

The Golden Mortar



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

Edition 1/February 2016

Chairman's Report 2015

Lynette Terblanche



Branch Chairman, Lynette Terblanche started her report for 2015 to the Branch AGM by saying that the year under review had been an extremely busy one for the Committee but it had also been a very rewarding year for the Branch. During this period the Branch Committee was at the forefront of a number of initiatives the end results of which will ensure the relevance of the pharmacist and the Society in future healthcare delivery in our country.

The enthusiasm with which individual members of the Committee as well as officers of the Branch Office volunteered their time and expertise to participate in these initiatives for the benefit of the profession is commendable. This is in sharp contrast to many other voluntary organisations that are floundering as a result of apathy and a lack of interest because individuals see no benefit in participating in committee structures.

She went on to briefly report on a number of the activities of the Committee.

Marketing

Successful marketing efforts are integral to the growth and sustainability of any organisation. One such marketing effort initiated by this Branch is that of Health Awareness Days. Informative material in the form of 2D Barcodes (Tags) to be used by individual pharmacists in all walks of the profession are provided for the chosen Health Awareness days in 2015. These included: Vaccination Week, Hypertension Day, Eye Care Awareness Month, Pharmacy Week, and

Diabetes Day.

The NEC of the PSSA recently established a marketing committee on which this Branch is well represented. I believe that this was as a result of the leading role that this Branch played in entrenching Health Awareness Days as an effective tool for members of the Society.

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Student Liaison

The meaningful relationship established during previous years with the Wits University Pharmacy Students Association continued throughout 2015.

The Chairman of the Wits Pharmacy Student Association was invited to attend Branch Committee Meetings to share with the Committee, the activities of the Student Association. Informal meetings were also held to explore opportunities for continued close collaboration.

The Branch continues to reward deserving pharmacy students at Wits by providing a number of prizes for excellence in various categories.

Interns and CSPs

The annual function for pharmacy interns was held at Glen Hove in June 2015. The event was organised by SAAHIP to address the issues that surround Community Service and in particular, to assist them in dealing with applications for postings.

Young Pharmacist Group (YPG)

The Branch has 377 members in the Branch who fit the YPG criteria for membership, 82 of them being male and 295 being female.

A function for YPG members was hosted in Glen Hove on 20 October 2015, and although the number attending the event was disappointing, this small group showed interest in becoming involved in the future of the PSSA and their profession. A leadership initiative was agreed among the pharmacists who attending the function and will be driven by Mr. Walter Mbatha.

Social Responsibility Project

In collaboration with Wits University this project involves the establishment of a registered pharmacy housed in the buildings of the Trinity Church in Hillbrow to provide healthcare to the large number of homeless people and street children in the area. An important milestone was reached toward the end of last year namely that of registration and obtaining a pharmacy licence and it is anticipated that the facility will very shortly be in a position to start offering its much needed services.

Interaction with the National Office and Sectors

The Branch Committee continues to be active in both initiating and driving initiatives originating from interactions with and meetings of the National Executive Committee.

Presidential visit. In July we welcomed the newly inducted President of the PSSA, Prof. Sarel Malan to a Branch Committee Meeting. It was an interesting evening of open and honest exchanges of ideas and concerns, the more important of these included the PSSA Constitution, the future of PSSA Conferences, financing of the national body, marketing of the PSSA, membership benefits and the implementation of the Strategic Plan.

Publications

The publication of the Branch the Golden Mortar, now distributed electronically, continues to provide relevant and interesting subject matter.

Fellows Committee

The secretarial services for the Fellows Committee, under Chairmanship of Mrs Val Beaumont, continues to be provided by our Branch office. A Fellows Dinner attended by about twenty Fellows from the Branch was held at Glen Hove in November.

Continuing Professional Development (CPD)

CPD evenings arranged by Mr Neville Lyne with admin. support from Ms. Cecile Ramoyane continue to provide extremely relevant and interesting CPD sessions and consequently the events are well attended.



Branch Elections

An effective and convenient SMS system introduced for the election process a few years ago continues to be used. The nomination and election process for Branch Committee members was conducted during November and December 2015. Early elections as well as a January AGM facilitate optimisation and efficiencies of the functioning of the Branch Committee.

Chairman's Dinner

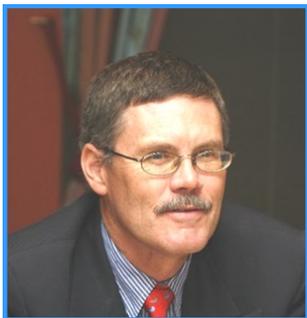
The Chairman's dinner was once again held in conjunction with the four Sector Committees during November 2015 at 52 Glen Hove and was a most successful event. Functions such as these contribute to maintaining the ongoing good relationship between the Sectors represented in this Branch.

Financials

The financial position of the Branch continues to be healthy, thanks to the continued efforts of the Honorary Treasurer, Mr. James Meakings.

Lynette then went on to congratulate the incoming committee members on their election to the committee and warned that the challenges will always be there, but she was sure that they would find the experience most rewarding.

Honorary Treasurer's Report



Members may be aware that the Branch does not have any direct revenue streams per se, such as membership fees, but relies almost entirely on an annual grant from one of the Branch owned companies namely, Pharmaceutical Management Services (Pty) Ltd. to cover its operating expenses. Consequently the Branch has to exercise caution over its financial affairs without compromising member benefits. The last few years have seen a reduction in operating expenses as we have taken advantage of electronic communication options, - the production of The Golden Mortar is an example.

