



My opinion

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"In life, change is inevitable. In business, change is vital" – Warren G. Bennis.

In the same breath, change can be scary, and can be a moment of crisis. Certainly, sudden change creates uncertainty, causes anxiety, which is typified by a feeling of worry, nervousness, or unease, particularly about an imminent event or something with an uncertain outcome, and fear of the unknown, but gradual change prepares us for a certain future. As humans, we can adapt and strategise new ways of doing things. We have the time to assess, objectively, facts at hand and come up with the best possible solution that will yield the results that we desire.

It is the same with community pharmacy. We are facing change in many aspects and we need to be able to identify such, come up with possible best solutions and see which ones to implement.

The big question is: are we ready to change?

Community pharmacy is going through transformation and if we remain static, we shall not realise the positive changes that are unfolding in front of us.

Do we have space for clinical pharmacists in community pharmacy?

Let us first see what they can do:

The practice of clinical pharmacy embraces the philosophy of pharmaceutical care, which is the care from a practitioner for a patient in the field of drug-related needs in order to assure optimal pharmacotherapy. Pharmaceutical care, as contextualized in clinical pharmacy, is the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a patient's quality of life. It is a patient-centred approach that involves pharmacists providing patient care that optimises medication therapy and promotes health and disease prevention.

Key aspects of pharmaceutical care in clinical pharmacy include:

- **Patient-centred:** Pharmaceutical care is focused on the interests of the patient and aims to improve their quality of life



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- **Responsibility:** Pharmacists take responsibility for a patient's drug therapy needs and are held accountable for this commitment
- **Continuous monitoring:** Pharmaceutical care involves systematically and continuously monitoring the clinical and psychosocial effects of drug therapy on a patient
- **Optimisation of pharmacotherapy:** The goal is to ensure optimal pharmacotherapy for the patient, which includes safe, convenient, and effective drug use

Clinical pharmacists, play a crucial role in providing pharmaceutical care to patients. This specialised pharmacy service is essential for improving health outcomes and optimising medication therapy.

Can a clinical pharmacist diagnose and treat?

In South Africa, pharmacists who have completed the Primary Care Drug Therapy (PCDT) training can diagnose and treat minor ailments and prescribe Schedule 1 and 2 medications as part of Pharmacist Initiated Therapy (PIT). The PCDT training equips pharmacists with the necessary skills for comprehensive patient management at the primary care level, including the management of chronic conditions such as hypertension and diabetes. The South African Pharmacy Council has published the scope of practice and competency standards for PCDT pharmacists.

The primary health care conditions that PCDT pharmacists may treat are classified according to the chapters of the South African Primary Health Care Standard Treatment Guidelines (STGs).

Having clinical pharmacists in community practices (including general practitioner (GPs) and community centres and pharmacies) means that GPs can focus their skills where they are most needed, for example in diagnosing and treating patients with more complex conditions. Unfortunately, currently the ethical rules of conduct for practitioners registered under the Health Professions Act, 1974 places a restriction on medical doctors collaborating with other health care professionals not registered under the Health Professions Act. Proposed changes to the ethical rules were published for comment to address this. The amended ethical rules have not yet been published for implementation.

I believe that in a group practice setup, they have a role to play, especially taking into cognizance NHI and what it is expected to achieve.

In community pharmacy, it may be a tall order as not all practitioners write the ICD10 codes for ease of reference. Secondly, we have no access to patients' files to see the notes that the practitioner has scribbled. Thirdly, they are not easy to get hold of. We take a long time trying to contact them and on rare occasions, we succeed. Lastly, we have limitations as we are not directly related to patient care as they are out-patients.

It would be interesting to hear your opinion on clinical pharmacists in community pharmacy practice. The role of community pharmacists in providing clinical services is evolving globally, with a changing focus on the provision of clinical services within the healthcare system. The range of clinical services offered by community pharmacists varies widely from one setting to another, and the social and environmental context of community pharmacy can impact the implementation of these services.

