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Reforming Pharmacy Education and Practice in India: Confronting Bitter Truths for A Better Future

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ABSTRACT

Pharmacy education in India is at a pivotal juncture, challenged by outdated curricula, inadequate discipline-specific teaching, faculty shortages, and weak regulatory oversight, despite increasing demands from the healthcare sector. This article critically examines these systemic issues, with particular attention to the underrepresentation of Pharmacognosy, the professional identity crisis among pharmacists, and the disconnect from global educational standards. It advocates for comprehensive reforms, including curriculum modernization, strict implementation of Pharmacy Council of India (PCI) guidelines, and stronger recognition of pharmacists as essential healthcare professionals. Drawing on global best practices, the article envisions a redefined and elevated role for pharmacists in academia, industry, and clinical settings.

Keywords*: Pharmacy education, Pharmacy Practice, Healthcare professionals, Pharmacist identity, Curriculum reform.*

INTRODUCTION

India's pharmacy profession stands at a critical crossroads, poised to either evolve into a key component of the healthcare ecosystem or continue to struggle under the weight of longstanding systemic issues. While the demand for skilled healthcare professionals is rapidly increasing—driven by population growth, changing disease patterns, and greater healthcare awareness—the pharmacy sector in India has not kept pace. The promise of pharmacists as essential healthcare providers remains largely unfulfilled due to structural deficiencies in education, weak regulatory oversight, and a lack of recognition of their professional value.

One of the most pressing concerns is the outdated nature of pharmacy curricula, which often fail to incorporate recent scientific advances, industry expectations, and global best practices. Many institutions also lack discipline-specific teaching, especially in foundational areas such as Pharmacognosy, leading to a diluted academic experience. This, combined with faculty shortages and inconsistent academic standards, hampers the ability of pharmacy graduates to compete effectively in both local and international job markets. The resulting identity crisis among pharmacists—who are often seen merely as dispensers of medicine rather than knowledgeable healthcare providers—further exacerbates the issue.

The regulatory framework, primarily governed by the Pharmacy Council of India (PCI), suffers from weak enforcement and irregular implementation of guidelines. Without a consistent mechanism to uphold academic and professional standards, the sector risks continued stagnation. What is needed is a robust and enforced regulatory structure that

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ensures curriculum updates, institutional accountability, and consistent quality in pharmacy education across the country.

Comprehensive reform is no longer optional—it is essential. Pharmacy education must be modernized to reflect contemporary scientific and clinical advancements. There must be stricter adherence to PCI norms, and the role of pharmacists should be repositioned within the healthcare system to reflect their importance in patient care, research, and pharmaceutical development. Enhancing their recognition will not only improve the status of the profession but also lead to better health outcomes through more informed and accessible pharmaceutical care.

This article critically examines the current challenges facing pharmacy education and practice in India and offers a roadmap for reform. By drawing lessons from global models and tailoring them to India's unique context, it envisions a future where pharmacists are integral to academia, industry, and clinical practice. Achieving this vision requires coordinated efforts from policymakers, educators, regulators, and professionals to transform pharmacy into a dynamic, respected, and impactful profession.

Need for a Unified Regulatory Body for Pharmacy Education

The current landscape of pharmacy education in India is governed and inspected by multiple regulatory bodies, including the Pharmacy Council of India (PCI), National Assessment and Accreditation Council (NAAC), National Board of Accreditation (NBA), All India Council for Technical Education (AICTE), universities, Directorates of Technical Education (DTEs), and State Boards like MSBTE. Each of these authorities requires institutions to submit extensive documentation in different formats, often duplicative in nature.

This multiplicity leads to a significant clerical workload on faculty members, who are compelled to prepare and reformat data repeatedly to meet the specific requirements of each agency. In many institutions, faculty members are frequently summoned during vacations and holidays to complete this non-academic work, leading to stress and fatigue.

Instead of focusing on their core responsibilities—teaching, student mentoring, and research—faculty are increasingly diverted to administrative tasks. This not only affects the quality of education but also stifles innovation and academic growth. The situation is worsened by the widespread lack of adequate non-teaching and clerical staff to support documentation and compliance work.

To address this challenge, there is an urgent need to establish a single, unified regulatory and accreditation body specifically for pharmacy education. This body should streamline inspections, standardize documentation requirements, and reduce redundant procedures. Such a reform will greatly reduce the unnecessary burden on educators and help restore the academic focus of institutions.

A unified approach will ensure efficiency, clarity, and accountability, ultimately contributing to the enhancement of pharmacy education in India.

Strengthening Pharmacy Curriculum

Strengthening the pharmacy curriculum is essential to bridge the gap between academic training and real-world healthcare and industry demands. The current curriculum, in many

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institutions across India, remains outdated and heavily theoretical, lacking alignment with contemporary scientific advancements, technological integration, and evolving patient-centric care models. To address this, the curriculum must be revised to include emerging areas such as pharmacogenomics, personalized medicine, regulatory sciences, data analytics, clinical research, and digital health. Emphasis should also be placed on experiential learning through case-based teaching, problem-solving exercises, industry internships, and clinical exposure to foster critical thinking, practical skills, and decision-making abilities among students.