Since there was no PSSA Conference held during 2015 there were none of the substantial associated costs incurred by the Branch such as the cost of sending a delegation to the event. In addition we moved to an in-house SMS system of holding elections which has resulted in considerable savings.

We do, however, continue to support the Foundation for Pharmaceutical Education by sponsoring two bursaries for deserving pharmacy students studying at Wits. and in addition we continue to sponsor prizes for Wits Pharmacy Students for outstanding achievement. We also financially support the pharmacy students with projects such as Pharmacy Week and the Annual Students Ball.

Branch projects, such as Health Awareness Days and Pharmacy Week promotions, also require and receive financial support. Our current social responsibility project, in association with Wits University, is the establishment of a registered pharmacy to provide pharmaceutical services, at no charge, to the street children and homeless people in the Hillbrow area. This worthwhile project has taken some time to establish, but is due to open its doors to provide a much needed service in the very near future.

Meaningful CPD presentations are benefits appreciated by the members, but it is becoming increasingly difficult to obtain sponsorship for these events to the same extent that we have in the past. Consequently a number of these presentations are now being funded by the Branch itself. This we are prepared to do as it is in the member's best interests for us to provide a range of topics, some of which may not be sponsorship money spinners, but important for members to receive information on and remain up to date on those particular subjects. The objective of the Branch is to serve the members and look after their interests on behalf of the profession so it is this stewardship and not profit optimisation for which we continue to strive.



In a major effort to provide financial sustainability for the Branch, Pharmaceutical Management Services (Pty) Ltd. has engaged with two partners to develop the property next door at 54 Glenhove Road which we have owned for a number of years. The office building is due to be completed at the end of the first quarter of this year with the occupation date being May 2016. The majority of the available space has been let to reliable tenants on long term leases. This prudent use of the property asset will yield results in the long term and ensure sustainable growth in our investment portfolio. Diversification across all asset classes, including property, covers one more effectively in the event of market fluctuations such as we are currently experiencing.

My thanks go to the Business Committee as well as to the Branch Management who diligently give of their time for the benefit of us all.

James Meakings
December 2015



COMPOSITION OF BUSINESS COMMITTEE

The Business Committee of the Branch of the PSSA was, until two, years ago elected by the members of the Branch concurrently with the election of members of the Branch Committee.

In this way, six members of the Business Committee were elected by the membership-at-large for 3-year periods, two of these elected members retiring each year.

This was done to ensure a rotation of members while at the same time assuring continuity of membership and experience on the Business Committee.

The election of these six members has now fallen away and the six positions are now filled by appointment by the Branch Committee. Thus we have established a new process whereby six members are appointed by the Branch Committee for 3-year periods, two of these members vacating their positions each year.

The Chairman and the Honorary Treasurer of the Branch serve in *ex officio* capacities on the Business Committee.

Up to four additional members may be appointed by the Business Committee for their "special expertise" in business or commerce, or in any other field of endeavor of value *for the time being* to the Business Committee.

The Business Committee members appointed by the Branch Committee to serve during period 2016/2017 are as follows:

Honorary Officers, *ex officio*

Lynette Terblanche, (Branch Chairman)
James Meakings, (Honorary Treasurer)

Elected Members

David Boyce (Chairman)
James Meakings (Vice Chairman)
Walter Mbatha
Monique Cronje
Ray Pogir
Geraldine Bartlett



Subsidiary Companies

The assets of the Branch are held in three *Proprietary Limited* companies, these respectively being Pharmacy Mutual Proprietary Limited, Pharmaceutical Management Services Proprietary Limited and the newly registered "54 Glenhove Pty Ltd". Southern Gauteng Branch Directors and office bearers of the companies are required to be elected each year by and from amongst the members of the Business Committee.

Pharmaceutical Management Services (Pty) Limited

Pharmaceutical Management Services ("PMS") is wholly owned by the S. Gauteng Branch and has three divisions, namely, the Conferencing Business, a financial investment portfolio which includes a full spectrum of local and foreign financial instruments (also administered by the independent professional asset managers which provides these services to PM) and a property portfolio. The properties comprise 52 Glenhove, and the adjacent Glenhove property.

All members of the Business Committee are Directors of PMS, Ray Pogir being the Chairman of the Board of this Company and David Boyce, Vice Chairman.

Pharmacy Mutual (Pty) Limited

Pharmacy Mutual ("PM") is the investment holding company of the Branch, its financial portfolio being administered by independent professional asset managers.

Besides the Southern Gauteng Branch there are three other shareholders of PM, namely, the Free State and Vaal Triangle Branches, of the PSSA and the Community Pharmacist Sector: Southern Gauteng Branch. James Meakings and David Boyce represent Southern Gauteng as Directors, and as Chairman and Vice Chairman, respectively, of the Board.

Principal activities of the year under review

Principal activities pursued during the year under review included the following.

- Oversight of the day-to-day commercial and investment management activities including "Glenhove Conferencing";
- Ongoing initiatives with respect to the future development of the adjacent Glenhove properties;
- Re-alignment of companies' founding documentation to meet requirements of the 'new' 2008 Companies' Act (ongoing);

Initiative to develop adjacent properties at 54 & 56 Glenhove.

