



**ASSESSMENT OF REGULATORY PHARMACIST'S KNOWLEDGE AND
PERCEPTION REGARDING DRUG REGULATION IN PAKISTAN**

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ABSTRACT

Objective:

The Study aimed to assess regulatory pharmacist's knowledge and perception regarding drug regulation in Pakistan.

Methodology:

Cross sectional descriptive study was conducted to evaluate the Knowledge and perception of Regulatory Pharmacist regarding Drug Regulation in Pakistan from November - June 2016. Which was carried out in major cities of Pakistan. Study tool comprised of Demographics and six main domains including; Amendment in Existing Drug regulation, Procedural flaws and delay, Lack of knowledge and Training, Lack of budget and other facilities, Political Influence and security Issues, Poor communication and administration between different bodies. All analyses were done by using SPSSv20

Result:

Result showed that Majority of respondents 155 (57.2%) were have age ranges between 32-41 years. Majority of the respondents 185 (68.3%) were male. B Pharmacy having majority 129 (47.6%) of respondents. Majority 123 (45.4%) of respondents were Drug inspectors. Majority of respondents 148(54.6%) were disagreeing in that Drug 1976 is complete and

comprehensive for drug regulation in Pakistan and provide complete and comprehensive leverage to Provincial Government to made rules regarding drug regulation. Majority of respondents 119(43.9%) were disagree in that Drug act provide proper procedure for all regulatory activities. While 95(35.1%) were disagree in that Academic learning provides proper knowledge to Regulatory Pharmacist during study. Maximum 134(49.4%) were agree in that they need security for performing duties. Majority of respondents 138(50.9%) were disagree in that the information which is present by one authority is not disseminate to other.

Conclusion:

Study concluded that study suggested that regulatory pharmacists in Pakistan had mixed perceptions towards drug regulations. The findings also show that misapprehensions about certain sections/subsections of drug law persist among regulatory pharmacists. It is high time that the policy makers and regulatory pharmacists should sit together for mutual consensus development regarding the discrepancies in the current drug act.

Keywords: Regulatory Pharmacist, drug regulation, drap, drug analyst, knowledge and perception

INTRODUCTION:

The regulation of pharmaceutical products and Drugs was expended since early 20th century. The Drug Regulatory and drug laws were being recognized in constantly increasing number of countries across the world. Those countries which have Regulatory organization they attempting to harmonize with that organization [1].

Good Manufacturing Practice (GMP) was performed from old tribute Times. The Nuremberg Code, 1947 on permitted Medical experiments [2] this regulation provided basic principle to accomplish medical experiment on human beings followed by affirmation of Helsinki 1964 [3], Belmont statement of United State of America 1978 and World Health

Organization, Good Clinical Practice (GCP) (1995) [4] and International Conference on Harmonization (ICH) GCP 1996, The Canada instituted its Quad regulations, which was first Recognizable drug Good Manufacturing Practice of modern period. In 1963 and 1972 that regulation was revised by GMPs of UK and USA [5].

Presently, different Countries encompass different Regulatory agencies Requirements and procedures for the approval of new Drug and to create an appropriate regulatory policy, accurate and complete knowledge of their regulatory requirements for marketing authorization application (MAA) must be known [6].

In Pakistan, the pharmaceutical industries are producing all major pharmaceutical dosage forms; most of the raw material is imported and some are manufactured locally. Even though the total expenditure on the drug is not enormous, the affordability of safe and effective medications remains a serious problem [7].

In Pakistan, the Drug regulatory authority of Pakistan (DRAP) was recognized under the (DRAP) Act 2012 to provide Enforcement of the Drug Act 1976 and effective coordination. And it also harmonized therapeutics good in inter provincial trade and commerce. Whereas its providing Regulation, to manufacture, export, import, storage, sale and distribution of therapeutic good/pharmaceutical products. Drug regulatory authority of Pakistan (DRAP) consists of A Chief Executive Officer (CEO) and thirteen (13) Directors of different divisions [8].

