

**DESIGNING A PERFORMANCE
MANAGEMENT SYSTEM FOR THE
PROVISION OF OPTIMAL
PHARMACEUTICAL CARE TO
PATIENTS**

**HEALTHCARE FINANCE: PHARMA MARKET ACCESS &
PRICING CONFERENCE**

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OUTLINE OF PRESENTATION

- What is pharmaceutical care?
 - Enhances rational drug use
 - Increases accessibility of the public to quality, safe pharmaceutical services
- Design of an integrated performance management system in a pharmacy to allow for the provision of optimal pharmaceutical care to patients

IRRATIONAL DRUG USE

- Irrational drug use is a major problem.
- Can lead to drug-related problems (DRP), which can cause patient morbidity and/ or mortality
 - Ernst and Grizzle's (2001) study: the cost of DRP for ambulatory patients in the USA in 2000 was greater than \$177.4 billion
- Can occur due to errors on the part of prescribers, pharmacists, patients and others who may be involved (e.g. nurses, family members of patients)

RATIONAL DRUG USE

- Is medication (prescription/ OTC/ complementary) appropriate for a specific patient?
- In terms of:
 - Drug-disease interactions?
 - Drug-drug interactions (with other medication, including OTC and complementary medicine)?
 - Drug-food interactions?
 - Allergies/ hypersensitivity reactions?

RATIONAL DRUG USE

- Dosage?
- Frequency of administration?
- Dosage form?
- Duration of therapy?
- Age?
- Weight?
- Pregnant or breastfeeding? Or other special-risk population (e.g. elderly, renal failure)?
- Possible effects of excipients?

PHARMACEUTICAL CARE

- Pharmaceutical care is “a practice for which the practitioner takes responsibility for a patient’s drug therapy needs and is held accountable for this commitment” (Cipolle, Strand & Morley, 1997 cited in van Mil, Schulz & Tromp, 2004: 303)
 - Could decrease the potential for DRP
 - Involves taking responsibility for a patient’s health outcomes
 - Not just the domain of pharmacists! Doctors and other health-care professionals can and should play an invaluable role in the provision of pharmaceutical care.

PHARMACEUTICAL CARE

- The Good Pharmacy Practice (GPP) standards published by the South African Pharmacy Council (SAPC) outline various standards for the provision of pharmaceutical care – pharmaceutical care is not just the technical function of processing a prescription and issuing medication.
- These standards include (SAPC, 2010):
 - Ensuring that pharmacotherapy is appropriate
 - Detecting drug interactions
 - Detecting adverse effects of drugs

PHARMACEUTICAL CARE

- Assessing whether patients are compliant with their pharmacotherapy
- Counselling patients (providing information and advice) so that medication is used correctly and safely
- Counselling patients about possible dietary modifications
- Liaising with other health-care professionals (such as doctors) when necessary

PHARMACEUTICAL CARE

- Performing a medication review (includes assessment phase, development of a care plan and a follow-up evaluation to assess patient outcomes)
- Generic substitution (unless not permitted to do so in terms of the Medicines and Related Substances Act 101 of 1965)
- A recent study (Cassim and Dlodlu, 2012) found that one retail pharmacy, from the perspective of patients, was always compliant with only 2 out of 10 GPP standards

