At the year end, there isn’t much left in my mind. I’ve used up whatever little was in it, and I need to replenish it. As I’m sure you do. This year has been a hard year for most of us, mentally, physically and emotionally. Or so it appears. It also appears that there is going to be little respite. Is it just me, or has the year been a kaleidoscope of months? The bits in them remained the same, but they shifted and changed at ever-increasing pace, until it was hard to see the patterns, or the beauty in them. If sound was involved, it would be a veritable cacophony. And it feels like it is never-ending.

Okay. Enough complaining. There has been structure and progress, and I’m sure, some beauty. If you don’t believe me, just look at my beautiful grandchildren. Or look at the children in your own lives. Or your pets. No. Strike the last suggestion. I have recently added two kittens to my life, and they may be beautiful, but they are little demons. The doves in the neighbourhood will testify to this.

At the year end, I suspect that many of us take the opportunity to take stock of our lives, our relationships, our health, our goals, and ambitions. Right now, I think that a little rest and recuperation is in order!

The three Rs vs the three Cs

I absolutely have to share this with you. I was at a conference in Zimbabwe recently, and I wish I had taken notes of who said what, and when. I’m afraid I didn’t, but someone said something that has stuck in my head.

He (she?) was speaking about education, and was telling the delegates about education in the past, and at present. For nearly 200 years, the focus in skills-orientated education has always been on the three Rs: Reading, Writing and Arithmetic. Without them, you could do nothing.

In recent times, however, outcomes-based education has had a different goal. Instead of comparing students’ results with their peers’ results, each student works towards attaining a standard of competence. I’ve heard South African parents express dismay because outcomes-based education hasn’t necessarily produced these skills in their offspring. That’s an entirely different discussion, and perhaps I shouldn’t have mentioned it here. We would be here forever, discussing the pros and cons!

But enter the three Cs. The speaker explained that modern education is different. Now, children are taught Click, Connect, Communicate. That really resonated with me. And not just in terms of education. (Although my preferred style of doing anything is electronic, and I’m happiest if I’m seated at my computer.)

Obviously, I needed to check this out once I’d read it, and I found a number of other uses for the three Cs. They all seemed to shout out: “I can be useful to pharmacists!”

How about this? The three Cs of communication: Crisp and clear, Customer-centric and Consistent. (Which reminds me, do read Wim Grobbelaar’s article on customer service in pharmacies.) Or the three Cs of presentation: Connect, Communicate, Convince.

Mmm. It also applies to patient counselling, doesn’t it? And there are many more.

Public health: every pharmacist’s business!

Another must-read in this issue of the SAPJ, and especially if you are a community pharmacist, is the Forum article. No, I’m not smoking my socks. Yes, I know that Forum showcases the work carried out by members of SAAHIP, i.e. people involved with, or interested in, institutional and hospital pharmacy. And yes, I know that this article was written by academics, about something that is generally considered to be the domain of the public sector health facilitators. But again, it struck a chord. It reminded me of one of my light-bulb moments at the Life Long Learning conference in New Zealand, earlier this year. And it provides an answer to a question that I’ve heard community pharmacists raise.

You know, by now, through reading the SAPJ and the eNewsletter, that the Pharmacy Council has suggested expanding the list of specialities for pharmacists. After reading through it, a prominent community pharmacist complained that there was nothing there for community pharmacists.

One of the specialities that was suggested is public health. At the Life Long Learning conference, public health was discussed, and guess what? The list of services discussed was almost identical to the list of micro-level activities in this article. And guess what else? Where have we seen the list before? Oh, I remember. These are the services that may be offered in a community pharmacy. If you don’t believe me, refer to the GPP rules, or those relating to the services for which pharmacists may levy a fee.

So there’s a challenge to community pharmacists! I know you’re busy. I know you have no time. I know you have no money. But I also know you’re innovative and energetic, and eager to move ahead. So why shouldn’t community pharmacists consider specialising in these aspects of public health, not just as additional services, but as part of a post-graduate degree, that will enable them to register a speciality with the Pharmacy Council. Just a thought.

And while I’m thinking about it

Make a point of reading Dr Dheyongera’s article on the SAHIP page. Patrick, I think that what you have said leads so naturally into a specialist Master’s degree for regulatory pharmacists. So, CPS and SAHIP: you know where to find the appropriate people at Pharmacy Council. Go for it! (And don’t worry too much about the SAAHIP and Academy members. Most of their post-graduate options are already in place!)

Happy holidays

So do have a peaceful and relaxing time at the end of the year. Spend it with loved family and friends, and build up inner reserves, so that you can face the coming year!

Lorraine Osman