

# AN ANALYSIS OF PHARMACY SERVICES BY PHARMACIST IN COMMUNITY PHARMACY

## (Kajian Praktek Kefarmasian oleh Apoteker di Apotek Komunitas)

Max Joseph Herman<sup>2</sup>, Andi Leny Susyanty<sup>2</sup>

### ABSTRACT

**Background:** Up to now there are more than 60 schools of pharmacy with a variety of accreditation level in Indonesia. Previous study found that the standard of pharmaceutical services at various service facilities (hospitals, primary health care and community pharmacy) can not be fully implemented because of the limited competency of pharmacist. This study was conducted to identify the qualification of pharmacist who delivers services in community pharmacy in compliance with the Indonesian Health Law No. 36 of 2009. As mandated in the Health Law No. 36 of 2009, the government is obliged to establish minimum requirements that must be possessed. **Methods:** This cross sectional study was conducted in 2010 at 2 community pharmacies in each of 3 cities, i.e. Bandung, DI Yogyakarta and Surabaya. Other than ten pharmacists delivering services in community pharmacies, there were pharmacists as informants from 4 institutions in each city selected, i.e. six pharmacists from two Schools of Pharmacy, three pharmacists from three Regional Indonesian Pharmacists Association, six pharmacists from three District Health Offices and three Provincial Health Offices. Primary data collection through in-depth interviews and observation as well as secondary data collection concerning standard operating procedures, monitoring documentation and academic curricula has been used. Descriptive data were analysed qualitatively. **Results:** The findings indicate that pharmacists' qualification to deliver services in a community pharmacy in accordance with the Government Regulation No. 51 of 2009, Standards of Pharmacy Services in Community Pharmacy and Good Pharmaceutical Practices (GPP) was varied. Most pharmacists have already understood their roles in pharmacy service, but to practice it in accordance with the standards or guidelines they are still having problems. It is also acknowledged by pharmacists in other institutions, including School of Pharmacy, Regional Indonesian Pharmacists Association, Provincial and District Health Offices. To practise such as stated by the Indonesian Health Law No. 36 of 2009, the Government Regulation No. 51 of 2009. **Conclusion:** The Standards of Pharmaceutical Services and GPP requires prevailing role of pharmacists in community pharmacy in terms of time and capability. Training or continuing development is also needed through upgrading, seminars, socialization and supervision in the community pharmacy practices which may involve cooperation with professional organizations needs to be improved.

**Key words:** Pharmacist, Qualification, Community Pharmacy, Pharmacy Practices

### ABSTRAK

**Latar Belakang:** Di Indonesia sampai saat ini terdapat lebih dari 60 Perguruan Tinggi Farmasi dengan berbagai tingkat akreditasi. Penelitian sebelumnya menemukan bahwa Standard Pelayanan Farmasi belum dapat dilaksanakan sepenuhnya pada berbagai fasilitas pelayanan kesehatan (rumah sakit, puskesmas dan apotek) karena keterbatasan kompetensi apoteker. Studi ini bertujuan mengidentifikasi kualifikasi apoteker yang melakukan pelayanan farmasi di apotek komunitas dalam rangka memenuhi ketentuan Undang-Undang RI No. 36 tahun 2009 tentang Kesehatan. Sebagaimana diamanatkan oleh Undang-Undang pemerintah berkewajiban persyaratan minimum yang harus dimiliki. **Metode:** Penelitian potong lintang ini dilaksanakan dalam tahun 2010 pada masing-masing 2 apotek komunitas di 3 kota, yaitu Bandung, DI Yogyakarta dan Surabaya. Sebagai responden penelitian selain 10 orang apoteker apotek komunitas juga diambil 6 apoteker dari 6 PT Farmasi, 3 apoteker dari Pengurus Ikatan Apoteker Indonesia dan 6 apoteker dari Dinas Kesehatan Provinsi dan Kota. Di samping data primer dikumpulkan melalui wawancara mendalam dan observasi dengan menggunakan daftar tilik di unit apotek, juga dikumpulkan data sekunder tentang SOP pelayanan farmasi, dokumentasi monitoring dan kurikulum PT Farmasi. **Hasil:** Analisis data secara kualitatif deskriptif menunjukkan bahwa kualifikasi apoteker yang memberikan pelayanan farmasi di apotek komunitas dalam rangka memenuhi ketentuan Peraturan Pemerintah No. 51 tahun 2009, Standard Pelayanan

