

Rural community service pharmacists – things you should know

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Abstract

Community service is a compulsory 12 months placement programme that pharmacists are required to perform after completing their internship. The programme is a legal requirement set by the South African Pharmacy Council (SAPC) to enable one to register as a pharmacist under section 14A of the Pharmacy Act, 53 of 1974. Community service placements assist the government in getting services to the rural and previously disadvantaged communities. In 1998 doctors were the first healthcare professionals who were legally obligated to perform community service. This led the way for professions such as dentistry, pharmacy, allied health services and nursing to also be legally obligated to perform community service. Today pharmacist interns must apply online for community service posts. However, not everyone gets placed at their desired institution or place of choice. Applicants can either be placed in rural or urban healthcare facilities. In my opinion, pharmacists placed in rural areas experience greater professional growth and witness increased opportunities for creating a legacy.

Keywords: rural, community service, universal health coverage

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Introduction

Community service is a compulsory 12 months placement programme that pharmacists are required to perform after completing their internship.¹ This is a legal requirement that is applied by the South African Pharmacy Council (SAPC) to enable one to register as a pharmacist, as per section 14A of the Pharmacy Act, 53 of 1974.² The pharmacy community service placement is part of the government strategy to improve the healthcare services in disadvantaged communities, specifically South Africa.³ Significance of the community service placements in middle-income countries like South Africa can be gauged from the significant gap in the ratio of pharmacists per 100 000 public sector-dependent population.⁴ Community service was first carried out by doctors in 1998.¹ Thereafter other healthcare professionals such as dentists, pharmacists, allied healthcare professionals, and nurses were also legally obligated to perform community service.¹ At present enrolment of pharmacists into community service posts takes place via an online application process. Although individuals are provided the freedom to select their desired institution or place of choice, final placement is not always the initial choices made by the pharmacists.

Most of the time placements involve relocation away from family, urban life and his/her comfort zone. Some applicants are placed in rural towns and communities of South Africa, to work as community service pharmacists. However, most often pharmacists have been reluctant to execute their community service in rural areas owing to the horrendous picture of rural life that has been painted by the media over the years. Furthermore, stories promoting service delivery protests, poor infrastructure of government facilities and increasing crime statistics fuel this reluctance. Given the current scenario encompassing the pharmacy community, I believe that there exists an urgent need to redefine the pharmacy community service year. Instead of considering it as compulsory, one must perceive it as an

opportunity to improve services for needy communities. South Africa has a quadruple burden of disease and has been experiencing significant shortages of healthcare workers in rural areas.⁵ Placement of community service pharmacists in rural areas is aimed at improving the healthcare services of the needy communities.

Working in rural areas

Working for the rural community is more than just doing an eight-hour job. It gives one the opportunity to benefit the non-privileged by making a significant difference to the well-being of rural people. Given the experience I had as a rural community service pharmacist in 2018, I could claim that with noble intent one can make the best possible use of the limited resources that are available in the rural setting.

The majority of the patients we served belonged to the disadvantaged communities, and were subjected to the miseries encompassing the socioeconomic factors such as crime, poverty and unemployment. To collect the chronic medicines from our facility, such people either travelled long distances or had to wait for the South African Social Security Agency (SASSA) social grant days, in order to have transport money. I was thus well aware of the fact from day one that complaining about limited resources and self-pity was not going to solve anything. My colleagues and I worked very hard to make sure that we improved our pharmacy and medicine procurement systems. We wanted to make sure that our patients had access to the best standards of pharmaceutical service, despite being in the deep rural areas. While ensuring the same, we had to make sure that the facility always had enough essential medicines, so that waiting times could be minimised.

At the back of my mind, I knew that some of these patients either used their last money or had travelled long distances in order to reach the hospital. Thus, refusing them, owing to availability

concerns, was not even an option to be considered. We did, however, experience a lot of procurement delays and stock-outs from our medical depot but that never stopped us from ensuring that our patients always received their essential medicines. Our pharmacy had a good relationship with the nearby health facilities, and to ensure availability of the medicines we often borrowed from each other. However, at times, we would have to approach health facilities outside our district or province to borrow medicines.

