A Piece of my Mind

Woes of life

We could talk about woes in general, such as trying to meet deadlines when millions of things interrupt. No. That would be too depressing so let's talk about CPD woes instead.

I have a confession to make. I've already told the pharmacists in George, so I may as well tell you too. You know that I support the SAPC CPD system completely. I should, I was one of those fortunate enough to explore it long before it became a reality. But I have great difficulties with one part. I cannot stand doing the annual declaration. I know why it's there. How can I plan my CPD activities if I haven't defined what I do? That's not a problem. And I know my name, address and phone number – I learned those when I was five years old.

The first problem arises when I need to state what my primary area of practice is. The choices given are academic institution, clinical trials and research, community pharmacy, consultant pharmacy, institutional private, institutional public, managed care, manufacturing pharmacy, NGOs, statutory council or wholesale pharmacy. Actually, none of those. And if I don't choose one, I can't go any further. So I lie. Sort of. I say I'm a consultant pharmacist. (I am, too. You phone me and write to me often enough asking for information and advice. Isn't that a consultation?)

I manage to reach step 6 – practice profile questions. Easy peasy (lemon squeezy). Of the 18 options, I reply "I spend some of my time doing this" to five questions. The ones that apply to my job are furnishing information and advice to any person with regard to the use of medicine, the promotion of public health, management and administration, providing information and education relating to medicine, and training and human resource development. There's a lot more involved in my job, but at least some of the practice profile questions apply to me. Sort of. So this is what I submit.

Step 7 lists the competence standards relevant to my job. Or should. The ones it lists are the ability to:

1. organise and control the manufacturing, compounding and packaging of pharmaceutical products
2. organise the procurement, storage and distribution of pharmaceutical materials and products
3. dispense and ensure the optimal use of medicines prescribed to the patient
4. provide pharmacist initiated care to the patient and ensure the optimal use of medicine
5. provide information and education on health care and medicine
6. promote community health and provide related information and advice
7. participate in the registration of medicine and research to ensure the optimal use of medicines
8. facilitate the development of pharmaceutical personnel
9. practise pharmacy professionally and ethically
10. manage the pharmacy/pharmaceutical service

Do I really need to be able to perform standards 1, 2, 3, 4, 7, 8 and 10? I've already said that I'm not involved in patient care, and I promise that I'm not involved in manufacturing or wholesale either. So why give me this motley group of standards? Only three are relevant to my work!

If I go back, and take out training and human resource development (which is what I do when I come to speak to you about topics such as CPD), I'm left with standards 5, 6, 7, 8, 9 and 10.

Okay. That's better but I don't participate in the registration of medicine or manage a pharmaceutical service! So back to the drawing board. Aha, I can lose them if I drop "provide information and education on health care and medicine" and "management and administration".

The problem then is that I also lose "facilitate the development of pharmaceutical personnel". Which is what I do with presentations and articles. So two competence standards remain – provide information and education on health care and medicine and promote community health and provide related information and advice. I guess that's what I do. Some of my time.

The reality though is that I have a very rich and fulfilling career in pharmacy that doesn't involve the type of things mentioned in the competence standards. Luckily because of my involvement in two of the standards, I am deemed to be a practising pharmacist. And so I should be. And I can now record my CPD activities again. But I reserve my right, when friends and family ask my advice, to suggest that they should go and ask a “real” pharmacist!

Who is at the crossroads?

May I respectfully (almost) disagree with our newly elected president? He says that pharmacy has been at the crossroads for a very long time.

I almost disagree because I believe that in many ways the profession's path is relatively clearly defined. Yes, there are still things that need to be agreed on and decided and changed, but in the main, the need for pharmaceutical services has never been disputed. What is in dispute is how some pharmacists fit into the picture. Sometimes it appears that legislators put obstacles in their way making it difficult, or impossible, for all pharmacists to contribute to pharmaceutical care.

So in my opinion, I think that it's pharmacists who are at the crossroads, not pharmacy. And the crossroads involve individual as well as group decision making. Ivan Kotzé disagrees that it is a crossroads. He says it's more like a traffic circle, where we go round and round and don't make a decision about which way to go. Either way, we must make decisions about our direction in life.

So I ask, how are you going to position yourself so that you belong in the picture? Is it a case of adapt or die? What are you doing to secure your place in pharmacy? Please let me know.

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