We purchased the next door property at 54 Glenhove Rd. first and foremost to provide additional parking for clients of our conferencing business rather than for development.

We more recently purchased 56 Glenhove Rd. with the specific intention of undertaking property development and agreed that we would seek a suitable partner(s) for such an undertaking, where the partner(s) would *inter alia* be required to contribute expertise in property development/construction. Furthermore, we would seek funding for the project from a financial institution and/or from a partner in the venture.

After a careful review of the situation, we agreed with our external associates to seek alternative tenants who would warrant undertaking development of the property.

54 Glenhove Proprietary Limited

Two hurdles to our property development objectives:

We had previously been blocked from developing 54 Glenhove by the Heritage Commission who had been persuaded that the house on the property had significant intrinsic value as a fine example of a 'gold fever' Tudor residence. We were not convinced and submitted an application for demolition which was eventually accepted - we would be permitted to demolish the house and redevelop the site.



The second hurdle which fell in these months was that our previous associates, in seeking to find a client for an office developer, with whom we had since established a quasi-partnership relationship, found a potential client for 54/56 Glenhove. By combining the two stands we would be able to build a 5000 square meter office block.

Mazars Inc. a chartered accountant and auditing firm would require substantial space and were willing to sign a long term lease and so construction began in April 2015 and the project is due for hand-over to the client during May 2016 – an excellent achievement (weather permitting).

Appreciation

The Chairman sincerely thanked the members of the Business Committee and those who serve as Company Directors for their dedication and continued interest in preserving, protecting and growing our Branch assets. He also thanked the management and staff who had maintained their high standards in the provision of Conferencing facilities and recognition from our auditors for the manner in which they maintain and manage the financial systems and records.

Responsibilities relating to the use of Social Media

Doug Gordon, FPS

General Manager

Southern Gauteng Branch of the Pharmaceutical Society of SA



Elsabè Klinck
of Elsabè Klinck Consulting cc.

In view of its popularity, wide usage of social media and the apparent lack of appreciation for the responsibilities that go with it, in particular for professionals, we invited Lawyer, Elsabè Klinck to address us on the topic at the Branch AGM held last month. It was an eye-opening presentation and it's a pity that more members were not there to hear what Elsabè had to say. What follows is a brief summary of her presentation for the benefit of those members who were not at the AGM.

Elsabè introduced the topic by listing some of the Laws that impact on the use of social media by people such as ourselves, namely pharmacists. These laws included, PAIA (Promotion of Access to Information Act), POPI (Protection of Personal Information Act), NHA-National Health Act (maintaining confidential health information), SAPC – Pharmacy Council requirements re. confidentiality (incl. children over 12 years) not to mention Criminal and Civil Law requirements.

Social media, for the purposes of the presentation, included SMS, e-mail, Twitter, Facebook, Linked-in, You-tube and blogging. It appears that a fair number of pharmacists respond to patient's SMS, e-mails, etc. thus potentially exposing them to the laws that impact on the use of social media listed previously.

Elsabe went on to explain the many ways in which these communications can backfire, for example:

- Posts that are not monitored
- Posts that reveal personal or confidential information
- Posts that appear to provide healthcare advice
- Posts that show some kind of allegiance
- Posts that could defame
- Posts that could be shared or sent in error, - possibly to a whole group



So, what to do.....

- Have and maintain a professional presence
- Compose and use your own, personal disclaimer
- Google yourself to monitor your own Internet presence
- Don't offer SMS or Twitter etc. health advice
- Set the limits and make sure your staff are aware of and adhere to them

POPI Act (Protection of Personal Information) has particular relevance. Members should acquaint themselves with the provisions of this Act, in particular the processing of patient's special information i.e. health and biometric, which is prohibited unless consent has been provided.

What to do.....

Elsabe suggests the following,

- Have a contractual agreement of confidentiality with your patients
- Include justification for the collection of certain information such as family member details, cell phone numbers etc.
- Disclose where laws require the disclosure of this information e.g. Medical Schemes Act, NHA – among relevant practitioners, mandatory disease disclosures e.g. TB or measles etc.

As can be seen from this brief summary of Elsabe's presentation, despite the convenience, speed and low cost of using social media, there are many legal implications in doing so and members are advised to adopt a responsible and professional approach when using this means of communication. Final word of advice, - keep your professional and personal posts entirely separate.



The Zika virus

Lee Baker - Amayeza Info Centre

The media is full of terrifying stories regarding the latest Public Health Emergency of International Concern (PHEIC); namely the Zika virus, but just what is it and how does it affect South Africans?

The Zika virus is a virus that is primarily transmitted via the *Aedes aegyptii* mosquitoes (the species that also transmits yellow fever, dengue and chikungunya). There have also recently been isolated reports of the virus being transmitted via blood and semen. In addition, the virus has also been found in saliva and urine, but it is not known whether this means that the virus is transmitted via these body fluids. The virus was first discovered in Rhesus monkeys in Uganda in the Zika Forest in 1947 and later in humans in Nigeria. Sporadic outbreaks have been reported from Central Africa, South-east Asia and the Pacific islands. In 2015 it spread to the American region and to date 23 countries there have reported transmission of the virus, with Brazil reporting the most cases. There is currently no transmission in Southern Africa.