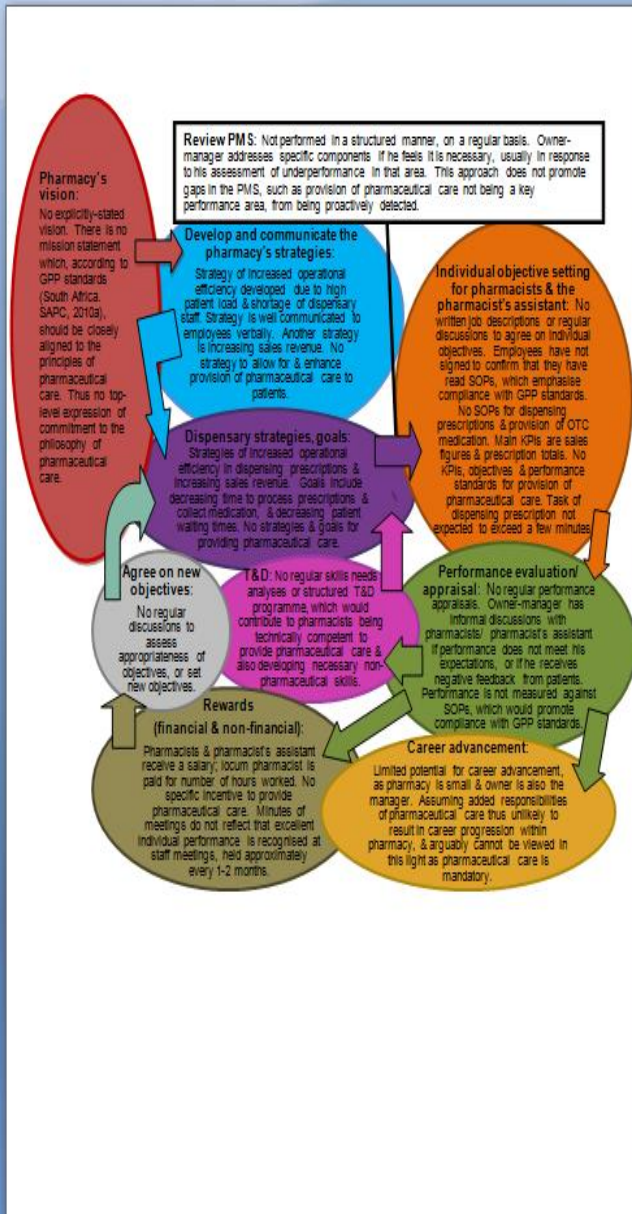
PHARMACEUTICAL CARE

- Increases the accessibility that the public has to quality, safe pharmaceutical services
- Increases the affordability of such services
- Underlying philosophy of the GPP standards includes the following (SAPC, 2010):
 - Commitment to providing cost-effective pharmaceutical services

INTEGRATED PERFORMANCE MANAGEMENT SYSTEM

- Having an Integrated Performance Management System (IPMS) is essential in order for pharmaceutical care to be provided effectively and sustainably
 - Need to have structures and systems in place
- 5 practical recommendations with an implementation plan will now be presented (Cassim, 2011)
- These include a number of basic activities (to be completed within 11 weeks) and on-going activities

FIGURE 1: ANALYSING THE PHARMACY'S PMS BY ADAPTING CAMERON'S (2006A: 120) "ELABORATED MODEL"



Recommendation 1	<i>Desired outcome(s)</i>	Key activities	Stakeholder(s) responsible	Time period	Expected costs
Training and brainstorming session for all pharmacists and the pharmacist's assistant	<ul style="list-style-type: none"> • <i>All dispensary employees having knowledge of the GPP standards outlined by the SAPC and the pharmacy's SOPs;</i> • <i>All dispensary employees having knowledge of the pharmacy's vision and other key information, such as roles and responsibilities and performance objectives;</i> • <i>Enhanced team-work.</i> 	1.1 All pharmacists and the pharmacist's assistant should prepare for this by reading the GPP standards and the pharmacy's SOPs.	All dispensary employees	One week	<ul style="list-style-type: none"> • Costs to print out GPP standards (available online from the SAPC's website) for those who do not have a personal copy; • No other expected costs to the pharmacy as employees would read the documents whilst off-shift.

Recommendation 1	<i>Desired outcome(s)</i>	Key activities	Stakeholder(s) responsible	Time period	Expected costs
		<p>1.2 Advertising to patients that the pharmacy will be closed for the day of training. The pharmacy could offer to deliver medication (a service that is normally provided) to the homes of patients who would have come to the pharmacy on the day of the training to collect their chronic medication.</p>	Owner-manager	Two weeks (including the one week in activity 1.1)	<ul style="list-style-type: none"> • Cost of advertising to patients that the pharmacy will be closed for this day; • Cost of delivering medication to patients.

