Editorial

Pharmacy practice: Is the gap between the North and South widening?


The aim and objective of good pharmacy practice and optimal clinical pharmacy is to promote the appropriate use of medicines. However, the improvement in medicines use is very much dependent on health systems and has greatly benefited from the advances in science, technology, innovation and from those public policy measures, which support public health. Developed economies have been at the forefront of innovation and as a result, their health systems have become stable and more advanced. The quality of service provision within pharmacy and across the system as a whole has contributed significantly to medicines-related patient care.

With the advantages of innovation and the changing pace of technology come changes in pharmacy practice which are transforming very quickly. This change is driven by influences within two domains. One is the development of new technologies in medicines, for example better drug delivery methods or the use of robotics to dispense medicines. The other domain relates to the changes that are driven by demographics, disease prevalence, mortality rates and the aging population.

An example of a policy change which has been influenced by the aging population in the ‘North’ is the expansion in roles of non-medical prescribers. Policy-makers have been instrumental in shifting workloads in chronic care management to other healthcare professionals including pharmacists and nurses [1]. The opportunity for pharmacists to prescribe medicines independently or under the supervision of an experienced physician has released physician time and helped to meet the demand of an aging population with diminishing numbers of doctors through facilitating improved access to care. One other example of change in western developed countries is the argument that pharmacy practice must move away from “supply and distribution” as a main focus and should direct its attention to optimising medicines related health outcomes through clinical activity [1]. Pharmacists’ time can then be better utilised within specialised clinical roles such as palliative care and care of the elderly [1].

The above-mentioned changes in developed economies have been policy-driven and designed after consideration of the opportunities to better utilise pharmacists skills and to reconfigure services as applicable to the context of each country. In this Editorial we pose the question “to what extent can such change be implemented in low and middle income countries and what might be the challenges to achieving this?” For example, there have been calls to promote pharmacist prescribing within developing countries. However, this does not equate to the developed world as the majority of pharmacies in low and middle income countries are manned by non-qualified personnel and prescription medicines can be purchased over-the-counter, without the need for a prescription.

Currently, under the western developed model in the ‘North’, non-pharmacist technicians are being utilised in order to release the pharmacist from more technical duties of procurement and supply, to undertake more clinically oriented services. Future developments in western pharmacy practice may also include drug stores operated by non-pharmacists. However, in the South, where counterfeit medicines and assuring the quality of medicines is a big challenge [2] placing pharmacists in procurement may have a positive impact on the successful supply and distribution of good quality medicines [3]. In the South, “pharmacists within the pharmacy” as a concept has just started to emerge, and significant analysis and direction will be required in order for successful adoption of the western concept.

The difference in emphasis and the practice of pharmacy in the North and South paint a stark contrast. The question we seek answers to is to what extent can the policy-driven and somewhat theoretical advances in pharmacy practice in the North be applied to the South? Authors in developed countries write about the potential for improvement in pharmacy practice at a global level; however they fail to both realise, and articulate the differences between the health systems and how pharmacy is positioned within these systems [4]. Returning to consider the two domains pertinent to change in the pharmacy sector and its practice, we believe that technological advances in drug delivery such as new methods of injecting vaccines and insulin could be safely implemented within developing countries. However, concepts such as pharmacist prescribing and the utilisation of non-pharmacists in procurement and supply roles requires careful regulation and planning to reduce the widening gap between pharmacy service provision in the North and South.

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