The Pharmacist is the Scientist in the Community

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These are the words of a past FIP President, Mitsura Hashida, and one of the many concepts and ideas taken from the recent Global Conference on Pharmacy and Pharmaceutical Sciences Education that was attended by 600 delegates from 46 countries. In various ways this event will determine the way forward for the education of future pharmacists and pharmaceutical scientists based on a set of statements adopted by the official delegations from 36 countries, of which South Africa was one.

The 60 Nanjing Statements on Pharmacy and Pharmaceutical Sciences Education were grouped in 8 clusters and all but 5 were adopted with a voting margin of 80% or more. The clusters were: Shared Global Vision; Professional Skills Mix; Recruitment of Students; Foundation Training and Leadership; Experiential Education; Resources and Academic Staff; Quality assurance in Education; and Continuing Professional Development.

There can be no health without workforce and no workforce without education, and the context is provided in three WHO documents. These are the Sustainable Development Goals; Working for Health and Growth; and Global Strategy on Human Resources for Health: Workforce 2030. These were complemented with FIP documents, foremost amongst which is the Pharmaceutical Workforce Development Goals (PWDGs). From these the following 4 key points can be identified: Optimising performance, quality and impact, anticipating and aligning investment for future delivery, strengthening and building capacity where necessary and strengthening data and resources.

It is well accepted that science informs practice, but it is just as important that practice informs science, as this will determine the future scientific and educational development, and thus practice. The paradigm shift from being paid for the product to being paid for a service has in most instances been made; it is now time to move towards being paid for the value added in the healthcare team, the interventions initiated. In many ways this is supported by a move (back) to systems based science, systems pharmacology and systems modelling to understand and predict individual outcomes. It forms the basis of what is called P4 Medicine (Predictive, Preventive, Personalized and Participatory), which have as objectives to quantify wellness and demystify disease. It is no longer good enough to register or evaluate a medicine on efficacy or the ability to produce the desired or intended pharmacological effect; what has become more important is the medicine’s effectiveness, the cost effective benefit in terms of health outcomes under general or routine conditions.

The strength of pharmacy has always been the strong scientific basis of pharmacy education and it is clear that it will continue to be so. This however does not mean a move away from patient orientated curricula to more scientific curricula but rather a stronger contextualised and integrated scientific education. Pharmacy education should provide the next generation of pharmacists and pharmaceutical scientists with the relevant competencies, skills, knowledge and attitudes to meet the healthcare need in their environment and to enable them to communicate and interact with other members in the healthcare team to the ultimate benefit of public health. Innovative teaching methods, interprofessional education and appropriate experiential learning seem critical in delivering the professional of tomorrow, and all of this can only be attained with sufficient and quality resources and academic staff.

Interaction with international colleagues and attending these conferences always leads to evaluation of our circumstances and environment. Yes, we have room for improvement, we do learn a lot from these interactions and could certainly do with a better prepared student at commencement of the pharmacy programme, but the one thing that has always stood out for me is that our pharmacists are also our pharmaceutical scientists and most of our pharmacy academics are still pharmacists.

Our pharmacists have a major role to play in the healthcare environment in South Africa, a role only a pharmacist can provide as in the words of Kamal Midha, also a past FIP President, “A molecule becomes a medicine (only) when it passes through the hands of a pharmacist”.

At the end of another year we look back at what has been accomplished and what still needs to be done. I trust that the highs far exceeded the lows. For all our blessings and successes we praise the Almighty and thank our families, friends and colleagues for their support and tireless work.

May you experience a peaceful and joyous festive season and an excellent 2017.