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<sup>2</sup> Center of Public Health Intervention Technology – NIHRD – Ministry of Health RI, Jl. Percetakan Negara 23 A Jakarta 10560  
Alamat korespondensi: E-mail: max\_jh@litbang.depkes.go.id

*Farmasi di Apotek dan Good Pharmacy Practice bervariasi. Pada umumnya apoteker memahami perannya dalam pelayanan farmasi, tetapi untuk melaksanakannya sesuai dengan standard atau pedoman masih menghadapi berbagai kendala. Hal ini juga diakui oleh apoteker dari PT Farmasi, Pengurus IAI dan Dinas Kesehatan. Pelaksanaan sesuai dengan Undang-Undang RI No. 36 tahun 2009, Peraturan Pemerintah No. 51 tahun 2009. **Kesimpulan:** Standard Pelayanan Farmasi di Apotek dan GPP menuntut peran yang dominan dari apoteker di apotek komunitas dalam hal waktu dan kemampuan. Pelatihan dan pendidikan berkelanjutan juga dibutuhkan, antara lain melalui penataran, seminar, sosialisasi dan supervisi praktik farmasi di apotek komunitas yang mungkin melibatkan kerja sama dengan organisasi profesi dan PT Farmasi.*

**Kata kunci:** Apotek, Kualifikasi, Apotek Komunitas, Praktek Kefarmasian

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## INTRODUCTION

The objectives of health development are to build awareness, motivation and capability to realize healthy living and to have access to quality, proportional, and fair distribution of health services as an investment of socially and economically productive human resource development. For the purpose of achieving health development goals stated in the Indonesian Health Law No. 36 of 2009 (Undang-Undang Kesehatan RI No. 36, 2009), the government shall establish planning, recruitment, procurement, utilization, control and supervision of health providers in delivering health care including those practising in health facilities who should have minimum qualification such as stated in Minister Decree.

One of health facilities where pharmacists deliver pharmacy services is a community pharmacy. As a health care provider a pharmacist shall have qualification such as mandated in the Indonesian Health Law No. 36 of 2009. Nowadays, the government has issued pharmacist qualification in practising pharmacy services through the Government Regulation No. 51 of 2009 on Pharmacy Practice (Peraturan Pemerintah RI No. 51, 2009). In the Indonesian Health Law it is also mentioned that pharmacy practices which include dispensing and quality control of pharmaceutical products, safety assurance, procurement, storage and distribution of drugs, supply of physician prescribed drug, drug information provision and development of drug, medical product and traditional medicine should be provided by competent and authorized personnel.

The development in health technologies and the changing of life-style have brought changes in the community expectations concerning pharmacy services in hospitals, primary health care and pharmacies. Convenient and timely access to care, patient safety

and health outcomes, financial sustainability and the scope of practice of health professionals are recent challenges. Pharmacists should move from behind the counter and start serving the community by providing pharmaceutical care instead of merely supplying medicines. A comprehensive pharmacy service involves activities both to secure good health and to avoid ill-health in the population. Health promotion and health maintenance are key components of pharmacy practice and effective drug therapy management. When ill-health is treated, it is necessary to assure quality in the process of using medicines in order to achieve maximum therapeutic benefit and to avoid untoward-effects (FIP, 2009).

Other than in the Government Regulation No. 51 of 2009, guidelines on pharmacy service was introduced in the Decree of Minister of Health No. 1027 of 2004 (Depkes RI, 2006) and Good Pharmacy Practice (WHO, 1996), a joint document from WHO and FIP (International Pharmaceutical Federation). The Indonesian Pharmacist Association (IPA) had also established the pharmacy competency framework (BPP ISFI, 2004) and to support that the Indonesian Association of Pharmacy Higher Education developed pharmacist professional standards requirements (APTFI, 2010).

The pharmacist professional standards requirements in community pharmacy (PKPA) aims to achieve the following competencies:

1. Ability to make professional decision based on knowledge, evidence, standards, regulation and ethics in community pharmacy.
2. Ability to implement pharmaceutical care to ensure patients derive maximum benefit from their treatment with medicines.
3. Ability to communicate with patients and other health care professionals.