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Unlike some of the other infections transmitted by mosquitoes, most people infected with the Zika virus have no symptoms at all, and those that do, usually have mild symptoms such as headache, fever, rash, itchiness, and joint and muscle pains, which resolve spontaneously within a 2-7 days. Conjunctivitis and painful eyes may also occur. The incubation period is about 14 days.

There is no actual treatment – the infection is managed symptomatically, with paracetamol and non-steroidal anti-inflammatories.

The concern regarding this viral infection is that areas with Zika virus transmission are reported to be seeing an increase in the number of babies born with microcephaly (small head often accompanied by brain growth failure) and other congenital defects. An increase in Guillain-Barre syndrome and other neurological conditions and autoimmune diseases has also been reported in these areas. Although Brazil has reported roughly 4800 suspected cases of microcephaly during the Zika outbreak, new figures released by Brazil's Health Ministry have found fewer confirmed cases of the rare brain defect than first feared, and many, when tested, were not infected with the Zika virus.

It is not yet scientifically proven that Zika virus infection of pregnant women causes microcephaly and other congenital defects, but it is strongly suspected. There is evidence that Zika virus can cross the placenta and infect the foetus. The virus has been shown to be present in amniotic fluid in 2 cases, and in the tissues of a newborn who died shortly after birth.

As a precaution, the focus is therefore on preventing pregnant women from being infected with the virus.

Women living in the affected areas are strongly advised not to fall pregnant for at least a year.

Experts say that once a person has been infected, they develop immunity and can then have a baby safely. Pregnant women should not travel to any of these areas and women should avoid falling pregnant for 28 days after returning from an affected area. Men who have travelled to these areas should use condoms when having sexual intercourse with a pregnant woman to prevent the small risk of transmission in this manner.

As a general precaution, anyone in the affected area should take measures to prevent being bitten by the mosquitoes. These mosquitoes bite mostly during the day, and people should therefore apply an insect repellent containing up to 50% DEET (N,N diethyl-m-toluamide) during the day.

Rumours and conspiracy theories abound and should be ignored until they are endorsed by the experts. One such rumour is that genetically modified mosquitoes are the cause of this outbreak. In fact the genetically modified mosquitoes that have been produced to reduce the mosquito population and therefore the risk of dengue fever, may actually assist in bringing the Zika virus outbreak under control.

What is the impact on South Africans?

Although *Aedes aegyptii* mosquitoes are found in South Africa, there are 2 subspecies and the one in S.A. does not usually bite humans and may be less susceptible to the Zika virus. Even though a traveller returning from one of the countries that currently has an outbreak, may be infected, this is unlikely to spread to the local population as it is not a contagious disease.

Because the areas with Zika virus transmission are also areas where there is a risk of dengue fever and chikungunya, and in many areas, yellow fever and malaria as well, all South African travellers to these areas should take measures to prevent mosquito bites at all times, and, if they present with any of the mentioned symptoms, they should seek immediate medical attention to eliminate the other infections.

The bottom line is, until we have further information, anyone who is pregnant or wishing to fall pregnant, should avoid the areas that are reporting Zika virus transmission.

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3. PRO/EDR> Zika virus (05): Americas, Asia, Pacific. promed-bounces@promedmail.org 4/2/2016
4. [druginfo] Zika - understanding causality, planning interventions druginfo-bounces@lists.hst.org.za 8/2/2016
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6. Zika virus: an update for clinicians. Public health England. 5 Feb 2016



DEALING WITH BENEFIT CHANGES: LEGAL AND ETHICAL FRAMEWORK FOR PHARMACISTS



ADAPTED AND UPDATED BY ELSABE KLINCK AND VAL BEAUMONT

Therapeutic substitution of medicine is illegal

The Medicines Act, as amended, provides for generic substitution to take place at a pharmacy level. However, where a medicine does not have a generic equivalent, or where the patient refuses or the doctor writes “no substitution”, no substitution may take place. Substitution is also not permitted where a medicine appears on the MCC’s non-substitutable list. Patients should not be penalised by non-payment of benefits for instances that fall within this current framework.

All managed care interventions must be grounded in evidence-based medicine

Blanket-exclusion of certain treatments may not be grounded in evidence. Moreover, it may violate the requirements found in the Medical Schemes Act’s regulations, where individual patient needs and appropriateness of treatment are over-arching principles. A patient who is not controlled or treated on a specific type of treatment, is entitled, without co-payment, to an alternative appropriate treatment.

The HPCSA Policy on Undesirable Business Practices stipulates that medical protocols, clinical guidelines and review criteria used by medical schemes must be developed by doctors according to scientific criteria and should not be dictated or influenced by organisations whose primary objective is cost-saving.

The pharmacist-patient relationship should not be subjected to third party interference

As with most health professionals, the pharmacist-patient relationship is one of trust. A pharmacist is therefore obliged in terms of the Good Pharmacy Practice Guidelines to ask appropriate questions directly of a patient and to provide advice on the specific medication. This is obviously in the best interest of the patient and a relationship that should be protected and respected.

Persons not registered with the Pharmacy Council may not offer advice on the suitability of medicines, the substitution of medicines, side-effects etc.

Pharmacists are trained in the properties, interactions and effects of various medicines. Lay persons can therefore not offer patients any advice on whether they should switch to other medicines and will not be able to inform patients on the impact of such medicine changes for the particular patients. Differences in mode of action, absorption etc., may have an impact on the effectiveness of the treatment of a particular patient. Pharmacists working in managed care organisations or for medical schemes are not authorised to practice community pharmacy nor to advise patients on appropriate therapy.

