The Report on

"Study of Community Pharmacy in Great Britain"

Prepared by

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BOOTS PHARMACY EDINBURGH, SCOTLAND
RPSGB, EDINBURGH, SCOTLAND
SCHOOL OF PHARMACY, RGU, ABERDEEN SCOTLAND
SCHOOL OF PHARMACY, US, GLASGOW SCOTLAND
LONDON SCHOOL OF PHARMACY, LONDON
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Abstract

The community pharmacy (CP) is an important link between the Doctor, Nurse and Patients. They play a vital role in ensuring the patient safety and efficacy in therapeutic set up. Unfortunately the CP is not developed in most of the developing countries like India. The CP is mainly represented by retail pharmacies, which are mainly focussed on sale or dispensing of medicines rather than acting as facilitators for therapy for patients. There is a need to learn how the CP was developed in UK, what its role and responsibilities in health care, sot that such systems can be adopted in India, which will ensure patient safety but also provide the much required jobs for young pharmacist.

Introduction

The pharmacy profession is evolving globally. The International Pharmaceutical Federation (FIP), the apex professional world body of pharmacy is spearheading the change and providing the much needed leadership and guidance to harmonize the pharmacy profession as a health care profession. The FIP puts the focus firmly on the patient rather than the product as can be seen by the theme of the annual congress which is about taking responsibility for patient outcomes. Other examples of recent themes include "From Anecdote to Evidence: Helping Patients Make the Best use of Medicines" (67th FIP Congress Beijing, China), "Reengineering Pharmacy Practice in a Changing World" (68th FIP Congress Basel, Switzerland), and "Responsibility for Patient Outcomes – Are you ready?" (69th FIP Congress Istanbul, Turkey).

The paradigm shift from product to patient in recent years is due to alarming outcomes of unregulated use of medicines, which subsequently endangers patient safety. The FIP and World Health Organization (WHO) believe that patient safety can be ensured if the Alliance for Health Care becomes the accepted norm of health care delivery, where doctors, nurses, and pharmacists work together in a team to optimise health care delivery. There is a need to revamp the health care system both in developed and developing countries by promoting nurses and pharmacists within the health care system more actively so that the health care needs of patient groups can be
met more effectively. One World, One Medicine and One Universal system of medicine can harmonize the health care delivery.

This is the era of information and knowledge. All health care professions are over- brimming with knowledge and practice. It is time to abolish the old-fashioned mode of practice and to bring in an efficient, cost-effective, and safe system of health care. There is also a danger of misusing freely available health care information regarding drugs by some unscrupulous agencies. Community pharmacists are ideally placed to counter such misuse by providing the public with appropriate advice on the use of medicines when they are talking to patients who are mostly ignorant with regards to pharmaceutical matters. This poses a huge challenge to community pharmacy in the future. It is, therefore, necessary to learn from other countries and adopt these changes to suit our cultural background. Good pharmacy practice and pharmaceutical care are the latest recommendations of the WHO and FIP to ensure the best possible outcomes for the patient regarding the safety and efficacy of medicines use.

By looking into the British system, ideas and useful aspects of how British community pharmacists ensure patient safety can be gained. In Great Britain, community pharmacists constitute the largest group of pharmacists (75%). There are also hospital, industrial, veterinary, and academic pharmacists. All pharmacists have to be registered with the Royal Pharmaceutical Society of Great Britain (RPSGB). The RPSGB is the regulatory and professional body for all pharmacists.
In the very near future these two functions are to be split, thereby creating two new bodies. This is in the interest of public safety. The regulatory body will ensure that all pharmacists practise in accordance with the law in the interest of public safety. It will take action against any pharmacist who does not do so.

Membership will be mandatory. The professional body will concentrate on education, legal support, and other non-regulatory functions to ensure pharmacists are fit to practise, but membership will be voluntary. The RPSGB provides professional standards and guidance documents and the Code of Ethics for pharmacists and pharmacy technicians. The main objective of these documents is to ensure patient safety by making the patient's care the pharmacist's first concern.

