

# The Pharmaceutical Society of South Africa National Office

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## **Rapid report on the survey on ‘*Understanding the challenges experienced by locum pharmacists in South Africa during the COVID-19 pandemic*’ conducted by the PSSA during May/June 2020**

### **Background**

With the announcement of the Corona virus and Covid-19 as a pandemic by the World Health Organization (WHO) on 11 March 2020, a lot of uncertainty developed for all human beings. At initial glance, pharmacy as an essential services provider continued operations and remained open during the initial level five lockdown from 27 March to 30 April 2020. Due to the severity of the ongoing lockdown together with how policies and guidelines developed during this time, some industry specific changes were noted:

- Community pharmacies reduced operational (opening) hours and closed earlier in the afternoon due to the limitation on times when workforce may travel.
- Private hospital pharmacies requested that patients with chronic prescriptions obtain it from the nearest community pharmacy in order to keep “potential healthy” patients away from hospital facilities.
- Public hospital pharmacies commenced by issuing multiple month repeats in order to decongest facilities.

Although not initially realised, these disruptions in the *status quo* also impacted on the demand for locum pharmacists. On face value the reasons for this include those mentioned above but also aspects such as permanent staff not taking leave or off days/weekends, risk association with temporary staff coming and going, and economical uncertainty.

Despite all the above-mentioned reasons being valid in terms of business management, it did impact on locum pharmacists who depend on locum shifts to earn an income.

For this reason, a survey was developed so that the PSSA could obtain a better understanding of the challenges experienced by locum pharmacists during the Covid-19 pandemic. The outcome of this survey will provide possible reasons and explanations for the lack of employment opportunities during the pandemic for locum pharmacists. It will also assist the PSSA in working with other stakeholders to find a solution for the current situation and to support locum members better.

## **Methodology**

A survey was developed by the Professional Department of the PSSA National Office using both open- and close-ended questions on the SurveyMonkey platform (Annexure A). Colleagues outside of the National Office were asked to review the draft survey as part of the face validity and quality control and to provide feedback on whether they:

- (1) understood the questions in general,
- (2) understood all the words in the questions,
- (3) could provide the relevant answers, and
- (4) could provide any advice on whether the question should be restricted, rephrased or could stay as is.

All feedback received from experts were included in the survey before it was sent for language editing of the final draft of the survey.

All PSSA pharmacist members on the membership database who had indicated that their current employment was that of a locum were invited to participate in the survey (N=877). Participation in the survey was voluntary and participants were informed that they may withhold their participation without any consequences and/or repercussions.

Special instructions were that only pharmacists who are registered with the SAPC and who are not permanently full-time employed by a single employer but who only perform locum work in order to earn an income should participate in this survey. Performance of locum work included casual (e.g. once off or once in a while locum work at a specific facility) as well as fixed commitments (e.g. fixed agreement to work certain hours of the day, certain days of the week or certain weekends a month at a specific facility on a repetitive occurrence). Pharmacists who are permanently employed or were permanently employed on 27 March 2020 when the lockdown commenced or who perform locum work after hours and over weekends in addition to full time employment elsewhere were requested to not complete the survey.

The survey opened on 28 May 2020 and closed on 3 June 2020. PSSA members who were eligible to participate were invited through a private PSSA newsletter to participate in the survey and a reminder newsletter was emailed before the closing date of the survey. A total of 200 participants completed the survey (22.8%). All data were collected anonymously and no personal data such as name, ID number, P number, etc. were requested. There were no means of tracing who responded to the survey. Data was handled confidentially by the Professional Department of the PSSA and the survey data report was circulated only to the PSSA National Office for analysis and action.

## **Results and discussion**

### ***Demographic information***

To better understand the demographics of who participated in this survey, three questions applicable to the demographic of the study population was asked. Majority of participants in this survey was from the Western Cape Province (44.7%), Gauteng (25.1%) and KwaZulu-Natal (13.5%). One participant did not answer this question.

Participants indicated that 75.5% of participants lived in urban (metros and large cities) areas compared to 24.5% who lived in rural areas (towns, smaller towns and informal settlements).

Participants were asked in which sector(s) they conduct locum work on a regular basis. Participants were allowed to select more than one option but should exclude options where they work less than 30 days per year. Majority of locum pharmacists work in community pharmacies, both corporate (37.7%) and independently owned (30.3%). This was followed by private (16.1%) and public (6.6%) hospital and institutional pharmacies. Only 4 locums (2.0%) indicated that they locum at a courier community pharmacy. Other sectors where locum pharmacists work, but which were not listed above included wholesale, veterinary and distribution (3.5%) and academia or research (1.0%). Two participants did not answer this question.

