



## The pharmacist internship crisis is a public health concern

South Africa continues to operate well below international benchmarks for pharmacist-to-population ratios, with significantly fewer pharmacists per 100 000 people than comparable middle-income countries.<sup>1</sup> In a health system already facing medicine shortages, rising antimicrobial resistance, and increasing service pressures, every pharmacist in the system matters. Against this backdrop, the growing shortage of pharmacist internship posts for 2026 is more than an administrative challenge. It signals a systemic risk to medicine supply, pharmaceutical governance, and patient care. The Pharmaceutical Society of South Africa (PSSA) therefore raises this matter not merely as a professional concern but as a public health priority.

An internship is a legally required step before a pharmacy graduate may register as a practising pharmacist, a mandated bridge between qualification and professional practice. Without it, a Bachelor of Pharmacy degree remains academic. Graduates cannot practise, serve patients, or proceed to community service. The pharmacist workforce pipeline, from student to intern, from intern to community service pharmacist, and ultimately to independent practitioner, must function as an uninterrupted continuum. When one segment fails, the consequences echo through the entire system. Interrupting internships today creates workforce gaps tomorrow.

In several provinces, particularly KwaZulu-Natal and Mpumalanga, pharmacist internship posts were delayed, reduced, or not advertised initially due to funding constraints. While some provinces have largely completed appointments, uncertainty in others has left a significant number of qualified graduates in limbo. In KwaZulu-Natal, an initial decision not to advertise pharmacist internship posts was reconsidered following engagement; however, the number of posts was significantly reduced, leaving over 100 graduates without placements. Private-sector opportunities, which have historically served as a safety net for training capacity, appear more constrained this year, further narrowing options for affected graduates.

Pharmacy has long demonstrated flexibility by allowing internships in the private sector, including industry. While this flexibility has supported training continuity and health system resilience, it is increasingly being interpreted as a substitute for creating funded public-sector pharmacist posts. This trend is deeply concerning. When funded posts are not created and responsibility is implicitly shifted away from coordinated state workforce planning towards

market absorption, professional trust is eroded and the pharmacist training pipeline is destabilised, leaving graduates in a precarious position and weakening long-term public-sector pharmaceutical capacity.

Moreover, there is no standardised national allocation system for pharmacy internships. Processes vary by province, leading to uneven outcomes and communication gaps. The Internship and Community Service Programme (ICSP) platform, which facilitates the allocation of internship and community service posts for health professionals within the framework of the Health Professions Act, should be utilised to support the allocation of pharmacists' interns and recognise their training under the Pharmacy Act. Although pharmacy requires the completion of a statutory internship prior to community service, integrating pharmacy internship allocation into the ICSP platform could enhance transparency, equity, and coherence in human resources planning for health.

While this is going on, the PSSA engaged extensively with stakeholders, including the South African Pharmacy Council (SAPC), the National Department of Health (NDoH), Provincial Departments of Health, universities, private hospital groups, industry stakeholders, and professional networks. These engagements included formal submissions, direct negotiations, and urgent advocacy to reconsider decisions and expand posts where possible. While the efforts and outcome were not sufficient to absorb all graduates, they demonstrated that dialogue does produce movement. Workforce funding decisions are complex and compete with multiple urgent health priorities.

This episode underscores a broader and more persistent challenge, the lack of coordinated, evidence-based, long-term pharmacy workforce modelling. Moreover, there is no standardised national allocation system for pharmacy internships. Processes vary by province, leading to uneven outcomes and communication gaps. The Internship and Community Service Programme (ICSP) platform, already used for medical graduates, could be extended to pharmacy to enhance transparency, equity, and planning coherence. Standardisation would not eliminate funding constraints, but it would significantly improve coordination and predictability.

