

Pharmaceutical Workforce Development Goals (PWDGS) **South African Perspective**

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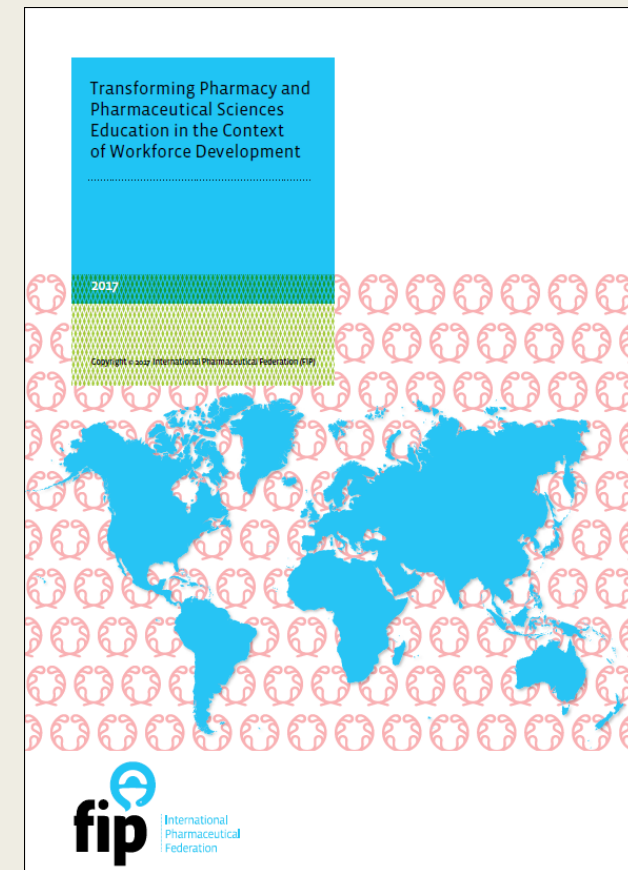


Origen of the PWDGs

- The Pharmaceutical Workforce Development Goals (PWDGs) were developed at the 2016 **Global Conference on Pharmacy and Pharmaceutical Sciences Education** in Nanjing, China.
- PSSA, as member organisation of FIP, attended and participated in this event.
- A set of 13 PWDGs aim to facilitate the implementation of the global vision through a series of measurable, feasible and tangible goals.
- **PWDG 1-3: Academy – Focus on the schools, universities and education providers**
- **PWDG 4-8: Professional development – Focus on the pharmaceutical workforce**
- **PWDG 9-13: Systems – Focus on policy development, governmental strategy and planning, and monitoring systems**



Publications on the PWDGs



Global Vision for Education and Workforce, 2016. Den Hague: International Pharmaceutical Federation. <https://www.fip.org/file/194>

Pharmaceutical Workforce Development Goals, 2016. Den Hague: International Pharmaceutical Federation. <https://www.fip.org/file/196>

Transforming Pharmacy and Pharmaceutical Sciences Education in the Context of Workforce Development, 2017. Den Hague: International Pharmaceutical Federation. <https://www.fip.org/file/1387>

Global report on PWDGs

- Global call for case studies to identify and share examples of education and workforce development.
- Purpose was to align national development projects with PWDGs.
- Call to all FIP member organisations (N=139) and 21 participated.
- April to June 2017

