

The Golden Mortar



News from the Southern Gauteng Branch of the Pharmaceutical Society of South Africa and associated pharmaceutical sectors.

Edition 1/February 2015



Lynette Terblanche

WHO IS LOOKING AFTER YOUR INTERESTS ?



The Branch AGM held on the 26 January 2015 was not well attended. As a result not many members will be aware of the members who will be serving on the Branch Committee, and doing their level best to look after the members best interests. For this reason we publish here the results of the election that took place and the composition of the Committee for the current year.

The number of nominations received by the closing date of the 21st November last year for the election of six members to serve on the Branch Committee was fifteen. This number far exceeded the number that we are accustomed to receiving and in particular it provided us with a number of new candidates prepared to make themselves available for election, and for this interest and commitment we thank all of them.

327 votes had been cast when voting closed on the 5th December 2014, the following six members were elected.

Mrs. Lee Baker Mr. David Bayever
Mrs. Val Beaumont Mr. Charles Cawood
Mr. James Meakings Mrs. Lynette Terblanche.

Congratulations to these successful candidates.

In addition to these members, the Chairman of the Business Committee will be. ex officio, a member of

the Branch Committee.

At the first meeting of the new Branch Committee elections were held to establish the structure of the Branch Committee for the current year. The results were as follows:-

Chairman	Mrs. Lynette Terblanche
Vice-Chairman	Mrs. Val Beaumont
Treasurer	Mr. James Meakings

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Congratulations to these members, and The Golden Mortar wishes you all a very successful term of office.

To provide representation of the Sectors on the Committee, eight members are appointed by the four Sectors and currently these are;

CPS

Mr. Tshifhiwe Rabali and Mr. Richard Barry

SAAHIP

Still to be announced

SAAPI

Mr. Walter Mbatha and Ms. Yolanda Peens

Academy

Prof. Paul Danckwerts and Mrs. Deanne Johnston

The following Honorary Life Members of the Branch Committee have indicated their willingness to participate on the Committee during the current year; Mr. David Boyce, Mr. Gary Kohn, Mr. Raymond Pogir and Mr. David Sieff. These gentlemen bring a wealth of knowledge and experience to the Committee, and we are grateful for their ongoing interest and support.

The Business Committee, as members will be aware, is no longer elected by the general membership, but is appointed by the Branch Committee.

The Business Committee has gone through the last phase of the transition period as a result of the change in the Constitution, and is now comprised only of appointed members.

Business Committee appointed members are;

Geraldine Bartlett

David Boyce

Monique Cronje

Val Beaumont

Walter Mbatha

Raymond Pogir

With these knowledgeable, experienced and dedicated members looking after your best interests the Branch membership is in capable hands.

IMPORTANT ASPECTS OF IMMUNISATION AGAINST COMMON CHILDHOOD DISEASES



This was the subject which Prof Robin Green addressed at the first Clinical CPD of 2015 held at 52 Glenhove Road, Melrose Estate. The session was well attended by a very appreciative and interested audience.



Prof Robin Green

His message was "Vaccinate to Save Lives". He indicated that the Expanded Programme on Immunisation in South Africa was amongst the best in the world. He encouraged pharmacists to promote the concept of vaccination to their clients /patients including young persons and parents. Prof Green explained the dangers related to persons opting not to be vaccinated and to infants and children of parents who adopted this idea.

He used the current measles epidemic in the USA as the regrettable result of persons not protecting themselves or their children through vaccination against many common diseases. He also emphasised the safety of vaccines and their contribution to keeping the nation healthy.

This informative Clinical CPD session was arranged and sponsored by the Southern Gauteng Branch of the Pharmaceutical Society of SA and is aligned with the NDoH Health Awareness programme for 2015.

A copy of the Expanded Programme on Immunisation (EPI) for 2015 was distributed to members with Edition 8, 2014 of The Golden Mortar.



The Start of Organised Pharmacy in South Africa

Ray Pogir, FPS



It was in 1885, a meeting took place in the Public Library, King Williams Town.

Present at the meeting were 7 pharmacists (known as Chemists & Druggists in those days)

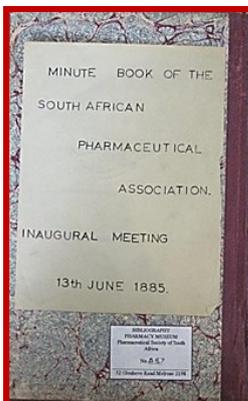
Mr. Hucklow was elected to the Chair and Mr. Cook as secretary. The chairman explained that the purpose of the meeting was to form an association of pharmacists.