In Great Britain most medicines are available from community pharmacies. Medicines are categorized: either they are on the General Sale List (GSL) or on the Prescription –Only Medicines list (POM). Those medicines, which are not on any of those two lists, are so-called Pharmacy medicines (P). These can only be sold over the counter to the public under the supervision of a pharmacist. Pharmacists have to use their discretion and professional judgement when selling these. A sale can also be refused and the patient be referred to their doctor. Pharmacy medicines requests by patients offer a good opportunity for community pharmacists to counsel and advice patients on the use of medicines and may prevent the patient from visiting the doctor or hospital for relatively minor complaints. Pharmacy medicines include stronger painkillers, decongestants, larger quantities of paracetamol, oral antifungals, etc.
In contrast, GSL medicines can be sold in small quantities at supermarkets, petrol stations and grocery stores. The lists ensure some level of protection of the public from potential harm caused if medicines are used incorrectly. GSL medicines cover most minor ailments like hyperacidity, headaches, diarrhoea, etc. and allow the public to self-treat. Prescription-only medicines can only be dispensed in accordance with a prescription written by a doctor, dentist, nurse prescriber, or pharmacist prescriber. These are medicines that can cause major harm if used incorrectly (antibiotics, parenterals, anticancer drugs, radio pharmaceuticals, large quantities of Pharmacy medicines, etc.). Community pharmacists hand the dispensed medicines out to patients giving them another opportunity to check the understanding of the treatment with the patient and counsel patients accordingly on the best use of their medicines.
Pharmacists are legally obliged to clinically check all prescriptions in order to pick up any errors made by the prescriber (i.e., dose, quantity, frequency of administration, drug interactions, etc.).

Standard operating procedures are written protocols in every pharmacy to ensure the safe sale and dispensation of medicines. Pharmacists are supported by technicians (dispensers) and health care assistants. Technicians are either trained in-house or can opt to do national qualifications and, once qualified, register with the RPSGB.
Pharmacy students and community pharmacists can support their learning about minor complaints and their treatment by reading books like “Symptoms in the Pharmacy” by Alison Blenkinsopp and Paul Paxton (Blackwell Science Publishing). It is also called the guide to the management of common (less serious) illness.

Community pharmacists not only dispense prescriptions and sell medicines, but also provide so-called pharmacy services. These services comprise a package of medicine supply with added pharmacist involvement. These services include supervised methadone administration, home oxygen therapy, home medication reviews, nicotine replacement therapy, sexual health counselling, weekly dispensing packs (dosettes), and many more.

Looking at the system in Great Britain, there is a need to organize the community pharmacy and its function, which is vital for patient safety in our country also.
The project consisted of discussions and interviews with several practising community pharmacists, professors, and lecturers of at various universities teaching the community pharmacy and Officials of Royal Pharmaceutical Society of Great Britain, Edinburgh, Scotland.

Mrs Ina Donat, Community Pharmacist, Mr Zahir, Community Pharmacist and Mrs Jaikaren Pharmacist at boots Edinburgh Airport

The Summary of discussion and their views are given as below.

The community pharmacist is a vital link in health care system of Great Britain. Earlier the job of community pharmacist involved dispensing of medicines as per the prescription of a doctor or other health care professionals like nurse. The changed scenario of product orientation health care to patient oriented health care has compelled the National Health Care System (NHS) and community pharmacist to evolve the role as a pharmaceutical care provider along with dispensing. The pharmaceutical care provided by pharmacist is given in UK are given in Table 1.

Table 1 Emerging Services for community Pharmacies

- Disease Specific medicine managements
- Weight management
- Minor ailment services
- Smoking cessation
- Medication review services
- Anticoagulant monitoring
- Needle and Syringe exchange
- Medicine-assessments and compliance support
- Home care services
- Supervised drug administration
- Prescribing services
- Supplementary prescribing services
- School Services
- Out of hours services
- On demand specialist services
- Patient group services
- Men's health check up scheme
- Screening for health and diagnostic services
- Home delivery services
- Chronic disease support services
- Methadone dispensing for drug abusers

At present, the community pharmacist face lot of work force pressure. All though there are many locum pharmacists are available, major time of community pharmacist is spent in dispensing and documentations. The e prescribing is introduced in the system and may help community pharmacy from documentation burden. Pharmacist spends a lot of time in dispensing of medicines documentations of prescription. Although e prescriptions being introduced into the system its utility has to catch up as pharmacist acceptances of new technology is taking time. In case pharmacist has to give pharmaceutical care he should have spare free time and training.

