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MAGNITUDE OF OVERWHELMING PHARMACY GRADUATES FROM GOLDEN GOOSE HARBOURS FOR SUPPLY OF GOLDEN EGGS

PROF. DR. DHRUBO JYOTI SEN

D. Pharm., B.Sc. (Hons), B. Pharm. (Hons), M. Pharm., Ph.D., FICS, CChem FIC (India), CChem FRSC (UK), CSci (UK), AOM (USA)

Recipient of K.K. Acharjee Award, Recipient of Jewel of India Award, Recipient of Rashtriya Vidya Saraswati Puraskar, Recipient of Rashtriya Vidya Jyoti Award and Gold Medal, Recipient of Life Time Achievement Gold Medal Award, Recipient of Eminent Educationist Award, Recipient of International Gold Star Award, Recipient of Vidya Ratan Award, Recipient of Gyan Jyoti Gold Medal Award, Recipient of Bharat Excellence Award & Gold Medal, Recipient of India Inspiration Award & Gold Medal, Recipient of Seva Chakra Puraskar, Recipient of American Order of Merit, Recipient of Golden Educationist of India Award, Recipient of NEHS Global Award of Excellence and Gold Medal of Excellence, Recipient of NEHS Jewel of India Award and NEHS Gold Medal of Excellence.

Department of Pharmaceutical Chemistry, Shri Sarvajanik Pharmacy College, Gujarat Technological University, Arvind Baug, Mehsana-384001, Gujarat, India

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Corresponding Author: DR. DHRUBO JYOTI SEN

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With a drastic increase in the number of Pharmacy colleges in almost every part of the country, the intake of pharmacy students has increased to leaps and bounds in the colleges. In aspiration of a good future, students have opted the pharmacy profession. But as their graduation comes to an end, they are now finding themselves in a state of dilemma about what they should do now because nobody offers a job to a fresher in pharma industry and luckily if someone gets a job, he is bound to work in a very low salary which is even not sufficient to earn his livelihood.

The other option left with him is to go for higher education, for which again he has to pay a huge amount to the colleges. Once they get a degree, which they are given easily because in the era of competition, every college wants its result to be the best to attract students for the next batches. So finally the student is a PG now. Still the situation remains the same. Job????? Nowhere. Again go for Ph.D., which has also become a money game by some of the universities offering Ph.D. as just a degree. In this curriculum, the students doing their technical degrees (B.Pharm., M.Pharm.) from reputed institutes are also treated at par with the students doing science degrees (B.Sc., M.Sc.) with such universities giving degrees just for money. I don't think this is a fault of the student here because he has nowhere to go but to do something to earn his livelihood.

So what is the solution to the problem? What should be done to face this critical situation?

In India, Pharmacy course is in pathetic condition and now too many private colleges are opened particularly in nation wise sectors. Mostly in many places the colleges conduct integrated pharmacy course which is not recognized by Pharmacy Council of India and it is mainly deal with engineering courses. Last 2 to 3 years, students are not choosing the Pharmacy degree program for their study because of unemployment. Pharmacy course has named as "Professional Course" but compared to Medicine, no one recognizing this course as professional course. What is the current scenario of the pharmacy course particularly after graduating Bachelor degree, they are eligible for "Medical Representative" or to do Master Program. After completing Master program, they are eligible for manufacturing Industry depends upon their specialization particularly Pharmaceutics, Pharmaceutical Chemistry, Pharmacology and Pharmaceutical Analysis and no opening for Pharmacy Practice, Regulatory Affairs. Pharmacy Practice graduate either can do Pharm.D. Or look job in abroad or final option is to do Ph.D. and go to R & D or Post Doc. In India, GATE exam, now changed into GPAT is not eligible for Master Program and they are looking for other state to do master degree. The main drawback is every state has quota for their students only 1 or 2 seats are available for other state students. Our graduate students are all gained theory knowledge only and no practical skills because of infrastructure and also less number of faculty staffs. M.Pharm. students are now teaching the B.Pharm. courses and so. The whole pharmacy degree program has to be reviewed to get Professional Course status and benefit of the future students.

1. PCI/AICTE should be much more careful for giving approval to the institute along with number of intake per year. So many private universities and colleges are there and they are taking students more than their intake.
2. The quality education should be provided from the institute.

3. Service rules should be changed (Acceptability of D.Pharm./Basic qualification should be D.Pharm. or B.Pharm. for the post of Pharmacist Pay scale and Grade pay should be changed as recently in AIIMS they are providing good pay scale for the pharmacist/there is any particular govt post for M.Pharm./What is the govt post for Hospital Pharmacy, Clinical Pharmacy-/food inspector, Drug Inspector qualification --- etc.)

4. Policy of the pharmaceutical industry for the employee should be evaluated as their turn over in several crores. (Still in India after B.Pharm. the person is getting only 6,000 to 8,000/month salary) and the salary structure should be fixed for faculty working in PCI approved colleges.



