



President's Message

Pharmacy crossing the Rubicon

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Rubicon refers to a point of no return, going back to Julius Caesar when he crossed the Rubicon river with his army and started a civil war in 50 BCE. Should he have decided to turn back after he crossed the Rubicon river, the decision would have been null and void, as crossing the river set reactions and consequences in motion that could not be reversed.

To my mind, pharmacy has passed a number of Rubicons over the past few years, such as the introduction of minimum standards in pharmacy practice and the introduction of qualified pharmacy support personnel. Some colleagues saw these as challenges or even as threats to the pharmacist, whilst others embraced it as a means to improve service delivery to patients.

Another Rubicon looming on the horizon is certainly the mechanisation of stockholding and dispensing units. Again, some of us are sceptical or downright scared of the looming change.

Does this mean the pharmacist has become redundant, will the dispensing unit replace many pharmacist positions in the workplace? More relevant to our theme, has the "Secundum Artem" of our profession also become redundant?

Secundum Artem means "according to the art". In pharmacy, it is often referred to as the compounding of medicine for the complex patient with a specific need, using the pharmacist's special skill and judgement. (Kobus le Roux, Past President of CPS)

We have long since passed the time where compounding is done for every individual patient, as part of everyday practice, although this art is still practised by a small number of "compounding pharmacists".

As for the position of the pharmacist, I can say with certainty that no pharmacist should lose their position due to mechanisation of community or hospital pharmacy, unless they are themselves guilty of making their skill set redundant. What I'm trying to bring home is that by not keeping abreast of the latest developments in our field of practice, our skill set may well become outdated! Therefore, do not treat CPD like the enemy, but make it your friend!

Many pharmacists who have installed dispensing units in their pharmacies, reported that due to the fact that they have much more time to properly consult with patients, their pharmacies have become much busier and they actually require more pharmacists! How many of us have taken up the challenge to obtain a Primary Care Drug Therapy

(PCDT) qualification or immunisation and who intends to do the Pharmacist Initiated Management of Anti-Retroviral Therapy (PIMART) qualification? These are skills that will make any pharmacist a great asset for employers and patients.

Is the "Secundum Artem" segment of our profession dead because we no longer compound for the individual? Certainly not! Who is better qualified to work out correct treatment regimens for the "difficult" patient who has multiple comorbidities and who can best determine the relevance of possible contraindications, drug-drug interactions, drug-food interactions and drug-disease interactions than the pharmacist? This function must be performed by the pharmacist in public sector pharmacies, corporate pharmacies and in privately owned pharmacies, irrespective of who the owner is. Patients need to be listened to, their fears must be heard and addressed, and they must be advised! I dare say that the better this is done, the busier the pharmacy will be!

Pharmacists need to be part of the decision-making team when it comes to developing a treatment plan for patients, together with the doctor, nursing staff and auxiliary health personnel. Why are pharmacists still afraid to engage with the rest of the health team? I see some very young pharmacists taking up this role with aplomb and they are accepted by the rest of the health team without question.

This is the new "Secundum Artem" for pharmacy! Are we ready to practise "according to the art"?

Another Rubicon we have to cross is Universal Health Access. As I have mentioned on many occasions: We (as a profession) can either determine the role of the pharmacist in Universal Health Access or allow someone else to do so.

Universal Health Access is not going to disappear like the last two health ministers did; it is here to stay. We can close our eyes and ignore it, or we can shape its format to best suit us. Many of us saw the COVID-19 pandemic as the ideal platform for the National Department of Health (NDoH) to prove to us that the country's health sector has turned the tide with regards to fraud and corruption. What a rude awakening we had!

Admittedly I was (and I still am) outspoken about the challenges Government will face to get buy-in for Universal Health Access from healthcare professionals, subsequent to the spectacular failure to

control COVID-19 funding (I refer to the "Message from the President; SAPJ October 2020 – To trust or not to trust"), but our concerns will not stem the tide of the incoming Universal Health Access. We need to work with Government to develop a system that will ensure equitable access, good governance, fair reward for services rendered and finally to ensure that private enterprise can still flourish.

How we do this is in your hands! You can inform the leadership of the profession and of the country of what you would like to see, how you see it work, what would be acceptable and what not, etc. But if you do not act and if you do not interact with your representatives on the

different fora, the system will be developed without your input.

The Rubicon is upon us!

The choice is yours!

I wish all our colleagues a restful and invigorating festive season, may you enjoy a happy festive season, with love, health, and peace in abundance.

To those who observe Christmas, may you experience God's love and blessing in abundance this Christmas.