### ***Cancellation of locum work/shifts***

It was important to comprehend the scale at which locum pharmacists' shifts were affected by the pandemic. Seventy-three percent of participants indicated that they had booked shifts cancelled since 27 March 2020. Only the participants who answered yes (n=146) were requested to answer the following four questions.

Participants indicated that majority of locum shifts were cancelled within a week or two going into lockdown (40%) while a few locums experienced a gradual decrease over the duration of the lockdown until all their shifts were eventually cancelled (6%), whereas some locum pharmacists had most of their shifts cancelled with a few here-and-there commitments left (36%). Only 18% of participants reported that only a few of their shifts were cancelled.

When asked for reasons why they think their shifts were cancelled, participants had to rank the options below from 1 as the most applicable reason for cancellation of their shift in general to 6 as least applicable (or sixth most applicable) reason. Participants ranked possible reasons in the following order of importance:

<b>Listed reasons for cancellation of shifts:</b>	<b>Combined ranking of importance (most important to least important):</b>
Lockdown due to the Covid-19 pandemic.	1 (1.81)
Economic situation currently associated with State of Disaster, the luxury of locum staff is not affordable for owners currently.	2 (2.48)
Permanent employed pharmacists not taking leave or off-days during the lockdown, therefore no staff shortages.	3 (2.60)
Reduced trading hours of the pharmacies where I locum, therefore permanent staff work all the trading hours to fulfil their contractual obligations.	4 (2.61)
Location of the community pharmacy where I locum is in an area which has less business operations during lockdown. / The hospital pharmacy where I locum has fewer patients admitted due to routine procedures being cancelled / postponed.	5 (3.21)
I don't know why my shifts are cancelled.	6 (4.79)

As a result of the cancellation of locum shifts, 37% of participants lost all of their income, 26% of participants lost three-quarters of their income, 20% lost half of their income and 17% of participants lost a quarter of their income. Regardless, almost 70% of participants felt positive that they will be asked to perform locum work again soon (possibly due to pharmacy staff falling ill, staff taking leave or relaxation of lockdown regulations).

### ***Unemployment Insurance Fund (UIF) contribution and claims***

All participants were asked whether they contribute to the unemployment insurance fund (UIF). This contribution is mandatory by law in certain circumstances as stipulated in Section 3 of the Unemployment Insurance Act 63 of 2001, and is subtracted from remuneration paid by either the pharmacy owner or locum agency who booked the locum shift. A slight majority (53%) of participants indicated that they contribute towards UIF as it is subtracted from their remuneration and indicated as such on their payslips. The participants who answered yes to this question (n=105) were requested to answer the following two questions. Eighty-five percent of participants who contribute towards UIF did not submit a claim for financial relief by the time this survey was conducted. Almost the same number of participants (89%) indicated that the pharmacy owner or locum agency didn't contact them regarding an eligibility claim for financial relief through that employer.

### ***Guideline document for part-time (locum) pharmacists***

All participants who participated in this survey were asked whether they would benefit from a guideline document aimed at financial management guidance for part-time (locum) pharmacists. Less than half of the participants who answered the questions indicated that they would benefit from this idea (48%). Favourable topics to be included in such a guideline are (1) income protection insurance and unemployment insurance; (2) taxation, personal income tax, pay-as-you-earn and provisional tax; (3) personal emergency fund and savings; and (4) pension planning, annuities and pension contributions.

### ***Recommendations from participants***

Lastly, all participants were asked how they think this unfortunate situation should or could be resolved. Emphasis was made to which of these proposed solutions mentioned can be or should be handled by the PSSA and/or SAACP/SAAHIP. The proposed suggestions made by participants are categorised as follow:

- *PSSA membership fee and professional indemnity insurance premium relief*  
A few participants suggested reduced membership fees or grace payment from current policies without loss in coverage. Another comment suggested that the professional indemnity insurance should have a clause to financially cover locum pharmacists during unforeseen circumstances.
- *UIF and/or UIF TERS claims for locum staff*  
Participants seek clarity on how to claim funding from UIF where loss of income was experienced. Confusion exists as to (1) whether or under which circumstances were UIF or should UIF be deducted by employers from locum pharmacists' remuneration, (2) whether or not these deductions were paid over by the employer to UIF and (3) what procedure

should locum pharmacists follow to apply for this funding. Participants were also not clear on the process to access financial relief offered by government through Temporary Employer Relief Scheme (TERS) or who to access for support. Participants expressed the need for 'authoritative support' to back them in situation where employers do not collaborate with regards to UIF claims as well as a service where they can access proper consultation on e.g. labour law and one's right for having UIF benefits.