This proposal was adopted unanimously.

It was then moved that the Association be named "The South African Pharmaceutical Association"

This too was passed unanimously. Thus the first proposal to form the organisation today known as The Pharmaceutical Society of South Africa (PSSA) took place 130 years ago.

Mr. Cook informed the meeting that the Chemists & Druggists of the area had been canvassed and positive replies to the formation of an Association for the protection of the rights and interests of Chemists & Druggists in the Colony had been received from the



following: Messrs. Lennon, Tucker, Dutlow, Smit, Mc. Jannet, Mager, Hamlin, Russel, James, Bellingham, Austen, Broadhead, Wells, and Bell.

This information is an extract from the original 1885 hand-written minute book which is held in the archives of the S. A. National Pharmacy Museum.

The minute book further records many subsequent meetings about the reactions and objections of Chemists and Druggists in other parts of the country, who had also formed their own local committees after they learned that their colleagues in the Eastern Cape were calling their association "The South African Pharmaceutical Association".

After much correspondence and numerous meetings between the parties concerned, the Eastern Cape Association changed its name so that the other provinces could join to form a National body.

The PSSA can rightly claim that it was born 130 years ago.



Registrar of Medicines Control Council New Appointment



Dr Joey Gouws has been appointed as Registrar of Medicines Control Council succeeding Ms Mandisa Hela who retired in October 2014.

Dr Gouws is a pharmacist whose qualifications include a BSc degree in Zoology and Physiology; BPharm; BSc Honours in Pharmacology; MPharm; PhD and MBA. Dr Gouws joined the Department of Health in 1993 in the Medicines Inspectorate section, and has been the Director: Inspectorate and Law Enforcement within the National Department of Health for many years.

For the period 2009 to 2014 Dr Gouws served on the South African Pharmacy Council, appointed by the Minister of Health as the National Department of Health representative.

In addition Dr Gouws currently holds the position of Chairperson of the Pharmaceutical Inspection Cooperation Scheme (PIC/S), an international organisation consisting of 46 participating authorities including USA FDA, Japan, Australia, United Kingdom, Canada. The aim of PIC/S is to harmonise the requirements for Good Manufacturing Practices (GMP) and Good Clinical Practices (GCP) across the different Inspectorates world-wide, and which provide an active and constructive co-operation in the field of GMP and GCP.

On behalf of the Editorial Board of the Golden Mortar, we extend our congratulations and best wishes to Dr Gouws on her new position and additional responsibilities.





Tshif Rabali

CPS SG BRANCH CHAIRMAN'S REPORT



The CPS S. Gauteng Branch held its AGM at Glen Hove on the 11th February 2015. To keep members updated on the activities of the Branch the Chairman, Mr. Tshfiwa Rabali, provided a comprehensive report which is summarized here. The full report is available on the PSSA website.

It gives me great pleasure to report on the activities of the CPS Southern Gauteng Branch Committee for the period March 2014 to February 2015. Many issues warranted our time and attention during this period which is reflected fully in the Minutes of our various meetings and I would like to highlight some of these issues:

The year has been one in which we were required to attend to many issues. The Committee held ten meetings during the year and in addition five Business Finance Sub-Committee were held, clearly indicating the commitment of the CPS SG Branch Committee members.

A contract of employment was entered into with the newly appointed CPS Executive Director, Mr. Jan du Toit to also act as the Branch Manager of the Southern Gauteng Branch and this arrangement has resulted in many positive benefits to the Branch thus far.

The finances of the Branch are in good standing, in particular, due to the contributions made from SARCD A Trade Exhibitions (Pty) Ltd., a company in which the Branch is the sole shareholder.

During the course of the year an offer to purchase the company was received but it was decided by the shareholders representatives not to proceed with the sale of the assets of the company. Although competition is anticipated and may be experienced in the years to come, it was resolved that SARCD A could still contribute significantly to the funding of many projects required to ensure that CPS remains a viable role-player within the Community Pharmacy Sector, including the re-branding of CPS.

The 64th AGM of the National body of CPS took

place at the Boardwalk in Port Elizabeth on Friday 9 May 2014. Several Motions were discussed, including one to address the unacceptable increase in Pharmacy Council fees.

