Address to 2013 SAAHIP Conference, 16 March 2013, Champagne Sports Resort, Drakensburg

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Madam, chairman, SAAHIP and PSSA presidents past and present, colleagues, ladies and gentlemen, I treasure the opportunity of addressing the SAAHIP conference one more time.

The long-standing tradition in the interaction between the Pharmacy Council and members of the profession, through their representative professional associations, has been that when addressing conferences, the representative of Council would have to account to the profession. We would start by quoting extensively from the Pharmacy Act to justify our existence; almost betraying a feeling of guilt about this existence. Then, as you would start falling asleep, we would cruelly bombard you with lengthy quotes from the Act and its penalties, perhaps in revenge, or to minimise the Council-bashing at the end of the address. Typically, we would make reference to all sorts of role players, stakeholders, PPPs and challenges to be faced. We would then, in conclusion, undertake to escalate certain things going forward.

This happens to be the last time that I will address this conference as President of the South African Pharmacy Council. Instead of recounting our perceived successes and achievements (which are not inconsiderable), and bemoaning our challenges, failures, and occasional ineptitude (perceived or otherwise), I will instead speak from the heart, and share with you the observations that I have gained during my last four years in this position. Besides, I want to believe that, through the much-improved Council website and register system, considerable new information is continuously reaching members of the profession.

I do not recall missing any SAAHIP conference since becoming Pharmacy Council President. Besides the need for Council to maintain visibility at all pharmacy forums, and to be able to interact with members of the profession as widely as possible, as well as networking and simply having fun with colleagues, I have personally come to regard the academic sessions of the conference as a serious and special kind of CPD for myself. In this regard, I would like to single out presentations which report on the outcomes of pharmacy practice research.

Pharmacy practice research is increasingly being seen by some as an almost new, separate pharmacy practice discipline. The Canadian Pharmacists Association describes pharmacy practice research as a component of health services research that focuses on the assessment and evaluation of pharmacy practice. It includes studies that evaluate pharmacists’ roles in a variety of capacities. These studies include systems-based, patient-centred and community-based research, which encompasses a variety of determinants of health and their influence on patient outcomes and population health.

Both small- and large-scale projects, such as the ones presented here over the last two days, have demonstrated the contribution of pharmacy to better patient care, and that research is thus necessary to identify areas of suboptimal health care and to demonstrate how pharmacy can provide solutions.

Yesterday, we heard how the resort to basic medicine supply management principles, such as observing re-order levels and having minimum and maximum order quantities, has led to reductions in stock outs in a particular district hospital. Examples were presented of evidence that the active involvement of pharmacists in a leading role in ward pharmacy is influencing patient outcomes and the health of the population.

Practically, it is impossible to attend all the sessions, but I always come out of those that I have attended feeling immensely re-educated. The Pearls sessions are simply entertaining, while reflecting the innovative thinking of the presenters. I thank SAAHIP and members of the profession most profusely for these educational opportunities.

When I addressed this conference in 2010, one of the issues on which I touched was the need to make a distinction between the roles of those bodies or organs which have an influence on the professional lives of the pharmacist and the pharmacy profession. I had in mind the various roles of the Department of Health, the Pharmacy Council and professional associations, such as the Society.

Needless to say, the Department of Health is responsible for policy-making. The bulk of the basis for policies that govern the pharmacy profession and those outside the pharmacy profession who have occasion to deal in medicine, are found in the National Drug Policy (NDP). Sadly, the NDP has not been reviewed since its adoption in 1996. As an observant Andy Gray wryly remarked...
recently, our NDP seems to have been replaced by the new boy on the block, the National Development Plan, in terms of being topical and relevant to the lives of South Africans!

The relationship of the Pharmacy Council with the Department is not that easy to characterise. It is quite complicated. Is Council an advisor to the Minister of Health, and, therefore an ally of the Minister and the Department, or is it just another stakeholder?