Furthermore, interdisciplinary integration with allied life sciences, biotechnology, and public health can create a more holistic and future-ready pharmacy graduate. Regular input from industry professionals, regulatory bodies, and academic experts should guide curriculum design to ensure relevance and adaptability. The Pharmacy Council of India (PCI) must play a proactive role in enforcing nationwide curriculum reforms with periodic reviews and standardization. Ultimately, a strengthened, dynamic pharmacy curriculum will not only enhance employability and global competitiveness but also position pharmacists as key contributors to healthcare innovation, research, and patient safety.

Pharmacognosy, the study of medicinal drugs derived from natural sources, has historically been a cornerstone of pharmaceutical education. However, many pharmacy colleges in India lack qualified faculty for this vital subject. Institutions often fail to appoint dedicated Assistant or Associate Professors in Pharmacognosy, despite clear guidelines set by the Pharmacy Council of India (PCI) [1]. This academic shortfall limits students' understanding of natural therapeutics at a time when demand for herbal and plant-based medicines is growing worldwide. To uphold academic standards, stricter regulatory action—including the de-affiliation of non-compliant colleges—may be necessary.

Emphasizing Discipline-Specific Teaching

Unlike medical and dental education, pharmacy institutions often operate without strict discipline-specific teaching. Faculty members trained in one discipline may teach multiple unrelated subjects due to shortages or institutional policies [2]. This lack of specialization undermines academic rigor and affects the quality of student outcomes. In contrast, the Medical Council of India (MCI) and Dental Council of India (DCI) maintain strict discipline-specific roles, rarely altering syllabi without thorough consultation and implementation mechanisms. The PCI / Universities / Autonomous institutions, however, frequently revises its curriculum without adequate infrastructure, training, or follow-through, leading to inconsistent application across institutions [3].

Addressing the Pharmacist's Identity Crisis

The role of pharmacists in India often lacks clarity. Their contributions in hospitals, the pharmaceutical industry, and research are frequently underutilized. Despite being recognized as healthcare professionals, pharmacists in India do not receive benefits such as the Non-Practicing Allowance (NPA), which is routinely extended to doctors and dentists [4]. Moreover, pharmacists often face a lack of professional respect and are sometimes viewed as mere dispensers of medication rather than knowledgeable clinicians. This reflects broader structural issues in the healthcare ecosystem that marginalize pharmacists despite their crucial role in patient safety, drug management, and health education [5].

Curriculum Reform and Global Alignment

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There is an urgent need to redesign pharmacy education to reflect the realities of the healthcare industry and international best practices. This includes organizing national-level workshops involving stakeholders from academia, healthcare, and industry to develop a curriculum that is both practical and future-ready. Additionally, the traditional Diploma in Pharmacy (D.Pharm) program should be reconsidered. In countries such as the USA, UK, EU nations, and Gulf states, diploma holders are designated as Pharmacy Technicians, while the professional title of Pharmacist is reserved for those holding a 6-year Pharm.D or M.Pharm degree [6]. Adopting a similar model in India would improve global employability and clarify professional roles [7].

FACULTY EXPLOITATION AND DEMOTIVATION IN PHARMACY EDUCATION: SYSTEMIC GAPS

The challenges faced by faculty members in pharmacy education institutions across India go far beyond curriculum design and extend deeply into working conditions and systemic administrative neglect. These issues significantly impact the quality of pharmacy education and the morale of educators, which in turn affects student learning outcomes and the professional standing of pharmacists. Below is a detailed discussion of the key concerns:

a) **Salaries Not Paid as per Norms**
Many pharmacy institutions, particularly private colleges, do not pay faculty members as per AICTE, PCI, or UGC pay scale norms. This financial disparity demoralizes educators and contributes to high turnover rates, adversely affecting continuity in teaching and mentorship. Underpayment signals institutional disregard for faculty expertise and discourages talented professionals from entering or remaining in academia.

b) **Lack of Promotions and Career Progression**
Despite years of service and requisite qualifications, faculty members are often denied timely promotions. Promotions are either delayed, politicized, or entirely absent due to administrative inefficiencies or cost-saving tactics. This stagnates academic growth and impedes motivation to pursue research, publications, or further studies.

c) **No Mental Health Breaks or Vacations**
The denial of scheduled vacations, study leaves, or mental breaks — which are essential for educators to recharge and maintain teaching quality — is common in many institutions. Teachers are expected to be available year-round, contributing to burnout, stress, and reduced productivity.

d) **Assignment of Non-Teaching Clerical Tasks**
Faculty members are frequently assigned non-academic duties such as documentation, form filling, accreditation work, admissions, and inventory tasks that should be handled by trained administrative staff. This misallocation of skilled human resources distracts educators from their primary roles: teaching, mentoring, and research.

e) **Inadequate Recruitment of Laboratory and Administrative Staff**
Even as student intake increases, institutions often fail to proportionally recruit laboratory technicians and office support staff. This results in teachers having to manage equipment, maintain records, and supervise practical's single-handedly — roles that compromise the quality of both teaching and laboratory experience.

f) **Involvement in Irrelevant Administrative Work**
Instead of focusing on curriculum delivery, research, or student guidance, teachers are diverted to responsibilities like NAAC/NBA documentation, fee collection assistance, infrastructure reporting, and event coordination. These activities, while important, lie outside their technical expertise and contribute to professional dissatisfaction.