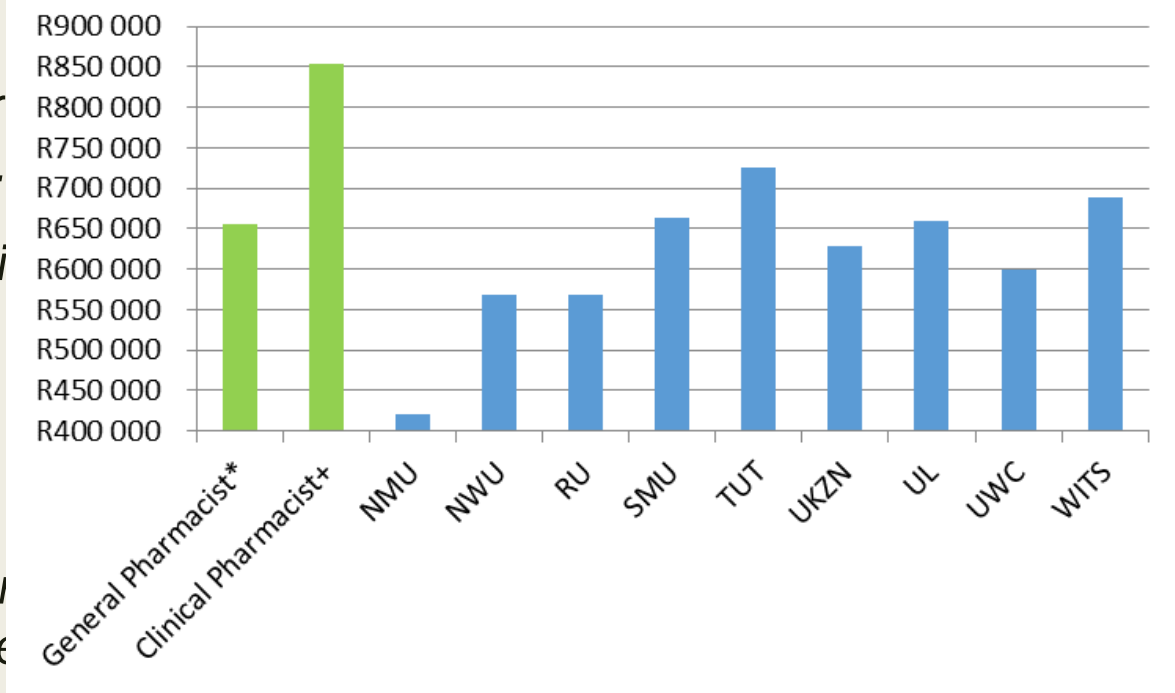


Academic capacity



- Human Resource Crisis at Schools of Pharmacy
 - Four universities lack adequate staff:
 - Five universities has staffing ratios high
 - RU, UKZN, UWC and Wits

- Contributing factors:
 - Working environment: More violent environment, increased student numbers, less time
 - Remuneration: salaries not aligned with other public sector packages
 - Employment equity: preferred candidates reject offers, candidates does not meet criteria



Foundation training and early career development

- Foundation: BPharm degree
- Post-graduation: One-year internship
 - *Intern/Tutor manual*
 - *Intern/Tutor workshops*
 - *Pre-registration examination, CPD portfolio of evidence, progress reports (completion of a Master's degree), minimum 365 days*
 - *Competency Standards for entry level into practice*
- Post-registration:
 - ***Entry level into practice:*** *generally recognised as the first three years of practice*
 - ***Intermediate practice:*** *generally recognised as between three and seven years of practice*
 - ***Advanced practice:*** *generally recognised as more than seven years of practice*

Quality assurance

Inspections

- Facility inspections
 - *Monitoring*
 - *Training*
 - *Disciplinary*
- Training inspections
 - *Higher Education Institutions*
 - *Skills Development Providers*
- People
 - *CPD requirements*

Standards

- Good Pharmacy Practice (GPP) rules
- Good Pharmacy Educational Standards (GPES)
- Examinations
 - *Professional examination*
 - *Pre-registrations examination*
- CPD Compliance

Advanced and specialist expert development

- Advanced practice (“higher performance”):

“Supplementary training means training approved in terms of section 33(1) of the Pharmacy Act which gives a registered person additional professional competency, powers or recognition in terms of the Act or any other law...”

- *Pharmacist (Additional services): Rules relating to the services for which a pharmacist may levy a fee and guidelines for levying such a fee or fees.*
- *PCDT pharmacists: Section 22(A)15 permit*
- *Authorised Pharmacist Prescriber (anticipated)*
- *Family planning (anticipated)*

Advanced and specialist expert development *cont.*

■ Specialisation (“narrow scope”):

“Speciality shall mean one of the fields of pharmacy set out in regulation 2.”

