



A STRATEGIC REVIEW ON PHARMACY EDUCATION IN INDIA WITH FUTURE CONCERNS

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ABSTRACT

Introduction: In today's scene of specialization and globalization, the Pharmacy education with respect to India is suffering from several backdrops and flaws. There is an urgent need is to initiate vigorous academic exercise aiming at revamping of curriculum, in accordance with current and emerging trends in the field of Pharmacy. Unfortunately all these years, emphasis has not been laid on strengthening the components of Community Pharmacy, Hospital and Clinical pharmacy, while designing curriculum at diploma and degree levels of teaching. The curriculum of almost all universities in India is not as exhaustive in comparison with the world standards. Students are still getting old compounding practical exposure in labs during their graduation program. **Emphasis on TQM:** This paper emphasizes on the concept of innovation in curriculum and Total Quality Management (TQM). Application to the educational system can improve the present situation. The counseling system will serve as the gateway for the students to enter into this noble profession. Introducing specializations at the graduation level may result in professional expertise which will lead to student's excellence. **Perspective View:** Students should be capable of self evaluating for improvement of his / her quality and professionalism. Also emphasis should be on student focused smart learning. Establishment of counseling centre needs to be set up for addressing student curiosities. Pharmacy education in India thus needs up gradation.

KEYWORDS: Pharmacy education, Pharmacy council of India, Education Regulations, Total Quality Management, Curriculum development.

INTRODUCTION

It was in the year 1932, at the Banaras Hindu University (BHU) when the foundation stone of Pharmacy education in India was laid by Professor M. L. Schroff. After a couple of years in 1948, The Pharmacy Act was passed which was an initiative and effective milestone establishing the statutory regulation for the pharmacy institutions in India. It was in the year 1949, when under the Ministry of Health; the Pharmacy Council of India (PCI, hereafter) was established. In 1953, the first Education Regulations were framed these regulations were amended from time to time and as required. The PCI with the help of the Pharmacy Act notified the minimum qualification for any person in order to become a registered pharmacist.

There is very little done for updating curriculum development in the field. The evolution of pharmacy education has been quite confusing and hence there was a haphazard development. The evolution of pharmacy education can be correlated with the evolution of pharmaceutical industries. The medical education in

India grew with less focus on strategic R&D, thus medical graduates were more with clinical sense that was acquired through experience and there was a little analytical bent of mind. There should be an integration of the medical sciences, pharmaceutical sciences, nursing, engineering sciences and basic sciences. This will result in the overall development of medical education with focus on the other sciences including pharmaceutical sciences.^[2]

It may also one of the reasons of pharmacy education not to be a part of healthcare system. In present times the institutes are heading towards research excellence and capability building for meeting up the requirements. This forces us to evaluate status of pharmacy education in India. There has been a rapid transition in the profession of pharmacy throughout the world.^[2] In the present era of globalization,

❖ There needs to have a sense of competition with the rest of the world, thus becoming a lamp post for others.

- ❖ There needs to be very defined the goals of pharmacy education for the present and future as well.
- ❖ There needs to be curriculum development in order to meet the global challenges.

In the past decade, the spread of technical education in India has been on tremendous rate.^[2] There has been a sharp fall in interest and overall admissions to undergraduate programme in pharmacy in recent years. This can be attributed to the changing trends in pharmaceutical industry as there is gradual transformation from being production oriented to primarily research and marketing oriented. Role of knowledge in giving in increasing employability of the students has become the need. Pharmacy is related to health sciences.

The profession is responsible for the preparation, dispensing along with the appropriate use of medication which provides the services in order to achieve optimal therapeutic outcomes.^[2] Pharmacists are concerned with the production of pharmaceutical products along with the development of the methods or processes of production and quality control. Research concerns themselves with synthesis of new drugs, new processes, effective ethical and clinical testing of such drugs on animals and humans after obtaining the required License from the drug control authorities. A pharmacist is required to explain the mode and precautions regarding the use of medicines dispensed in a hospital pharmacy prepare special formulations normally not available in the market, assist the physician in rendering necessary information about various drugs, their contra-indications, incompatibility etc.^[3]

Emphasis on TQM

Applying principles of TQM to pharmacy education in India will lead to the development of pharmacy education in India. The concept of TQM is applicable to academics. Many academicians believe that the concept of TQM will provide the guiding principles for much awaited and needed Educational Reform. In current dynamic era, education is the fast moving commodity in the market. It is mainly business oriented in present era profit giving to the undertaker. TQM is a philosophy for perfection and continuous improvement in services offered to someone or one's own performance. According to this principle, an organization focuses firstly and foremostly, on the suppliers and customers. The teamwork and collaboration is essential.^[4] It suggests that the enhancement of performance and production is by pooling the talent and experience of individuals. As a part of continuous improvement process the TQM emphasizes on the self-evaluation, in addition, to the focus on students' strengths, individual learning styles, and different types of intelligences. It should be seen as an ongoing process in relation to the organization as a system and the work done within the organization. The top hierarchy provides and proposes

the basic way of functioning. It is also responsible for providing for the quality staff. The subordinate hierarchy are directly linked to the students in the form of lecturers, the most important functional part of the whole system.^[4]

Perspective View

There is an enormous gap existing between education and practice of pharmacy and that the academic institutions are away from practical environment. The overall basis of pharmacy education is extra biological synthesis, physicochemical studies, analysis and manufacturing aspects of drug. The syllabus has somewhat become irrelevant with respect to the present industry context and is completely outdated with respect to current scenario, it needs to be revised.^[5] It is a mixture of clinical and industrial subjects which is heterogeneous in nature. The development pharmacy education should be in congruence so as to satisfy the requirement of industry and hospital.^[5] It is very clear from that separation of clinical and industrial subjects in the pharmacy will ultimately lead to the improvement of syllabus. This needs to be done on stringent basis.^[8] There is the need to focus on the review of pharmacy education in India to make it relevant with respect the contemporary scenario.^[9] There is a complete lack of any training or incentive to professionalize, thus as a result the enthusiastic pharmacists gradually gets converted to mere traders. The uninspiring implementation of statutory provisions has led to a cancerous proliferation of retail drug shops and the situation now threatens the profession itself.^[10]

CONCLUSION

- ❖ There should be the provisions for proper implementation and periodical revision of the wages for pharmacists.
- ❖ Even though medicines are now dispensed in the manufacturer's original pack wherever possible, additional labeling should include generic name and strength, dose and frequency, date of dispensing, name of patient, name and address of dispenser and pharmacy and date after which the product in not to be used. The oral or written instructions should be provided by the pharmacist in order to improve patient compliance.
- ❖ Even if standards for good pharmacy practice (GPP) are set up in India, it will take some time for actual implementation until then, hospital and community pharmacists need to take their own steps for their improvement and protect the health of patients and the public.

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