

The Golden Mortar



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

Edition 8/December 2016

Year-end message

Southern Gauteng Branch of the PSSA

Lynette Terblanche, Chairperson



Lynette Terblanche

The close of 2016 has certainly arrived much sooner than many people generally expected or even would have wished!

As we rapidly approach the end of this year, let us take a moment to reflect on 2016 and think about where we are as a profession as we map the future for pharmacy in our country. At the same time it would be prudent to consider not only the major challenges that face our profession but also the achievements of the pharmacy profession and of our Branch during the past year.

How pharmacists deal with challenges in a very complex environment and the capacity of pharmacists to successfully overcome challenges from human resource matters to practice and legislative related matters and beyond continues to amaze me.

- Implementation of Universal Access is approaching faster than many pharmacists would like to admit. As a profession we continue to recognise the pivotal role of pharmacists in this new dispensation. The profession is preparing for implementation as documents to and from a number of stakeholders become available. During 2016 a pro-active approach was adopted at both Branch and National levels to ensure a unified approach.
- The potentially serious situation in the public sector with respect to the placing of community service pharmacists was resolved.
- We are grateful to every pharmacy student and in particular the final year students who, despite the challenges at universities, insisted on writing their examinations.
- Our colleagues in community pharmacy are still embroiled in a battle for an equitable dispensing fee. The fact that pharmacists do not receive remuneration for the professional services (other than the few mentioned) remains a challenge
- We are on the verge of implementing a revised Medicines Act. Much deliberation and many hours of hard work by pharmacists across all sectors have gone into the preparation and submission of comments related to various aspects of the anticipated Act.

These are but a few of the activities that have consumed the time and energies of pharmacists during 2016.....

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At a Branch level, the Social Responsibility Project that the Branch is supporting has achieved a significant milestone: Trinity Pharmacy is now a fully functional pharmacy providing an unmet need to many homeless people in the vicinity of Braamfontein.

The business arm of the Branch has seen the completion of a substantial investment project which is intended to secure the future of the Branch. The result is a beautiful building at 54 Glenhove Road which has contributed significantly to the changing face of Glenhove Road.

In retrospect, 2016 has been quite an eventful year and I am confident that 2017 will be no different!

I would like to take this opportunity to thank every member of the Branch Committee sincerely for the commitment and dedication during 2016.

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. We thank you for your commitment. To those members of this Branch and their families who lost a loved one during the year: Our thoughts are with you during this holiday season.

I would like to extend Season's Greetings to all members of this and other branches and sectors of the Society and their families.

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



Prof Paul Danckwerts

The past year has suddenly turned into a very eventful year over the past two months. All universities are battling to get to grips with the 'Free decolonized education now' demands from some students all over the country. Much has been said about it and it has attracted many diverse opinions. As I write this message, we are hopeful that all our examinations proceed without any disruption. The country cannot afford to not have any graduating pharmacy students entering into their internship year in 2017. We are all hoping for a peaceful and lasting solution to this impasse.

On a happier note, the Trinity Clinic still continues to flourish, despite the few disruptions inside and outside the church. Once again, thanks to the hard work of Deanne Johnston and various members of the Southern Gauteng branch of the PSSA for keeping Trinity Pharmacy going.

The Academy conference has come and gone once again, and was thoroughly enjoyed by all who attended. Well done to TUT who hosted it this year.

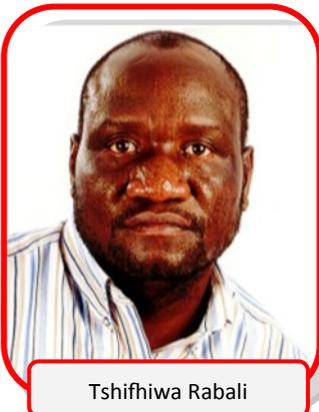
As we steadily move towards the end of 2016 we would like to wish all our students well in their coming examinations.

Finally, I would like to wish all our members a happy, relaxed and peaceful festive season and renewed vigour to face the challenges of 2017.



SAACP Southern Gauteng Branch END OF YEAR MESSAGE: 2016

Tshifhiwa Rabali - Chairman



Tshifhiwa Rabali

The end of 2016 is upon us and once again the past year has flown by much sooner than expected. Many challenges are still facing the profession, particularly community pharmacy and so much still needs to be done to bring about the changes required.

At the AGM of the SG Branch held on 17 February 2016 the name change of the Community Pharmacist Sector (CPS) to South African Association of Community Pharmacists (SAACP) was officially effected to be in line with SAACP National.

The SAACP SG Branch is currently still the only Branch of the SAACP being self-sustaining financially and otherwise. In this regard it has a very demanding but also exciting role to play in promoting and 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 SAACP SG Branch entered into a Retainer Agreement for a period of one year (commencing 1 July 2016) with Law@Work for SAACP SG Branch members to obtain labour relations advice. This is a very valuable service being offered to the SG Branch members.

Various topics were debated during Branch Committee meetings during the current year, amongst others:

1. Union for Pharmacy Professionals
2. Cold chain Management and temperature control
3. Primary Care Drug Therapy (PCDT)
4. HealthMan project
5. Clicks/Mediscor/Netcare issues

The current role of Medical Schemes in determining what the remuneration of a community pharmacy should be or which product it would be allowed to dispense on a prescription, continues to be problematic. The same would apply to co-payments, discounting of dispensing fees, and preferential treatment of designated service providers (DSPs), 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 and members 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.

