Senate Dinner 2015

See inside for the Senate Dinner address by Bill Bannatyne.

Photo: Tracey Wichman
Season’s Greetings

On behalf of the office staff we wish all our readers a joyful and peaceful festive season and a successful 2016.

Dankie vir jul ondersteuning deur die jaar. Ons sien uit daarna om julle van diens te wees in die nuwe jaar.

OFFICE CLOSURE

Please note that the office will be closed from Thursday 24 December 2015 and will re-open on Monday 4 January 2016.
The Tincture Press
Official Newsletter of the Pharmaceutical Society of South Africa (CWP) Branch
Amptelike Nuusbrief van die Aptekersvereniging van Suid-Afrika (KWP) Tak
TEL 021 683 7313 • FAX 021 683 5759 • EMAIL admin@pssacwp.co.za • P O BOX 375, CAPE TOWN, 8000

The opinions expressed in this magazine are those of the writers and not necessarily of the editor or the official view of the CWP Branch of the Pharmaceutical Society of South Africa.

Vol 43 No 1
December 2015

CONTENTS

1. Senate Dinner: Speech
   Some thoughts on pharmacy – past, present and a possible future
   Bill Bannatyne

6. Festive Season Greetings
   Aadila Patel
   Sarel Malan
   Donald Black
   Ivan Kotze
   Colleen Whitelaw
   Joggie Hattingh

7. From the Director’s Desk
   FIP report
   Gary S Black

10. It’s not just about the Sugar
    Reportback on Diabetes Awareness Event
    Congratulations …
    … to Meadowridge Pharmacy
    Robin Ahrendse & Saajida Momath

12. PSSA CWP & SAACP combined AGM 2016
    12. Notice of Meeting
    13. Agenda
    22. Minutes of a Combined PSSA and CPS AGM

25. Classified Advertisements

The Tincture Press is also available via email. The newsletter is saved to Acrobat PDF format. In order to read the file you will need Acrobat Reader. This program can be downloaded free of charge from www.acrobat.com. If you would like to receive your copy of The Tincture Press this way, please notify Elize Fick at the PSSA CWP Branch office.

EDITOR Billy Bannatyne • EXECUTIVE EDITOR Gary S Black • CLASSIFIEDS Elize Fick TYPESETTING User Friendly
INTRODUCTION
As a second generation pharmacist in a family which has been in pharmacy for four generations, I am in the now somewhat rare situation of having some insight of what pharmacy and pharmacists were like until the end of WW2. Having started a three-year apprenticeship in 1948, I also experienced the rapid change which took place in pharmacy when the huge international pharmaceutical industry, which had made more progress and expansion during the six years of war than it would normally have made in a peacetime of twenty or thirty years, turned its full promotional might in the health field on to the public, dragging the health professions into the world of highly effective but potentially dangerous realm of modern medicine.

Pharmacists who were in practice before 1946, were from an era of proud, self-made professionals who had learned all they needed to know for the rest of their working lives during a relatively short two or three years apprenticeship. After WW2, they experienced the rapid disappearance of the need for their traditional skills, and were projected into a world of constant change, a world of very effective but potentially harmful medicines, which needed not only the greatest care in their dispensing but also a constant upgrading of their knowledge of the drugs they were handling. For the first few post-war years, pharmacists pretended that nothing had changed and, to this end, vigorously removed all identification of the fact that they had not been responsible for the preparation of the product, labelling the medicine anonymously as ‘The Tablets’ or whatever other format the ready-made medicine was supplied in.

Since then, organised pharmacy has wandered into largely unknown territory where most of the real decisions which affect the daily practice of pharmacy, particularly when dealing directly with the public, has been instigated by people outside of pharmacy or by short-sighted pharmacists who have taken gaps in current legislation to corner a piece of the pharmaceutical market for their personal profit without any consideration of the ultimate outcome of the changes they have brought about.

The policies which organised pharmacy has not opposed and the acceptance of all the negative changes they brought in their train is, I believe, the result of the influence of pharmacists who had been involved in the stamp duty tax on patent medicine debacle and its final pyrrhic victory as a result of their involvement in party politics. This has set the pattern and policy of the PSSA’s dealings with government and other authorities since its formation.

Having watched these developments with increasing dismay, I have thought of a number of adjustments and investigations which could be made and...
which might help to return pharmacy to its key role in the promotion of health in South Africa. I therefore welcomed the invitation to be guest speaker at the CWP PSSA Senate Dinner as an opportunity to voice some of these suggestions. As I am no longer a member of the Branch committee, I am recording these recommendations in the hope that someone may take them forward.

**A TELEVISION PHARMACEUTICAL PROMOTION PROGRAMME**

I wrote an editorial on this subject in *The Tincture Press*, where I drew attention to the success of the ‘Ask Your Pharmacist’ TV programme which was eventually closed down because of exorbitant increases in the television fees. Cognisant of that, I suggested that it would be necessary for the multinational pharmaceutical industry to fund it. There are already several TV programmes being produced at present, paid for by individual pharmaceutical companies. These could be coordinated into a single ongoing programme or series of programmes but including the role of the dispensing pharmacist and its importance.

Both the general public and sundry authorities involved in health, directly or indirectly, believe that the role of the pharmacist in dispensing a prescription is no different from that of an ordinary salesman. The education of the general public and those in authority of both the inherent dangers of modern medicine and the importance of the pharmacist complementary to that of the prescribing doctor should be the major theme of the suggested campaign. I believe this project should be given priority because, until the role of the pharmacist is understood and appreciated, very little progress in attaining of our desired objects is possible.