The next CPS National AGM is scheduled to take place on the 17th May 2015 at 52 Glenhove Road in Johannesburg. One of the matters that we, as a Branch, would like to submit for consideration at this AGM is the changing of the name "CPS" back to "SAACP" (South African Association of Community Pharmacists). Changing the name of CPS is, however only a "means to an end" and should be the beginning of restructuring and transforming of CPS into an Association which could make a real difference for community pharmacists in South Africa.

The CPS National Executive Committee officially represents the Community Pharmacy Sector of the PSSA on a national basis. Some of the matters of interest under discussion currently at National level, with the full support of our Branch representatives, and often on the recommendation of the SG Branch, are the following:

Shaping the future of community pharmacists in South Africa.

An article will appear in the March edition of the SAPJ on this matter, written by Jan du Toit in collaboration with Kobus le Roux, the President of CPS.

The first National Symposium for Community Pharmacists in South Africa

The perception exists that CPS and thereby the CPS SG Branch, is mostly busy with the challenges of pharmacists in independently owned community pharmacies, which of course, is not true.

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A decision was taken to explore the feasibility of a National Symposium to offer a platform, particularly for Responsible Pharmacists (RPs), to come together and share experiences. A final decision on the Symposium will be taken at the CPS NEC in February 2015.

Codeine Care initiative (CCI) / PCDT

During a meeting with the new Registrar of the MCC, Dr. Joey Gouws, support from the MCC was sought for the CCI project. The CCI concept was well received by the MCC, but as with the S A Pharmacy Council (SAPC), the MCC could not directly support the project, but would consider a possible amendment (particulars which must appear on a prescription) to Regulation 28 of the Medicines Act to make the capturing of IDs compulsory which is currently a major stumbling block for the CCI.

At a later meeting which included the Registrar of the SAPC it was decided that the route of compulsory capturing of IDs be followed and the PSSA will address a letter to NDoH / MCC for this purpose.

The matter of PCDT was also discussed briefly. The MCC indicated that the required medicine list had been approved and forwarded to NDoH. Any further stumbling blocks with the issuing of permits are thus with NDoH and the Registrar of SAPC promised to follow up with NDoH.

Unwinding of PharmaSA Network Ltd.

The unwinding of PharmaSA; the selling of PharmaSA shares in the Complianz programme; the paying out of shares in PharmaSA to the individual shareholders; etc., are all progressing satisfactori-

ly. Once the sale of Complianz shares is completed the payment of individual PharmaSA shares will commence. Thereafter, PharmaSA will be de-registered.

CPS Strategic Review

A CPS Strategic Plan and a Review Working Group was established by CPS National to conduct a strategic review on CPS as the body representing the Community Pharmacy Sector of the PSSA, including whether the current structures, including CPS Branches; the name "CPS"; the funding of CPS National; Objectives of CPS, etc., are still relevant for CPS to address the needs of its members. The question of "membership", including a membership roll, the paying of a sectoral fee also form part of the review.

The first draft of the review was recently made available for narrow consultation.

Marketing the value of community pharmacists:
This is currently an international trend by most professional pharmacy organisations. Such a project is understandably costly to implement and maintain, but is on the agenda of the Marketing Task group of the PSSA.

I would like to thank all the committee members for the support that they have given to me through-out the year and I would also like to thank the staff members at the office for the support they have given to us during meetings and during preparation for meetings.

Last, but not least, I thank the members of the CPS SG Branch for remaining loyal despite experiencing difficult times and facing many challenges to keep their pharmacies economically viable.





A GROWING PROBLEM

Lynn Lambert (BPharm)
Amayeza Information Centre



Introduction

The term “obesity” refers to excessive fat accumulation to the extent that it may have adverse effects on the health and well-being of an individual. Treatment of overweight and obese patients requires a comprehensive approach involving diet and nutrition, regular physical activity, behavioural change and pharmacotherapy (where indicated), with an emphasis on long-term weight management rather than short-term extreme weight reduction.

Assessment

An obese patient requires an assessment to determine the degree of obesity and a patient’s overall health risk status. The recommended standard classification of healthy and unhealthy weight is based on the Body Mass Index (BMI). The BMI is a numerical value of weight in relation to height. It is defined as the weight in kilograms (kg) divided by the square of the height in metres (kg/m^2).