Interactions with Royal Pharmaceutical Society of Great Britain of Scotland

It was great pleasure to interact with Lyndon Braddick, *Director for Scotland,* Aileen Bryson , *Principal Policy Advisor – Scotland* and Dr. Carol Evans ,Head of Professional Development

The Royal Pharmaceutical Society of Great Britain is the regulatory and professional body for pharmacists in England, Scotland and Wales. In Scotland, the Society's Scottish Directorate implements policy, working with the Scottish Parliament and other stakeholders in Scotland. The Royal Pharmaceutical Society Scottish Directorate can provide advice on a range of topics, including pharmacy law and ethics and the registration of pharmacy premises in Scotland. The Royal Pharmaceutical Society Scottish Directorate represents the profession in Scotland - 4,500 pharmacists working in the community, hospitals, industry, education and research. Ensuring that the public receives the highest standard of advice and support on the safe and effective use of medicines is the core responsibility of the Society.Community Pharmacy Scotland is the body empowered to represent the contractor owners of Scotland's 1,200 community pharmacies. It negotiates on their behalf with the Scottish Government on all matters of terms of service and contractors' NHS activity. Community Pharmacy works to increase its profile and develop the role within a modern NHS in Scotland by engaging the key stakeholders and the Scottish Government to influence policy on behalf of its members.
The RPSGB Scotland in its new proposal wishes to abolition of prescription charges; to enhance the role of CP in substance misuse; integration of pharmacy into the NHS; and patient safety.

Its message to patient community is that a

- Your pharmacist should be your adviser on medicines
- Community pharmacies should be designated and promoted as NHS walk-in centers
- Pharmacists should be able prescribe as supplementary and independent prescriber.
- He should be able to guide in matters of Substance misuse, Sexual Health and Health promotion

Community Pharmacy at crossroads

British government in its amendment has proposed central a new regulatory body to be called as General Pharmacy Council, which come functional by 2010. It will take away the regulatory function from RPSGB of pharmacists and function independently as a statutory body. It has clearly warned that the title of Pharmacist should be reserved for only practicing pharmacist.
Independent prescribing curriculum
As well as theoretical knowledge, additional clinical examination skills will be required. The identified additional learning is defined by the RPSGB as fallows,

- Working autonomously,
- Awareness of limits of professional competence
- Taking an acurate history
- Making a clinical assesment of a patient with the clinical condition that the pharmacist aims to treat
- Making general assesment of the patientto rule out additional significnat clinical problems
- Monitoring the response to therapy

The other changes, which are happening in the field of community pharmacy, are Decriminalization of dispensing error, Continuous Professional development, supplementary prescriber for qualified pharmacist, specifications for community pharmacy premises,

The RPSGB will give away the regulatory function to a newly formed General Pharmacy Council by 2010. The future role of society will be in professional development of its members. The society is actively involved in monitoring the Continuous Professional Development under the leadership of Dr Carol Evans. CPD (continuing professional development) enables pharmacists and pharmacy technicians to develop as professionals and demonstrate that they are competent in their area(s) of practice. It is a cyclical process of reflection, planning, action and evaluation. It is not just about participating in continuing education. Any practicing pharmacist or pharmacy technician registered with the Royal Pharmaceutical Society must undertake and record CPD. Undertaking and recording CPD will continue to be a requirement when they register with the General Pharmaceutical Council.

The academics and community pharmacist

It is heartening to know the flexibilities of British system of education and pharmacy practice. There are some teachers who work as pharmacist in the community pharmacy for half of the week and teach in the University for rest of the week. Mr. David of Robert Gordon University Aberdeen explained how it is exciting to do a mix of teaching and practice.
The teacher cum practice offers good opportunity to experiment new things leading to fast development of pharmaceutical care.

Take home lessons

India is a vast country with diversity in culture and people. All though for health care it does not make many differences, how ever there are so many things in the community pharmacy of GB, which can be implemented to develop the profession and ensure the patient safety.

Classification of Drugs

In India the classification of drugs is not well defined. There are only two category of drugs viz., the OTC and Ethical products. The classifications of drugs as OTC, Pharmacy medicines and Prescription only medicines would enhance the patient safety, which is highly endangered due to poor classifications

Establishment of Pharmaceutical Care in Community Pharmacy

The pharmacists in India are mainly focused on dispensing of medicines, as this is linked to the earnings in a pharmacy. However the amount is linked to the volume of sales. This has serious impact on development of professional services given to the patients. There should be some diversifications like enhancing and encouraging fee for services.

