

Aid work realises long-held dream

Pharmacist Miriam Tillman always believed she would be a missionary in Africa. When she visited a charity hospital "Mercy Ship", as a teenager, she knew she had found a gateway to realise her dream.

Miss Tillman qualified as a pharmacist in 2004 and worked at Belfast Pharmacy in Christchurch. She enjoyed working as a community pharmacist, but began to get restless.

At the beginning of this year, she left the shores of New Zealand and signed up to a two-year stint on board the world's largest charity hospital ship – *Africa Mercy*.

Before she knew it she was in Texas, undergoing intensive training to equip her with the skills she would need for living on board a ship.

The next stop was the Hope Centre in Sierra Leone, West Africa. Here Miss Tillman helped vaccinate children against polio and visited orphanages, all giving her a



Miriam Tillman (right) has realised a long-held dream to do missionary work in Africa thanks to Mercy Ships (left)



stark initiation into the conditions some people are faced with every day.

Statistically, there is only one doctor for every 32,000 people in Sierra Leone, and one dentist for every one million people – help is desperately needed.

On 28 February, the *Africa Mercy* arrived in Sierra Leone, and Miss Tillman climbed on board as the sole pharmacist. She soon realised her job involved so much more than community pharmacy – she

also became the only medicines importer, Ministry of Health liaison, and hospital pharmacist for four wards, an ICU, four operating rooms, a dental unit, eye clinic, and palliative and outpatient care.

"My workload is intense," Miss Tillman says.

Ordering medicines for the poorest regions of Africa, and receiving them in a timely manner is an ongoing challenge.

"I have to put the order through 10 to 12 weeks in

advance. The containers come from the US or the Netherlands and are meant to take four weeks to get here. However, these are often delayed and take a lot longer."

Miss Tillman also says there are often problems with the refrigerated medicines which get flown to the ship. Delays mean the medicines arrive warm, and are useless.

A ship of 30 nations

A total of 450 crew members, including long-term

Clinical pharmacists seek recognition

The Clinical Advisory Pharmacists Association (CAPA) has released its strategic plan, after an "intense and frank" meeting.

The organisation hopes to reach 200 members within five years and get three-quarters of all clinical advisory pharmacists into general practice and/or prescribing roles. It also hopes to ensure those it represents are well-paid, with a target of around \$120,000 to \$150,000 per year.

It lists a number strengths and weaknesses of the organisation and clinical advisory pharmacists themselves, including their role not currently being recognised.

"We worked from a premise that [the] profession would need a viable cohort of professionally orientated pharmacists not aligned to supply and distribution, in order to move forward," chair John Dunlop says in the plan.

CAPA has also published a diagram outlining the strategic direction on its website, www.capanz.org.

It states the official mission, which emphasizes leading members in providing value through breakthrough innovations in specialist pharmacy practices. **JH**

families with up to 50 children between them, call the ship home.

Miss Tillman says there are people from 30 nations on board and, for the most part, everyone gets on well.

She shares a bunkroom with three other people, from the US, Australia and Germany.

With the exception of some snoring, Miss Tillman gets on with her room-mates and even took the option of staying with them in the four-bunk room when she was offered the more

sought-after three-bunk room.

She does miss her family back in New Zealand, but says she is pleased she is able to bring treatment to the world's poorest people.

"Kids walk past the pharmacy on the way to get their wound dressings changed. They all smile and wave and I know some of them by name. I like knowing I've helped these children in some small way."

Proof dreams do come true, if you have the conviction to make them happen. **RN**

Letters to the editor

Competition better than control

Re: Fierce rivalry raises wider concerns (Pharmacy Today, August 2011, p1)

Fierce competition in Kamo? Great! Competition between pharmacies will result in them all becoming more efficient, diversifying, and make them better able to stand the competition from supermarkets, disease state clubs, public health systems, and all the other potential dispensers/sellers of medicines.

In our computer business in various markets we have had periods of fierce competition and periods of monopoly.

The monopoly times were enjoyable, but the easy life weakened our products and service, and when competition returned we had to scramble hard to catch up.

The competitive times were not nearly as much fun, but they forced us to re-evaluate what we were doing and how we were doing it, and diversify into other areas, some of which turned out to open up new

and highly profitable lines of business.

We are now (though not at the time) grateful for our competitors, without whom we would not be in nearly such a good situation now.

Of course the medicines control team at the Ministry of Health would like to determine the optimum number of pharmacies in an area. Bureaucracies always want to expand their empires and there would have to be application procedures, submissions, hearings, appeals, the whole nine yards.

A huge expansion of the control team, their staff, their salary gradings, and with that pension upgrades and promotions. Lovely!

But let's be charitable and assume this offer to plan the distribution of pharmacies is solely motivated by the desire to have the system become more efficient.

The "planned distribution" model has been tried many times in many industries in many countries, and conclusively proven to result in poor service, high prices, and heavy overheads.

When two rams are fighting over the ewes, they might

well wish that their competitor would go away. But inviting the wolf in to settle it is not the answer. The wolf will settle it alright – by killing them both, and the ewes.

There is fierce competition? Good. Pharmacy will be the better for it.

May the best person win.

**Harvey Lockie
Fellow of the
Pharmaceutical Society,
IT certified professional**

Vendor apathy comes as no surprise

Re: Vendors drag feet on e-prescribing (Pharmacy Today, August 2011, p3)

I'm not surprised that our software vendors Medtech32 and Toniq are being accused of dragging their feet on the e-prescribing debate, as highlighted in your August issue.

We, in pharmacy, know only too well the inadequacies of the Medtech system and, although Medtech does

update the doctors' software each month, the update is not transferred to the patient's file.

We [pharmacists] are forever having to spend unnecessary, valuable time establishing whether a discontinued drug should be replaced by a recently introduced generic – something that has now been addressed by a change in the 1 August regulations, but not by an initiative from Medtech!

And, of course, the never-ending battle with out-of-date CHEM numbers.

The doctors can override these to release the prescription, with, I'm sure, "Don't worry the pharmacist will sort it out!"

e-prescribing would certainly make sure that all prescriptions complied with the regulations first, before being sent onto the preferred pharmacy.

Toniq, in spite of having some good points in their software, is extremely frustrating for staff when an OTC product is taken from the shop to be added to a script.

An adjustment to the respective stock level then has to be made manually, instead of a seamless entry of that

particular item, as happens automatically with the LOTS system.

Surely a simple tweak, in the Toniq software, would be all that's required! Or, was it just overlooked when the software was developed?

Which of course comes down to the fact LOTS, once again, leads the way in the pharmaceutical IT environment.

**John Berrill
MPS
Auckland pharmacist**

Pharmacists are keen to take risks

Re: Risk averse profession needs a push (Pharmacy Today, August, p15)

In contrast, I believe independently owned pharmacies are risk takers.

We stepped outside the box

when we bought a pharmacy that is mainly reimbursed by a monopoly operator called Pharmac with whom we have little ability to reason or negotiate with as they have all the power.

We are actively interested in health initiatives that use one's professional skills. But we do view with concern how new activities will be reimbursed.

Many new ideas involve training and time out from work, only to find they are not well paid, involve large amounts of paperwork, and are not valued by other professional groups.

I personally did training for smoking cessation and did it well until it was discontinued because owner operators were not acceptable providers.

I would prefer Medsafe releases more prescription medications into the pharmacist-only category. In this area we can be professionally useful, and economically viable.

**Karen Rich, Pharmacist
Crofton Downs Pharmacy**

Something to say?

Please write to the editor at *Pharmacy Today*, PO Box 31348, Milford, Auckland 0741, or email editor@pharmacytoday.co.nz