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g) **No Institutional Capacity Assessment before Intake Expansion**
Regulatory agencies often approve intake expansion based on submitted documents rather than thorough on-ground verification. Institutions with inadequate infrastructure, staff shortages, and unfit laboratories continue to admit more students, severely diluting the quality of education.

h) **Superficial Regulatory Oversight**
Regulatory authorities are perceived as bureaucratic rather than reformative. Inspections are often symbolic, with paperwork emphasized over actual compliance. Institutions that flout norms face little or no penalty, sending a dangerous signal that quality benchmarks can be bypassed with mere documentation.

These issues collectively degrade the academic ecosystem, resulting in:

- Poor faculty retention and morale.
- Compromised student education and mentoring.
- Weak industry and clinical readiness of graduates.
- Long-term reputational damage to the profession of pharmacy.

Impact of Appointing Temporary Low-Paid Faculty on Healthcare Education Quality

Appointing temporary faculty with low pay scales in healthcare-related education, including pharmacy, significantly undermines the quality of teaching and learning. These faculty members often lack long-term commitment, job security, and adequate motivation, which affects their engagement with students and their willingness to innovate in teaching methods. Moreover, many temporary teachers are either underqualified or inexperienced, and due to limited remuneration, they often juggle multiple jobs to sustain themselves—further reducing the time and energy they can devote to student development. This leads to a lack of academic continuity, poor mentorship, and minimal involvement in research or curriculum enhancement.

In healthcare education, where accuracy, critical thinking, and hands-on training are essential, the presence of poorly paid, temporary faculty dilutes the depth and rigor required for effective learning. Students are deprived of exposure to experienced educators who can provide real-world insights, clinical correlations, and research guidance. Over time, this practice results in underprepared graduates, weak professional competence, and a decline in the credibility of the educational institution. To ensure high standards in pharmacy and other healthcare education, it is crucial to invest in qualified, full-time faculty who are fairly compensated, professionally developed, and institutionally supported.

Reforming Local Inspection Practices in Pharmacy Education: Ensuring Transparency and Accountability

One of the critical structural flaws in the regulation and oversight of pharmacy colleges in India lies in the **ineffectiveness of local inspections conducted by affiliating universities**. These inspections, intended to ensure quality in teaching, infrastructure, and staffing, have become largely symbolic and ineffective due to inherent conflicts of interest and lack of transparency.

1. The Problem with Peer-Based Local Inspections

In most cases, **principals from one affiliated pharmacy college are appointed as members of the inspection committees for other colleges within the same university**. This practice gives rise to multiple issues:

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- **Mutual Understanding & Favouritism:** There is often an unspoken understanding between principals to overlook each other's deficiencies. Instead of pointing out shortcomings, they help "manage the show" — a practice of temporarily displaying compliance during inspection without long-term correction.
- **Conflict of Interest:** A principal from a nearby institution may avoid reporting genuine problems out of concern for professional relationships, reciprocal inspections, or fear of retaliation. This compromises the objectivity of the entire inspection process.
- **Fear Among Faculty and Staff:** When local senior administrators like principals conduct inspections, college faculty and staff may hesitate to disclose ground realities such as salary delays, staff shortages, or poor working conditions, fearing backlash from their own administration or management.

2. Recommendations for Reform

To restore credibility to the inspection process and ensure **accurate reporting of academic and infrastructural conditions**, the following measures should be considered:

A. Exclude Principals from Local Inspection Committees

- Inspection teams must consist of **external academic experts, retired faculty, or PCI-nominated inspectors** who are not affiliated with any college under the same university.
- This would prevent the development of mutual convenience networks and ensure unbiased reporting.

B. Include Neutral, Multi-Disciplinary Panels

- Committees should have members from **different universities or states**, with diverse representation — including **healthcare professionals, regulatory experts, and industry representatives** — to get a holistic and balanced view of institutional performance.

C. Use of Surprise and Digital Audits

- In addition to scheduled inspections, **random or surprise checks** should be introduced to evaluate real-time compliance.
- **Digital inspections** via CCTV audits, biometric logs, and staff payment proof submissions can further reduce manipulation during physical inspections.

D. Faculty and Student Feedback Mechanism

- Introduce anonymous feedback from students and faculty as part of inspection reports to surface issues that may be suppressed during formal assessments.

3. The Need for Genuine Accountability

Until local inspections are freed from internal collusion and conflicts of interest, the **quality of pharmacy education will continue to deteriorate**. Institutions will remain non-compliant on paper and exploit faculty, while graduates emerge underprepared for clinical or industrial roles.

