Advertising of PCDT Services

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Primary care drug therapy (or PCDT) is one of the additional services which a pharmacist may provide in terms of his/her scope of practice subject to certain terms and conditions. Some of these “terms and conditions” are that such a pharmacist must complete an additional qualification in PCDT, register the additional qualification with the South African Pharmacy Council (SACP) and thereafter apply for, and receive, a permit in terms of Section 22A(15) of the Medicines and Related Substances Act, 101 of 1965), as amended, from the National Department of Health (NDoH).

All applications for permits are referred to the SACP for a recommendation on whether or not the permit should be issued. If a Section 22A(15) permit is issued, the pharmacist (hereafter called a PCDT pharmacist) is authorised to diagnose and prescribe medicine for selected conditions identified in the Primary Health Care Level Standard Treatment Guidelines (PHC STG) and Essential Medicines List (EML), as published by NDoH from time to time. It is also important to note that, for the time being, the permit is linked to the pharmacist to whom it has been issued, and for use at specific pharmacy premises with a consultation room facility as approved by the SACP. The permit must also be displayed at the pharmacy premises to which it applies.

The above is the good news. Unfortunately due to an extended period during which no new permits were issued, PCDT disappeared off the radar as a low cost benefit to the members of medical schemes. There are a number of reasons for this, including amendments to systems of the Board of Health Funders (BHF) for issuing practice code numbers (PCNs) for PCDT, and annual amendment of the rules of the most medical schemes.

It has been a cumbersome and challenging process to kick start this process again. BHF needed to be convinced to issue PCNs to PCDT pharmacists, and medical schemes to recognise that PCDT pharmacists are authorised to prescribe in terms of their permits, has been quite a cumbersome and challenging process, but some success has been achieved to date.

The current challenge is: what if PCDT pharmacists with permits, currently in excess of one hundred, wish to advertise their PCDT services?

This matter was discussed with the SACP and the advice which follows was provided by the SACP:

1. “PCDT is provided for in terms of the Rules relating to the services for which a pharmacist may levy a fee, and the guidelines for levying of such a fee/s. Thus a pharmacist who has a PCDT permit issued by the Department of Health and which permit has been recorded with the Council may charge the proposed fee for performing PCDT functions.

2. “In addition, PCDT pharmacists may advertise the fact that they are PCDT pharmacists in the same way as a pharmacist may advertise any of the services they offer. In this regard reference is made to the Rules relating to the Code of Conduct for pharmacists and other persons registered in terms of the Act, in particular, Rule 1.7.”

Some of the guidelines described in Rule 1.7 of the above-mentioned Code of Conduct are:

• “The distribution and content of publicity for professional services should be dignified and restrained;
• “All forms of communication are covered and include, for example, editorial and advertisements in print, electronic, radio and television media, as well as leaflets, flyers, notices, signs, packaging material, labels, public address systems and electronic mail;
• “It is advisable to separate publicity for professional services from all other publicity;
• “Publicity must not abuse the trust or exploit the lack of knowledge of a customer / patient;
• “Information provided on services should be presented so as to allow the recipient to make a decision, without being subjected to pressure. No attempt should be made to solicit customers or to seek to influence the patient’s choice.”
In addition: “Cognisance should also be taken of Rule 5 of the Rules relating to acts and omissions in respect of which the Council may take disciplinary steps.” Rule 5 provides that if advertising is undertaken incorrectly there may be disciplinary action against such pharmacist. However, “and as a rule of thumb, if the provisions of Rule 5 are read in the positive,” a PCDT pharmacist should be able to advertise PCDT services without any fear of disciplinary action being considered by the SAPC.

With the imminent implementation of the envisaged National Health Insurance system (NHI) and requests from the NDoH that pharmacists, in particular community pharmacists, should indicate what their contribution to the success of an NHI system would or could be, the provision of PCDT services must be considered as indispensable. Although pharmacists’ primary role as the custodians of medicine and ensuring the availability and access to much needed medicine should not be neglected, an expansion of the scope of practice of pharmacists by providing PCDT services must be recognised as an essential low cost service not only by medical schemes but also within an NHI system.

Although the primary healthcare system of the NDOH, including the EML and STGs for PHC, may be regarded as mostly nurse-based and very restrictive as far as pharmacists are concerned, one should remember that pharmacists are legally allowed / authorised to provide any schedule 1 and 2 medicine without a prescription. PCDT pharmacists may therefore add any schedule 1 and 2 medicine which they may deem necessary for an holistic approach to the treatment of a patient. However, this does not mean that the patient’s medical scheme will or is obliged to pay for such additional medicine not indicated in the PHC STG/EML list of the NDoH.

It is therefore an opportune time for PCDT pharmacists to make the provision of PCDT services more widely known to the public and medical schemes, but in a responsible manner. Perhaps the “powers that be” in dealing with the implementation of an NHI system will then also take note of these additional and authorised services provided by certain pharmacists?

References
1. Hoffman, Debbie, Senior Manager: Legal Services and Professional Conduct, SA Pharmacy Council

With warm wishes for a very happy festive season and if you are going on holiday, travel safely, enjoy the well-earned rest, and return energised to tackle the challenges ahead.

Obituary

Dr Michael Skinner

It is with great sadness and regret that the death of Dr Michael Skinner, a pharmacist and colleague in the Faculty of Pharmacy, at Rhodes University, was announced. Dr Skinner passed away on 18 October 2016 in Grahamstown.

Mike went to Rhodes to start his Masters degree in 1985 and graduated with his PhD in 1992, working with Professor Izzy Kanfer. He then worked for a drug delivery company in the UK as a formulation analyst and scientist, before returning to join Rhodes as a staff member in 1996.

During the last 20 years, he has lectured many students as a relief lecturer in the subject of Pharmaceutics, specialising in the areas of drug dissolution, novel delivery mechanisms, kinetics and drug stability.

He has held the following positions in the Biopharmaceutics Research Institute (BRI) where Stage 1 Bioequivalence skin blanching Clinical Trials are run, as Senior Research Officer from 1998 - 2001, Acting Director from 2002 - 2007 and Director of the BRI from 2008 - present (2016).

Mike will be fondly remembered by all Rhodes Faculty, friends and former students as a quiet, gentle and kind man, who loved nature, and enjoyed hiking, kite-surfing and rock climbing. He was a true gentleman and an exceptional scientist.