In his column, Sarel Malan has quoted some of the interesting comments made at the FIP Global Conference on Pharmacy and Pharmaceutical Sciences Education in Nanjing, China. Sarel and I actually made a pact – he could use some of the comments and I could use the others! So that's what I'm going to do here.

“Pharmacy is ideally placed to make the celestial shift”

Dr John Cahill, Global CEO of McCann Health, used an interesting analogy. He referred to the Copernican shift, which changed astronomy, and ultimately science and lives, forever. In its time, it was radical – the belief that the earth was the centre of the universe prevailed until Copernicus formulated the theory that the sun was actually the centre of the universe, and that the planets moved around the sun.

Cahill pointed out that in this day and age, an informed, empowered healthcare consumer sits at the centre of our universe. Carrying the analogy further, he envisages pharmacy as being one of the planets. Not only that, but he thinks that pharmacy is the friendliest planet in the healthcare universe and this makes it the ideal starting point for the paradigm shift that is necessary in healthcare. In his opinion, there has never been a better time for pharmacy.

Education must not be seen as merely an input to health systems

According to Dr Jim Campbell, Director of the Health Workforce Department at the World Health Organisation, the education sector is not merely giving input to health systems, but should be laying the foundation for practice. How is education viewed in South Africa? I suspect that it is often viewed as a necessary evil – give us the workforce and we’ll do the rest. Pharmacists tend to criticise the undergraduate curriculum based on their own experiences, not knowing that both qualifications and curricula are revised regularly to reflect current thinking and envisaged developments.

Why do we love exams?

The CEO of the Australian Pharmacy Council, Bronwyn Clark, spoke on quality, accreditation and regulation of education and training. She asked a question that many have asked, “Why do we love exams?” Is there not a better way of assessing knowledge and skills? An interesting question. What is your opinion?

Course flipping

Now I have proved that I am behind the academic times. What on earth is course flipping? And why did Prof Don Mager of University at Buffalo, State University of New York, speak about it as a way of enhancing student learning and engagement? We’re probably moving closer to it than we know. In the traditional classroom, the teacher or lecturer is the main focus – he or she gives information, asks questions, designs tasks for individual students or groups. In a flipped classroom, the learner’s experience is the focus. Course material is accessed outside the classroom, often on-line, so that the time in the classroom is spent exploring chosen topics in depth, problem solving and learning from activities. It sounds like a good idea to me, and of course many graduates have used a part of this system even when tuition was provided solely in a classroom. Bunking classes and reading up on the material afterwards has always been a way of life, hasn’t it?

Evidence is not the plural of anecdote

This is an interesting statement, often used but nonetheless important. It was made within the context of one of the presentations. My mind however went walkabout, and I thought about pharmacy practice and many of the statements that are made about pharmacy. It’s particularly relevant to the PSSA when we make written or oral submissions about topics that affect pharmacy. We’re often asked for evidence because broad statements like “lots of pharmacies in rural areas have closed” or “the dispensing fee doesn’t give me enough income for the pharmacy to survive” are meaningless without supporting data.

Collaborative practice

One of the workshops which I attended focussed on education for collaborative practice. We keep hearing that universal healthcare coverage is going to require a multi-disciplinary team approach. One statement made in the group discussion on this topic resonated with me – “If you want collaborative practice in community pharmacy, you need to change the remuneration model.” Absolutely.

Nanjing statements

Fifty five statements on pharmacy and pharmaceutical sciences education were adopted by consensus at the conference. These statements represent the international expectations on what comprises an effective pharmaceutical education system. The statements were grouped into eight clusters, i.e. global vision, skills mix, the right learners, foundation training and leadership, experiential training, resources and faculty, quality assurance and continuing professional development. It goes without saying that these will be published in the SAPJ in the new year. In the meantime, think about this statement, which was made by Prof Ian Bates, Director of the FipEd Education Development Team. The implications are interesting. As an example, apply Prof Bates’ comment to this example of the Nanjing statements – promotion of CPD should begin with students at the start of their education.

“Statements don’t have question marks at the end of them.” – Prof Ian Bates

And a final quotation

Dr Catherine Duggan of the Royal Pharmaceutical Society of Great Britain said something that everyone involved in pharmacy practice knows but which is not always appreciated by traditional pharmaceutical scientists.

“Soft skills are hard.” I couldn’t agree more.

Lorraine Osman