Editorial

The professional pharmacist and the pharmacy business

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(Aust Prescr 2011;34:34–5)

According to current profession-specific standards, Australian pharmacists are expected to be competent in, among other things, the provision of primary and preventive health care.[1] They are often the first healthcare professionals contacted by patients, who they may treat or refer.

The other expected professional competencies are the preparation, review and dispensing of prescribed medicines, the ability to participate in research and educational activities, and the promotion of and contribution to optimal use of medicines. There are also three 'business' competencies which relate to professional and ethical behaviour, managing work issues and interpersonal relationships, and applying organisational skills in the practice of pharmacy.

It is implicit in the current competencies that a balance be struck between running a successful small business and providing professional services. The preparation and dispensing of pharmaceutical products largely achieves this balance because dispensing accounts for approximately 70% of the gross income of most community pharmacies. It is also responsible for most of the workload of community pharmacists, although this is expected to diminish with the progressive introduction of automated dispensing systems.

Professional services associated with the other expected professional competencies contribute to workload, but add little to the incomes of community pharmacies because these services are almost invariably provided free of charge. Any income is usually derived indirectly from the accompanying sales of products or medical devices. Retailing activities, including the sale of non-prescription medicines with or without professional advice, therefore account for approximately 30% of the gross income of community pharmacies.

Community pharmacies are undoubtedly a major retail outlet for complementary medicines. Selling these medicines is perceived by some as highlighting the conflict which can arise between running a small business and providing a professional service. The sale of products of doubtful efficacy could seem to favour small business requirements rather than professional practice.

Recent research has shown that consumers very often self-select complementary medicines.[2] The information which guides their selection comes mostly from friends, the internet, general practitioners and naturopaths. Nevertheless, the majority of consumers expect pharmacists to be knowledgeable about complementary medicines. A conflict is therefore almost certain to arise when pharmacists have to choose between recommending products for which there is good evidence of efficacy and just selling complementary medicines as retail products.

A possible resolution of this particularly evident area of conflict would be for pharmacists to expand their provision of primary health care so that they become more involved in the processes leading to product selection. Then, if consumers insist on complementary medicines, at least pharmacists should provide

In this issue…

Despite having more chronic disease than other Australians, Aboriginal and Torres Strait Islander people make less use of the Pharmaceutical Benefits Scheme. Noel Hayman tells us how their access to medicines can be improved.

Access to dental care can also be difficult in some areas. This can sometimes result in inappropriate treatment. Ricky Kumar, Paul Sambrook and Alastair Goss provide an example of why toothache should not be treated with antibiotics.

Inappropriate management of hyponatraemia can also have serious consequences. Gabriel Shannon advises us how to manage severe cases of hyponatraemia.

Just as certain drugs can cause hyponatraemia, others can cause cardiac adverse effects. Ingrid Hopper reviews some of the drugs which can result in heart failure, myocardial infarction and arrhythmia.

guidance and support about the selection process and about any significant health problems, directly or indirectly, which could result from the use of largely unproven remedies.

Expansion of the role of pharmacists in primary health care should be more than just assistance with the selection of complementary and over-the-counter medicines. Pharmacists should contribute in a more meaningful way as part of a team approach to health care so that referral to other members of the team, particularly general practitioners, is a key part of the process. Expansion of this 'triage' role is more likely to be limited by time and space constraints, and by perceived lack of adequate remuneration,[3] rather than by a need to develop a new role, because pharmacists are already providing millions of health-related consultations each year.[4]

In reality, payment for professional services other than the preparation and dispensing of pharmaceutical products will remain an unfulfilled goal until pharmacists unequivocally demonstrate they can contribute significantly to primary health care. At present they are 'off the radar' in this respect, largely because much of what is done is not recorded. In addition, there are few formal referrals of consumers to other healthcare providers, and there is seldom follow-up of the advice given by pharmacists.[5]

Community pharmacies are on the one hand small businesses and on the other are providers of a range of professional health services. While there is room for improvement, recognition and remuneration for their professional health services, the current arrangements have been successful in placing, at no cost to government, competent and respected healthcare professionals in the main streets of almost every suburb, town and city across Australia.

Nevertheless, the time has surely come for community pharmacists to decide once and for all if they are to embrace the changes necessary to improve substantially the 'non-prescription' services they offer. This would provide consumers with access to highly identifiable and accessible front-line healthcare professionals who are well equipped to decide if treatment or referral is necessary. Not to embrace the relatively straightforward changes which are necessary will mean that the tag given to community pharmacists by some commentators[6] as being the most over-qualified and underutilised of Australia's healthcare professionals will remain.

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Letters

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Safe use of radiographic contrast media

Editor, – I would like to commend Kenneth Thomson and Dinesh Varma for their succinct discussion of the safety profile of iodinated radiographic contrast media (Aust Prescr 2010;33:19-22).

However a noticeable absence in the article is the discussion of oral contrast – particularly the increasing use of injectable iodinated radiographic contrast media as oral contrast (after dilution) for abdominal CT.

One of the issues related to iodinated media like iohexol or diatrizoate sodium is the alleged cumulative nephrotoxicity of these media when given orally in addition to the intravenous dose. This perception appears to be in error. From what I can tell, iohexol is poorly absorbed in the intact gastrointestinal tract and about 1% of the dose is excreted by the kidney. There is however a theoretical potential to cause renal dysfunction in a dehydrated patient as the hypertonic oral