Recommendation 1	<i>Desired outcome(s)</i>	Key activities	Stakeholder(s) responsible	Time period	Expected costs
		<p>1.3 Training and brainstorming session is conducted, at which dispensary employees openly discuss/brainstorm the following:</p> <p>1.3.1 The pharmacy's vision, strategies, mission statement and values;</p> <p>1.3.2 The philosophy of pharmaceutical care; GPP standards and the pharmacy's SOPs, and how to comply with these so that pharmaceutical care is provided in everyday practice;</p>	Owner-manager	One day, perhaps a Sunday, when the trading hours are fewer	<ul style="list-style-type: none"> • Opportunity cost of time, as the pharmacy would be closed for one day; • Loss of revenue for one day; • Cost of overtime pay for those employees who would not normally be working on that Sunday; • Catering costs, which could be decreased if dispensary employees bring their own meals; • No venue cost as the training session can be held at the pharmacy.

Recommendation 1	<i>Desired outcome(s)</i>	Key activities	Stakeholder(s) responsible	Time period	Expected costs
		<p>1.3.3 Potential revisions to the current SOPs (for example to make them more user-friendly) and the need for new SOPs, such as how to dispense a prescription and provide OTC medication, how to provide patient counselling, monitor patient outcomes and how to interact with difficult/ offensive patients. The content of the new SOPs can also be brainstormed;</p> <p>1.3.4 Challenges experienced in the dispensary and pharmacy, as well as possible solutions;</p> <p>1.3.5 All employees' roles and responsibilities;</p>			

Recommendation 1	<i>Desired outcome(s)</i>	Key activities	Stakeholder(s) responsible	Time period	Expected costs
		<p>1.3.6 The need for an induction and orientation programme for new dispensary employees, and the duration and content of this programme. This could include Fowler's (1996) induction checklist cited in Cameron (2006b: 84), detailing the information to be provided on individual, task, functional and organisational levels;</p> <p>1.3.7 Performance objectives and targets for employees, the dispensary and pharmacy;</p> <p>1.3.8 Introduction of a performance appraisal system;</p>			

Recommendation 1	<i>Desired outcome(s)</i>	Key activities	Stakeholder(s) responsible	Time period	Expected costs
		<p>1.3.9 A skills needs analysis can be performed at an individual, task and organisational level, as described by McGehee and Thayer (1961) cited in Cameron (2006b: 93), in which the owner-manager and other dispensary employees identify their T&D needs and that of the dispensary and overall pharmacy in ensuring that optimal pharmaceutical care is provided;</p> <p>1.3.10 Rewards (financial and non-financial);</p> <p>1.3.11 A Quality Management System, including a Quality Improvement Plan;</p>			

Recommendation 1	<i>Desired outcome(s)</i>	Key activities	Stakeholder(s) responsible	Time period	Expected costs
		<p>1.3.12 A Patient's Charter, outlining the rights of patients and how patients should be treated;</p> <p>1.3.13 A Wellness Policy and Plan.</p>			
		<p>1.4 Team-building and communication can be enhanced by using the Johari window as an exercise, as described by Luft and Ingham (no date) cited in Shenton (2007: 488).</p>	All dispensary employees	The one day in which the training session is conducted	None

Recommendation 2	<i>Desired outcome(s)</i>	Key activities	Stakeholder(s) responsible	Time period	Expected costs
<p>Development of key documentation and the introduction of these as performance management tools</p>	<p><i>Development of certain pieces of written documentation that are currently absent or inadequately developed</i></p>	<p>2.1 Based on the input and feedback received in the training and brainstorming session (see activity 1.3), the owner-manager drafts the following key documentation:</p> <p>2.1.1 A written vision and mission statement for the pharmacy, also outlining organisational values and committing to pharmaceutical care;</p> <p>2.1.2 Job descriptions for all pharmacists and the pharmacist's assistant, outlining key performance areas, roles and responsibilities, performance objectives and targets, how often performance appraisals will be conducted and how performance will be appraised.</p> <p>These job descriptions should be in alignment with all relevant GPP standards, for example standards relating to generic substitution and to the scope of practice of various categories of pharmacy employees.</p>	<p>Owner-manager</p>	<p>Three weeks</p>	<p>None</p>

