



PSSA Perspectives

Pharmaceutical Society of South Africa

The Pharmaceutical Society of South Africa (PSSA) hosted its first-ever Pharmaceutical Employment Indaba on 5 March 2025 in Sandton, Gauteng Province. The Indaba brought together a diverse range of voices from across the pharmacy profession to confront the growing crisis of youth unemployment and workforce inequity. Through powerful testimonies and strategic insights, presenters highlighted systemic barriers, proposed actionable reforms, and called for a united commitment to securing the future of pharmacy in South Africa.

Below is the consolidated report on the pharmacy workforce stakeholder presentations.

Dr Percy Mahlathi (Deputy Director-General for Hospital and Tertiary Health Services)

Dr Mahlathi delivered a wide-ranging address on the strategic imperatives facing South Africa's pharmacy sector. Drawing on decades of leadership in health policy and workforce development, he underscored the urgent need for systemic reform, collaborative engagement, and forward-looking regulation to ensure the profession's sustainability within an evolving healthcare landscape.

A central theme of his address was the critical need for comprehensive pharmacy workforce planning. While South Africa has demonstrated a strong capacity to produce technically competent pharmacists, the broader system struggles to absorb and deploy this workforce effectively. He pointed to the mismatch between pharmacy graduate output and actual workforce needs, citing the evolving disease burden, the growing demand for pharmaceutical services across various settings, and the pressing need for pharmacists with broader, more adaptable skill sets. He emphasised that the realignment of the workforce strategy with national health demands was overdue.

Dr Mahlathi also questioned whether the current Continuing Professional Development (CPD) frameworks remain relevant and impactful. Having been involved in their initial design, he called for a sector-wide review, insisting that CPD must not become a tick-box exercise but should actively contribute to professional growth, service quality, and innovation. He encouraged the pharmacy profession to drive this review collaboratively and constructively.

He emphasised that the future of the profession depends on its capacity to build advanced, specialised competencies and that without specialisation, pharmacy risks stagnation. Specialist pharmacists play a vital role in shaping education, improving patient outcomes, and sustaining professional growth. Revised regulations currently underway aim to broaden recognised specialties and simplify the process of formal recognition. These efforts, however, must be monitored to prevent fragmentation and ensure alignment with national priorities.

He also highlighted the inadequacy of current interprofessional cooperation within the health system, arguing that collaborative practice should be embedded early in education and not left to chance in the workplace. Without structured, team-based training at the undergraduate level, healthcare professionals struggle to integrate effectively in multidisciplinary settings. He called for deliberate strategies to foster this cooperation, including clearer role definitions and shared training environments. He also addressed the confusion surrounding the National Health Insurance (NHI), clarifying that it is a funding mechanism rather than a delivery model. He explained that pharmacies must register and be accredited by the Office of Health Standards Compliance to participate in the NHI reimbursement framework. He warned that service providers risk being excluded from government-funded reimbursement without accreditation, a reality that could have severe implications for sustainability. He stressed that pharmaceutical services must meet the accreditation requirements, and that this responsibility cannot be left to provincial offices alone because leadership cannot be outsourced.

Turning to rural pharmaceutical services, Dr Mahlathi acknowledged that the need to update rural placement incentives and reassess how "rurality" is defined, especially where past classifications were more political than geographic. He advocated for structured mentorship, leadership development, and retention strategies to attract experienced professionals to underserved areas. Senior pharmacists are essential to provide the clinical governance that younger practitioners need in high-risk, resource-limited environments.

He asserted that high litigation rates in South Africa's health sector are primarily attributable to poor governance structures and insufficient support for junior staff. Too often, inexperienced professionals are left to make decisions without adequate oversight. To address this, senior leadership must actively mentor, guide, and supervise the next generation on clinical governance. The role of pharmacists in health technology assessment emphasises their contributions to developing cost-effective, evidence-based formularies. He criticised the absence of pharmacotherapeutic committees in some academic hospitals and reaffirmed that pharmacists must lead these structures. He noted that the expansion of pharmacy-initiated therapy is essential and must be supported by regulatory clarity and institutional commitment.

On the regulatory front, Dr Mahlathi emphasised the necessity of revising outdated legislation, particularly the pharmacy regulations from 1990, which are ill-suited to contemporary healthcare demands. He advocated for profession-led processes to update these frameworks, ensuring they align with current realities and support progressive practice. He acknowledged recent regulatory proposals aimed at expanding speciality designations and streamlining recognition processes but cautioned against

fragmentation and duplication. In closing, Dr Mahlathi placed the challenges of pharmacy workforce planning within the broader youth unemployment crisis. He stressed that unemployment is not only a health sector issue but a national emergency, urging the profession to engage meaningfully in forthcoming national dialogues. He said pharmacists must organise collectively through associations and representative structures to exert influence and shape the policy agenda. Individual brilliance, while valuable, cannot substitute for organised professional advocacy.