For ensuring the availability of quality drugs, the Regulatory Pharmacists in Pakistan are appointed in different capacities as Regulatory Pharmacists at federal level of Pakistan: DRAP deals under the supervision of federal affairs and responsible to handle matters and supervise the provincial Regulatory pharmacists in whole country. Drug regulatory authority of Pakistan includes thirteen different

divisions i.e. Pharmaceutical Evaluations and Registration Division, Quality Assurance and Laboratory Testing Division, Medical Devices and Medicated Cosmetics Division, Biological Drugs Division, Controlled Drugs Division, Pharmacy Services Division, Drug Licensing Division, Health and Over the Counter Products non-drugs Division, Costing and Pricing Division, Budget and Accounts Division, Administration, Human Resource and Logistics Division, Legal Affairs Division, Management Information Services Division all of the above are controlled individually by 7 assistant director, 9 deputy director and 13 director. Total of regulatory pharmacists practicing in Drug regulatory authority of Pakistan are twenty-nine [9].

The study will evaluate the knowledge of regulatory pharmacists as well as their perception on the effectiveness and flaws in the current regulations in Pakistan. No study has been conducted to evaluate the knowledge and perception of the regulatory pharmacists regarding the drug regulation of Pakistan.

METHODOLOGY

Study design, site and participants

A cross-sectional study was conducted for a period of 6 months (from November 2015-June 2016) in all the provinces of Pakistan visited along with the federal areas of

Pakistan where regulatory pharmacists and regulatory are practicing. All the participants were informed about the objectives and outcomes of research, all those Pharmacist who working as regulatory pharmacist in Pakistan was recruited for study including; drug inspectors, drug analysts, members of drug court, members of Quality control board, members of drug registration board and members of drug licensing board and those who agreed to sign the consent form were enrolled in this study. A total of 271 regulatory pharmacists working in different institutes and were agreed to participate in the study. The generated sample size was adequately powered to estimate the process parameters.

Study instrument

The data was collected through the self-administered questionnaire. All questions were Likert-scale and prepared in English language. The questionnaire comprised of Demographics and six main domains including; Amendment in Existing Drug regulation, Procedural flaws and delay, Lack of knowledge and Training, Lack of budget and other facilities, Political Influence and security Issues, Poor communication and administration b/w different bodies. The study instrument assessed the knowledge of regulatory pharmacists as well as their perception on

the effectiveness and flaws in the current regulations in Pakistan.

Data analysis

All analyses were done by using SPSSv20. Descriptive analysis was conducted in which categorical variables were expressed frequency and percentage. Continuous variables were expressed in mean \pm SD and mean comparison. Inferential statistics (Mann-Whitney U test and Kruskal Wallis) were used to assess the significance among study variables. And p-value less than 0.05 considered statistically significant.

Ethical Approval

The study was approved by the ethical committee of Faculty of pharmacy and Health Sciences, University of Baluchistan Quetta as per guideline of National bioethical committee of Pakistan (N.B.C, 2016). All the participants were informed by the consent form that their participation is voluntary.

RESULTS:

The current study was conducted in provinces of Pakistan visited along with the federal areas of Pakistan where regulatory pharmacists and regulatory are practicing of which majority of them [n=155 (57.2%) were have age ranges between [n=32-41 years. Majority of the respondents [n=185 (68.3%) were male. B Pharmacy having maximum [n=129 (47.6%) of respondents,

Drug inspectors with majority [n=123 (45.4%) of respondents. Respondents [n=110 (40.6%) have posting in DHO office. Punjab having majority [n=87 (32.1%) respondents in this study is shown in table 1.

Table no. 2 shows questions responses regarding existing Drug Regulation: Majority of respondents [n=148(54.6%) were disagreeing that Drug 1976 is complete and comprehensive for drug regulation in Pakistan. Majority of respondents [n=148(54.6%) were disagree in that Beside the Drug Act the rules made by the provincial Government of their province is complete and comprehensive. Majority of respondents [n=142(52.4%) were disagree that Drug Act provide complete and comprehensive leverage to Provincial Government to made rules regarding drug regulation. Majority of respondents [n=124(54.6%) were disagree in that the constitution of different statutory bodies and boards in Pakistan complete and comprehensive according to Drug act.