Job opportunities for Pharmacist

It is very much astonishing to learn that 75% of pharmacy work forces in Scotland are in the community pharmacy. However we have system in which the D.Pharm are designated to work in community pharmacy and B.pharm are designated to work in industry. The reorientation of B.Pharm to community pharmacy will open up large number of jobs for young pharmacist. This will also help to improve the quality of pharmaceutical care in long run.

Academia and community Pharmacy

The community pharmacy and academia should work together to develop the community pharmacy rapidly. In India lot of emphasis is laid on Academia Industry collaborations, which are funded by government. Some encouragement from institutions and government would begin the changes to happen.

Pharmacists in Primary health care

The government should encourage the use of pharmacists, chemists and druggists to involve in providing the primary health care. There are nearly 5.5 lakhs members engaged in pharmaceuticals retail and wholesale trade. They belong to ALL India Association of Chemists and Druggist (AIOCD). The prime objective of AIOCD is to protect the interest of our members and the general public and ensure a constant flow of distribution of the best quality of medicines in the prescribed rates at every nook and corner of the country.

There are many pharmacists working in government sector including private, public health sector. On the other hand primary health care provision is having serious shortage of manpower. Looking at Great Britain, Primary health care is the shared responsibility of doctor, nurses and pharmacist. The accessibility of pharmacist in a retail out let by patients is high, promotion of pharmacists would make things easy.
Many of the pharmacists through their experience have their expertise of providing advices to the patients approaching them. In case Government at center and state take the leadership, there can be lot of value to the health in terms of money the government is spending on health care provision.

Education of public

It seems in India, many people indulge in self-medication and ask the pharmacists many prescription only drugs. They may be under impressions that they are clever and hence they are saving their time and money by not consulting a health care provider. All though there are good laws, regulatory bodies to regulate this problem, some how it si neglected area in India. The prescription only medicines are dispensed freely in the country. Unfortunately, use of prescription only medicine is very dangerous if used as self-medication. It can cause dangerous effect to the health of consumer like kidney failure and organ damage. It is high time to regulate and educate people about risks they are at by using prescription only medicine as OTC medicine. Continuous national campaign by all stakeholders and health care provider would help to contain this problem effectively.

Pharmaceutical care and its value in community pharmacy

The pharmaceutical care is new concept mooted by FIP and WHO worldwide. In GB pharmaceutical care is not only restricted to clinical areas but also promoted by NHS in community pharmacy. The pharmaceutical illiteracy is ubiquitous and hence while using modern medicines it should be

mandatory to ensure safety and efficacy where were the POM are dispensed to the patients. It has nothing to do with the educational background of the patient. The pharmacy being the specialized profession, every medicine has its own unique requirements while using them.

In India, the pharmacy council of India has recently introduced Pharm D program, a six-year and a three-year Baccalaureate in Pharm D based on American model. These pharmacists are clinically oriented. These pharmacists are going to become premier clinical pharmacists of the country and serve in the hospitals.

However the pharmaceutical care is required at community pharmacy also. Hence promoting the Bachelor in pharmacy gradates can take up as pharmaceutical care providers in community pharmacy

Action plan for the future
by <Association of Community Pharmacists of India>

- Encouraging and motivating fresh B.Pharm graduates to begin community pharmacy services
- Making all the six hundred pharmacy colleges through out the country to open ACPI units
- Establishing a national net work of community pharmacies
- Opening of model community pharmacies
- Continuous education and training for pharmacists in provision of minor ailments treatments
- Mobilizing the resources of pharmacists, pharmacy teachers, and part time pharmacists to provide pharmaceutical care in their communities
- Advocating the Government bodies to include pharmacy in primary health care
- Campaigning for patient safety and alerting the public regarding the hazards of self medication of prescription only medicine
- Lobbying the pharmaceutical industry, Drug control department's chemists and druggists to join hands to impress upon Government re classify the medicine on GB model to ensure smooth dispensing and service.
- To impress upon the pharmaceutical industries to include patient directed information leaflets in all medicines they manufacture.
- To develop and maintain the documents of pharmaceutical care in community pharmacy
- Encourage and impress upon the chemists and druggist to maintain the patient medication records of the patients visiting to them
- To develop international collaborations with professional bodies like FIP, FAPA, CPA, IAPO for professional help and guidance
- To conduct research in the area of community pharmacy and develop knowledge to popularize pharmaceutical care in community pharmacy

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Interviews

Mr Lyndon Braddick Director RPSGB, Scottish Department Edinburgh Scotland
(Date of Interview 29/06/2009)

Question: Can you describe the Royal Pharmaceutical Society of Great Britain in changing times?