The **Pharmacy Council of India (PCI)**, as well as state governments and affiliating universities, must act decisively to ensure inspections serve their intended purpose — **to uphold academic integrity and protect the interests of students and faculty**.

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Without structural reforms in the inspection process — particularly the **exclusion of principals from inspecting peer institutions** — no real improvement in pharmacy education quality can be expected. Transparency, independence, and accountability must be at the heart of every regulatory mechanism to uplift the standard of pharmacy education in India.

Challenges in Faculty Development Program (FDP) Participation in Pharmacy Colleges and the Need for Regulatory Intervention

Faculty Development Programs (FDPs), seminars, and workshops are essential for the **academic and professional growth** of faculty in pharmacy education. These trainings expose educators to **latest advancements**, **pedagogical tools**, **industry trends**, and **regulatory changes**, ensuring that they are equipped to train future pharmacists effectively. However, in many pharmacy institutions, systemic administrative issues significantly **limit access and participation in these programs**, leading to stagnation in faculty capabilities and demotivation among staff.

1. Lack of Equal Opportunity and Favouritism

A major concern raised by faculty across many pharmacy colleges is **unequal access to FDPs and workshops**:

- **Principals often nominate only select faculty members** who are loyal, compliant, or personally close to them.
- **Favouritism prevails**, sidelining meritorious or deserving staff, especially those who raise valid concerns or function independently.
- This undermines team morale, creates a culture of internal politics, and blocks the flow of updated knowledge across the teaching staff.

2. Denial of Duty Leave and Administrative Hurdles

Many faculty members face **institutional roadblocks** that prevent them from attending capacity-building programs:

- Institutions **refuse to grant duty leaves**, and instead ask faculty to either take **casual leave or unpaid special leave**, discouraging attendance.
- Even when permission is granted, **excessive teaching load or administrative responsibilities** are assigned right before or during the FDPs, making participation logistically impossible.
- Some faculty are told to **attend workshops only during holidays or semester breaks**, which violates work-life balance and deters voluntary participation.

3. Impact on Faculty Growth and Institutional Quality

Such practices have a **long-term negative impact**:

- Faculty miss out on learning new technologies, research methods, regulatory updates, and industry linkages.
- Institutions fail to build competitive and capable teaching teams, which ultimately affects **NAAC/NBA accreditation**, **student outcomes**, and **graduate employability**.
- Demotivated and overworked faculty are less likely to engage in research, innovation, or mentorship roles—further **weakening the academic ecosystem**.

4. Role of Regulatory Agencies: Need for Mandatory Participation

To address these systemic problems, regulatory bodies like the **Pharmacy Council of India (PCI)**, **AICTE**, and **Universities** must enforce mandatory compliance:

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A. Annual Mandatory FDPs for All Faculty

- Regulatory bodies should clearly state that **each faculty must successfully attend at least one FDP/seminar/workshop per academic year**, with a minimum of 5 days.
- Attendance must be linked to **academic audits**, **institutional reapproval** and not to **promotion eligibility**.

B. Duty Leave Mandate

- Institutions must be **mandated to grant duty leave** for such academic events without forcing staff to use casual or special leaves.
- FDP participation should be treated as an **official academic duty**, not a personal favor.

C. Equitable Opportunity Policy

- Colleges must publish an **annual training plan**, ensuring equal opportunity for all teaching staff across departments.
- Regulatory audits should include checking whether **faculty nomination for FDPs was inclusive and fairly distributed**.

D. Penalty for Non-Compliance

- If an institution fails to ensure that **100% of its faculty attend at least one FDP/training session annually**, it should face:
  - ✓ **Denial of intake increase proposals**
  - ✓ **Temporary suspension of affiliation**
  - ✓ **Withholding of approval renewal**

FDPs and workshops are not optional privileges; they are **core requirements for maintaining academic excellence**. When principals or management restrict participation through favoritism or administrative barriers, they harm not only faculty growth but also student outcomes and institutional quality. Regulatory agencies must urgently recognize and address this issue by making **universal faculty participation in FDPs a non-negotiable condition for institutional approval**. Only then can Indian pharmacy education remain dynamic, competitive, and globally aligned.

Attending FDPS/Seminars/Workshops should be Mandatory for Institutional Approval, not for Individual Faculty Promotions: A Balanced Perspective

In the evolving landscape of higher education, especially in the pharmacy domain, **Faculty Development Programs (FDPs), seminars, workshops, and training sessions** serve as critical tools for professional growth, skill enhancement, and pedagogical innovation. However, there's ongoing debate about whether **attending such programs should be mandatory for individual faculty promotions** or **should instead be tied to the regulatory approval of institutions**.

Key Argument: FDP Attendance Should Be Institutional Responsibility, Not Individual Burden

1. Focus on Institutional Culture, Not Individual Punishment

- Making FDP attendance a **mandatory criterion for faculty promotion** puts undue pressure on individual teachers, especially when **opportunities are unequally distributed**, or when **management does not support participation**.

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- Instead, it is more effective to hold **institutions accountable for ensuring 100% faculty participation** through a structured annual development plan.
- This **shifts the responsibility to management**, encouraging them to create a supportive environment rather than selectively enabling a few.