Recommendation 2	<i>Desired outcome(s)</i>	Key activities	Stakeholder(s) responsible	Time period	Expected costs
		<p>The job descriptions would also make it compulsory to wear name tags with correct designations. By being aligned with GPP standards, the roles and responsibilities in these job descriptions will thus reflect pharmacists' expertise as knowledge workers, and promote skill variety as described by Hackman and Oldham (1975) cited in Giannetti (2004: 217). The responsible party who will pay professional indemnity for dispensary employees will also be clarified in the job descriptions;</p> <p>2.1.3 Existing SOPs may need to be revised and new SOPs may need to be developed, such as SOPs relating to how to dispense a prescription (including, for example, the steps involved in analysing a prescription; the kinds of questions to ask patients; and how pharmacists and front-shop assistants should interact to allow pharmacists adequate control and task identity, as described by Hackman and Oldham (1975) cited in Giannetti (2004: 217) , over patients receiving the correct medication), provide patient counselling and OTC medication, how to interact with difficult/offensive patients as well as any other SOPs identified in the training and brainstorming session.</p>			

Recommendation 2	<i>Desired outcome(s)</i>	Key activities	Stakeholder(s) responsible	Time period	Expected costs
		<p>There should be an SOP on how to monitor patient outcomes, which could include, for example, standard questions being asked to patients presenting for repeats of their chronic medication. The SOP relating to providing OTC medication should make provision for one pharmacist to be permanently stationed in the OTC section, to maintain adequate control over OTC sales and ensure that GPP standards relating to this are always complied with. Perhaps pharmacists could be rotated to the OTC section on a monthly or fortnightly basis. This would require at least two pharmacists being on duty at all times in pharmacy (i.e. one for the OTC section and at least one in the dispensary). The problem of a shortage of pharmacists, which would be an obstacle to implementing this activity, is addressed in Recommendation 5;</p> <p>2.1.4 An induction and orientation programme for all new dispensary employees;</p> <p>2.1.5 A T&D Policy and Plan for the dispensary and individual dispensary employees, which details how skills and knowledge gaps will be identified and addressed. This will include pharmaceutical and non-pharmaceutical T&D gaps. An example of the latter is diversity management skills;</p>			

Recommendation 2	<i>Desired outcome(s)</i>	Key activities	Stakeholder(s) responsible	Time period	Expected costs
		<p>2.1.6 A document outlining the criteria for financial rewards, such as performance-related and other types of bonuses, and to which categories of employees these apply. It will also stipulate the monthly date on which employees will be paid their salaries, and a written commitment by the owner-manager that salaries will be paid on that date;</p> <p>2.1.7 A Quality Improvement Plan;</p> <p>2.1.8 A Patient’s Charter, expressing the standards governing how patients will be treated at all times, and patients’ rights. This should be in alignment with the SAPC’s Code of Conduct and “Ethical Rules” (South Africa. SAPC, 2011);</p> <p>2.1.9 A Wellness Policy and Plan for employees. Although the pharmacy has limited resources to necessarily be able to provide comprehensive assistance to employees, other support could be considered, such as referral to medical specialists, negotiated time off work, perhaps subsidised counselling sessions with a psychologist and access to the services of the pharmacy’s nurse;</p>			

Recommendation 2	<i>Desired outcome(s)</i>	Key activities	Stakeholder(s) responsible	Time period	Expected costs
		2.1.10 A disciplinary policy and code, in which the disciplinary measures that can be instituted against an employee who does not comply with the roles and responsibilities outlined in his/ her job description are outlined and the disciplinary process explained.			
		2.2 Owner-manager gives the draft documentation to dispensary employees for their feedback. This participation of employees in co-crafting key documentation is likely to promote employee “ownership” over these documents and thus compliance.	Owner-manager and other dispensary employees	One week for employees to provide feedback to owner-manager	None
		2.3 Owner-manager has individual meetings with the other pharmacists and the pharmacist’s assistant, at which employees can provide feedback regarding the draft documentation and discuss possible issues of concern.	Owner-manager	Three days	Opportunity cost of employee time, as the owner-manager and employee will not be working in the dispensary during these meetings.