Reply: Royal Charter established it in 1841 as professional body of chemists and druggists. It was functioning as a regulatory and professional body. It was a voluntary body running on subscriptions fee from its members. From 2010, the regulatory function will be handed over to newly established Pharmacy general council. In future RPSBG may continue as a professional body supporting the professional activities, public affairs and continuing professional education activities.

Question: what are the major contributions of RPSBG to health care in general?

Reply: The RPSGB was instrumental in establishing unique services of community and hospital pharmacy in Great Britain. It was instrumental in medicine re classifications, which has ensured the maximum patient safety. It has also stood for the benefit of its members to deal with amendments regarding decriminalization of dispensing errors, working conditions.

Question: How the pharmacists' are represented politically?

Reply: Pharmacists are recognizable work force in Scotland. The present minister who is also cabinet secretary for minister of public health and sports is a pharmacist.

Question: The pharmacists' are asked to take an active role in patient care than dispensing, in this situation there is need for large number of pharmacists are required, how this is planed by RPSGB?

Reply: Due to changed role and expansion of professional activities, employment opportunities continue to grow. To meet the demand for pharmacists seven new school of pharmacy have been added in last four years. The pharmacy technicians' or dispensing assistants also being professionally trained and are into the core pharmaceutical services.

Question: For pharmacists from India and other Asian countries what is the procedure to register and practice as community pharmacist?

Reply: For a pharmacist from an outside European Economic Area, first he must submit his application to society. RPSBG than directs the candidates to take overseas pharmacist course and preregistration course in a recognized university. After that, he has to undergo one-year pre registration internship. Than he can practice as a pharmacist in UK

Interview

Mrs Ailen Bryson is the principal advisor, RPSGB Scotland. (Date of interview 23/06/2009). The interview focused on RPSGB on its history, and its role in shaping the community and hospital pharmacy services in Scotland

Question: Can briefly describe history, present times and future of Royal Pharmaceutical Society of Great Britain?

Reply: The Queen of GB charted RPSGB in the year of 1841. It had successfully carried out the professional and its regulatory role so for. Presently it is having the similar role by than. In a recent amendments' RPSBG be will giving up the regulatory role to General Pharmacy Council in 2010.

Question: Why this change is now being initiated?

Reply: The professional councils regulate all the professions in UK for example General Nursing Council Medical Council. Hence the Government made the new law for formation of General Pharmacy Council par with other professions. It was felt odd that pharmacists regulating themselves may be controversial and patricians.

Question: In RPSGB Scotland, How many are registered and what all they are doing?

Reply: There are 4500 registered pharmacists and 1200 licensed premises of Pharmacies in RPSGB, Scottish Chapter Edinburgh. Seventy percent of RPh work as community pharmacists and thirty percent work as hospital pharmacists, Academics, Veterinary Pharmacist, Military Pharmacist and Pharmaceutical industry.

Question: What is the scale of remuneration for Community pharmacist and hospital pharmacist?

Reply: At the beginning soon after Registration, Community Pharmacists will earn annuity of 18 K GBP and as becomes more and experienced can go up to 52 K GBP.
Where as Hospital pharmacist begin with 23 K GBP and can go up to 40 K GBP.

Question: What are the career prospects for Hospital and Community Pharmacy?

Reply: The hospital pharmacist work in government sector and are more secured as for the services are concerned. The community pharmacist work in private sector
Like independent pharmacies and chain drug stores.

Question: What is the registration fee a pharmacist has to pay?

Reply: So for, a RPh has to pay annually 440 GBP every year. From 2010 on words, the General Pharmacy Council will be coming out with new fee structure of registration.

Question: What are the other important requirements and conditions of registration?

Reply: One should hold a minimum university qualification 4 year MPh from a recognized university. One-year post Mph internship under the supervision of qualified trainer pharmacists in a designated licensed premises for internship.
Pharmacy being knowledge based profession. The knowledge being continuously evolving, it is mandatory that every pharmacists attends at least nine programs related to practice of profession and submits the report how the new knowledge has helped the practice.

