Attending the recent SAAHIP conference with the theme ‘50 Shades of Pharmacy’ has reminded me again of how privileged we are as pharmacists, not only to attend conferences like this, but also with the many faces or facets there are to the practice of the profession. In this instance I am not referring to the 7 or even 10 star pharmacist (Care-giver; Decision-maker; Communicator; Leader; Manager; Life-long learner; Teacher; Researcher; Entrepreneur; and Agent of Positive Change) because in each of the facets or faces of pharmacy all of the above are applicable. Education and training of pharmacists have therefore focussed on delivering a generalist pharmacist with these competencies and attributes and the capacity to work in any of the established sectors, to develop and/or specialise in any given field within the scope of practice of the pharmacist.

Certain aspects of dispensing and the supervision thereof will always remain, and as the custodians of medicine, the logistics and management of procurement and storage are fundamental components. In these roles pharmacists will be crucial in attaining universal access to medicine and thus for the successful implementation of NHI. This is however only the basis of the pyramid that will ensure positive health outcomes from medicine use. If you are fortunate enough to be able to attend national and international conferences and then talk to students about the many opportunities in pharmacy or do recruitment of future pharmacists – or when you think about the current dilemmas facing pharmacists in practice and look for alternatives – you realise how much broader the scope of practice for a pharmacist is or can be.

In some parts of the world pharmacists now have prescribing rights, Singapore is probably the latest to move this way; in Australia, the UK and other countries the term ‘Advanced Practice’ has been coined for pharmacists with specialised knowledge and practices; and in the US with the shift to the PharmD as minimum qualification, clinical intervention and pharmaceutical outcomes management has become the order of the day. In South Africa, amongst others, we can probably include PCDT pharmacist, radio-pharmacist, compounding pharmacist and, once it moves forward eventually, clinical, public health and industrial pharmacists. This is the tip of the pyramid and in our practising environment, though necessary, not where our community’s greatest need lies.

To complete the pyramid, the bulk of the structure in the middle, that joins the basis to the tip and through which everything is connected, is where the various facets of pharmacy really come to light. This is where pharmacists in industry develop new medicine and processes from the molecule through clinical trials and pharmaco-vigilance, ensure good manufacturing practice and control quality, initiate the medicine registration process and prepare dossiers, and market new medicines whilst educating healthcare workers about it; academic pharmacists educate future pharmacists and engage in basic and applied research; hospital and community pharmacists, over and above dispensing and management of inventory and medicines availability, treat and manage minor ailments, provide professional advice on medicine and healthcare, refer patients to other healthcare professionals, provide basic and advanced clinical services, develop treatment guidelines and ensure rational use of medicine. In all of the mentioned sectors pharmacists are also vital in the formulation and implementation of pharmaceutical and healthcare policies. These are but a few of the facets of pharmacy and I am sure any pharmacist practising in a specific sector or environment will be able to add to the list. This is for me the reason why we can always, and comfortably, say: “ASK YOUR PHARMACIST”.

With our education and training the limiting factor is probably our own imagination. Recently for example I heard about a pharmacist who has branched out into making chocolate, most probably utilising the skills we learned in our formulation practical sessions making dosage forms where cacao butter is one of the key ingredients. This also reminded me that Coca-Cola originated in a pharmacist’s dispensary in the 19th century, intended as medicine/tonic with two of its original ingredients being kola nuts (source of caffeine) and coca leaves (source of cocaine). Though medicine clearly remains our charge and responsibility, these are examples, maybe extreme, of what we can diversify into with our pharmacy background.

As pharmacists we therefore have to remove the bumper sticker that reads ‘Pharmacists do it behind/over the counter’. The whole domain of medicine, from the design of the molecule and dosage form to management of the outcomes thereof is ours. With the ‘50 Shades of Pharmacy’ conference fresh in my mind, if we want to put a bumper sticker on it, then maybe something like ‘The world of medicine is our playroom’.