

# Pharmacy Education in South Africa

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## PHARMACY

SHAPING THE FUTURE



# Disclaimer

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# Outline

**Background**

**Definitions**

**South African landscape**

**Roles and responsibilities**

**Specializations**

**Undergraduate and postgraduate studies**

**Final thoughts**



# **Do We Need Pharmacists and Pharmacy Support Personnel?**

**YES?**

**Do we need same skills for all?**

**Where do we need pharmacists?**

**Where and how can we use technicians and assistants?**

**Do we need specialization?**

**Which specialization?**

**Undergraduate level**

**Postgraduate level**



# Changing Role of Pharmacist

## Originally

Science and art of preparation, storage and advice and sale of medicinal agents,

## Now includes

Community health counselor on aspects lifestyle and lifestyle management

Link between manufacturer, doctor, patient and community

Business, financial and cultural acumen

**DO WE HAVE A COMMON UNDERSTANDING?**

# ONE DEGREE – MANY CAREERS



# Education vs Training

**EDUCATION** is the act or process of imparting or acquiring general knowledge, developing the powers of reasoning and judgment, and generally of preparing oneself or others intellectually for mature life.

OR

the act or process of acquiring particular knowledge, as for a profession.

Source: Dictionary.com

# Education vs Training

**TRAINING** is the process of being conditioned or taught to do something, or is the process of learning and being conditioned.

OR

The activity of imparting and acquiring skills.

Source: Dictionary.com



# South African Landscape

**University committees**

**CHE and DoHET**

**PQM**

**SAQA**

**NQsF**

**DoH**

**QCTO**

**SAPC**



# South African Landscape

**Pharmacy support personnel**

**Basic/ post basic assistant**

**Private providers**

**Technician**

**HE and QCTO**

**Bachelor of Pharmacy**

**4 year + internship + community service**

**Public HET**

**Funding model – subsidy driven**



# Revised Curriculum

**SAPC - minimum content**

**Whole qualification (not unit standards)**

**Requires a generalist (necessary)**

**Patient focused (clinical)**

**Management**

**Supervisory**

**Production and regulatory**

**Move away from dispensary and technical functions**

**Cognitive, consultative and information driven**

# Curriculum Changes

**Integration**

**Focus on PHC, service and patient**

**Communication**

**Financial skills**

**People skills, cultural understanding**

**Pathophysiology, pathology and epidemiology**

**Problem solving**

**Limited specialization (elective courses)**

**Still generalist (necessary)**

# Teaching and Learning Approaches

Lectures

Tutorials

Practicals / laboratories / role plays

Small group work

E-learning

Self-learning and assessment

Presentations – oral and/or written

Experiential/ service / work integrated learning

“Hidden curriculum”

# **Post Graduate Education**

**Specialization**

**Next generation academics**

**Academic interns**

**Opportunity for applied research**

**Collaboration**

**Inform and develop policy where appropriate**

**Fulfill specialized roles in Health Care**

**Find real solutions**



# Way Forward

**Diversity in profession and higher education**

**Valuable and attractive**

**Perceived inequity in status**

**Lack of cohesion of profession**

**Need for “one voice”**

**We are all PHARMACISTS**

**Establish a common goal**



# Plan of Action

**Short-, medium- and long-term plans**

**Curriculum evolves faster than regulation**

**Address the many needs to ensure provision of pharmaceutical services**

**Team work (within) is necessary to re-establish respect for the profession**

**Inter-professional respect will be derived if we can show or add value**

**Establish common understanding of what our role is!**





# Current Projects

**Role of internship and intern**

**Preregistration examination and CPD**

**Role of tutor**

**Competence standards**

**Degree structure and content**

**Pharmacy support personnel qualifications**

**Accreditation of providers**

**Relevant instrument for reliability, validity and quality of process**

**Good Pharmacy Education Standards**

# Challenges for Pharmacy Education

**Change of focus to clinical practice**

**Curriculum**

**Perceived need for specializations**

**School leaving certificate**

**Global shortage of pharmacists**

**Global initiatives**

**Mobility of pharmacists**



# Challenges for Pharmacy Education

**Balancing content – science versus practice  
Time**

**Replacing experienced academic staff**

**Academic salaries**

**Tension (perceived or real) between regulator and  
universities (autonomy and academic freedom)**

**#feesmustfall and decolonization of curriculum  
and institutions**



# Final Thoughts

**Constant change in Pharmacy**

**No different in all spheres of profession**

**Creative out the box solutions**

**Create new confidence in profession**

**Education rather than skills development at  
University**

**Partnerships**

**Need to be proactive rather than reactive**

**Need the profession to be cohesive**

**Future seems dire but opportunities abound**

**Thank you**