**THE SALE OF A PRODUCT AND THE FEE FOR A PROFESSIONAL SERVICE**

William Paterson understood the difference between the above two separate entities. Fortunately, in his very large chart designating the charges which a pharmacist should make for preparing and dispensing a prescribed item, practically all of substances used in the preparation of the final product fell within a very small cost bracket. He was therefore able to fix a single ingredient price, only differing by the volume or mass used. The professional fee was a separate item based on the average time it would take to prepare the prescribed item. The cost of those substances which fell outside of this bracket was provided for on a cost plus 50% basis. Interestingly, this proviso was the only item which was carried forward in the developments in pharmacy, post WW2. The present professional fee structure where the profit on the product is lumped together with the professional fee is totally wrong and completely unprofessional. It results in the ridiculous and totally unprofessional situation where the professional fee increases with the cost price of the medicine. I suggest that the dispensed product supplied should be charged at a cost plus percentage profit to which is added the professional fee arrived at as the average time it takes to dispense one item, including the initial investigational research and the final pharmacist to patient, face-to-face counselling. I further suggest that where the SAPC finds a pharmacist guilty of a dispensing error, in the case of a pharmacy which advertises, by whatever means, lower price competition of its dispensing services, in sentencing, should consider this as an additional aggravating circumstance.

**PATIENT MEDICAL HISTORIES**

Particularly, in view of the fact that some medical aid societies force their members to obtain chronic and certain other medicines from a particular source such as a courier pharmacy, and many members of the public do not use the same pharmacy or medical
practitioner when the need for such services arise, in the interests of the safety of the public, people should be encouraged to have an up-to-date medical history available which should, preferably, be recorded in a laid-down sequence and layout. The popularity and availability of cellphones at every level of society make this an ideal vehicle for a patient medicine recording system. As all pharmacies are computerised, using the cellphone as the site of the record will make it possible for the electronic transfer of additional information in both directions. For those who do not possess a cellphone, pharmacies could provide a print-out. These records, whether on cellphone or print-out, should stipulate that they cannot be used to obtain repeats of prescriptions unless authorisation is obtained from the prescriber or an original repeat prescription is provided.

DISPENSING ERRORS

At a seminar held by the PSSA CWP branch, the chairman of the Preliminary Investigation Committee (PIC) of the previous SAPC reported that practically all of the complaints received by that council were for dispensing errors.

As practically 99% of all complaints received by the Council are treated on a confidential basis, only the registrar of the Council, possibly one or two members of his staff and the members of the PIC are cognisant of all the complaints received and their content, this statement cannot be dismissed by other people’s opinions or speculation but should be the subject of an in-depth investigation, either by the SAPC or the PSSA. The names of the pharmacists and pharmacies involved should remain secret and confidential and are not required for what is basically a statistical investigation. Should the statement made by the previous PIC chairman prove to be incorrect, which is very unlikely, the exercise would still be of value. Newspapers and other communication means, which are in decline, use sensation as a means of boosting circulation. In the event of a dispensing error becoming a sensational, published item, the investigation would be able to refute any attempt by the press to infer that it is commonplace.

On the other hand, should the statement be proven to be correct, it indicates a serious state of affairs in pharmacy. As I served on the PIC for a total of seventeen years, unless my memory is at fault, I think the previous PIC chairman’s comment indicates a considerable and detrimental change in the practice of pharmacy in South Africa. I suggest that a statistical investigation be made from the previous PIC minutes counting the number of complaints for dispensing errors against the total number of complaints, year by year, for the PIC’s term of office during the five years of the previous Pharmacy Council. If they are in the majority they should be classified according to type of dispensing error and type of pharmacy involved. It must be realised that the majority of complaints of any type are resolved at pharmacy level and those that reach the Council are largely the tip of the iceberg.

It is admitted that the SAPC publicity campaign, informing the public where and how complaints should be made, will have increased the number of complaints received. It may have made some impression on members of the public who normally would not lay a complaint but it may not be significant.

Complementary to this investigation, it is suggested that, as with airlines where, for the safety of the public, the number of hours flying crew may be continuously on duty is stipulated as well as the minimum rest period before flying duties can be resumed, an investigation into the maximum number of prescriptions that can be dispensed safely by a pharmacist during a normal work period as well as a minimum number of hours’ rest period before dispensing can be resumed, should be organised. Those pharmacies which enforce a quota system on the number of prescriptions dispensed by a
pharmacist during a normal work period would have to comply. During the seventeen years I served on the PIC, I formed the opinion, based on a couple of thousand complaints, that many complaints, including dispensing errors, arose because the pharmacist involved was tired and even exhausted.

**IS COUNSELLING THE PATIENT SUFFICIENT?**
Modern life is complicated and often a sequence of minor daily minor crises. There was a time in South Africa where it was considered an insult to your neighbour if you locked your front door of your house during the daytime. Some years ago, the entire community of a small Western Cape village were shocked and embarrassed when the van of a visiting cigarette salesman was broken into and all of its content of cigarettes was stolen. Many married couples, even with children, work. School-going children all have large numbers of after-hour activities which require them to be transported to and from each event. The intrusion of a prescription for an acute condition, particularly for antibiotics and most other prescription items, which should be taken on time and correctly, is often a haphazard affair of missed doses and a very elastic variation in times between doses. The aforesaid cellphone could be programmed either with a SMS or a pre-recorded message, advising the patient that it was time to take the medicine.

**THE PROFESSIONAL PHARMACY LIAISON ASSISTANT**
It is recommended that an investigation into whether there would be better outcomes, as well as early detection of adverse reactions and their prompt correction, by the introduction of a suitably trained staff member to contact recipients of prescription medicine, both for acute and chronic conditions to identify at an early stage if there are any problems which have arisen in the consumption of the prescribed medicine, should be considered. With acute conditions, the patient should be contacted within 72 hours of receipt of the medicine to find out whether any problems have arisen. Should this be the case the pharmacist can take over the call or contact the patient later and try to identify the problem which may be solved at that stage or may require consultation with the prescriber. With chronic prescription patients, contact on approximately a quarterly basis may be adequate.

The selection of a person to fill this position may require some care. It is basically a public relations position. At the very least it should demonstrate to the customer/patient that the pharmacy cares about the customer and the customer’s health. It should be seen by the medical aid movement as an important mechanism of ensuring as far as possible that patients take their medicine correctly, and also as a means of detecting at an early stage possible adverse reactions which could be very costly if not identified and corrected at the earliest. The questions to be put to a chronic prescription patient should be friendly and non-worrying to the patient but be so framed that they can identify at an early stage possible long-term adverse reactions. The assistance of professional communicators and pharmacologists would be needed in this regard. I think that the secret of good counselling is to be a good and patient listener!