My sincere thanks and appreciation to all the Committee Members of the SAACP SG Branch, including office staff for their significant contributions during the past year. There is still a substantial amount of work to be done. By electing the innovators and leaders to the SAACP SG Branch Committee in 2017, you can play your part in making a difference, or even better, make yourself available for election – your profession needs you! To quote the late great Nelson Mandela *“After climbing a great hill, one only finds that there are many more hills to climb”*.

You are wished a very happy festive season and if you are going on holiday, travel safely, enjoy the well-earned rest and return energised to tackle the challenges ahead.





SAAHIP Year-end Message

James Meakings
SAAHIP Southern Gauteng Branch Chairman



James Meakings

2016 will go down in political history as the year of surprises. In these challenging times of exponential change we all experience stress at new levels.

People are looking for something stable, an anchor on which they can rely. As the custodians of medicine, many see their pharmacists playing this role. However, as pharmacists we are challenged to reinvent ourselves and our profession. The exciting part is that we can still be the game changer despite the SEP, NHI, the increasing legislative burden, and medical aids.

As the year draws to a close, take time to smell the roses and contemplate what was, and plan what can be. Remember—"Yesterday is history, tomorrow is a mystery, and today is a gift... that's why they call it the present."

Think about those gifts that money can't buy on which we anchor our lives – love, joy, peace, integrity, honesty - and as a proud pharmacist, feel truly blessed.

Then plan how you can be a game changer in your world. A game changer changes the way that something is done, thought about, or made. How will you be the game changer in 2017?

Blessed wishes to one and all over the festive season.



THE PSSA BOOK DEPARTMENT

Do you know that the Book Department has a range of essential publications for pharmacists at preferential prices for members of the PSSA?

From overseas publications such as Martindale, the Merck Manual and the Oxford Concise Medical Dictionary to local publications such as Good Pharmacy Practice, the Scheduled Substance Register, Drug wise and many more.

Ordering is as simple as 1, 2, 3.

1. Go to the PSSA website, www.pssa.org.za click on the forms and select book order form.
2. Complete the Order Form and submit it.
3. Make payment via EFT or credit card.

or contact Dinette at PSSA Head Office on 012 470 9559 - How easy is that?

The PSSA – pharmacy in action!



OFFICIAL results are in!

PSSA Southern Gauteng Branch Committee Election Results



PROGRESS
RESULTS



PRELIMINARY
RESULTS



OFFICIAL
RESULTS

The process to elect six members to serve on the PSSA Southern Gauteng Branch Committee for 2017 was conducted from the 7th to the 25th November 2016.

The nomination and election process went off smoothly and produced 24 nominees 15 of whom accepted nomination and stood for election.

Voting in turn produced a record 602 votes that resulted in the following six members being elected to serve on the Branch Committee;

Val Beaumont
Charles Cawood
Frans Landman
James Meakings
Sybil Seoka
Lynette Terblanche

The Golden Mortar congratulates these six members and wishes them successful and rewarding terms of office.

We would also like to thank all those members who participated in the nomination and election process and, in particular, those who stood for election but were not successful this time. It is comforting to know that there are so many members who take such an avid interest in the affairs of the Branch and in the profession as a whole.

Of course most of you will be aware that, in addition to these six elected members, there are eight further members who are appointed to the Committee from the four Sectors of the Society i.e. two from each Sector making a total of 14 members on the Branch Committee.

In addition to the 14 referred to above also we have Honorary Life Members of the Committee, who received this recognition prior to a change in the Constitution in 1999, and who, by virtue of this honour, are invited to all Branch Committee Meetings and may stand for election or appointment to positions on the Committee or the Branch-owned companies.

In this way we hope to achieve a Committee that is fully representative of all sectors of the profession as well as age and gender considerations and a good balance of youth and new ideas, maturity and experience.

Few systems are perfect, but we like to believe that the process is a democratic one and that we come fairly close to achieving our objective.

Professional Indemnity Insurance

You should be aware that pharmacists in all spheres of Practice require Personal Indemnity Insurance.

Not to have it is simply not an option – it is a requirement of The SA Pharmacy Council.

You should also be aware that the PSSA offers its members access to the essential cover at very competitive rates through the Professional Provident Society

For further details please contact; Tersea at PSSA Head Office on 012 470 9558

How easy is that? The PSSA – pharmacy in action!





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 23 JANUARY 2017 AT 20h00 IN THE AUDITORIUM AT 52 GLENHOVE ROAD, MEL-ROSE ESTATE, JOHANNESBURG.

A G E N D A

1. Notice of Meeting.
2. Welcome.
3. Attendance and apologies.
4. Obituaries.
5. Confirmation of the Minutes of the Annual General Meeting held on 25 January 2016 and any matters arising.
6. To approve the report of the Honorary Treasurer and the audited balance sheet and financial statements and ratify the appointment of Branch Auditors for 2017.
7. To approve the report of the Chairman on behalf of the Branch Committee.
8. To approve the report of the Chairman of the Business Committee.
9. To approve 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 2016

If attendees to the AGM read the various reports ahead of time we can avoid having to deal with them in detail at the meeting. Consequently 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.



Briefing session on improved access to quality healthcare



On the 22nd November about 100 members attended a briefing session at Glen Hove that dealt with the problems and some possible solutions in improving access to quality healthcare to all South Africans.



