Transforming Retail Pharmacy:
The Challenge of Group Practice

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New legislation is to be enacted which will bring about fundamental changes in the way retail pharmacists operate. The Medical Schemes Amendment Act will make it possible for health maintenance organisations (HMOs) and medical schemes to employ various health professionals. It also opens up the possibility for teams of health professionals to come together and provide primary care in multidisciplinary health centres.

At the same time, the Pharmacy Amendment Bill, also expected to be passed this year, will make amendments to the Pharmacy Act to make it possible for pharmacists to participate in group practices. At present, only pharmacists registered with the Pharmacy Council may own or share ownership of pharmacies. The bill makes provision for the Pharmacy Council to exempt non-pharmacists from provisions in the act which do not allow them to own or jointly own pharmacies.

This article focuses on the implications of the proposed legislation for the future of pharmacy, and the options available to retail pharmacists to respond to the changed circumstances. Now, more than any time in their history, pharmacists will have to re-examine their role and look at ways of re-shaping it so as to remain relevant to patient care. Already, proposals have been tabled for an 'extended' role for the pharmacist. The next section looks briefly at factors which have influenced the nature of retail pharmacy, followed by a critical examination of the proposed extended role. Its appropriateness is examined in relation to the pharmacist's traditional role in drug therapy, and the involvement of the pharmacist in the health team for comprehensive patient care.

Retail Pharmacy and Profit

Pharmacy is a specialised health profession in which pharmacists derive satisfaction from applying unique skills in drug therapy to achieve patient care. Its practice is regulated by ethics to ensure that services are in the best interest of the patient. However, private sector retail is also a business which relies heavily on the profit motive. Retail pharmacists receive their income from the

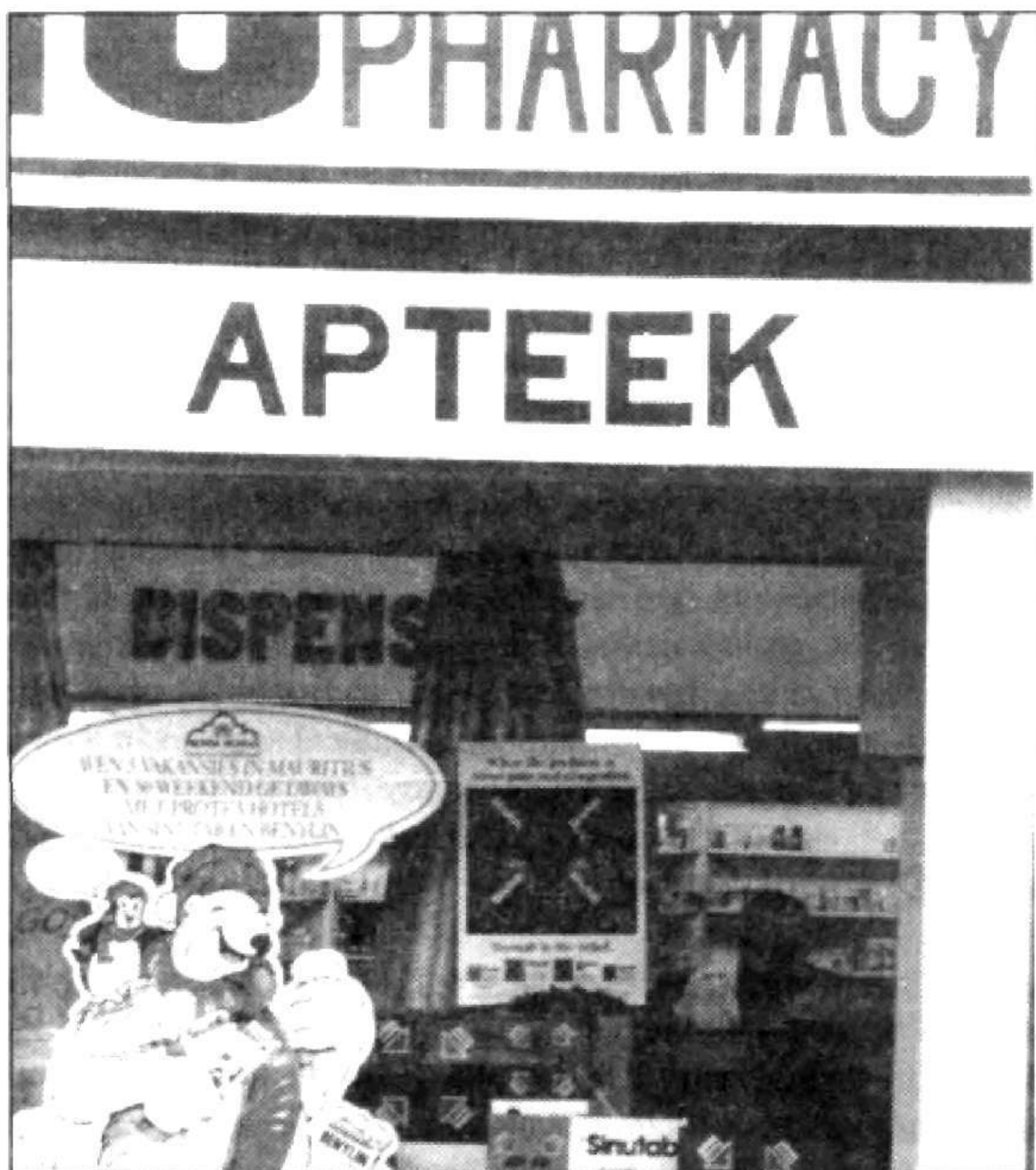
sale of medicines. They, therefore, have an incentive to sell large amounts of expensive medicines, potentially in violation of ethical codes.
There is little or no financial reward for patient oriented services, such as drug education, consulting with prescribers and monitoring excessive drug use, abuse and patient compliance. Very little attention is paid to such tasks. This results in pharmacists not utilising their training and skills to ensure optimum drug therapy.