The impact of community pharmacists in South Africa is significant, as they play a pivotal role in providing health education and services to the population. Community pharmacies in South Africa can provide routine HIV testing and treatment services, as well as emergency care for minor ailments. There are approximately 3 580 registered community pharmacies in South Africa, with 1 110 (31%) being corporate chain pharmacies located in cities and the remainder being individually owned, many of which are in less populated poorer settings.

In a study by Vera H. Buss et al, on the impact of clinical services provided by community pharmacies on the Australian healthcare system: a review of the literature, community pharmacies are well located to deliver healthcare services due to convenience and accessibility. The range of services offered by community pharmacies is comprehensive. Despite this, the clinical interventions provided in pharmacies appeared not to be coordinated and this led to the proposal that more efforts should be put into linking the individual services and better integrating them with the patient care provided by the general practitioners and other health professionals. It is unfortunate that the South African system is in the same boat, where our services are not interlinked and integrated and this creates a mammoth task in providing an optimal service to patients.

In Canada, clinical pharmacists collaborate directly with patients and physicians to determine the ideal treatment plan for each patient. They are medication experts in your care team whereas physicians are experts in the anatomy and physiology. Pharmacists are drug experts, whereas clinical pharmacists take this knowledge and apply it to clinical scenarios. They perform functions beyond fundamental dispensing and order-processing activities. This typically involves optimisation of medication selection, dosing, and monitoring.

Depending on the province or territory, the pharmacist may accomplish this by performing an expanded scope of activities such as adaptation of prescriptions, prescribing for minor ailments, ordering, or interpreting laboratory tests and administering drugs, including injections for immunisation or other purposes. In South Africa, some of these activities are covered by PCDT pharmacists and those pharmacists that trained for immunisation and injection technique

and family planning. When the PIMART case is over, we hope to see more scope being covered by community pharmacists.

In the United Kingdom, clinical pharmacists can work directly with patients as part of the GP team, for expert advice on medication, to ensure that the chronic medication that the patient is taking is optimal for the condition. It is interesting to note that the clinical pharmacist can change the prescribed medication or change the quantity that the patient is taking if such medication has adverse effect on the patient.

They can also do health checks like taking blood pressure or making appointments for patients to have other tests, like blood tests. It is contentious that they may be able to prescribe medicines in the same way as the doctor.

In recent years, South Africa has experienced notable changes in pharmacy practice regulations and legislation, particularly concerning the acceptance of electronic prescriptions and the introduction of telemedicine services within community pharmacies. Electronic prescriptions are now permissible, provided they comply with Regulation 33 of the General Regulations to the Medicine Act, which mandates the creation of a permanent prescription record. Additionally, telemedicine services allow patients to consult a general practitioner via a monitor within the pharmacy, with the pharmacist subsequently dispensing the prescribed medications to the patient for a minimal fee.

Looking ahead, further technological advancements in community pharmacy practice are anticipated. These may include the establishment of a central database for codeine-containing products by the South African Health Products Regulatory Authority (SAHPRA). Embracing such changes is crucial, as they have the potential to positively impact the communities served by pharmacies, contributing to the reduction of medicine abuse and the enhancement of professional activities. The future of community pharmacy practice in South Africa is also influenced by the proposed new qualification for pharmacists, specifically the development of a postgraduate diploma in Pharmacy for Authorized Pharmacist Prescribers. This qualification is expected to enable community pharmacies to offer expanded services, marking a significant shift in the role of pharmacists within the healthcare system. However, challenges such as open ownership and the need for collaborative efforts to address outstanding issues remain pertinent. Despite these challenges, the evolving landscape of community pharmacy practice in South Africa presents an opportunity for stakeholders to shape the profession's future direction. Therefore, it is essential for the pharmacy community to engage in discussions about the future of community pharmacy and work together to ensure that the profession is prepared to embrace and effectively leverage upcoming technological and regulatory changes.

In conclusion, the evolving regulatory and technological landscape of community pharmacy practice in South Africa presents both opportunities and challenges. Embracing these changes and actively engaging in discussions about the future of the profession are vital steps in ensuring that community pharmacies are well-prepared to meet the evolving healthcare needs of the population.

“The strength of the team is each individual member. The strength of each member is the team” – Phil Jackson.

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