According to the Act, Council clearly advises the Minister of Health on matters pertaining to the practice of pharmacy, but I will spare you the relevant quote. Thus, whenever the stance of Council is called into question on a matter in the public domain which is of significance to the health of the Nation, the Minister will often invite Council to review the matter and to re-align positions. This does not always take the form of a face-to-face meeting with the Minister, and it does not have to. Sometimes, though, like a son yearning for the father to reach out to him and say: “It’s okay, son, I understand, and I am with you”, Council has had occasion to feel like a stepchild.

Here is the complication in the relationship. The fact that the country’s health legislation has been applicable to the public sector since 2005 effectively turns Council into prosecutor and judge when any of the Department’s facilities fall foul of the Pharmacy Act, a situation which the immediate past Director-General found to be undesirable. Council may also be found wanting as far as taking steps to enforce improvements in legislative compliance in public sector facilities is concerned. But I am aware that this is receiving serious attention.

I believe that, through the Registrar’s frequent and tireless engagement with the Department, there is hardly a need to talk about toenadering between the two bodies, as we have found each other and simply need to put certain simple operating procedures in place to cement the relationship.

We do have instances, of course, when pharmacists mistake the Pharmacy Council for a professional association. We have been blamed for the lack of available good jobs when graduates are ready to enter the market. We are often accused of favouring the corporate pharmacy groups, yet some of them brought a group of lawyers along to their meetings with us, for they, too, believe that the independent pharmacies are our darlings.

There is no doubt in my mind that the Pharmacy Council strives to maintain the highest standards in pharmacy education, training and practice, without fear or favour.

The importance with which Council views maintenance of the highest standards could not have been illustrated more soundly than the decision to disallow one of the country’s few pharmacy schools from having a first-year intake recently. Difficult and painful as it was, and probably unprecedented in the history of health education in this country, it was a course of action that was deemed to be in the best interests, firstly, of the students who were directly affected, and secondly, of pharmacy education and training in South Africa.

On numerous occasions, the question has been asked whether or not the Pharmacy Council is a protector of the pharmacy profession, or of the public.

I hereby reiterate our stand that the purpose of the existence of the Pharmacy Council is primarily to regulate the profession of pharmacy in the interests of the general public. To this end, Council makes use of various methods of communication with which to remind pharmacists and pharmacist’s assistants of the oath that commits them to provide services to members of the public in a manner that observes the highest ethical standards. Council’s Code of Conduct prescribes the imposition of appropriate sanctions when the oath and ethics are violated.

The issue is pertinent, particularly following a report in the latter part of 2012 that members of Parliament’s Portfolio Committee on Health had bemoaned what appeared to be a lenient attitude on the part of the health statutory Councils concerning transgressions made by members of the health profession.

This prompted me to investigate the performance of the Pharmacy Council. I am happy to state categorically that investigating complaints and allegations against pharmacists and pharmacy support personnel remains a priority of the Pharmacy Council. In 2011, the Office of the Registrar received just over 300 complaints and allegations, of which just under 80% were finalised in the year under review, either by way of the Committee of Preliminary Investigations, the Committee of Informal Inquiry, or the Committee of Formal Inquiry. Of course, one of the difficulties facing statutory health Councils in pursuing disciplinary matters is the onerous task of investigations, and having to obtain sufficient evidence for the successful prosecution of alleged offenders.

Council continues to ensure that all complaints and allegations are addressed in an effective and efficient manner to ensure impartiality and justice. In fact, there was a 10% increase in the number of complaints received (308 in 2011, compared to 280 in 2010). Of these, 62 were submitted online, evidence that Council is continuously reaching out to an increasing number of stakeholders through its online facility.

Council’s ability to continue to regulate pharmacy practice has, of course, been affected, and made significantly testing by the influence of commercial developments. The advent of courier pharmacy, the application of non-human means of dispensing, and the ownership of pharmacies by non-pharmacists, have all combined to dazzle the pharmacy regulating body as we strive to reconcile technological advancement with the desire to retain the professionalism and dignity of the pharmacy. After all, the pharmacy is the place where members of the public should continue to expect only the highest standards of pharmaceutical care. Council’s reaction to these new developments and problematic, new experiences has been to enact new regulations under GPP. Are we over-reacting? Are we being over-protective? Should we let go? I invite you to share your thoughts with us.
Regrettably, something that tends to put an unfair blemish on the integrity of the pharmacy profession is the increasing trend in the public sector, in some provincial health departments to be specific, whereby pharmacists in key positions are being suspended without any apparent indication of the charges or clear-cut disciplinary action in the future. Several such cases have been witnessed in the past few years. Council is not in a position to pronounce on the guilt or otherwise of such pharmacists until the cases have been finalised through proper due process. But what if they are not? What if there is simply no intention to provide the affected pharmacists with an opportunity to present their cases and protect their dignity and that of the profession, because there may have been no case in the first instance?