Table No. 3 shows responses regarding knowledge and training: Majority of respondents [n=95(35.1%) were disagreeing in that Academic learning provides proper knowledge to Regulatory Pharmacist during study. Majority of respondents [n=136(50.2%) were disagree in that in your opinion do you get proper

knowledge during Academic degree. Majority of respondents [n=163(60.1%) were disagree in that after completion of degree do you get any knowledge of Regulatory Pharmacist during your training/internship. Majority of respondents [n=183(67.5%) were disagree in that is there any post graduate/degree/course/diploma offered by any institute for Regulatory Pharmacist. Majority of respondents [n=184(67.9%) were disagree in that for appointment as Regulatory pharmacist is there any special requirement other than pharmacy degree. Majority of respondents [n=190(70.1%) were disagree in the after appointment do you get any training specific to your nature of appointment. Majority of respondents [n=183(67.5%) were disagree in that If you get training, you get proper learning from it. Majority of respondents [n=188(69.4%) were disagree in that after appointment getting refresher course (Workshop/training/Seminar). Majority of respondents [n=186(68.6%) were disagree in that If you get refresher course, there it improves your understanding for Regulatory Affairs. Majority of respondents [n=180(66.4%) were disagree in that There is continuous professional Development present (CPD). Majority of respondents [n=117(43.2%) were agree in

that Do you think CPD is Necessary for Regulatory Pharmacist.

Table no. 4 shows Respondents record was recorded with multiple responses were allowed. About budget and budget facilities which included; Drug act provide budget for, budget from department, if no budget is given and if no budget is mentioned in drug act where it should be mentioned and facilities provided and not provided for day to day activities the percentage of respondents were recorded and tabulated all responses regarding budget and budget facility.

Table No. 5 shows responses regarding political influence and security Issues: Majority of respondents [n=158(58.3%) were agree in that I have security issues related to my day to day activities. Majority of respondents [n=145(53.5%) were agree in that I have security issues especially when I go for visit/inspection of different areas. Majority of respondents [n=134(49.4%) were agree in that I need security for performing my duties. Majority of respondents [n=118(43.5%) were agree in that I need special force (like other have) when I go for visit/inspection. Majority of respondents [n=106(39.6%) were agree in that I face political hurdle/problem with in department doing my day to day activities. Majority of respondents [n=100 (36.9%) were agree in that Political influence/force

stopping me doing my duties. Majority of respondents [n=107(39.5%) were agree in that Political influence/force stopping me doing regulating drug and drug used in community. Majority of respondents [n=111(41.0%) were agree in that I feel in secure as a regulatory pharmacist.

Table No. 6 shows responses regarding poor communication and administration b/w different bodies: Majority of respondents [n=117(43.2%) were disagree in that the communication b/w different Regulatory bodies is good. Majority of respondents [n=138(50.9%) were disagree in that the information which is present by one authority is not disseminate to other. Majority of respondents [n=146(53.9%) were agree in that There is poor communication b/w regulatory pharmacist of same Cadre. Majority of respondents [n=150(55.4%) were agree in that There is poor communication b/w regulatory pharmacist of different Cadder. Majority of respondents [n=148 (54.6%) were agree in that When new drug registered or old register is cancelled it is not communicated to other. Majority of respondents [n=148(54.6%) were disagree in that Regulatory pharmacist do not have proper chain of command. Majority of respondents [n=137 (50.6%) were agree in that No proper record maintenance is done by Regulatory pharmacist/ Boards/committees.

Majority of respondents [n=144(53.1%) were disagree in that Regulatory pharmacist lack coordination with other Regulatory bodies/ Boards/ committees. Majority of respondents [n=147(54.2%) were agree in that Regulatory pharmacist lack coordination with in themselves.