2. Eliminates Favoritism and Administrative Discrimination

- When FDPs are linked to promotions, **principals or management may restrict nominations**, showing favoritism or punishing dissenters.
- By tying FDP attendance to **institutional approval**, regulatory bodies ensure **equal and fair access for all faculty members**.

3. Promotes Collective Growth and Compliance

- An institution's quality is reflected by the **training and capabilities of its entire teaching staff**, not just a few individuals.
- Mandatory institutional-level FDP participation ensures **uniform skill enhancement**, leading to better **NAAC/NBA scores**, **student outcomes**, and **research productivity**.

4. Regulatory Auditing Made Simpler

- It's easier to **audit institutions for FDP compliance** annually rather than tracking individual faculty records.
- Regulators like **PCI, AICTE, and universities** can simply verify institutional training logs, attendance certificates, and upload records on a central platform.

Challenges in Making FDP Mandatory for Promotions

- Many colleges do **not provide duty leave**, impose **extra workload**, or **lack funding** to support faculty participation.
- Faculty, especially those in rural or under-resourced colleges, are **disadvantaged** when promotions are withheld due to circumstances **beyond their control**.
- The objective of faculty promotion should remain on **merit, teaching quality, and academic contribution**, rather than compulsory attendance in an FDP that may not even align with their specialization.

Policy Recommendation

All approved pharmacy institutions should ensure that 100% of their faculty participate in at least one FDP/workshop/seminar/training program of 3–5 days duration annually. This should be a mandatory condition for regulatory approval, continuation of affiliation, or intake increase. FDP attendance should not be a rigid prerequisite for individual promotions unless the institution guarantees equitable access, duty leave, financial support, and transparent nomination systems.

Faculty development is a collective institutional responsibility, not an individual liability. While encouraging FDPs is essential for faculty growth, mandating them for promotions—especially without addressing systemic inequality—can demotivate teachers and foster unhealthy institutional politics. Therefore, **regulatory bodies should enforce mandatory FDP participation at the institutional level as a condition for approval**, thereby creating a culture of continuous learning and fairness.

Clear Definition of Teachers' Roles and Responsibilities: A Necessity, Not an Option

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Issue with Vague Phrases like "Any Other Work Assigned"

Statements like *"any other work assigned by the Principal/HOD/Management"* are:

- **Ambiguous and exploitable**, allowing institutions to assign **irrelevant, clerical, or excessive administrative work**.
- Often used to **burden faculty** with tasks **outside their job profile**, such as admissions, housekeeping oversight, office file work, documentation for inspections, or even non-academic errands.
- Creates an environment of **fear, favoritism, and non-academic pressure** rather than promoting academic innovation and excellence.

Why Well-Defined Roles Matter?

1. Protects Academic Integrity

Clearly outlined duties allow teachers to **focus on teaching, research, mentoring, and curriculum delivery**, instead of being overburdened with irrelevant work.

2. Enables Fair Performance Appraisal

Transparent roles ensure that teachers are evaluated on **what they were actually hired to do**, not on how well they handled clerical or politically motivated administrative duties.

3. Supports Mental Health and Job Satisfaction

Overloading teachers with undefined, ever-expanding responsibilities leads to **burnout, demotivation, and attrition**. Clarity in roles creates a more **respectful and productive work environment**.

4. Facilitates Accountability

When job descriptions are clearly outlined by regulatory agencies, it becomes easier to **audit compliance**, **assign responsibilities**, and even **take disciplinary actions**—all in a structured and fair way.

What Should the Regulatory Bodies Do?

1. **Define a Standardized Role Matrix**
    - Categorize responsibilities into **Teaching, Research, Student Mentorship, Curriculum Development**, and **Institutional Contributions**.
    - Roles should vary by designation (Lecturer, Assistant Professor, Associate Professor, Professor).
2. **Ban Ambiguous Job Descriptions**
    - PCI, AICTE, and UGC should **prohibit vague phrases** like *"any other work assigned…"* in institutional policies, offer letters, and audits.
    - Any extra work must be:
        - ✓ **Relevant to academics or research**
        - ✓ **Documented and time-bound**
        - ✓ **Voluntary or with compensation/workload adjustment**
3. **Mandate Display of Role Descriptions**
    - Institutions should be required to **publicly display defined responsibilities** for each faculty role in the college prospectus or website.
4. **Introduce Grievance Redressal**
    - Create a formal **mechanism for faculty to report exploitation or task misalignment**, especially during inspections or audits.

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The phrase *"any other work assigned…"* has long been misused as a loophole to **exploit faculty in Indian academic institutions**. Regulatory authorities must take a **decisive stand** to abolish such vague language and enforce **clear, role-specific responsibilities**. This not only promotes professional respect and academic quality but also ensures that teachers can **truly perform their role as educators and researchers—free from undue pressure and distractions.**

Why Strict Implementation of the Career Advancement Scheme (CAS) is Critical—Even if Cadre Ratio is Maintained

This is an essential and timely concern in Indian higher education, especially within the **pharmacy and health sciences sector**. Let's discuss this point in depth:

Core Issue

Many institutions **deliberately avoid promoting eligible faculty** under the **Career Advancement Scheme (CAS)**, citing that their **cadre ratio requirement is already fulfilled**. This results in:

- **Demoralization of senior faculty** despite years of service.
- **Stagnation in academic growth** and a lack of incentive for continued professional development.
- **Violation of the spirit** of CAS guidelines issued by regulatory bodies like UGC, AICTE, and PCI.