Mr Simthembile Langa (Acting Chief Director for Pharmaceutical Services and CEO of the Medical Supplies Depot in Gauteng): Reflections on employing pharmacists in the provincial public sector

Mr Langa began by acknowledging the absence of the MEC for Health, who had intended to attend, and clarified that he had been asked to step in on short notice to share institutional perspectives. Drawing on his operational experience, he reaffirmed many of the systemic issues particularly regarding the challenges of human resource planning, the disconnect between central policy and provincial implementation, and the need for decisive, coordinated action to address gaps in the deployment of pharmacists. He acknowledged that while many pharmacists are being trained and qualified, their absorption into the public sector remains inconsistent and often dependent on fluctuating provincial budgets and bureaucratic bottlenecks. He emphasised that structural vacancies exist not because of a lack of need, but because rigid financial ceilings, delayed posts, and fragmented communication between departments often constrain employment processes. This misalignment between training outputs and employment pathways continues to fuel frustration among graduates and places strain on service delivery.

He highlighted their growing responsibilities not only in dispensing and supply chain functions but also in policy implementation, clinical governance, and leadership within pharmaceutical service structures. He reiterated the need for proactive planning and clear directives to ensure qualified professionals are placed in positions where their skills can be fully utilised. Importantly, he stressed that pharmacists must participate in shaping the systems they operate within, not just by raising individual concerns but through organised, sustained engagement with provincial and national authorities. He encouraged attendees to align with representative bodies and policy platforms to influence decisions directly impacting their roles and career progression.

Mr Vincent Tlala (Registrar and CEO of the South African Pharmacy Council [SAPC]): Address on pharmacy human resources and professional advocacy

Drawing from over two decades of experience across multiple pharmacy sectors, Mr Tlala offered both statistical insight and bold challenges to the profession. He outlined the production and attrition rates of pharmacists. South Africa trains approximately 800 to 900 pharmacists annually through nine universities but loses around 400 students during training. Despite this, the

pharmacist-to-population ratio remains alarmingly low compared to global benchmarks. In developed countries, the average is about 7 pharmacists per 10,000 population; South Africa lags far behind. He stressed that the real issue is not overproduction, but under-absorption, as universities responded to calls to increase graduate output. Yet the system has failed to expand employment capacity, especially in the public sector. The situation is further complicated by an error in current regulations concerning support personnel ratios. A ratio of 1 pharmacist to 5 post-basic pharmacist's assistants, intended for primary health care, wholesale, and manufacturing environments, has been mistakenly applied to hospital and community pharmacies. This has led to substituting pharmacists with support personnel, creating a hidden threat to patient-facing care. He confirmed that SAPC will work with the Department of Health to correct this misapplication and restore the intended ratios in hospital and community settings.

He also highlighted structural inequalities in sectoral and geographical distribution. Most pharmacists and pharmacies are located in urban, private-sector settings, while rural and public healthcare remain underserved. Only 680 public sector hospitals have pharmacy services recorded with SAPC, a shockingly low figure. He underscored the importance of aligning the profession's development with the country's shifting disease burden, particularly the need to expand access to antiretroviral therapy and medicines for chronic diseases. He addressed SAPC's role in developing the Pharmacist-Initiated Management of Antiretroviral Therapy (PIMART) course, a crucial tool for expanding HIV care access. Despite this being a public health priority, SAPC has faced legal resistance from some medical groups, especially since the interprofessional conflict has escalated to litigation rather than cooperation. He noted that the Council would continue defending this program in the courts, including at the Constitutional Court if necessary. For him, the issue is not about professional boundaries, but about equitable access to life-saving medicines.

He further called for multidisciplinary education at the undergraduate level to counteract siloed professional identities, which he views as a root cause of interprofessional conflict. He warned that if doctors and pharmacists continue to compete rather than collaborate, nurses, who are increasingly cross-trained, may continue assuming roles vacated by other professions. He strongly appealed to young professionals by addressing the issue of pharmacist migration. He revealed that SAPC processes a high number of certificates of good standing for pharmacists emigrating to countries like Australia, Canada, and New Zealand. Meanwhile, many foreign-trained pharmacy graduates in South Africa are not permitted to complete community service due to citizenship limitations, despite occupying scarce university seats. He raised the ethical and financial implications of this policy gap, urging a re-evaluation of training resource allocation.

Highlighting underutilised opportunities he promoted "consultant pharmacy" as an entrepreneurial avenue. Regulation 18 of the Practice Regulations allows pharmacists to establish consultancy-based practices with minimal infrastructure requirements. Yet only eight such licenses exist. He encouraged young, unemployed

pharmacists to apply for consultant licenses and begin offering medication review and advisory services, especially to the elderly and chronically ill, as a viable and sustainable career path.

