

The Golden Mortar



Newsletter of the Southern Gauteng Branch of the Pharmaceutical Society of South Africa
and associated Sectors.

Edition 8/December 2015



Year-end message from the Chairman of the Southern Gauteng Branch of the PSSA

Lynette Terblanche, FPS



At the end of another year that has sped past we often find ourselves commenting in casual conversation on how fast the year is coming to an end.

As we rapidly approach the end of this year, it is appropriate to look back on

2015 and to consider some of the major issues and achievements for the pharmacy profession and for our Branch.

The complexity of our profession and the capacity to successfully overcome challenges from human resource to practice and legislative matters and beyond, continues to amaze me.

Consider the following:

- Universal access (NHI) is creeping up on us and as a profession we continue to justify the pivotal role that pharmacists will play in this new dispensation. The profession has submitted a number of documents to various stakeholders, and we will continue to do what is necessary to secure the future of our noble profession.
- In the public sector the challenging situation encountered by many Community Service Pharmacists was successfully managed.
- Submissions were prepared and submitted, proposing regulation of Codeine containing products.

- A well-researched and substantiated response to the proposed revised Dispensing Fee was submitted to the Director General of Medicines.
- We are on the verge of implementing a revised Medicines Act. Much deliberation and many hours of hard work by pharmacists across all Sectors went into the preparation and submission of comments, on versions of the Bill published for comment.

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There are many more examples.....

Closer to home, this Branch focused on continuing to provide pharmacists with “TAGs” for relevant Health Days. This technology is hopefully enabling you to in turn provide valuable information to your patients and customers.

The Social Responsibility Project that the Branch is supporting has achieved a significant milestone: registration of the pharmacy. This facility will soon be operational and we believe will provide an unmet need to many homeless people in the Hillbrow vicinity.

This Branch has a substantial number of young pharmacists (essentially members under the age of 35). We are actively engaging with representatives of this group who could be the future leaders of this Branch.

The business arm of the Branch is also securing the future of the Branch with a substantial investment in a property development project. The face of Glenhove Road has undergone a metamorphosis over the past few months with the new building on 54 Glenhove Road rapidly taking shape.

It has, in retrospect, been quite an eventful year and I am confident that 2016 will be no different!

I would like to take this opportunity to thank every member of the Branch Committee for the commitment and dedication during 2015.

The Southern Gauteng Branch of the Society also has a truly remarkable team of dedicated professionals who deal with the day to day challenges, and ensure that this Branch is fully functional and an example to the other Branches. We thank you for your commitment.

During the course of 2015 this Branch of the Society lost a number of members who had made an incredible contribution not only to the Society, but also to the profession. We salute these colleagues.

I would like to extend Season’s Greetings to all members of the Society and their families.

May you experience the peace and the joy of the festive season!

Report of the Academic Sector of the Gauteng PSSA 2015

Prof. Michael Paul Danckwerts—Academic Sector PSSA Gauteng



Once again, this year has been a reasonably busy year in academia. Finally, after years of trying, we have been issued with a pharmacy license from the DOH for Trinity Pharmacy (part of the clinic for homeless patients run by Medical and Pharmacy students from the Braamfontein Catholic Church). It serves the very poorest of the poor in the Braamfontein area of Johannesburg. Thanks to the hard work of Deanne Johnston and various members of the Southern Gauteng branch of the PSSA for setting up Trinity Pharmacy.

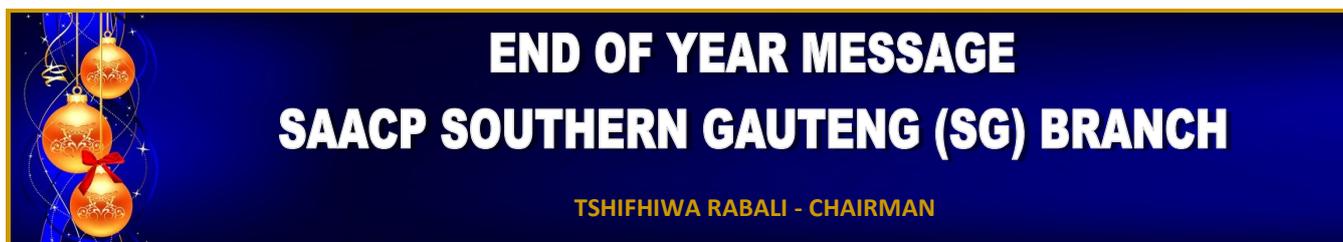
This year, the University of the Witwatersrand hosted the first joint conference of the Academy of Pharmaceutical Sciences of the Pharmaceutical Society of South Africa (APSSA) and the South African Association of Pharmacists in Industry (SAAPI). The conference was held at the CedarWoods Conference Centre from the 17th – 19th September 2015. Personally, I think the conference was a great success with over 200 delegates attending over the three days. Thanks to Tammy Chetty and her committee for all the hard work in ensuring the success of the joint conference.



As we steadily move towards the end of 2015. Students are now busy writing their final examinations and staff members are wrapping up final marking and looking forward to getting some research done before they take a short break in December. We wish students and staff every success with their results.

Sadly, the Authorised Pharmacist Prescriber initiative seems to be slowing down. However, we are still hopeful that it will see the light of day soon. It is such an important step for Pharmacy and the country. We would hate to see it fizzle out.

Finally, I would like to wish all our members a happy, relaxed and peaceful festive season and renewed vigour to face the challenges of 2016.



