



Forum

South African Association of Community Pharmacists

SEE-SAW – what was, what is and what will be

Nhlanhla G Mafarafara

President, SAAHIP

I often refer to John Maxwell's famous quote, "everything rises and falls on leadership," because I believe it is a timeless principle that every organisation that's about sustainability, growth and impact ought to embrace. The practice of pharmacy is built on ideals of our past leaders, embraced by those of the current generation who will pass the legacy to the next generation. Every generation of leaders writes the past for the next generation. It is up to the leaders at any given moment to ensure that the next generation does not suffer. This three-generation view is a statement of responsibility and accountability that has been passed from different leaders through time and shall continue to be so. I want to highlight four pivotal issues that, in my view, will necessitate collaborative leadership efforts.

Unemployment

Just over a decade ago, a pharmacy student would graduate and have three to four internship opportunities and go on to complete community service that concludes with multiple offers. Never in my life did I imagine that a pharmacist would struggle to find employment. Recently, graduates in different fields of health struggle to find entry level jobs. The impact is dire. And this story needs to change for the better. Several countries struggle with this challenge.

Harmonisation of Pharmaceutical Services

South Africa's healthcare system grapples with many challenges that have been almost the same since years past. From shortage of pharmacists to shortage of medicines, poor infrastructure to different practice systems in all provinces and different applications of practice models. Every province has its own unique challenges, but there remain certain pockets that could potentially be made uniform in some way. For example, reengineering of primary healthcare is a government policy initiative that seeks to improve systems and practice in the delivery of healthcare services in PHC, however the country is still far from reaching its objective in this area.

Some provinces have district pharmacists tasked with the governance of the systems at district level, some have sub-district and cluster PHC pharmacists who manage quality systems, distribution of medicines, monitor compliance with standards, implement patient safety systems and dispensing of medicines, while other provinces do not. Other provinces have invested heavily in hospital pharmacy governance by employing managers and supervisors according to level of care, while in some areas, the pace is slow.

It is important to note that in the area where there is high patient volumes, open dispensing and consumption of information, there is a need to invest, as a country, in the placement of highly skilled pharmacists across all the pharmacy practice areas to ensure safe and effective use of medicines, patient safety and up-beat implementation of policies.



Nhlanhla G Mafarafara

Application of Basel Statement

The Basel Statements were created in 2008 and revised in 2014 and reflect the vision of Hospital Pharmacy practice. The Basel Statements are used to improve Hospital Pharmacy practice around the world using the Basel Statement Assessment tool and provides a set of policy directions for the future of hospital pharmacy to remain relevant as ideal standards in all World Health Organization (WHO) regions. These statements cover seven best practice areas: procurement, influence on prescribing, preparation and delivery, administration, monitoring of medicines use, human resource training and development, and some overarching and governance statements. The Basel Statements have been used worldwide and offer valuable insights into safe systems in pharmacy. Hospital pharmacists can access the Basel-statement self-assessment tool on the FIP website (<https://www.fip.org/basel-statements>).

The realisation of these ideals requires effort, financial resources, time, and commitment from different stakeholders. South Africa has the potential to set a benchmark in the African region by making advancements in this domain, given the resources available. The Basel Statements were last updated in Bangkok in 2014.

Patient Centred care

The world is moving from a disease centred care to patient centred care. Among the many lessons that were delivered during the FIP World Congress in Brisbane, patient centred care is one that fits this topic currently (see Figure 1 below). It is suggested that systems and plans move towards patient centred care.

The next steps

There is more work to be done. In the next few months, SAAHIP will embark on internal work to realign our strategies with current

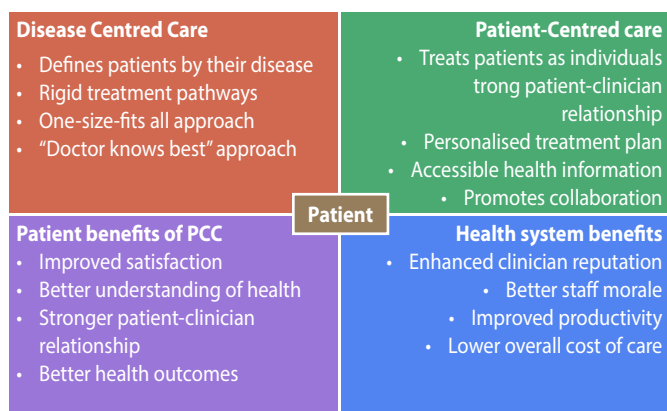


Figure 1: Patient Centred Care¹

Susan Cheng. 2023. Designing patient centered digital models of care. Presented during the FIP World Congress, Brisbane (23 September 2023)

demands. Hospital pharmacy remains a critical component in the delivery of healthcare with the bulk of patients passing through the hands of a hospital pharmacist every working minute. Our efforts should embody the desired holistic improvement of the systems that deliver the service, the service delivery pathways, the personnel who deliver the service and the patient. The shortage of personnel, inequalities in the system and non-application of scientific evidence guiding planning, resources allocation and delivery of care is evident when looking at time movement and see stagnancy over events.

Over and above, pharmacists should make themselves available to lead in designing the system they desire to operate in. There is a need to strengthen collaboration, inter-stakeholder/shared valued communication and systems redesign and synchronised movement. The solutions we desire will not come when we call, they will come when pharmacists take the burden of conceiving, growing and birthing the innovation they desire, jointly.