

# DISPENSING ADVICE

We investigate the quality of advice doled out in pharmacies.



GETTY IMAGES

## IN A NUTSHELL

■ **Advice given in 58 out of the 87 pharmacies we visited was rated ‘poor’ by our experts. The pharmacy profession needs to improve the quality of advice being given to consumers.**

■ **Speaking to a pharmacist rather than a pharmacy assistant didn’t guarantee good advice.**

■ **In a price spot-check of two of the products our researchers bought, the most expensive of each product in a supermarket was still cheaper than the cheapest pharmacy price for the same item (see *What price is right?, far right*).**

**R**etail pharmacy in Australia is a highly protected industry. In most states only pharmacists can own a pharmacy, and there are restrictions on where new pharmacies can be located.

The Pharmacy Guild of Australia, the organisation that represents 4500 pharmacy businesses, argues that the regulations are necessary to allow pharmacies to provide high-quality, free health advice and information to consumers.

Recently there’s been talk of supermarket chains opening in-store pharmacies, a move which has been strongly opposed by the guild. The essence of its argument is that consumers wouldn’t receive the same quality of healthcare advice in a supermarket-owned pharmacy as they would in a pharmacist-owned pharmacy.

But a 1997 CHOICE ‘shadow shop’ (where researchers act out potential consumer scenarios) in pharmacies found that poor advice was given for the sale of an asthma inhaler in nearly half the 200 pharmacies visited, suggesting that pharmacies weren’t reliably

delivering high-quality advice across the board.

We decided to take an up-to-date look at the issue, this time testing pharmacies with three different scenarios (see *CHOICE’s undercover visits*, page 16, for details).

## COUNTER ADVICE

The advice given in 58 of the 87 pharmacies visited was deemed ‘poor’ by our expert panel (see *Our experts*, page 16), and our researchers received ‘good’ advice on only one in five occasions.

For all three scenarios, a well-trained pharmacy assistant should have the ability to ask the relevant questions and make the appropriate recommendations, or refer a customer to the pharmacist if in any doubt. For our visits, the first contact was nearly always an assistant, and almost 80% of the visits where researchers dealt solely with an assistant were classed ‘poor’. But speaking to a pharmacist didn’t guarantee good advice. Of the 11 visits where contact was solely with the pharmacist, six were classed as ‘poor’, one as ‘OK’ and only four as ‘good’.

## On their best behaviour?

On the first day of pharmacy visits, CHOICE found out via the media that details of our trial had been leaked. Pharmaceutical Society of Australia members in Adelaide had been urged to be “on their best behaviour” while the shadow shop was being conducted.

At that point only a handful of pharmacies had been visited, so we stopped the trial: the leak could have both affected the findings and compromised our researchers. We started the full pharmacy shadow shop again at a later date, having replaced the most identifiable scenario with another.

However, the initial findings at six pharmacies, with a scenario concerning the herbal remedy St John’s wort, were an interesting pointer to the findings of the shadow shop reported here. In four cases the (female) researcher was sold the herb without being warned that it could interact with oral contraceptives, increasing the risk of unwanted pregnancy. And its main side effects — drowsiness and increased sensitivity to sunlight — weren’t mentioned in any visit.

A far from high-quality result even when some pharmacies perhaps knew it could be CHOICE asking the questions!

Good-practice guidelines on providing information about medicines exist. But in many of our researchers’ consultations, staff — both pharmacists and assistants — didn’t ask enough questions to ensure that the medicines were appropriate. And even when some of the relevant questions were asked, the quality of the subsequent advice was often poor anyway.

One way to improve this would be an increased usage of ‘shelf talkers’ — written reminders on shelves where certain medications are stored, prompting pharmacy staff to ask questions such as, “Are you on any medication?”, and detailing the procedure to follow (“Refer customer to pharmacist”, for example) if given a relevant response.

## OUR VERDICT

Our results indicate that restricting pharmacy ownership to pharmacists doesn’t necessarily guarantee good advice for consumers. In fact consumers are often receiving poor advice, and this isn’t acceptable. The pharmacy profession needs to improve the quality of the advice provided to consumers.

## What price is right?

The price we paid for the different medications in our scenarios varied considerably among pharmacies.

■ The lowest price we paid for **BLACKMORES Korean Ginseng** (60 tablets) was \$20.20 in a Wollongong pharmacy; the highest was \$24.75 in pharmacies in Adelaide’s city centre and Glenelg — that’s a difference of \$4.55.

■ The cheapest **IMODIUM** (eight caplets) was \$8.50, bought in a Burwood pharmacy in Sydney. We paid \$3.20 more for the same product in a pharmacy in Elizabeth Grove, Adelaide.

■ The cheapest **MYLANTA Original** (200 mL) we bought in a pharmacy cost us \$4.50; the most expensive was 60 cents dearer.