- *Income protection*

Participants expressed the need for a national income protection fund which can be accessed should something similar to Covid-19 happen again in the future or during general loss of work.

- *Centralised locum pool*

Some participants feel that one locum pool to evenly distribute locums so everyone has some employment should be investigated. A central locum database could also assist in connecting employers and available pharmacist locums with each other. Participants recommended that a list of available locums be circulated to potential employers.

- *Bargaining council*

Locum pharmacists also realised that better communication and negotiation with employers, clearly stipulated terms and conditions, cancellation agreements applicable to both parties, cover during unforeseen circumstances, etc. is needed.

Some participants expressed that given this unique situation of a pandemic, there is not much in their opinion that could be done by others to change the immediate outcome or direction of the situation. They rather expressed that this pandemic has *"woken us up to the fact that we cannot rely on one income and we need to diversify."* Another view was also expressed that the new way of work during this pandemic and the associated reduced use of locums *"has put strain on the staff as they have now been penalised for taking tea breaks that are longer than stipulated in their contracts."*

It should be noted that PSSA, SAACP and/or SAAHIP are not in a position to:

- Override any legislation or guideline published by the NDoH;
- Change the fact that older citizens with co-morbidities are at a higher risk to contracting Covid-19;
- Force employers of permanent pharmacy staff or any permanently employed pharmacists to take leave to allow locum pharmacists employment opportunities;
- Conclude that this current pandemic and national State of Disaster is linked or a direct result of increased student intake numbers as was perceived by some participants;
- Restrict pharmacists with other permanent employment to also work as locum pharmacists;
- Engage in any locum shift agreements, whether in writing or verbal, or to intervene regarding remuneration for cancelled shifts; or to
- Interfere with business related activities such as operation hours, shifts, recruitment, etc.

## **Limitations**

Although the instructions to this survey were clearly stated in both the recruitment email and throughout the survey itself, the possibility that participants did not follow these instructions cannot be ruled out. Specific instructions included that participating in this survey is only for those who

locum on a permanent basis and not “in addition to” another permanent employment, e.g. over weekends or afterhours. Unfortunately, comments such as “*no longer practising due to failing health therefore not applicable to me*”, indicated that this participant is maybe not working as a locum anymore and should not have completed the survey.

Other instructions in this survey included that based on the answer to a specific question e.g. in question 4, the participant was guided as to whether they should continue to answer the next questions (if answered yes, answer question 5 to 8) or should skip a few questions before they continue (if answered no, skip question 5 to 8 and proceed to question 9). The number of participants who answered the questions above (e.g. 146 participants answered question 4) was not the same as those who answered the questions that followed (question 5 = 147, question 6 = 147, question 8 = 148) and indicates that the instructions were not followed correctly.

### **Conclusion**

This survey assisted the PSSA to understand the challenges experienced by locum pharmacists in South Africa during the COVID-19 pandemic. Several misperceptions were noted in the suggestions from participants. Firstly, professional indemnity insurance offers professional related insurance in the unfortunate event of a medication or patient error in the workplace. This insurance is very specific. It cannot be expected to have a clause in this type of insurance to financially cover locum pharmacists during unforeseen circumstances as that is not the type and scope of insurance applicable in professional indemnity.

Secondly, the suggestion of a national income protection fund points directly at the sole purpose of the existence of UIF. The need for another national income protection fund is thus not clear. Further to this, income protection in the general sense of the term is linked to diagnosis of a disease which prevents you from continuing to work and earn an income. An Income projection Fund would not be accessible during Covid-19 for loss of income due to the economic climate in the country.

In summary, the responsibility for part-time (locum) employees to self-manage or contract professionals to attend to basic human resource administration such as income tax and UIF contributions cannot be overestimated. Aligned with these are the individual responsibilities to practice sound and healthy financial management and to collaborate with a financial advisor to ensure sufficient emergency funding, pension and insurance which can be accessed when needed and managed according to need.

Locum pharmacists, being part-time employees, are exceptionally vulnerable and employment is less guaranteed than with full time employment, therefore require additional safety nets to ensure sustainability.

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