Clinical Pharmacist in Indian Health Care System

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Introduction

Indian health care system comprises state-owned health care facilities controlled and funded by union government and some are by the agencies of the governmental ministry of Health and Family Welfare such as All India Institute of medical Sciences. Government is spending more money on health care in India; hence most of the treatments in these institutions are either fully or partially subsidized. Health care system is an embodiment of different specialty and specialist works in coordination to bring out the healthy society of a country. Pharmacists serve as a member of a multidisciplinary team rather than an autonomous person play pivotal role in the public health care. Unfortunately, Indian health care system is not utilizing the service of Pharmacist as it is really required. The reasons for this are, domination of medical specialty due to over respect it is gaining in health care. Unfortunately, Indian health care system is not utilizing treatments in these institutions are either fully or partially subsidized. Spending more money on health care in India; hence most of the Indian government determined to strengthen the pharmacy practice system through start of Pharm. D program in Indian pharmacy education.

History of Clinical Pharmacy Education in India

Soon after India achieved independence, the Pharmacy Council of India drafted the nation’s first standards for pharmacy practice in 1948 followed by this in 1953; the diploma of pharmacy became the minimum qualification for pharmacy practice in community, industry, and hospital settings. During the next 40 years, pharmacy education was geared to the pharmaceutical industry, which led India to become self-sufficient in pharmaceutical production. Later on new subjects and courses were added to the pharmacy curriculum, such as pathophysiology, applied therapeutics, clinical pharmacokinetics, drug information, and patient counseling. In addition, the academic leaders of the profession started a master of pharmacy program with the assistance of Australian institutions. This program is designed to prepare the pharmacist for an expanded role as a provider of direct patient care. During their clinical rotations, students are required to attend medical rounds, which help them to get direct exposure by observing the effects of drug therapy in individual patients [1].

Doctor of Pharmacy Course

In addition to post graduate program, especially south Indian premier education institutes started Pharma. D program exclusively based on clinical practice. This program is designed in such a way that the students can directly participate in patient care activities which helps them to understand medical diagnosis, the role of drug therapy in relation to other treatments, and the mechanics of drug therapy monitoring. After five years of the curriculum students are undergoing clerkship training for one year. This training for the students in a hospital builds skills in communicating with patients, physicians, and other health care providers. Students are required to write up patient cases and present them to other students and pharmacy and medical faculty. In addition, they provide drug information services and adverse-drug-reaction reporting and monitoring [2].

Future Scope of Clinical Practice in India Hospital pharmacy

Practicing clinical Pharmacists exposed to medication histories, patients counseling, review treatment regimens, monitor drug therapy, supply drug information, report adverse drug reactions, and provide poison control services. Advances of variety in clinical pharmacy in India were initiated in teaching hospitals similar as in many other countries. Due to minimum qualification for community pharmacists, clinical pharmacy practice is not well established in the country. Students are now beginning to recognize the exciting opportunities available in patient counseling and disease management in the community setting in India. Students are now beginning to recognize the exciting opportunities available in patient counseling and disease management in the community setting and are more likely to set higher educational goals for themselves. Accordingly students are getting opportunity to get higher education in this field. As per as pharmaceutical industry is concerned, clinical trial coordination, medical information and education, and medical writing are all areas for which pharmacists are suited. As per academia is concerned training well-qualified clinical pharmacists requires well-qualified faculty. However, Indian-trained faculty members are needed who understand the population and are interested in conducting research within India [3].

Conclusion

Clinical pharmacy education programs have taken root in India. Much dedication is needed to improve and expand this system in order to bring the benefits of clinical pharmacy practice to the great swath of Indian society. Further, for the survival and growth of clinical pharmacy system in India, it must gain acceptance by the medical profession, and the outcome of this challenge depends on the quality and expertise of present pharmacy students and recent Pharm D graduates.

References

1. Nagavi BG (2004) Clinical pharmacy in India. In: A textbook of clinical pharmacy practice-Essential Concepts and Skills, Parthasarathith G, Nyfort-Hansen K, Nahata MC (Ed.) (1st ed), Orient Longmen, Chennai, India. 1-8.
2. Parthasarathiti G, Ramesh M, Nyfort- Hansen K, et al. (2002) Clinical pharmacy in a south Indian teaching hospital. Ann Pharmacother 36:927-932.
3. Lincy SL, Padma GR (2005) Clinical pharmacy education in India. Am J Health-Syst Pharm 26:1510-1511.