4. Ability to plan either drug, finance, human resource or business management.
5. Ability to plan and implement professional development strategies based on good pharmacy practice.

According to the Indonesian Pharmacist Association all pharmacist practising in a community pharmacy shall be capable of:

1. Managing pharmaceutical products and medical devices adhering to the rules.
2. Professional provision of effective medication therapy management.
3. Provision of patient counseling, information and education.
4. Recording and reporting in compliance with the rules.
5. Monitoring efficacy and safety of pharmaceutical products and medical devices.
6. Acting as a management and pharmacy service leader in community pharmacy.
7. Active participating in preventive and promotive public health program.

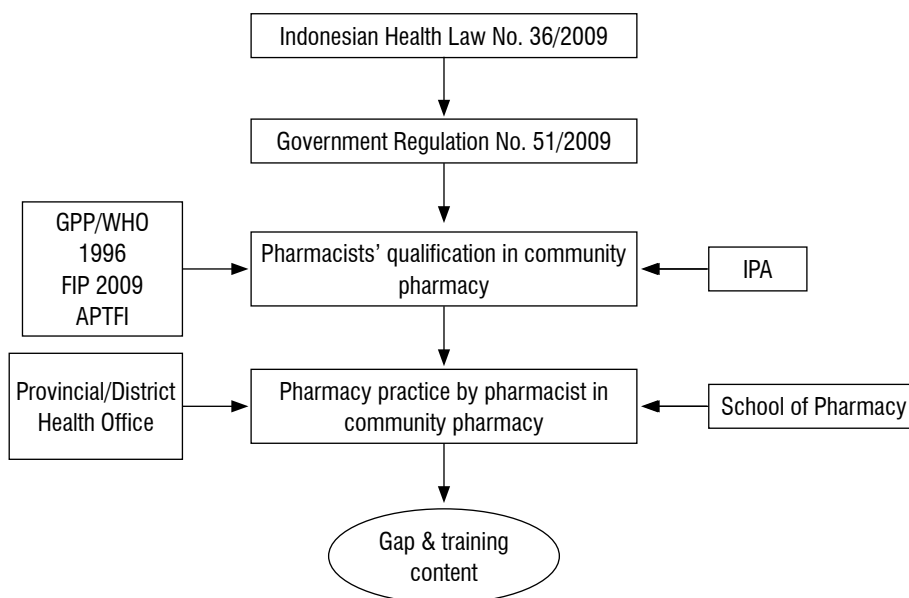
This study was conducted to identify the qualification of pharmacist who delivers services in community pharmacy in compliance with the Indonesian Health Law No. 36 of 2009. Up to now there are more than 60 schools of pharmacy with

a variety of accreditation level, i.e A, B, C and even not accredited yet (<http://aptfi.or.id/?p=15>, 2009). Furthermore, facilities and process of professional pharmacist education vary widely such that quality or competencies of their graduates differ too. A previous study on the readiness of pharmacy providers to anticipating globalization in pharmacy services in 2009 (Sasanti, 2009) found that the standard of pharmaceutical services at various service facilities (hospitals, primary health care and community pharmacy) can not be fully implemented because of the limited competency of pharmacist and general pharmaceutical knowledge obtained from school.

## METHODS

### Conceptual framework

This qualitative descriptive study was done cross sectionally in three cities in Indonesia, namely Bandung, DI Yogyakarta and Surabaya. Informants were six full-time pharmacists from six Community Pharmacies (CP), six pharmacists from six Schools of Pharmacy (SP), three pharmacists from three regional IPA, six pharmacists from three Provincial and three District Health Offices. Cities are purposively selected based on the existence of A and/or B accredited school of pharmacy in Java. Primary data collections through in-depth interviews and observation using check-list in community pharmacy as well as secondary data collection concerning standard operating procedures,



**Table 1.** Visited Insitution in Each City

No	Cities	SP	IPA	CP	Provincial Health Office	District Health Office
1	Bandung	2	1	2	1	1
2	DI Yogyakarta	2	1	2	1	1
3	Surabaya	2	1	2	1	1
<b>TOTAL</b>		<b>6</b>	<b>3</b>	<b>6</b>	<b>3</b>	<b>3</b>

monitoring documentation and academic curricula have been used.