**SHOULD THE DISPENSING OF A PRESCRIPTION BE THE TASK FOR ONE PHARMACIST ONLY?**
In the days when pharmacists compounded, mixed, weighed or measured the individual ingredients of a medicine, in the tradition of the craftsman, pharmacists always insisted on doing the whole procedure, themselves, right down to the careful wrapping of the medicine in white paper, carefully cut to the right size. Agatha Christie, the famous novelist, was
originally, not a pharmacist but what was known as a dispenser. One of her mystery novels is based on a pharmacy and appropriately entitled ‘Pink String and Sealing Wax’. The need for this tradition to remain in modern-day pharmacy practice is questionable. It could be that a team effort, where possible, will be more efficient, safer, accurate and less fatiguing, particularly if coupled with ‘Complianz’ and/or the computerised version of Daily Drug Use.

REMOTE AUTOMATED DISPENSING UNITS
With reference to the recent RADU regulations promulgated by the SAPC, did they consider the decision that the SAPC made on this subject during the period that Graham Clark was president of the Council? His council was approached by a company which wanted to introduce a RADU into South Africa. The unit could supply prescription medicine for both acute and chronic prescriptions. The patient merely had to insert the prescription into the unit and was immediately able to talk to a pharmacist who could dispense the prescription via the unit as well as counsel the patient. It was claimed that this unit had been successfully introduced into the Australian Outback.

The SAPC rejected the application for the same reasons that it was rejected in Australia. It was considered that it would be impossible to ensure that a unit in a remote area, regardless of how many regulations were in place, could be guaranteed to comply with GPP at all times. What has changed? RADUs are an insult to pharmacy. We are fortunate that in a country which has many small communities at vast distances from one another, we have pharmacists who usually come from these areas and return to them to not only supply them with pharmaceutical services but who usually play an active and leading role in all the activities of these communities. It would be of greater service to the country if money were invested in establishing more of these rural pharmacies than in faceless, inanimate RADUs.

OPEN DISPENSARIES
Open dispensaries were adopted in pharmacy, particularly in the USA, as sales promoters in supermarkets. It is questionable whether they are suitable for GPP. It is to be noted that Clicks recently announced that they are changing the layout of their pharmacies. The prototype of their new pharmacy design is in their store in Cavendish Square, Claremont, Cape Town. It would appear that the patient, whilst having his or her prescription dispensed, is at a distance from the other customers awaiting service and has a degree of privacy until the dispensing process is completed. When numbers of people are close, regardless of how silent they may be, there is always a palpable atmosphere of people anxiously waiting to be served which can be disconcerting for both the pharmacist and the patient he or she is serving.

THE DOH, CABINET MINISTERS, DIRECTORS GENERAL, OTHER POTENTATES AND THE PSSA
The PSSA, as previously noted, has, since its inception, largely adopted a Uriah Heep stance when dealing with the above. I do not suggest that we hold public protests, burn tyres or empty rubbish in the streets. I think, in a democracy, it is possible to put our case to the above, diplomatically but firmly. In the same vein, we should, when we disagree with them, make it very clear that their particular policy or stance is not in the interests of the health of the people of South Africa. It should be noted that the word ‘Minister’ is the Latin word for servant. Further, no matter how much our proposals to government are popular, good or in the public interest, we should always have alternate contingency plans on hand. Too often in the past, when the PSSA has been rejected it has lost direction and become too paralysed to know what to do next.

COOPERATION BETWEEN GENERAL PRACTITIONERS AND COMMUNITY & HOSPITAL PHARMACISTS
It should be promoted, strengthened locally and informally, to promote greater cooperation and understanding at patient-doctor-pharmacist level.

MEMBERSHIP OF THE PSSA
It should be a privilege not a right? It is recommended that the PSSA amends its constitution so that, in terms of prescribed conditions, it does not have to accept an application for membership of the Society and, for similar reasons, it can cancel the membership of a member. There have been instances in the past where the conduct of a member or a prospective member, has been a major embarrassment to the PSSA and the Society has been unable to do anything about it.
Greetings to everyone!
As this year draws to a close and you reflect upon all your accomplishments and the many challenges, whether it’s on a personal level or within your professional capacity, be thankful that you are surrounded by those you hold dear.

There is much turmoil within South Africa and aboard but with our continual care we give to our customers, our peers and fellow professionals and those around us, let us continue with making a positive change to those that we interact with.

Remember to be with your loved ones and spend time with them.

Regardless of how you plan to end 2015, surround yourself with the ones that you cherish and keep safe.

Until 2016!

Aadila Patel
PSSA Chairperson

Dear friends and colleagues
Another year has gone by and some of us have scarcely noticed it. For others it was a year of many highs and/or lows. In Pharmacy it has also not been plain sailing but I feel comfortable that we are still on course, setting our sails to the changing environment in order to reach our goals. May the challenges of the past and those of the New Year lead to the opening of new doors and better opportunities, bringing ever greater heights of success and fulfilment.

Have a peaceful festive season and an exciting and prosperous 2016.

Sarel Malan
President: PSSA

Dear Colleagues
As 2015 comes to a close we may consider all that went by. Some undertakings were accomplished and others not but we still have opportunities that may well be converted into achievements in 2016. I would like to wish you one and all a blessed and joyful festive season. My thanks to those of you who have assisted me this past year and I look forward to working with you in the future.

To those of you that will be travelling, may you return home safely after spending time with family and friends.

Donald Black
SAACP Chairman

Dear Members
Wishing you all a joyful, festive season and a healthy and prosperous new year.