The end of 2015 is upon us and somehow it feels that the past year has flown by much sooner than expected. Many challenges are facing, particularly community pharmacy, and so much still needs to be done to bring about the change(s) required. At the National AGM of the CPS held on 17 May 2015, the name change of name from the Community Pharmacist Sector (CPS) to the South African Association of Community Pharmacists (SAACP) was successfully implemented. This name change is a 'means to an end' and this is an ongoing process to meet the needs of the community pharmacy sectoral division of the PSSA. At the AGM of the Southern Gauteng Branch to be held during February 2016, the name change will officially be effected

for the Branch.

The Southern Gauteng Branch of SAACP is self – sustaining financially, and in this regard it has a very demanding but also exciting role to play in promoting or shaping the future of community pharmacists, firstly in the Branch but also in South Africa. The SAACP SG Branch is also greatly involved in the Strategic Review process envisaged for the SAACP in the future.

For the past year the members of the SAACP SG Branch Committee have, therefore continuously questioned the current status, place and contribution of SAACP as a Sector in promoting the value of community pharmacists in healthcare delivery.

The current role of Medical Schemes in determining what the remuneration of a community pharmacist should be or which product it would be allowed to dispense on a prescription, have become unbearable and needs to change. The same would apply to co-payments, discounting of dispensing fees and preferential treatment of designated service providers, to mention but a few.

The SAACP SG Branch is committed to providing leadership in dealing with these matters, but could of course not make a meaningful difference without the support of all the Branches of the SAACP. Together with all structures having community pharmacists as their main membership, we could start shaping the future of community pharmacists in South Africa.

I would like to sincerely thank all the Committee Members of the SAACP SG Branch, and including staff, for their substantial contributions during the past year. There is still a lot of work to be done. By electing the innovators and leaders to the SAACP SG Branch Committee in 2016, you could play your part in making a difference - or even better, make yourself available for election – your profession needs you! To quote the late Steve Jobs (Co-founder, Chairman and Chief Executive of Apple Inc) *“Great things in business are never done by one person, they're done by a team of people”*.



SA Association of Hospital and Institutional Pharmacists

SAAHIP SG Branch year-end message

JAMES MEAKINGS - BRANCH CHAIR



Earlier this year saw the 30th Anniversary of the release of the film series 'Back to the Future'.

As we approach year end we often contemplate what has or might have been. In taking time to smell the roses this year end, it would stand each of us in good stead to not only review but to renew our commitment to the future. Let us envisage Pharmacy as we would like it and set our vision accordingly as we move towards 2016.

May you and all those dear to you be blessed over this festive season with all good things that make for a brighter future for us all but, most of all the ability to dream and then make it happen.

SAAPI - Highlights of 2015

Yolanda Peens - President: SA Association of Pharmacists in Industry



What a rollercoaster year 2015 has been - with the highest of highs and the lowest of lows and everything in between, often all in one day! But that is Industry for you, no matter how many lists and plans you have, your day never seems to go as planned. I would not have imagined, even in my wildest dreams, that I would be the privileged one writing this message to you this year.

SAAPI had an exceptionally busy year with very successful collaborations with the Medicines Control Council, Pharmacy Council, the Academy of Pharmaceutical Sciences (APSSA) and the Community Pharmacy Sector to name but a few. One of the highlights of the year was the SAAPI/APSSA Combined Conference, "*Today's Solutions for Tomorrow's Needs*", a first in South Africa. Probably the most successful SAAPI initiative at the conference was the "*Previously loved book exchange initiative*", we managed to swop approximately 70 books of great value. I for one found one of those elusive books that are no longer in print! Thank you to all those who contributed to making this such a great project.

These collaborations were invaluable for everyone involved; it reminded us that although our daily jobs look different, our goal at the end of the day is exactly the same: to supply safe, good quality medicines that work. Tammy Chetty, past President of SAAPI was sponsored by SAAPI to attend the recently held FIP Congress in Dusseldorf, Germany.

On the CPD front we focussed not only at entry level but also training opportunities for managers. Ten CPD events were held during the year engaging approximately 800 delegates. Subjects that were covered involved GMP, CTD submissions, Duties of Responsible Pharmacist, Cold Chain Management, Biostudies and Dissolution. We have an even more exciting CPD plan for 2016.

SAAPI membership is voluntary and it is only as strong as its membership. The SAAPI Exco can create a platform for the members' involvement, but it is up to SAAPI members to make the difference. I challenge every one of you to get involved and let's make Pharmacy *the* Profession everyone wants to be in.

Best wishes for the festive season, be safe and come back well rested for a busy 2016.

PS: Watch this space www.saapi.org.za for **YOUR** first challenge!





The Southern Gauteng Branch of the Pharmaceutical Society of South Africa

Die Aptekersvereniging van Suid Afrika/I-Pharmaceutical Society yase Mzanze Afrika/
Pharmaceutical Society ya Afrika Borwa

NOTICE IS HEREBY GIVEN IN TERMS OF CLAUSE 24 OF THE BRANCH CONSTITUTION THAT THE

ANNUAL GENERAL MEETING

**OF THE SOUTHERN GAUTENG BRANCH OF THE PHARMACEUTICAL SOCIETY OF SOUTH AFRICA WILL
BE HELD ON MONDAY the 25 JANUARY 2016 AT 20h00 IN THE AUDITORIUM AT 52 GLENHOVE ROAD,
MELROSE ESTATE, JOHANNESBURG.**

AGENDA

1. Notice of Meeting.
2. Welcome.
3. Attendance and apologies.
4. Obituaries.
5. Confirmation of the Minutes of the Annual General Meeting held on 26 January 2015 and the matters arising.
6. To receive the report of the Honorary Treasurer and the audited balance sheet and financial statements and ratify the appointment of Branch Auditors for 2016.
7. To receive the report of the Chairman on behalf of the Branch Committee.
8. To receive the report of the Chairman of the Business Committee.
9. To receive the report on the election of members of the Branch Committee.
10. To consider any other general business.
11. Induction of new Branch Chairman.
12. Closure.