## RESULTS AND DISCUSSION

### Characteristics of pharmacists practicing in community pharmacy

Table 2 shows that pharmacists' graduation year and practicing experience as full time pharmacist in a community pharmacy varies greatly among respondents.

### Qualification of pharmacist practising in community pharmacy

The qualification of pharmacist was viewed from several aspects like the main focus of pharmacy service and practice in a community pharmacy, the role of pharmacist in management and administration of pharmaceutical products, the role of pharmacist in supply and the use of medicines, the role and knowledge of pharmacist in counseling, patient education and provision of drug information, home care and self-care, standards and guidelines on pharmacy practice in community pharmacy, communication with other health professionals and promotion of rational prescribing as well as the contribution of pharmacy service in health care.

### Main focus of pharmacy service in community pharmacy

Most pharmacists said that the main focus of pharmacy service was a patient-oriented one and

to support that there should be no service whenever no pharmacists stand-by. To ensure the outcome of therapy, a pharmacist has to assess rational and appropriate use of drugs or by complying with the guidelines of pharmacy service in a community pharmacy just like the expectations from the standards, namely a comprehensive pharmacy service that involves activities to improve or maintain a patient's quality of life (Depkes RI, 2006). Nonetheless there was a pharmacist that did not define the focus for his pharmacy was a new one such as this statement:

*"The main focus of pharmacy service has just been recognized and undefined yet, whilst we supply drugs including OTC and ethical drugs"*

WHO/FIP in Good Pharmacy Practice set the welfare of patient as a pharmacist's first concern in all settings and the core of the pharmacy activity is the supply of medication and other healthcare products of assured quality, appropriate information and advice for the patient as well as monitoring the effects of use (WHO, 1996).

### Pharmacist's role in pharmaceutical products management

According to the Standards of Pharmacy Services in Community Pharmacy, pharmacists have direct responsibilities in managing resources in a pharmacy like human resources, facilities and equipments, medication and other healthcare products, starting from planning, procurement, storage and administration (Depkes RI, 2006).

**Table 2.** Characteristics of pharmacists practicing in community pharmacy

No	Characteristics	Bandung		DIY		Surabaya	
		CP 1	CP 2	CP 1	CP 2	CP 1	CP 2
1	Grad. year	2009	1985	1997	2005	2001	1982
2	Pract. Exp.(yr)	1	25	10	2	3	25

In this study most pharmacists well-played this role although not all the tasks in the pharmacy were performed by them but other personnel did too (Herman, 2010) just like these statements:

*"A pharmacist in community setting has the responsibility in all aspects like service, marketing, finance and administration, human resources and training, logistic management and inventory"*

*"As a manager, I decide and order what drugs to be purchased. Soon after delivery from the distributors, a pharmacy staff will enter them into the computer. For each task there is a pharmacy staff responsible"*

This finding shows that the function of pharmaceutical products management had been done by most pharmacists, especially the full-time pharmacists. Whilst for a firm pharmacy the management is under a certain division with a monitoring system like in the following statements:

*"The processes of planning, procurement, storage, documentation and evaluation are all under the authority of logistic division"*

*"The pharmacist is responsible for the management of other pharmaceutical and health products from the planning up to their evaluation.....Each activity done in the pharmacy is under the supervision of Head of Branch Office"*

#### **Pharmacist's role in drug therapy management**

Pharmacists should assume greater responsibility than they currently do for the management of drug therapy because many tasks were still done by pharmacy assistant, except for full time pharmacists, such as these statements:

*"The pharmacy assistant is responsible for OTC drugs under supervision of the pharmacist.....the pharmacist himself is responsible for ethical drugs from receiving the prescription to monitoring the drug use, helped by his assistant"*

*"The pharmacy assistant serves at the front counter for OTC drugs....prescription drugs are dispensed by pharmacy assistant"*

*"Full time pharmacist practices all activities, helped by pharmacy students now and then"*

*"This community pharmacy does not have any pharmacy assistant such that all practices are done by the pharmacist himself"*

#### **Pharmacist's role in communication, information and education**

This beyond the supply of pharmaceutical products role of pharmacists is played by a full time pharmacist or a co-pharmacist practising in an education pharmacy, either to other health care providers or to the patients they serve.

