



The Indian Pharmaceutical Association (IPA)

Platinum Jubilee Year

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MISSION

The Indian Pharmaceutical Association (IPA) is the national professional body of pharmacists engaged in various facets of the profession of pharmacy. The IPA is committed to promote the highest professional and ethical standards of pharmacy, focus the image of pharmacists as competent healthcare professionals, sensitize the community, government and others on vital professional issues and support pharmaceutical education and sciences in all aspects

2014-2016

IPA/110/242

February 25, 2015

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To,
The Secretary
Government of India
Ministry of Health and Family Welfare
Department of Health (AHS section)
Nirman Bhawan, New Delhi 110 011

Sub: Comments and Suggestions by the Indian Pharmaceutical Association (IPA) on the Draft National Health Policy (NHP) 2015

Dear Sir,

Greetings from Indian Pharmaceutical Association!

Kindly accept our compliments for bringing out a comprehensive National Health Policy 2015 and giving all stake holders an opportunity to provide their comments and suggestions.

Let me take this opportunity to introduce our organization, the Indian Pharmaceutical Association (IPA) which is a premier professional organization registered as a Charitable trust, with an objective to promote the science and art of pharmacy in all aspects and impart suitable education and training to professionals working in the pharmacy profession. IPA is celebrating its platinum jubilee this year.

As a member of the Drug Technical Advisory Board (DTAB), IPA is actively involved in advising the government on matters of Drug Regulation and Drug Industry. IPA is actively involved in public health activities in Central Government's Revised National tuberculosis Control Programme (RNTCP). IPA is also engaged in healthcare activities in collaboration with international organizations like WHO, PMNCH & FIP.

We are pleased to enclose herewith the comments and suggestions on the draft National Health Policy (NHP) 2015 for your kind review and consideration.

Best regards,

Kaushik Desai
Hon. Gen. Secretary, IPA



Comments and Suggestions by the Indian Pharmaceutical Association (IPA) on the Draft National Health Policy (NHP) 2015

1. Preliminary comments on the Draft NHP related to the Pharmacist:

We are gratified in the first place that the NHP 2015 made a mention of the Pharmacist in it (unlike the previous NHP in which there was no mention of the word pharmacy or pharmacist).

However, we feel that the role of the pharmacist is neither well understood nor adequately defined, as a result of which the true potential was left untapped. Clarity about utilization of pharmacist's services is lacking, especially in the domain of patient care. It is necessary that a clearer role for the pharmacist should be specified in the NHP.

2. Brief points about pharmacy and pharmacist

- The nation has not fully tapped the potential of Pharmacists – especially in the community (retail) as well as in the hospital sector (private and public).
- Pharmacists represent the 3rd largest healthcare professional group in the world
- There are more than 1 million Pharmacists in the country
- Pharmacists work in a wide variety of health care settings :
 - ❖ Pharmaceutical industry (R & D, Manufacturing, QC, Quality Assurance, Medical detailing and Regulatory)
 - ❖ Practice settings (hospitals and community [retail] pharmacies)
 - ❖ Academics
 - ❖ Clinical research
 - ❖ Regulatory affairs
- There are 6 lakh plus retail pharmacies in the country, with a huge footfall. Often pharmacies are the 1st port of call for patients for their varying illnesses.
- These pharmacies can be centres for provision of information and knowledge to the public on various health issues.
- Mention should be made of this vast health resource in the NHP, and how the Govt. can work in tandem with them to provide better health care to the people.
- Pharmacists are the experts in drugs. It is important to have pharmacists at the table whenever drugs/medicines are discussed, by policy makers and planners. Today, unfortunately that largely does not happen in our country.
- Pharmacists can do a lot more to contribute to the health of the nation.
- It is pertinent to highlight the importance of the pharmacist role in patient care. With the introduction of the M. Pharm (Pharmacy Practice) program and the 6-year clinical oriented Pharm. D. (Doctor of Pharmacy) program, the new generation pharmacists are trained primarily to provide pharmaceutical care services to patients



