



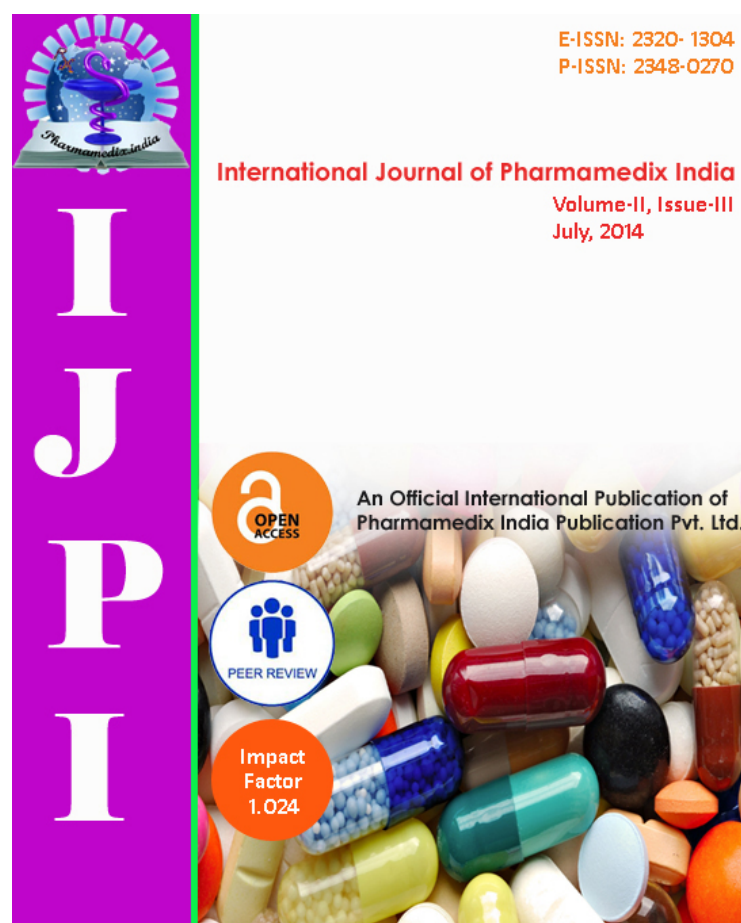
“Editorial”

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Dear Pharmacos,

There is no doubt that currently there is enormous gap existing between education and practice of pharmacy. Most of the academic institutions providing education in pharmacy are away from practice environment. The overall basis of pharmacy education is still extra biological synthesis, physicochemical studies, analysis, and manufacturing aspects of drug. It is a common feeling that the medical practitioner is better placed for pharmacists' job than the pharmacists themselves. The dispensing services are poor. The syllabus and duration of the two-year diploma course in pharmacy education in India is completely outdated and irrelevant in the present industry context. It is a heterogeneous mixture of clinical and industrial subjects. Since clinical subjects are there PCI comes into the picture and AICTE came in because of industrial orientation of pharmacy syllabus. Pharmacy as a nascent science developed like this in the last century. During 1940s and 50s, hospitals and industries were established in large numbers in India. Consequently, pharmacists and pharmaceutical chemists were required in huge numbers. Hence pharmacy education was developed in such a way to satisfy the requirement of industry and hospital. Short-term compounders and or D. Pharm. course to satisfy the needs of hospital and medical shops and B. Pharm. course for the industry were started. This is proved by the fact that in the last few decades D. Pharm. holders are not employed by the industry and B. Pharm. holders are not in many numbers in hospitals or medical shops.



In the West, pharmacy education is patient-oriented and is responsible for Healthcare Management, while in India pharmacy education is industry-oriented. Nearly 55 per cent of the jobs are available in the industry sector while 30 per cent in education. There are only three per cent jobs in healthcare. There must be revolutionary changes in the healthcare system e.g. making laws for appointing pharmacists at each Primary Health Centre and government hospitals.