*"The responsible pharmacist works full time, this community pharmacy is also an education pharmacy. Drug information given to patients covers up indication, dose, administration and probable adverse events of drugs. The essential role of pharmacist is communication with patients regarding their medicines"*

*"The pharmacist's role is prevailing.... communication, information and education to the patient or others is done by the pharmacist. Counseling starts from 8 am until 10 pm. The information given includes indication, dose, administration and probable side effects of drugs"*

*"This pharmacy does not have any pharmacy assistant.....Information is given by the pharmacist depending on the result of patient assessment, disease, and drug used"*

This role, especially for drug therapy in chronic diseases, differs from a pharmacy with a full time pharmacist than the one with a pharmacy assistant as an information provider in details.

*"Interaction of drugs mostly asked by consumers – unanswered...Information and education on anti diabetes – unanswered.... Information and education on drugs for uric acid – unanswered....antibiotics use is not a problem"*

#### **Home care and self medication**

In the Standards of Pharmacy Services in Community Pharmacy a pharmacist, as a care giver, should consider home care service too, especially for the elderly, mothers and children, or chronically ill patients. This activity includes documentation of professional activities such as medication record (DepKes RI, 2007). Nevertheless, the implementation of home care by pharmacists was not so easy, like this statement:

*"Homecare at times can not be done for not all patients needs or pleased to be visited. Homecare may be done via telephone. Trial for homecare is required for it is not well-known or recognized by the community. Technical preparation is difficult, the pharmacist is not ready and the cost resulted from it should be expected"*

There were pharmacists who did it in educational program, but there were pharmacists who ever did not either.

*"Visiting patients, especially those with chronic diseases, has been done to assure compliance, to check their latest condition and when they should visit their physician again, to count and check their medicines, to ask for the problem they faced including symptoms of drug side effects. Homecare is also documented"*

*"Yes, it has been carried out by pharmacist together with practicing pharmacy students, documented in Patient Medication Record"*

*"Direct visitation by pharmacist has not been conducted, for the response from monitoring by telephone is still very low. So, we make card and whenever they need us they can call us"*

Good Pharmacy Practice addressed activities of pharmacists associated with self care, including advice about and, where appropriate, the supply of a medicine or other treatment for the symptoms of ailments that can be properly self treated (WHO, 1996). In this study activities concerning self care was hardly done because of precaution taken by pharmacists regarding the ongoing relationship with other health professionals, particularly physicians, though it should be seen as a therapeutic partnership.

*"Beware of crossing the physician. OTC drugs, physicians, referrals. A great number of self-medication for acute diarrhea, patients should better see their physician"*

*"Yes, it has been carried out by pharmacist together with practicing professional pharmacy students"*

*"It has been done on the 5th day every month, together with practicing professional pharmacy students in the surrounding area, preparing leaflets to be distributed"*

## **Standards of Pharmacy Services in Community Pharmacy**

Standards of Pharmacy Services in Community Pharmacy is essential in the practice of pharmacy that responds to the needs of those who use the pharmacists' services by providing optimal, evidence-based care (WHO, 1996). It should be adhered to by capable pharmacists. Most of the pharmacists knew and understood the standards well but there were still obstacles in practice, especially concerning the implementation of Government Regulation No. 51 of 2009 like these two pharmacists said:

*"Concerning the Indonesian Health Law No. 36 of 2009 and the Government Regulation No. 51 of 2009, a pharmacist should have been familiar with them. In general the Government Regulation No. 51 of 2009 rules a pharmacist in his professional practice and it may become refreshment in spite of contradiction here and there. Difficulties to improvement towards GPP lie on the pharmacists themselves, they need more knowledge to practice according to GPP" nonsense*

*"Government Regulation No. 51 of 2009, there has to be a co-pharmacist for it's not possible to work for 24 hours"*

## **Communication with other health professionals and assessment of prescription rationality**

In the Standards of Pharmacy Services in Community Pharmacy issued by the Ministry of Health pharmacists should collaborate with other health care providers in their efforts to promote rational drug use and to improve health outcomes (DepKes RI, 2007).

It was found that most pharmacists did not have any problem in communicating with other pharmacists, but at times with other health care providers like physicians there might be difficulties.