Table 1: Demographics

Demographics	Frequency	Percentage
Age		
22 – 31 years	29	10.7
32 – 41 years	155	57.2
42-51 years	61	22.3
52-61 years	26	9.6
Gender		
Male	185	68.3
Female	86	31.7
Education		
B Pharmacy	129	47.6
Pham D	74	27.3
Phil	60	22.1
PhD	8	3.0
Job Tittles		
Drug Inspector	123	45.4
Drug Analyst	93	34.3
Drug controller	20	7.4
Deputy Drug controller	2	7
Law officer/prosecutor	6	2.2
Pharmacist PQCB	2	7
Senior Drug inspector	10	3.7
Chief Dug inspector	4	1.5
Chairman PQCB	2	7
Director DTL	7	2.6
Drug court Member	2	7
Posting		
PQCB	8	3.0
DHO office	110	40.6
DG office	23	8.5
DTL	83	30.6
Licensing Board	2	7
DRAP	19	7.0
Drug court	8	3.0
NIH	18	6.6
Province		
Baluchistan	43	15.9
Punjab	87	32.1
Sindh	79	29.2
Khyber Pakhtunkhwa	41	15.1
FATA	4	1.5
Gigot Batista	5	1.8
Federal	6	2.2
AJK	6	2.2

Table No. 2: Existing Drug Regulation

Questions	SA	A	N	D	SD
Drug 1976 is complete and comprehensive for drug regulation in Pakistan	12 (4.4)	79 (29.2)	20 (7.4)	148 (54.6)	12 (4.4)
Beside the Drug Act the rules made by the provincial Government of your province is complete and comprehensive	12 (4.4)	77 (28.4)	22 (8.1)	148 (54.6)	12 (4.4)
Drug Act provide complete and comprehensive leverage to Provincial Government to made rules regarding drug regulation	9 (3.3)	79 (29.2)	31 (11.4)	142 (52.4)	10 (3.7)
The constitution of different statutory bodies and boards in Pakistan complete and comprehensive according to Drug act.	26 (9.6)	94 (34.7)	19 (7.0)	124 (45.8)	8 (3.0)

Table No. 3: Responses regarding knowledge and training:

Question	SA	A	N	DA	SA
Academic learning provides proper knowledge to Regulatory Pharmacist during study	21 (7.7)	41 (52.0)	8 (3.0)	95 (35.1)	6 (2.2)
In your opinion, do you get proper knowledge during Academic degree	11 (4.1)	136 (50.2)	14 (5.2)	102 (37.6)	8 (3.0)
After completion of degree do you get any knowledge of Regulatory Pharmacist during your training/internship	7 (2.6)	56 (20.7)	35 (12.9)	163 (60.1)	10 (3.7)
Is there any post graduate/degree/course/diploma offered by any institute for Regulatory Pharmacist	5 (1.8)	29 (10.7)	41 (15.1)	183 (67.5)	13 (4.8)
For appointment, as Regulatory pharmacist is there any special requirement other than pharmacy degree	6 (2.2)	30 (11.1)	36 (13.3)	184 (67.9)	15 (5.5)
After appointment, do you get any training specific to your nature of appointment	8 (3.0)	28 (10.3)	26 (9.6)	190 (70.1)	19 (7.0)
If you get training, you get proper learning from it	6 (2.2)	27 (10.0)	33 (12.2)	183 (67.5)	21 (7.7)
After appointment getting refresher course. (workshop /training/ Seminar)	8 (3.0)	23 (8.5)	34 (12.5)	188 (69.4)	17 (6.3)
If you get refresher course, there it improves your understanding for Regulatory Affaire	13 (4.8)	15 (5.5)	33 (12.2)	186 (68.6)	24 (8.9)
There is continuous professional Development present (CPD).	10 (3.7)	20 (7.4)	37 (13.7)	180 (66.4)	24 (8.9)
Do you think CPD is Necessary for Regulatory Pharmacist	74 (27.3)	117 (43.2)	22 (8.1)	50 (18.5)	7 (2.6)