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and optimize the therapeutic benefits to them. The key competencies of these clinical pharmacists include:

- Drug therapy review to minimize drug related problems and optimize drug therapy and improve medication adherence behaviour in patients through medication and disease counselling.
 - Assist clinicians in writing evidence-based prescriptions through unbiased drug information
 - Monitor patients for adverse drug events or reactions and report the same to the institutional pharmacovigilance cell or national pharmacovigilance program
 - Assist institutional clinical research as a co-ordinator and also in inventory control
 - Effective management of medicines procurement and distribution at hospital
 - In addition to all the above, clinical pharmacists overseas play a vital role in drug utilization evaluation and pharmacoconomics and assisting in preparation of health care budgets.
- Thus, these pharmacists are the right candidates to be incorporated in the health care team to support both clinicians and patients and also the Pharmacovigilance system in India. They can be recruited currently in all teaching hospitals and slowly their services can be extended to District and Taluk level hospitals.

3. Pharmacists can play the following roles in the nation's health: Attached as Annexure I

4. Specific inputs/comments/suggestions at various sub-headings of the draft NHP 2015

2.15: Human Resource Development:

Our suggestion :

The words "technical education" should be deleted. Besides doctors of all recognized streams - Allopathy/Modern medicine, Ayurveda, Siddha, Unani, Homeopathy, yoga, naturopathy) and nurses, other health courses like pharmacy, dentistry should also be included. In addition, various para-medical courses should also be listed.

The number of colleges along with the number of professionals passing out each year should get a mention. We present below, the figures for the pharmacy profession:

Course	Duration of course	No. of colleges	Seats available each year
D. Pharm	2 years + 3 months training	717	39785
B. Pharm	4 years	968	52800
Pharm. D.	6 years (including 1 year internship in a hospital)	191	7430



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This huge human resource pool in the Pharmacy sector can be utilized in the healthcare system of India. However, quality of education is a great concern, which requires to be addressed fast and judiciously.

It is mentioned in the NHP that there is a huge problem regarding availability of Doctors & Nurses in rural area, but this is not true in case of Pharmacists. Pharmacists are the backbone of many of the rural health care centers, running the healthcare system in the absence of Doctors. There is a need to provide them with additional training besides recognizing their services.

2.16: Research and Challenges:

Our suggestion:

Pharmacists are conducting research in Pharmacy Institutions and other laboratories, as well as in the pharma industry. This needs to be acknowledged and necessary measures to be framed to include in the mainstream of research in health by providing funds for conducting health care research including drug discovery.

2.17. Regulatory Role of Government:

Our suggestion:

It has been mentioned in the draft NHP that regulation is being provided by CDSCO, which is partially true. However, most of the regulation is being done by the state Drugs Control Organizations independently, as the scope of regulation provided in the Drug & Cosmetics Act by CDSCO is less than that of State Drugs Control Organization. The infrastructure of CDSCO is quite inadequate in comparison to the State Drug Control Organizations.

Therefore, the role of State Drugs Control Organizations should be mentioned and support should be extended to augment their infrastructure.

It is significant to note that majority of the technical persons in the drugs control departments are Pharmacists by profession. It is important to constantly provide them training so that the Mission and Vision of the CDSCO are furthered.

Many sections of the Drugs & Cosmetics Act and Rules do not have full relevance with the changing times, hence the Act and the Rules should be thoroughly amended to meet the needs of the people's health.

2.18. Investment in Health Care:

Our suggestion:

It has been mentioned in this document that presently a major section of the population has no access to essential medicines and about 36 million people are below the poverty line due to out of pocket expenditure (OPE).

