

Pharmacy without borders: bringing specialist therapeutic care to every patient through digital clinical pharmacy

Theme: Innovations in workforce planning — keeping the patient at the centre

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Specialist pharmaceutical care, without the constraints of place or time

Traditional clinical pharmacy models are constrained by limited practising hours and competing operational demands — meaning not all patients receive specialist care in hospital settings. The Digital Clinical Pharmacy Unit (DCPU) was established to close that gap: a first-of-its-kind remote model providing high-impact oversight of high-risk patients across every Netcare hospital, regardless of location.

The global evidence base

Across 36 studies covering more than 18,000 hospital patients, clinical pharmacist input has been linked to fewer medication errors and adverse drug events, and shorter hospital stays.

Kaboli et al., Arch Intern Med, 2006

A scarce specialist workforce in SA

An estimated 110 clinical pharmacists practise nationally, concentrated in a private sector that covers just 15% of the population — a scarce, unevenly distributed specialty.

Bronkhorst et al., Front Pharmacol, 2021

A model ahead of its time

The DCPU launched in May 2024 — almost a year before the South African Pharmacy Council published its first competency standards for clinical pharmacy specialists, in March 2025.

SA Pharmacy Council, Board Notice 752 of 2025

Two objectives guided this two-year review

01

Establish & describe

Describe the establishment and two-year operation of the DCPU as an innovative, technology-enabled workforce model for South African private healthcare.

02

Measure & report

Report pharmacist quantitative and qualitative feedback on their experience, confidence, multidisciplinary integration, and perceived clinical impact — captured through a structured questionnaire administered to the DCPU team.

How the DCPU was built, staffed and evaluated

01

Establishment

Conceived May 2024; established across a network of 44 private hospitals in South Africa

02

The Team

18 master's-qualified clinical pharmacists recruited to conduct remote rounds, therapeutic optimisation reviews and medication safety interventions. Preferably based at a primary hospital.

03

Digital Infrastructure & Tools

Daily work spans three integrated digital tools: the EMR; infection-management software for antimicrobial stewardship; and multi-channel communication (WhatsApp, CareOn journals, phone).

04

Evaluation

May 2026: a structured questionnaire administered to all 18 pharmacists — analysed by frequency (quantitative) and thematically across 5 domains (qualitative)

Workforce model at scale

44

Private hospitals across South Africa served by the DCPU

18

Master's-qualified clinical pharmacists recruited to the unit

>50%

Reduction in clinical pharmacy workforce achieved through the digital model

2 yrs

Of continuous DCPU operation — established May 2024, evaluated May 2026

Team profile and digital engagement

75%

Have 6 or more years of clinical pharmacy experience

88%

Engage with the multidisciplinary team daily or weekly

88%

Report sufficient access to the digital tools and resources their role requires

63%

Communicate through a combination of digital channels rather than one single channel

Source: DCPU pharmacist questionnaire, May 2026 (n=16 of 18 respondents).