Why CAS Should Be Mandatory for All Eligible Faculty?

1. CAS Is a Personal Right, Not Just an Institutional Requirement

- The **CAS is a faculty-centric policy**, intended to **reward individual achievement and experience**.
- Denying promotion **because of institutional cadre ratios** defeats its very purpose.

2. Experience and Merit Must Be Recognized

- Faculty who meets the **required teaching experience, qualifications, publications, and training criteria** under CAS should be **automatically eligible for promotion**.
- **Blocking promotions** despite eligibility is unethical and **contrary to principles of meritocracy**.

3. Cadre Ratio Should Not Be a Limiting Condition

- Regulatory bodies should **decouple cadre ratio from CAS promotions**. Institutions can maintain cadre ratios **for new appointments**, but **should not use it to deny rightful promotions**.

4. Prevents Talent Drain and Low Morale

- When faculty are **stuck in the same designation for 10–15 years**, it leads to:
  - ✓ Loss of motivation
  - ✓ Poor academic performance
  - ✓ Brain drains to other institutions or countries

5. Regulatory Compliance Should Include CAS Monitoring

- During **affiliation renewals or inspections**, regulatory bodies like PCI, AICTE, and Universities must:
  - ✓ **Audit CAS implementation records**
  - ✓ **Ask for detailed promotion logs**
  - ✓ **Impose penalties on institutions delaying or denying promotions without valid reason.**

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Suggested Regulatory Actions

1) **Make CAS Implementation Mandatory in Approval Conditions**
    - No institution should receive PCI/AICTE/University approval unless it submits **evidence of CAS implementation** for all eligible faculty.
2) **Introduce Digital CAS Portals**
    - A central portal managed by regulatory bodies can **track applications, approvals, and delays in CAS**—making the system **transparent and accountable**.
3) **Enable Faculty Grievance Mechanisms**
    - Provide faculty with the **right to appeal** to regulatory authorities if their promotions are delayed or denied without justification.

Promoting faculty through the **Career Advancement Scheme** is not just a procedural requirement—it is a **foundational pillar of academic excellence, fairness, and dignity** in the teaching profession. Institutions must not be allowed to misuse **cadre ratio norms** as an excuse to suppress promotions. Regulatory authorities must enforce CAS as **mandatory for individual faculty**, ensuring that **experience, contribution, and merit are rewarded fairly and promptly**.

Reimagining the Roles of Hod and Principal: From Taskmasters to Academic Leaders

The roles of Heads of Departments (HODs) and Principals in educational institutions, particularly in professional courses like pharmacy, must go beyond administrative duties or managerial oversight. Far too often, these leadership positions are reduced to enforcing deadlines, pressuring staff to complete formalities, and ensuring compliance for the sake of documentation—actions that serve institutional optics but do little to improve the actual quality of education. This narrow view undermines the transformative potential that academic leaders hold in shaping both faculty and student success.

True academic leadership involves **mentoring, motivating, and guiding** teachers to grow professionally and personally. HODs and Principals must foster an environment of collaboration, innovation, and continuous learning. They should actively engage in academic planning, curriculum development, and pedagogical improvement, ensuring that teaching goes beyond textbooks and encourages critical thinking, hands-on experience, and interdisciplinary learning. Instead of pushing staff for results on paper, they must **inspire excellence**, promote faculty development through workshops and research opportunities, and recognize and reward genuine efforts in teaching and mentorship.

Furthermore, academic leaders should act as **bridges between policy and practice**, helping faculty interpret regulatory requirements not as burdens but as frameworks for quality assurance. They should advocate for academic freedom while ensuring accountability, and create platforms for open dialogue, feedback, and mutual growth. The principal's office should be a hub of academic vision, not merely a checkpoint for administrative clearance. Similarly, an HOD should lead by example—teaching, publishing, and innovating alongside their colleagues.

When Principals and HODs shift from a compliance-focused to a **quality-focused mindset**, they elevate the entire academic culture of an institution. This transformation is key to moving from superficial quality assurance to genuine educational excellence—where standards are met not just on paper but reflected in student competencies, faculty satisfaction, and institutional credibility.

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In essence, if the role of Principals and HODs becomes too focused on regulatory compliance or managerial tasks, it might hinder their ability to provide strong academic leadership. Balancing administrative duties with a clear focus on enhancing academic quality and student success is key to effective educational leadership.