- *Radio-pharmacy (approved)*
- *Clinical Pharmacokinetics (approved)*
- *Clinical Pharmacist (anticipated)*
- *Public Health Pharmacy and Management (anticipated)*
- *Pharmaceutical supply chain specialist (suggestion)*

Competency development

- 2018 Competency Standards for Pharmacists in South Africa
 - *A competency (plural competencies) represents the individual qualities or attributes of professional activity, the how of performance.*

DOMAIN 1: PUBLIC HEALTH				
COMPETENCIES	BEHAVIOURAL STATEMENTS			
	Item no.	Entry Level into Practice	Intermediate Practice	Advanced Practice
1.1 Promotion of health and wellness	1.1.1	1.1.1.1 Advise on health promotion, disease prevention and control, and healthy lifestyles.	1.1.1.2 Assess healthcare needs of communities taking into account the cultural and social context and public health priorities in South Africa.	1.1.1.3 Collaborate with other healthcare professionals in the planning, development and implementation of evidence-based public health campaigns.
	1.1.2	1.1.2.1 Participate in public health campaigns.	1.1.2.2 Assist and encourage communities to make use of available health resources.	1.1.2.3 Incorporate national health and medicines policy and guidelines into organisational practices.

- FIP Global Competency Framework for Educators and Trainers (*project in progress*)

Leadership development



Toyin is the
Global Lead!

- BPharm curriculum:
 - *Exit Level Outcomes (current curriculum): none*
 - *Competency Standards (new curriculum):*
 - Build professional credibility and portray the profession in a positive light.
 - Provide appropriate supervision and mentoring to pharmacy support personnel.
- Post graduate qualifications:
 - *Masters in Business Leadership (MBL)*
- CPD:
 - *Compulsory leadership CPD annually (PSSA submission to Health Compact)*
- WHY???

- Plant leadership seeds / Grow your own timber – develop future leaders today!!



Service provision and workforce education and training

Mariet is
Global Lead



- Unique role in screening and early detection of non-communicable diseases
 - *Cardiovascular disease, Diabetes Mellitus, Asthma and COPD, and Cancer*
- FIP report: Beating non-communicable diseases in the community: The contribution of pharmacists
 - *NCD prevention services (smoking cessation, vaccination, waist circumference, BMI*
 - *Cardiovascular disease (BP, weight, BMI, TC, lipogram, cardiovascular risk assessment questionnaire)*
 - *Diabetes Mellitus (BG, weight, BMI, HbA1c, TC, lipogram, diabetes risk assessment questionnaire)*
 - *Asthma (Peak expiratory flow assessment, asthma control test, control of allergic rhinitis and asthma test)*
 - *COPD (assessment test, dyspnoea assessment test, spirometry)*
 - *Cancer (colorectal cancer, skin moles, pap smear, breast screening, prostate test)*