He also urged pharmacists to think beyond traditional dispensing roles. With the rise of remote and automated dispensing, pharmacists must leverage technology to enhance, not diminish, their relevance. While automation may reduce manual tasks, it creates opportunities for pharmacists to deliver value through clinical services, pharmacovigilance, and personalised care. Mr Tlala concluded his address with a strong call for professional unity and advocacy. He emphasised that the SAPC, as a regulator, cannot and will not speak on behalf of pharmacists. Its mandate is to protect patients and uphold standards, not to lobby for professional interests. He argued that this responsibility lies with professional associations like the PSSA. He encouraged all pharmacists to join representative bodies and actively participate in shaping their future. He said, "You do not owe the Department of Health anything, you owe your profession everything."

Professor Sandile Khamanga (Dean of the Faculty of Pharmacy at Rhodes University and Chair of the Heads of Schools of Pharmacy): Address on higher education and pharmacy workforce

Professor Khamanga began by contextualising the role of universities under the Higher Education Act, which mandates quality assurance, equitable access, and the promotion of transformation. He noted that pharmacy education in South Africa is not new; some pharmacy schools are over 80 years old, highlighting the long-standing foundation and institutional commitment to developing competent professionals. However, he cautioned that sustainable workforce development must be grounded in more than just historical legacy; it must also respond to current demographic shifts, global health demands, and national development priorities.

Citing the Africa Agenda 2063, WHO's healthcare workforce forecasts, and the Sustainable Development Goals (particularly SDG 3 on health and SDG 4 on quality education), Professor Khamanga argued that Africa is facing a profound health workforce shortage. Rather than scaling back, universities must continue producing pharmacists to meet regional demand and address ongoing disease burdens. South Africa, classified as an upper-middle-income country, remains a regional hub for health education, and its universities attract students from across the continent, further underscoring its responsibility to maintain strong educational output.

He addressed national policy influences, including the 2013 White Paper on Post-School Education and Training and the National Development Plan 2030, which support expanded access to higher education, infrastructure investment, and the equitable growth of professional faculties like pharmacy. He emphasised that enrolment targets at universities are not arbitrarily set but are informed by this policy environment and by SAPC's own historic calls to increase graduate output. The average pharmacy school

enrols about 120 students per year, contributing to a total output of roughly 10 000 pharmacists over the past decade.

He critically noted that only around 10% of pharmacy graduates pursue further studies. This low conversion rate raises concerns about the future of academic staff and pharmacy educators. Without proactive investment in postgraduate development today, there will be too few qualified academics to train tomorrow's pharmacists. He challenged the audience to think intergenerationally: if we want pharmacy professors in 2035, we must cultivate and support postgraduates now. He also highlighted the need for strategic alignment between universities and industry, broadly defined as the public and private healthcare sectors, regulatory bodies, and pharmaceutical manufacturers. A more harmonised, evidence-informed approach to workforce planning is required, based on robust environmental scanning, market trend analysis, and data-driven forecasting. He encouraged a shift towards dynamic skills architecture, anticipating what pharmacists should be trained to do, not only for today's challenges but for future health system needs shaped by digital transformation, artificial intelligence, and evolving scopes of practice.

He acknowledged the importance of internships and community service but also emphasised the need for mental health support and structural clarity for young professionals transitioning into the workforce. Planning must also consider quality, not just the number of graduates, but the teaching environment, support systems, and post-training opportunities available to them. He reinforced that health systems are only as strong as their workforce planning models. If stakeholders fail to plan today, they risk failing the profession tomorrow. He reiterated the importance of pharmacy education as a foundation for all other health goals, underscoring that SDG 4 (quality education) is essential for achieving SDG 3 (health and well-being) and every other goal within the sustainable development framework. In closing, Prof Khamanga affirmed that the university sector remains committed to producing competent, adaptable pharmacists for yesterday, today, and tomorrow. He called on government departments, funders, and all pharmacy stakeholders to engage with universities not only as training institutions but as strategic partners in shaping South Africa's health future.

Ms Vishala Gokool-Sewram (General- Manager for Pharmacy in the Netcare Hospital Group): Address on innovation and workforce development in private hospital pharmacy

Ms Gokool-Sewram focused her address on the private sector's current workforce realities, which were informed by her work within Netcare's national network. She noted that the private hospital pharmacy landscape is characterised by intense clinical service demands, including oncology, transplant care, and critical care, all requiring advanced pharmaceutical expertise. With 6,800 pharmacists currently registered in private practice and around 40% of the workforce comprising pharmacist's assistants,

service delivery in this environment remains highly dependent on efficient, well-structured teams.