TABLE 1 WEIGHT CLASSIFICATION ACCORDING TO THE BODY MASS INDEX (BMI)

Weight classification	BMI (kg/m^2) cut-off points
Underweight	Less than 18.50
Normal healthy weight	18.50 to 24.99
Overweight	25.00 to 29.99
Obese	30.00 and more

For example, a person who weighs 108 kg and is 1.86 m tall would have a BMI of $108 / (1.86)^2 = 31.21$. Based on this result, the patient will be classified as being obese.

Treatment for obesity with prescribed medication is recommended for the following patients:

- BMI between 25.0-29.9 kg per m^2 with two or more obesity related risk factors (i.e. hypertension, hyperlipidaemia, coronary heart disease, type 2 diabetes mellitus and sleep apnoea).
- BMI of 30 kg per m^2 or more, regardless of risk factors.

Patients assessed as overweight but with no risk factors should be encouraged to avoid further weight gain.

Management with prescribed medication

Diet, exercise and behaviour modification for three to six months should precede the use of any prescribed medication for obesity. Although long-term treatment of obesity is usually necessary to maintain weight loss, it must be taken into account that little information is available on the safety and effectiveness of these medications when used for more than two years.



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TABLE 2 CLASSIFICATION OF PHARMACOTHERAPY FOR OBESITY

Drug class	Active Ingredient	Trade name	Potential adverse effects
Noradrenergic agents: -Central Nervous System (CNS) stimulant -appetite suppressant	Phentermine	Duromine®	-Potential for abuse -Anxiety, agitation -Insomnia
	d-Norpseudoephedrine	Eetless® Relislim®	
	Phendimetrazine	Obesan X® Obex LA	
	Diethylpropion	Tenuate Dospan®	
Lipase inhibitor: -Blocks the absorption of dietary fat by inhibiting gastrointestinal fat enzymes. -Lowers the absorption of fat by 30%	Orlistat	Xenical®	-Oily faecal spotting, flatus with discharge, faecal urgency and fatty or oily stools -May be associated with malabsorption of fat-soluble vitamins
Noradrenergic and Serotonergic agents: -Re-uptake inhibitor of both serotonin and norepinephrine causing an anorectic effect	Sibutramine	Ciplatrim®	-Increased risk of serious adverse cardiovascular events such as stroke or heart attack. -Some manufacturers have withdrawn their products from the market due to the adverse effect profile

Patients should only be prescribed these medications if indicated based on the BMI and the presence of risk factors and should be fully instructed on the use of such agents. Careful monitoring of the patient is necessary to ensure the safety and efficacy of the drug therapy. Treatment that is no longer effective should be discontinued. *Over-the-counter products marketed for weight loss*

There are many products available that are marketed for weight loss. Some products contain vitamins and minerals while other products are 'meal replacements' which are used to substitute a meal. The fine print on these products usually states "effective if used in conjunction with a calorie restricted diet". There are some herbal medicines marketed for weight loss which contain substances that may 'suppress appetite', 'elevate metabolic rate', 'burn fat' and 'assist cholesterol levels'. Evidence of weight loss with these products are inconclusive and often limited to one or two patient success stories.

Conclusion

Obesity and its associated co-morbidities represent a rapidly growing health threat. Effective management of obesity must be based on a partnership between a highly motivated patient and a committed team of health professionals. Obese patients embarking on a weight loss programme should understand that lifestyle changes in the areas of diet, exercise and behavioural modification are critical for success, and improvement in long-term health is the most important goal.

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HEALTH AWARENESS DAYS 2015

February - Vaccination Campaign

May - Hypertension Day

September – Eye Care Awareness Month – Pharmacy Week

November – World Diabetes Day

Once again the Health Awareness Days calendar provides all pharmacists with a valuable opportunity to promote the profession to the public in a very positive way. However, it does require the participation of all of us in order for this project to be successful.

This month the specific topic for promotion is Vaccinations.

There is a considerable lack of understanding among the public regarding vaccinations, the safety, efficacy etc. so this topic provides pharmacists a wonderful opportunity to address the matter directly with patients to ensure that they become more knowledgeable and understand more about this, sometimes, controversial topic. Who better to impart the facts than the pharmacist? You can be the source of valuable information in terms of the above and you can assist your patients by improving their knowledge and consequently placing them in a better position to make informed choices.

To support you in this, the PSSA has embraced 2D barcode technology and developed a slightly different approach to disseminate the relevant information surrounding these health topics. It is quick, efficient and cost effective.