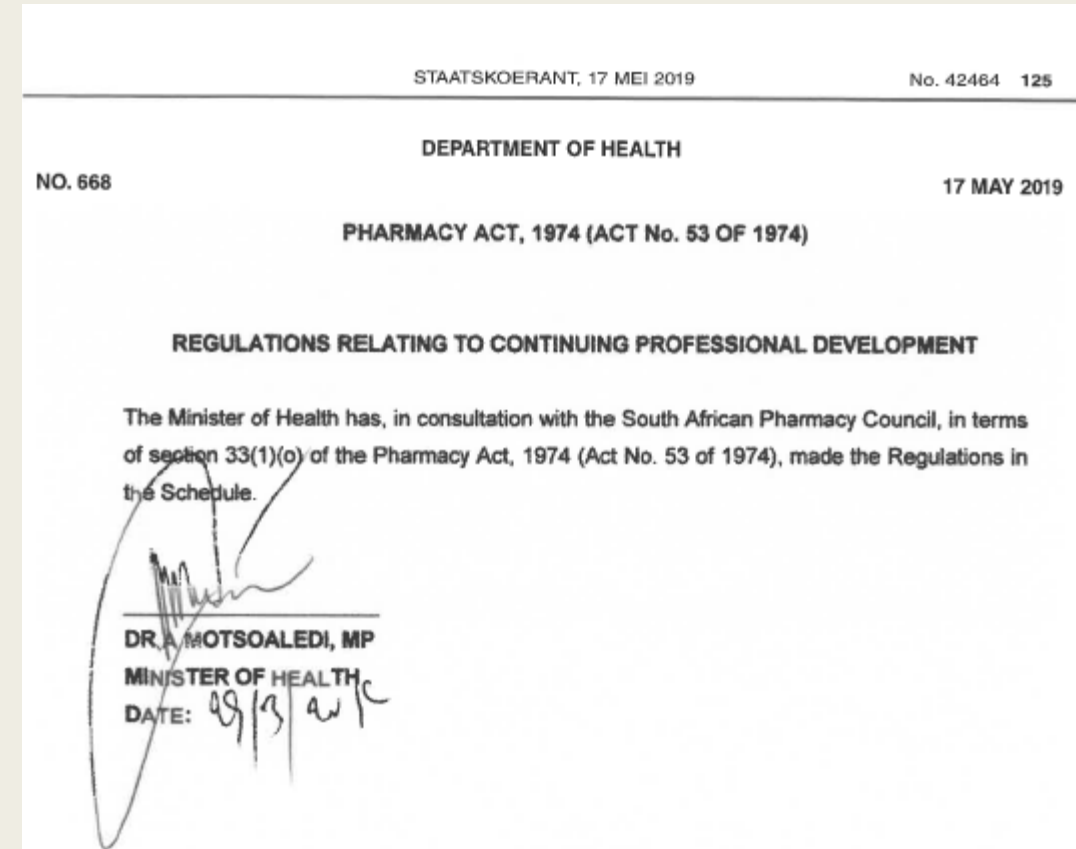
Working with others in the health care team

- Both the SAQA level descriptors and NQF critical cross-field outcomes refer to a graduate as being able to work effectively with others in a team.
- In South Africa, it is not only important to work with others in a team, but also with culturally diverse members.
- Fundamental differences between **group work** and **team work**.
- **Team work** form part of employability skills / graduate attributes.
- Skills can't be googled, skills are trained!

Continuing Professional Development strategies



- Published for implementation – 17 May 2019
- Published on 27 September 2019:
 - *Implementation plan*
 - *Guidance document (published for 60 day comment period)*
- Competency Standards framework (PWDG 5)
- Dedicated leadership CPD annually (PWDG 6)



Pharmaceutical Workforce Gender and Diversity Balances

	Male	Female				
Pharmacy student	1647	3091				
Pharmacy Intern	347	727				
Community Service Pharmacist	226	571				
Pharmacist	5729	9705				

Pharmaceutical Workforce Gender and Diversity Balances

	Male	Female	Asian	Black African	Black Coloured	White
Pharmacy student	1647	3091	855	2676	238	962
Pharmacy Intern	347	727	178	573	51	271
Community Service Pharmacist	226	571	129	432	31	203
Pharmacist	5729	9705	3137	3905	604	7752

Workforce impact and effect on health improvement

- You tell me...



Workforce intelligence

- 45.5 health professionals per 10 000 population is needed in South Africa
- According to FIP report, total global density of pharmacists per 10 000 population has grown from 6.63 in 2006 to **7.36** in 2016.
- South Africa, who only supplied data for 2012 and 2016, was at 2.54 and **2.59** pharmacists per 10 000 population respectively.
- Projects a 40% increase in the global pharmacy workforce by 2030.
- As the health demand increases the healthcare workforce needs to shift either by increasing its supply (number) or by increasing its productivity.

Workforce policy formation

- Occupations in High Demand, 2018
 - *Call for evidence for pharmacists to be included in the OIHD list 2020:*
 - *Due to workforce intelligence (PWDG 12) – All pharmacists should be included*
 - *Due to academic capacity (PWDG 1) – Academic pharmacists to be created*
 - *Due to advanced practice (PWDG 5) – PCDT pharmacists to be created*
- Dispensing fee calculation adjustment
 - *Continues discussions between PSF (ICPA, PSSA, SAACP) and Pricing Committee*
- Workforce related policies:
 - *Graduates awaiting internship*
 - *Interns awaiting community service*
 - *Post-community service bursary holders*
 - *Midlevel workers*

