

Letter to Editor

Pharmacist as drug counsellor: An identity need to be explored in India

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Sir/madam,

I am writing this letter in reference to various messages being circulated on social media, newspapers, E-mails, Whats App etc. to clarify about the misconceptions or rumours fired among pharmacist regarding drug prescription authorisation or right to prescribe. Not only that I am also trying to explore potential role of pharmacist which is actually not practiced by pharmacists themselves. I am also trying to enlighten some facts that why pharmacist were not getting prescription rights.

On January 16, 2015 (The gazette of India: Extraordinary) Pharmacy Practice Regulation (PPR) was in force to strengthen the importance of pharmacist among the general public. The main objective of the regulation is to concrete the practice of patient counselling to rationalise the therapy given to the patient in better way. Under the said Regulations, the registered pharmacist is required to dispense medicines on the prescription of a Registered Medical Practitioner and can counsel the patient or care giver on medicine to enhance or optimize drug therapy. The elements of patient counselling may include the following:

- (i) Name and description of the drugs;
- (ii) The dosage form, dose, route of administration, and duration of drug therapy;
- (iii) Intended use of the drug and expected action;
- (iv) Special directions and precautions for the drug;
- (v) Common severe side effects or adverse effects or interactions and therapeutic contra indications that may be encountered, including their avoidance and the action required if they occur ;
- (vi) Techniques for self-monitoring drug therapy;
- (vii) Proper storage of the drugs;
- (viii) Prescription refill information;
- (ix) Action to be taken in the event of a missed dose;
- (x) To ensure rational use of drugs.

It was further clarified that there is no such provision to open pharma clinics to diagnose the disease and prescribe medicine in the Pharmacy Practice Regulations, 2015 [1].

1. PHARMACIST AS DRUG AND HEALTH COUNSELLORS

The profession of pharmacy and concept of pharmaceutical care are developing rapidly all over the world. Along with this, the responsibility of the pharmacist through utilisation of his technical and professional knowledge in promoting rational and prudent use of medicine is also increasing. It is well documented that safe and effective drug therapy occurs when patients are well informed about medications and their use. Patient counselling is an effective tool in educating patients about their medicines and promoting their scientific and proper use. The concept of patient counselling in its modern form originated in India in the mid-1990s. Since then, considerable growth and development occurred in the country in the area. Various factors contributed positively for setting the new trend in pharmacy practice. While matching with the international concepts, the Indian patient counselling practice has established its own characteristic features. From the hospital set ups, the concept has percolated deep into the community set ups in the very recent times. With the introduction of programs like Pharm D, there will be further growth and development in the area of patient counselling during the next decade [2]

2. THE DEORIA EXPERIMENT

On 30th September 2015, for the first time, in district Deoria of Uttar Pradesh an independent patient counselling centre named Takshsila Pharmacy (Figure 1) was established at new colony chakiya road by Mr. Chandan Kumar, Registered Pharmacist (Reg. No: 62918, Licence number, DEOS-2015/20/21/00034), on an average 10-15 patients (including prescribed and OTC) were attending the counselling. A minimum of ₹ 70 was charged as counselling cum consultant fees form the patient which is valid for 1 week. The patient record was maintained as per format given in PPR 2015 under regulation 6.2 [3].



Fig. 1. Patient counselled by Registered Pharmacist Mr. Chandan Kumar in his counselling centre

In the case of many Indian hospitals, pharmacists contributed towards patient compliance through prescribers for simplification of drug regimens. Patient counselling enabled the pharmacist to identify or understand the usual medication habits of patients and their knowledge regarding drug therapy. The pharmacists could easily suggest solutions for such issues. At the counselling centre, Mr. Chandan Kumar have one-to-one talk and discussion, ensure that the patient understands both directions and the need to follow them. Patients are told about the adverse drug effects which can cause considerable inconvenience to them and explain what remedial action should be taken if such adverse effects occur. Patients are also educated about the foods or drugs that are to be avoided while taking the prescribed medicine. Clinically significant interactions alone are mentioned to the patients without unduly alarming them.

3. PROBLEMS IN PATIENT COUNSELLING

The main problem faced during this type of practice is the non-adherence of the patient with the pharmacist. Along with that there were very few such type of health counselling centres so physicians generally not aware about this. Under these circumstances the availability of patients for counselling is too low.

