



The health of pharmacy in South Africa: navigating through the challenges

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The pharmacy sector in South Africa faces both opportunities and challenges in promoting public health. When evaluating the health of pharmacy in South Africa, I asked experts in the various settings of community service, academia, and pharmaceutical societies (see the list of the contributing authors) for their opinions on the following statements:

1. Adequate workforce capacity and diversity: the profession has sufficient numbers of qualified practitioners to meet societal needs. The workforce demographics also reflect the community it serves.
2. Strong professional standards and ethics: clear codes of conduct, standards of practice, and ethical guidelines help ensure high-quality, safe services and protect the interests of the public.
3. Robust education and training systems: practitioners are well-educated through accredited university programs, and ongoing competency requirements ensure skills and knowledge are up to date.
4. Effective self-regulation: the profession can set its own standards, monitor members' compliance, and discipline any lapses through an independent regulatory body.
5. Workplace well-being: practitioners can sustain healthy, balanced, and fulfilling long-term careers without the risk of burnout or workplace hazards that could compromise care.
6. Public trust and value: the profession is seen as making a valuable contribution to society, and individuals feel comfortable accessing its services.
7. Financial viability: the profession's economic model and compensation structures allow for adequate resources, innovation and continued service improvement.
8. Adaptability to change: the profession can effectively evolve to meet new health needs, technologies, standards of evidence, and community expectations over time.

When asked if we have an adequate workforce pertaining to capacity and diversity:

The overall consensus was no, as South Africa has an inadequate pharmacy workforce compared to other middle-income countries, with World Health Organization (WHO) norms suggesting the need for an additional 9 000 pharmacists. Even with an estimated 30 pharmacists per 100 000 people in the public sector, the current system suffers from a skewed distribution, with overconcentration

of services in malls and major cities and a lack of resources in rural areas. Demographics have also changed drastically over the past 20 years, with a transformed workforce that mostly serves higher-income communities instead of their own due to factors such as open ownership, inadequate licensing, improper reimbursement, and inadequate investment in areas of need. There is an even greater gap between urban and rural pharmacies in the public sector. As of March 2022, there were 9.4 pharmacists per 100 000 uninsured population in North West, compared to 18.9 in the Free State. These figures also vary between districts and types of hospitals.

What about the existence of strong professional standards and ethics with clear codes of conduct, standards of practice, and ethical guidelines that help protect the interests of the public?

The general consensus was that the profession is well served by policies on paper, although the Good Pharmacy Practice (GPP) standards require more detail, and the Office of Health Standards Compliance (OHSC) standards for pharmaceutical services are inadequate. Implementation and accountability are weak, particularly in the public sector, but corporate pharmacies are also affected.

The pharmacy regulator in South Africa, the South African Pharmacy Council (SAPC), imposes strong ethical and practice standards and inspects and grades the profession regularly. Medical practitioners and nurses also participate in delivering pharmaceutical services but without the same level of oversight. Recently, medicines have been found to be illegally sold on the street, an issue further aggravated by inadequate resources of the bodies responsible for medicines oversight.

Do we have robust education and training systems? Inferring that practitioners are well-educated through accredited university programs and ongoing competency requirements ensures skills and knowledge are up to date.

Pharmacists are well qualified to meet the country's needs in terms of distributing and dispensing medicines but lack opportunities to make full use of their scope of practice. If allowed to make full use of their scope of practice, they could help reduce the burden of disease and improve patient outcomes. Specialisations in the pharmacy profession are still pending, and there is difficulty recruiting pharmacists with

PhDs for senior lecturer and professor roles in clinical pharmacy, pharmaceutical chemistry, practice and public health management at universities.

Initial undergraduate training is satisfactory and generally meets SAPC accreditation requirements. The pre-registration examination sets a baseline of competence for entry-level pharmacists; however, the current continuing professional development (CPD) system does not provide adequate assurance of ongoing competence. Further, the proposed specialist training system is overly prescriptive and fails to meet the profession's requirements. More flexible options, some relying on the US Board of Pharmacy Specialties, have succeeded in other countries, such as the Gulf.

Effective self-regulation: the profession can set its own standards, monitor members' compliance, and discipline any lapses through an independent regulatory body.

Standards-setting is largely in the hands of the profession via the SAPC, and the disciplinary processes and sanctions applied by the regulator are meaningful. Complaints remain the essential first step in the process, which can be a barrier. Importantly, the punitive approach to medication errors may be too harsh and inhibit self-reporting. To counter this, the profession has provided guidance and tools, including peer review processes in some organisations. Corporate pharmacies must also satisfy shareholders and are under pressure from payers, which may lead to conflicts of interest. In the public sector, the lack of pharmacists' posts means that many duties are handled by pharmacist assistants. These risks reduce processes to merely focus on medicine supply rather than patient outcomes. Without control being vested in the profession, standards are at risk of being compromised.

Workplace well-being: practitioners can sustain healthy, balanced, and fulfilling long-term careers without the risk of burnout or workplace hazards that could compromise care.