Among the foremost challenges she identified was a significant workforce shortage. In some high-volume settings, the ratio stands at one pharmacist to over 2 000 patients. This shortage is compounded by limited training in specialised fields, rising attrition driven by high patient volumes, hiring delays, and economic constraints. Salary disparities between the public and private sectors also contribute to talent migration, weakening retention. Moreover, the stagnation of the medically insured population has limited market growth, putting additional strain on workforce resources.

Despite these challenges, she emphasised several emerging opportunities. Foremost among them was the expansion of roles for pharmacy support personnel. Netcare, she explained, has restructured its workforce to adopt task-shifting models, enabling pharmacist's assistants to take on inventory and basic dispensing responsibilities. A 2024 KwaZulu-Natal pilot project cited a 30% efficiency gain following training in stock management. She urged industry stakeholders to support the new Occupational Certificate for pharmacist's assistants, noting its higher training costs but vital long-term contribution to sustaining pharmacy operations.

Ms Gokool-Sewram advocated greater specialisation and leadership training investment through partnerships with academic institutions. These initiatives would empower pharmacists to assume expanded roles in hospital governance and clinical decision-making. In tandem, she stressed the importance of staff well-being, calling for structured mental health support to address burnout. Technology integration was the third pillar of her strategy. She detailed several AI-driven and digital tools currently being explored or implemented across Netcare facilities, including automated dispensing units, electronic schedule medicine registers, e-scripts, medication reconciliation systems, and remote consultation platforms. Such innovations, she argued, are not only reshaping pharmacy practice but also freeing pharmacists to focus on more clinical, patient-centred tasks. Notably, electronic counselling tools enhance patient engagement, enabling pharmacists to offer care and education through secure digital portals.

She concluded by offering concrete recommendations for strengthening the sector. These included regulatory modernization to support expanded scopes for support personnel, continued investment in training and education, improvements to work environments, enhanced access to resources, and robust mentorship and peer support systems. She also encouraged the development of digital platforms and apps to aid in medication management and patient education, emphasising that the future of hospital pharmacy must be technology-enabled and patient-focused. She echoed an earlier sentiment: pharmacists are no longer "ordinary" professionals. Hospital pharmacy, in particular, now demands multifaceted expertise in clinical care, leadership, and technology. Quoting Nelson Mandela, she closed with a call to action: "It always seems impossible until it is done." She urged the

profession to redefine its roles, embrace innovation, and pursue deep collaboration to build a resilient and responsive workforce.

Mr Jaco du Plessis (General Manager at The Local Choice pharmacy group): Address on entrepreneurship and independent pharmacy models

Mr du Plessis began by revisiting the motivations that led many in his generation to study pharmacy: the dream of owning a business, serving a community, and achieving personal and professional success. Decades later, he affirmed that the dream remains valid. Independent pharmacies, he argued, are still thriving and represent a vital pillar of healthcare delivery, especially in underserved or rural areas. Yet, he challenged the definition of "independent pharmacy", proposing instead a shift toward "interdependent pharmacy" a model in which individual practices maintain autonomy but operate within a collaborative ecosystem that supports professional and business growth.

He introduced The Local Choice model as an example of this approach. As a franchise platform, it offers pharmacists the opportunity to own and manage their businesses while receiving strategic, operational, and infrastructural support from the group. This model allows pharmacists to focus on delivering patient-centred care without the isolation or resource limitations often accompanying true independence. Rather than viewing each pharmacy as a uniform franchise replica, The Local Choice embraces the notion of "individual pharmacy", recognising that each practice serves a unique community with distinct needs while sharing the same core purpose: improving patient health.

Highlighting data gathered from over 240 pharmacy Facebook pages, he emphasised the consistent values patients associate with community pharmacists' compassion, reliability, and trust. He lamented the profession's gradual loss of its historic role as a community cornerstone and called for a renewal of that position. Pharmacists, he said, once held the same esteem as doctors, religious leaders, and town mayors. With the right model, they can reclaim that influence.

He presented The Local Choice's business development offerings as a solution to many barriers that inhibit young pharmacists from pursuing ownership, namely, access to funding, business acumen, and support systems. The group currently employs approximately 700 pharmacists and 15,000 staff in total, operating across diverse South African communities. Its expansion into rural areas is supported by financial models designed to empower emerging entrepreneurs, especially those committed to clinical care and community impact.

He concluded with a call to young pharmacists and graduates to embrace entrepreneurship not just as a career pathway, but as a calling to improve access, equity, and quality of care. Independent pharmacy, he affirmed, is not only financially viable it is socially meaningful. With robust systems, committed mentorship, and the right partners, pharmacists can reclaim their place as trusted, visible, and transformative figures in their communities. His final message was simple but resonant: opportunity still exists.

