Community Pharmacy:
Will the year 2017 bring more direction?

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The beginning of a new year – maybe a sensible approach would be to take stock, learn from the successes/failures of the past year and (at least) try to find some positive developments/achievements to get us going for 2017.

Pharmaceutical community service

A positive development is that most commentators and role players agreed that something must be done during 2017, and sooner rather than later, to prevent a similar fiasco with the registration of pharmacy interns as pharmacists for purposes of performing pharmaceutical community service and the subsequent placing of these pharmacists in an amicable way. Could one assume that necessary amendments to relevant regulations will be drafted as soon as possible to make this happen or will we keep on blaming the messenger until December 2017 is upon us?

An appropriate dispensing fee

A positive development will be that a new Pricing Committee will be appointed in 2017. Hopefully it will be a Pricing Committee which understands and appreciates the meaning of the word “appropriate” as far as the determination of a dispensing fee is concerned. The same would apply to the necessity to give a wider interpretation to “dispensing fee” as not to mean remuneration only but also the mechanism whereby access, availability and quality of pharmaceutical care could be improved in the best interest of the public.

The sale of HIV self-test kits

The South African Pharmacy Council (SAPC) published amendments for implementation to the minimum standards relating to the performance of HIV tests on 23 December 2016 (refer to Board Notice 193 of 2016). The following is a brief summary of some of the positive implications of the amendments concerned:

Pharmacists were allowed, with the exception of screening tests for HIV, to sell screening and monitoring tests to the public to perform at home. The restriction on the sale of HIV self-test kits by pharmacists has now been removed and pharmacists may sell such kits, on condition that those pharmacists:

- may only sell HIV self-test kits for screening which have been approved by the WHO or such suitable authority;
- will ensure that the public procuring such self-test kits for screening are well-informed that these kits are screening tests only; on how to use the kits correctly; are aware of false positive/negative results, including the “window period” between exposure and testing; and what to do to confirm results, if deemed necessary.

Furthermore, the public should be made aware that by procuring these self-test kits from pharmacies they will obtain the above and other health information from a healthcare professional free of charge.

One should remember that minimum standards provide merely the basic requirements on important matters and are not an exhaustive list of the responsibilities of pharmacists in the sale of HIV tests.

Distribution of pharmacies in South Africa

Two recent studies indicated that pharmacies in South Africa are not equitably distributed to the population they serve. It is almost 17 years since pharmacy ownership was ‘opened up’ to allow persons who are not pharmacists to own a pharmacy, subject to certain conditions. One of the studies referred to came to the conclusion that:

- “the current system underservices rural areas;
- sixty nine percent of corporate pharmacies and fifty six percent of individually owned pharmacies are located in the metropolitan areas; and
- individual pharmacies have legitimate concerns (but also) considerable unexploited opportunities”
These studies were also *ad idem* that to “address the inadequate distribution of pharmacies and, in particular, community pharmacies, it would be necessary to urgently review the criteria for the issuing of pharmacy licences”, as currently managed by the National Department of Health (NDoH).

A positive development is that amendments to the criteria/guidelines for the issuing of pharmacy licences have been published (some time ago). Current information is that the comments received were so substantial that a further revised set of criteria/guidelines would be published soon for a further comment period. Once finalised the operational aspects of the issuing of pharmacy licences will be delegated to the SA Pharmacy Council. Something to look forward to in 2017.

**Alternative models for the delivery of chronic medication**

The debate around “alternative models for the delivery of chronic medication” has been robust with some community pharmacies seeing opportunities and others only “doom and gloom”. The introduction of the NDOH’s Centralised Chronic Medicine Dispensing and Distribution (CCMDD) programme was initially greeted with suspicion by some community pharmacies and colleagues were advised not to partake as Pick-up-Points (PuPs).

With, in particular, the corporate pharmacies starting to participate as PuPs in larger numbers, it seems as if the initial anxiety and suspicions around the CCMDD programme are receding. A positive development in 2017 could be that more and more independently owned pharmacies will also come on-board and assist the NDoH with this very important project.

Another positive development in 2017 might be that NDOH has learned from its initial roll-out of the programme and realised that community pharmacies could be utilised in a much wider context to improve health outcomes than merely acting as PuPs.

Board Notice 193 of 2016 also introduced minimum standards for institutional public pharmacies operating a Remote Automated Dispensing Unit (RADU). A positive development with this set of minimum standards is that it seems as if the South African Pharmacy Council has realised that RADUs would be better suited for the Public Sector with its dire need for pharmaceutical staff and facilities, as well as to bring services closer to patients’ workplace or home.

A further positive development is that the suitability, safety and affordability of RADUs, including acceptance by the public could first be ‘tested’ in the controlled environment of the public sector health services.

**Pharmacies operating websites**

Minimum standards for community or institutional pharmacies operating websites have also been published during December 2016. According to the Board Notice (No. 193 of 23 December 2016) “the purpose of the standard is to regulate dispensing activities provided by community or institutional pharmacy by way of websites, where there may be no face-to-face contact with the patient”.

Although it was indicated above, that minimum standards are not an exhaustive list of the responsibilities of a pharmacist when medicine is sold or distributed *via* a website, such standards do provide some clarity regarding the do’s and don’ts of this practice model and therefore a business opportunity to explore further.

**SAACP 2nd National Symposium: July 2017**

Following the success of the 1st National Symposium organised by SAACP, it was decided to use the opportunity presented by the Pharmaceutical Society of South Africa (PSSA) to join them at their Conference to be held in July 2017. A full Saturday has been allocated to SAACP and we trust that we will again be able to put together a programme of local and international speakers on a variety of topics which will assist with shaping the future of community pharmacy in South Africa.

The question that remains is, “How will community pharmacy react to these perceived positive developments during 2017?”

**References:**