Dr Anban Pillay

The objective was to provide members with first-hand information regarding the Department of Health's proposals and current thinking in this regard and to the funding mechanisms for a National Health Insurance system. To do this we invited Dr Anban Pillay from the Department of Health, who is himself a pharmacist, but with a doctorate in economics.



Joggie Hattingh

In addition we invited Mr. Joggie Hattingh, the President of the Hospital and Institutional Sector of the Society who is in the employ of the Department of Health in the Western Cape to discuss how the pharmacists in that part of the country are already contracting with the Department to provide much needed pharmaceutical services to the community in that area.



Val Beaumont

The session was chaired by Val Beaumont, who is driving the initiative on behalf of the Branch, who began the evening with her own presentation by way of an introduction to the topic. The intention is to drive the project from the Branch but to share the findings, information etc. with the national body of the Society in order that it may be used around the country and avoid unnecessary duplication, costs etc. for other Branches.

The entire event was video recorded in order that we have a record of what took place and that the presentations can be shared by those interested in doing so. The video is currently being edited to produce a factual account of events but will be devoid of hesitations and other annoying little blips.

The objective of this Branch project is to understand, as far as possible, the needs and the intentions of the DoH in addressing the complex issues surrounding the matter of improving access to quality healthcare and to establish a fair and equitable way in which pharmacists may participate in the system. It is not our intention or objective to make recommendations or attempt in any way to convince or persuade our members to participate in such a system. However, we firmly believe that in order to make any choice at all our members need to be as well informed as possible and this is what we are attempting to do.

Judging by the comment received after the workshop we have reason to believe that our members left the session far better informed than when they arrived and now, possibly, have a more open minded approach to NHI. However, this is just the beginning and we intend taking the project much further and sharing more detailed information with our members in due course.

As Dr Pillay stated, this whole project, it is estimated, will take about fourteen years to introduce and that being the case we should not expect miracles to occur overnight. That being said, however, there is no reason for us not to take the necessary steps right now to ensure pharmacy's participation in any future scheme to address the matter of improved access to healthcare for all our people.



Antibiotics and selection of resistant organisms

A global health problem

By Jacky van Schoor B.Sc.(Hons), M. Pharm. - Amayeza Info Centre

Healthcare professionals and their patients need to be aware of the principles of antibiotic treatment and the need to reduce inappropriate prescribing in order to retain the effectiveness of the currently available antibiotics.

With few new antibiotic agents currently in trials or in development, the increase in antibiotic resistance represents a major global health problem. In South Africa, multi-drug resistant (MDR) bacterial infections caused by predominantly Gram-negative bacteria such as *Klebsiella pneumoniae*, *Escherichia coli*, *Pseudomonas aeruginosa* and *Acinetobacter baumannii* are commonplace in our hospitals. While some new antibiotics for Gram-positive infections have recently become available, no new antibiotics active against Gram-negative infections are expected to become available in the next 10 to 15 years. For this reason, it is critical that the currently available antibiotics be conserved. The overuse and misuse of antibiotics and the use of broad-spectrum antibiotics when a narrow spectrum agent would have been adequate, are factors driving the selection of antibiotic resistance. In addition, it is estimated that half of all antibiotics prescribed for human health are unnecessary; i.e. used for the treatment of viral upper respiratory tract infections. Such antibiotic misuse demands renewed efforts by all health professionals to ensure more appropriate prescribing of antibiotics.

When it is indicated, an antibiotic must be the right choice at the right dose, dosing interval and route, and for the right duration. When an antibiotic is not indicated, it should not be prescribed.

The Guide to Antibiotic Prescribing for Adults in South Africa, 2015, on behalf of the South African Antibiotic Stewardship Programme (SAASP) has identified seven key principles for rational antibiotic prescribing.

1. Decide if an antibiotic is indicated; does the patient have a bacterial infection?

Evidence supporting the presence of a bacterial infection includes the presence of fever, leucocytosis, raised inflammatory markers, changes in respiratory rate and blood pressure and specific organ dysfunction (tachypnoea, dysuria, inflamed skin etc. as a result of the infection in the respiratory tract, urinary tract, skin or soft tissue, respectively).

2. Perform cultures BEFORE administering antibiotics in hospitalised patients or in outpatients with recurrent infections

This allows de-escalation to a narrow spectrum antibiotic once the antibiogram is available and is a cornerstone of antibiotic stewardship.

3. Choose an appropriate empiric antibiotic

a) Target the most likely pathogen(s) for the site of infection

This can be predicted by understanding the broad groups of pathogens that most commonly cause infections at various sites:

Skin and soft tissue – Gram-positive cocci

Urinary tract – Gram-negative bacilli

Intra-abdominal – Gram-negative, Gram-positive and anaerobic organisms

An appropriate empiric antibiotic can then be selected by matching the narrowest spectrum antibiotic with the likely pathogens.

b) Assess likelihood of antibiotic resistance

Risk factors for antibiotic resistance include known colonisation with a resistant pathogen, healthcare associated infections and recent antibiotic exposure.