There should be adequate staff in the state drugs control departments for better control of drug distribution system. It is crystal clear that separation and improvement of clinical and industrial subjects in the pharmacy syllabus is a compulsion of the time. But it is yet to be completed, that is why there is such a situation and a lot of infighting among government authorities. Present B. Pharm. syllabus can be divided into 2 major courses like B. Pharm.

(Clinical) and B. Pharm. (Industrial) as it has been already decided to abolish D. Pharm. course. Such an arrangement will increase the confidence and competitive skills of pharmacy graduates among health care team and technocrats and some sort of specialization during under graduation itself. If two B. Pharm. courses are created as above, needless to say clinical course can be controlled by PCI and industrial course by AICTE. Private college managements can opt for any one of the courses. If any college wants to run both the courses they should accept both masters, there is no other go. Existing D. Pharm. Colleges who are in the verge of closure can adopt B. Pharm. (Clinical) and continue to serve the profession. This stunted growth of professional pharmacy in our country is the result of misplaced belief that profession is same as vocation. This belief has kept Indian pharmacy academics completely focused on industrial pharmacy at the cost of real – community pharmacy. While the justification for focusing pharmacy education on Industrial Pharmacy after attaining national freedom was valid, its review to make it relevant in contemporary scenario is already too late.

Our present system has produced half a million "qualified" pharmacists but not many "trained" professionals. This has effectively led to a situation where neither there is a need felt by the society nor is there anyone available to fulfill that "professed" need. This situation feeds on itself to such an extent that any attempt to keep one's knowledge updated and work professionally has strong economic disincentives in Indian retail pharmacy practice. Gravity of the situation dawns upon us when we think about petitions filed in High courts that propose scrapping of the Pharmacy Act because the pharmacists - according to petitioners - do not play any role other than selling the drugs like all other commodities. There is virtually a complete lack of any training or incentive to professionalize – as a result of which even the most enthusiastic pharmacists gradually convert into 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. The retail pharmacist shall be relevant to the society "only" if he can make a difference to the patient - by providing him information about drug usage to achieve better outcome than the patient obtains by uninformed usage of drugs.

The mushrooming growth of pharmacy colleges in India has contributed to the deterioration of in the standards of pharmacy education in India. It has become obligatory that the pharmacy colleges have to improve their status to sustain their existence.

Flaws in the present system

- Entry of unqualified and non-meritorious students into the course.
- Non focused and unspecialized way of learning.
- Out dated curriculum and educational regulations.
- Lack of industrial and clinical exposure.
- Unskilled ways of practical and lab training in the institutes.
- Research output from Indian educational labs rarely lead to commercialization and revenue generation.
- Given the market needs for trained man power, teaching takes total priority over research in our universities.
- Institutional base of research in India is extremely narrow serious research is limited to a few 'elite' institutes.

SPECIALIZATIONS AT GRADUATION LEVEL

I am proposing the idea of introducing specializations at graduation level in pharmacy. Like the other technology courses like B.E/B. Tech, we should also have a provision for specialization from graduation level in all the conventional branches of pharmacy. It is time to think of for a person holding a B. Pharm [pharmaceutics] or B. Pharm [pharmacology] degree.

What does it provide?

- Professional excellence and expertise.
- It upgrades the status of the profession in the country.
- Opportunity for students to choose their subject of interest.
- Rational and logical way of career development.
- Focused and job oriented approach towards education.

How to implement this?

Proposal for a new curriculum is not at all an easy task. Introducing specializations doesn't mean devoiding the student from pursuing the basic knowledge a pharmacist should have. The first 2 yrs of graduation should focus on providing all the basic education needed for a pharmacist as per the norms of educational regulations of Pharmacy council of India. The final 2 yrs should be based on the subject of specialization and its practical applicability. Every 5 yrs updation of the curriculum

should be made a rule in the country. There should also be some provisions for choosing the subject of interest after the 1st 2 yrs at graduation level.

This also makes the education at post-graduation level more research oriented and gives the student chances to think for super specializations simultaneously. In this way education our students will have deeper knowledge in the concerned subject and it nourishes the professionalism within them.

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