The State of Clinical Pharmacy in South Africa: Current and Future Perspectives

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In South Africa, the first non-dispensing pharmacy activities like total parenteral nutrition, therapeutic drug monitoring, and oncology admixing services started in the early 1990s and represented the forerunner of clinical pharmacy. Pharmacists with or without formal training in clinical pharmacy performed these functions at a few institutions, mainly in the major cities around the country. The first master’s degree programs in clinical pharmacy commenced in 1993. The University of Limpopo (Medunsa Campus) and the University of the Witwatersrand have been offering clinical pharmacy master’s degrees since 1993 and Rhodes University, a Pharm.D. degree since 2004 (Table). Although several students have graduated from these programs, the development of clinical pharmacy was very sporadic because no formal positions for clinical pharmacists existed in either the private or the public health care institutions. The introduction of antimicrobial stewardship programs in 2010 in private-sector hospitals has sparked new interest in clinical pharmacy. Private hospitals created clinical pharmacy positions to manage stewardship programs. About 100 pharmacists are currently providing antimicrobial stewardship, and only 10 are providing general clinical pharmacy services as their primary responsibility (South African Society of Clinical Pharmacy, unpublished data, 2014).

In 2010, the South African Society of Clinical Pharmacy (SASOCP; www.sasocp.co.za) was formed in response to this resurgent interest in clinical pharmacy. The objectives of SASOCP are:

- To promote the practice of clinical pharmacy
- To promote the interests of clinical pharmacists
- To provide a platform for clinical pharmacists’ viewpoints and networking
- To develop and provide clinical pharmacy practice guidelines
- To provide clinical pharmacy continuing professional development and education

Through its branches, SASOCP achieves these objectives by organizing regular continuing education meetings and workshops, as well as an annual conference in June of each year. Currently, SASOCP has five active branches—two in Gauteng Province, one in the North West Province, one in Cape Town, and one in Port Elizabeth. Antimicrobial stewardship, cardiovascular, and psychiatry workshops have been held thus far for pharmacists interested in clinical pharmacy.

The South African Pharmacy Council (SAPC), the statutory body, is in the process of recognizing clinical pharmacy as an area of specialization. The proposed requirements are at least a master’s degree in clinical pharmacy, followed by a 2-year residency program and a preregistration examination. The requirements have not been finalized, but more information on this process should be available by June 2014.

The lack of experienced clinical pharmacists to mentor young pharmacists in clinical practice remains the major stumbling block to the growth of clinical pharmacy, particularly in the non-infectious diseases areas. Enthusiasm and interest in clinical pharmacy are rapidly expanding; however, the specialty is still in its infancy in South Africa, with a lack of expertise and human resources. The next step toward promoting clinical pharmacy in South Africa would be to support education and training for clinical pharmacists to ensure safe and effective medicine use.
"Empowering the Pharmacist" Was the Theme in Delhi

The theme for the 65th Indian Pharmaceutical Congress was “Pharma Vision 2020: Empowering [the] Pharmacist.” Hosted by the Indian Pharmacy Graduates’ Association, the congress was held in Delhi, December 20−22, 2013. The 3-day congress was packed with scientific programming covering a myriad of topics related to pharmacy education, access to medicine and pharmacists, pharmacy practice, the pharmaceutical industry, regulatory affairs, and leadership.

Representing the American College of Clinical Pharmacy, Dr. Wafa Dahdal, Director of International Programs and Associate Director of Professional Development, took part in the symposium on Strategies to Strengthen Practice Services and highlighted areas of importance to the clinical practice site and preceptor development.

| Table: Master’s and Pharm.D. Degree Programs Offered in South Africa |
|------------------------|------------------------|------------------------|
| **Degree** | **MPharm** | **M.Sc. (Med) Pharmacotherapy** | **Pharm.D.** |
| University | University of Limpopo – Medunsa Campus | University of the Witwatersrand | Rhodes University |
| Entry requirements | BPharm | BPharm | BPharm |
| No. of graduates | Ten graduates per year | Five graduates per year | Two or three graduates per year |
| Program duration | Minimum of 2 years, maximum of 4 years (part-time/full-time) | Minimum of 2 years, maximum of 4 years (part-time/full-time) | Minimum of 3 years (full-time) |
| Curriculum | Modules are offered as didactic teaching over a 1-month period. | Modules are offered as didactic teaching over a 1-month period. | Modules are offered as didactic teaching and clinical rotations over a 3-month period. |
| | • Pharmaceutical Care and Clinical Laboratory Tests | • Compulsory modules | • Introduction to the Pharmaceutical Care Process |
| | • Applied Pharmacokinetics | • Health Management and Managed Care | • Pharmaceutical Systems and Management Practices |
| | • Pharmacotherapeutic modules (all) | • Research Methodology | • Advanced Pharmaceutical Care (all) |
| | • Infectious Diseases | • Clinical Trials | • Pediatrics |
| | • Gastroenterology | • Clinical Laboratory Tests | • Infectious Diseases |
| | • Endocrinology | • Applied Pharmacokinetics | • Cardiovascular Diseases |
| | • Cardiovascular | • Elective modules (select six) | • Respiratory Diseases |
| | • Respiratory | • Infectious Diseases | • Gastrointestinal Diseases |
| | • Neurology and Psychiatry | • Cardiovascular Diseases | • Endocrine Diseases |
| | • Renal | • Respiratory Diseases | • Psychiatry |
| | • Electives (select one) | • Gastrointestinal Diseases | • Surgery |
| | • Pediatrics | • Endocrine Diseases | • Immunological Disorders |
| | • Oncology | • Psychopharmacology | • Oncology |
| | • Clinical Research | • Renal | • Critical Care |
| | • HIV/AIDS | • Oncology | |
| | • Critical Care | | |
| | • Research Dissertation | | |