Pharmacist experience and confidence

94%

Felt confident conducting remote clinical interventions

88%

Rated intervention quality comparable to, or better than, onsite practice

88%

Reported that remote working improved their job satisfaction

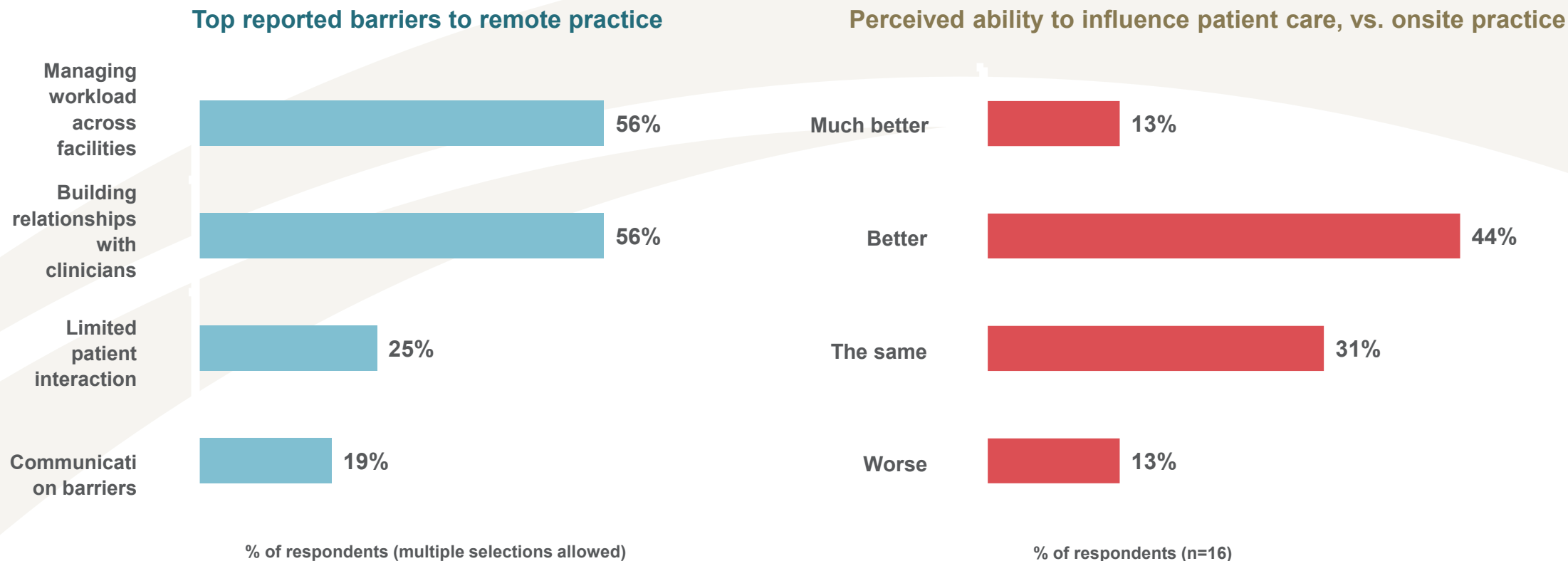
75%

Felt viewed by doctors as part of the multidisciplinary team, despite working remotely

Source: DCPU pharmacist questionnaire, May 2026 (n=16 of 18 respondents).

RESULTS

Reported barriers and perceived impact on patient care



Source: DCPU pharmacist questionnaire, May 2026 (n=16 of 18 respondents). A further 13% cited technology challenges. Barrier question permitted multiple selections; percentages do not sum to 100%.

RESULTS

In pharmacists' own words

“

A unique and relatively new model in South Africa

— DCPU clinical pharmacist, reflecting on the digital clinical pharmacy model

“

That we can offer the same clinical work off-site as onsite, and thus ensure patients get the best possible care.

— DCPU Clinical Pharmacist

“

A team of eighteen that can cover the whole of Netcare.

— DCPU Clinical Pharmacist

“

Transitioning has enabled me to expand my clinical impact by leveraging digital tools to support patient care — the commute may be shorter, but the clinical reach is much broader.

— DCPU Clinical Pharmacist

“

The number of patients seen daily, and the interventions that follow, show how real-time work can change patients' lives.

— DCPU Clinical Pharmacist

Source: DCPU pharmacist questionnaire, May 2026 (n=16 of 18 respondents). Quotes lightly edited for length; hospital and site names removed to preserve respondent anonymity.

Sustaining specialist care at scale requires fluidity

The DCPU proves that remote clinical pharmacy demands technological infrastructure, confidence in clinical abilities, and purposeful human connection.

Sustaining it requires fluidity:

- Proactively managing digital fatigue
- Responding to fluctuating workload pressures
- Adapting to diverse site-specific dynamics

To ensure the model remains patient-centred and delivers consistent specialist care at scale.

QUESTIONS & DISCUSSION

Thank you

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