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- c) **Review potential contraindications**
e.g. Hypersensitivity reactions to beta-lactam antibiotics, organ toxicity
 - d) **Choose an antibiotic with adequate target tissue penetration**
e.g. adequate penetration in the urinary tract when treating a urinary tract infection
 - e) **Aim for a single antibiotic with the desired spectrum of activity**
Monotherapy is preferred unless combination therapy is required for synergy.
4. **Ensure correct dose and route of administration**
The oral route is preferred whenever possible for patients with mild to moderate infections. Intravenous antibiotics are reserved for severe infections or for certain sites such as the cerebrospinal fluid, bone and joint infections.
 5. **Start the appropriate antibiotic early in severe infections e.g. in hospitalised patients**
 6. **Practice early and effective source control**
Search for and remove any persistent source of the infection e.g. the catheter in a hospitalised patient with a urinary tract infection
 7. **Evaluate the appropriateness of the antibiotic used for severe infections (e.g. in ICU patients) every day**
De-escalate treatment to narrow spectrum antibiotic or oral antibiotics as soon as possible

References:

1. Jethwa S. Principles of initiating antimicrobial therapy and empiric prescribing. *Pharm J*, 2016;Aug 11.
2. Wasserman S, Boyles T, Mendelson M. On behalf of the South African Antibiotic Stewardship Programme (SAASP). A pocket guide to antibiotic prescribing for adults in South Africa, 2015. Available from http://www.fidssa.co.za/Content/Documents/SAASP_Antibiotic_Guidelines_2015.pdf Accessed 28 Oct. 16



A huge thank you to all those members who generously donated clothing and food following an appeal by Trinity Pharmacy and the Southern Gauteng Branch of the PSSA for these items. This Pharmacy, part of Trinity Health Services, is a project of the Pharmacy and Pharmacology Department of the University of the Witwatersrand, and is supported by the Southern Gauteng Branch of the PSSA as part of its social responsibility programme. It fills an important need for the homeless / street community in the Braamfontein area where the Clinic and Pharmacy are located. This facility also provides a wonderful opportunity for pharmacy and medical students to have their first experiences of applying their professional knowledge, under the supervision of doctors and pharmacists, to the benefit of the community.

Trinity Health Services will be closed during December 2016 and will open again from the second week of January, 2017. Pharmacists who wish to support the Clinic by working sessions during 2017 should contact Deanne Johnston at 011 717 2369 or e-mail her at Deanne.Johnston@wits.ac.za for more information.

IMPORTANT NOTICE - Membership

A single record, containing all your relevant membership details, is maintained only at the PSSA national office. This is done for the simple reason that there can only be one version of the truth.

Branches and Sectors have access to this database under controlled conditions, but the accuracy of the membership details that you have provided cannot be affected.

For efficient communication purposes it is imperative that you advise the PSSA national office, as soon as possible, of any changes in your e-mail address, cell phone or landline number, or your physical address as well as any possible name changes.

In addition to this, you need to make sure that your chosen Sector affiliation (SAACP, Academy, SAAPI or SAAHIP) is recorded since certain communications are only sent to members in a specific Sector.

Thank you for your co-operation.



The National Pharmacy Museum - an Update



By now, readers of The Golden Mortar will have read the many interesting articles that our Museum Curator, Mr Ray Pogir, has written about the unique and priceless pharmacy artefacts that we have on display in our Museum at 52 Glenhove Road. These fascinating items have been collected and donated to the Museum over many years and together make up a unique collection that represents the pharmaceutical heritage of this country. Consequently, it is of inestimable historical value and must be preserved at all costs and the Branch goes to great lengths to achieve this.

As a result, it is rewarding for us to see the number of people, members of the public, that visit our conferencing facility taking time out to visit the Museum and leaving very complimentary messages in the visitors book. It is also remarkable that every year when pharmacy students are invited to visit us and are taken on a conducted tour of the Museum, they all say the same thing, - "we wish pharmacy was still practised like that today". When asked why, we are told that it must have been very rewarding and must have provided the pharmacist with a great sense of satisfaction knowing that his unique skills had enabled him to produce the medication that was going to cure or at least alleviate the patient's medical condition. Far more so, we are told, than simply sticking a label on to a patient-ready pack manufactured by some machine or other, who knows where.

One of the things that has concerned us about the displays in the Museum is the fact that these wonderful artefacts, by and large, are not on display in surroundings in which they would have been found originally. The decision was taken recently to remedy this and with some generous funding by Kari Silver, the daughter of our great friend and colleague of many years, Cecil Abramson, and the Branch itself we are creating a "turn of the century" pharmacy within the Museum that will accurately represent where and how some of our artefacts were actually used in a pharmacy of the late eighteen hundreds.

This project is already under way and we anticipate installation of the furnishings to take place in late November after which Ray Pogir will attend to the actual displays, so all things being equal, we invite you to pay a visit to this new addition to our Museum early in the New Year to see what has been achieved.

It would be remiss of us if we did not take this opportunity to, once again, express our very sincere appreciation to our donors who have made all of this possible.



The Clinical CPD session held on October 20th was presented by Dr Marlene Bothma, Specialist Obstetrician and Gynaecologist and titled "Contraception –An update for Pharmacists".

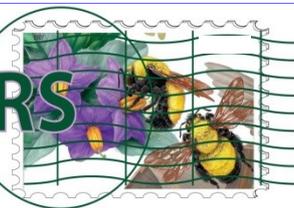
In her introduction of the subject Dr Bothma addressed the incidence of unintended pregnancies; how to decrease maternal mortality and the requirements of the Children's Act for Health Professionals, Fourth Edition.

The combined oral contraceptive (COC) was introduced in the late 1960s and enjoys the highest usage today. Dr Bothma explained the development and refinement of the COCs with the progressive reduction in the dosage of ethinyl oestradiol and the selectivity of the progestogens.

