

Independent Pharmacy Inspections

To improve my understanding of pharmacy practice in Vietnam in general, I spent some extra time at two of the selected five pharmacies from my study to observe operations and patient interactions:



Processing of Prescriptions

When asked what information is required from a patient before a prescription is dispensed, the pharmacist replied with "That's not our responsibility, only the Dr needs to collect information." I wasn't surprised to observe later that on supply of antibiotics, in particular, a check for previous usage or allergies was not performed.

Prescriptions can be verbal or written. Doctors can tell the patient what to buy from the pharmacy. Alternately, prescriptions can be written on either a single prescription sheet (with a letterhead) or a health record booklet which is provided by some medical clinics where diagnosis, examination results and prescription drugs are recorded. In either case the patient will always keep the prescription.



At the first pharmacy I observed, there is no documentation of the prescription at all. Pharmacists only calculate the price on a small slip of paper, which acts as a "receipt" for the patient. Notes were made on medications are not patient-related, but only for ordering and stock-level purposes.

I witnessed a customer come in complaining of her child's reaction to a certain cough medicine. The reaction, which occurred 20 minutes after ingestion, caused the child to turn very pale and the mother had to take him to the hospital. The customer did not know the name of the medicine, nor did she know who dispensed it or what dose was directed. Moreover, the pharmacists could not determine any of these facts either. This example emphasizes the consequences of not having any documentation and thus no accountability of the pharmacist. In the case of a mistake or adverse reaction to a drug, there is no way of determining if the pharmacist gave the wrong drug or wrong dosage instructions.

The second pharmacy I observed did keep records for medicines dispensed with a prescription, which are few and far between considering many people come to pharmacies requiring/requesting prescription medications and know they can/will be supplied them without a prescription.

Certain medications are supposed to be only supplied if a doctor's prescription is provided (eg. Benzodiazepines and cardiovascular drugs) however, it is common

practice for pharmacists to supply medicines, in particular antibiotics, out without prescriptions.



The above photograph shows a list of “Classes of Drugs which require Prescriptions”:

1. Addictive drugs
2. Psychotropic and anti-depressant drugs
3. Toxic Medicines A-B
4. Antibiotics
5. Obstetrics and gynaecological (excluding contraceptive pills)
6. Cardiovascular drugs
7. Vaccines



Medications

There is a vast variety of medications available at pharmacies; those on prescriptions, OTC products as well as herbal remedies and some beauty products.



Drugs are imported from many countries including Thailand, Korea, China, USA, Thailand and Belgium; also a wide range of brands and (unheard of) drug variations.



Some interesting observations I noted were:

- No fridge items are stocked
- Antibiotic suspensions are not prepared by pharmacists; they are sold as small sachets which patients self-titrate themselves.
- Wound-care products were limited to band-aids and cloth dressings.



Medication counseling

Most counseling was related to directions of use of medications supplied. Product Information (PI) leaflets from medication boxes is the only form of written information that is available for patients. They are only provided when requested and obviously limited in numbers.

During my observations, I noted two customers who requested to read the PI; however it could only be supplied to one of the two as there were none left.

The pharmacist did express that although counseling is provided; whether the customer was compliant was unknown.

Different pharmacies had different methods of counseling patients. One pharmacist in particular, would give verbal directions as she wrote instructions on a small piece

of paper (one quarter of a standard A4 sheet) for example, "Green tablets: four times a day; Red tablets three times a day."

Patients were never asked if they had had the medication previously, nor whether they had any allergies.

I asked one pharmacist to show me what she would recommend for a range of common conditions and what non-pharmacological advice, if any, would be provided:

Common cold: If the patient presented with fever or pain only, paracetamol would be the drug of choice. If there was also symptoms of sneezing or a congested nose a combination product with pseudoephedrine, paracetamol and antihistamine (eg. Decolgen®) would be recommended.

Other advice: Keep warm. If the patient has an unsettled stomach or vomiting urge, the pharmacist will also recommend a ginger drink (grill ginger lightly on stove, add to boiling water, add sugar and drink to warm/settle stomach)





Allergic rash: Anti-histamine plus further questioning to determine the causative allergen (eg. wine, seafood etc) and recommend to avoid it as a form of prevention.



Diarrhoea: Avoid causative foods, recommend Oresol II® (an electrolyte replacement solution) if patient is losing a lot of fluids from frequent bowel movements.



Period Pain: non-steroidal anti-inflammatories plus use of a hot water bottle.