- a. A reasonable solution is to invest and spend sufficient funds in health by Govt. and it is suggested that 6 % of GDP be allocated for health care.
- b. There is a lot of wastage of resources because of irrational drugs and FDCs in our country and, inappropriate prescriptions, both at private and public sector level. The misuse of antibiotics is also very rampant and has created a lot of resistant microorganisms, which often do not succumb to even newer antibiotics. Besides, there is inappropriate self-medication, sale of prescription medicines without a prescription, medication errors.



Thus, there is an urgent need that:

1. The country should have a Rational Medicines Policy, and a National Antibiotic Policy
2. Govt. should expedite the process to ban irrational drugs and FDCs in our country.
3. Doctors (Veterinarians, Dentists, Allopaths), nurses, pharmacists be trained on Rational Use of Medicines on regular basis. This should also be an important part of the undergrad and PG curriculum.
4. Prescription audits should be carried out to keep a check on irrational prescribing.
5. Govt. should have in place and strictly implement the Drugs & Cosmetics Act, so that prescription medicines are dispensed only under the supervision of a Pharmacist, and only against a prescription of a qualified doctor.
6. Govt. should set up a National Medication Error Reporting Centre for voluntary reporting of medication errors from across the country.

3.3.4. Enable universal access to free essential drugs, diagnostics, emergency ambulance services, and emergency medical and surgical care services in public health facilities, so as to enhance the financial protection role of public facilities for all sections of the population.

Our Comment:

The above statement assumes greater importance if the source funding for such an initiative is mentioned in the policy document itself, rather than allow the statement fade into oblivion due to non allocation of funding in the union budget!!

4.1.3 NHP draft says "Since about 50% of health expenditure goes into generating human resources for health, an equitable growth of health and education sectors would also lead to increased employment in many areas and communities, which do not otherwise benefit from the economic growth rate, particularly where jobless growth is a phenomenon"

Our suggestion:

Pharmacists are an underutilized health resource. By providing some additional training, Pharmacists in the country can be utilized to provide various basic primary care functions.

4.2.10.

Our suggestion :

By incorporating health education and **responsible use of medicines** as part of the curriculum

4.2.17. The policy also recommends the setting up of seven "Task Forces" for formulation of a detailed "Preventive and Promotive Care Strategy" in each of the seven priority areas for preventive and promotive action outlined above, and to set the indicators and the targets and mechanisms for achievement in each of these areas.

Our suggestion :

One task force that is certainly required to be set up for suggesting the mechanism for utilizing the huge resource of Pharmacists in the Health care system effectively, especially in preventive care.



4.3.1.7 Most elements of primary care would be designed such that a nurse or paramedic with suitable training should be able to provide the necessary care. For all chronic illnesses, a doctor or specialist may have to initiate the treatment and supervise it, but most elements of the continuity of care required for chronic illnesses can only be provided locally by a primary care team, thus preventing overcrowding at the higher levels, and underutilization at the primary level, thereby saving the families enormous costs and suffering. The use of ICT tools including tele-medicine would support the primary care teams.

Our suggestion :

In many public health centres, Pharmacists are already taking up the responsibility of providing primary care and presently running PHCs in absence of doctors in the rural areas. This should be recognized in this policy, and pharmacists should be given some suitable additional training and exposure to handle primary care in the absence of doctors.

4.3.1.8 A system of incentives would ideally support achievements, documentation and verification of many of these population-based primary care processes. Completion of registration would earn a team incentive. Completion of the delivery of the core preventive and promotive sub-packages for the population including screening for specific diseases, full treatment compliance and timely referrals for complications, shall also earn team incentives.

Our suggestion :

Pharmacists are the best health care professionals next to Doctors, for screening of TB, its treatment and referrals. As a result, Central TB division of the Govt. of India is utilizing Pharmacists in TB care & control. This module should be extended in all National Health Programmes.

4.3.3.1 Re-orienting Public Hospitals: An important change in policy mind-set is to move away from imagining public hospitals as social enterprises that ideally must recover the costs of their functioning, to re-imagining them as a part of a tax-financed single payer health care system in which, what public hospitals deliver is not free care, but rather pre-paid care (like in commercial insurance) and which is cost efficient in addressing health care needs of the population.