D.K. Gordon
General Manager

20 November 2015

The reports referred to above will be available for viewing by members on the PSSA website

www.pssa.org.za

Select Branches, then select Southern Gauteng Branch, then select News.



Branch Committee Elections

Doug Gordon, FPS - General Manager
Southern Gauteng Branch, Pharmaceutical Society of SA



The nomination and election process to elect six members of the Branch to serve on the committee for 2016 was conducted during November and went off efficiently as we had anticipated. One minor hitch was the limitation of a 72 hour response time imposed by some of the service providers but we managed to work our way around that little problem.

It appears that the SMS method of nomination and election has been recognised by the members of the Branch as being the quick, simple and efficient way in which to handle this process as we received the highest ever number of votes cast in an election, namely 615. Quite impressive.

The outcome of the voting, in no particular order was as follows;

Lee Baker
Val Beaumont
Lynette Terblanche
Charles Cawood
James Meakings
Frans Landman

Our congratulations go to these six members with our very best wishes for a rewarding and successful term in office.

To the other members who made themselves available for election go our grateful thanks. This must be one of the few Branches in which members display this much enthusiasm to become part of the Committee and we are extremely fortunate to have people of this calibre in our Branch. Thank you very much.

The other eight members making up the Branch Committee will be appointed by the four Sectors and you will be advised of these details in due course.

Message from the Fellows Committee

Val Beaumont, FPS - Fellows Committee Chairman



The Fellows committee was reconstituted two years ago and is now formally recognised as the official body representing Fellows of the PSSA. We have recently held the second round of elections for Fellows to serve on this Committee, reviewed our objectives and targeted a number of projects for 2016. The Committee acknowledges with appreciation and thanks the fact that the Southern Gauteng Branch office has played and will continue to play the role of co-ordinator to this Committee's activities.

The newly elected committee will have a three-year tenure and will be chaired by Val Beaumont, who was elected to the chair for a second term. Ray Pogir, having made a significant and much appreciated contribution to the committee over the last two years declined to stand for re-election. The committee members now comprises Val Beaumont, Clive Stanton, Keith Johnson, Natie Finkelstein, all of whom enter their second term, and Johan Raats who is the new member replacing Ray.

This new Committee will be focussing in 2016 on maintaining an accurate register of Fellows names and contact details and maintaining closer contact between all Fellows of the Society. We also plan to expand contacts to include Fellowship organisations of other Pharmaceutical Societies – across borders and overseas.

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We have a mandate to provide leadership within the Society and to this end it has also been decided to implement a mentorship programme. Fellows in all Provinces will be encouraged to lead through, identifying enthusiastic young pharmacists, providing guidance and direction, motivating for succession planning and providing professional orientation and an appreciation of responsibilities. We will be approaching the "Young Pharmacists Group" to explore possibilities that could be created through engagement with them. We encourage all Fellows to embrace the spirit of fellowship and make themselves available for participation in this programme. Similarly, members of the Branch are invited to identify leadership potential within our young members and support our specific strategy to mentor our young pharmacists into the Branch structures and within the profession.

We wish our broader pharmaceutical community a relaxing and fun filled festive and holiday season and the sharing of joys and laughter with family and friends. We look forward to contributing to the profession in new ways in 2016 and wish you everything of the best for the year ahead.

Fellows Dinner

A Fellows Dinner was held at Glen Hove on 2 November. Some twenty Fellows of the Branch together with Mr. Ivan Kotze and Mrs. Lorraine Osman from the national office enjoyed a pleasant evening catching up on a wide range of subjects with colleagues whom they had not seen for some time. The highlight of the evening and a great surprise to most was Mr. Boet van der Merwe, a past Executive Director of the PSSA now in his eighties, providing the after dinner entertainment with a light musical interlude on his violin which made a pleasant change from the more usual after dinner speeches!



PRACTICAL ASPECTS OF PCDT IN PRACTICE

By Johan Moolman, MPS
Community Pharmacist, Southern Gauteng



The Pharmacy profession is standing on the edge of a major breakthrough.

In August 2015, the Department of Health published a new list of medications and conditions that Primary Care Drug Therapy (PCDT) pharmacists may use to diagnose and treat patients. In November 2015, a notice was sent out to all pharmacists who have completed their PCDT training (and registered it with the SAPC) to notify them, that they may apply to have their Section 22 permits issued.

Are we ready for this new revolution in our profession?

I completed my PCDT course in 1999, did my practical exam in 2000, and did the update workshop in 2013. Now, for the first time since the course was created, we are able to apply for the permit.



Together with this new responsibility comes a number of practical aspects one should be aware of, and we should start preparing pharmacy for this new dimension in retail.

I have no doubt that the response from the public will be overwhelming and community pharmacy will once again become a destination of choice for most primary healthcare needs. But are we ready to take up this new exciting venture in our pharmacies? What do we need to have in place in our pharmacies to make sure our patients have an experience that will bring more and more patients to our pharmacies?

I have realised that there are yet a few practical issues that remain a hindrance towards PCDT pharmacists which, if not addressed, may cause great problems in the future with the issuing of these permits.