Persons not registered at the Health Professions Council of South Africa (HPCSA) may not provide medical advice or healthcare assistance

Changes in healthcare should be accompanied by a proper examination and assessment of the patient. Only persons registered at the Medical and Dental Professionals Board, or another appropriate professional board (such as psychology, physiotherapy, etc) may perform the actions associated with such a profession. A lay person may not offer treatments to patients that fall within the professional scope of a medical doctor, for example.

Liability in cases where there is interference with the pharmacist-patient relationship

Pharmacists may be held professionally accountable for consequences flowing from their actions as pharmacists. This is particularly important where patients consent to generic switches, and where doctors agree to therapeutic switches. Pharmacists should advise patients of the implications of these and ensure that patients provide an informed consent to these.



DEALING WITH BENEFIT CHANGES IN THREE SIMPLE STEPS



“Warn patients to say no to invitations to substitute therapy”

Tell patients that they should NOT agree to any changes in medicines being suggested by their medical scheme *without* consulting with their doctor and you, their pharmacist. Inform patients of the implications of switches given their current health status and specific medicine regimen. Ensure that where generic substitution is mandated, the patient is informed of his/her choices and the implications thereof.



“Did the patient get what was prescribed?”

Inform patients of the difference between a generic (lawful) and a therapeutic (unlawful) switch. If a therapeutic switch is recommended by a scheme, inform the patient that the doctor will have to be informed and will have to issue a new prescription for a therapeutic switch, which has to be monitored appropriately.



“Patients should not have to make co-payments for Prescribed Minimum Benefits (PMBs) and Chronic Disease Lists (CDLs)”

Inform patients about the need to take up with their scheme and the Council of Medical Schemes instances where they have to make co-payments and feel that these have been unfair. In certain instances co-payments may not be levied by schemes. Where a designated pharmacy (Designated Service Provider or DSP) is not available, or too far from the patient's home or work, or do not stock the required medicine, the patient is entitled to go to a non-DSP without having to make any co-pay, or without the scheme imposing any deductible or levy on that patient. For “out-of-formulary” medicines, patients should NOT make any co-payment or face any levy or deductible if they are / were not doing well on the formulary medicine. Where a patient has been or would be fine on a formulary medicine, s/he can be subjected to a reasonable co-payment, reasonable being close to the real difference in price.





Wits Pharmacy Student Visits to the National Pharmacy Museum, 2016



Our adventure began when we walked into the Southern Gauteng Branch of the PSSA and went straight to the National Pharmacy Museum. There was silence as Mr. Ray Pogir, the Curator engaged us in stories of the history of our chosen career. Everything, from the first form of the tablet, to some of the first automated machines for mass production. There were identical glass jars with labels placed in perfect rows, mainly because if it wasn't neat and tidy the staff would have been "fined" in the past. Most interesting to us was a glass jar of Spanish Fly which, amongst other things, it turns out, was the early day Viagra!

All we can say is that we are glad we are women!

The beauty of a 1800s, or 1900s Pharmacy is breathtaking. They all had hand painted porcelain jars and canisters, they wrote the labels in Latin in cursive script and they were practiced in perfection. As the Curator said, the packaging of the medication had to be so well done that it would leave no doubt in the minds of patients that you had prepared the medication with the same amount of care and precision.

I'd say that Pharmacists in those days also had one of the most interesting jobs. They were the Chemist, Druggist, Optometrist and part Botanist! Although nowadays we seem to have a million and one more drugs to learn about, our job seems significantly easier. As a testament to this we saw the progression of the Martindale and Pharmacopeia from the early 1800s to the present, - the books became bigger, thicker and more detailed. We had the privilege of being able to open a Martindale from the late 1800s. The book was so fragile, it was as if we were holding a fragment of our profession's very history, from where everything we study today originated. We barely understood anything in the book though, so many things have changed.

We, as a class and future Pharmacists, cannot thank Mr. Pogir and the Southern Gauteng Branch of the PSSA enough, for receiving us so sincerely, for enlightening us, and teaching us so much about the history of our chosen profession. It was an experience we will not soon forget. We were always proud of the career that we have elected to go into, we know that the work we do is important, but we now have a new appreciation for where it all comes from, what was done in the old days to make what we do so easily possible. The experiments, they discoveries and the progress, to see it all in front of us is a world of its own, fascinating to its core.

Thank you for giving us a new appreciation for pharmacy and for your ongoing support of Pharmacy around South Africa. Thank you PSSA, from BPHARM 4 students of Wits 2016.

Written by Courtney Philpott





**Pharmaceutical Society
of South Africa**

YPG Professional Innovation Project 2016

Call for applications for the PSSA Young Pharmacists' Group (YPG) Professional Innovation Project 2016 is now open!

The Grant

A grant for **Professional Innovation** is offered by YPG and the PSSA to support and encourage **innovation in pharmacy**.

The Grant consists of **R15 000** for the **implementation of a project** by a young pharmacist/ pharmaceutical scientist.

Projects can stem from **any field of pharmacy** (pharmacy practice, pharmaceutical science and/or pharmacy education) but should directly or indirectly benefit or **improve health of communities** and demonstrate the **value-add of pharmacy on health**.