Our comment :

This concept is a complete departure from the concept of welfare state.

4.3.4.5:

Our suggestion :

Replace the term "Blood" with "Blood & Blood Components"

4.3.5.4. The NHP says "Addressing the major prevalence of non-communicable diseases such as hypertension and diabetes through planned early detection, and better secondary prevention would be an integral part of urban health strategy. Improved health seeking behavior influenced through capacity building of the community based organizations & establishment of an appropriate referral mechanism would also be important components of this strategy".



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Our suggestion:

There are 6 lakh plus retail pharmacies across the country. Pharmacists working in these should be empowered and utilized for addressing this problem. Pharmacists can play a very important role in early detection by checking blood pressure and blood sugar levels in the pharmacies, and also provide information, counseling on prevention, as well as advise on medications, and lifestyle modifications to keep these diseases in control and thus help in secondary prevention.

4.3.6.6 Supportive Supervision:

Our suggestion:

Trained Pharmacists could be utilized for this service as they are readily available at even remote areas.

4.3.6.7 Population Stabilization

Our suggestion :

The 6 lakh plus pharmacies can also be utilized in awareness generation and motivation.

4.3.7.3 Control of Tuberculosis:

Our suggestion:

Pharmacists have already demonstrated their effective role in the care and control of TB. Presently involvement of retail pharmacists have been started by the Central TB Division, Govt. of India through a MOU and a training Module was developed jointly with the Indian Pharmaceutical Association. The project is highly successful, which needs to be integrated in this National Programme to the fullest extent, all across the country.

4.3.7.4 Control of HIV/AIDS:

Our suggestion :

As an expert of Drug Management, Pharmacists must be engaged in Procurement, Storage, Inventory Control, Dispensing & Counselling of ART drugs, and counseling patients for ensuring compliance of treatment and minimization of adverse effects.

4.3.7.7. Non-Communicable Diseases:

Our suggestion:

Pharmacies and pharmacists should also be roped in for playing this role, both at the public health centres as well as retail pharmacies. Pharmacists can assist in blood pressure and blood glucose checking, giving counselling on lifestyle modifications and medications prescribed by the doctor, thus reduce burden on doctors as well as help improve quality of life.

4.3.11.1 Tertiary care services:

Our suggestion:

To go hand in hand with the tertiary services, there is a need to provide clinical pharmacy services to reduce medication errors and adverse drug reactions, and for better medication management, and improve quality of life of patients. Pharm. D. graduates with 6 years clinical degree will be utilized for such posts.



5. Human Resources for Health:

Our suggestion:

Pharmacists: Globally, it is a well-established fact that the three important Health care professionals are Doctors, Pharmacists and Nurses. Though several measures have been suggested for developing number & quality of doctors and Nurses, no such action has been suggested for human resource development of Pharmacists.

There are more than one million Pharmacists in the country. Their services can be utilized at different levels in the public health sector (details in Annexure I). Pharmacists are more easily available than doctors. They can provide primary care wherever necessary, and also can look after administrative functions which presently doctors have been burdened with, thus freeing doctors to concentrate on clinical duties.

Govt. should propose to start pharmacy institutions in states and regions where there are deficits. Besides, Govt. should consider strengthening existing pharmacy colleges, converting premier Govt. pharmacy colleges in different states into state-of-the-art institutions, and starting new state-of-the-art institutions, which could lead pharmacy education by example. Adequate provisions in the budget should be made for this.

Well thought out measures need to be prescribed for developing existing Pharmacy institutions, which are large in number, but many lack in infrastructure and quality. There is need for strict enforcement of regulations, and need for introduction of compulsory accreditation measures.