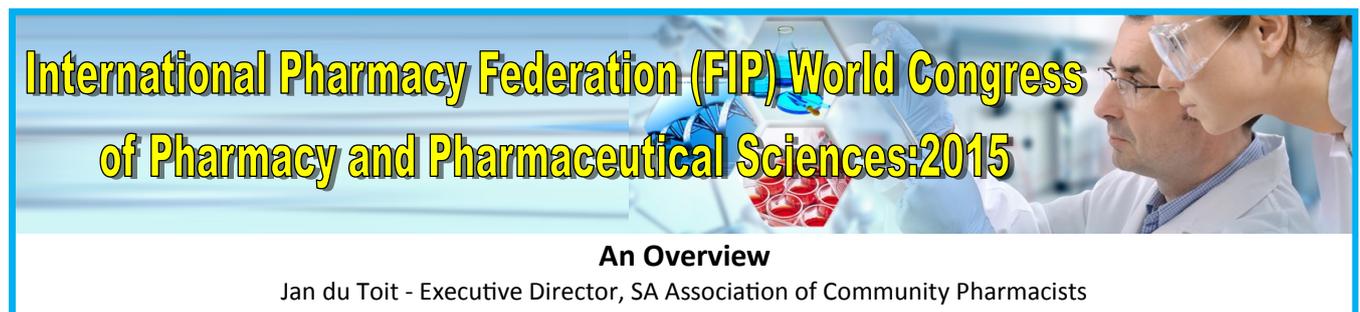
Here are 10 practical tips to help you run your PCDT clinic successfully:

1. Most important is the area allocated for this important service you will be providing to your patient. Is it big enough? Is it clean and accessible? This area should be your pride and joy and must be seen as a key focus area. Not the hidden room in the pharmacy used for everything including lunch, tea and filing.
2. Computerise your pharmacy clinic: One of the requirements of practising as a PCDT pharmacist is proper record keeping and documentation of procedures and consultations. I stand amazed to see that hardly any pharmacies have a computer/computer system in their clinic. Make sure you choose a clinic programme that is practical. My personal experience was that the capturing process can be very tedious if you don't have a programme that is orientated to PCDT practice. The Curantis Clinic System for PCDT pharmacists was launched recently and is the first system that was designed to capture the patient information within 7 minutes. With the press of a button or even just a click or two, it provides a doctor's referral note, printed PCDT prescription, Invoice and/or a sick note. The updated PCDT list of conditions and treatments are pre-loaded to choose from. This makes it extremely easy to comply with the prescribed list for PCDT pharmacists. Patients have more trust in your service if you document your findings and give them a printout of what you did to take with them. You will also find that doctors are more likely to respond to your referrals if they are neatly printed and signed.
3. Make sure that you make use of good quality equipment in your pharmacy. The old nurse's stethoscope and the cheapest blood pressure machine on the market will not suffice and should be replaced for good. Buy good quality, modern equipment for the clinic, including equipment that is now available for rapid testing e.g. Urine analysis machine, Lipogram testing machine, HB Haemoglobin Testing System, etc. Patients do realise when your clinic uses the latest technology, and are willing to pay more too.
4. Make sure the clinic is well lit and creates a child friendly environment - 60-70% of your patients will be mothers with children. Make use of bright coloured wall charts and pictures/posters. Always keep a bottle with sweets or lollipops handy for the children!
5. Communicate to the patient while you do an examination. You will find patients don't understand their bodies and by giving them accurate information on what is wrong with them or what could be wrong, you will build patient loyalty like you have never seen before.
6. Don't just give medicines from the shelf when a patient gives you an explanation of their symptoms. Do an examination! You will be surprised how often patients misinterpret their symptoms and wrong medicine is given. Patients appreciate it if you can give them a proper explanation of what is wrong with them. They will make you "their pharmacist" again. They are also willing to pay for more expensive medicines if you explain better.
7. Stay within your scope of practice. A PCDT pharmacist is limited to primary healthcare. If you are not sure, refer the patient with a proper referral letter. Patients will try and pressure you into prescribing medicines they believe they should get – do not do this - stick to what you are trained to do. Make sure you do a comprehensive history check on the patient. Initially, patients don't tell you everything but, as soon as you start asking intelligent questions they supply you with more comprehensive information needed to treat them.
8. PCDT is not about dishing out antibiotics; it is more about making an intelligent choice about a patient's health and more often than not, explaining why they DO NOT need an antibiotic. This will get them to trust your discretion as a healthcare professional (the pressuring will end).



9. Make sure you build a database of patients visiting your clinic. This can be used for marketing purposes. Charge the fees prescribed by council. This will increase the value that pharmacists can offer to their patients. You worked hard and paid to get this qualification. Get a return on your investment. If you see 40 patients a day in your clinic it has a potential to generate R6000 extra income per day or +/- R120000 per month! Guess what???
10. Last but not least... Spend quality time with YOUR patients in YOUR clinic but stay focussed - don't get too personally involved. Some patients will see you as a destination to discuss all their personal problems and take up your time. Know the difference between empathy and sympathy.

Let's make the best of this new venture in our pharmacies and make sure PCDT pharmacists in South Africa play an integral role in Primary Healthcare and National Health Insurance (NHI) in the future.



The President of the SA Association of Community Pharmacists (SAACP), Christine Venter, and I were privileged to attend this Congress held earlier this year in Dusseldorf, Germany. The prime objective was to again "benchmark" SAACP against other Community Pharmacy associations around the world.