Grant Conditions

The Grant recipient is expected to submit a **project report** to the PSSA and to present on the winning project in 2017/2018 at a PSSA Sector conference. In addition, the recipient will be obliged to submit **interim reports and updates** as required by YPG or the PSSA.

Eligibility - Applicants must be paid-up individual PSSA YPG members.
Deadline - 31st March 2015

Judging Criteria

Applications will be evaluated based on **five criteria**: Significance and relevance, Creativity and innovation, Scientific accuracy, Feasibility as well as Clarity of communication.

Additional Information

PSSA YPG: Mariet Eksteen
Project Coordinator
ypg@pharmail.co.za



South African Association of Pharmacists in Industry
(A sector of the Pharmaceutical Society of South Africa)



Do not miss the opportunity to attend the SAAPI Conference 2016

SAAPI CONFERENCE 2016

SAVE THE DATE

13 & 14

APRIL 2016

"SUCCESS THROUGH SYNERGY"

The South African Association of Pharmacists in Industry (SAAPI) will be hosting a two day conference at the CSIR Conference Centre on 13 and 14 April 2016. The aim of this conference will be to address topical subjects relevant to the pharmaceutical industry and the changing landscape we face this year.

We will provide you with practical tools and share ideas on how we can work together with other stakeholders to achieve our common objectives.



The short reports contained in this section of The Golden Mortar will be in the realm of Ethics and Law which, in various ways, will address 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



MATTERS OF ETHICS AND LAW, IN BRIEF

Val Beaumont, M Pharm (Industrial Pharmacy), FPS

In this edition:

- Medical Devices and In-vitro diagnostic agents (IVDs) soon to be regulated.
- Amendments to the Medicines and Related Substances Act pave the way for a new authority to regulate medicines, medical devices and in-vitro diagnostic agents.
- SAPC Qualifications for Pharmacy mid-level workers.

Medical Devices and In-vitro diagnostic agents (IVDs) soon to be regulated

- Amendments to legislation provide for the first time for the registration of medical devices and IVDs. Existing products will be called up by the regulator and new products will require registration. The principles will align with allopathic medicine registration but the regulator will not conduct the actual assessments on products. This will be the responsibility of assessment bodies still to be established and accredited by SANAS.
- Devices will be categorised depending on their potential risks and intended purpose including: duration of contact, degrees of invasiveness, whether the device delivers energy or medicines, any biological effects, the intended action (local vs systemic/injured skin), diagnosis or treatment. The registration process will commence in 2017 with category D products (high risk). Focus will be on safety and performance of products.
- Implementation of this legislation will promote access to safe and limit access to unsafe medical devices and IVDs. The process will commence soon with the identification and licensing of stakeholders/manufacturers/importers. Regulations and guidelines to support these process are currently in draft format.

References:

Medicines and Related Substances Amendment No 14 of 2015.

² MCC (Medicines Control Council) which is to be replaced by SAHPRA (SA Health Products

³ SANAS. SA National Accreditation System.

Amendments to the Medicines and Related Substances Act pave the way for a new authority to regulate medicines, medical devices and in-vitro diagnostic agents.

Act No 14 of 2015, the recent amendment to the Medicines and Related Substances Act, 1965, was finally assented to in December last year. This amendment to our medicines legislation is intended to provide for a new regulatory authority to be known as the South African Health Products Regulatory Authority (SAHPRA).

This legislation will be implemented once the necessary operational issues and regulations are in place. It will be implemented immediately post the implementation of the amendment act, Act 72 of 2008. This was assented to in 2008 but is not yet implemented.



What can we expect from the implementation of these two amendment acts?

- A new regulatory authority will be established as an organ of State within the public administration but outside of the public service. It will be a more independent body than the MCC and will have increased revenue funded principally from fees charged to applicants for the registration of medicines.
- It is anticipated that in the second quarter 2016, work will commence on establishing the new authority and transferring the workings of the current MCC as well as the resources, across to the new SAHPRA.
- A significant change will be that the new authority will be charged, in addition to the current mandate of medicines regulation, with the regulation of medical devices and in-vitro diagnostic (IVDs) agents. This regulation follow similar frameworks to those for medicines regulation. Regulations and guidelines have yet to be finalised.
- Regulation will include control of advertising and marketing with the option for acceptable and prohibited acts in the context of the ban on bonusing and rebates to be prescribed in respect of medicines, devices and IVDs. The publication of a code for the marketing of these products is also provided for.
- The new authority will have the power to liaise with other regulatory authorities or institutions as well as enter into co-operative agreements to achieve the objects of the Act. This is something that has been advocated by the pharmaceutical industry for a number of years and which should be resource saving and increase efficiency.
- The new authority will be overseen by an Executive Director.

SAPC Qualifications for Pharmacy mid-level workers.

The SAPC has adopted a policy to create a new cadre of mid-level pharmacy professionals to be known as pharmacy technicians. In line with this, the SAPC is following the necessary processes to create a formal qualification through the Quality Council for Trades and Occupations (QCTO). It is envisaged that this qualification will integrate with the basic and post basic level pharmacist's assistants' qualifications to provide for career progression.

Representatives of all sectors of pharmacy re currently involved in identifying the skills and knowledge needed and the work place experience that would be required.

It is interesting to note that this time around the vision is for the training of generalists rather than sector specific qualifications.