*"There are communications with other pharmacists especially on drug use, with physician concerning prescription rationality, unclear writing, available drugs and drug substitution either directly or by phone. Response of physician is usually very good".*

*"It's not easy sometime to communicate with physician"*

Assessment of rational prescription that should cover legal validity, appropriate dosage form and route of administration, therapeutic dosage range, appropriateness to patients' condition, parameters and previous medication, compatibility with other medicines and possible side effects was not exclusively done in overall pharmacies yet. Some did it by routine habit when screening prescription. The followings are pharmacists' opinion on rational prescription in a pharmacy:

*"In general, it's okay. Polypharmacy occurs usually for the elderly and children, antibiotics and analgesics are common. To support the policy of rational prescription, a clear government regulation is needed, besides socialization through mass media or seminars on rational drug use".*

*"Full time pharmacists find many irrational prescriptions, for example Hiperkol was given together with Lipitor eventhough they have similar indication as anticholesterol. Another example is prescription of Biogesic and paracetamol. To support the policy of rational prescription, socialization through mass media or television to the public should be considered and to pharmacist and physician is a must".*

*"Although most prescriptions are rational, there are still some inappropriate ones, for example one that contained powdered sustained-release tablets which should first be confirmed by the prescriber. To promote rational drug use policy, some product limitation may be required. Pharmacist's role in communicating with physician should be enhanced and evidence derived from PMR. Patient safety in community pharmacy setting is also needed".*

### **The contribution of pharmacy services in health care**

WHO in Good Pharmacy Practice stated that the contribution of pharmacy services in health care was to improve health outcomes by maintaining access to an appropriate evidence relating to the safe, rational and cost effective use of medicines (WHO, 1996). In-depth interviews reveal that pharmacists realized their services' contribution to health care in different aspects and understandings.

*"The contribution of pharmacy services in health care consists of accessibility to affordable drugs and availability of appropriate drug information".*

*"Improvement of general health status will come along with the achievement of the objectives of drug therapy".*

*"It is very important for the goal of therapy is not merely determined by appropriate diagnose but also by the success of drug treatment which is certainly influenced by the control of pharmacist".*

### **Observation of pharmacy practice in community pharmacy**

Observations show that activities in pharmacy practice differed widely, depending on the presence of the pharmacists and their role in a community pharmacy. These main differences lie in the activities of filling prescription of the medicines used, the role and knowledge of pharmacist in counseling, patient education and provision of drug information, providing effective medication therapy. On the other hand, activities concerning drug and human resources management in a community pharmacy were nearly alike in accordance with the standards.

**Matrix 1.** Pharmacy Practice in Community Pharmacy

<b>Pharmacists' qualification</b>	<b>Implementation</b>	<b>Training Content</b>
Drug supply and management as regulated	Pharmacist is responsible in all aspects eventhough he is not the actor, obstacles towards GPP are limited number of pharmacist, different regulation perception, other profession and pharmacist himself	Regulations, behavioral science
Drug, including OTC and ethical drug services	Mostly done by pharmacist assistant	Clinical pharmacy, communication skill, DRP, drug interaction especially oral drugs

Pharmacists' qualification	Implementation	Training Content
Counseling, information and education - patients - other health professional	Still done a lot by pharmacist assistant, information limited to drug indication, application and contra-indication	Drug information service (PIO), product knowledge, reference evaluation
Recording and reporting as regulated	Well done	Regulations
Active participation in drug safety monitoring	Medication record still unavailable except in education pharmacy	PMR, pharmaceutical science
Other leaders' function like finance and human resource manager	Especially at pharmacy owned by non-pharmacist cannot be implemented	Pharmacoeconomic, financial and human resource management

### The qualification of pharmacists practising in community pharmacy according to School of Pharmacy, Indonesian Pharmacist Association and Health Office School of Pharmacy

School of Pharmacy as an institution in education world that produce pharmacists surely has an important role. Their education equips pharmacists to play a key role in providing assistance, information and advice to members of the public about medicines available. This requires them to keep abreast of developments in pharmacy practice and the pharmaceutical sciences, professional standards requirements and advances in knowledge and technology.

Determining the functions of pharmacists that are desired by stakeholders (patients, physicians, policy makers, insurers, payers and other health care professionals) will result in pharmacists' qualifications that agree with the market demand. It is also considered important to describe key competencies that the profession brings to the continuum of health care delivery. For that purpose the pharmacist professional standards requirements in community pharmacy (PKPA) which describe the implementation of pharmaceutical sciences in globalization era is essential (Syukri, 2009).

