The Pharmaceutical Society: professional indemnity insurance and membership fees. Do we provide good value to members?

Charles Skinner

In 1994, professional indemnity insurance (PII) or “malpractice insurance” cost the South African community pharmacist approximately R128 per annum for cover worth R2.5 million. By 2004, it cost R330 per annum, and R5 million of cover cost R580 per annum. Today, this same insurance costs the community pharmacist R760 per annum for R5 million of cover, or R1 020 per annum for cover worth R10 million. The R2.5 million option has recently been removed, as this is considered “underinsured” in the increasingly litigious climate that is prevalent in South Africa.

Table I sums up these costs over the last 17 years. It is clear that the cost of the PII provided by the PSSA is running behind the official inflation rate, especially when one looks at other health care professionals, such as doctors.

In simple terms, the base level of cover has doubled, and the premium has increased to approximately five times the original cost, or 500%. In seven years, the R5 million cover has only increased by R440, i.e. from R580 to R1 020.

Doctors have not fared as well. They have faced percentage increases varying from 1 604-32 000% over the same time period. The rates that patients are charged have not increased by anywhere near those percentages. Admittedly, claims relate to medical malpractice insurance rates, but Table II shows what the doctors have paid over the years.

In 1994, all doctors paid approximately R480 per year for PII. The various specialties and categories of general practice were then individually “risk rated” according to their specialty, and subject to claims data. Table II shows clearly that doctors have faced massive increases.

Psychologists pay approximately R2 000 per annum for R5 million of cover. Physiotherapists pay R290 per annum for cover worth R2.5 million through their society, or between R1 600-R2 000 per annum for R2 5 million of cover through other channels.

Complementary medical service providers, such as homoeopaths and chiropractors, pay between R1 500–R3 000 per annum for R1 million–R2 5 million of cover.

Undoubtedly, the litigious climate in South Africa is likely to contribute to marked rate increases across all professions. Daily, we are bombarded with advertisements asking: “Have you been injured by the very profession that should be caring for you, the health care profession? If so, call XYZ”. The Consumer Protection Act, which came into effect in April 2011, will also be a factor in an increase in claims.

Membership subscriptions

Analysis of the various professional bodies’ membership subscriptions revealed that the PSSA has held these costs in check for pharmacists, despite huge legal expenses that were
incurred during the marathon dispensing fee court wrangles (see Table III).

Only the PSSA offers a 50% discount to first-time joiners.

All in all, the PSSA has assisted members in keeping costs in check, and members can greatly assist in maintaining PII costs by ensuring fewer errors, exercising good risk management, and attending CPD meetings to stay abreast of developments.

Table III: Membership subscriptions 2011 (private practice)

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Annual membership</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmaceutical Society</td>
<td>R1 277</td>
<td>Excludes PII</td>
</tr>
<tr>
<td>Medical Association</td>
<td>R2 880</td>
<td>Excludes PII</td>
</tr>
<tr>
<td>Dental Association</td>
<td>R2 918.40</td>
<td>Excludes PII</td>
</tr>
<tr>
<td>Occupational Therapy Society</td>
<td>R800</td>
<td>Excludes PII</td>
</tr>
<tr>
<td>Physiotherapy Society</td>
<td>R2 950-R3 200</td>
<td>Includes R260 for R5 million worth of cover (PII)</td>
</tr>
<tr>
<td>Homoeopathy Society</td>
<td>R990</td>
<td>Excludes PII</td>
</tr>
<tr>
<td>Nurses (DENOSA)</td>
<td>1% of salary</td>
<td>Minimum R432/maximum R980 PII</td>
</tr>
</tbody>
</table>

Welcoming new members

The Pharmaceutical Society of South Africa (PSSA) welcomes the following pharmacists who joined the Society in March and April 2011. We trust that you will be well received in your branches and sectors, and that you will find great value in your membership.


We are also delighted to welcome the following student members:

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In memoriam

The PSSA extends its sincere condolences to the family and friends of the following members who passed away in March and April 2011:

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Zalman Bayhack, Southern Gauteng Branch; Marietjie Genis, Mpumalanga Branch; and A Poingdestre, Border and Eastern Districts Branch.
The PSSA/Alpha Pharm Distance Learning Programme 2011 for Pharmacists

The PSSA/Alpha Pharm Distance Learning Programme continues to offer pharmacists useful, practical, up-to-date information that enables them to provide optimal pharmaceutical care to their patients.

Module 2: 2011

Menopause and hormone replacement therapy: an update

Health care professionals who interact with women at the onset of menopause have the opportunity to discuss various interventions that provide symptom relief, or the benefit of preventative health care. During the early menopausal years, some women experience severe multiple symptoms, whereas others have none at all, or minimal symptoms that can go unnoticed. When women reach menopause, the decision to seek treatment depends on the severity of symptoms, the risk of developing various conditions in later years, and/or personal attitudes about menopause and medication.

Many therapeutic options are available to maintain quality of life during menopause and address the health concerns of postmenopausal women, e.g. osteoporosis and breast cancer. Women experiencing menopause should be informed of the potential benefits and risks of all treatment options, and should receive individualised care.

This module discusses menopause and hormone replacement therapy (HRT), with an emphasis on recently published HRT literature. It highlights the role of the pharmacist in supporting women who are experiencing menopause.

For further information, contact Insight Medicine Information on tel: (011) 706 6939, fax: (011) 706 2692, or e-mail: cpdalphapharm@insightmed.co.za

The PSSA/Alpha Pharm Clinical Education Programme 2011 for Pharmacy Staff

Recognising that consumers frequently encounter front-shop assistants or pharmacist’s assistants before they are able to speak to the pharmacist, the PSSA and Alpha Pharm have launched a new clinical education programme for pharmacy staff. All pharmacy staff need to be familiar with the use of unscheduled medicines, and should know when it is necessary to refer the patient to the pharmacist.

Module 2: 2011

Menstrual problems

Menstrual cycle problems and abnormal vaginal bleeding commonly occur during adolescence, and may cause considerable anxiety for patients and their families. Menstrual cycle problems can cause a woman’s periods to be absent or infrequent, while abnormal vaginal bleeding refers to bleeding that is excessive, or bleeding that occurs outside the normal regular menstruation. Dysmenorrhoea (painful periods) is a common complaint in adolescents, and is frequently why young girls miss school or sporting activities.

Pharmacy staff are in an ideal position to counsel young women about menstruation and menstruation disorders. However, in order to fulfil this role more effectively, it is important to understand the normal menstrual cycle. This, in turn, requires an understanding of the basic anatomy and physiology of the female reproductive system.

Over-the-counter medicine treatment may or may not be suitable for menstrual-related problems. Some queries should be referred to a doctor, while others, such as dysmenorrhoea (painful periods), may possibly be adequately managed in the community pharmacy setting.

This module aims to assist pharmacy staff in understanding common menstrual problems that may present in the community pharmacy, and possible management of these problems.

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