Recommendation 2	<i>Desired outcome(s)</i>	Key activities	Stakeholder(s) responsible	Time period	Expected costs
		2.4 Based on the feedback from the meetings in activity 2.3, the owner-manager finalises the key documentation in activity 2.1.	Owner-manager	One week	None
		2.5 Copies of the above documentation are provided to all pharmacists and the pharmacist's assistant, and these employees are informed that the pharmacy commits to compliance with these documents.	Owner-manager	Two days	Printing costs, which could be decreased by emailing the documents to employees with an email address.
		2.6 After reading the documentation in activity 2.5, dispensary employees sign a form indicating that they have read the relevant documents, are aware of the contents and commit to complying with these.	Owner-manager and other dispensary employees	One week	Cost to print out such a form

Recommendation 3	Desired outcome(s)	Key activities	Stakeholder(s) responsible	Time period	Expected costs
<p>Introduction and implementation of a formal performance appraisal process and the linking of this to the T&D programme and rewards system</p>	<ul style="list-style-type: none"> • <i>A formal, well-functioning performance appraisal process that is regularly implemented;</i> • <i>The T&D needs of individual dispensary employees and the dispensary being identified and addressed;</i> • <i>The owner-manager receiving feedback on his management style and performance;</i> • <i>Rewards adequately reflecting the successful execution of responsibilities inherent in providing pharmaceutical care.</i> 	<p>3.1 The job descriptions designed and agreed upon in Recommendation 2 should be used as yardsticks against which performance is evaluated. Performance appraisal meetings should be conducted between individual dispensary employees and the owner-manager, at which 360-degree feedback on the employee's performance is considered. This includes feedback from the owner-manager, the individual's colleagues, those below the employee in the organogram and from other stakeholders, such as patients and other health-care professionals. Employees should be encouraged to keep a critical incident diary, in which notable events or interventions with patients can be recorded, interested patients can record their feedback and in which the contact details of health-care professionals who agree to be contacted as part of the performance appraisal process can be recorded.</p>	<ul style="list-style-type: none"> • Owner-manager and all dispensary employees; • Feedback from other stakeholders (e.g. patients, patients' families, other health-care professionals). 	<ul style="list-style-type: none"> • Performance appraisal meetings held on a quarterly basis; • Critical incident diary should be used on an ongoing basis. 	<ul style="list-style-type: none"> • Opportunity cost of employee time for the duration of the meetings; • Stationery costs to equip each dispensary employee with a little book to serve as a critical incident diary.

Recommendation 3	<i>Desired outcome(s)</i>	Key activities	Stakeholder(s) responsible	Time period	Expected costs
		<p>3.2 Based on the above meetings in activity 3.1, any identified T&D needs or gaps (both pharmaceutical and non-pharmaceutical) on the part of dispensary employees (both self-identified skills and knowledge gaps, as well as gaps that the owner-manager has identified) can be addressed through appropriate T&D initiatives and activities, such as attending CPD courses or workshops. Any wellness problems or concerns can also be raised at these meetings and possible ways of addressing these discussed (see activity 2.1.9).</p>	<p>Owner-manager and other dispensary employees</p>	<p>In order to prevent dispensary employees from being absent from the pharmacy at the same time, due to attending T&D activities, it is recommended that T&D activities be staggered throughout the year, so that employees are absent from the dispensary at different times, thus minimising disruptions to the operational functioning of the dispensary.</p>	<ul style="list-style-type: none"> • Costs of T&D activities; • Opportunity cost of employee time whilst attending T&D activities; • Cost of possibly employing additional dispensary employees, such as a locum pharmacist, or the costs of dispensary employees working longer shifts, in order to address the shortage caused by an employee being absent.

