

INDIAN PHARMACY

By Anubhav Gupta

A pharmacy is a place where medicines and various other medical equipment are sold. Unlike in the US, pharmacy stores back in India function differently (i.e. most of the medicines are sold over the counter, some of which require a doctor's prescription). Most of the pharmacies don't have computers and a database so medicine search and retrieval is manual. The effort and time to search for a particular medicine can be drastically reduced with proper organization. Organizational difference between a pharmacy in India and one in the US (eg CVS) would be largely due to the difference in the interactions that are provided by each one of them.

What is being organized?

The resource that will be the primary focus of this organizing system would be medicines. Medicine can be classified based on various parameters like are the medicines for children or adults, are they liquid or solids. Further they can be classified on the basis of the salts that compose them, on the purpose for which they are used (medicines for headache, stomach ache, fever, constipation and so on and so forth). Medicines can also be classified on the basis of the company that manufactures them or markets them.

Pharmacies also keep other resources like baby food and products, medical instruments like sphygmometers etc. Some medical stores even keep eatables like candies and sodas. All these have to be organized.

Some pharmacies may have an online database of the entire inventory of the medicines available in the pharmacy. However that is out of scope for this discussion.

Why is it being organized?

The primary purpose of organizing a pharmacy is to save the effort and time in searching and retrieving a particular medicine. With a lack of an online database that stores/keeps a record of where each medicine is kept, Organization of resources is very important. The extent to which the resources are organized directly affect the time and ease of retrieval. The interactions that take place between the customer who comes to buy medicines and the person representing the pharmacy is the main reason for organizing this system. Some of these interactions include purchasing medicines over counter, referring prescriptions issued by a doctor and depending on the resources available in the pharmacy other interactions .

How much is being organized?

The extent to which a pharmacy is organized depends a lot on the person operating the pharmacy. For example, arranging medicines on the basis of their market names (alphabetically), on the basis of their composing salts, or on the basis of their remedies. Commonly

used medicines (like those for headache, fever etc.) need to be placed where they are easily accessible.

The extent to which a pharmacy is organized depends a lot on the space available. A pharmacy that covers a large area will be organized differently from the one that has limited space. Some pharmacies which have a lot of space can afford to keep some medicines stocked up as well, so that if a medicine goes out of stock, the replacement is readily available.

Organizing system in a pharmacy should be simple enough to be understood easily just in case of a substitution.

When is it being organized?

Organizing is done when a new stock of medicines arrive. Some medicines are just restocked whereas a few that may be new have to be placed according to their position in the organizing system. In most of the pharmacies, organization mainly takes place when the stock of resources arrives. However in some cases, there may be resource organization based on customer feedback, demand for a particular medicine. For example if there is an outage of FLU in the state, the pharmacies will keep the flu shots so that they are readily accessible to the patients.

How or by whom is it being organized?

Organizing is generally performed by the people who is handling the day to day running of the pharmacy. Since these people will be responsible for searching a medicine prescribed by the doctor, its best that they organize the pharmacy so that they know how everything is organized and where it is.

It would be very insightful to study the different interactions that an Indian pharmacy supports and the differences with respect to a pharmacy in the US. These interactions to a great extent determine the differences in the organization of resources in these pharmacies. In the deliverable, I am going to list the interactions for both categories of pharmacies and compare them to come up with the common set of interactions and the differences that actually lead to a different Organization System for both the pharmacies.

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For this report we would be studying the differences in the Organization and interactions in an Indian pharmacy versus a pharmacy in the US like CVS.

Pictures of a typical Indian Pharmacy:



That's how a small Indian Pharmacy looks like from the outside.



Arrangement of Resources(medicines)



Interactions: a) The pharmacist preparing medicines and b) giving them out to patients based on the prescriptions given by the doctor.

Pharmacy in the US (CVS)



CVS

drop off+ pick up prescriptions



Interactions



Scope of resources

DIFFERENCE BETWEEN THE TWO ORGANIZATION SYSTEMS

System1 - Indian Pharmacy

System2 - CVS

Scope of Resources in the Organizing Systems:

The scope of resources that are organized in System1 is limited medicines or medical products whereas in System2, the scope goes beyond the medically related products and stretches to groceries and daily household items.

Interactions in the Organizing Systems:

With the Customer:

The variety and range of interactions supported by the two organizing systems are very different.

In an Indian pharmacy, all the medicines are sold over the counter. Most of the medicines do not require a doctor's prescription to be purchased, but the Indian Govt has put a restriction on the sale of certain drugs without a valid prescription. In a pharmacy like CVS, only a select few medicines are sold over the counter without a subscription. Most of the medicines require a subscription which is sent directly to the pharmacy of your choice online from your doctor's clinic/hospital.

Most of the CVS pharmacies support a drive through section where you can just pick up your medical subscriptions whereas this is not present in an Indian Pharmacy. The presence of a drive through interaction affects the way the pharmacy may be organized.

Refill is another interaction that is not supported by Indian Pharmacies. To get the next dose of medicines the patients have to present the new/updated prescription from the doctor.

With the suppliers:

Most of the smaller Indian Pharmacies have local supplier that provides them stocks for medicines and medical devices/equipments.

However Pharmacies like CVS deal with the pharmaceutical companies directly mainly because of the quantity of the resources that are required by them.

Human Resources:

The technicians/pharmacists present in the Pharmacies in the US are required to go to pharmacy school and obtain skill and expertise before they can work in a pharmacy whereas in an Indian Pharmacy, that is not the case. Only the person in whose name the pharmacy is registered is required to have a legal license to sell medicines and medical devices and equipment.

After the discussion about various aspects of both the systems, the reasons for the difference in their Organizing structures are:

- The different interactions that they provides leads to a different organizing structure.
- The scope of resources that are arranged is very different, which leads to a difference in the organization structure of the two systems.
- The medical policies in the two countries differ ie sale of medicines over the counter, necessity of a prescription. All these policy differences make the two systems different.
- The physical space available to some extend also contributes to a different organizing structure among the two systems.

All these factors collaboratively contribute to the two systems having a different Organizing system.