The system that we developed with TrustaTag relies on 2D barcoding to provide direct access to the information via a smart phone or i-pad not only to pharmacists, but with your help and support, to your patients as well.

2D barcode content is accessible to anyone with a smart phone, i-phone or feature phone with a camera and data access facility. All that is required is to download the free application from <http://>

trustatag.mobi and you have access to the 2D barcodes simply by scanning the Tag that we have registered regarding the particular topic, selecting the language of your choice and waiting for the data to appear on your screen.

Note that most of the newer devices come preloaded with Tag scanner software.

We have developed the Tag for the Vaccination Campaign, example of which appears below.

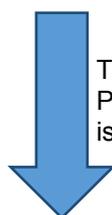
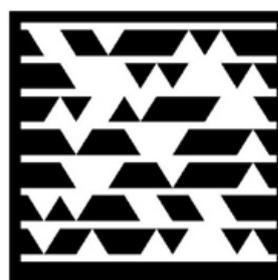
Having made the basic information available, it is important for pharmacists to develop their own creative ways of conveying this Tag access information to their patients.

This could include providing assistance/information with regard to downloading the TrustaTag application as described above, printing the 2D barcodes on your stationery, stickers, labels, posters etc. thereby providing patients with the means of direct access to the relevant Tag.

Note: The minimum size of the printed Tag for scanning from a distance of 10 -15cm is 17mm square.

This is a wonderful opportunity, with a little imagination on your part, to promote great customer relations with your patients. Good luck!

Vaccination TAG



The following article titled "Love them, Protect them, Immunise them" is the copy contained in the Vaccination TAG





Love them, Protect them, Immunise them

The title is the slogan of the Expanded Programme on Immunisation (EPI)

We are always looking for ways to protect our children from harm, including infectious diseases, and one of the most effective tools available is vaccines! However it is not vaccines that save lives but vaccination! In other words, we can have the most effective vaccines available, but if they are not administered, they will have no effect.

The impact of vaccination on the reduction of disease and death on the entire world's population is second only to that provided by the availability of clean water. It is estimated by the World Health Organization that two to three million lives are saved every year thanks to vaccination.

What are the benefits of vaccination?

In addition to preventing disease and complications of disease and deaths due to infection in the individual, vaccination also results in other benefits such as:

- Safe and healthy travels – timeous vaccination will protect the traveller from infections that may not be present in our own country.
- Prevention of antibiotic resistance - by preventing a bacterial infection, there will be no need to be treated with an antibiotic which may lead to antibiotic resistance.
- Prevention of cancer and other related diseases – Hepatitis B and Human papillomavirus infections have been directly implicated in certain cancers.
- Prevention of disease after exposure – many vaccines, such as rabies vaccine, are effective as post exposure prophylaxis, and can be given straight after a person has been in contact with an infection.
- Protection of the unvaccinated population – if enough of the population is vaccinated, the infection will not be able to spread from person to person and this will protect those who cannot be vaccinated.
- Savings in health-care costs – the cost of vaccination is far less than the cost of treating someone who has contracted the infection.

- Local elimination of disease – if enough of the population is vaccinated against an infection, it may be possible to eliminate the disease completely. South Africa is hoping to eliminate measles within the next few years.

In other words, vaccination has a positive impact on the health of the individual, but also on the population, if enough people are vaccinated!

South Africa is very fortunate in that most of the vaccines for children are available through the EPI (The Expanded Programme on Immunisation) at public sector clinics free of charge, ensuring therefore that every child has access to these important vaccines, irrespective of whether the family can afford them or not.

How safe are vaccines?

Just as with all medicines, vaccines do have some side effects, but the majority of these effects are mild and self-limiting. The most common ones are swelling and redness at the injection site that usually occur within 24-48 hours of the vaccination and resolve within a day or two. If anyone experiences an unusual or severe reaction, they should contact their doctor about it as soon as possible. The risk of having a severe reaction to a vaccine is miniscule compared to the risk of complications from the infection itself.

What type of vaccines are there?

Vaccines are either inactivated – that is, they are made from killed viruses or bacteria, or from parts of a virus or bacterium. To get the best protection from these, more than one dose is required – usually a series of three. Live vaccines on the other hand are made from weakened viruses or bacteria, where the microorganism is treated until it no longer causes the disease but will still multiply in our bodies. These are the most effective vaccines and only one or two doses are required.

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Who are the vaccines for?