■ The prices for **NUROFEN** (24 tablets) ranged from \$4.95 in five Adelaide and Sydney pharmacies to \$6.95 in a pharmacy in South Plympton, Adelaide.

For comparison, we did a price spot-check on these **MYLANTA Original** and **NUROFEN** products sold in four Sydney stores of the two major supermarket chains. The **MYLANTA** prices in these four supermarkets varied from \$3.97 to \$4.15, while the **NUROFEN** ranged from \$4.49 to \$4.54. The most expensive of each product was cheaper than the cheapest pharmacy price for the same items.

All retailers have a profit margin, so you’d expect some variation in prices, and some pharmacy chains probably have greater buying power than individual pharmacies and so can sell at cheaper prices. However, there’s some evidence that restricting pharmacy ownership may be limiting competition and make prices for some medicines higher than they would otherwise be, and the results of our spot-check seem to support this.

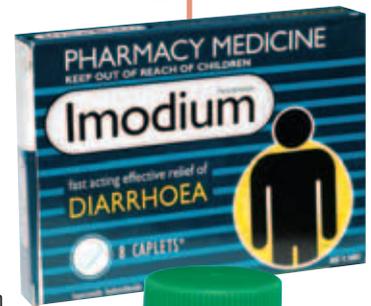
To get the best value for your money, we suggest that:

■ If the pharmacist recommends a brand-name medication, ask if there’s a cheaper version of the same thing on the market. For example, some chain pharmacies have their own brand of non-prescription (‘over-the-counter’) treatments that are cheaper.

■ You compare prices at several pharmacies for medication you need regularly — prices for over-the-counter drugs can vary considerably from one to another, so it’s worthwhile shopping around.



PROFILES: TAMARA GRAHAM



## CHOICE's undercover visits

In May, three female CHOICE researchers visited a total of 87 pharmacies — both chains and independents — in Sydney, the Wollongong area and Adelaide. Before their pharmacy visits we gave the researchers relevant information and trained them to act out three scenarios, which we'd developed in consultation with experts in the pharmacy industry. The scenarios were each used a minimum of 25 times, with each researcher acting out all three scenarios. Each pharmacy was visited only once, with one scenario.

The researchers completed a detailed questionnaire immediately after each visit, recording the questions they were asked, who assisted them, the advice they were given and what medications, if any, they were sold. A panel of experts used the data to evaluate each visit and rate the quality of the outcome.

### OUR EXPERTS

Our panel consisted of three experienced professionals from the pharmacy industry: a community pharmacist with a special interest in naturopathy; a senior pharmacy technician who works in clinical pharmacy services at a major metropolitan hospital; and a pharmacist who acts as a consultant to the pharmaceutical industry.

## Get the most from your pharmacy

Our research shows you may not be asked all the necessary questions when you're buying medicines or present a set of symptoms in a pharmacy. If you need advice about a health problem or medicine, you're more likely to get appropriate advice if you volunteer as much information as possible, and ask a number of key questions.

### Tell the pharmacist:

- About your symptoms: what they are, how long you've had them, whether you've had them before, and what you think caused them.
- About any other medications you're taking — both prescribed and those bought over-the-counter (not forgetting herbal and other alternative remedies).
- If you're pregnant or might be pregnant.
- About any other conditions, illnesses or allergies you have.

### When buying medicines ask:

- What the medicine does, how it works, and why you need to take it.
- How long you will need to take it, and how soon it should work.
- How often and when you should take it.
- Whether you should avoid any other medicines, drinks, food or activities while you're taking the medicine.
- About any possible risks, interactions or side effects that you should be aware of.

Don't buy a medicine until you're clear about the answers. If you have any doubts, consult your doctor before taking over-the-counter medications. Also, make sure you read the patient information leaflet, which should include details about the above points.

## SCENARIO 1: TRAVELLER'S DIARRHOEA

Our researchers said they had diarrhoea and asked for something to treat it.

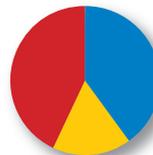
### What should happen

We wanted to find out if pharmacists and assistants gave appropriate advice when presented with a set of symptoms.

They should have asked how long our researcher had been suffering from diarrhoea, and if they'd seen a doctor. In doing so, they would have been given the response that the researcher had been experiencing diarrhoea on and off since returning from a holiday to Malaysia a few weeks ago and had not seen a doctor.

This information should have set off alarm bells: persistent diarrhoea after a trip to South-east Asia may indicate a serious infection needing treatment with antibiotics. So it wasn't regarded as sufficient to sell a medication such as **IMODIUM** or **HARMONISE** (which alleviate diarrhoea but don't treat the cause), even with advice on how it should be taken, or to advise the researcher to drink plenty of fluids to keep hydrated. In order to be judged as 'OK' or better, the pharmacist or assistant had to recommend that the researcher see a doctor.