When comparing the number of South African Community Pharmacies we found that Germany has more than 21000 pharmacies to serve a population of approximately 80 million people, whereas South Africa has less than 3500 providing services to more than 50 million inhabitants. There are very few hospital pharmacies in Germany – most hospitals are serviced by community pharmacies. In addition, the owner of a pharmacy in Germany is required to be a pharmacist and is restricted to ownership of one pharmacy only. The European Court of Justice confirmed in 2009 that the ban on third-party ownership of pharmacies in Germany is "an acceptable and effective tool of customer protection."

Two particularly interesting sessions addressed "Sustainable Remuneration of Pharmaceutical Services" and "Medicine Optimisation," which require attention by the Pharmaceutical Society of SA and its Sectors. The Community Pharmacy Sector of the Congress addressed amongst other subjects how to "improve the standards of community pharmacy and to encourage the realisation of the social aims of the profession."

The 78th FIP World Congress will be held in Buenos Aires from 28th August to 1 September, 2016.

[A more comprehensive report is expected to be published in the SA Pharmaceutical Journal – Ed.]



Myiasis Caused by the Tumbu (“Putsi”) Fly

Lynda Steyn (BPharm) - Ameyeza Info Centre

What is Myiasis?

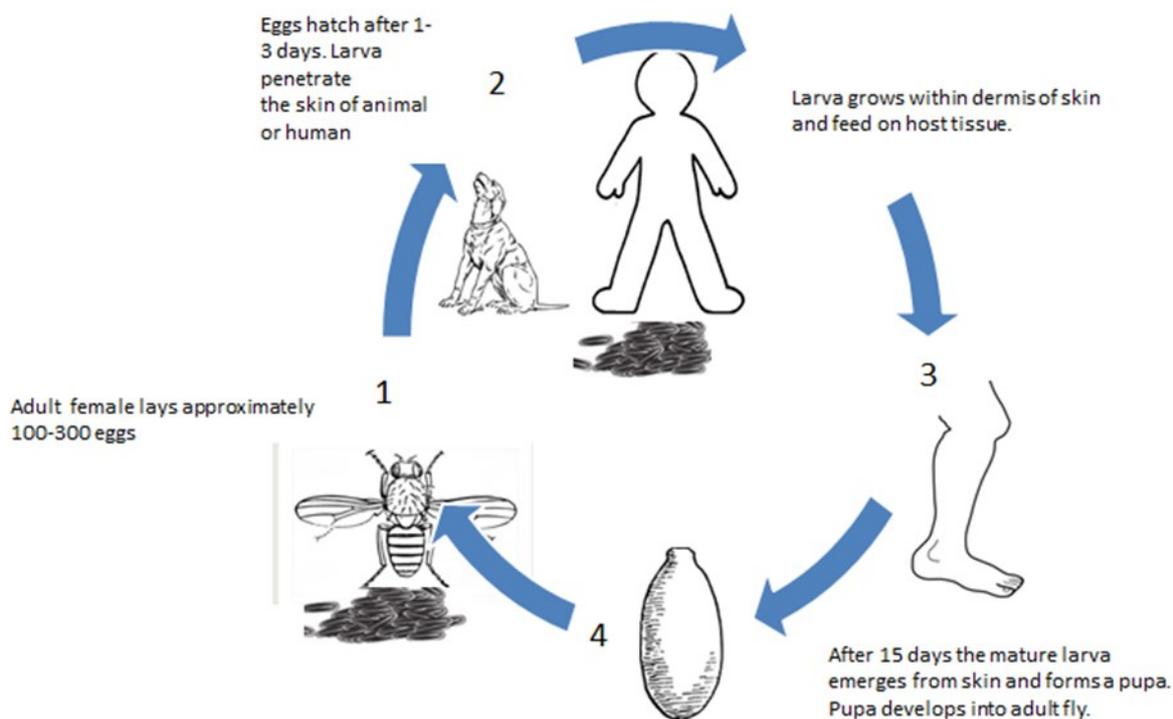
Myiasis is a term used for the infestation of the skin by the developing larvae of a variety of flies.

This article will focus on one of the two most common flies to infect humans, *Cordylobia anthropophaga*, also known as the Tumbu or “Putsi” fly.¹

There have been outbreaks of myiasis in certain areas of South Africa, especially in the hot, humid areas such as KwaZulu-Natal, Limpopo and North West Provinces.⁷ The Putsi fly is generally found in Sub-Saharan, central and West Africa.⁴

Life Cycle of the Putsi Fly and the Role of the Human host

The adult flies are light brown, with blue-grey patches on the thorax and a yellow face and legs. They are about 6-12mm in length and are not parasitic.² The following image illustrates the life cycle of the Putsi fly and the manner in which humans and animals become infected.



