The South African Association of Community Pharmacists (SAACP) embarked on a strategic review exercise towards the second half of 2014. One of the first priorities was to change the name of the Association from the Community Pharmacist Sector to its current name, as a ‘means to an end’. This was successfully done during the Association’s Annual General Meeting held in May 2015.

However, changing a name will in itself not bring about the necessary changes required to ensure that SAACP plays a meaningful role in “shaping the future of community pharmacists in South Africa”. A well-known management principle is that “structure follows supports strategy”. Before any structural changes to, for example, the composition of the National Executive Committee (NEC) and/or the office of SAACP is therefore considered, SAACP needs to reach consensus on its strategies and the space it would like to occupy as a sector within the Pharmaceutical Society of South Africa (PSSA).

During a recent survey regarding the activities and functioning of branches established in terms of the constitution of SAACP, it became apparent that of the 13 (thirteen) nominal SAACP branches:
• Only two branches have their own constitutions;
• Only three branches still have some sort of “independence” with own branch committees, supported by the required financial means to have their own separate meetings.

Most SAACP branches, which existed prior to the coming into being of the Sectors of PSSA in 2001, are currently incorporated into the local PSSA branches with some activity on community pharmacy matters as part of the PSSA branch committee meetings. Communication between SAACP national executive committee (NEC) and PSSA/SAACP branches is, therefore lacking which could be attributed to inactive SAACP branches and/or the current representation of provincial areas on the NEC.

Following the attendance of the recent FIP World Congress of Pharmacy and Pharmaceutical Sciences in Dusseldorf, Germany and the accepted approach that SAACP should also ‘benchmark’ itself against trends regarding the activities of Community Pharmacist Associations internationally, the SAACP NEC noted at its meeting held in November 2015 that the objectives and strategies of SAACP must be in line with the Community Pharmacy Section of FIP (CPS of FIP) and resolved to adopt the following objectives (aims) and strategies as part of its strategic review.

**Objectives (Aims):**

- To improve the professional standards of community pharmacy in South Africa and encourage realisation of the social aims of the profession as a part of public health, universal access and as a pharmaceutical service to the community;
- To plan and be responsible for the activities of PSSA in the field of community pharmacy;
- To provide and exchange information which will assist in the coordination and improvement of the scientific, technical and professional activities of pharmacists in community pharmacy.

Any journey should begin with the end in mind. Various strategies could be accepted to pursue the above-mentioned objectives (aims). Against the background that SAACP is currently in a process of considering-establishing its space within the structures of the PSSA, the following strategies could be of importance to this process, namely:

**Strategy 1: SAACP as a resource centre**

The overall goal is to be an effective resource centre for members. The goal is to collect and disseminate knowledge, information and practical experiences on community pharmacy practice in the primary health care sector for the benefit of individual members and universal access (NHI). Strategy 1 could comprise of the following elements:
- To regularly publish electronic newsletters
- To maintain a database of community pharmacy practice abstracts and posters presented at the annual congresses and symposia
- To collaborate with national and international pharmaceutical associations (community pharmacy – refer in particular Pharmintercom and FIP but could also include the Commonwealth Pharmacists Association) and to contribute to organising symposia and other educational activities between conferences of the SA Pharmacy Council or PSSA
• To contribute to the professional work of PSSA within community pharmacy practice development including the economic models that will ensure sustainability and viability
• To be a hub for international web links pertinent to community pharmacy practice to direct members to the best available resources for pharmacovigilance, good pharmacy practice and pharmaceutical care

**Strategy 2: Advancing community pharmacy practice**

The overall goal is to assist members in managing change and ultimately to advance community pharmacy practice, by providing them with the necessary tools to effectively make the needed transition in a changing environment. Strategy 2 could comprise of the following elements:

- Manage professional change
- Develop new professional services
- Share experiences of the development, dissemination and implementation of cognitive services
- Be aware of and updated on ongoing projects
- Follow-up the programmes and statements accepted by FIP and the Board of Pharmaceutical Practice (BPP) related to community pharmacy

The above could be achieved by, amongst others, becoming actively involved in training of pharmacy support personnel, symposia, including CPD on a national basis.

**Strategy 3: Enhancing communications**

The overall goal is to enhance communications to internal and external stakeholders ultimately supporting and recruiting members. Strategy 3 could comprise the following elements:

- To clarify and distribute the value, importance and projects of SAACP to our stakeholders
- To use Member Organisations’ existing and future communication vehicles
- To use modern electronic communications in a superior and creative way
- To develop and maintain a credible and suitable SAACP website
- To communicate effectively with members
- To establish a special communication programme for members and external stakeholders
- To validate the Sector by surveying members on a regular basis

In summary, by accepting the above strategies of the CPS of FIP as the strategies/focus areas for SAACP, it would go a long way in establishing and clearly defining the role and place of SAACP within the structures of the Pharmaceutical Society of South Africa. The delineation of functions between SAACP, ICPA and PSSA must therefore be re-visited to clarify the roles of these Associations, also for purposes of managing the expectations of members.

To come back to the management principle of “structure follows strategy”, the following questions require interrogation:

a. Is the current structure (composition, representation and election) of the SAACP Sector Executive Committee (NEC) conducive for the implementation of the above strategies?

b. Is the current SAACP office structure (administration) adequate for the implementation of such strategies?

c. Does SAACP have the financial means/infrastructure to implement the strategies?

d. Does SAACP have the required leadership (political will) to implement the strategies?

Such interrogation will take place during the next couple of months in preparation of SAACP’s Annual General Meeting in May 2016. The same would apply to unpacking each of the elements of the above-mentioned strategies to determine feasibility and of course what will it cost to implement.

**Reference**

1. CPS of the FIP: Documentation provided for the Steering Committee meeting held on Thursday, 1 October, 2015, Dusseldorf, Germany.