Traditionally, the retail pharmacist was the sole private sector provider of prescribed medicines and held a near monopoly in the market. Before the revolution in the pharmaceutical industry that led to the production of patient ready medicine packages, a considerable amount of prescriptions were filled through small '63 scale preparation in the pharmacy. The great majority of people using private health care services were on medical aid, and the cost of private medical care, including that of drugs, was hardly an issue. So lucrative was the market for drugs, mainly in "white" metropolitan areas, that little thought was given to the provision of pharmaceutical services in the rural and black urban areas. This was fulfilled mostly by dispensing doctors.

Growing Competition

More recently, retail pharmacists have had to face increasing competition from grocery stores for the retailing of over-the-counter drugs, as well as from general practitioners, about 50% of whom are now licensed to dispense drugs. The role of pharmacists as trading professionals in the private sector is under severe threat from the growing competition. The restructuring now made possible by the Medical Schemes Amendment Act will see most patients eventually belonging to some form of managed care scheme, which attempts to control medicine costs by integrating the dispensary into the scheme. This will reduce the number of patients covered by a traditional medical aid which reimburses patients or independent pharmacies for all prescribed medicines.

The Pharmacy Amendment Bill aims principally to make it possible for non-pharmacists to open pharmacies in remote areas in order to improve access to medicines. However, the bill has already been interpreted as clearing the way for supermarkets and other enterprises to operate pharmacies and employ pharmacists. It has been argued that large retailers would be able to sell drugs more cheaply. To a degree, this is true, but the level of optimism is misplaced. It is based on the assumption that the retail mark up of medicines is solely responsible for their high cost in the private sector. It is, nevertheless, clear, that large retailers would make further inroads into retail pharmacists' profits.



What becomes of retail pharmacy under a NDP? *Photo:Ismail Vawda*

In addition to the possibility that big business enterprises could soon be allowed to operate pharmacies, a new government may decide to get involved in the retail market. This would be one way of ensuring that essential drugs were made more accessible and affordable to the population. State pharmacies would have the advantage of selling cheaper generic medicines bought on tender.