Life Cycle of the Tumbu (Putsi) Fly

1. The adult females lay approximately 100-300 eggs, usually in sandy soil contaminated by urine, faeces or garbage. Laundry that has been laid out to dry, especially if not washed properly and contaminated with urine or faeces, e.g. improperly washed diapers, are the ideal areas for the Putsi fly to lay its eggs.⁴
2. The eggs hatch after 1-3 days and the larvae have about 9-15 days to find a host, (human or animal), in order to survive. Once in contact with the host, the larvae can penetrate the skin within 25 seconds!^{2,4}



Animals, such as dogs and certain wild rat species, are the most common hosts. Humans are usually co-incidentally infected, either through using contaminated laundry, or the larva attaching directly to the skin from the soil.⁵

3. The larva grows within the dermis and hypodermis of the skin, feeding on host tissue in the sub dermal cavity and using a hole or pore in the host's skin through which to breathe.^{2,6} The larva takes up to 15 days to mature to the prepupal stage and then emerges through the hole/pore in the host's skin and drops to the ground.⁴
4. The pupa develops into the adult fly, reproduces and the cycle is repeated.⁴

Diagnosis of "Putsi" Fly Infection in Humans

Approximately 2-3 days after the larva has penetrated the skin, a boil-like lesion or furuncle with a hole or pore in the centre appears. This furuncle enlarges with a bloody or purulent discharge from the pore.² The lesion slowly enlarges over time and the patient may experience a "crawling" sensation under the skin with episodes of "stabbing" pain within the lesion.⁴ The surrounding skin may become inflamed and pruritic.⁷ Within the central pore, the posterior segment of the larva may also be visible.⁴ There may be more than one lesion present, but each lesion only contains a single larva.³

It is not possible to transmit myiasis from one human to the next.⁷

Prevention and Treatment

Various steps may be taken to **prevent** myiasis from putsi flies:

- Since the fly tends to lay eggs in damp laundry, drying laundry off the ground in full sunlight in a well-ventilated area, under mosquito netting or in an electrical clothes dryer, protects the laundry, thus preventing myiasis.⁴
- Ironing laundry kills the eggs that may have been laid within it whilst still damp.⁷
- Improving personal sanitation and hygiene.⁴
- Insecticides or mechanical traps kill adult flies in the home or work place.⁷
- In endemic areas, people should not wear clothes that have been dried on the ground.⁴
- Cover urination sites and promptly remove faeces from a pet's environment.² Regularly disinfect pet's sleeping area and affected dogs should be treated under veterinary assistance with an appropriate insecticide.⁷

Treatment of myiasis involves removing the larva. This may be achieved without surgery by applying an occlusive ointment or dressing to the opening or hole of the furuncle. Petroleum jelly or fat from bacon strips covering the opening causes the larva to leave the cavity in search of oxygen. As the larva emerges, gently applying pressure on the edges of the furuncle eases the larva out.³

Conclusion

Returning travellers often seek a diagnosis from the pharmacist for various skin lesions. By being aware of the clinical presentation of myiasis from the Putsi fly, unnecessary treatment options may be prevented and referrals made if necessary.⁴

References:

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The Golden Mortar is privileged to have Val Beaumont as a contributory author as well as a member of the Editorial Board. Starting with this Edition, Val will be contributing a series of articles to The Golden Mortar. The articles will be in the realm of Ethics and Law which, in various ways, will be brief reports on matters affecting the practice of Pharmacy. Should you have comments or queries regarding content of the articles please send your e-mails to The Golden Mortar at pssa@pssasg.co.za



In this edition:

Did you know that;

- **A new regulatory authority is soon to become a reality?**
- **Draft regulations have been published for traditional health practitioners?**
- **SCA has ruled that medical schemes cannot contract out of obligations to members?**

More detail;

- ◇ The path has been paved for the creation of a new regulatory authority by finalisation of amendments to the Medicines and Related Substances Act by the Health Portfolio Committee. It remains for the legislation to be signed off by the State President and it is hoped that work on creating the new authority will commence at the end of Q1, 2016. This new and independent authority is expected to deliver an efficient regulatory service ensuring availability in SA of the necessary quality medicines. It will have a far broader mandate than the current MCC, which it will replace, and will regulate in addition to medicines, medical devices and in-vitro diagnostic agents.
- ◇ Draft regulations have been published for comment relating to the regulations of traditional health practitioners and students. The draft refers to categories of traditional health practitioners, education requirements and exemptions, registration of students and matters related to fees charged by a traditional practitioner.
- ◇ A recent ruling by the Supreme Court of Appeal (SCA) has significant impact for pharmacists dispensing medicines for medical scheme members.

Background: The Medical Schemes Act provides for the scope and level of minimum benefits that are to be available to beneficiaries, to be prescribed. Medical schemes have an obligation to provide a prescribed level of treatment for members suffering from "PMB" conditions and to pay the costs of diagnosis, treatment and care in full, whether obtained from the public or the private sector. Regulation 8 provides options (such as the designation of service providers and managed care tools) for the medical schemes to manage costs.

In the recent case (16 November, 2015), *Council for Medical Schemes v Genesis Medical Scheme*, the SCA ruled that medical scheme rules cannot override the Medical Schemes Act and that schemes cannot contract out of their obligations to members.

Extracts from PSSA Newsletter #35

Issuing of licences for pharmacy premises

Proposed new guidelines, to be used by the Director-General of Health in the review and issuing of pharmacy licences, have been published for public comment. They can be downloaded from the PSSA website, http://www.pssa.org.za/E_News.asp.

The PSSA would appreciate it if members would send any comments on the draft guidelines to lorraine@pharmail.co.za. In particular, comment from pharmacists who have experienced difficulties with licensing are asked to share their suggestions with us.



Methodology for the systematic review of the dispensing fee for pharmacists

The Medicines and Related Substances Act, 101 of 1965, provides the legal framework within which the current dispensing fee is regulated. Some time ago, the Minister of Health called for comment on a review of the methodology to be used in the determination of the dispensing fee for pharmacists.

The PSSA used the services of the HealthMan company to assist in preparation of the Pharmacy Stakeholders Forum submission. HealthMan has assisted a number of other professions with similar submissions.

