It is a privilege to submit the following Sector Report on behalf of the SAACP. The report will highlight some of the activities of the SAACP during the period May 2016 to June 2017.

Four meetings, including the Annual General Meeting, were held during the period under consideration. Of particular importance is the National Symposium for community pharmacists held for the first time in 2016.

**66th Annual General Meeting**

The 66th Annual General Meeting (AGM) and 1st National Symposium for community pharmacists of the SAACP took place on 13 and 14 May 2016.

The AGM, as with most AGMs, is normally a very business orientated event. It was therefore decided to schedule the AGM to coincide with the 1st National Symposium for Community Pharmacists in South Africa and thereby provide additional motivation for members to attend the AGM. Although SAACP is in the process of a strategic review of its structure and relevance it was disappointing that no innovative or ground-breaking resolutions or recommendations were adopted to pave the way forward in line with SAACP’s new Vision 2020 and its ensuing approach of “shaping the future of community pharmacists in South Africa”. Some of the resolutions and recommendations adopted are emphasised as it influenced, to a great extent, the activities of SAACP National during 2016.

**Resolution – investigation into the structure of SAACP**

The National Executive Committee (NEC) was instructed to urgently investigate the restructuring of SAACP, including the NEC in line with the SAACP Vision 2020.

This resolution led to several proposed amendments to the SAACP Constitution which served at the SAACP AGM on 6 July 2017.

**Recommendation – delineation of functions**

The incoming National Executive Committee was requested to revisit the delineation of functions between SAACP and ICPA.

A meeting between SAACP and ICPA took place to discuss the matter and reach an amicable way forward. It was emphasised that duplication of effort could neither be afforded nor is it financially feasible. ICPA was established primarily to deal with medical scheme matters and should be allowed to carry on doing so, whilst SAACP will focus more on professional matters relating to community pharmacists.

However, there will always be an overlap of some sort and it was decided that if and where such overlap occurs that the CEO of ICPA and the Executive Director of SAACP would deal with such situation in a collegial manner, in the best interest of community pharmacy and its patients and customers.

**Recommendation – Helen Suzman Foundation**

It was agreed in principle that a follow-up project should take place with regard to the results contained in the Helen Suzman Foundation (HSF) report and that the SAACP NEC should appoint a sub-committee to act on the results accordingly.

The SAACP NEC decided that the impact and acceptability of the HSF report should first be tested with the National Minister of Health (MoH) and the South African Pharmacy Council (SAPC). The report was therefore referred to the MoH and the SAPC with recommendations. The MoH acknowledged receipt but nothing further transpired.

The SAPC, however, resolved to appoint a Task Team to determine Terms of Reference for a possible investigation into the impact of lay ownership and whether, amongst others, the opening up of pharmacy ownership has led to the deterioration of pharmaceutical service delivery. The unfolding of this process is being awaited with much interest.

**1st National Symposium for community pharmacists**

Much time and effort went into the organising of the 1st National symposium for community pharmacists. Although the symposium
was also meant as additional motivation for members to attend the AGM, the primary goal of the symposium was to be the second step in re-emphasising the relevance of SAACP as an association representing the community pharmacist sector of the PSSA.

Attendance of the symposium exceeded expectations and raised the question, at the time, whether such a symposium should not be an annual event. The other three sectors of the PSSA do have their own conferences annually and perhaps the time has come that SAACP should do the same.

It was decided that SAACP must, in the interim, have its own National Symposium on an annual basis.

**NEC Meetings**

- **Restructuring of the NEC**

The restructuring of the SAACP NEC in order to achieve a more affordable and better functioning NEC has been on the agenda since 2014. The first step was to change the name of the Association which was done successfully in 2015. The following steps will be to accept a new vision, mission, values and structure for the NEC to be in a position where members could identify with the Association.

- **Funding of the NEC to be able to meet expectations**

The funding of the NEC to be able to meet expectations of members has been a very contentious issue for many years and is getting worse. Many projects, such as the establishment of a separate business unit called PharmaSA Network Ltd to endeavour to generate additional income for the NEC, have been tried over the years at great cost but with limited, if any, success.

The NEC is currently dependent on the SAACP Southern Gauteng branch for most of its operational budget, and has no funding available for projects. The charging of a voluntary sector levy has also been met with growing resistance. This matter will be pursued further during 2017 and the option of a new type of membership, which will not be in competition with the PSSA, will be investigated in order to create an additional income stream.

**Primary Care Drug Therapy (PCDT)**

It appears that PCDT is currently gaining momentum and that section 22A(15) permits are being issued on a continuous basis by the NDoH. There is some unhappiness because the new terms and conditions of these permits restrict PCDT pharmacists to the Standard Treatment Guidelines and Essential Medicine List for primary health care as provided by NDoH. There is some unhappiness because the new terms of these permits restrict PCDT pharmacists to the Standard Treatment Guidelines and Essential Medicine List for primary health care as provided by NDoH. The training has already been adapted in order to accommodate this.

Corporate pharmacists are also now seeing the benefits of having pharmacists employed as PCDT pharmacists and it is envisaged that these services will be advertised more aggressively by the corporates, as part of their “package of services / wellness programmes”. There are currently approximately 150 PCDT pharmacists with permits on the SAACP list. The biggest challenge is the delay in the issuing of practice code numbers by BHF.

**International liaison**

- **Pharmintercom, August 2016**

The meeting was attended by the seven English speaking countries namely Australia, Canada, Ireland, New Zealand, South Africa, United Kingdom and hosted by the United States of America in the historic city of Boston. The attendees were the Presidents and CEOs of the community pharmacy associations of the countries present. The agenda is determined by the host country, but during the presentation of the country reports any burning issues were addressed and attended to during the discussion. The value of sharing information and projects is of immense value to everybody attending. There were several new people present and also younger members with good vision who are also influential in pharmacy politics in their respective countries.

- **International Pharmaceutical Federation (FIP)**

The 76th International Congress of the International Pharmaceutical Federation (FIP) took place in Buenos Aires, Argentina from 28 August to 1 September 2016. The event was attended by more than 2231 pharmacists and pharmaceutical scientists from 101 different countries. The theme for the Congress was “Reducing the global burden of disease – Rising to the challenge”. The delegation from South Africa consisted of 18 persons which included representatives from the professional associations, South African Pharmacy Council, pharmacy schools, the Young Pharmacists’ Group and corporate pharmacy.

The programme for the Congress was, as always, packed with worthwhile presentations and parallel sessions to provide something for everyone, depending on your field of expertise or interest. Presentations were complemented with a wide variety of (mostly) academic posters as part of the Exhibit at the Congress.

- **Establishment of World Pharmacy Council Ltd**

The establishment of a World Pharmacy Council (WPC) was discussed during the Pharmintercom meeting in Boston in August 2016. South Africa, or SAACP, would be granted founder membership status. This process has been driven by the Pharmacy Guild in Australia. During an international teleconference held on 25 May 2017, the Constitution and By-laws of the WPC were approved / accepted.

**Conclusion**

The degeneration of community pharmacy practice due to the stranglehold of medical schemes on professional remuneration and the implementation of technology, e.g. automated dispensing units, must be comprehensively addressed and funded in order to ensure that community pharmacists are able to continue to perform their role adequately, both within the current healthcare delivery structures and within the NHI system.