The only purpose for collaborations with the nearby health facilities was to prioritise medicine availability. We did not want patients who had had to struggle to reach the hospital to end up with an out of stock note from the pharmacy. In some instances I would even use my car to make special orders at the medical depot when the hospital vehicles were overbooked. This experience not only helped me grow as an individual but also aided in looking at life from a different perspective.

In rural areas, you are not just a staff member. The rural community ushers you in with a warm welcome which automatically fills your heart with compassion and love for them. With passing time you tend to establish a close relationship with the people. The majority of the chronic patients who visited our pharmacy knew my name. From an organisational point of view, a rural community service pharmacist assists the government in expanding universal health coverage to the rural communities as well. Rural community service pharmacists are thus vital in our country, especially now when the government is in the process of transforming health care by introducing the National Health Insurance (NHI).

Personal growth

During the internship year, pharmacist interns are trained in "grade A" pharmacies with the best resources and facilities. This allows the newly graduated intern to get the best training, skills and knowledge. The entire internship journey is never lonely, it consists of continuous support from a dedicated tutor and a pharmacy team. On the contrary, the situational environment during community service completely differs from that of the internship phase. While working as a community service pharmacist one may not have access to high-end pharmacies with adequate resources that they experienced during their internship.

In community service, the pharmacists are often required to work with limited availability of staff and may even have to take up the role of a responsible pharmacist (RP). Under such circumstances community service pharmacists are expected to take management roles that require them to deal with disciplinary issues and financial management. These are some of the skills that one may not acquire while working in pharmacies located in urban areas, as such pharmacies have dedicated people for such tasks.

I experienced most of this in my one-year tenure working as a rural community service pharmacist. I was placed in a "grade C" pharmacy, which had only one pharmacist recently employed in the hospital. The hospital had pharmacist retention challenges. I automatically became second in charge and had to assist the RP with managing the pharmacy and supervising the pharmacist's assistants. I felt that it was a good experience for me, as I had an opportunity to also experience the management side of pharmacy.

I had to represent the pharmacy at hospital management forums and also assisted in managing pharmacy disciplinary processes.

Working in rural areas teaches independence and boosts the ability to think outside the box. You learn to create operational processes and make an impact with limited resources. I recommend that pharmacist interns are also exposed to the management side of the pharmacy. It must be compulsory for pharmacist interns to do one of the continuous professional development (CPD) competency standards that have management aspects. I experienced the importance of this learning during my community service year. There were times where I had to deal with human resources, unions and labour issues.

In my community service, I had to leave the city life and work in one of the poverty-stricken rural areas of South Africa. Living away from home taught me independence and to live life with access to limited resources. Thus I believe rural community service plays a significant role in the development of an independent individual for the future.

Legacy

Completing community service in rural areas goes beyond performing pharmaceutical services. It also gives one an opportunity to engage in policy reforms, infrastructure and service delivery. The experience in this one year community service depends on one's willingness to learn and develop new skills. It can either be a year of hardship, upheaval and regret or in contrast be an experience that adds to personal satisfaction. It always gives me joy to see the incoming community service pharmacists taking the baton and using the systems that we have implemented to make a difference. There is a lot to be done but I surely know that things are much better compared to the day I arrived to work as a community service pharmacist. I don't have any regrets of accepting my community service placement in a rural hospital.

The work that we did to improve the pharmacy also created a sense of gratitude towards the community. If you do well, people will notice and remember you for your good deeds.

Conclusion

Community service by pharmacists is critical in addressing the healthcare inequalities between the rural and urban communities.³ In a country like South Africa that is in the process of moving towards universal health coverage, community service pharmacists have an enormous role to play as the National Health Insurance is dawning in South Africa.

There is a need to redefine the community service year. Serving as a community service pharmacist in the rural areas indeed provides a lot of opportunities for professional growth and for leaving a professional legacy.

Conflict of interest

I declare that there is no conflict of interest in this manuscript submitted to the South African Pharmaceutical Journal.

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