The submission, with its annexures, may be downloaded from the members' section of the PSSA website, under the Library tab, under PSSA documents, Disp fee.

FROM PILLS TO TABLETS

Ray Pogir, FPS - Curator, National Pharmacy Museum



Pharmacists, for centuries, sought to find ways to dispense medication in dosage forms which delivered a uniform amount of medication in a product which was acceptable to patients and retained efficacy for a reasonable period.

Before the early 1700's powdered medication was mixed and wrapped into doses of individual powders.

Problems, however, existed when the medication had a bad taste or contained ingredients which were volatile. In about 1750 the pill machine was invented in Germany and soon became the standard equipment in pharmacies throughout the western world for producing a product which overcame the drawbacks of the powdered medication. It was used for almost 200 years.

The process was hand operated and did not lend itself too easily for the production of large numbers of pills. The need for more efficient system began in earnest.

Towards the mid 1800's the first mechanical punch system was developed. Illustrated is an example, from the museum, of a hand-operated Manesty pill machine. It consisted of a hopper (not shown) which held the granulated ingredients ready for feeding into a dye which compressed the tablets. The size of the tablet can be regulated and the punch is operated by hand-rotation.

Inevitably a motor was attached and the tablets can now be produced by the thousands per minute.

This brief description of the progress from pill to tablet accompanied by the development of the many sophisticated chemotherapeutic medicines of today has also resulted in the complete change from the "hand" skills, 3-year apprenticeship, of yesteryear's pharmacists to the scientific and high-tech profession of today.



Mahogany and marble pill machine; brass cutters; pill rounder; pill silverer; pill mass mortar with long-handled pestle.



Hand-operated Manesty tablet press



Motorized tablet machine



YPG Function



On 20 October the Branch hosted a function for YPG members i.e members of the Branch under the age of 35 years or qualified in the last 5 years. We left the choice of agenda, presenters and format of the evening to the YPG drivers themselves, namely Ms. Mariet Eksteen (pictured) and Mr. Walter Mbatha. We sent invitations to about 377 Branch members who fitted the YPG criteria for membership, 82 of them being male and 295 being female, that resulted in a rather disappointing turnout of only 20. However, we were pleased that those who did attend showed real interest in becoming involved in the future of the PSSA and their profession and a leadership initiative among young pharmacist members will be initiated and driven by Walter Mbatha with support from the Branch.



Cold Chain Management



The objective of presenting Sector Workshops is to bring business related topics to the attention of pharmacists from all practice settings in the PSSA Southern Gauteng branch area. These Workshops also provide the opportunity to members of the PSSA to network with their colleagues whose interests lie in one or more sectors of the profession.

The most recent Sector Workshop was held on the evening of 27 October at which the topic of Cold Chain Management was addressed. The facilitator for the Workshop was the well-known Abeda Williams who was introduced very capably by Miranda Viljoen. Ms Williams opened the session by explaining that there is a world-wide focus on Cold Chain Management and in particular on Temperature Control to ensure that pharmaceutical products comply with good pharmaceutical practices from manufacturer through distribution channels to the pharmacy and the patient.

Sarantis Kosmas (pictured) and Ari Nerwich of Strategnos presented various aspects of the complex subject of Cold Chain Management. Following the presentations, a very interesting question and answer session was facilitated.

The Workshop was well attended and a small sample of responses from delegates is reproduced here:

From a hospital pharmacist – Very informative and currently relevant.

Pharmacy owner and RP – Very useful to help us understand the challenges.

Responsible Pharmacist – Very insightful, more workshops such as these need to be organised.



The Clinical CPD session reported below was held in advance of World Diabetes Day of 14th November and formed part of the Health Awareness programme of the PSSA Southern Gauteng Branch for 2015.

Diabetes: The importance of Correct Management - The role of the Pharmacist.

A brief report on the Clinical CPD presentation of 15 October, 2015.

David Sieff, FPS



The presenter was Dr Stan Landau, of the Centre for Diabetes and Endocrinology, Houghton, Johannesburg.

Diabetes mellitus remains the commonest cause of blindness in the developed world and of end-stage renal failure, as well as a high risk factor for lower limb amputation. It is the fifth leading cause of death in South Africa. There are many barriers to optimal and durable control of diabetes, ranging across cultural beliefs, lack of awareness and family support, distance from care facilities, and lack of medicines and interventions, to mention a few as examples.

The incidence of diabetes is more common than ever and occurring at younger ages, and always in company of multiple co-morbidities such as hypertension and dyslipidaemia. It is often associated also with depression and distress.

Emphasis was made of the great importance of teamwork between diverse healthcare professionals, including pharmacists as major players. The role of pharmacists depends on knowledge, skills, professional thinking, behaviour and attitudes. Pharmacists in collaboration with other healthcare professionals are at the forefront of the growing healthcare challenge in promoting self-care activities.

Traditional cardiovascular risk factors as well as dietary factors continue to apply. Dr Landau warned against the failure to rotate injection sites; extended needle re-use and the use of wrong needle lengths.

In closing, Ray Pogir, the Master of Ceremonies for the session, thanked Dr Landau for his informative presentation and AMGEN for their sponsorship of this important Clinical CPD.



These photographs indicate the progress that has been made in recent weeks. The basic structure of the building is, to all intents and purposes, complete and work has now started on the installation of the electrics, air conditioning ducting, partitioning walls and the like. With such good progress being made currently it seems a shame that it will all come to a grinding halt in a couple of week's time when the entire building industry goes on annual leave.