Table no. 4: Responses regarding Budget and other facilities

Drug Act /Rule provide budget for	Frequency	Percentage	Percent cases
No Budget	236	60.2%	89.7%
Stationary	32	8.2%	12.2%
Inspection	29	7.4%	11.0%
Sampling	33	8.4%	12.5%
sampling postage and handling	28	7.1%	10.6%
Reimbursement for Medical Store/Distributors for sampling taken	34	8.7%	12.9%
Do you get any budget from your department for			
No Budget	223	48.8%	85.8%
Stationary	40	8.8%	15.4%
Inspection	41	9.0%	15.8%
Sampling	50	10.9%	19.2%
sampling postage and handling	54	11.8%	20.8%
Reimbursement for Medical Store/Distributors for sampling taken	49	10.7%	18.8%
If no budget is either mention in any Drug act/Rule or not which budget you need			
No Budget	223	48.8%	85.8%
Stationary	40	8.8%	15.4%
Inspection	41	9.0%	15.8%
Sampling	50	10.9%	19.2%
sampling postage and handling	54	11.8%	20.8%
Reimbursement for Medical Store/Distributors for sampling taken	49	10.7%	18.8%
If there is no budget mentioned in the act/rule where should it be mentioned?			
Rule	133	34.9%	53.8%
Drug act/Law	100	26.2%	40.5%
Normal procedure	76	19.9%	30.8%
Executive order	72	18.9%	29.1%
Which of the following facilities do you get for day to day work			
cleric/office staff	123	32.0%	70.7%
stationary/computer	118	30.7%	67.8%
transportation for inspection	78	20.3%	44.8%
TA/DA for inspection	65	16.9%	37.4%
Which of facilities you demand to have			
your day to day work	221	20.2%	87.4%
cleric/office staff	221	20.2%	87.4%
stationary/computer	224	20.5%	88.5%
transportation for inspection	215	19.7%	85.0%
TA/DA for inspection	211	19.3%	83.4%

Table no. 5: Responses regarding political influence and security Issues

Question	SA	A	N	D	SD
I have security issues related to my day to day activities	25 (2.9)	158 (58.3)	22 (8.1)	59 (21.8)	7 (2.6)
I have security issues specially when I go for visit/inspection of different areas	27 (10.0)	145 (53.5)	43 (15.9)	47 (17.3)	9 (3.3)
I need security for performing my duties	21 (7.7)	134 (49.4)	62 (22.9)	42 (15.5)	11 (4.1)
I need special force (like other have) when I go for visit/inspection	22 (8.1)	118 (43.5)	82 (30.3)	38 (14.0)	11 (4.1)
I face political hurdle/problem with in department doing my day to day activities	20 (7.4)	106 (39.1)	92 (33.9)	42 (15.5)	11 (4.1)
Political influence/force stopping me doing my duties	20 (7.4)	100 (36.9)	97 (35.8)	39 (14.4)	15 (5.5)
Political influence/force stopping me doing regulating drug and drug used in community	17 (6.3)	107 (39.5)	91 (33.6)	38 (14.0)	18 (6.6)
I feel in secure as a regulatory pharmacist	20 (7.4)	111 (41.0)	92 (33.9)	31 (11.4)	17 (6.3)

Table no. 6: Responses regarding poor communication and administration b/w different bodies

Question	SA	A	N	D	SD
The communication b/w different Regulatory bodies is good	14 (5.2)	77 (28.4)	15 (5.5)	117 (43.2)	48 (17.7)
The information which is present by one authority is not disseminate to other	37 (13.7)	138 (50.9)	32 (11.8)	56 (20.7)	8 (3.0)
There is poor communication b/w regulatory pharmacist of same Cadre	32 (11.8)	146 (53.9)	31 (11.4)	50 (18.5)	11 (4.1)
There is poor communication b/w regulatory pharmacist of different Cadder	26 (9.6)	150 (55.4)	31 (11.4)	52 (19.2)	12 (4.4)
When new drug registered or old register is cancelled its not communicated to other	30 (11.1)	148 (54.6)	28 (10.3)	50 (18.5)	15 (5.5)
Regulatory pharmacist do not have proper chain of command.	26 (9.6)	148 (54.6)	36 (13.3)	47 (17.3)	14 (5.2)
No proper record maintenance is done by Regulatory pharmacist/ Boards/committees.	32 (11.8)	137 (50.6)	37 (13.7)	52 (9.2)	13 (4.8)
Regulatory pharmacist lack coordination with in themselves	27 (10.0)	144 (53.1)	39 (14.4)	48 (17.7)	13(4.8)
Regulatory pharmacist lack coordination with other Regulatory Affair/ bodies/Boards/committees.	29 (10.7)	147 (54.2)	31 (11.4)	51 (18.8)	13 (4.8)