Conjunctivitis: Recommend use of antibiotics NOT corticosteroids. Wear protective glasses if outside or riding on motor bike to prevent dust/particulates; Keep eyes clean and clear buy washing with drops regularly.

Contraceptive medications: Better to use lower strength daily OCP (a bit more expensive) rather than higher dose or regular use of emergency contraceptive pills.



Blood pressure medications: The pharmacist would discourage patients from drinking wine, smoking, eating fatty foods and over-strenuous exercise; Advises low strength exercise like walking, eating healthier foods such as green vegetables.

What concerned me, on seeing what drugs would be recommended, was whether pharmacists are trained with adequate knowledge to know which prescription drug to recommend and supply. Whether there are standard treatment guidelines to follow or, as stated by another pharmacist, "drugs and doses are just selected on the basis of Product Information leaflets" is unclear.

There are many drugs that can be used for any one condition; whether pharmacists have an understanding of the rational use of medicines or consider safety, efficacy and the patients full medical history is also unclear. As individual patient histories are not recorded, it would seem unlikely that all the important parameters are taken into account in making these therapeutic decisions. Some pharmacists are essentially practicing as 'medical practitioners'.

Pharmacy Education

All the staff at one of the pharmacies I observed had obtained their pharmacist qualifications with a three-year college training. There is no difference between roles and responsibilities of a 3 year college certificate and 5 year university degree pharmacist, except that a university graduate is eligible to own a pharmacy

It is expected that the owner will manage their pharmacy and supervise any college pharmacists who are hired. However, this is uncommon. Most university graduates will open a store and hire others to run it, whilst pursuing a more financially rewarding career in distribution or with drug companies.

One pharmacist commented on the fact that patients in general are very responsive to counseling provided and keen to know more about their medications. However, they prefer and believe it's more reliable to get advice from a university pharmacist as opposed to those who have had one or three years training.

Continuing education

When asked if it was the role of Vietnam Pharmaceutical Association (VPA) to provide training for pharmacist – the pharmacist's response was "If they did, it would be good", however explained that according to her knowledge, Vietnam does not have any other organisation or association that provides additional training for registered pharmacists.

According to her, there was no continuing education activities provided for pharmacists; some drug companies held information sessions but only on their new medicines. The pharmacist had only ever participated in one training, organised by a small drug company, which focused on customer relations (eg. how to sell, how to talk to customers or deal with difficult customers). The pharmacist expressed interest in participating in continuing education programs; saying "I work in the pharmacy everyday, so I wouldn't mind going out and learning something new; I think its good to learn from others pharmacists' experiences too."

This pharmacist was not a member of the VPA, claiming "I'm not an owner, I'm just an employee". She was unaware of the association's exact role but assumed that they worked alongside the government on pharmacy related issues.

I also got the chance to talk with the owner this particular pharmacy, who did not practice at the pharmacy but had created his own drug distribution company (which imports mainly vitamins and antibiotics from Korea, Poland and some from Australia). He was aware of the national pharmacy association but was not a current member, believing there are no benefits from being a member eg. no training provided for pharmacists; "They don't do anything for me; they just use membership money to travel overseas."

On the contrary the pharmacist I interviewed at the second pharmacy was more supportive of VPA's status and activities. She is a current member (originally paying 60,000dong =AUS \$5 per year for membership, although she presumed it would be more expensive these days). According to this pharmacist, VPA offers training sessions every three months and provides a quarterly newsletter with brief updates on pharmacy practice. She explained that drug companies send invitations out to pharmacy owners to attend company-run educational training sessions, primarily

on their medications, however usually have additional general clinical pharmacy to their courses.

Drug Counterfeiting

One pharmacist admitted that she would not know if a drug is counterfeit or not, but rely on the distribution company to import and deliver quality products only. This is why the pharmacy buys drugs from one supplier only.

Ordering and stock control

At one of the pharmacies, orders are made at least twice a day. A large order is made on the weekend as suppliers are closed on Sundays.

Received orders are recorded into an exercise book and individual labels written for each box (all by hand). Every box needs a price sticker as "it's impossible to remember all the prices, particularly of less frequently dispensed medications."

Stock take of dispensary occurs once a month.

Drug prices are up to individual pharmacies.

There are no cash registers; just a basket for notes and small tin for coins. Often there's is not enough small change, forcing customers to buy something extra, for example, single-use eye drops.



Commonly dispensed medications: common antibiotics, tonics, skin creams

Common health conditions: colds & allergies