MESSAGE FROM THE EDITORIAL BOARD OF THE GOLDEN MORTAR

DAVE SIEFF, FPS
Chairman
The Golden Mortar Editorial Board

The Golden Mortar has experienced another successful and interesting year.

The in-house production process was consolidated further, and a decision was taken, in the light of continuing disruption of the postal services and the resultant delays, to switch to an electronic means of distribution to members of the Southern Gauteng Branch of the PSSA. There are a few exceptions where computer access is not available, and printed copies are posted.

This new option has been enthusiastically accepted by the readers, and has also benefited the Branch in greatly reducing the expense of envelopes and postage. The savings can be allocated to other important activities for the benefit of our members and the profession generally. An added consequence is that we are not limited to the previous 12 page format, and have had two expanded editions this year.

Our thanks must be extended to the Branch office and staff for their considerable efforts and time spent in administering and producing each edition, with particular mention of Doug Gordon, Neville Lyne, and Charlene Steyn.

The Board was recently pleased to welcome Val Beaumont to its ranks, and she has already made positive and valuable input. All members of the Board have been actively involved throughout the year in discussing, planning, sourcing, writing, reviewing, proofing and editing material suitable for publication, as information for our readers.

We are grateful to Lee Baker and the Amayeza authors and thank them for their expert clinical articles.

The SAACP (CPS) Southern Gauteng Branch are thanked for their continuing financial support, and the branches of all Sectors for their editorial contributions.

On behalf of the Editorial Board, I wish our readers a happy and restful festive season, safe journeys if you are travelling, and a successful, happy and healthy 2016.



The Chairman of the Editorial Board is David Sieff and the members are Doug Gordon, Neville Lyne, Ray Pogir, Miranda Viljoen, Val Beaumont, Gary Kohn & Jan du Toit. 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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Your SG Branch Chairman Lynette Terblanche

Your PSSA Southern Gauteng Branch Sector representatives are:

- Community Pharmacy: Tshifhiwa Rabali & Frans Landman
- Hospital Pharmacy: James Meakings & Jocelyn Manley
- Industrial Pharmacy: Yolanda Peens & Mario Botha
- Academy Paul Danckwerts & Deanne Johnston

Contact them through the Branch Office: Tel: 011 442 3615

The Editorial Board acknowledges, with thanks, the contributions made by the SAACP Southern Gauteng Branch to the production of this newsletter.



For more information on the Southern Gauteng Branch and classified advertisements visit the PSSA website on www.pssa.org.za





THE PSSA / ALPHA PHARM DISTANCE LEARNING PROGRAMME FOR PHARMACISTS – 2016

This CPD programme has been developed and administered by Insight Medicine Information, a provider approved by the SA Pharmacy Council. Continuing Professional Development (CPD) is a legal and ethical obligation for all pharmacists in 2016. Our CPD programme is a very useful tool, which will greatly help you to make entries into your Pharmacy Council CPD portfolio.

We plan to continue with our highly acclaimed approach providing you, the pharmacist, with useful, practical up-to-date information that will enable you to provide quality pharmaceutical care to your patients. The subjects for 2016 will include **Hypertension, Lower Respiratory Tract Infections, Gout, GORD** and **Childhood Infectious Diseases and Immunisations** as there are exciting new developments in some of these areas.

The PSSA/Alpha Pharm Distance Learning Programme consists of a series of 5 study modules on different subjects, which are dispatched at 2 monthly intervals. Each module is accompanied by a multiple choice question paper and an answer postcard. The postcards are returned for evaluation and your results posted to you together with an answer and analysis sheet. Successful participants who pass 4 of the 5 modules receive a certificate at the end of the programme. The programme is also now available online on the website <http://www.insightcpd.co.za>.

To register for 2016 simply fill in the enrolment form below and return it as soon as possible to the PSSA by fax on 0866 159 835 or email adl@pharmail.co.za. For registration queries contact (012) 470 9550. For further information regarding the modules contact Glynis or Gill on tel. (011) 706-6939, fax 086 660 9527, cell 083 601 4567 or e-mail: cpdalphapharm@insightmed.co.za or see the website above.

2016 ENROLMENT FORM

Title: Name: Surname:.....

ID. No./Passport No.

Postal Address: Code:

Tel. No. (.....) Cell: Fax: (.....)

E-Mail:

Pharmacist Pharmacist's assistant Intern

SAPC Reg No. PSSA no.

Language preference for modules English Afrikaans

Fees

| | | |
|---|-------------------------------|--------------------------|
| Alpha Pharm Retail Marketing Members: Pharmacy Name: | Free of charge | <input type="checkbox"/> |
| Pharmacists – PSSA members: | R2 260.00 (incl. VAT) | <input type="checkbox"/> |
| Interns / Pharmacist's assistants – PSSA members: | R1 880.00 (incl. VAT) | <input type="checkbox"/> |
| Non-members: | R2 850.00 (incl. VAT) | <input type="checkbox"/> |
| Other Southern African Countries: | R2 300.00 (VAT exempt) | <input type="checkbox"/> |

Payment Methods

Direct deposit into Pharmaceutical Society of SA bank account:
 Standard Bank, Lynnwood Ridge Branch Code: 051001, Account Number: 013 045 148
Fax copy of deposit slip together with registration form to the PSSA at 0866 159 835
or email to adl@pharmail.co.za

OR

Credit Card: Master: Visa:

Number:

Expiry Date: **CVV:**

.....
SIGNATURE

RETURN TO PSSA via email: adl@pharmail.co.za or fax to 0866 159 835



