mode of inventory and dispensing provided by pharmacist showed that 42.8% were having computers, 37.2% were having Central stock book and 20% were having both computers and central stock book.

Age of Chief Pharmacist

The Table 4 shows the age of retail pharmacists in percentile form.

Figure 8 showed that age of chief pharmacist the most of the pharmacist having age between 18-35 was highest i.e. 62.6%, age between 35-60yrs was 25.30% and age 60yrs and above was 11.90%

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.) 97 % pharmacies were passed the requirement of total required area and 2.9 % pharmacies need to improve. Shown in Table and Figure 9.

In this survey the fact that observed was; not a single retail pharmacist participated in research projects, and also not provides clinical pharmacy services, but some of them are willing to participate (23 %) in future time period under the supervision and proper guidance. shown in Figure 10 & 12.

In our study only 14.9% pharmacist have power to change the prescriptions and remaining 85.10% have not power to change prescription. Shown in Figure 11.

Pharmacist's opinion about improvement in this profession

In this survey, The Table 6 and Figure 13 showed that, only 19.04% of pharmacists were interested to for improvement of profession and remaining 80.59 were not interested to improvement of this profession.

Table 1: Gender distribution

Sex	Total Number	Percentage
Male	46	77.9
Female	13	22.1

Table 2: Experience of Chief Retail Pharmacists

Sr.No.	Experience in Years	Quantity	Percentage (%)
1	1-5	21	35.6
2	5-10	17	28.8
3	10-20	11	18.6
4	20-30	08	13.5
5	30 onwards	02	3.38

Table 3: Percentage analysis of the study

Sr.No.	Category	Sub-Category	Percentage (%)
1	Educational qualification of chief pharmacists	M.Pharm	00
		Pharm.D.	00
		B.Pharm	4.4
		D.Pharm	95.5
2	Educational qualification of staff	D.Pharm	00
		Science graduate	43.2
		Arts graduate	7.4
		H.S.C.	22.3
		S.S.C.	5.9
		Non-qualified	20.8
3	Source of Medicine	Wholesaler	100
		manufacturer	00
4	Facilities	Refrigerator	100
		Computer	28.3
		Air- conditioner	2.9
		Library	00
5	Mode of Inventory & dispensing	Computerized	42.8
		Central stock book	37.2
		Both	20

Table 4: Age of Chief Pharmacist

Sr.No.	Age	Percentage (%)
1	18-25	26.8
2	25-35	35.8
3	35-60	25.3
4	60 & above	11.9

Table 5: Percentage analysis of the study

Sr.No.	Category	Sub-Category	Percentage (%)
1	Total area	Passes	97
		failed	2.9
2	Clinical Services	Yes	00
		No	100
3	Power to change prescription	Yes	14.9
		No	85.1
4	Willing to participation in various projects with student pharmacists	Yes	23
		No	77

Table 6: Pharmacist's opinion about improvement in this profession

Sr.No.	No. of Pharmacists	Percentage (%)
1	13	19.04
2	54	80.59

DISCUSSION

The present result analysis has revealed that out of 59 retail pharmacist 77.9% were male and remaining 22.1% were female. The pharmacists having experience in 1-5 years was 35.6% which was highest and having experience in 30 & more years was 03.3% which was lowest. In similar study¹⁴ the pharmacist having experience in 1-5 years & 5-10 years was 64.4% which

was highest. 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 95.5 % were D.pharm and 4.4 % were B.pharm in another study¹⁴ 90.32% were D.Pharm & 9.67% were B.pharm. In both these two studies not a single pharmacist was having M.pharm.

and Pharm.D. qualification, this shows that In India the concept of community pharmacy is not well established and person having M.pharma qualification were not interested become as community pharmacist because lack facilities provided by government otherwise they entered in Pharmaceutical industry, academics etc. The pharmacists were entered in this profession only to earn the money.

The educational qualification of supporting staff showed that not a single person having D.Pharm qualification, 43.2% were science graduate, 7.4% were Arts graduate, 22.3% were H.S.C., 5.9% were S.S.C., and remaining 20.8% were not qualified. In similar study¹⁴ showed the almost same results that not single supporting staffs was having D.Pharm qualification. This means that supporting staff not having actual knowledge about the different brands of drugs, sometimes they were unable to read the prescription properly if pharmacist was not available in pharmacy store and also supporting staff were totally unaware about the concept of community pharmacy, ADR detection, Drug information quires etc. All retail pharmacists can procure the medicines from wholesaler only. The same result was found in another study¹⁴.

The facilities provided by retail pharmacist for their own shops were that, All of them have refrigerator, 28.3% were having computers, and 2.9% were having air- conditioner but not a single pharmacist having a library. In similar study¹⁴ showed almost the same results. This shows that retail pharmacist were not interested to update their knowledge.

In our study the mode of inventory and dispensing provided by pharmacist showed that 42.8% were having computers, 37.2% were having Central stock book and 20% were having both computers and central stock book. In similar study¹⁴ showed that 35.8% were having computers, 64.51% were having central stock book and 29.03 were having both.

This showed that in our study the use of computers for maintenance of inventory & dispensing was less comparatively to another similar study¹⁴ that means that the pharmacist in our study were not aware about the benefits of use of computers for same purpose.

In our study age of chief pharmacist showed that the most of the pharmacist having age between 18-35 was highest i.e.62.6% and in another study¹⁴ pharmacist having age between 25-60 was highest i.e.84.22%. This showed that in our study the percentage of older pharmacist was less and profession of retail pharmacy is now emerging in this region.

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.) 97.1 % pharmacies were passed the requirement of total required area and 2.9 % pharmacies need to improve this was almost similar to another study¹⁴.

In this survey the fact that observed was; not a single retail pharmacist participated in research projects, and also not provides clinical pharmacy services, but some of them are willing to participate (23 %) in future time period under the supervision and proper guidance. This was almost similar to another study¹⁴.

In our study only 14.9% pharmacist have power to change the prescriptions. And in other similar study¹⁴ only 16.12% pharmacist have power to change the prescriptions. This showed

that in our country the medical/health profession is only doctor oriented and pharmacist work as only a Para-medical staff.

In our study, Majority of retail pharmacists were satisfied with this job. In this survey, only 19.04% of pharmacists were interested to for improvement of profession i.e. increase the space of retail pharmacy, provide seating arrangement for patients, suitable space for posters, leaflets regarding information about infectious diseases, chronic diseases etc, space for notice boards to provide information about newly marketed drugs, banned drugs etc, provide small space for drug information centre and patients counselling etc. And remaining 80.59% were not interested in improvement of this profession.

The present survey has its limitations as this survey was conducted using a small number of pharmacists. The results of this survey are the views of only a few pharmacists and Cannot be generalized

CONCLUSION

It is concluded that most of the pharmacists fulfil their current professional status, but they also advice to improve the knowledge and skills of patients by giving proper counselling in various diseases. The government should provide appropriate facilities to the pharmacist to enter in this profession. The statutory body of pharmacy in India should make some norms regarding the educational qualification of supporting staff in retail pharmacy. The statutory body of pharmacy in India should make mandatory to provide library facility to pharmacist themselves and patients too. The statutory body of pharmacy in India should make mandatory that the pharmacist should provide clinical pharmacy services to patients and pharmacist should participate in some research projects, surveys of different community based programmes. The statutory body of pharmacy in India should make efforts to improve the status of pharmacist that he is also an active member of health care professionals like doctors and nurses.

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