

# Lack of advocacy undermines pharmacists' role

Instead of presenting a united front, competition among pharmacists has led to poor advocacy within the profession and is a key contributor to the industry being short-shrifted when policies are formulated,

Sparkport Pharmacy director, Solly Suleman, blames the industry's lack of cohesion and the inherent competitive spirit between individuals for enabling the government to institute professionally detrimental legislation, specifically for community pharmacies.



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## No voice in policy decisions

He cites the 1997 pharmacy ownership legislation introduced by former health minister (now African Union chair), Nkosazana Dlamini-Zuma, and the dispensing fee debacle that has left pharmacists at the mercy of the low fees paid by medical aid schemes as two examples of how poor advocacy has impacted on the industry.

The ownership legislation was intended to open up pharmacies in the rural areas, but Suleman says the government did not think through its implications and impact on the established community pharmacies in urban areas. However, as pharmacists had no voice, that impact could not be expressed or appreciated by legislators, and the industry has consequently suffered.

## A single profession

“As a profession, we do not understand the importance of advocacy, specifically the activity by which an individual or group can influence decisions within the political, economic and social systems or institutions. Advocacy demands a united front to achieve its goals,” he says.

He believes successful activism could open new doors for pharmacists to use their extensive knowledge, but it requires a change of mindset and an understanding that advocacy participation is not a part-time occupation.

Consequently, pharmacists, regardless of where they worked in the industry - be it government, research, community pharmacies or pharmaceutical companies, have to acknowledge they belong to a single profession.

## **Community involvement**

He calls on pharmacists to look for opportunities within their communities in which they could get involved. Options include outreach programmes, career guidance and discussions with local schools and getting involved with non-government organisations (NGOs).

Pharmacists also need to portray images beyond the stereotypical pestle and mortar in hand to educate stakeholders on their vast roles, particularly clinical involvement. If the only image involved pharmacists dispensing medicines, they only have themselves to blame for that being the role the public believed they fulfill.

Suleman says pharmacists could partner with colleagues to leverage volume-based discounts from suppliers and service providers, but that means putting aside perceptions of competition.

“A divided profession lacks the harmony and consistency to change practices,” he says.

## **Engaging with government**

He adds that the government is the most important stakeholder with whom to interact via advocacy. The proposed National Health Insurance (NHI) initiative that will see medicines dispensed via churches and community centres potentially opened the way for untrained individuals to dispense medication.

Yet, Suleman says, this is what happens when the industry had no voice to raise those concerns.

“The profession is in dire straits and we need to work together for transparency. If every pharmacist is trained in advocacy, the industry will have the voice to influence decisions and decision-makers,” he concludes.

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