Question: what are the growth perspectives in community pharmacy?

Reply: The Community Pharmacist can become Pharmacy Managers, Store Manager, Area Manager and regional Manager. They can also become supplementary prescriber, specialized care providers like Diabetes and Asthmas and also can qualify as Independent prescribers.

Interview

Dr Carol Evans PhD, Head of professional Development RPSGB, Edinburgh, Scotland

Question: What is continuing professional development?
Reply: CPD is an ongoing learning, while in practice by pharmacist in community set up. It helps to improve professional services, which need to be updated on continuous basis.

Question: What types of programs are considered suitable for CPD and how it is documented?

Reply: The most important things of CPD are to include practice related topics. For example, it may be related to patient enquiry, changing mode of dispensing, and an incident or compliant. Al those changes, which are observed in day today, practice and changed in practice.

Question: Why CPD is important?

Reply: Being Pharmacist or Pharmacy Technicians, It is professional obligation to develop and update skills, knowledge and competency of practice. Documenting the CPD can be useful in organizing and focusing career goals and professional developments. After documentation The RPSGB will review and accredit the CPD. In a year nine accreditations are requirements. But in future, It is planed to be regulatory condition to practice the profession.

Question: What is learning cycle?

Reply: It involves planning by a pharmacist, who asks himself the question, how he can learn the skill or updates his knowledge. Fallowed by this is an action, which reflects on learning activities. How it has been useful in practice. The emerging conclusions that reflect on the practice, leading to new mode of thinking. The details of this topic can be seen at website www.update.org.uk .

Profiles

Mr Zahire Community pharmacist at Boots, Edinburgh,Scotland.

Mr Zahire after completing his higher diploma in applied biology did his BSc Hons in Pharmacy. Fallowing his BSc Hons from university did his pre registration at Boots pharmacy in London. He worked as a community pharmacist for one year at Boots London. He worked as a locum (relief pharmacist for 18 months. He has work experience of 18 months.

He is aspiring to become an independent prescriber. He has registered at Robert Gordon University at Aberdeen. As a part of the curriculum he has to complete four modules viz., Therapeutics (infectious diseases, as he intends to specializes in infectious diseases), care planning medicine prescriber and people (communication skills) and public health. He has to write and submit a report with essay fallowed in three cases. All this studies has to be completed under the supervision of a general practitioner. He has to do a 90 hours of practice (12 days).

After successful completion of all the modules and other requirements, he can become an independent prescriber for infectious diseases. As an independent prescriber, he will not compete with doctors but complement doctors in writing prescription.
He earns a salary of 35 L UKP per annul with other perks at Boots pharmacy Edinburgh, Scotland.

Profile

Ms Shirivana Jiakaran a Community Pharmacist and Ms Claire consumer health care trianer

She is working as a community pharmacist at Boots Pharmacy, Airport Edinburgh. She hails from Ghana (South America) and her fore fathers from India. She had completed her preregistration pharmacy qualifications from
Herlot-Watt University at Edinburgh.

At Airport pharmacy she works for 41 hours a week. She gets lot of enquires for minor ailments than regular prescriptions. They also attend for emergency contraceptives, smoking cessation. Due to floating population at Airport they are mostly dealing with general sale medicine (OTC) and pharmacy medicine than regular prescription only medicine.

Ms Cliare is a consumer health care trainer. She works for 4 days in a week as a trainer, where in she trains non-pharmacy staff in dispensing of general list medicines and health care accessories to pharmacy technicians. She also works as pharmacist for 1 day in a week. She has done PG diploma in clinical pharmacy.

Profile

Mr. David Orr Community Pharmacist, Supplementary Prescriber (SP) and Pharmacy manger boots, Edinburgh, Scotland.

Mr David Orr is a specialist pharmacist in diabetic care. He usually meets his patients about 6 hours week. In his practice, he fallows the guidelines given for prescribing for diabetics as per national institute of clinical excellence (NICE) as well as institute general nursing (SIGN). To qualify as SP, he has registered for an online coarse with Robert Gordon University, where in he completed a portfolios of 90 hours of practice under the supervision of a general practitioner (GP) for diabetic patients only.