Pharmacy is not only a profession of clinical precision, but of entrepreneurial courage. Through collaborative independence, pharmacists can build businesses that serve their patients and their dreams.

Dr Stavros Nicolaou (Group Senior Executive for Strategic Trade at Aspen Pharmacare Holdings): Address on industrial pharmacy, innovation, and professional empowerment

Dr Nicolaou delivered a moving and unscripted address that blended personal with a powerful vision for the pharmacy profession. Speaking with heartfelt conviction, he sought to reignite a sense of pride and purpose among young pharmacists, reminding them of the profession's global relevance, transformative potential, and the critical importance of personal agency in forging a meaningful career. Reflecting on his decision to choose pharmacy over medicine, he emphasised that pharmacy is not a fallback option but a high-impact vocation blending scientific rigour with patient-centred care. He recounted his pivotal role in negotiating the 2003 deal with Gilead Sciences to distribute Tenofovir, an antiretroviral that saved millions of lives, as an example of how pharmacists can drive change on a global scale. He challenged students and professionals to embrace the full power of their training, reject feelings of inferiority within the health system, and carve out their leadership roles. He offered a sweeping overview of industrial pharmacy's vast scope, portraying it as a \$1.8 trillion global enterprise, more than four times South Africa's GDP. He highlighted Aspen's global footprint across 150 countries and identified key career pathways in the sector: research and development (especially clinical trials and biologics), regulatory affairs, manufacturing, quality control, supply chain, sales and marketing, business development, and strategic trade. He underscored the critical contributions pharmacists make in producing advanced therapies such as monoclonal antibodies, biosimilars, radiopharmaceuticals, and CAR-T therapies, with South Africa now emerging as a global producer of insulin and other cutting-edge treatments. In light of these advancements, he urged pharmacists to assert their role in precision medicine and biopharmaceutical innovation and called on universities to align curricula with the fast-evolving demands of the global pharmaceutical industry.

Turning to the paradox of pharmacist unemployment in South Africa, despite global shortages, Dr Nicolaou addressed both systemic challenges and personal responsibility. He pointed to policy debates, such as the potential redirection of medical scheme tax rebates to fund public sector posts but warned against passive reliance on government interventions. Instead, he advocated for personal empowerment, urging pharmacists to take charge of their development through further study, specialisation, and entrepreneurial initiative. Whether pursuing MBAs, MScs, PhDs, or niche skills within the industry, he stressed that pharmacists must remain agile, passionate, and proactive to stay relevant in a competitive field. He emphasised that the profession is a platform for legacy-building through public health impact, from

HIV to COVID-19, his career has been shaped by a commitment to responding to national and global health crises. He closed with an emphatic call to action: "You are the master of your destiny. Don't wait for government or industry to open the door, kick it open, skill yourself up, and pursue your passion with purpose."

Ntombizodwa Luwaca (Chairperson of the Young Pharmacists' Group [YPG] of the Pharmaceutical Society of South Africa [PSSA]): "Indaba: The Real Issue Facing Young Pharmacists"

Ms Luwaca delivered a compelling presentation titled "*Yin'indaba – What's the Real Issue?*" Her address unpacked the structural challenges confronting young pharmacists and called for coordinated, system-wide reform to combat youth unemployment, enhance career preparedness, and secure the future of the pharmacy profession. She began by describing the arduous journey from graduation through internship and community service, highlighting how, despite completing both these rigorous requirements, unlike some other health professionals, young pharmacists are still expected to secure permanent posts without systemic support. Drawing on personal and peer experiences, she described how internship placements are highly competitive, with limited posts and no guaranteed absorption, making the post-community service phase especially precarious.

She presented findings from a national YPG unemployment survey conducted in February 2025, which revealed deep systemic barriers. Of the 216 pharmacist respondents (mostly PSSA members), over 120 had applied for over 10 jobs without success. These barriers included the recurring "experience paradox" where internship and community service are not recognised as valid work experience, frozen public sector posts due to budget constraints, hiring malpractices like nepotism and bias, inaccessible rural placements, outdated applicant tracking systems, and employer mistrust of early-career pharmacists. These challenges mirror broader trends in South African youth unemployment, which has increased from 36.8% in 2014 to 45.5% in 2024. She emphasised the value of professional networks such as the PSSA, encouraging young professionals to engage actively in mentorship, continuing professional development, and branch structures rather than waiting passively for opportunities. She raised critical policy questions, asking whether internship and community service are officially recognised as professional experience, whether pharmacy support personnel ratios are enforced, and whether universities and the SAPC are sufficiently aligned to support equitable graduate outcomes.