During the last one decade, 9 National Institution of Pharmaceutical Education and Research (NIPER) have been started with an expectation that they will provide quality education, but unfortunately those institutions are suffering from shoddy, unfit infrastructure and manpower to train pharmacists.

The minimum qualification to practice pharmacy is only a 2 year Diploma in Pharmacy. It is important to make the minimum qualification to at least 4 years, in a step-wise, time-bound manner, to increase the competence and quality of health care for the public.

Also, presently, pharmacists working in the public sector need to be provided with continuous training/upgradation. Govt. should set up training centres in 5 different zones of the country for training all health care providers working in the public sector. In addition, Govt. should make it mandatory that pharmacists (both private and public sector) should undergo continuing education for renewal of their registration to practice.

In the retail pharmacy set-up, it is mandatory that medications be dispensed under the supervision of the pharmacist. While the pharmacist supervises, most of the handling of medicines is done by unqualified persons, for whom no qualification is specified in the law. It is important therefore to provide time-to-time training to this important component of human resource (pharmacy assistants), so that they are aware of certain important basics while handling medications.



Today the Pharmacy education is more than 80 years old. The first Pharmacy course was set up in BHU by Late Pandit Madan Mohan Malviyaji in 1932. Since then much more advancement has been made in Pharmaceutical Technology & Education. Today we are self sufficient in manufacture of bulk drugs and pharmaceuticals due to our indigenous technology contributed by our pharmacy qualified professional. The qualified Pharmacists (B. Pharm, M. Pharm, & Ph. D. degree holder) are engaged in Drugs Control Dept, Govt. Drug Testing Laboratory, R&D, Manufacturing, Quality Assurance in drug Industry and Hospital and Community Pharmacy. Today more than 50,000 of Pharmacy graduates along with M. Pharm. and Ph. D. degree holders are coming out each year from pharmacy institutes to serve the nation.

Medicines are not simple commodities like grain and grocery items which are to be bought and used/sold. Medicines are highly potent and special items, which require special skill to handle since their proper use saves life, and cures patients, but on wrong use, wrong storage condition, wrong handling, wrong dilution, wrong dose, wrong administration and wrong dispensing may take life of a patient. The handling of medicines should not be limited to only dispensing to patients from a window corner of a hospital. 'Quality Assurance of drugs in Hospital' ensures handling and all related aspects of drugs in a hospital with Zero defects. On going through the Hospital pharmacy set up one will draw accord on it. Today due to advancement of pharmaceutical education and technology, the Hospital Pharmacy is defined as the department of a hospital covering distribution (dispensing-indoor & outdoor), procurement and inventory control of drugs, medical devices and surgical items, manufacture of drugs, quality control of drugs, pharmacy services, drug information centre, pharmacovigilance, central sterilization, nuclear pharmacy, clinical pharmacy etc. under the supervision of a legally qualified & competent pharmacist. Now guidelines of GPP (Good Pharmacy Practices) have also been incorporated for effective carrying out of these activities in the hospital.

5.7

Our suggestion :

Pharmacists here are stated as paramedics. In fact they are not. They are health care professionals. Rather than starting a B.Sc. Community Health course, it would be better if the already existing trained manpower of pharmacists having undergone a similar curriculum are provided some additional training, and asked to man the rural health centres in remote areas.

7. Regulatory Framework :

Our suggestion :

Drug Regulatory mechanisms both at the Centre and the States/UTs require to be strengthened in terms of Infrastructure and manpower to ensure quality medicines to the people.



7.6: Clinical Trials :

Our suggestion :

Presently clinical trials are monitored only by the CDSCO, and not the State Drugs Control departments. The infrastructure and manpower is quite inadequate for monitoring Clinical trial sites located at each nook and corner of the States/UTs.

It is necessary to insert a sentence stating that both the Central and State/UTs Drugs Control Departments should implement and monitor the regulations on Clinical Trial.

