The remuneration of community pharmacist in the setting of low- and middle-income country

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Introduction
Community pharmacist has been known as the important element of healthcare system that provides both pharmaceuticals and services to the communities¹. However, in many developing countries including in Indonesia, the remuneration for pharmacist is often driven by percentage markup of the medicines regardless the level of experience and quality of services provided by the pharmacist². As the health system evolves, pharmacy practice is becoming increasingly complex. There is a need for a balance compensation to ensure sustainability of professional pharmacy services. Therefore, this study aims to provide an overview of pharmacist remuneration models in Indonesia.

Methods
This study has been ethically approved by the Research Ethics Committee of The Faculty of Public Health Universitas Airlangga.

Results
Of 2,087 pharmacists participated in the survey, only 1,952 respondents were recorded. The majority of participants are female (78%) with half of them had experience of working as community pharmacist within the past 10 years (50%). There is large heterogeneity across Indonesia in remuneration.

Discussion
Pharmacy has regarded itself as a major health care profession for at least the past 50 years and probably much longer. However, established professions like law and medicine command a much superior status and better rewards than does pharmacy. If the profession is to change to achieve some of the current objectives of its members (ie, fairer rewards and high status) then there is an imperative to adopt a contract and a remuneration system which encourages and even if necessary, directs change.

Conclusions
The current remuneration system which mainly relies on monthly salary basis may not be sustainable to support provision of pharmacist-led cognitive services. Other remuneration models in form of fee for service can be an alternative for pharmacist.

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References