Ivan Kotze
PSSA National Director

Dear Colleagues
Another year is coming to an end, and for many of us the time is filled with rushing around finishing last minute shopping, last minute work deadlines, and (if you’re lucky) last minute packing to go on holiday to some exotic destination. For me, it was a last minute realisation that I hadn’t yet written a festive message to all our members! The end of the year is also a time look back and be both thankful for what we have achieved, humbled by what others have achieved, and introspective about what we could have done better. Celebrate the good that you have experienced in the year, forgive whatever bad may have come your way; and don’t forget to learn from your mistakes.

In this spirit, I want to say a huge thank-you to all the PSSA, and particularly our SAAHIP membership for everything you have done for our profession this year. I wish you all a safe, happy and (hopefully) relaxing holiday season in the company of friends, family and loved ones; for those who celebrate Christmas, we wish you a blessed Christmas. To everyone, a fantastic 2016!

Colleen Whitelaw
SAAHIP Chair

Dear Colleagues
How the time flies! The end of 2015 is upon us quicker than expected and as always there is so much left to do.

I wish all fellow pharmacists and pharmacist’s assistants a wonderful festive season. For those who are fortunate enough to be on leave during this time, drive carefully and enjoy the time with your loved ones and for those who have to man the workstations, thank you for holding the fort!

For my Christian colleagues, have a blessed Christmas and may you experience the presence of Christ our Lord in this time.

I wish all of us a fruitful and prosperous New Year, with health, happiness and friendship throughout 2016. I look forward to be of service to you all.

Joggie Hattingh
SAAHIP President

Festive Season Greetings
FIP Report

Introduction
Firstly, I would like to thank the Branch most sincerely for making it financially possible for me to attend FIP in Dusseldorf, and, in so doing, fulfil a long-time ambition. The intention was to see how this massive gathering of pharmacists (3000) works, to learn from attending as many sessions as possible and to make contact with colleagues throughout the world who are specialists in their field. This is a personal account of my experience which should be read with other reports such as that of SAACP and others which will appear in the SAPJ. Details of the different events, meetings and programmes can be viewed on the FIP website.

FIP Council meeting
Our National Director, Ivan Kotze was the official delegate from RSA to the FIP Council meeting. I attended as an observer. Every member organisation from countries worldwide (137) is represented at the Council meeting. I was interested to see how such a large meeting was conducted and controlled. Interestingly, simultaneous translation is made available in English, French, German and Spanish. The meeting was conducted in a very efficient, business-like manner by the President of FIP, Carmen Pena. I was impressed with the CEO, Luc Besancon, who answered the most difficult questions with aplomb.

Opening Ceremony
The opening ceremony was a gathering of 3000 delegates in the “Stadhalle” of the Dusseldorf Congress Centre. After the official welcome and opening address by the President of FIP, Carmen Pena, all present took the FIP Oath for Pharmacists lead by the FIP CEO, Luc Besancon. The rest of the opening ceremony was taken up with granting of various awards with musical interludes.

Presentations
I attended as many sessions as possible within my interest sphere, namely pharmacy practice. I simply list here some of the most interesting presentations (with my personal observations) from which we could learn and benefit.

Preparing pharmacists for patient centred care: the US. Adapt experience
Gary Matzke (Virginia Commonwealth University, USA)
This course involves 150 hours of learning in seven modules and is available through the APA.

From good to great – developing and implementing a gold standard in clinical service quality to Elderly Care Wards (ECW)
Shaheen Mannan (Counties Manukau District Health Board, New Zealand)
Important to note that one in three patients have issues with medicines and the role of the pharmacist on discharge is important to ensure adherence and minimise problems.

Drug-related problems in elderly home care patients – collaborative care model between pharmacists and caregivers: is it possible?
Jasna Urošević (Apoteka Kragujevac, Serbia)

Consumer perspectives on Australian and US over-the-counter medicine labelling strategies: is standardisation the way forward?
Vivien Tong (The University of Sydney, Australia)
An opportunity to improve and to possibly implement a compulsory standard model in RSA?

Evaluation of the impact of pharmaceutical participation in access and adherence to antihypertensive treatment of patients at a public primary healthcare center in Argentina
Carina Vety-Maler (Apotheke Ohne Grenzen Deutschland e.V., Germany)
Interesting to note that, due to the shortage of pharmacists, there is often not a pharmacist involved and they have noted the need for pharmacist counselling and intervention at this level. RSA is not the only country facing these problems!

Neglected essential medicines project – seeking solutions to improve access to affordable, good quality essential medicines
Wilbert Bannenberg (HERA Foundation, The Netherlands)
Part of this project included an assessment of the EML in Botswana. Wilbert was very involved with
our own establishment of EML some years ago. His study could easily be extended to include RSA and having spoken to him, he indicated that he would be willing to do so. This could be important in assessing the current and future success of EML in RSA.

Trends in the receipt of medicines information among aging Finns in 1999–2013
Niina Mononen (University of Helsinki, Finland)
This study showed the increasing tendency to rely on pharmacists for medicine information rather than the doctor. Also, an increase of 10% in the use of e-communication as resource for medicine info

Pharmacist-only trimethoprim: pharmacist satisfaction on their training and the impact on their practice
Natalie Gould (Natalie Gould Ltd, New Zealand)
Pharmacists underwent additional training to qualify to participate in this programme. Found to be effective, high degree of patient satisfaction.

Strengthening pharmaceutical services in poor settings – a Train the Trainer approach
Andreas Wiegand (Apotheker Helfen e. v.; German Pharmacists’ Aid; Ecumenical Pharmaceutical Network, Germany)
Some lessons to be learned as we have similar circumstances in many public health settings.

Pharm-Ed: a hospital pharmacy educational and collaborative platform for developing countries
Sandrine von Grunigen (University Hospitals of Geneva, Switzerland)
Programmes are interactive and individual.

Motivation and views of Filipino pharmacists related to continuing professional education
Arianne Diane Alpino Aninon (Asia Pacific Institute for Medication Management, Philippines)
Interesting to note that they consider lifelong learning as a commitment to be made by all practising pharmacists, similar to our own requirements.