What provision is there for the Pharmacy Council to take this up with the relevant authority? Who is the relevant authority? I have raised this with several leaders in pharmacy, and at a Council meeting. We have no answers thus far. I also raised the matter, albeit superficially at the first and only meeting we had last year of the Council of Statutory Health Councils.

Colleagues, this is one instance where protection of members of the pharmacy profession by the Pharmacy Council needs no excuse or justification.

The Council conference offers a unique opportunity for all sectors of pharmacy to unite to tackle, debate and attempt to resolve issues that are common to everyone in pharmacy. It is an opportunity to find and strengthen that which is supposed to constitute the bond or the common thread that transcends all sectoral affiliations, as we seek to move as one in a direction that can only benefit those who we claim to serve unselfishly.

A matter that has been close to my heart, and obviously to the hearts of many of us, is the issue of the endemic shortage of pharmacy human resources. It is something that we cannot leave to government to tackle alone. All sectors of pharmacy stand to suffer if nothing is done about this. Using the Pharmacy Council as a sponsor (not in monetary terms), some of us have launched an NPO which we have named Pharmacy HR 2030 Strategy NPO (this relates to Council’s HR Strategy which aims, quite ambitiously, to ensure that the country’s pharmacy HR needs are met by 2030).

This NPO aims to galvanise everyone to whom pharmacy matters, to assist in increasing the number of pharmacy graduates and pharmacy technicians. This will be achieved by supporting the expansion of our pharmacy schools, and enabling them to increase their capacity. This will be carried out by creating a fund which will allow more pharmacy graduates take up postgraduate studies, in order to swell the ranks of the profession, and generally to bring about excellence in pharmacy training and practice.

At this stage, I would like to say a few words about the people who have accompanied me on this journey of servitude to the pharmacy profession in South Africa through the Pharmacy Council. You may know quite a few of them. Some are at the SAAHIP conference:

- Lorraine Osman, the Deputy President
- Palesa Santho
- Nozuko Makunzi
- Lynn Ambler, who sadly passed away around this time last year
- James Meakings, Lynn’s replacement and the bearer of the parcel

They are not all in the public eye, and some actually shy away from it. They have been a fine lot, but as you would understand, quite diverse in the ways in which they have tested the chairman’s patience and tolerance on any meeting day. Some wouldn’t say much most of the time, but then there were those who always had to express an opinion, the only possible reasonable or correct one, on any matter which came for discussion. In time, I found that the best way to deal with my fellow councillors over the two days of the Council meetings was to have a good workout prior to the meeting.

The oldest member is old enough to be the grandparent of the youngest, but this never stopped anyone from challenging a view which they felt to be out of order. Appropriately dismissive words were used, yet without any insults being attached to the words. We had heated debates, mostly in the last meeting of the year when the inevitable increase in membership fees was discussed. This meeting was very emotional, which just goes to show that Councillors don’t make decisions on membership fees very easily.

I will not go into whether or not members have found it to be a pleasure to serve on Council. I can only tell you how uncomfortable it often was for those who had to wake up at ungodly hours to attend Council meetings in Pretoria, only to find that the accommodation was anything but ideal. (Council members travelled business class up to the early 1990s!)

I have found it a profoundly rewarding experience to work with my fellow Councillors. Yet, this could not have been possible without the support of the Registrar, Amos Masango, and his dedicated team of senior managers. Guys, we still have a lot to accomplish for the rest of the year. Thank you for guiding us along this journey. Together we’ll finish the year knowing that we have achieved the best that we can for pharmacy.