DISCUSSION:

Regulatory Authorities exercise a substantial influence on the development, manufacture and marketing of medicines. Whether it be chemical characterization or its impurities, design of toxicology and clinical programs, or other then Regulatory Affairs Department becomes involved. Every country has some agencies to look after these activities as does drug regulation of Pakistan do [10, 11].

These regulations of drug governed by authorities or agencies to enforce existing drug act to import, export, manufacture and sale of drug, each country has own drug acts and authorities to empower such powers. In Pakistan, the Drug regulatory authority of Pakistan (DRAP) was recognized under the (DRAP) Act 2012 to provide Enforcement of the Drug Act 1976 and effective coordination. And it also harmonized therapeutics good in inter

provincial trade and commerce. Whereas its providing Regulation, to manufacture, export, import, storage, sale and distribution of therapeutic good/pharmaceutical products. Drug regulatory authority of Pakistan (DRAP) consists of A Chief Executive Officer (CEO) and thirteen (13) Directors of different divisions. [12]

This is consistent with findings of drug regulations in India where Drug control in India was effectively a post-independence development. The Indian Drugs and Cosmetics Act provide regulation for manufacturer, Import, Export Sale of allopathic and homeopathic medicine and Cosmetic goods. Both the Federal and provincial Governments are accountable for applying the provisions of the Act or Rules. While the Central Government of India is accountable for controlling the worth of imported drugs, laying down regulatory

procedures and standards, etc. Governments of India are accountable for regulation to organize over the pharmaceutical manufacturer, Distribution and sale of drugs.[13]

The Drug Act of 1976 and government of Pakistan legalize dispensing practices in community pharmacies. Most of the respondents in this study agreed on view that flaws are present in drug act which need to be modified in order to attain practical approach to regulate drugs import, export selling and coping with filthy, counterfeit, substandard, misbranded medicines in Pakistan. This is consistent with study where they highlighted that uncertainty of laws and in their accomplishment, seem to be a main difficulty for unsuitable practices in the pharmacies, and remarkably, all the interviewees agreed on this insufficiency in the Pakistani health care system. failing of regulatory establishment, need of qualified and capable inspectors as well as insufficient capitals were some of the reasons, [14].

The study findings showed that responses of existing drug regulation; which states that respondents were conflicting in that Drug 1976 is complete and comprehensive for drug regulation in Pakistan it is also showed that drug act will not provide comprehensive leverage to Provincial

Government to made rules regarding drug regulation this is consistent with findings of salient weaknesses of drug act 1976 which originated years before the National Drug Policy of 1997 – was passed following to the managed failure of the Generic Drug Act. However, it is seeming that the Drug Act 1976 is frail in a few parts. It must be recognized that some of these weaknesses – being contemporary – have arose over time and do not reflect on the original shape of the law [15].

It is therefore recommended that, Drug act 1976 should be updated to address, Gaps in the quality assurance mechanism, Lack of attention to traditional medicine, Uncertainties about terms of the Drug Act and lack of clarity in relation to drug pricing and Inappropriateness between the Drug Policy and other related policies [15]

The current study showed that respondents were doubtful in that the Drug rules provides proper procedures for all regulatory activities. It is stated in The Drug Act of 1976 and government regulates dispensing practices in community pharmacies. Ambiguity of laws and in their implementation, appear to be a major problem for inappropriate dispensing practices in the community pharmacies, and interestingly, all the interviewees agreed on this inadequacy in the Pakistani health care system. Weakness of regulatory authorities,

lack of trained and competent inspectors as well as inadequate resources were reported. In Pakistan, more than 350 pharmaceutical companies manufacture almost 20,000 brands of different medicines and some molecules have over 100 brands in the market. Such competition may lead to unethical marketing practices whereby a company tries to influence physicians to make them prescribe the brand/s it manufactures [14].