Further, she highlighted a major preparedness gap between academic training and workplace demands, noting her disorientation on her first day of internship as evidence of inconsistent implementation of experiential learning across institutions. She urged the SAPC and universities to rigorously enforce the provisions of Board Notice 477 of 2023 to standardise and improve work-integrated learning. While acknowledging strengths such as a robust four-year honours-level curriculum and increasing specialisation opportunities, she lamented the absence

of strategic career planning, limited funding for postgraduate study, and mentorship fatigue among seasoned professionals. Addressing the so-called rural reluctance, Ms Luwaca revealed that only 14% of survey respondents were unwilling to relocate, though real concerns around isolation, cultural or religious needs, and limited postgraduate access remain valid.

She concluded with a firm and urgent appeal: the pharmacy sector is producing well-qualified professionals but failing to absorb them. To prevent talent waste and ensure the profession's sustainability, she called for collaborative action across academia, regulators, employers, and policymakers. "Young pharmacists need jobs," she declared a deceptively simple statement that encapsulates a deeply complex issue requiring structural reform, transparent policy alignment, and sustained investment across the pharmacy ecosystem.

Mr Kevin Phehla (President of the South African Pharmaceutical Students Federation [SAPSF])

Mr Kevin Phehla (President of the South African Pharmaceutical Students Federation (SAPSF)), delivered a compelling address titled "A Student Perspective on Employment and Equity in Pharmacy", offering a candid and impassioned account of the challenges facing pharmacy students in South Africa. He raised concerns about the unequal treatment of young speakers at the Indaba, arguing that student voices must be afforded the same respect and consideration as senior professionals. This, he asserted, is essential for creating inclusive platforms that empower rather than marginalise those most affected by the sector's issues. Central to his address was the burden of financial exclusion, where he highlighted how many students are barred from graduating or securing employment due to unresolved university debt, often exceeding R300,000. He noted that some were forced into alternative BSc programmes due to capacity constraints in pharmacy schools, further compounding their financial challenges. He urged universities and funding bodies, including NSFAS, to urgently intervene by settling debts and releasing academic records to facilitate employment and future repayment.

He then turned to the issue of experience as a barrier to employment, critiquing its rigid use in private sector recruitment. Kevin questioned why 2–3 years of experience are required for entry-level posts when graduates have completed internships and community service. He proposed that private sector employers, embed formal training programmes into onboarding processes, allowing young pharmacists to gain experience while employed. He called on the Department of Health to increase pharmacy posts by adopting day and night shift models seen in other healthcare disciplines, and to extend pharmacists' presence across all hospital wards to both improve care and create jobs. He stressed the urgency of defined implementation timeframes rather than open-ended consultations. In a forward-looking appeal, he also advocated for early student engagement, urging professional bodies and employers to support pharmacy students from their

first year through mentorship, orientation, and exposure to career pathways to strengthen sector identity and improve retention.

He challenged universities to reflect on the low uptake of postgraduate studies, attributing this in part to insufficient stipends that pale in comparison to public and private sector salaries. He also criticised withholding qualifications due to unpaid fees, arguing that this only entrenches unemployment and delays economic contribution. In closing, he called for systemic change, insisting that symbolic sympathy is no longer enough. He urged all stakeholders, government, academia, professional bodies, and the private sector, to collaborate on structural, coordinated, and time-bound solutions to the crises of youth unemployment, financial exclusion, and systemic inequity. "We are not just asking for help," he concluded. "We are asking to participate in shaping our future, with dignity, accountability, and urgency."

Mr Tshifhiwa Rabali (PSSA President): Address on collective action and strategic workforce solutions

Mr Rabali reflected on the collective efforts that led to the inaugural Indaba, emphasising that the gathering was a direct response to the growing unemployment crisis among young pharmacists. Acknowledging the extensive collaboration with stakeholders, including academia, the private sector, SAPC, and the Department of Health, he affirmed that the PSSA was committed to leading from the front in finding sustainable solutions.

He contextualised the unemployment crisis as multi-layered, driven by budget constraints, limited public sector vacancies, and structural barriers such as unrealistic experience requirements for entry-level posts, inconsistent regulatory interpretation, and limited exposure to non-traditional sectors. He cited a recent job advertisement in rural Eastern Cape that received over 20 applications as evidence that young pharmacists were increasingly willing to work in underserved areas, challenging assumptions about geographic reluctance.

A critical point raised was the need to rethink attitudinal barriers and expand the professional imagination of young pharmacists. The PSSA committed to deepening its policy engagement, advocating for increased public sector employment, and proposing strategic interventions to align workforce supply with actual healthcare needs. He outlined a multi-pronged approach to workforce reform, including reviewing the outdated 2030 Human Resources for Health policy, aligning graduate output with job market realities, and reimagining pharmacist roles beyond traditional dispensing. This would involve strengthening specialist practice areas, supporting collaborative care models, and ensuring the full integration of mid-level workers. A key theme was "thinking outside the box," encouraging young pharmacists to consider entrepreneurial routes, such as community pharmacy ownership through franchise partnerships with groups like The Local Choice, and to push for expanded practice scopes aligned with global standards.