Progress on the new building site at 54 Glenhove continues apace and keen eyed readers will notice the growth spurt since the last report that we gave on progress! The site is now literally crawling with engineers, architects, labourers, electricians, plumbers, tilers, pavers, plasterers and the like in a huge effort to meet the May deadline for completion, - which, they continue to tell us, will be achieved.



Strength Lies in Unity of Purpose

Ray Pogir, FPS - Curator, National Pharmacy Museum

This brief chronological summary outlines some of the historic conditions which led to Pharmacists organising themselves into professional voluntary bodies or committees to mobilise action against Government policies which the profession opposed. Ultimately the Pharmaceutical Society of South Africa (PSSA), was formed in 1946. The PSSA to this day represents the majority of pharmacists in South Africa and continues to act in the interests of its members. The National Executive Committee is charged with the responsibilities of carrying out the instructions of resolutions taken at the PSSA AGMs and also being responsible for actions taken by PSSA officials.

1885

Quote from the 13th June 1885 minutes of a meeting of pharmacists in King Williams Town.

“An association be formed called the S. A. Pharmaceutical Association for the protection of the rights and interests of the chemists in this Colony.”

It took some time to have this accepted by the pharmacists in the other provinces in the country at that time.

The body that was formed played a major role in influencing the introduction of legislation to protect the rights of pharmacists.

1908

In 1908 the Government introduced a Medicine Stamp Tax on patent medicines. This was after the Boer War and the country was in a state of depression. The levy was introduced by the Government as one of the methods to raise revenue. This was considered as unfair by pharmacists.

Pharmacists boycotted the Act and some appeared in Court and were acquitted. The pharmacists continued in their opposition to the Stamp Tax and the Act was eventually repealed in 1911.

1923

In 1923 a Medicine Stamp Act was again introduced. Mike Ryan in his History of Organised Pharmacy in South Africa, describes, in some detail, the reaction of pharmacists to what they considered to be an unfair imposition on the sale of medicines and to the expectation that pharmacists were in fact to be “tax collectors” for the Government.

There was no national body to represent pharmacists at that time. Each province had its own committee and they lobbied the Government to repeal the Act. This did not succeed and it was realised that a National organisation was needed in order to represent a unified opposition to the Stamp Tax and other legislation which was on the Government agenda.

The African Chemist and Druggist was at that time a trade journal which was available to all pharmacists.

In its first edition in 1921, a contributor “Free Lance” wrote that an “unorganized minority” would become “the obvious and easy victim for class legislation and administrative injustice”.

Various actions, ranging from passive resistance, militant revolt as used by trade unions, the closing of all pharmacies for a time, were proposed over the next year and a half.

The representatives of the provincial pharmacy committees eventually decided, in 1923, to form a national body which was to be known as the Associated Pharmaceutical Societies of South Africa (APS).

The Government of the day was a Smuts Government led by the South African Party (SAP) with the Labour Party in opposition.

The APS, supported by the provincial branches organised a nationwide vigorous and militant campaign. It even entered the political arena to gain support from opposition parties. The end result was a debate in parliament which resulted in the SAP, led by Smuts, calling for an election at which it lost its majority. The pharmacists of that time were credited with overturning the Government. The Stamp Tax Act was repealed by the new Government.



1960s

In the mid 1960's the number of black pharmacists began to increase and many applied to work in the State and Provincial Hospitals. A discriminatory salary scale was introduced which paid black pharmacists less than their white colleagues. The PSSA National Executive viewed this an injustice as all pharmacists bore the same professional responsibility and should be paid on the same basis.

Negotiation with the Government at that time did not succeed.

A national campaign, including use of the media, was designed to get public support to remove the discriminating salary scales. Publicity in the press throughout the country eventually led to the equalization of the salary scales for all pharmacists in the Public Service.

1960s / 1970s

In the late 1960's and early 1970's organised pharmacy started lobbying for the separation of Pharmacy from the Medical, Dental & Pharmacy Act (MD&P Act) of 1928. It was felt that Pharmacy developments in Science, Training Standards, Ethics, and the development of Educational Standards needed to be contained in an Act specially designed to meet the needs of the times. This could not be accommodated in the all-encompassing 1928 Act.

The PSSA proposals for such an Act were supported by the Pharmacy Board, as it existed at that time, and eventually also by the Department of Health (DOH).

Many days and long hours were spent in negotiation between the above 3 parties and resulted in a draft Act being presented by the DOH early in 1973.

There was one major section that the PSSA insisted on and with which the DOH did not agree.

Pharmacists required that the ownership of Community pharmacies be restricted in Law only to pharmacists. There was such a clause in the 2nd reading of the Act but it also contained a second clause which made provision for (Pty) Ltd body corporates to also own pharmacies as long as the Managing Director was a pharmacist. This apparently was the result of lobbying by companies which already owned such pharmacies, and even more so, as the PSSA came to know, by new business entities and Public companies, which were planning to open pharmacies and had presented their plans to the DOH.

The PSSA saw this as a loophole which would be exploited by these non- pharmacy businesses and raised a number of objections. The DOH, however, did not agree with the PSSA and proceeded to set a date for the Act to go Parliament. The PSSA executive elected an "action committee" to plan a nationwide campaign to have the offending clause removed.

The co-operation of pharmacies throughout the country was exceptional. The action committee planned their strategy around the threat that community pharmacies in all the towns and villages where they existed and provided a service, would get Public Companies with their large financial resources entering the profession and resulting in their pharmacies having to close.