Strengthening the Pharmacy Council of India (PCI)

The Pharmacy Council of India plays a pivotal role in shaping the direction of the profession. However, it is often criticized for its lack of assertiveness and proactive advocacy compared to bodies like the MCI and DCI [8]. Stronger leadership and policy engagement are required to enforce academic standards, advocate for benefits such as NPA, and ensure that pharmacy professionals are treated on par with their counterparts in medicine and dentistry. Globally, pharmacists are valued for their knowledge and expertise. In countries like Kenya and Saudi Arabia, pharmacists are accorded professional dignity, granted NPA, and integrated into clinical care teams. India must strive to offer its pharmacists similar respect and opportunities [9].

Pharmacy education in India needs a comprehensive overhaul. The current system—marked by faculty shortages, curriculum instability, weak regulation, and professional undervaluation—cannot serve the evolving needs of healthcare or industry. Key reforms include:

- Enforcing faculty norms [10].
- Ensuring discipline-specific teaching with well-trained educators [11].
- Modernizing the curriculum to align with international standards and real-world demands [12].
- Rebranding or restructuring the D.Pharm program to reflect its actual scope [13].
- Empowering the PCI to lead the charge for professional recognition and policy advocacy [14,15].

Reforms are urgently required to professionalize pharmacy education and ensure faculty welfare, including:

- Mandatory compliance checks on salaries, staffing, and infrastructure.
- Transparency in promotions and workload distribution.
- Sanctioned mental health breaks and academic vacations.
- Strict PCI enforcement beyond paperwork.
- Accountability mechanisms for institutions violating norms.

Empowering educators is not just a moral obligation but a strategic imperative for elevating the pharmacy profession in India. Without well-supported teachers, there can be no well-trained pharmacists.

The time to act is now. Without these reforms, the pharmacy profession in India risks further marginalization. But with visionary leadership, collaborative effort, and a commitment to excellence, pharmacy can reclaim its rightful place as a cornerstone of India's healthcare system.

Mandating Recruitment of Pharmacists in Pharmaceutical Industries and Hospitals: A Step Towards Strengthening Healthcare

In India, despite pharmacists being recognized as essential healthcare professionals, their integration into healthcare delivery systems and pharmaceutical industries remains limited

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and inconsistent. One of the key steps toward enhancing the status and utility of pharmacists is to make their recruitment mandatory in hospitals, healthcare facilities, and pharmaceutical companies. This not only ensures better healthcare outcomes but also upholds the ethical and professional framework of medicine distribution, patient counseling, and drug safety monitoring.

In hospitals, the presence of qualified pharmacists can significantly improve **medication management, pharmacovigilance, and patient education**. Pharmacists are trained to identify drug interactions, counsel patients on correct dosage and adherence, and collaborate with physicians to optimize therapeutic outcomes. However, many Indian hospitals—especially in the private and semi-urban sectors—do not appoint clinical pharmacists or consider them integral to the patient care team. Making it compulsory for hospitals to recruit pharmacists would enhance **rational drug use, reduce medication errors**, and improve overall patient safety. Countries like the U.S., UK, and Canada have well-established systems where pharmacists play a direct role in clinical decision-making, and India must follow suit to modernize its healthcare delivery.

In the pharmaceutical industry, pharmacists bring specialized knowledge in **formulation development, regulatory affairs, pharmacovigilance, and quality assurance**. Yet, industries often prefer graduates from life sciences or engineering backgrounds for R&D and manufacturing roles, sidelining pharmacy professionals. Mandating the inclusion of pharmacists in such roles would ensure that **drug development and production are guided by pharmacological and therapeutic insights**, not just chemical or biological data. Their presence is crucial in regulatory compliance, as pharmacists are trained to understand drug laws, guidelines, and patient safety concerns more comprehensively than their non-pharmacy counterparts.

For such mandates to be effective, regulatory bodies like the **Pharmacy Council of India (PCI)** and **Drug Control Administration** must collaborate with ministries such as Health & Family Welfare and Labour & Employment to create enforceable policies. Accreditation systems for hospitals and licensing norms for industries can include mandatory pharmacist appointments as criteria for approval. This will not only generate employment for pharmacy graduates but also **strengthen India's healthcare infrastructure**, ensuring safe, effective, and patient-centered pharmaceutical services. In the long term, such integration will elevate the profession of pharmacy from a supportive role to a core pillar of the healthcare ecosystem.

Promoting Pharmacists as Entrepreneurs: Protecting the Integrity of the Profession

The pharmacy profession in India has long struggled with its identity and role in the healthcare system. For many years, pharmacists have been relegated to the status of subordinates in the healthcare and pharmaceutical sectors, often working under the control of non-pharma entrepreneurs who profit from the distribution and sale of pharmaceutical products. This trend has only been exacerbated by regulatory agencies that permit large, non-pharma business owners to establish online pharmacies and retail outlets, where pharmacists essentially become employees or even "slaves" to the interests of big business, rather than independent, empowered professionals. To safeguard the future of pharmacy and ensure that pharmacists are recognized for their expertise, it is crucial that the profession is redefined as one of entrepreneurship and leadership, not servitude.