Workplace well-being is at risk when pharmacy staff working in community and hospital pharmacies are evaluated in terms of the number of prescriptions dispensed, waiting times, and sales volumes rather than on the quality of a comprehensive pharmacy practice. They are also under pressure due to the limited number of staff employed. In the private sector, this may be linked to the need to protect profits. Although these pressures may be perceived to be more pressing in corporate-owned pharmacies, independent practitioners are also under financial pressure. In the public sector, many pharmacists work under intolerable conditions due to poor infrastructure, persistent stock problems, and very low staff numbers linked to budget limitations. New pharmacy graduates and pharmacy support staff struggle to find positions in both the public and private sectors. Despite the inadequate workforce, there may well be an over-supply of pharmacy personnel relative to the absorptive capacity of the current market. Due to financial constraints in the public sector and profit prioritisation in the private sector, there are insufficient pharmacy positions to meet public needs. At its core, this problem is linked to the current remuneration structure. The current

dispensing fee model is not sufficient to ensure long-term viability of a comprehensive, quality pharmaceutical service. There are many uncertainties regarding the reimbursement model to be applied under National Health Insurance (NHI).

A recent study conducted by the Community Pharmacy Section of FIP found that South Africa has been greatly impacted by COVID-19. Apart from the direct loss of life within the profession and among pharmacy staff's families, they experienced the impact of inadequate staffing norms and lack of proper reimbursement for their efforts in the vaccine campaign. These factors have all contributed to severe burnout, creating a lack of sustainable solutions that will affect service delivery in the future, including the risk of life-threatening dispensing errors.

Do pharmacists still have the public trust and value?

Pharmacists are a valuable source of healthcare services for the community. Despite their claims to be the most accessible healthcare professionals, the StatsSA General Household Survey consistently shows a small portion of the public would consider pharmacists as their first point of contact in the event of illness or injury.

COVID-19 has highlighted the vital role of pharmacists in the world, with trust in the profession increasing. To capitalise on this, the payer environment needs to shift to take advantage of pharmacists' training in managing minor ailments at a lower cost. Pharmacists have been vital in the COVID-19 vaccine program, delivering 7 million doses in South Africa. Although only a small proportion of patients served by the Centralised Chronic Medicine Dispensing and Delivery (CCMDD) program access their medicine packets at community pharmacies, this has allowed 350 000 patients to be "decanted" from public sector facilities.

The South African pharmaceutical industry is almost entirely reliant on imported active pharmaceutical ingredients (API). Overconcentration of supply from a limited number of API sources, notably in India and China, threatens the security of local manufacturing. Strengthening industrial pharmacist skills in South Africa would thus be beneficial.

How financially viable is the profession? The profession's economic model and compensation structures allow for adequate resources, innovation and continued improvement in services.

The current private sector dispensing fee is reliant on a zero-based model, used by the Pricing Committee to advise the Minister of Health. However, few payers are willing to pay the maximum dispensing fee allowed by law, resulting in the profession receiving less than the value determined for that service. The SAPC publishes fees for a number of non-dispensing services provided in community and hospital pharmacies each year, but few schemes are willing to reimburse such claims. For the future of the profession, the financial viability of the current models applied in both community and hospital pharmacies needs to be addressed urgently. Professional services in community pharmacies cannot be built on a business model that is based on the sale of goods other than medicines. Likewise, in private hospitals, the lack of any profit margin in the

pharmacy, with complete reliance on ward and theatre charges, hampers the development of comprehensive, quality pharmaceutical services. NHI holds the potential for a wholesale reconsideration of the reimbursement model for pharmaceutical services across both sectors, but also holds the risk that reducing costs will be prioritised ahead of service quality. Particular attention also needs to be paid to interventions that would encourage pharmacists to practise in rural areas, not only in the public sector.

Adaptability to change: can the profession effectively evolve to meet new health needs, technologies, standards of evidence, and community expectations over time?

Pharmacy in South Africa has historically endured past threats and is poised to adapt to needed changes. Government policy, however, has not been effectively conveyed nor adequately detailed. The plans for universal health coverage (via NHI) hold considerable uncertainty for existing service models, without clarity on how new models will be financed. Pharmacy must embrace its full scope of practice to meet the nation's healthcare needs. This needs to expand beyond HIV to include tuberculosis and non-communicable diseases, which are the leading causes of death in this country. Other areas of focus should include gender-based violence and accident-related deaths. Evidence exists of pharmacists' interventions leading to improved outcomes in diabetes, hypertension, blood disorders, and cardiovascular diseases. Technology has long been a crucial element in private sector pharmacy, but largely lacking in the public sector. Direct connections to patients and communities will assist this evolution.

In summary

Looking ahead, with political will and adequate investment, opportunities exist to strengthen the pharmacy workforce and the entire pharmaceutical service. Expanding access to affordable generics and integrating pharmacists as primary care providers could help address the quadruple burden of disease. Greater public-private partnerships and technology adoption may also enhance the monitoring of medicines quality and rational use. However, overcoming systemic inequities requires ongoing commitment to address the social determinants of health through multi-sectoral development.

South Africa's pharmacy sector is experiencing a promising growth, with increased acknowledgement of pharmacists across various domains and appreciation for their valuable knowledge.

This shift is essential to advancing South Africa's healthcare landscape and improving public health outcomes. Challenges around the current lack of internships and community service positions and confusion regarding the future roles of various pharmacy support cadres require urgent attention. Pharmacists have also demonstrated adaptability. In the private sector, the transition from independent, pharmacist-owned pharmacies to larger pharmacy groups and chains is ongoing. NHI promises to blur the boundaries between public and private sectors, but also to improve the quality of service in both sectors in order to better serve all communities. On balance, while progress has been made, much work still lies ahead to realise the vision of equitable and quality pharmacy services for all South Africans.

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