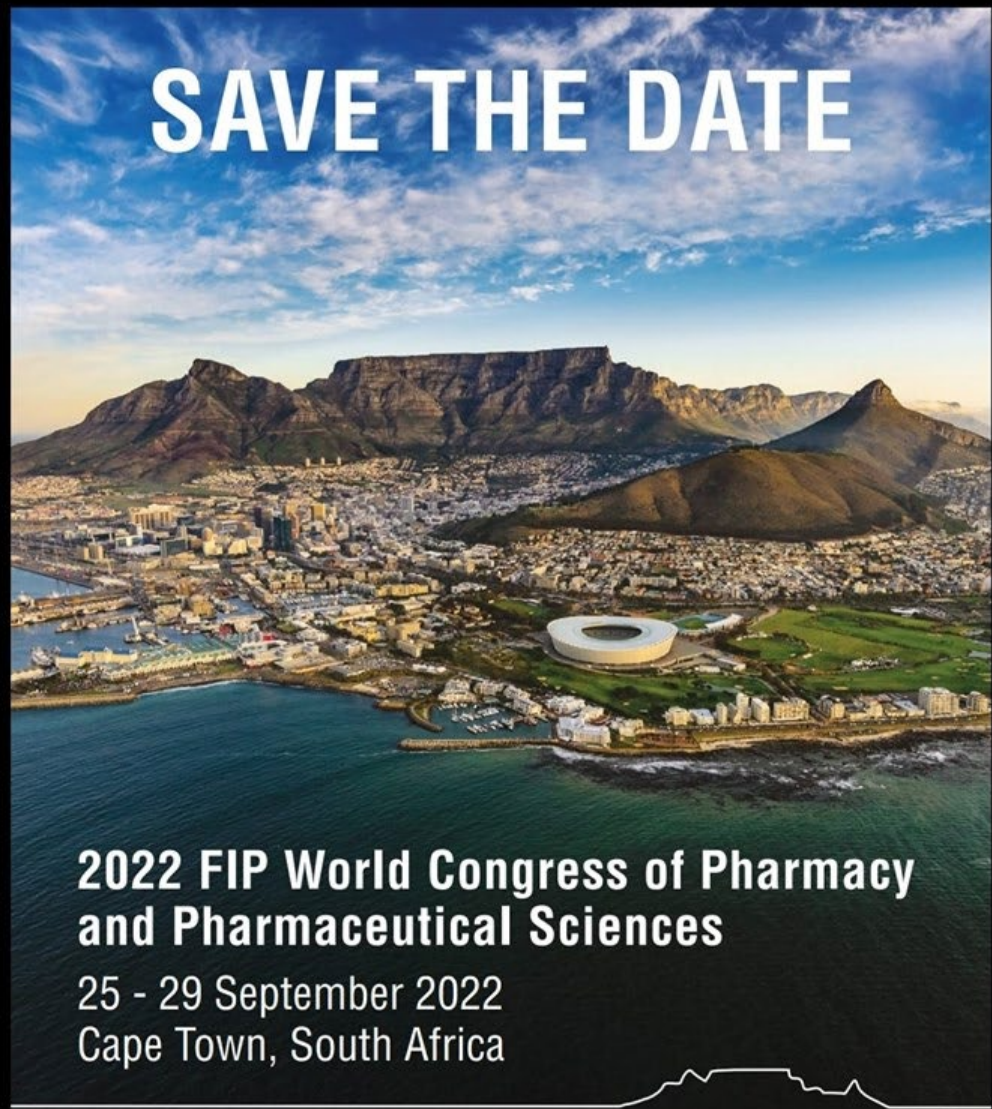
Hospital Pharmacist
Industrial Pharmacist
Retail Pharmacist
University Lecturer
Professor/Associate Professor

Where and what are you contributing?



Save the date!

SAVE THE DATE



2022 FIP World Congress of Pharmacy and Pharmaceutical Sciences

25 - 29 September 2022
Cape Town, South Africa

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& WESTERN CAPE
CONVENTION BUREAU**
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Thank you – Ke a leboga - Dankie