EDITIORIAL

Separation of dispensing and prescribing in Malaysia: will the time come?

In Malaysia, both prescribing and dispensing rights still lie with private general practitioners (GPs) in private clinics. Concerns have arisen with this model, due to potential conflicts of interest, as GPs profit from the prescribing and sale of prescription medicines. This may well lead to unnecessary as well as over-prescribing. The idea of dispensing separation is not new and has been discussed for many years with strong objections from various organisations, including the medical associations. More recently, there has been increasing discussions on this topic and many arguments still remain around reduced convenience and increased costs to consumers and an insufficient pharmacist workforce.\textsuperscript{1–3}

SAFETY

Currently at private clinics in Malaysia, no one checks for the safety and appropriateness of the prescription and any potential for medication-related problems. The individual who dispenses the medications in these clinics usually does not have any pharmacy knowledge and sometimes may not have any health-related qualifications. This is of major concern as patient safety may be compromised as medication errors could easily occur during prescribing and dispensing. Many of these medication-related errors are likely preventable and their consequences could lead to severe adverse events, hospitalisation and even death in serious cases. Is it not about time that patient safety took top priority?

CONVENIENCE, ACCESSIBILITY AND COSTS

There are arguments that patients may not want to first visit the GP and then head to a pharmacy to have their medications dispensed. However, this will not be a major issue if pharmacies are co-located within the vicinity of clinics and would be a slight inconvenience (if any) in return for patient safety. Furthermore, a recent local survey among consumers had reported that the majority of participants supported implementation of dispensing separation.\textsuperscript{4} Alternative models to pharmacy services in rural areas and whether incorporating a pharmacist into GP clinics in rural areas may be suitable options to consider in order to overcome issues with accessibility and convenience.

Although an argument against dispensing separation is that it may increase costs to the public due to the need to visit two healthcare professionals, this may not necessarily be the case. A local study has highlighted that consumers may need to pay more in order to get the same brands of medicines from GPs.\textsuperscript{5} Furthermore, the profits gained by GPs from both the prescribing and dispensing of medicines, mean there is a potential for overprescribing of medications and this is further highlighted by two local studies in Malaysia.\textsuperscript{6,7}

WORKFORCE

A shortage of pharmacists in Malaysia is one of the commonly cited arguments by those against the separation of dispensing and prescribing. Over the years, the profession has tried to overcome this by producing more pharmacy graduates. Currently, Malaysia has about 19 pharmacy schools producing approximately 1200 pharmacy graduates annually. There are currently about 13000 pharmacists in Malaysia and the argument on the shortage of pharmacists should no longer be valid. On the contrary, we now have a potential situation on our hands with graduates unable to obtain employment owing to the lack of demand for them in the absence of dispensing separation.\textsuperscript{8} Anecdotally, some graduates have indicated that they have yet to find employment and on average, it takes most at least 6–10 months post graduation, to gain employment. With the shortage of positions within the public sector, there is an increasing number of pharmacists within the private sector and in community pharmacies. We may face an issue with an oversupply of pharmacists if the supply exceeds current demand.

The debate has been ongoing for decades, and the arguments against dispensing separation used today are no different from those mentioned years ago despite evidence of advantages from the separation of these roles. It is time for policy changes by the government and for
all key stakeholders to place patient safety as their top priority. It’s about time we see these reforms.

**Vivienne Mak**, BPharm(Hons), PhD
Senior Lecturer, School of Pharmacy, Monash University
Malaysia, Selangor, Malaysia
E-mail: vivienne.mak@monash.edu

**Mohamed A. A. Hassali**, BPharm(Hons),
MPharm(Clin Pharm), PhD
Deputy Dean (Student Affairs & Networking), School of
Pharmaceutical Sciences, Universiti Sains Malaysia,
Penang, Malaysia

**REFERENCES**