The benefits of long-acting reversible contraceptives (LARC) were also discussed.

In closing Dr Bothma referred delegates to the National Contraception Clinical Guidelines (2012) copies of which may be downloaded from the internet.





Re Golden Mortar Edition 7 2016

Believe it or not I still remain an avid reader of the Golden Mortar and I have just finished reading the latest edition as above. I still remain interested in what is happening "back home" with regard to the world of pharmacy and it certainly assists in keeping my mind agile. I don't mind if you choose to publish any of my comments in future editions if your Board agrees.

In the first instance I would like to congratulate Douglas Oliver on receiving Fellowship of the PSSA. The fantastic manner in which he has documented certain aspects of his career and the praise heaped onto the profession by himself is something to behold. Passion, focus and hard work is his key to success and it would be wonderful if all in our noble profession follow his example. Well done and welcome Douglas, you will be an asset amongst your "fellow" Fellows.

Congratulations to my good friend Ray Pogir on being chosen as the recipient of the profession's highest honour namely the William Paterson Medal. I have personally served many years together with Ray and suffice it to say that his efforts on behalf of the profession in South Africa are unequalled. Well done Ray, thank you for your friendship and I wish you many more years of good health and happiness.

I must admit that I was a little disappointed that a report on the Pharmintercom meeting did not appear. It would be interesting to hear how many pharmacists phoned in order to obtain information on the proceedings. Surely a report such as that written by Jan du Toit on the FIP meeting would have been acceptable.

Best regards to all

Benzie Joffe



Subject: CSP registration for 2017

There appears to be problems occurring already with the registration process and CSP placement for next year. Certain people are indicating they have not been placed after round 1 (started in July and it is now almost November!!)

They now do not know what to do and there seems to be a lack of communication from DOH. Regional offices have wiped their hands of things and the pear is starting to shape up!!

This on top of the fees must fall crises etc., does not bode well for our young pharmacists.

James Meakings
Chairman
SAAHIP South Gauteng



The 2nd National Pharmacy Conference

Contributed by Doug Gordon, FPS

The 2nd National Pharmacy Conference was organised and hosted by the SA Pharmacy Council and was held at the ICC in Durban from 21-24 October 2016. It was well attended – I understand that there were over one thousand delegates but I still must question whether the Council should be the hosts of an event such as this. I am troubled by what I see as a huge conflict of interest, but that is a discussion for another day.



Dr Aaron Motsoaledi
Minister of Health

The Conference was opened by the Minister of Health, Dr Aaron Motsoaledi who spoke about 13 500 registered pharmacists in this country, one third of whom are employed in the public sector. This number is rising due to better working conditions, and he emphasised the necessity of an adequate distribution of health professionals to achieve universal access, - the promised ultimate goal of the National Department of Health (NDoH). Chronic medication patients cause congestion at health facilities and other means of medicine distribution must be found to prevent this, possibly a dispensed parcel distribution system involving community pharmacy. Stock-outs are an ongoing problem that was being addressed and the use of available technology is being used to prevent problems rather than trying to resolve them.

Dr Motsoaledi said that pharmacists are the most accessible of the health professionals and had an important role to play in the provision of healthcare to all the people of S.A. in future citing the example of anti-microbial resistance.

There were barriers to be overcome before group practices could be established but the Health Professions Council of SA (HPCSA) was working on amending legislation to allow this to take place.



Andy Gray

Andy Gray opened the Saturday morning session with a quote from Aneurin Bevan which I can't get out of my head; he said, "Illness is not an indulgence for which people have to pay, nor an offence for which they should be penalised, but a misfortune, the cost of which should be shared by the community".

Jackie Maimin then went on to talk about innovative ways of distributing medicine saying that use must be made of the three thousand one hundred community pharmacy outlets in any new delivery system in the future. Central dispensing and convenient collection points, online medicine, remote dispensing units, mobile pharmacy services, medicine delivery via drones and 3-D medicine, - quite mind blowing but very interesting.

Bada Pharasi spoke about the burden of disease, listing the top four in this country as HIV /Aids, TB, Non Communicable Diseases (NCDs) and violent injuries. There is a huge imbalance between need and the availability of healthcare professionals, and the problem is exacerbated by non-sharing of information, no adherence to SOPs and targets being set without making any infrastructural changes.

Rajan Naidoo addressed us on the question of "Will a State owned pharmaceutical manufacturing company solve the shortage of medicines". He took about half an hour to get there but the ultimate answer was "no"! All the current problems would still exist.

Dr Anban Pillay, who is well known to most of us, addressed delegates on the introduction of national health insurance – universal access and told us that in fact it has already started and it will take about fourteen years to introduce. Some of the factors that have to be considered are; a population of 55 million people in a medium income society – an unequal and consequently unstable society. Four colliding epidemics, namely, HIV / Aids, TB, NCDs (inc. diabetes) and violence/injuries. Life expectancy is increasing.

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Purchasing of services by NDoH from accredited contractors. Providers to satisfy requirements, assessments, must meet expectations. Contracts will differ dependant on area, specific needs, population etc. Regulations will establish levels of service/compliance etc. and facilities will be subject to inspection.

Flow of funds;- SARS – Treasury – NHI – service providers. Still need to discuss Capitation or Fee for Service reimbursement.

Additional services that would be considered for reimbursement, apart from medicine distribution, include dispensing, screening services – TB, HIV, diabetes, - chronic disease management, promotion of healthy lifestyles, minor illnesses, allergy, dermatitis and treatment of minor injuries.