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Regulatory Overreach and the Rise of Non-Pharma Businessmen in Pharmacy: One of the most concerning issues facing pharmacists in India today is the granting of **online distribution licenses and retail outlets** to large businesses that are not owned or operated by trained pharmacists. These businesses, often led by non-pharmacists, prioritize profits over patient care and medication safety. The result is that pharmacists are placed in positions where they are expected to simply manage day-to-day operations under the direction of business-minded individuals, who may lack the necessary pharmaceutical knowledge and ethical framework to ensure safe, effective drug distribution. In many cases, these non-pharma business owners exert control over the direction of the business, treating pharmacists as mere employees, thus stripping them of their professional autonomy and ability to make independent decisions that protect public health.

Furthermore, this system undermines the role of pharmacists as experts in drug therapy management and patient care, reducing their status to that of mere technicians or dispensers of medicine. These dynamic fosters a system in which pharmacists are not seen as valuable healthcare professionals with specialized knowledge, but rather as **subordinates** working under the guidance of non-pharma entrepreneurs who lack expertise in pharmacology, drug interactions, and patient counselling.

The Need to Empower Pharmacists as Entrepreneurs: It is critical to **redefine pharmacy practice in India** by promoting pharmacists as **entrepreneurs** rather than subordinates. Pharmacists are uniquely trained in areas such as **pharmacology, drug interactions, patient counselling, and medication management**—skills that are essential in ensuring patient safety and improving healthcare outcomes. Instead of working under the direction of non-pharma businessmen, pharmacists should be encouraged to **own and operate their own pharmacies, online outlets, and healthcare services**, where they can apply their knowledge to deliver high-quality care directly to patients. Empowering pharmacists to take charge of their own businesses would elevate the profession, promote innovation, and ensure that patient care is at the forefront of all pharmaceutical operations.

Role of Regulatory Agencies in Safeguarding the Profession: To protect the integrity of the pharmacy profession, regulatory agencies such as the **Pharmacy Council of India (PCI)** and the **Drug Control Administration** must take a stronger stance in regulating the issuance of licenses for pharmaceutical distribution. These agencies must ensure that only qualified, registered pharmacists are allowed to operate pharmacies and online drug distribution platforms. Allowing **non-pharma businessmen** to dominate the pharmaceutical sector creates a conflict of interest, where profit becomes the primary driver, rather than patient safety and the professional guidance that pharmacists can provide.

Regulatory agencies should **set clear guidelines and restrictions** that prevent non-pharmacists from owning or managing pharmacies and online drug outlets. This would ensure that the expertise and leadership of pharmacists are prioritized in the healthcare sector, and that the profession can thrive on its own merits, rather than being subjugated to the control of business owners who may not understand the nuances of pharmaceutical care.

The current situation, where pharmacists are often subordinated to non-pharma business interests, is not only detrimental to the profession but also to public health. Regulatory agencies must act to protect the role of pharmacists and ensure that they are positioned as **entrepreneurs and leaders in healthcare**. By limiting the control of non-pharma

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businessmen in the pharmaceutical sector and empowering pharmacists to run their own businesses, we can elevate the profession, enhance patient care, and ensure that pharmacists can fully realize their potential as key contributors to the healthcare system. This shift would also help prevent the exploitation of pharmacists, allowing them to regain their rightful place as respected professionals, not as employees working under the control of large, profit-driven entities.

CONCLUSION

The analysis presented in this article underscores the urgent and multifaceted need for comprehensive reforms in pharmacy education and practice in India. The persistent issues of outdated curricula, the neglect of foundational disciplines like Pharmacognosy, the lack of discipline-specific teaching, and the systemic exploitation and demotivation of faculty create a significant impediment to producing competent and confident pharmacy professionals. The identity crisis faced by pharmacists, coupled with inadequate regulatory oversight and a failure to align with global standards, further marginalizes their crucial role in the healthcare system.

The proposed roadmap for the future necessitates a multi-pronged approach. This includes the stringent enforcement of faculty norms, particularly in specialized areas, ensuring that educators are well-qualified and adequately compensated. Curriculum modernization, driven by collaboration between academia, industry, and healthcare stakeholders, is paramount to equip graduates with the skills and knowledge demanded by the evolving landscape. Re-evaluating the D.Pharm program and empowering the PCI to proactively advocate for the profession are also critical steps.

Furthermore, addressing the systemic issues affecting faculty welfare, such as unfair compensation, lack of career progression, and excessive administrative burdens, is not merely a matter of ethical responsibility but a strategic imperative for improving the quality of education. Reforming the local inspection processes to ensure transparency and accountability, making faculty development programs genuinely accessible and mandatory at the institutional level, and clearly defining the roles and responsibilities of faculty and administrators are essential for fostering a healthy academic environment.

Ultimately, the transformation of pharmacy education and practice in India requires a concerted effort from regulatory bodies, educational institutions, policymakers, and the pharmacy fraternity itself. By embracing these comprehensive reforms, India can unlock the full potential of its pharmacy professionals, ensuring their rightful place as respected and integral members of the healthcare team, driving pharmaceutical innovation, and contributing significantly to the nation's health and well-being on a global scale.

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