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Physician and pharmacist perceptions of generic medicines: What they think and how they differ

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ABSTRACT

Introduction: This study is the first comparative assessment, internationally, of perceptions of generic medicines between general practitioners (GPs) and pharmacists in at least the last decade.
Methodology: One-to-one semi-structured interviews were performed with 34 GPs and 44 community pharmacists in Ireland. Interviews were transcribed and qualitative analyses were performed using NVivo (version 9).
Results: GPs expressed more negative opinions than pharmacists. 94.1% of GPs and 88.6% of pharmacists reported receiving complaints from patients related to generics. 11.8% of GPs versus 2.3% of pharmacists believed generics do not work as well as originators. More than twice as many GPs (14.7%) as pharmacists (6.8%) expressed a preference for the originator medication. Participants believed that most negative experiences reported by patients (with generic medicines) were not actual but imagined/nocebo.
Discussion: Education of stakeholders is a requirement for increased usage of generics. Resources to facilitate healthcare professionals in educating patients are needed. GPs' opinions could negatively influence patient opinions; countering these opinions may prove important for successful influencing of patient perceptions.

1. Introduction

Attitudes towards generic medicines have been studied internationally [1,2], with many country-specific studies reported including: Australia [3]; Italy [4]; South Africa [5]; Malaysia [6]; Saudi Arabia [7]; Jamaica [8]; France [9]; and USA [10]. However, very few peer-reviewed studies have assessed the attitudes of healthcare professionals in Ireland towards generic medicines. The most recent of these (to the authors' knowledge), published in 1997, determined general practitioner (GP) opinions, and showed that the majority of prescribers (75%) were concerned about the reliability and quality of generic medicines [11]. Additionally, a separate 1997 report, which was prepared for the then Irish Minister for Health, stated that over a third of Irish GPs believed that generic medicines were unreliable and of poor quality [12]. Half of the pharmacists surveyed for the report believed that some generic medicines were unreliable, with over 80% of pharmacists reporting patient complaints related to changes in medication, primarily linked with changes to generics. That report also identified that half of the physicians surveyed believed that generic substitution increased patient confusion and a quarter reported experience of patients returning to them with complaints of confusion or dissatisfaction with medication changes.

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Historically, Ireland has had one of the lowest rates of generic medicines usage within the EU [13]. Given the low rate of generic medication penetration into the Irish market, and the potential for economic benefit associated with their use, the Irish government has recognised this as a potential area for cost savings. As such, new legislation – the Health (Pricing and Supply of Medical Goods) Act was signed into law in June 2013 [14]. The intent of this legislation is, inter alia, to formally introduce the basis for generic substitution and reference pricing in the Irish healthcare system.

With Ireland on the cusp of such major modification in healthcare practices, there are many potential hurdles to be overcome [15]. An assessment and comparison of the opinions of affected healthcare professionals is not only timely, but also novel. Indeed, the authors could not, in a PubMed search (June 2013), find any peer-reviewed publications (within the last 10 years), comparing pharmacist and physician opinions regarding generic medicines. Therefore, this study has the potential to highlight areas where challenges may arise during implementation of the proposed changes. As the attitudes and behaviours of healthcare professionals may prove pivotal to the successful implementation of the proposed amendments, our objective was to assess the beliefs, attitudes held and behaviours towards generic medicines amongst two of the main stakeholders in the prescribing and dispensing of medicines: GPs and community pharmacists.

2. For clarity: some relevant information on the Irish Health System

In Ireland, the General Medical Services (GMS or medical card) scheme is a means tested scheme available to persons who are unable, without undue financial hardship, to access general practitioner, medical or surgical services. Being in receipt of a medical card entitles the holder, and their dependents, to the following services, amongst others, free of charge: a range of family doctor or GP services; prescription medicines and appliances such wheelchairs, crutches, etc. (a nominal charge applies to all prescription medicines dispensed to medical card patients); certain dental, ophthalmic and aural health services; hospital care (all in-patient services in public wards in public hospitals, including public consultant services); hospital visits (all out-patient services in public hospitals, including public consultant services); midwifery care; public health nursing; social work services and other community care services based on need. In quarter four of 2013 approximately 40% of the Irish population were holders of medical cards [16].

3. Methodology

3.1. Preparation of study instrument

The study instrument was informed by a recently published review of the usage of generic medicines and how policy changes to promote the use of generic medicines may affect healthcare provision [13]; and by the personal experience of the primary author and study designer (who has over 15 years of quality management and regulatory affairs experience within the pharmaceutical and biopharmaceutical industry).

Questions for semi-structured interview were prepared and subjected to cognitive testing, the aim of which was to ensure the test questions were understood as intended. The intent of the interviews was to elucidate perceptions relating to general opinion & understanding of generic medicines, behaviours towards generic medicines (e.g., prescribing behaviours in the case of GPs and dispensing behaviours in the case of community pharmacists), opinions as to the historical poor usage of generics in Ireland, beliefs held as to the quality and efficacy of generics and how these compare to proprietary (that is, brand-name) medicines and knowledge & opinion of the impending legislative change.

Cognitive testing was performed with three individuals in each cohort group who were firstly asked the question, then allowed to provide a response and after responding were asked what their understanding of the question was. Amendments were made to questions based on responses from all three test participants. The responses of these participants to the interview questions were not included in the final analysis for this study. The interviews used in the study began *after* cognitive testing had been completed and the interview questions had been suitably amended.

3.2. Recruitment and survey interviews

One-to-one interviews were performed with consenting GPs and community pharmacists between June and October 2012 (either face-to-face or via telephone). GPs affiliated with the University of Limerick's Graduate Entry Medical School were sent a letter inviting them to participate in the study. Acceptance emails or telephone calls were received from a number of GPs and interview times were arranged. The invitation letter was followed up with a telephone call, 1–2 weeks later, for those GPs who had not already accepted, and interviews were arranged with those who consented to participate. Participating GPs were located in the South and South-East of Ireland in counties Limerick, Tipperary, Kerry, Kilkenny, Cork and Waterford.

Pharmacists were approached in person, while in the pharmacy, and asked to participate in the study. A verbal explanation of the study was provided, and an invitation letter was offered. Participating pharmacists were located in the South and South-East of Ireland in counties Limerick, Tipperary, Cork and Waterford.

The interviews – which were recorded (with interviewees' permission) – were primarily semi-structured and based on a series of questions to which open, or qualitative, answers could be given (Table 1). Additional assessment of opinions was completed using a series of structured, closed questions to which participants could select from predefined answers. In this instance, a five-point Likert scale [17] was used, with a single response allowable for each question, selected from: Strongly Agree, Agree, Neutral, Disagree and Strongly Disagree (Table 2) and participants were also free to volunteer additional commentary on each question. Furthermore, participants were offered the