



President's Message

Reflecting on 2017, working towards the future

Sarel Malan, President: PSSA

In many ways the practice of pharmacy and the outlook on the future have stayed the same. The pricing structure and single exit price (SEP) remains and medical aid providers still determine at what rate private pharmacy is remunerated for services and medicine; funding of vacant positions in national and provincial departments of health remains a factor hampering effective pharmaceutical services in state; and "Fees must fall" remains as a dark cloud over academia. 'The more things change, the more they stay the same', but even though the forward movement was slow, much effort and time has gone into the viability of pharmacy, the promotion of the profession and positioning of the pharmacist in a key role in the health system of South Africa and universal access to healthcare.

The shortage of pharmacists in South Africa remains an accepted fact and clearly limits the delivery of effective pharmaceutical services to all people everywhere in the country. Limited progress has been made in improving this situation even though pharmacy graduations increased significantly over the last few years. New and sometimes unexpected bottlenecks have restricted the assimilation of these graduates into the pharmaceutical service of the country.

The first of these is in our own hands and should be addressed by the profession – internships and the availability of registered tutors. Though regulation and SAPC processes are playing a role here, as a profession we should not allow this to detract from the importance and commitment of pharmacists to bring the next generation into the profession.

The second, the inability of the Department of Health, National and Provincial, to effectively accommodate and allocate community service pharmacists remains a problem but is being addressed by new approaches to placing and allocation of CSPs to other institutions where public services are rendered. These include MCC and private pharmacies that participated in rendering services in terms of chronic medication and clinic services. The possibility of now doing community service in academia could also assist in the shortage of academics and provide a training ground for future academics – something the Academy has been asking for since the inception of community service.

The SEP was adjusted but full agreement on how transparent and fair this adjustment and determination of the core price is remains a

point of discussion – the decrease of manufacturing plants over the last few years and lingering shortages of certain medicines remains a point of concern and manufacturers are persistently looking for cheaper and alternative API manufacturers amongst other efforts to curb the cost of production – hopefully always ensuring sustainable supply and quality.

Perverse incentives and vertical as well as horizontal integration remain unregulated and in many ways provide for sustained profitability in certain sectors and practice models, though clearly to the detriment of those excluded from these practices. The 4th proposed 'annual' (since 2010) adjustment of the dispensing fee seemed to bring the average income per dispensed item to around R50.97. It is however important to note that the average income per item for pharmacy supplying mostly acute medicine is only around R45.79 while for chronic medicine suppliers it is in the region of R71.64 – a situation clearly advantaging practice models focusing on, or having exclusive contracts to provide, chronic medicines.

The fee also remains published as a maximum, leaving the door open for provider contracts at much lower remuneration and designated service providers (DSPs).

Based on the 2009/10 model of 2300 dispensed items per month, the income required per item to cover the salaries of a pharmacist and a post basic pharmacist's assistant (according to OSD) is R50.99 – thus very little or no provision is made for business costs or return on investment. This has formed the basis of talks with the newly established pricing committee as the zero based model used in the original determination of the fee is clearly no longer valid without fair adjustment of salaries and costs. Further submissions and discussions focussed on alternative methodologies for determination of a fair and equitable dispensing fee based on separation of the professional fee and business costs.

But, even though the discussions on pricing remain crucial for the interim survival of the profession in the private sector, all of this will be null and void with the implementation of NHI to deliver universal access to health services. There is however no way in which universal delivery of pharmaceutical services will be possible without a healthy private sector – what remains for us is to determine the role of the pharmacist in this healthcare system which seems to move towards a single buyer and single provider, totally governed by the state.

PRESIDENT'S MESSAGE

Under no circumstances is it acceptable for us only to provide access to medicine in the form of logistics and dispensing, something that can easily be done with minimum input from a pharmacist and through task shifting of other professions.

It is now more critical than ever to prove up and step into our roles and responsibilities as primary health care providers and to expand these into advanced roles like medicine therapy management and medicine use evaluation (MUE) and review. Just last year a MUE of aspirin in the Western Cape, a process led and run by a few pharmacists, related to a saving of RM 5.4 over 12 months – money that could now be used to improve delivery of service and even fund additional pharmacist posts.

The advent of Universal Access and NHI has also had an unexpected but critically important consequence – it brought the profession together and for the first time pharmacists from all sectors and including all practice models, from within the PSSA and outside of it, have come together to form an NHI Pharmacy Stakeholders Consultative Forum. A steering committee including representatives from all spheres of pharmacy is now working together to ensure not only a viable, but also a vibrant future for the profession in South Africa. The inescapable reality of NHI has proven to be the catalyst to attain the strength of unity to take the pharmacy profession through the next decade and into the future.

SEASONS GREETINGS

