The word ‘service’ has its origins from the Latin *servitium* for slavery or servitude. It has however developed over the ages and has come to mean a “state of being bound to undertake tasks for someone or at someone’s direction; labour performed or undertaken for another” or a “system supplying a public need” according to the Online Etymology Dictionary. In the same way ‘serve’, from the Latin *servire* for being a servant or enslaved, has found meaning in “performing a service for”, with ‘to serve’ denoting “to treat (someone) as he deserves”. The word ‘community’ could also be traced back to the Latin *communitas* for community or ‘public spirit’, and *communis* for ‘shared in common’.

From the Latin and origin of words, of which I must admit that I know only what I read on the internet, it is clear that if someone performs an action which benefits his or her community, it is known as community service and it supplies a public need, making every effort to treat people as they deserve to be treated.

It is of crucial importance that we dissociate community service for pharmacist and other health professionals from any form of punishment. Though many a young pharmacist or doctor would have preferred to pay the fine, it is clearly not offered as an alternative to a fine or jail time. It is rather the final learning experience in preparation for a life of serving in the community, an occasion to assist in providing a healthcare service where it would otherwise not be available and a chance to give back for the privilege of having had the opportunities in life to get to this point. It is vital for the communities where this service is rendered and in general leads to increased health and wellbeing.

It is also in preparation and anticipation for this that service learning has become such a cornerstone of health professions training. It provides students the opportunity to engage with their community, and other communities where they might never have had interaction before, in a process that allows them to provide a critical service while acquiring life skills and knowledge. The benefit of these interactions is evident in the increased overall life satisfaction of the student, personal growth, increased knowledge and better interpersonal communication skills gained from the experiences. The development of special bonds with the population being served also results in a general increase in social awareness and responsibility.

With all this said, we have now come to a point where it is difficult for some of our young pharmacists to see the benefits of our legislated community service. In general, I am confident that social awareness and responsiveness are well inculcated through their upbringing and education. There is no question of the immense value of the service that community service pharmacists render in places where it is most needed and though they might not think about the value for themselves at onset, on reflection, each pharmacist will treasure the growth and lessons learned once it is completed. If you are however not able to work in your profession or left in uncertainty for months as to where and if you will have a position, then the regression to the earlier and more negative connotations of community service comes to the forefront – it becomes a punishment for the ‘enslaved’ as the right to practise your profession and continue with your life plan is taken away.

As the Pharmaceutical Society and as citizens of South Africa, we cannot allow this to be the fate of even a small percentage of our pharmacists. We know that there is an acute shortage of pharmacists in the country and even taking the current financial situation and budgetary constraints into account, there is no way that a single pharmacist should not be able to work. We can acknowledge the efforts at Department of Health to facilitate the placing process, and the difficulty of some pharmacists to accept certain placements, but something needs to be done and everybody needs to come to the table for a solution. If the number of community service pharmacists can’t be accommodated then legislation needs to be changed to allow these people to practise, always ensuring that the focus of community service remains to provide pharmaceutical service in underserved areas. We do not propose the abolishment of community service for pharmacists, but if only about 600 pharmacists are necessary to provide for underserved areas, then maybe the time has come to consider permanent appointments in those places. Whatever the future of community service, effective management and process implementation would be critical to prevent the same situation or worse for 2018. There is a year available to sort it out.

Providing a pharmaceutical service to all of our communities remains the goal of the profession, to deliver this service ‘in the public spirit’ ensuring that everyone is treated as they deserve to be treated.