8.1 to 8.7 Medical Technology for Manufacture of Drug and research

Our suggestion :

Pharmacists having Ph.D., M. Pharm. and B. Pharm qualifications are the experts in manufacturing, drug research, QC and quality assurance of pharmaceuticals. There is a need for further strengthening pharmacy education to create better-trained pharmacy experts from the colleges.

8.3

Our suggestion:

Pharmacists are the experts in drugs. The Central Procurement Agency should effectively use the role of the pharmacist for better performances in medicine procurement, storage and distribution.

8.8 - Manufacture of drugs in PSUs

Our suggestion :

There is a need to revive IDPL, HAL, etc. and convert them into state-of-the-art manufacturing units with international standards

8.9 Antimicrobial resistance

Our suggestion :

There is an urgent need for strict implementation of laws preventing sale of antibiotics without a prescription, implementation of a rational antibiotic use policy, prescription audits, ensuring rational prescribing of antibiotics, awareness generation amongst the public about responsible use of antibiotics, ill effects of misuse, etc.

9.1 ICT for Health & Information Network :

Our suggestion:

The 6 lakh plus pharmacies can be effectively used for information dissemination.

10.3 Knowledge for Health – Health Research :

Our suggestion :

Role of well established Pharmacy Institutes like NIPER, BHU, BCP etc. where Ph.D. in Pharmacy and drug research are conducted, should be recognised selected and funded. Oldest national association of Pharmacy having DTAB representation, the Indian Pharmaceutical Association (IPA), may be selected for promoting such a cause.

11.2 The Institutional Framework

Our suggestion :

There is a need to create a separate Directorate of Pharmacy at the Centre and in each State.



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Additional suggestion :

Sub-chapter on Pharmaceuticals: We suggest that the Policy should include a separate topic on "Pharmaceuticals" wherein points relevant to pharmaceuticals could be clubbed together, along with the role of the Pharmacist. This would include manufacturing and QA competencies, QC (using Good Laboratory Practices), drug regulation, drug quality, avoidance of sub-standard drugs, drug selection, distribution, hospital and retail pharmacy practice (including Good Pharmacy Practice), provision of drug information services, pharmacovigilance, etc.

Kaushik Desai
Hon. Gen. Secretary, IPA

Date : 24.02.2015



ANNEXURE I

Pharmacists can play the following roles in the nation's health:

A) In the public health centres/public health:

Sr. No.	Role	Location	Qualification of Pharmacists	Additional comments
1	Team member in policy making, planning for requirement of pharmaceuticals*.	Govt. Centralized purchase dept. at centre, states, districts. Public health centres and hospitals.	M. Pharm B. Pharm D. Pharm	Whenever medicines are discussed, pharmacists should be at the table.
2	Managing procurement and distribution logistics of pharmaceuticals (tendering, price comparison, assessment of quality, ordering/procurement, storage, distribution)	Govt. Centralized purchase at centre, states, districts. Public health centres and hospitals.	M. Pharm B. Pharm D. Pharm	Pharmacists should be at the helm of these functions
3	Managing the hospital pharmacy	Public health centres and hospitals.	M. Pharm B. Pharm D. Pharm	Implementing GPP (Good Pharmacy Practice)
4	Dispensing, counselling of patients (including discharge counselling)	Public health centres and hospitals.	M. Pharm B. Pharm D. Pharm	Implementing GPP (Good Pharmacy Practice)
5	Member of prescription audit team	Public health centres and hospitals.	Pharm. D. M. Pharm B. Pharm	Clinical role
6	Medication therapy management (MTM), Ward rounds, monitoring ADRs (Pharmacovigilance), Handling Drug Information Centres,	Public health centres and hospitals.	Pharm. D. M. Pharm	Clinical role
7	Important Member of Pharmacy and Therapeutics Committee, Hospital Formulary Committee	Medium-Large public hospitals	Pharm. D. M. Pharm B. Pharm	Clinical Role
8	Involvement/inclusion in all National Health programmes – to perform	Public health centres and hospitals.	M. Pharm B. Pharm D. Pharm	