Notably, the emphasis will be on the provision of Primary Health Care (PHC) and pharmacists should take note of this.

Other delegates will write on different sessions that they attended but my overall impression was that this was a reasonably well organised conference where the emphasis in almost all of the sessions that I attended was on the importance of PHC services in the future delivery of healthcare. Understandably perhaps the programme of presentations was weighted towards matters of concern and interest to the establishment. However, all in all it was an interesting few days that most importantly provided an opportunity for colleagues to participate in some valuable “schmoozing” that usually produces outcomes as valuable as the formal discussions.

Photos courtesy of David Sieff



This Clinical CPD session was presented on 17 November by Dr Elsa van Duuren, Rheumatologist. Dr van Duuren indicated that Gout is one of the earliest rheumatic diseases to have been described and it remains an ongoing problem. While the condition is reversible the incidence is increasing.

In contrast to many forms of inflammatory arthritis, it can be treated successfully but it is often still poorly managed. Dr van Duuren explained the mechanism of urate production in the body and various risk factors of which to be aware. She also illustrated the consequences of chronic tophaceous gout.

She explained that hyperuricaemia was always the cause of a gout attack and that treatment should be aimed at normalising the blood levels. Examples of lifestyles that could result in gout were given but Dr van Duuren stressed that lifestyle was not the only cause. In chronic conditions a differential diagnosis is important as a number of other factors need to be considered.

Men represent the highest percentage of sufferers, but woman can also develop gout but tend to do so later in life.

In closing Geraldine Bartlett thanked Dr van Duuren for her informative presentation.

Mrs Bartlett thanked delegates for their attendance and wished them well over the festive season. The session was supported by the Southern Gauteng Branch of the PSSA.

The next Clinical CPD?

The next and first Clinical CPD session for 2017 is scheduled to be held on the evening of Thursday February 16th.





**SOUTH AFRICAN ASSOCIATION OF COMMUNITY PHARMACISTS
(SAACP)**

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(SAVGA)**

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Southern Gauteng Branch

(Representing the Community Pharmacy Sector of the PSSA)

B411/11/16

NOTICE OF THE 65th ANNUAL GENERAL MEETING

**NOTICE IS HEREBY GIVEN OF THE 65th ANNUAL GENERAL MEETING OF THE SOUTHERN GAUT-
ENG BRANCH OF THE SOUTH AFRICAN ASSOCIATION OF COMMUNITY PHARMACISTS TO BE
HELD AT COMMUNITY PHARMACY HOUSE, 60 FANNY AVENUE, NORWOOD, JOHANNESBURG,
AT 19:00 FOR 19:30 ON *WEDNESDAY 15 FEBRUARY 2017***

A FINGER SUPPER WILL BE SERVED AT 19:00

AGENDA

1. Notice of Meeting
2. Apologies
3. Adoption of Minutes of the 64TH Annual General Meeting held on 10 February 2016 and 17 February 2016
4. Matters Arising
5. Chairman's Report
6. Results of Election
7. Honorary Treasurer's Report
 - 7.1 Appointment of Auditors
8. Motions
9. General
10. Closure

H G (Pep) MANOLAS
Honorary Secretary

PLEASE DIARISE THIS IMPORTANT DATE NOW!
RSVP: Ella (011) 728-6668



Pharmacovigilance



The following article was prepared under the auspices of IPASA PV Network. Pharmacists are an important link in the Pharmacovigilance chain as they are frequently the first port of call by patients seeking information. The link to the MCC ADR Report form is given in the article under the heading "What should I do?"

What is Pharmacovigilance?

The science and activities relating to the detection, assessment, understanding and prevention of **adverse effects** or any other **medicine-related problem**

The system for monitoring drug safety - WHO 2002

The etymological roots are: **pharmakon** (*Greek*) and **vigilare** (*Latin*) to keep awake or alter, to keep watch.

Pharmacovigilance is an umbrella term used to describe the process for monitoring and evaluating adverse drug reactions/adverse events/side effects (AE). It is a key component of an effective drug regulatory system, clinical practice and public health programs.

It has been widened to include biological products, herbals, traditional and complementary medicines.

What is the Purpose of pharmacovigilance?

- To promote patient care and safety thereby improving public health and safety
- To contribute to assessment of the risk-benefit profile of medicines, thus encouraging safe and effective use of medicines

Lessons from History

1959-1962 - Thalidomide, developed as an over-the-counter sleeping pill, but also used off-label for easing morning sickness in pregnant women, was found to have caused thousands of cases of phocomelia (congenital limb defects) in babies born in Western Europe. This led to withdrawal of the drug from the market and aroused public support for stronger drug regulation.



For the first time, drug manufacturers were required to prove to FDA the effectiveness of their products before marketing them.

1970 – In *Upjohn v. Finch* the Court of Appeals upheld enforcement of the 1962 drug effectiveness amendments by ruling that commercial success alone does not constitute substantial evidence of drug safety and efficacy.

FDA now requires the first patient package insert: oral contraceptives must contain information for the patient about specific risks and benefits.

2000s - Warnings – Drug labels
- Class action law suits

Examples of Product Recalls due to Toxicity

- Thalidomide (1965) Phocomelia
- Practolol (1975) Sclerosing peritonitis
- Phenformin (1982) Lactic acidosis
- Rofecoxib (2004) Cardiovascular effects
- Veralipride (2007) Anxiety, depression, movement disorders
- Rosiglitazone (2010) Increased risk of myocardial infarction and death from cardiovascular causes



.../continued on page 16

Why Report AEs?