Interview with school of pharmacy shows that the conditions of practice in community pharmacy vary widely. Educational programmes for entry to the profession should appropriately address both current and foreseeable future changes in pharmacy practice. The school of pharmacy has deliver knowledge and competencies such as required by their association, but pharmacists should maintain their competencies as health care professionals who have relevant and up-to-date skills and expertise through continuing professional development activities. The success of pharmacists practising in community pharmacy

depends on their willingness and commitment to continuing professional development, other than that obtained from formal education.

*"Pharmacies are going towards what is demanded by the Government Regulation No. 51 of 2009, if patients are not satisfied surely pharmacies will collapse".*

*".....Nevertheless, I see generally that in many other areas in Indonesia pharmacy practice in community setting is not done as expected....I see that there is a lack of commitment of pharmacist himself to practice professionally in a community pharmacy that resulted among other things in their scarce attendance".*

*"..... I think that those responsible for education have given their students knowledge and skill as much as possible, such that a pharmacist should be capable of practicing professionally. Nonetheless, continuing education should be followed to cope with recent developments".*

### Indonesian Pharmacists Association

Rubiyanto in his writing, Rekonstruksi Profesi Apoteker Sebuah Upaya Membuat Peta Jalan Menuju Apoteker Sebagai Tenaga Kesehatan, said that the Health Law No. 36 of 2009 and the Government Regulation No. 51 of 2009 will surely inspire pharmacists to make great changes starting from the school of pharmacy, pattern and performance of pharmacy practice in all settings to their attitude and behaviour as health professionals in improving health in the community (Rubiyanto, 2010). Interviewee underlined pharmacy education like this:

*"Fresh graduates can not meet users' demand and need adaptation. Pharmacist is a health professional but not ready for use because of their inappropriate curricula. At school everything has to be learned. A great number of pharmacists in community setting just*



*only manage the drug supply and hardly involved in clinical pharmacy and pharmaceutical care"*

According to Rubiyanto the implementation of the afore mentioned Health Law and Government Regulation needs struggle, for there are different perceptions and paradigm among the pharmacists themselves regarding their background interests. Besides other health professionals often undermine the role of pharmacists and relatively resistant to their existence, public awareness of the added value of the pharmacists still has to be raised up. Even in some cases the political will of the government to empower pharmacists as required is still lacking. This is a golden chance that can not be repeated (Rubiyanto, 2010). The presence of pharmacist in a community pharmacy is in fact a barrier according to the following interviews:

*"The presence of pharmacist to serve in certain pharmacies is undebatable, but in others pharmacist is present if only they are the owners too and just not more than five percents of pharmacies are owned by pharmacist"*

*"Although referring to the competence standards, knowledge of a pharmacist is adequate, they lack professional attitude and behavior, especially those in cooperation with the owner of the pharmacy"*

Interviewee also emphasized government commitment to improve pharmacy services by pharmacists like this:

*"Regarding the presence of pharmacist, it depends on the government policy, there should be a reward and punishment mechanism. The government should make a kind of law enforcement. Until now the Indonesian Pharmacist Association (IPA) has not an authority to cancel a pharmacy license and needs support from the government to be empowered".*

For the sake of changes in pharmacy practice, the IPA attempts to organize activities which enhancing pharmacists improvement of quality in their professional practice:

*".....IPA recommends the implementation of a standard operating procedure in conducting GPP in community setting..... Designing pharmacist stratification system through professional practicing program for fresh graduated pharmacists, collecting portofolio for at least five years to follow CPD*

*(Continuing Profession Development) and using credit system to assess by means of PMR (Patient Medication Record) as tools of the National Pharmacy Committee (KFN)".*

*"To improve quality and to upgrade the competencies of pharmacist as mandated in the Indonesian Health Law No. 36 of 2009 and the Government Regulation No. 51 of 2009, CPD (Continuing Professional Development) or CPE (Continuing Professional Education) is essential. Functional status of pharmacist practicing in hospitals, community pharmacies and public health centers should be developed".*