4. MANDATE THE VISIT OF PATIENT FOR COUNSELLING BY REGISTERED PHARMACIST ONLY

As Pharmacy council of India through gazette notification releases about the 10 **Golden** Elements of patient counselling which clearly state the importance of the pharmacist as patient counsellor. The need of these elements forms the basis of the concrete evidences related to the drawback of the existing prescription process system like patient non-compliance and adverse drug reaction, drug interaction related problems face by the patients. The drug prescription process if accompanied

by the patient counselling through registered pharmacist will enhance or optimize drug therapy in a more appropriate way. It will minimize the prescription error, probability of ADR, Drug Interaction etc. and will ensure rational use of drug. On the other hand a pharmacist can also support the patient economically by dispensing generic or other available economic drug of same API (Active Pharmaceutical Ingredient) which is bio equivalently and bio available identical with that which is prescribed by Physician. So in regard to this there can be a need of allocation of additional space for pharmacist in current physician's drug prescription format. In Figure 2a and 2b we try to improvise the current prescription format as per Medical Council of India (MCI) 2015 [4] with some additional specification and modifications as per regulation 6.2 and counselling instructions of Pharmacy practice regulation (PPR) 2015 through which a patient can go through double channel gateway system of drug prescription by physician and dispensing through counselling process by registered pharmacist.

5. CONCLUSION

The concept of patient counselling is still facing non recognition and of less importance among public is need to be more popularise and essential in India to safeguard general public health in a more precise and appropriate way. Special training provisions can be mandate by the Pharmacy council of India to those pharmacists who were in or going to be indulge in these kind of counselling practices so as to update their counselling skills in a more authentic way. Pharmacists in many parts of the country had started providing patient counselling with the objective of improving patient compliance. However sensitization through amendments in Pharmacy practice regulation can enhance the active collaboration and coordination of physician to promote the importance of patient counselling through registered Pharmacist.

Acknowledgment

I would like to pay my sincere thanks to Mr. Chandan Kumar (Registered Pharmacist) for sharing their valuable experiences as drug counsellor and their suggestions to improvise the physician's drug prescription format.

REFERENCES

- [1] Pharmacy council of India, www.pci.ni.in, Retrieved from http://www.pci.nic.in/PDFFiles/Clarification_PPR.pdf
- [2] Sekhar, S., Abraham, S. and Revikumar, K.G., 2008. Emerging trends in practice of patient counselling-Indian scenario. *Indian Journal of Pharmacy Practice*, 1(1); 6-13
- [3] Pharmacy council of India, www.pci.nic, Pharmacy Practice Regulation 2015, Retrieved from: <http://www.pci.nic.in/GeneralInformation/AboutPCI/Pharmacy%20Practice%20Regulations.pdf>
- [4] Medical council of India, www.mciindia.org/. Notification 2015. Retrieved from: www.delhimedicalcouncil.org/pdf/modalprescription.pdf

Proposed prescription format for Physician

Part A

Doctor's Name
Qualifications (e.g. MBBS, MD)

Regn. No. : (Allopathy)

Full Address, contacts: (telephone No. E-mail etc.)

Date:

Name of Patient:

Address*

Age & sex.....

Rx

1. Name of Medicine***
Strength, dosage instruction, duration & total quantity***
2. -do-
3. -do-

Doctor's signature
Stamp

Part B

DISPENSED BY:

Date:

Pharmacist Name, qualification & Registration No.:

Drug License No.:

Name & address of Pharmacy:

Date of 1st visit:

****Drug replaced by generic or other (If any):

Diagnosis:

Prescription Follow up:

Observations:

Special directions and precautions for the drug if any:

ADR related information (including their avoidance and the action required if ADR occurs):

Action to be taken in the event of a missed dose:

Signature in full with stamp:

*Postal address/E-mail/Mobile
Number** for Paediatric Patients
*** In capital letter only
**** Pharmacoeconomically available drug

Fig. 2 a. Proposed physician prescription format with some additional modifications as per regulation 6.2 and counselling instructions of Pharmacy Practice Regulation (PPR) 2015

Doctor's Name	
Qualifications (e.g. MBBS, MD)	
Regn. No. :..... (Allopathy)	
Full Address, contacts: (telephone No. E-mail etc.)	
Date:	
Name of Patient:	
Address*	
Age & sex.....	
R_x	
1. Name of Medicine*** Strength, dosage instruction, duration & total quantity***	
2. -do-	
3. -do-	
Doctor's signature Stamp	
DISPENSED	
Date:	Pharmacist:
Name of Pharmacy:	
City:	
<hr/>	
*Postal address/E-mail/Mobile Number** for Paediatric Patients *** In capital letter only	
<hr/>	
Minimum size of the prescription blank should be (a) 14x21cm (A5) (b) XI x XI cm size	

Fig. 2 b. Current prescription format as per MCI 2015