A large number of pharmacies had customers who were prominent public figures such as Cabinet Ministers, MPs, MPCs, Mayors and religious leaders. The Action Committee of the PSSA drafted letters which the pharmacies could address to all of these "community leaders"

The Minister of Health received large numbers of objections to the threat that he was proposing to include in the new Act. After an interesting and exciting campaign the PSSA finally won the day and the offending clause was removed from the Act which finally was passed as the Pharmacy Act of 1974.

Our first independent recognition as a profession outside of the MD&P Act of 1928.

In conclusion, the various examples of actions taken by organized pharmacy over more than a century highlights the importance of unity of purpose in the profession and the necessity for strong cohesive leadership in its various voluntary structures, in the best interests of the Pharmacy profession.



SA Association of Community Pharmacists - Quo vadis?

Gary Kohn, FPS - Community Pharmacist



In other words, where is the association going?

With the intentional renaming and relaunching of the Community Pharmacist Sector of the Pharmaceutical Society of SA to the South African Association of Community pharmacists (SAACP) a new SAACP slogan of “Shaping the future of Community Pharmacists in South Africa” has been adopted.

The SA Association of Retail Pharmacists was launched in the late nineteen-forties after the formation of the Pharmaceutical Society of SA and became the organization representing the interests of the retail pharmacies, at that time.

During the 1990s there was a move among organized pharmacy to unite the various pharmacy organisations into one, namely the Pharmaceutical Society of SA and to provide for interest groups or Sectors. Thus the Academic Sector, Community Pharmacy Sector, Hospital and Institutional Pharmacy Sector and the Industry Pharmacist Sectors were formed as part of the Pharmaceutical Society of SA. This move supported the principle of unity and the ability for the profession to “speak with one voice on professional matters” and to have one society to negotiate with government and stakeholders.

United South African Pharmacies (USAP), which addressed the business interests of Community Pharmacists, was started and was later relaunched and changed to Independent Community Pharmacy Association (ICPA), representing the independent community pharmacies and taking over the business role previously addressed by SAARP and SAACP. The ICPA made a decision not to be part of the PSSA as an interest group but rather to be independent and autonomous.

The new SAACP now becomes the home of all pharmacists working in all sectors of community pharmacy; the corporates, supermarket pharmacies, groups and franchises as well as independent pharmacies.

A strength that SAACP is able to offer is its financial independence and ability to, jointly with the other organisations, to financially support projects in the interest of community pharmacies e.g. the legal battle that ended in the Constitutional court to ensure a viable professional tariff for community pharmacy.

SAACP is also part of the international grouping, Pharmintercom, consisting of six english speaking countries representing community pharmacies. The benefits arising from this grouping is the interchange of information regarding trends in these countries that could benefit pharmacists in South Africa.

The SAACP also attends the international multinational FIP conference that gives us more international pharmacy presence and information.

Since the eighties and thereafter the winds of change have truly affected pharmacy in South Africa, with major changes such as the occurrences of the following: dispensing doctors; mail order dispensing; removal of discounts and the implementation of a single exit price system; the introduction of a professional fee; open ownership of pharmacies; medical schemes deciding the quantum of the medical scheme tariff to be paid to pharmacies and the implementation of preferred providers.



As is the case for all countries worldwide, there is a shortage of pharmacists in South Africa.

In the very near future we face the implementation of the National Health Insurance which could further affect pharmacies and service delivery.

A positive for a pharmacist practising in Community Pharmacy is her or his ability to qualify as a Primary Care Drug Therapy (PCDT) pharmacist and in so doing enabling them to give a crucial primary care service, improved pharmaceutical services and the ability to refer to doctors and secondary care.

The pharmacy will now be able to obtain a licence from the Department of Health and register with the SA Pharmacy Council.

Where does the SAACP now fit in and what role will it play?

It will represent community pharmacists; act in a trade union fashion to take on issues that threaten to affect their role and viability; form a business unit that can give benefits to its members; form alliances with other organisations representing pharmacy; meet with relevant stakeholders; develop a strategic plans; communicate with community pharmacists; give input on medical scheme matters; play a role in professional fee determination; inform pharmacists of international trends; address the shortage of pharmacists in the country; communicate with government and stakeholders on behalf of pharmacists; assist pharmacists with employer disputes?

The SAACP National Executive and Annual General Meeting have still to formulate its structure, role and key performance areas in shaping the future of community pharmacy.

Key performance areas that have already been tabled are:

a. To assist the PSSA :

- In promoting the professional, educational and economical interests of the community pharmacy members;
- In upholding the professional ethical integrity and standards of the members concerned;

b. To promote and maintain the image of the pharmacy profession;

c. To uphold and assist in the promotion and maintenance of the health of the people of South Africa through the provision of a satisfactory and acceptable pharmaceutical service;

d. To recognise the diversity of the population of the Republic of South Africa, and to promote the representation of all sectors of the South African community in the SAACP.

A very important function of SAACP will be to promote and market the value of the community pharmacist in the delivery of pharmaceutical services and primary healthcare to the consumers in South Africa - A community pharmacist awareness campaign.

SAACP has not yet fully decided on its future role and exactly where it is going. Clearly this article should give one some food for thought as to the direction SAACP could be going and what functions SAACP could be undertaking.

Many issues will be clarified later this year at our first Conference the outcomes from which will, in due course, be communicated to members.



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