### **Health Office**

With the coming of Government Regulation No. 51 of 2009 into effect, pharmacists have to implement the Standards of Pharmacy Services (chapter 21, v.1) and filling prescription have to be done only by pharmacists (chapter 21, v.2). This means that pharmacists must be present as long as health care facilities are opened. Up to now nearly 95% who render pharmacy services are not pharmacists (pharmacy assistants, nurses, midwives, owners, non medical technician), whereas the pharmacists themselves usually have a job outside health care facilities. Following this obligation the quality of pharmacy services in near future will make a vital contribution to patient care. The actions taken by the District Health Office as regulator were:

1. Socialization of Government Regulation No 51 of 2009 to IPA, PAFI, the association of pharmacy owner, hospitals, community health center, clinic, drug wholesaler, and local government. Particularly to hospitals, socialization is done continually regarding the issue of Law No. 44 of 2009 on Hospitals.
2. Analyze the need of pharmacists and pharmacy technicians required so as to establish standards.
3. Organizing seminars or workshops with school of pharmacy or IPA.
4. Planning and recruitment of pharmacists and pharmacy technicians in private or public hospitals.
5. Monitoring and evaluating performance of pharmacy services in health facilities.
6. Facilitating registration of pharmacists to the Ministry of Health and pharmacy establishment.

7. Issuing and controlling of pharmacists' practice license (SIPA).
8. Collaboration with regional IPA and PAFI to control pharmacies as early as possible.
9. Supporting pharmacists and their technicians on their rights and liabilities.

What the Health Office had already done in preparing the implementation of Government Regulation No. 51 of 2009 is as follows:

*"Referring to the Government Regulation No 51 of 2009 which has certainly to be obeyed, preparation has to be made. The regional health office has to control that a pharmacy should only be opened whenever the pharmacist is present. For the time being, a new pharmacy has to employ at least two pharmacists, one as a co-pharmacist".*

The Health Office said that there was barrier to implement the Government Regulation comprehensively, especially from the pharmacists:

*"Pharmacy practice in community setting at this time varies widely, particularly in direct service to patients.....We have a lot number of pharmacists now, but their quality and competence are inadequate to improve the overall quality of pharmacy services. The responsibilities of some pharmacists are lacking such that their profession is underestimated and not recognized yet compared with physicians".*

Apart from the pharmacists site in order to improve their qualification in the implementation of Government Regulation No. 51 of 2009, support from school of pharmacy and IPA is also needed.

*"Pharmacist is still not confident to run a pharmacy on their own for the reason of lack of knowledge and fund, communication and management skill. Meanwhile, there are still schools of pharmacy with inadequate curricula in order to practice professionally and lack of education facilities.....Professional organization plays an important role and has to have a clear concept to improve pharmacist's competence, the Provincial Health Office will facilitate in terms of policy through intersectoral meeting and inviting stakeholders involved".*

## CONCLUSIONS AND RECOMMENDATIONS

### Conclusions

This study finds that the qualification of pharmacists practising in a community pharmacy in compliance with the Government Regulation No. 51 of 2009, the Standards of Pharmacy Services in Community Pharmacy and the Good Pharmaceutical Practice still vary. Most of the pharmacists have understand their roles in pharmacy practice in a community pharmacy, but to do it according to the regulations there are still hindrances in competence and time. Proper information and training in these aspects will help creating the awareness and motivation to do it in their pharmacy, and its subsequent advantages.

### Recommendations

Education and continuing education through seminars, socialization and control of pharmacy practice in community pharmacy should be enhanced in cooperation with professional organization as necessary.

**Matrix 2.** Perception of institution on pharmacists' qualification at community pharmacy

Informant	Pharmacists' qualification	Development content
School of Pharmacy	Pharmacy practice done variedly by pharmacist among CPs, especially in pharmacotherapy and communication, still in transition period	Clinical pharmacy, commitment, pharmacotherapy, humaniora, communication, behavioral science, marketing and management
Regional IPA	Appropriate number and quality of pharmacist, attitude and behavior is important	No pharmacist no service, appropriate competence system, continuing education, behavior, PMR, periodic certification
Provincial Health Office	Pharmacy practice still not as expected by Government regulation no.51/2009	At least 2 pharmacists in a CP, collaboration with professional organization, clinical pharmacy, communication and management
District Health Office	Pharmacy practice varies widely	Control, registration and licensing of pharmacist, at 2 pharmacist in a CP, pharmacology, PMR, clinical pharmacy

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