At the moment, there are 130,000 traditional practitioners in the country that do not fall under the purview of the Drug Act of 2012 [15]. Similarly, due to weak regulation, only four percent of pharmaceutical product sales are reported to come from trained pharmacists [16]. Eighty-eight percent of medications are prescribed by their brand names, indicating that pharmaceutical companies are influencing prescription practices by providing incentives to physicians [15]. An evident distribution chain malpractice is the collusion between pharmaceutical industry representatives and health providers to promote the use of particular medicines, products, and technologies without regard for cost, quality or appropriateness of use [17].

Study showed that Academic learning provides proper knowledge to Regulatory Pharmacist during study however this study

showed that respondents were disagreed in that Academic learning provides proper knowledge to Regulatory Pharmacist during study. Respondents were disagreed in that they get proper knowledge during Academic degree. However, respondents were disagreed that they get any training after their degree completion. Respondents were disagreed that there is any special requirement other than pharmacy degree for appointment as regulatory pharmacist. Respondents were disagreed in that after appointment getting refresher course such as Workshop/ training/ Seminar. Respondents were disagreed in that There is continuous professional Development present (CPD) and they think CPD is not Necessary for Regulatory Pharmacist. However, these findings are inconsistent with respect to policies to progress the present condition, the respondents designated that the condition can be enhanced by safeguarding that the pharmacist plays their role in community pharmacies, eliminating the uncertainties in regulation and as well as training current workers involved in dispensing practice [17].

Firm application of regulations that need the presence of capable people in community pharmacies, in addition to training of workers over the cooperative efforts of all share holders. The visions

expanded after this study should be useful to investors in scheming agendas to advance on current dispensing practices and community consciousness concerning the role of community pharmacies [14].

Respondents record was recorded with multiple responses were allowed. About budget facilities including Drug act provide budget for, budget from department, if no budget is not given and if no budget is mentioned in drug act where it should be mentioned and facilities provided and not provided for day to day activities in the current study [15].

In accordance with the Drug Act of 1976 administration control provision practices in community pharmacies. Uncertainty of regulations and their practical employment, seem to be a most significant concern for unfortunate dispensing practices in the community pharmacies, and remarkably, all the applicants agreed on this insufficiency in the Pakistani health care system [15].

Current study showed that respondents have security issues related to daily activities especially when they go for visit/inspection of different areas and they required security for performing duties with special force. Political hurdle/problem with in department doing day to day activities is main concern of this study finding and Political influence/force stopping them doing their duties [18].

Communication is necessary in providing effective work, this study showed that respondents were disagree in that the communication b/w different Regulatory bodies is good. Respondents were disagreed in that the information which is present by one authority is not disseminate to other. Respondents were agreed in that There is poor communication b/w regulatory pharmacist of same Cadre. Respondents were agreed in that There is poor communication b/w regulatory pharmacist of different Cadder. Majority of respondents 148 (54.6%) were agree in that When new drug registered or old register is cancelled it is not communicated to other. Majority of respondents 148(54.6%) were disagree in that Regulatory pharmacist do not have proper chain of command. Majority of respondents 137 (50.6%) were agree in that No proper record maintenance is done by Regulatory pharmacist/Boards/committees. Majority of respondents 144(53.1%) were agree in that Regulatory pharmacist lack coordination with in themselves. Majority of respondents 147(54.2%) were disagree in that Regulatory pharmacist lack coordination with another Regulatory Affair/bodies/Boards/committee.

CONCLUSION:

This study suggested that regulatory pharmacists in Pakistan had mixed

perceptions towards drug regulations. The findings also show that misapprehensions about certain sections/subsections of drug law persist among regulatory pharmacists. It is high time that the policy makers and regulatory pharmacists should sit together for mutual consensus development regarding the discrepancies in the current drug act.

Conflict of Interests and Funding Sources

We have no conflict of interests to declare. We have no funding sources to declare.

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