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President of the South African Association of Community Pharmacists (SAACP)

Pharmacy Connect is a national conference and trade show hosted by the Pharmacy Guild of Australia. It will be held on September 1-3 at the Hilton Sydney. The conference will feature workshops beforehand, a two-day education program and a 60-stand trade exhibition.



Can you tell us a little about your professional background? What brought you to pharmacy?

CV: I started my pharmacy studies in 1991 and completed my degree in 1994 at the University of Pretoria in South Africa. Soon after I entered my career as a pharmacist, I was given the opportunity to become operations manager for a group of 16 community pharmacies. This was where I learnt how to develop policies and procedures to ensure that a community pharmacy is operationally functional and profitable. In 2006, I completed a Master's degree in business leadership at the University of South Australia, Adelaide, after which I worked assisting smaller community pharmacists with turnaround strategies to turn their struggling pharmacies into profitable businesses. People don't always realise that small changes can have a huge positive impact on the business. In 2011, I started a training academy. We are involved in the development and delivery of short courses, accredited qualifications and CPD for a corporate pharmacy group and a franchise pharmacy group. My career is quite diverse, but that is what I love about it.

What do you think makes a successful pharmacy owner?

CV: Entrepreneurship. I believe that successful pharmacy owners are those who have the capacity and willingness to develop, organise and manage a business venture, in spite of the risks that go along with it, to make a profit. We as pharmacists are bombarded on a daily basis with many challenges, not only from our patients, but also from regulatory bodies. A pharmacy owner with an entrepreneurial spirit is characterised by innovation and calculated risk-taking.

Pharmacy in South Africa is in a difficult fiscal environment. What is the government's view of the role of community pharmacy and do they understand the role pharmacists can play?

CV: The role of community pharmacy in healthcare delivery is well described/recognised in the National Drug Policy of government. However,



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most of the South-African population receives its pharmaceutical services from public-sector health institutions. Therefore, due to the current system whereby community pharmacy is mostly focused on providing services to the private sector and thus payment by third-party payers (medical schemes), use of community pharmacy by government is minimal and restricted to a few pharmacies providing screening services on behalf of government. Even this service is currently restricted to only one of nine provinces.

It is anticipated that this situation will change with the envisaged implementation of a national health insurance system in South Africa. This process/use of community pharmacy has already begun with the implementation of a Centralised Chronic Medicine Dispensing and Distribution program, using community pharmacies as 'pick-up points' for the issuing of already-dispensed patient medicine parcels at a predetermined service fee.

One possible future challenge would be for community pharmacists to identify/agree on a package of services that could be delivered to current public-sector patients at a fee for service, on behalf of government.

In what remunerated professional services are pharmacies participating in South Africa?

CV: Pharmacists are remunerated for their services through the dispensing fee, which is determined by a Pricing Committee established in terms of the Medicines Act (ie, not by the South African Pharmacy Council and/or the Professional

Community Pharmacy Association). The fee is structured into four tiers based on the single exit price (acquisition price) of medicines and allows for adding a fixed South African rand as well as a percentage value, based on the single exit price. The dispensing fee concerned is a maximum fee and therefore open to negotiation, which creates difficulties in representing both the interests of corporate and independent pharmacists, with the result that most pharmacies do not get paid according to the published dispensing fee, but at a much lower value.

The SAACP is the sister organisation of the Pharmacy Guild of Australia. What is the core competency of your organisation?

CV: Our core competency is to look after the professional affairs of community pharmacists in South Africa. These affairs vary from the dispensing fee to services that may be offered by a community pharmacy, as well as marketing of the profession.

The SAACP members are corporate and independent pharmacists. Does that create difficulties in representing their interests?

CV: Our mandate as SAACP is to focus on the pharmacist and not on the commercial interest of pharmacies. We try, as far as we can, to stay away from getting 'caught in the middle' between corporate and independent pharmacies with regard to negotiations with medical schemes regarding the dispensing fee.

Community pharmacists, whether employed in corporate or independently owned pharmacies, have the same scope of practice and may provide the same services and get remunerated for those services. This means that there is good cooperation as far as the professional role of pharmacists is concerned.

SAACP is, however, involved in negotiations with the Pricing Committee in the annual revision of the prescribed dispensing fee and the methodologies applied to such a fee.

What are the key initiatives you will pursue during your stewardship of the SAACP?

CV: The key initiatives I have implemented during the past 18 months are the development and implementation of the vision, mission and strategic objectives for the association. I am currently investigating the structure of our association for the future. Two other important projects we are currently pursuing are the development of a mobile application as method of communicating and engaging with our members. Lastly, one of the most important initiatives is to engage with our regulatory framework to re-evaluate the remuneration for pharmaceutical services. ^{RP}