The value of pharmacy guidance in Finland
Inka Puumalainen (Ass. of Finnish Pharmacies, Finland)
A most valuable study demonstrating the value-add made by pharmacists through their interventions and advice.

Sustainable remuneration
This 1.5 hour session is also well reported on in the SAACP report. The programme was as follows:
• Overview of the findings – hospital pharmacy
  Jacqueline Surugue (FIP HPS, France)
• New remuneration model in Australia – The Sixth Community Pharmacy Agreement
  Paul Sinclair (FIP CPS, Australia)
• Translating these findings into strategy and policies: a panel discussion
  Andrew Gray (FIP, South Africa)

My observations include:
• There has been work done by others e.g The Guild in Australia which should be studied to see how applicable it is to RSA (eg. location rules for pharmacies)
• FIP will support member organisations in negotiations with their governments.
• All countries are trying to move to models where reward is based on fulfilment of patient’s needs rather than being linked to the product supplied.
• Andy Gray was a most capable, impressive chairman in conducting this session.

Medicines optimisation – around the globe
This session included the following presentations followed by questions and discussion.
1) Medicines optimisation in Asia
   Manjiri Gharat (Indian Pharmaceutical Association, India)
2) Medicines optimisation in Europe
   Ash Soni (The Royal Pharmaceutical Society, UK)
3) Medicines optimisation in America
   Lawrence “LB” Brown (American Pharmacists Association, USA)
4) Medicines optimisation in Africa
   Johann Kruger (PSA, South Africa)
5) Medicines optimisation in Australia
   Paul Sinclair (NSW Branch of the Pharmacy Guild of Australia, Australia)

This session is also well reported by SAACP. Some of my own conclusions include:
• The value of pharmacist’s intervention/advice in optimising medicine use is most important. We need to develop systems whereby pharmacists can record and demonstrate this and be remunerated for this service. In Britain pharmacists are paid for a medicine review service.
• Again much could be learned from the British and Australian systems for implementation in RSA
• Although there may not be a structured/official system of medicines optimisation in RSA, pharmacists do consult widely with their patients and make a difference.
Meetings

1) John Bell – Australian Pharmaceutical Society
Ivan Kotze, Prof Malan and myself met with John to discuss the visit to RSA by the APS members in January next year. They will be staying at the Mount Nelson Hotel in Cape Town before moving to Sun City. This is their major CPD event with CPD sessions every morning and touring/functions in the afternoon and evening.

2) African Forum
I attended a working session of the African Forum with Mr Kotze. The impression I gained was that, while there are clearly some dedicated people involved with good intentions, this Forum seems to be plagued by poor communication, inefficiency and political infighting between certain groups and individuals.

3) Meeting with FIP
A meeting was held with the secretariat of FIP with regard to the possibility of the FIP Congress being held in South Africa. The meeting included Mr Kotze, Prof Malan, Mariet Eksteen, Christine Venter and Andy Gray. We discussed the requirements expected of the host country. It was apparent that the FIP Congress could be held in RSA, possibly in Cape Town in 2021. The organising would be done by FIP with the host country having to provide certain financial guarantees. We concluded that it is a feasible proposition.

Social events

1) In the evenings after the working sessions I attended a number of cocktail functions including those hosted by the Hospital Pharmacists Section of FIP, the Royal Pharmaceutical Society and the Taiwanese Pharmaceutical Society. At each of these events I met interesting individuals from all over the world and got many interesting new insights into pharmacy.

2) Tea and lunch breaks were used to interact informally with some of the speakers including Dr Betty Char (Australia), Inka Puumalainen (Association of Finnish Pharmacies, Finland), Wilbert Bannenberg (HERA Foundation, The Netherlands), Warren Meek (Canada), John Bell (Australia) and others. All were interested in what we do in South Africa and expressed their willingness to assist.

3) Mr Kotze and myself spent some time in a local pharmacy close to our hotel. The owner of the pharmacy spoke good English and was most gracious in spending time with us, showing us around her pharmacy and explaining how systems in Germany work. Interesting to see her “laboratory” where all extemporaneous preparations are made, including eye drops if required. Strict recordkeeping is required, including an analysis of both active ingredients before dispensing and of the final product. The SAACP report gives a good overview of pharmacy in Germany.

4) After our African Forum meeting, Mr Kotze and I joined a group of about ten fellow South Africans for a meal at one of the many local breweries in the Alstadt (Old City). The group had gone on an organised tour of the small breweries in that part of the city. As our hotel was only two blocks away from the Alstadt and the river front, we had most of our evening meals in that area and explored it on foot.

Attendance of the FIP Congress was a most valuable experience and I hope to build on the contacts made, information shared and insights gained into pharmacy in other countries. While there is much to learn from other countries, we also have unique experiences to share. South African pharmacy is well structured and legislated compared to many other countries but there is a wealth of expertise and knowledge available to us from other countries and FIP itself.

Gary Black, Director
It’s not just about the Sugar…

Robin Arendse (SAPSF) & Saajida Momath (UWCAPS)

On 5 August 2015, a group of 10 volunteering students and one post-graduate student from the Department of Public Health took time out of their academic day to partake in the Diabetes awareness programme, which was organised by the Newlands Lions club.

Professor Nadine Butler (a member of the Lions club) attended the programme along with the students and guided their activities. The students organised themselves to perform different activities including measuring patients’ blood pressure, blood glucose, BMI and waist circumference. Patients were keen on being helped by the students and were grateful for the services performed by them. The students also educated the patients on good foot care and management of blood pressure and blood glucose levels by suggesting lifestyle changes.

To end off the event, the students broke a sweat along with the patients by coordinating some aerobic exercises. These exercises brought many smiles and laughter to those partaking in the dances, as well as to those that were just viewing.

This experience served as a manner of practice for the students on how to perform these health care services in future. Performing these clinical skills forms an integral part of practice and these students will now be more equipped to deliver these services. They have also learnt how to interact and counsel patients particularly those who are diabetic or suffer from hypertension.