Recommendation 3	<i>Desired outcome(s)</i>	Key activities	Stakeholder(s) responsible	Time period	Expected costs
		3.3 The employee's progress in closing the T&D gap can be assessed at performance appraisal meetings (see activity 3.1).	Owner-manager and individual dispensary employee	Quarterly basis	None
		3.4 Dispensary employees provide the owner-manager with feedback on his/ her performance and management style by completing an anonymous one-page evaluation form that they can drop into a sealed box in the dispensary, which is only opened at the end of the evaluation period, in order to protect the anonymity of the feedback. The owner-manager can design this evaluation form, and it would include questions assessing his/ her performance in various roles and responsibilities of a managing pharmacist, according to GPP standards. Employees should also be asked if they have any problems with management style	Owner-manager and other dispensary employees	Quarterly basis. The owner-manager can print out the evaluation forms and give dispensary employees one week to complete these and place them in the box. The owner-manager opens the box only after this one week.	Cost of printing out the evaluation forms

Recommendation 3	<i>Desired outcome(s)</i>	Key activities	Stakeholder(s) responsible	Time period	Expected costs
		3.5 The owner-manager could perhaps consider attending a management development course, provided on a part-time basis by many institutions of higher learning.	Owner-manager	In the owner-manager's own time, according to his needs and the requirements of the institution.	Costs of the course
		3.6 The satisfaction of dispensary employees with their financial and non-financial rewards is discussed at the performance appraisal meetings with the owner-manager. Depending on the feedback received and the financial performance and resources of the pharmacy, the owner-manager may decide to revise current financial rewards to dispensary employees. These would have to be consistently and uniformly applied to all employees, in accordance with the criteria for rewards (see activity 2.1.6), to avoid the perception amongst employees of rewards being unfairly given.	Owner-manager and other dispensary employees	Quarterly basis	Costs of additional financial rewards, if the owner-manager decides to provide these

Recommendation 3	<i>Desired outcome(s)</i>	Key activities	Stakeholder(s) responsible	Time period	Expected costs
		3.7 Excellent performance is routinely recognised by the owner-manager at dispensary and pharmacy meetings (see activities 4.4 and 4.5 respectively).	Owner-manager	Monthly basis	None
		3.8 Critical evaluation and reassessment of all aspects of the PMS, including the appropriateness of existing components of the PMS, problems being experienced and possible solutions to these, by the owner-manager and all dispensary employees at a group meeting. This promotes the “double-loop model” of learning, as described by Argyris (1976: 363).	Owner-manager other dispensary employees	Annual basis	Meeting held after-hours, thus not affecting trading hours, but overtime pay for dispensary employees would be necessary.

Recommendation 4	<i>Desired outcome(s)</i>	Key activities	Stakeholder(s) responsible	Time period	Expected costs
<p>Developing a culture of open communication, active problem-solving, collaboration, teamwork and commitment to enacting the values of pharmaceutical care</p>	<ul style="list-style-type: none"> <i>Public commitment by the pharmacy to the philosophy, vision and practice of pharmaceutical care and educating the public about this;</i> <i>Promoting the knowledge exchange, relationships and personal commitment characteristic of a “shared-access system” described by Ehin (2008: 343);</i> 	<p>4.1 Pharmacists should re-commit to the Pharmacist’s Oath at an in-house ceremony, to which patients and their families, other health-care professionals and the wider public are invited to attend, in addition to all pharmacy employees (for whom the ceremony would be compulsory). This Oath expresses the ethics governing pharmacy practice. At this ceremony, the pharmacy’s Patient Charter (see activity 2.1.8) can also be unveiled, and placed on permanent, prominent public display in the pharmacy. The pharmacy’s vision, mission statement and values (see activity 2.1.1) could also be unveiled and placed on public display in the pharmacy.</p>	<p>An organising committee could be set up, consisting of interested pharmacy employees and at least one pharmacist, and which reports on its progress to the owner-manager.</p>	<ul style="list-style-type: none"> Two weeks to prepare for the ceremony (after activity 2.6 has been completed); This ceremony should thereafter be held on an annual basis. 	<ul style="list-style-type: none"> Costs of advertising the ceremony; Catering costs for the ceremony; The pharmacy may have to close early or open later on the day of the ceremony, so there are the costs of lost revenue. The ceremony could perhaps occur on a Sunday (fewer trading hours); Overtime pay for pharmacy employees, if they are not scheduled to work on the day of the ceremony.