The PSSA also plans to intensify its efforts around ongoing professional development, mentorship, and collaborative policy

formulation. Importantly, Mr Rabali highlighted the urgent need to re-evaluate the accessibility and affordability of becoming a consultant pharmacist, with a commitment to engage the SAPC on cost-related barriers. The address concluded with a powerful call to action. The Indaba was not a one-time event, but the beginning of a sustained engagement process. Future phases will

build on the momentum generated, with the PSSA planning to track, convene, and advocate until tangible, inclusive workforce solutions are realised. In conclusion, he stated, "Being a spectator changes nothing. Leadership requires active engagement, integrated thinking, and repeated action. Let us not just shout, let us build."

Upholding Professional Integrity: PSSA Condemns Illegal Activities in Pharmacies

A recent investigative report by the television program *Vimba* on Moja Love channel 157, aired on Sunday, 23 March 2025, brought serious violations in certain pharmacies to light. The program revealed that some pharmacies illegally sell Schedule 4 and 5 medicines without prescriptions. Even more concerning, codeine-containing products are being sold to underage schoolchildren without the required documentation, as mandated by regulations. The Pharmaceutical Society of South Africa (PSSA) unequivocally condemns these unlawful practices and reaffirms its commitment to maintaining ethical and legal pharmacy operations.

These revelations have led to the unfortunate misconception that all pharmacists engage in such misconduct. PSSA strongly rejects this generalisation and underscores the fact that the overwhelming majority of pharmacists in South Africa uphold the highest standards of professionalism. They work diligently to ensure the safe and responsible use of medicines. The unethical actions of a few should not tarnish the integrity of the entire profession.

Pharmacists are trusted healthcare professionals, and any individual found participating in illegal dispensing practices must be held accountable. One of the fundamental objectives of the pharmacy sector is to promote and maintain the health and well-being of the South African public through ethical community pharmacy practice. The Good Pharmacy Practice (GPP) manual and associated SAPC regulations explicitly outline the professional responsibilities of pharmacists under the *Code of Conduct for Pharmacists and Other Registered Persons in Terms of the Pharmacy Act*. The principles state:

1.1 Well-Being of the Patient Principle: A pharmacist's primary concern in performing professional duties must be the well-being of both the patient and the broader public. In upholding this principle, pharmacists must consider:

- Ensuring that medicine therapy leads to appropriate therapeutic outcomes that contribute to patient health and quality of life.
- Adopting attitudes, behaviours, and ethical practices that prioritise patient welfare.
- Demonstrating knowledge, commitment, and professionalism in a manner that benefits both patients and the public.

The unethical activities exposed in the investigative report directly contradict these fundamental principles and the values we uphold in the pharmacy sector. These activities not only compromise patient safety but also erode public trust in the profession. PSSA urges all members of the pharmacy community to remain vigilant, refrain from engaging in unlawful activities, and actively protect the well-being of the communities they serve and report any unethical conduct to the South African Pharmacy Council (SAPC).

PSSA stands firmly in support of pharmacists who uphold professional standards and will continue advocating for the integrity of the profession. It is imperative that we collectively safeguard public health, uphold our ethical responsibilities, and ensure that pharmacy remains the trusted and credible cornerstone of healthcare excellence in South Africa.

The PSSA wants to remind pharmacists that they are competent healthcare professionals and are allowed to refuse to sell medication to patients where they feel that the medication is not in the best interest of patients. Pharmacists also have the right to refuse to dispense a prescription should they either feel that the prescription is not in the patient's best interest or that the prescription's authenticity cannot be verified.

If the pharmacist suspects that the patient is misusing or abusing the medication, they should refer the patient for potential substance abuse. The Department of Social Development (DSD) has a Substance Abuse Helpline that can be contacted on 0800 12 13 14. The DSD in partnership with the South African Depression and Anxiety Group (SADAG) has also launched a WhatsApp chatline specifically targeted at the youth. Ke Moja WhatsApp Chat Platform - 087 163 2025. The Ke Moja WhatsApp Chat Platform is available seven days a week, from 8am to 5pm, for a live chat with a counsellor.