We thank Professor Nadine Butler as well as the Newlands Lions Club for their efforts in providing the students the opportunity to acquire such skills and become commendable pharmacists.

Special thanks must also go out to the citizens who attended the programme and allowed us to put our knowledge into practice. Without them being there, there would have been no need for the interactions and learning sessions that took place.

It’s not just about the Sugar… It’s about all the factors of lifestyle and education which are gained to ensure those that educate become better care-givers and teachers. And those being taught can live out a holistic life knowing they can control their sugar, blood pressure and even their weight, to an extent.

Fiona Weir of Meadowridge Pharmacy

Fiona Weir has been the owner of Meadowridge Pharmacy for the past 20 years. In celebration of this milestone she organised a special promotion with the assistance of her suppliers … see the feature from the Constantia Bulletin on the facing page.

Meadowridge Pharmacy was started by Mike Phillips in 1959, owned briefly by Stanley Bilocough in 1974 before being taken over by Roy Cheesman in 1975. In 1995 Roy sold the pharmacy to Fiona who has subsequently run it very successfully. Fiona reports that this promotion was a great success in highlighting the service she and her staff provide. An indication of how much this service is appreciated is the fact that one of their clients spontaneously phoned into Cape Talk Radio and nominated the pharmacy as a ‘Fabulous Find’.

Congratulations, Fiona! We look forward to the next 20 years!

Gary Black
Thanks to you, we’ve made it to 20 years

FIONA WEB, owner and pharmacist of Meadowridge Pharmacy, bought the pharmacy on 1 November 1995 and began assisting the people in the area. 20 years of serving the local community have passed and they are thrilled to be able to celebrate this milestone.

The pharmacy has been so welcomed by all who come to the centre, that some customers, who have relocated to other areas, are still loyal to the pharmacy and travel the distance to support them. Fiona and staff have shared so much with many of the customers over the years – trials and tribulations, seeing babies grow up to young adults and so much more.

Meadowridge Pharmacy is grateful to their customers and takes this opportunity to thank all of these wonderful, loyal, caring people for their support and friendship over the years – and look forward continuing this relationship for many more years to come.

CONGRATULATIONS to Meadowridge Pharmacy for completing 20 glorious years of success. Wishing you all the best for the future. Shawn & Henriette Farrell on behalf of Keenland Holdings.

HAPPY 20TH ANNIVERSARY MEADOWRIDGE PHARMACY! WISHING YOU MANY MORE YEARS OF SERVICE AHEAD

We are proud to be associated with Meadowridge Pharmacy and congratulate them on their 20th anniversary.

Meadowridge Pharmacy is grateful to their customers and takes this opportunity to thank all of these wonderful, loyal, caring people for their support and friendship over the years – and look forward continuing this relationship for many more years to come.

TRADING HOURS
MON – FRI 08H30 – 18H00
SAT 08H30 – 13H00
MOST PUBLIC HOLIDAYS 09H00 – 13H00

GIVE US A CALL WE DELIVER!
021 713 1472

WISHES YOU ALL THE BEST ON YOUR ANNIVERSARY

Alpha Pharm
Pharmaceutical Wholesalers

Congratulations Meadowridge Pharmacy on your 20th anniversary. May there be many more years of success ahead!

Cipla
ADVANCED HEALTHCARE FOR ALL

Congratulations Meadowridge Pharmacy! Wishing you many more anniversaries. Thank you for your dedication and service to the community. Together, advancing healthcare for all.
NOTICE OF AN ANNUAL GENERAL MEETING

Notice is hereby given of the combined Annual General Meeting of the Cape Western Province Branch of the Pharmaceutical Society of South Africa and the SA Association of Community Pharmacists (CWP) Branch

to be held
at Pharmacy House, ‘S’ Block, Greenford Office Estate,
Punters Way, Kenilworth
on Wednesday, 3 February 2016
at 19:00 for 20:00 pm

The meeting will be preceded by a finger supper. Wives, husbands and partners are most welcome, but to facilitate catering, kindly RSVP by Friday 29 January 2016:
ELIZE – TELEPHONE 021 683 7313
AGENDA OF THE COMBINED PSSA & SAACP (CWP) BRANCHES
ANNUAL GENERAL MEETING

to be held on 3 February 2016 at 19:00 for 20:00
at Pharmacy House, ‘S’ Block, Greenford Office Estate, Punters Way, Kenilworth

1. Welcome by the Chairman
2. Notice convening the meeting, apologies and obituaries
3. Chairmen’s Reports
4. Minutes of the previous combined PSSA and CPS AGM held on 4 February 2015
5. Matters arising from point 4 above
6. Treasurer’s Report
7. Appointment of Auditors
8. Honours and Awards
9. Motions and Recommendations
10. Election of office bearers and Branch Committees
11. Induction of elected Chairmen
12. Correspondence
13. General
14. Closure

GARY S BLACK
Director: CWP Branch
Introduction
This serves as a brief summary of the many activities of the Branch and its Committees.

2015 PSSA Branch Committee
The following members served on the Committee:
Chairperson Ms Aadila Patel
Vice-Chairman Mr Donald Black
Treasurer Dr Natie Finkelstein

Elected Committee members
Ms N Ball
Ms R Boshoff
Mr L Cohen
Mr P Hazell
Mr KA Johnson
Mr K Patel
Ms J Maimin
Mr GG Malan
Mr L Röntgen
Mr MS Sattar
Mr HHD van Dyk

Immediate Past Chairperson Prof SF Malan

PSSA National Executive Members
Ms R Boshoff, Prof NC Butler, Ms A Patel

Sector representatives
Academy Prof S Malan
SAACP chairman Mr DG Black
SAACP vice-chairman Mr K Patel
SAAHIP chairman Ms S Dames
SAAHIP vice-chairman Ms C Whitelaw
SAAPI Ms A Patel
UWCAPS Mr K Harris

In attendance Mr GS Black (CWP) Branch Director

Honours
Many members of our Branch have achieved high honours within the profession during the past year and deserve our congratulations and support.