The vaccines available on the EPI are for children from birth to the age of twelve years, but vaccines are not only for young children - adults and adolescents need booster vaccines for some diseases, and in some instances, are at greater risk of certain diseases than young children. Pregnant women, for example, need some specific vaccines to give additional protection to their babies.

Everyone over the age of six months, who does not have a contraindication, should have the 'flu vaccine every year. It is given every year because the 'flu strains that circulate change so the contents of the vaccine have to change. It is also most effective for

the first 6-8 months.

What about all the rumours?

The majority of rumours regarding the safety and efficacy of vaccines are false. If you have any concerns, rather than letting your child go unvaccinated, please discuss these concerns with your pharmacist.

Your pharmacist is in a unique position to advise you on which vaccines to have when and what the benefits are.

Ask your pharmacist – together you can start making the best decisions for you and your children's health!



The Southern Gauteng Branch of the PSSA endeavours to provide high quality presentations for the benefit of its members. Most of these presentations are also attended by a small number of pharmacists who are not members of the PSSA or the Branch. We welcome all pharmacists, pharmacist's assistants, students who are registered with the SA Pharmacy Council.

During the period of February to November 2014 nine Clinical CPD sessions were held at 52 Glenhove Road, Melrose Estate.

We recognise that in this day and age, with the pressures on available time, and other pressures it is not always easy to make the commitment to attend meetings such as CPD sessions at the end of a long day at work. We thus feel compelled to congratulate all those pharmacists and pharmacist's assistants who have attended the Clinical CPD sessions during 2014. Special mention must be made of those whose dedication urged them to attend as many of these sessions as possible. There were no less than nine pharmacists who attended all nine of the sessions, and another ten pharmacists who attended eight sessions during the year. The achievement of these pharmacists was recognised at the Clinical CPD session of 10 February at which certificates were presented to them.

We congratulate the following:

Nine out of Nine Attendances	Eight out of Nine Attendances
Mr V Daya	Ms G B Baty
Mr G Dowdle	Ms A Cohen
Ms TA Dowdle	Ms RAG de Pretto
Mr P Goolab	Ms I Lake
Mr N Jugram	Mr CA Meyerowitz
Ms MV Robertson	Ms M Moolla
Mr N J Rowse	Ms EN Ngakane
Ms MTR Santana	Mr AS Schmidt
Mr R Wong	Ms MC Yuen
	Ms MB Zar



Those of us who work in dispensing practices often do not receive information regarding new products, products that are currently not available for some reason, when they are expected to be back in stock, as well as those products that are about to be discontinued.

We frequently have customers with prescriptions for items that we have not heard about, and have to explain that we will have to order the medication for later collection or delivery.

Is it not possible to introduce some system whereby we could have access to this vital information and not have to be embarrassed, and cause delays in treatment and inconvenience to the patient?

The same system could be accessed to keep us informed of the numerous product shortages as well as products that are due to become discontinued.

I have tried phoning the companies concerned to query the situation, and the answer is often given that the company representatives will advise us about it in due course. The problem of course is that these reps usually call every 4 to 6 weeks, so what happens in the interim?

For those companies that are communicating this information regularly via email or fax, “THANK YOU!” – If some can do it, surely all companies can do so?

Please, to those in control of communication and information departments in their respective companies, could you provide us with information on how we can partner you in the communication process so that all healthcare providers have correct and current information, for the benefit of the patient?

Frustrated pharmacist. [Identity known to Editor; prefers to remain anonymous]

Editor’s response. It appears as though the matter of medicine shortages etc., although being addressed, is not getting any better. However, we can offer some assistance by providing you with a website address which provides much of the information that you require.

Go to www.events.za.bz/index.aspx and click on Medical News



The Chairman of the Editorial Board is David Sieff and the members are Doug Gordon, Neville Lyne, Ray Pogir, Miranda Viljoen, Jan du Toit and Gary Kohn. All articles and information contained in The Golden Mortar of whatsoever nature do not necessarily reflect the views or imply endorsement of the Editorial Board, the Branch Committee, the PSSA, its Branches or Sectors. The Editorial Board and the afore-said cannot therefore be held liable. Every effort is made to ensure accurate reproduction and The Golden Mortar is not responsible for any errors, omissions or inaccuracies which may occur in the production process. We welcome all contributions and as space permits, these will be published, abridged and edited if necessary.

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Academy	Paul Danckwerts & Deanne Johnston

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