LETTERS

Should the PharmD Degree Be the Basic Educational Requirement in India for Pharmacists?

To the Editor. India offers the following pharmacy degree programs: diploma in pharmacy (DPharm), bachelor of pharmacy (BPharm), master of pharmacy (MPharm), doctor of philosophy (PhD) and the doctor of pharmacy (PharmD). Though these curricula are offered, the concept of clinical pharmacy is still in the initial stage of development and there is a huge debate going on all over the country about the value and relevance of the newly launched PharmD program.

The current scenario related to pharmacy education in India has some drawbacks to it. Clinical pharmacy services have proved and are proving their importance in many healthcare systems of the world towards better healthcare; but at present, almost no professional clinical pharmacy services are being provided in India. There is a great lack of awareness about the importance of clinical pharmacy services in Indian patients and among other healthcare providers in the system. Students in DPharm, BPharm, MPharm, and PhD have almost no exposure to in-hospital training or clinical pharmacy subjects in their curricula. Nevertheless, the PharmD qualification is the basic licensure requirement for pharmacists in some developed countries (eg, United States).

Although the eligibility requirement for both the PharmD and BPharm degrees in an Indian pharmacy school is the same (ie, 10+2 pattern), post-admission, it may create some sort of inferiority-superiority complexes among the students that further may create an unpleasant atmosphere in the institute. The DPharm, BPharm, and MPharm syllabi and curricula differ from one university or board of education to another, which might present difficulties in evaluating students. Reputation of a university is also another evaluating factor. However, the PharmD syllabus is uniform in every institution throughout the India, which is a promising advantage. Many developed countries do not offer the DPharm degree, but it is still being offered in India. Also, there are many other flaws as described in the study by Jishnu and colleagues such as entry of non-meritorious students into the course, non-focused way of learning, outdated curriculum, lack of industrial and clinical exposure, unskilled ways of practical and laboratory training, non-commercialized and poor research, etc.¹

Benefits for a PharmD student include the privilege of using the title of doctor²; better exposure to clinical pharmacy subjects than BPharm students; having a uniform syllabus across all colleges in India; and the opportunity to get practical exposure in the aspects of clinical research. Further, aspired PharmD graduates can work in industry as well. India is the highest populated country after China and there are numerous hospitals present in India. If all clinical pharmacy services are implemented professionally and with proper direction, millions of patients in India are going to get huge benefits out of this. At present, the Indian healthcare system has been missing all those benefits.

Despite having the above mentioned advantages, PharmD students face certain challenges that require thoughtful consideration. Although the PharmD course was launched in India in 2008 and students are being taught many advanced clinical and pharmaceutical subjects, until now the Indian government has not paved the way towards their recruitment in Indian hospitals as clinical pharmacists. The current level of awareness about the PharmD program has been unable to produce jobs for PharmD graduates. There are many colleges offering PharmD programs in southern India but very few in northern India. Also, students are paying higher tuition fees for PharmD and PharmD (post baccalaureate) courses as compared to BPharm and MPharm courses, respectively, in many colleges.

In summary, the PharmD program is definitely providing better learning opportunities compared to the BPharm program and can be recommended as the basic degree requirement for pharmacists in India. The study program has the potential to solve many problems in the Indian pharmacy education system and the Indian healthcare system. On the other hand, there are challenges for PharmD candidates in the current Indian setup that must be addressed by the government for the betterment of the profession and empowerment of the Indian healthcare system.

Prasanna R. Deshpande, PharmD
Chalapathi Institute of Pharmaceutical Sciences
Acharya Nagarjuna University
Guntur, Andhra Pradesh, India

REFERENCES

1. Jishnu V, Gilhotra R, Mishra D. Pharmacy education in India: strategies for a better future. *J Young Pharm.* 2011;3(4):334-42.
2. Frequently asked questions about Pharm D. Available from: <http://pci.nic.in/PDF-Files/question.PDF>. Accessed March 12, 2013.