The PSSA, in response, has advanced a national Pharmacy Human Resources for Health (HRH) Project. The initiative aligns with the National HRH Strategy 2030 and seeks to ensure the optimal development, deployment, and recognition of the pharmaceutical

workforce and to align graduate output, funded posts, service delivery needs, and future reforms. Its strategic focus includes:

- Workforce planning and provincial distribution
- Evaluation and optimisation of community service
- Recognition of specialist pharmacist roles
- Integration of pharmacists in multidisciplinary care teams
- Formal inclusion of mid-level pharmacy personnel
- Evidence-based advocacy and interprofessional visibility

The HRH Project is a modelled workforce plan that will address pharmacist unemployment and underutilisation and calls for structured collaboration with government, academia, regulators, and private-sector employers. It will also enable all these partners to anticipate capacity gaps, secure appropriate funding allocations, and prevent recurring disruptions in the professional continuum. The objective is to move from reactive crisis management to proactive system design.

This moment calls for unified, responsible engagement with pharmacists being prioritised in health workforce planning and budgeting processes. It must not fracture the profession but incite it to action. Ensuring the availability of funded internship and community service posts is foundational to medicine access and patient safety. The cost of underinvestment today will be

borne by the health system tomorrow. Training capacity is a shared responsibility, and where feasible, expanding accredited internship sites, pharmacists' willingness to train interns, investing in tutor development, and participating in coordinated workforce planning are investments in system stability. Collaboration on data-sharing, workforce dashboards, and curriculum alignment is essential to prevent recurring mismatches between graduate production and absorption capacity.

South Africa cannot afford instability in its pharmacist training continuum. Protecting internship posts is not merely about professional progression. It is about safeguarding the safety of medicines, promoting rational medicine use, and delivering patient-centred care across the country. The 2026 internship crisis should be a turning point, moving from fragmented planning to coordinated strategy, from reactive allocation to proactive modelling, and from perceived silence to structured solidarity. The PSSA will continue to stand with our interns, not only in words, but in sustained, evidence-based action.

### Reference

1. <https://www.fip.org/file/6343>

## PSSA/INSIGHT CPD programme

### Module 1: Hypertension – an update

*The first PSSA/INSIGHT Continuing Education (CE) module for 2026 on Hypertension is now available online. If you have not yet enrolled in this year's CE Programme, then now is the time to do so.*

Hypertension is the most prevalent cardiovascular disorder in the world, yet most patients with hypertension do not have their blood pressure under control.

This module on hypertension is important as it outlines the current approach to the diagnosis and management of hypertension in the context of various diverging regional and international hypertension management guidelines.

The module will guide you through accurate blood pressure measurement for screening and monitoring, highlight the risk factors for primary hypertension, and reinforce hypertension staging, treatment targets and overall management.

As one of the most accessible healthcare professionals, pharmacists play a critical role in the prevention, early detection and ongoing management of hypertension. Strengthening your knowledge in this area will enable you to make a meaningful contribution to

improved blood pressure control and reduced cardiovascular risk within the communities you serve.

### Module 1: High blood pressure

The first 2026 PSSA/INSIGHT Clinical Continuing Education (CE) module for Pharmacy Staff on High Blood Pressure is now available. If you have not yet enrolled your pharmacy staff in this year's CE Programme, then now is the time to do so.

High blood pressure is the most common cardiovascular disorder in the world and a major risk factor for heart attack, stroke and chronic kidney disease. It is often called the 'silent killer' because it usually causes no symptoms. In fact, 44 % of adults with high blood pressure are not aware that they have the disorder.

Community pharmacies can help reduce the number of people living with high blood pressure by offering blood pressure screening and monitoring services, by encouraging lifestyle changes and by ensuring that patients take their medication as prescribed.

This module explores high blood pressure, including its causes, risk factors and management. It is aligned with the pharmacist's

hypertension module, enabling all pharmacy team members to engage confidently and professionally with patients and customers, and to contribute meaningfully to reducing the burden of high blood pressure within their communities.

### **Registration for the 2026 PSSA/INSIGHT CE Programme is now fully online**

Simply visit [www.insightcpd.co.za](http://www.insightcpd.co.za) and under Registration select:

- Previously enrolled participants – for those renewing for 2026
- OR
- New participants – for those enrolling in the Programme for the first time

*For more information or any registration queries, please contact our CPD Manager:*

*Glynis van der Watt*

*Tel: 011 706 6939*

*Cell: 083 601 4567*

*Email: [glynisv@insightmed.co.za](mailto:glynisv@insightmed.co.za)*