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Book Highlights

Endocrinology/Rheumatology

Endocrinology/Rheumatology is the first of two books in the Ambulatory Care Self-Assessment Program (ACSAP) series to be released in 2014.

Preventing and managing endocrinologic and rheumatologic disorders are common patient care services provided by the clinical pharmacist in the ambulatory care setting. Endocrinology/Rheumatology presents evidence-based updates on a wide range of these disorders.

Ten chapters divided into three modules comprise the book, as follows:

- **Endocrinology I**
  - Guidelines and Treatment of Hyperglycemia;
  - Diabetes-Related Complications;
  - Diabetes Practice Management; and
  - Obesity and Metabolic Syndrome.

- **Endocrinology II**
  - Adrenal and Pituitary Disorders;
  - Thyroid and Parathyroid Disorders; and
  - Hypogonadism.

- **Rheumatology**
  - Gout and Hyperuricemia;
  - Rheumatoid Arthritis; and
  - Systemic Lupus Erythematosus.

Designed for Board Certified Ambulatory Care Pharmacists (BCACPs), each ACSAP release presents new, evidence-based content that can be integrated into structured training programs or that can assist advanced-level practitioners in maintaining their clinical competence. ACSAP chapters are fully referenced, with online links to literature compilers such as PubMed. In addition, hypertext links provide ready access to clinical practice guidelines, official recommendations, and patient assessment tools. Graphic features focus on pivotal studies, patient care scenarios, and take-home points that can be readily integrated into clinical practice. Multimedia elements such as video and audio files further enhance the learner’s experience.

Endocrinology/Rheumatology is ideal for pharmacists seeking the most up-to-date evidence on the subject matter and those seeking continuing pharmacy education (CPE) credit. Pharmacists can earn up to 18.5 CPE credit hours upon successful completion of the online tests associated with each of the modules. BCACPs seeking board recertification credit must submit their tests by May 15, 2014. Pharmacists seeking CPE credit must submit their tests by January 14, 2017.


Call for Papers

Individuals are invited to submit articles for publication in future issues of the newsletter in the following departments:

- Clinical Pharmacy Practice
- Clinical Pharmacist or Clinical Practice Profile
- Patient Care
- Research and Practice
- Pharmacy Education
- Continuing Professional Development

To obtain more information and submit an article, see Information for Authors at [www.accp.com/docs/international/InformationForAuthors.pdf](http://www.accp.com/docs/international/InformationForAuthors.pdf).

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Dear Colleagues:

The article featured in this issue of the ACCP International Clinical Pharmacist newsletter represents one country’s experience in establishing clinical pharmacy practice and efforts to recognize clinical pharmacy as a specialty. “The State of Clinical Pharmacy in South Africa: Current and Future Perspectives” recounts the early development of clinical pharmacy services in South Africa, the advances in pharmacy education that emphasize pharmacotherapeutics and experiential education, and the efforts of national organizations to provide professional development programs that assist pharmacists in gaining the clinical knowledge and skills needed to deliver clinical pharmacy services. In addition, the article reports on the efforts by the South African Pharmacy Council (SAPC) to recognize clinical pharmacy as a specialty and the proposed requirements for this recognition.

A continuum of advances in pharmacy education and practice are taking place worldwide. The focus on developing pharmacists’ patient care services and qualified preceptors was evident at the 65th Indian Pharmaceutical Congress, held in Delhi in December of last year. Key pharmacy leaders discussed the role of the future Indian pharmacist and the importance of patients’ and other health care professionals’ understanding and recognition of this new role. In Canada, professional organizations and schools of pharmacy are working toward transitioning from the bachelor’s degree to the Pharm.D. degree as the entry-level to practice by 2020 (CPhA Position Statement on a Doctor of Pharmacy Degree as an Entry-Level to Practice, Canadian Pharmacists Association, 2011).

This is indeed a critical time for the profession to advance clinical pharmacy education, develop essential patient care services, and prepare the workforce needed to educate and train the future clinical pharmacist to provide quality patient-centered pharmacy services. ACCP International Clinical Pharmacist editorial staff encourages clinical pharmacist practitioners and educators to share their innovative practices and views on current issues of importance to the profession locally, nationally, and internationally.

Sincerely,

Wafa Y. Dahdal, Pharm.D., BCPS

Mark Your Calendar

2014 Updates in Therapeutics®
April 11–15, 2014 • Chicago, Illinois

2014 ACCP Annual Meeting
October 12–15, 2014 • Austin, Texas