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	various roles : Programme Management, Part of the health programme implementation team, etc.			
9	Provide primary care in the absence of the doctor	Rural public health centres	M. Pharm B. Pharm D. Pharm	
10	Administrative role in managing health centres	PHC, CHC	M. Pharm B. Pharm	This will spare the doctor to focus on clinical role
11	Administrative role in managing various national health programmes	DHS at District or state level. Ministry of Health & Welfare at central level	M. Pharm B. Pharm	This will spare the doctor to focus on clinical role

- Pharmaceuticals = Medicines, vaccines, surgicals and allied, diagnostic aids, etc.

B) In the pharma industry: (formulations of drugs, vaccines, APIs (bulk drugs), biotechnology products, etc.)

Sr. No.	Role	Location	Qual of Pharmacists	Additional comments
1	Planning and supervision of production	Pharma manufacturing plant	Ph. D. M. Pharm B. Pharm	
2	Quality control, analysis	Pharma manufacturing plant	Ph. D. M. Pharm B. Pharm	
3	Quality Assurance	Pharma manufacturing plant	Ph. D. M. Pharm B. Pharm	
4	R & D	R & D Labs, Pharma manufacturing plant	Ph. D. M. Pharm	
5	Packaging	Pharma manufacturing plant	M. Pharm B. Pharm	
6	Regulatory affairs	Pharma company, Independent consultant set-up	Ph. D. M. Pharm B. Pharm	
7	Being part of the clinical trial team	Independent CROs, or hospital/institution	Ph. D. M. Pharm	



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		based		
8	Marketing	Pharma Marketing, Independent consultancy	B.Pharm	

C) In the community (retail) pharmacy :

Sr. No.	Role	Location	Qual of Pharmacists	Additional comments
1	Implementing GPP (Good Pharmacy Practice). Supervising inventory management, storage practices, ensuring quality, etc.	Retail pharmacies/Chemists & Druggists	B. Pharm D. Pharm	
2	Checking and analyzing prescriptions, Dispensing, Providing patient instructions, demo on use of medical devices	Retail pharmacies/Chemists & Druggists	B. Pharm D. Pharm	
3	Counseling on medications, illnesses, preventive measures	Retail pharmacies/Chemists & Druggists	B. Pharm D. Pharm	
4	Recommending OTC medicines for minor ailments	Retail pharmacies/Chemists & Druggists	B. Pharm D. Pharm	
5	Referral to physicians	Retail pharmacies/Chemists & Druggists	B. Pharm D. Pharm	
6	Contribute to various National Health Programmes Do health promotion activities	Retail pharmacies/Chemists & Druggists	B. Pharm D. Pharm	Need to define their role and involve them
7	Checking blood pressure, blood glucose, BMI, Peak Flow Meter test, etc. And providing necessary counseling	Retail pharmacies/Chemists & Druggists	B. Pharm D. Pharm	
8	Reporting Adverse Drug Reactions	Retail pharmacies/Chemists	B. Pharm D. Pharm	To be included in the national



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		& Druggists		Pharmacovigilance programme
9	IEC – Providing IEC on medicines, disease conditions to improve patient understanding	Retail pharmacies/Chemists & Druggists	B. Pharm D. Pharm	Can be projected as health education centres
10	Handling complaints, taking part in drug recall procedures	Retail pharmacies/Chemists & Druggists		

D) Others

Sr. No.	Role	Location	Qual of Pharmacists	Additional comments
1	Teaching, Research, Practice	Pharmacy College, attached hospital	Ph. D. M. Pharm	
2	Drug Regulation – issuing permissions, licences, inspections – for clinical trials, manufacturing, distribution, sale, export, import, etc.	Drug Control Dept.		

Kaushik Desai
Hon. Gen. Secretary, IPA

Date : 24.02.2015