Figure-1: Drugs and Medicines in Pharmacy

The new millennium ushered in a period of hope and change for the profession of pharmacy. The doctor of pharmacy (Pharm.D.) degree became the exclusive first professional degree as of 2000, bringing with it expectations for a dramatic expansion of direct patient care roles for pharmacists. Just 1 year later the pharmacy academy began a period of unprecedented growth, fueled by a long-standing shortage of pharmacists and an outstanding job market for new pharmacy graduates, making jobs for Pharm.D. graduates easy to find and causing salaries to spiral upward. As a result, the Pharm.D. Degree became a hot commodity, generating a seemingly inexhaustible supply of applicants to colleges and schools of pharmacy. Inevitably, higher education came to see pharmacy as a “golden goose” but no goose harbors an infinite supply of golden eggs and the inordinate rate of academic growth that ensued has put the academy at risk, along with its students. Calls for measured academic growth, brought forth in published commentaries in 2005 and 2010, went largely unnoticed. The house of student delegates of the American Pharmacists Association-Academy of Student Pharmacists even weighed in on the subject in 2012 by approving resolution 2012. Creation, Expansion, or Reductions of Schools and Colleges of Pharmacy Relative to Pharmacist Demand, which called upon current and future schools to evaluate the demand for pharmacists before taking action. Remarkably, most leaders of pharmacy organizations and academic institutions remained relatively silent on the matter. This commentary examines the massive increase in the number

of pharmacy graduates since 2001 and the vast overestimations, in the author's opinion, made back in 2001 about the number of pharmacists that would be needed by 2020. It also identifies potential implications of the changing pharmacist job market for the pharmacy academy.

Regardless of the job market, those new graduates who are "fittest" will be able to find employment. But the profession of pharmacy should not fall victim to viewing graduates as commodities who must fend for themselves in Darwinian fashion. Some might opine that the profession would benefit from filtering out its less capable pharmacists, but faculty members and administrators must not become insensitive to the plight of each graduate amid a backdrop of broader institutional concerns. The academy must honor its fiduciary responsibility as teachers, first and foremost, to serve the best interests of every student. The academy exists for students and because of students—the reality of which is going to become gravely evident as 2020 approaches. Pharmacy colleges and schools would be wise to revisit their respective strategic plans and prepare for a new era in which the challenges of recruiting and admitting student applicants will be vastly different from just a few years ago. In the meantime, it is incumbent upon the academy to responsibly focus on that which is within its control. Growth of the academy needs to cease forthwith. Institutions considering establishment of a new Pharm.D. program should be discouraged from doing so by all sectors of the profession. Existing programs contemplating expansion should seriously consider putting their plans on hold. All of the profession's organizations need to focus more heavily on establishing new pharmacist roles and activities that will create sustainable jobs as rapidly as possible. The patient care vision of pharmacists widely employed as ambulatory clinic practitioners may need to give way to a more practical vision of a new breed of community pharmacy practitioner, such that new jobs are the result of expanded patient care roles rather than increased prescription volume or the construction of new stores. To better influence job creation, academia would be well served to pay greater attention to where the majority of pharmacists practice: community retail pharmacies. If the academy is to remain on a path of growth, let the emphasis shift from Pharm.D. expansion to the formation of partnerships that establish new community pharmacy residencies. That is where the innovative clinical leaders of tomorrow are most needed. No one could have anticipated the magnitude of academic growth that has taken place since 2000. Likewise, no one knows what the future holds for those who are about to embark on a career in pharmacy. Those in academia should look to the future with hope and optimism, born of the knowledge that the academy has done everything possible to prepare the next generation of pharmacists for whatever lies ahead. Pharmacists, also known as chemists (Commonwealth English) or druggists (both North American and Commonwealth English), are healthcare professionals who practice in pharmacy, the field of health sciences focusing on safe and effective medication use. A pharmacist is a member of the health care team directly involved in patient care. Pharmacists undergo university-level education to understand biochemical

mechanisms of action of drugs, drug uses, and therapeutic roles, side effects, potential drug interactions and monitoring parameters. This is mated to anatomy, physiology and pathophysiology. Pharmacists interpret and communicate this specialized knowledge to patients, physicians, and other health care providers. Among other licensing requirements, different countries require pharmacists to hold either a Bachelor of Pharmacy or Doctor of Pharmacy degree.

The most common pharmacist positions are that of a community pharmacist (also referred to as a retail pharmacist, first-line pharmacist or dispensing chemist), or a hospital pharmacist, where they instruct and counsel on the proper use and adverse effects of medically prescribed drugs and medicines. In most countries, the profession is subject to professional regulation. Depending on the legal scope of practice, pharmacists may contribute to prescribing (also referred to as "pharmacist prescriber") and administering certain medications (e.g., immunizations) in some jurisdictions. Pharmacists may also practice in a variety of other settings, including industry, wholesaling, research, academia, military and government.