Recommendation 4	<i>Desired outcome(s)</i>	Key activities	Stakeholder(s) responsible	Time period	Expected costs
	<ul style="list-style-type: none"> • <i>Addressing the identified problems in organisational culture;</i> • <i>Greater communication and alignment between the dispensary and front shop.</i> 	<p>4.2 Holding an open-forum discussion with patients and other interested members of the public, at which attendees can be educated about pharmaceutical care and can provide feedback to the pharmacy on the pharmacy's performance in this regard, as well as problems that patients are experiencing and possible solutions to these. Such feedback from patients could potentially stimulate improvements in the quality of services provided by the pharmacy. Patients would also be informed of the pharmacy's SOPs and the benefits of various pharmaceutical care services, such as contacting prescribers if there is a problem with a prescription, monitoring patient outcomes, assessing patient compliance and the other services listed in the GPP standards. These discussions could also assist in pharmacists being increasingly recognised by patients as knowledge workers.</p>	<p>The organising committee in activity 4.1</p>	<p>Quarterly basis</p>	<ul style="list-style-type: none"> • Advertising costs, which may decrease as the public becomes more familiar with the discussions; • Catering costs; • Cost of lost trading time; • Overtime pay for dispensary employees who would not have been working at that time. Overtime pay will not be paid to front-shop assistants, whose attendance is voluntary.

Recommendation 4	<i>Desired outcome(s)</i>	Key activities	Stakeholder(s) responsible	Time period	Expected costs
		<p>4.3 Introduction of a “green area” or participative management, as described by Horwitz and Townshend (1993: 926). This would involve all pharmacy employees meeting for 15 minutes at the start of each working day to discuss the day’s work activities and schedule, potential problems and possible solutions. Teamwork and communication amongst employees and between front-shop and dispensary employees would be promoted, as well as the development of a “shared-access system”, as described by Ehin (2008: 343).</p>	Owner-manager	15 minutes daily, on an ongoing basis	15 minutes of trading time
		<p>4.4 Dispensary meetings, involving all dispensary employees, at which specifically dispensary-related issues, challenges and possible solutions are discussed, as well as changes in the pharmacy field and other pharmaceutical developments. These meetings could also possibly be used as an opportunity to revise and learn pharmacological details related to specific drugs and medical conditions, and could promote the development of the “shared-access system” described by Ehin (2008: 343).</p>	Owner-manager	Monthly basis	<p>Meetings could be held after-hours, thus not affecting trading hours. Overtime pay would be necessary for dispensary employees.</p>

Recommendation 4	<i>Desired outcome(s)</i>	Key activities	Stakeholder(s) responsible	Time period	Expected costs
		<p>4.5 Pharmacy meetings, involving all dispensary employees and front-shop assistants, at which issues relating to the pharmacy are discussed, communication and information-sharing between these two units is promoted and joint problem-solving of common challenges encouraged. This contributes to developing a “shared-access system” described by Ehin (2008: 343) (see activity 4.3). Front-shop assistants should be educated about the approach to pharmacy practice and service delivery espoused by the dispensary, so that their performance is in alignment with this. They should be made aware of the new SOPs related to the provision of OTC medication and how they should interact with pharmacists (see activity 2.1.3), and instructed not to perform acts only in the scope of practice of dispensary employees. They should also be informed as to what these acts are.</p>	Owner-manager	Monthly basis	<p>Meetings could be held after-hours, thus not affecting trading hours. Overtime pay would be necessary for dispensary employees and front-shop assistants.</p>

RECOMMENDATION 5

- Addressing the problem of a shortage of dispensary employees by employing more employees
 - Pharmacist interns

POSSIBLE BARRIERS TO IMPLEMENTATION

- Resistance to change
- Insufficient resources
- Perception that patients do not want pharmaceutical care

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THANK YOU VERY MUCH FOR YOUR TIME!

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