As SP He attends 3-5 patients per day under NHS prescription. SP are trained by GP and has to complete portfolio with a university to help the patients in a specialized areas like Diabetes, Asthmas and COPD. He is authorized to prescribe in the approved clinical management plan (CMP), which contains patient specific details of medicines that can be prescribed to the patients. The CMP is approved by GP, which is reviewed once year for Diabetes. Here the patients are supposed to get their biochemistry, Hb1Ac four times a year and annually thyroid function test, full annual clinical review, medication review, Blood pressure, Feet and Eye examination by podiatry department and ophthalmology department. As SP he has to coordinate patient care and assist GP.

Mr. David Orr, as a pharmacy manger is responsible for over al performance and smooth running of the pharmacy he has to work 9-10 hours per day with a half an hour break. He is assessed for his performances by profit, customer satisfaction and the annual revenue the pharmacy generates. As Community pharmacist, he should also dispense the medicines.

Mr. Lan Miller, Senior teaching fellow and community pharmacists. University of Strachclyide, Glasgow, UK.
Mr. David Pfleger, Community pharmacist and teaching fellow, Robert Gordon University Aberdeen, Scotland.

In UK, the community pharmacists with postgraduate qualification are invited to teach in universities for the students. The above persons work as CP for half of the week and another half of the week they teach in University. Mr. David works with NHS in medicine managements, cost effective studies, emergency planning, service planning. They can also pursue for their PhD along with job.

Photo with legends

Boots Pharmacy Edinburgh Scotland

Fig 1. Patient counseling rooms in Community pharmacy

Fig 2 Role of Community Pharmacists in health care

Fig 3 Mrs Ina M.Donat, Community pharmacist in action

Fig 4: Mr David Orr, Multiple roles for community pharmacist + Pharmacy Manger + Supplementary Prescriber

Fig 5 : Mr. Zahire, Community pharmacist and Independent Prescriber

Fig 6 Ms Clair and Mrs Shrivana Jaikaran community health care trainer and Community pharmacist

Royal Pharmaceutical Society of Great Britain, Edinburgh, Scotland.

Fig1 Chat with Mr Lyndon Braddick Director RPSGB ,Scottish Department

Fig 2 Mrs. Carol Evans, Head of Professional Development, RPSGB, Scottish Department, Edinburgh

Fig 3 Dr Colin Cable, Pharmaceutical Sciences Information, Advisor, RPSGB, Scottish Department, Edinburgh.

Fig 4 Aileen Bryson, Principal Policy Advisor, RPSGB ,Scottish Department, Edinburgh.

School of Pharmacy, Robert Gordon University, Aberdeen Scotland

Fig 1 Dr. Alise Brown

Fig 2 Mr. David Pfleger

School of Pharmacy and Biochemical Sciences, University of Strahcylide, Glagow, Scotland

Fig 1 Prof Jalienne Johoson

Fig 2 Mr Lan Mllar teacher cum community pharmacist

School of Pharmacy, London

Fig1 Prof Fellcity Smith and Prof David Tylor

Fig 2 Dr Neil Packenham, HIFA 2015

Fig 3 Prof Nichloas Barber

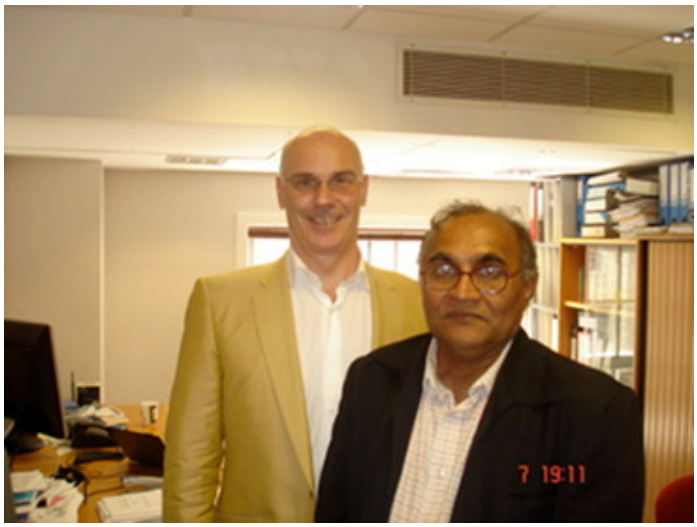

Fig 4 Dr Giresh Gowda