These developments will also lower the status of retail pharmacists in comparison to other professionals within health teams providing primary care to the community. Increasingly, there will be no meaningful role for independent pharmacies in their present form. The response to this changing reality by organised retail pharmacy might also be unrealistic and inadequate.

An Extended Role

The Pharmaceutical Society of South Africa calls for new functions for the pharmacist to be identified, developed and legalised. This includes training pharmacists to carry out functions currently performed by nurses at clinics. This would involve the pharmacist administering injections, providing preventive care services and caring for the chronically ill, including diabetics, hypertensives and cancer patients. The present functional layout of pharmacies would be changed to include a consultation room in which pharmacists could practise, and another room for injections and screening tests.

The Pharmacy Council has agreed to allow pharmacists to deschedule certain Schedule 3 and 4 medicines, thereby giving them greater discretion in treating certain minor ailments. This means that pharmacists, under given circumstances, will be able to dispense medicines in these schedules without a doctor's prescription. The extension of the pharmacist's role is to be given legal status by the Pharmacy Amendment Act which also aims "to enable pharmacists, for instance, not only to sell medicine but to administer it and to design and implement therapeutic plans".

Both Prescriber and Dispenser

If these plans come to fruition, pharmacists would no longer constitute the independent interface between patients and prescribers as they would be both prescribers and dispensers. This effectively removes the final check traditionally provided by pharmacists to detect any errors made during prescribing. Furthermore, the pharmacist as prescriber would have an economic interest in the dispensing. This would distort the pharmacist's clinical decision making, as the tendency would be to prescribe medicines which bring profit. There would be little incentive to refer patients to doctors unless they obviously required hospitalisation. The pharmacy would become a type of day hospital where the functions of doctor and nurse are provided by the pharmacist.

Clearly, therefore, the proposed extended role of the pharmacist will have the effect of presenting the pharmacist as an alternative to the GP. This type of practice might be acceptable in areas without GPs. Some could even see it as healthy competition in areas where GPs do exist. In the latter case the quality and the cost of the service would eventually determine whether the public can confidently forsake the traditional doctor's 'surgery' and turn to the pharmacist for most primary care. Medical aids would only contract such a service if it were shown to be a more cost effective alternative to GPs.

The Pharmacist's Role

However, it must be questioned whether it is appropriate for pharmacists to take on additional tasks, currently performed by other health professionals, given that they have not carried out their full role as pharmacists in ensuring optimum drug therapy.

The pharmacist's role as a professional with special skills in drug therapy includes product and patient oriented tasks. The pharmacist should monitor drug therapy, including drug interactions, adverse effects, multiple prescribing, excessive use and abuse, compliance and effectiveness of therapy. Such a role excludes prescribing, except for minor cases of self-medication. It includes collaboration with the medical practitioner in deciding on the most appropriate treatment, provided the pharmacist does not have a financial interest in the dispensing of the drugs.

Integration into Health Teams

Two conditions would have to be satisfied for pharmacists' potential to be realised. Firstly, pharmacists would need to work more closely with medical practitioners and encourage practitioners to consult on drug related matters. Pharmacists would have to maintain patient medication profiles and have access to patients' diagnoses and records. The participation of pharmacists in multidisciplinary health teams providing primary care would ensure they play leading roles in drug therapy.

Secondly, to enable pharmacists to pay due attention to patient oriented tasks, their professional incomes must cease to be linked to the sale of drugs. Financial reward for all pharmaceutical tasks, irrespective of whether drugs are dispensed or not, would enable pharmacists to provide more comprehensive services. An integrated group practice using the capitation system (that is, payment by the number of patients seen at or registered with the practice, as opposed to a fee for each service rendered) would remove the financial incentive to over provide certain services.

Retail pharmacy as we know it is under threat. Organised pharmacists seem determined to find a way forward in isolation of other health professionals. However, pharmacists have a positive role to play in multidisciplinary health care teams. Rather than resisting integration, pharmacists should start working now to secure their place in the health team.

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