Visits where the researcher received a combination of relevant questioning, good advice about the medication or rehydration as well as a recommendation to see a doctor were classified as 'good'.



### What we found

12 good, 5 OK and 13 poor visits.

- In just over half the visits researchers were asked how long they'd had diarrhoea, and as a result of their answer were told to see a doctor.
- On 13 occasions staff sold our researchers **IMODIUM** (or similar medication) without asking about the duration of the diarrhoea, and in only one of these visits was the researcher advised to see a doctor if the medication didn't work.

### Particularly poor practice

On one visit, our researcher was sold **IMODIUM** capsules that had been dispensed into a plastic vial labelled with dosage information. The assistant checked that the medication was for the researcher's personal use, but apart from that no questions were asked and no advice was given.

Without the original packaging, which advises you to see your doctor if diarrhoea persists after taking the medication, our researcher could have been at risk. If the symptoms had been real, she could still be suffering from an undiagnosed infection.

## SCENARIO 2: ALTERNATIVE REMEDY

Our researchers said they were feeling tired and short of energy, and asked if Korean ginseng would help.

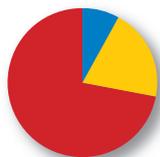
### What should happen

Pharmacy staff selling Korean ginseng ought to be aware that it can interact with medications such as blood-thinning drugs and antidepressants.

To demonstrate this awareness at a level of 'OK' or better, the pharmacist or pharmacy assistant had to ask the researcher if she was taking any other medication or had any other conditions (such as high blood pressure or pregnancy) for which she might be taking such medications. If asked, the researcher answered 'no' to these questions.

In addition, to be scored as 'good', staff should have:

- Asked about possible underlying problems that could explain the researcher's fatigue.
- Asked if the researcher had taken ginseng before, and advised that it shouldn't be taken long-term.



### What we found

2 good, 5 OK and 18 poor visits.

- Ginseng was sold to our researchers in 23 out of 25 visits. In only five of these were they asked questions that showed the staff identified that Korean ginseng could interact with other medication.
- In 16 of the visits, our researchers were sold ginseng with no questions asked.
- The assistant at one pharmacy recommended Korean ginseng as she had taken some on her wedding day as a pick-me-up, and a pharmacist endorsed the product as he used to take it himself, but neither gave any advice or information about the product.
- Twice we were sold Korean ginseng past its use-by date — one researcher was sold it at half price for this reason.
- In seven pharmacies alternative products for boosting energy levels, such as vitamin B or multivitamins, were mentioned or suggested, but in two of these visits ginseng was still sold with no questions asked to identify potential interactions.
- Only five pharmacies gave the researcher information about not using ginseng for too long.

## SCENARIO 3: TUMMY TROUBLES?

Our researchers purchased both **NUROFEN** (a well-recognised brand of the painkiller ibuprofen) and **MYLANTA** (an antacid treatment for indigestion that acts by neutralising acid in the stomach) from the pharmacy.

### What should happen

Ibuprofen can aggravate stomach ulcers and cause stomach upsets and other symptoms. People may



misinterpret these symptoms as indigestion and take antacid to soothe them, leaving the real problem untreated or causing a vicious circle by taking more ibuprofen.

A pharmacist or pharmacy assistant should pick someone buying an antacid together with ibuprofen as potentially having this problem. Indeed Peter Carroll, dean of the Australian College of Pharmacy Practice, was quoted in the *Sydney Morning Herald* in February (while promoting pharmacist-owned pharmacies on the grounds of high-quality healthcare advice), saying: "If you were buying antacids and ibuprofen together from a pharmacy, it would be picked up as a sign that there may be a problem."

So in order to be judged as 'OK' or better, the pharmacist or pharmacy assistant had to recognise the potential for an underlying problem. They should have asked if the researcher took the two products together, to establish whether or not this could be the case. If the reason for asking these questions was explained to the researcher, the visit was rated as 'good'.



### What we found

5 good, 27 poor visits.

- On 14 visits, the only questions asked, if any at all, were about the **NUROFEN** packet size required, or if the researcher wanted **MYLANTA** in liquid or tablet form, or the regular or double-strength version.
- On 13 visits, staff went a step further, asking researchers if they'd taken the medication before, and in some cases giving the advice that **NUROFEN** should be taken with food.
- Only in five cases were researchers asked if the products were for their personal use, and if they took them at the same time. Staff in these visits not only asked the relevant questions, they also explained why there could be a potential problem taking these medications at the same time, and gave advice about taking **NUROFEN**. These five visits were rated 'good'.

#### KEY TO THE PIE CHARTS

- Good
- OK
- Poor