• Prof Sarel Malan, elected as President of the PSSA
• Elected members to the SAPC:
  — Mr JA Raats
  — Mrs J Maimin, chairman of the Practice Committee
  — Mr D Defty, vice-President of SAPC
• A Patel, elected member of the PSSA National Executive Committee
• Ms R Boshoff, re-elected to the PSSA National Executive Committee
• Prof N Butler, nominated to the PSSA National Executive Committee
• Dr Natie Finkelstein, Johan Raats and Keith Johnson were elected to the Fellows Committee

We congratulate them all.

Young Pharmacist’s Sub-committee
The Young Pharmacist’s sub-committee included two members of the Branch Committee, namely, Gawie Malan and Nicola Ball. Activities included the following:

• The Branch facilities were used by the Western Cape DoH for orientation of their interns (26 January) and community service pharmacists (2 & 3 February). On both occasions the Society was afforded an opportunity to address these young pharmacists. Shani Dames, Chairperson of SAAHIP WC Branch spoke to the interns about the benefits of membership of the PSSA. Nicola Ball similarly addressed the Community Service Pharmacists. Membership application forms and the leaflet explaining the Vision and Mission of the Society were distributed on both occasions. Interns were asked to pay just R100 towards their membership for the year with the balance being sponsored by the Branch. Twenty-four interns joined as members this year.

• The YPG group held its first ‘meet and greet’ evening on 26 March. Fifteen young pharmacists attended the meeting, including a young visiting Dutch pharmacist. Gawie Malan gave a short presentation which highlighted the aim and goals of the YPG. Mr Gary Black gave a presentation on ‘Professional errors … what to do’, including practice scenarios.
• On 21 May the annual workshop on ‘Community Service for Pharmacists’ for the current interns was held at Pharmacy House. Denise Frieslaar from PGWC explained to the interns how to go about applying for CSP positions and regional pharmacists explained which positions were available in the different areas.

• On Saturday, 4 July, a tutorial was held for the Interns in preparation of their pre-registration exam. This was well organised by Nicola Ball with the assistance of some young pharmacists, including two masters’ students from UWC and Jackie Maimin. The interns were addressed by Annamarie Augustyn, an assessor of the SAPC.

• The YPG group held its second ‘meet and greet’ evening on 6 August. Only thirteen young pharmacists attended, but they found it interesting and participated in the discussion. The Director, Mr Gary Black introduced the topic ‘How to run an efficient and effective dispensary’. Questions were directed to a panel of experienced pharmacists from different practice settings, consisting of Mrs Jackie Maimin, and Messrs Donald Black and Albert Hazekamp. In discussion, there was a lot of emphasis on time management and managing staff.

Constitution Sub-committee
The CWP Branch is tasked by the PSSA National Executive with the responsibility of looking after all matters concerning the Constitution. Work done in this regard over the past year includes:

• Proposed amendments to the PSSA Constitution renaming of members of the National Executive Committee
• Corrections to the Constitution
• Advice on proposed changes to the SAACP Constitution
• Amendments to regulations regarding the Fellows sub-Committee.

PSSA National Executive Committee
Branch Committee members serve on the PSSA National Executive Committee as follows:

• Prof Sarel Malan was elected as the President of the PSSA
• Chairperson of the Branch, Aadila Patel is the driver of the NHI Committee which also includes Joggie Hattingh
• Ronel Boshoff serves on the Special Projects Committee
• Prof Nadine Butler serves on the YPG Committee

Membership
We welcomed 126 new members this year. The Branch sponsored 24 interns as new members of the Society.

Membership statistics
<table>
<thead>
<tr>
<th>Membership</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAAHIP</td>
<td>375</td>
</tr>
<tr>
<td>Academy</td>
<td>48</td>
</tr>
<tr>
<td>SAACP</td>
<td>536</td>
</tr>
<tr>
<td>SAAPI</td>
<td>94</td>
</tr>
<tr>
<td>Unassigned</td>
<td>162</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
<tr>
<td>Total membership</td>
<td>1215</td>
</tr>
</tbody>
</table>

Branch Activities
The activities of the Branch over the past year are reported here in terms of the Goals of the Strategic Plan of the Society.

GOAL 1: FIRST-LINE RESOURCE CENTRE
1.1 Services
Through the Branch offices, many pharmacy practice requirements are made available to members including:

General
• Preferentially priced reference books
• Professional Indemnity insurance
• General information such as contact details, registration of doctors, etc.
• Notification of stolen/fraudulent prescriptions
• Labour relations consultancy – provided nationally
• Legal assistance on practice or ethical issues
• Practice information, promotional material, guidelines and patient information leaflets
• Assisting members with submissions to and liaison with SAPC and DoH
• Intervention in patient/pharmacist disputes
• Liaison with SAPC on behalf of members regarding registration numbers, correspondence, etc.

Labour Relations
The Branch continues to pay the retainer for our Labour Relations consultant, Mr Gerald Jacobs. This service is provided by the Branch to all members nationwide.

Queries are regularly referred to Mr Jacobs. In most cases these problems are resolved by Mr Jacobs telephonically without further intervention.

Matters addressed included:
• Closing of pharmacy – re staff
• Dept. of Labour inspection requirements
• Disciplinary hearing for Responsible Pharmacist
• Dismissal due to poor work performance
• Dismissal of a pharmacist
• Dispute re voluntary leave/day off
• Employment contracts for pharmacists, locums and other staff
• Employment status of pharmacist in pharmacy which lost its licence
• Fireable offence – unprofessional behaviour
• Labour Law – CCMA
• Overtime
• Pharmacy staff leave
• Preparation for a disciplinary hearing
• Questions re competency of a pharmacist
• Salary issues
• Sample Employment Contracts
• Sick leave
• Suspension of a pharmacist

Gerald Jacobs conducted the following workshop:
• 10 October 2015: ‘Missing money, medicine and mistakes … by senior staff!’

Legal Advice
After consultation with the Director, Mr Black, and on advice by the Peer Review Committee, legal assistance on practice or ethical issues is made available to members. In these instances, the Branch pays for the first consultation with our legal advisers. These matters are kept strictly confidential.