The SAPC published an article in the October 2023 *Pharmaciae* on the pharmacists' role in the misuse of codeine-containing medicines that can be accessed here: <https://pharmaciae.org.za/medicine-misuse-codeine/>

If pharmacists become aware of colleagues that sell prescription medication without valid prescriptions, sell codeine-containing products for misuse or bulk sale of codeine-containing products,

they are requested to report these colleagues to the SAPC. The SAPC does have an online complaint form (<https://interns.pharma.mm3.co.za/LodgeComplaint>) and you can remain anonymous during the complaint process. Alternatively, you can email the SAPC at professionalconduct@sapc.za.org. The complaint must be comprehensive, containing all the relevant dates and facts and supported by relevant documentation and other evidence, where possible. The following information must at least be supplied in order for the SAPC to investigate:

- Complainant's name, contact telephone number and email address;
- Name of the person(s) against whom the complaint is lodged;
- Name of the pharmacy;
- Nature of the complaint;

- Date and time of the incident(s).

If these actions occur in non-SAPC-registered facilities or by persons not registered with the SAPC, the complaint must be lodged with SAHPRA and not the SAPC.

The PSSA has also assisted members before to lodge anonymous complaints with both the SAPC and SAHPRA if the member feels there is a risk to them in reporting.

Remember that the SAPC needs to follow a legal process whereby the complaint is investigated and the person against whom the complaint was lodged has the right to respond to the complaint and appear before a committee of their peers before a final ruling can be made. This process can take a few months, and therefore, the outcome will not be immediate.

The PSSA/Alpha Pharm distance learning programme 2025

The PSSA/Alpha Pharm distance learning programme continues to offer pharmacists useful, practical, up-to-date information that enables them to provide optimal pharmaceutical care to their patients.

Module 2, 2025 – Asthma management – an update for the pharmacist

The number of people living with asthma is increasing in many countries, including South Africa. According to the 2022 Global Asthma Report, South Africa remains one of the countries with the highest prevalence of childhood asthma in Africa.

Surveys indicate that most people with asthma, even those in developed countries and despite the availability of effective medicines, do not receive optimal care and are therefore not well controlled. Asthma management guidelines are important in managing asthma optimally.

- The Global Initiative for Asthma (GINA) was established to increase awareness about asthma, to improve management

of asthma, and to help prevent asthma. Every year GINA publishes a strategy report based on the latest medical evidence on asthma.

- The South African Thoracic Society first published a guideline for the management of asthma in 1992, which has been revised several times. The latest update is the 2021 position statement for the management of asthma in adults and adolescents. An update on the management of paediatric asthma in children 6–11 years was published in 2022.

This module provides an update on asthma prevention and management and incorporates the latest recommendations from the 2024 GINA report. Since global asthma management guidelines need to be adapted to the situation in any specific country, this module also provides an update on the suggested management of asthma in South Africa in adults, adolescents and children 6 to 11 years of age.

For more information about this programme, contact Gill or Glynis at Insight Medicine Information on 011 706 6939 or email: cpdalpharm@insightmed.co.za.

INDUSTRY PHARMACIST AVAILABLE

INDUSTRY PHARMACIST (semi retired) with 49 years of management and practical experience in all departments of manufacturing and packing of tablets, liquids, sterile, soft gels, medicinal cannabis, warehousing and distribution.

Available for contract, RP, consulting, locum positions in the Gauteng area.

Contact: Bernard Cross 0832882476

E Mail: cross.bernard@gmail.com

The PSSA/Alpha Pharm clinical education programme 2025 for pharmacy staff

The PSSA/Alpha Pharm pharmacy staff clinical education programme continues to offer front-shop assistants or pharmacists' assistants up-to-date information that enables them to provide optimal pharmaceutical care to their patients. All pharmacy staff need to be familiar with the use of unscheduled medicines and should be reminded of when it is necessary to refer the patient to the pharmacist.

Module 2, 2025 – Colds and flu

Colds and flu have similar symptoms, and it can sometimes be difficult to tell the difference between them based on symptoms alone. In general, symptoms of the common cold are milder than symptoms of flu and people with colds are more likely to have symptoms of a blocked or runny nose, while people with flu are more likely to have a fever and muscle aches and pains. Colds generally do not lead to serious health problems, while flu can result in complications such as pneumonia and even death.

Flu is relatively uncommon compared with the large number of cold- and flu-like illnesses that occur in the community, particularly during winter. Many customers presenting in the pharmacy will report having 'flu' when it is far more likely that the person has a cold. Nonetheless, it is important for front shop staff in the pharmacy to be able to identify the differences between colds and flu so that:

- People at high risk of complications from flu are referred to the doctor
- Appropriate treatment may be recommended for symptom relief

This Module reviews the causes, symptoms, prevention, and treatment of colds and flu, paying careful attention to what the front shop staff member in the pharmacy needs to know before helping a customer select an appropriate treatment, if indicated.

If you would like to participate in the PSSA/Alpha Pharm pharmacy staff clinical education programme, please contact Gill or Glynis for further information on 011 706 6939 or email: cpdalpharm@insightmed.co.za.