Legal and Regulatory Obligation

National - Health Authority (Medicines Control Council) regulations

Corporate - Pharmaceutical industry pharmacovigilance procedures

Research - Safer products

Ethical - Safeguard patient well-being

Multinational companies need to ensure that they are compliant to worldwide health authority requirements.

They must ensure worldwide AE information is reported to the corporate pharmacovigilance function to allow distribution to other countries.

Ethical obligation - Do No Harm

To continually assess the risk/benefit profile of medicines and detect new signals/risks.

AEs are expensive and place an avoidable financial burden on the healthcare system.

Dying from a disease may be inevitable, dying from a medicine is unacceptable (WHO, 2005).

Before drugs become available to the patients, they are subjected to rigorous clinical trials.

However, safety information gained from clinical trials is limited due to the limited number of participants, narrow population, narrow indications and short duration. Therefore, AEs are often detected ONLY through post marketing surveillance.

Post Marketing Surveillance

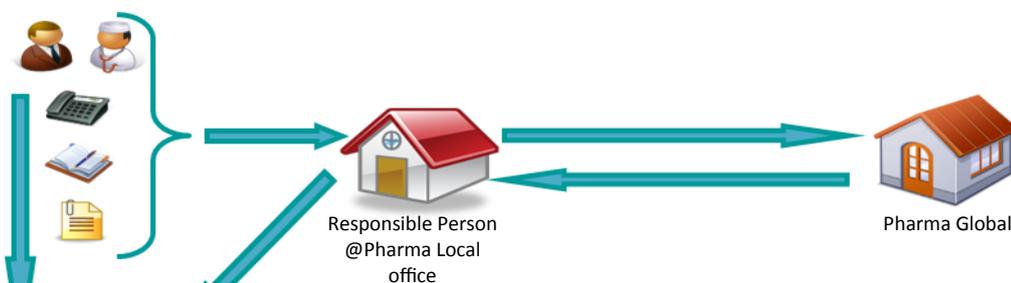
Post Marketing Surveillance is defined as the practice of monitoring the safety of a pharmaceutical drug or medical device after it has been released on the market and is an important part of the science of pharmacovigilance.

Pharmacovigilance obligations are required to be fulfilled both during the conduct of clinical trials as well as after the approval of a product by a regulatory authority. Post-authorisation pharmacovigilance refers to all the activities, like AE reporting, that are required to be undertaken for fulfilling regulatory obligations.

Pharmacovigilance is gaining more importance as the number of drug recalls increase



What's My Part In It?



National Health Authority:
MCC & NADEMC (National
Adverse Drug Event
Monitoring Centre) of the
MCC

Make sure that...

- you recognise AEs when you encounter them
- you document AEs properly
- you send AEs timely (24hrs) to the manufacturer's local office or to NADEMC

...regardless of the relationship to the drug or of the labelling



What Pharmacovigilance data should I look for?

There are many types of pharmacovigilance data, the most commonly known is the “Adverse Event” or “side effect”.

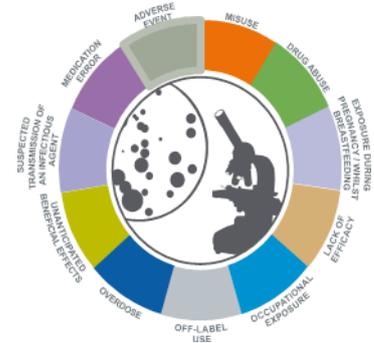
What is an adverse event?

An adverse event (AE) can be any unfavourable and unintended sign (e.g. an abnormal laboratory finding), symptom or disease associated with the use of a medicine, whether or not it was thought to be caused by the use of the medicine

- An AE for which there is a known or suspected causal relationship to the medicine may be referred to as an Adverse Drug Reaction (ADR)

However, pharmacovigilance data also includes reports of

- Medication Error (unintentional error in the prescribing, dispensing, or administration of a medicine)
- Misuse (where the medicine is intentionally and inappropriately used not in accordance with the authorized product information)
- Abuse
- Overdose (Accidental (variation of Medication error) or Intentional (variation of Misuse))
- Off-label Use
- Exposure during pregnancy (maternal, paternal) including follow-up to outcome
- Exposure during lactation
- Drug Interactions
- Occupational Exposure (e.g. needle stick injury)
- AEs associated with counterfeit medicine
- Lack of efficacy
- Unexpected therapeutic benefits
- Unintended pregnancies (contraceptives)



What Should I do?

- Call the manufacturer local office or their sales rep, and
- Have the [MCC ADR report form](http://www.mccza.com/Publications/DownloadDoc/24) (www.mccza.com/Publications/DownloadDoc/24) at hand and complete it carefully
- Information to be reported:
 - ◊ 4 key criteria (ideal to have all 4 but if not possible still important to report)
 - ◊ all relevant medical information is obtained (e.g. medical history, concomitant medication, meaningful narrative ...)

4 Key Criteria ... what is this?

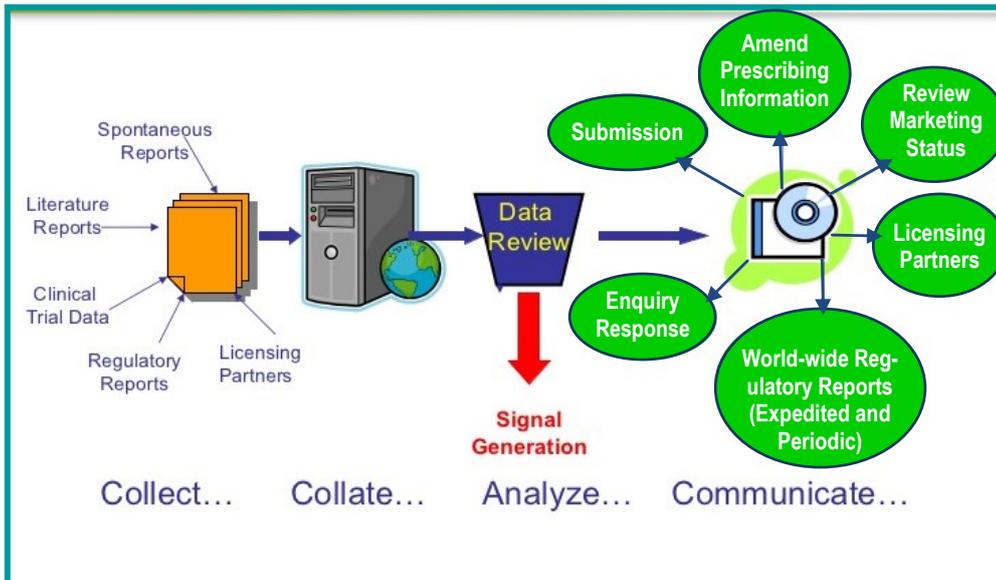
- Identifiable source reporter (hospital, reporter name or address)
- Identifiable patient (initials, gender, DOB or age)
- Identifiable/suspected drug (name or ingredient)
- Identifiable/suspected AE (symptoms or diagnosis)

Other Important Information to Report

- Batch number of medicine if available
- Start and stop date of medication
- Start and stop dates (if resolved) of the AE
- Any treatment given to address the AE
- Any action taken to address the AE
- Any history of the AE to the medication
- Any further tests done and results
- Any hospitalisation
- Any concomitant medication
- Any underlying medical conditions
- Any family history of disease of importance
- Any other information about the case
- **INCLUDE THE CONSENT STATUS SO THAT WE CAN FURTHER REPORT IN LINE WITH POPI**



What is done with this reported information?



Consumers' Right To Good Healthcare

- Within the context of Pharmacovigilance, a patient has the right to informed consent, confidentiality and privacy.
- Regarding the patient's medicine, they have the right to know
 - ◊ the name of any medication prescribed to them
 - ◊ the medicine's normal actions and potential side effects

Ethical Considerations in Drug Safety

- Vital for continued safety surveillance of medicines
- Important for potential label changes
- Important for HCP and patient decisions on choice of and treatment with medicines
- Important for potential product withdrawals in case of batch instability or errors in medication

Conclusion

- *Help to protect*
- *patients*
- *products/medicines*
- *companies/manufacturers*

Report ADVERSE EVENTS, it's our responsibility to ensure the safety of medicines!

Prepared by the IPASA PV Network





MESSAGE FROM THE EDITORIAL BOARD OF THE GOLDEN MORTAR

Dave Sieff, Chairman

The Golden Mortar, Newsletter of the Southern Gauteng Branch of the PSSA, has had another successful year of publication, and the electronic format has become well accepted by the large majority of members; some editions now extend to more pages, even up to 18 in one instance.

We unfortunately had to say farewell during the year to a valued and active member of the Board, Mrs Miranda Viljoen; her participation for some years in Board deliberations and decisions, contribution of many interesting ideas, knowledge of the industrial aspects and related legislative matters, sources of editorial material, and organisational talents, will be missed, and we wish her success in her new career path.

Arrangements are in progress for a new member to represent the industrial pharmacy sector on the Board, while we welcome Ms Yolanda Peens, President of SAAPI, who has temporarily assumed this position.

Our newest member, Ms Val Beaumont, has recently also been subject to additional business commitments, and won't be able to devote time to attending Board meetings; she has however undertaken to continue providing material covering legislative matters.

The ongoing support of The Golden Mortar by the Southern Gauteng Branch of the SA Association of Community Pharmacists, financially and with editorial copy, are much appreciated; contributions of material by other sectoral branches are also welcomed.

We thank Ms Lee Baker in particular, and the other Amayeza authors for their regular interesting and topical clinical articles contributed.

The PSSA Branch office personnel, Doug Gordon, Neville Lyne, Ray Pogir and Charlene Steyn, are thanked for their participation and service on the Board, and for their efficient management of the technical aspects of the administration, production and distribution of The Golden Mortar.



The Chairman of the Editorial Board is David Sieff and the members are Doug Gordon, Neville Lyne, Ray Pogir, & Gary Kohn. All articles and information contained in The Golden Mortar of whatsoever nature do not necessarily reflect the views or imply endorsement of the Editorial Board, the Branch Committee, the PSSA, its Branches or Sectors. The Editorial Board and the afore-said cannot therefore be held liable. Every effort is made to ensure accurate reproduction and The Golden Mortar is not responsible for any errors, omissions or inaccuracies which may occur in the production process.

We welcome all contributions and as space permits, these will be published, abridged and edited if necessary.

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Hospital Pharmacy: James Meakings & Jocelyn Manley
Industrial Pharmacy: Yolanda Peens
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