Confidential Ethical Matters
Members are encouraged to consult confidentially with the Director, Mr Black, regarding confidential matters such as disputes with the public, colleagues or other healthcare professionals, charges by the SAPC, ethical dilemmas, etc. Many members have been assisted and disputes resolved.

Communication and Liaison
Communication with members was maintained through The Tincture Press, the PSSA website, faxing/emailing, e-newsletters and broadcast SMSS. Approx. 400 members receive an electronic version of The Tincture Press, including a number of members living overseas.

Professional Practice Matters
An important aspect of the work of the Director, Mr Black, is to assist members with professional practice matters. Telephonic and emailed queries are followed by written confirmation which includes reference sources and relevant guidelines. The topics of these queries vary greatly. We list below some of the approximately 100 different topics that were covered in the past year.
Articles
A number of articles written by the Director were published in *The Tincture Press* and *SAPJ* including:

*Tincture Press*
- Is it all about money, what about pharmaceutical care?

*SAPJ*
- Article ‘LBB19 2013 Confidentiality … some practical suggestions’

Guidelines
Guidelines and patient information leaflets were prepared, reviewed or updated by the Director, including the following presentations:
- ‘Professional errors … what to do?’ prepared and presented at the YPG Meet and Greet evening
- ‘A day in my life at the PSSA’ made at the mini-conference in George

PSSA Website
A number of the articles published from ‘My Little Black Book of Pharmacy Practice’ by the Director are now available in the Practice Info section on the PSSA website, www.pssa.org.za. These articles are regularly reviewed and updated, if necessary.

Other – National Matters
- Submission to CPS NEC re Constitution and name change
- Submission to CPS NEC re ‘Green Hands’ project
- Proposed amendments to the PSSA Regulations to accommodate proposals from the Fellows Committee.
- Assisted National Office in reviewing documents and submissions
- Submission made to head office re SAPC Board Notice 49 (delivery of medicine, internet, RADUs etc)
- Submission and proposals re Community Service Pharmacists
- Proposals to the marketing committee
- Comments on proposed new inspection questionnaire for Community Pharmacy

1.2 Research Members’ Needs
- All members’ requests are recorded in the office. A list of FAQs was compiled,
- Feedback forms on CPD workshops were distributed and answers recorded for future planning.

1.3 Compilation of Database
- A new national membership database was installed. It is maintained at Branch level by Mrs Fick and in this way helps to maintain the current information of members.
- Any failures to contact members are followed up to obtain correct membership data and update the database.

GOAL 2: TO PROMOTE UNITY OF PURPOSE
2.1 Align and support Overall Pssa Strategic Plan
Copies of the Vision document were made available at appropriate occasions such as presentations to students, interns and community service pharmacists and included in documentation sent to new members.

2.2 Strengthen Structures to promote Representivity
The Branch Committee is fully representative of our membership, both geographically and by Sector. Sub-committees are also representative of the different Sectors. The following people are invited to attend Branch Committee meetings:
- Chairman of UWCAPS
- President of SAPSF
- SAPC elected members

2.3 Create Structures that attract New Members
Membership
The Branch offered to subsidise the PSSA membership fees for all interns and 24 of them made use of this opportunity in 2015. Our membership continues to grow and now exceeds 1215 members.

Community Service Workshop
See YPG report.

Training Workshops for Interns and Community Service Pharmacists
See YPG report.

PGWC/SAAHIP Intern Awards
See SAAHIP report.

2.4 Promote Unity of Purpose
- A number of combined PSSA & SAACP meetings were held.
- Activities of Sector Committees were co-ordinated via the Director’s office.
- All relevant information was copied to all Committees.
- The Director, Mr Black attended the SAACP National Executive Committee meetings.
GOAL 3: TO BE THE TRUSTED VOICE OF THE PROFESSION

3.1 PSSA recognised as the Voice of Pharmacy
Members of the public, other healthcare professionals and other service providers regularly sought the opinion and advice of the Director on professional practice matters.

3.2 Strengthen Sectors
- The office provides management and secretarial support for all Sectors.
- We co-operate with all Sectors nationally for local implementation of their plans/projects.
- The Branch takes responsibility for specific national projects, e.g. labour law advice service and constitutional matters.

3.3 Liaison
- The Branch makes the meeting room facilities available to MedicAlert for their quarterly Board meetings. Aadila Patel represents the PSSA on the Board of Directors of MedicAlert.
- The Director attends the Public/Private Health Forum meetings called by the Provincial DoH.
- The Director acted as an adjudicator in the PGWC DOH Pharmacist and Pharmacist’s Assistant of the year competition.

3.4 Information Dissemination
- Emails, faxes or a SMS service were used for urgent matters.
- Guidelines on professional practice issues were published in The Tincture Press and the SAPJ and are available electronically on request.
- Practice information written under the title ‘From My Little Black Book of Pharmacy Practice’ is now available on the PSSA website.

3.5 Publications
The Tincture Press
The editorial committee consists of Mr W Bannatyne (Editor), Gary Black (Executive Editor), Elize Fick (Classifieds Editor) and Jo-Anne Friedlander, of User Friendly.

Members are encouraged to use The Tincture Press as a forum for expressing their own views and opinions. Highlights of The Tincture Press are made available on the PSSA website. The complete Tincture Press is available in electronic format on request and is transmitted to many members worldwide in this format.

GOAL 4: BUILDING BRIDGES

4.1 Engaging with Stakeholders
- The Director attended a mini conference for hospital pharmacists and PAs in George in June 2015. The following presentations were made by members:
  - ‘A day in my life at the PSSA’ by Gary Black
  - ‘Just do it!’ A hands-on workshop on documenting your CPD by Prof Nadine Butler
  - ‘Working with Pharmacy Support personnel, who does what, where or when?’ by Lorraine Osman
- The Director regularly attended the Public/Private Health Forum meetings of the PGWC DoH.

GOAL 5: ABOVE REPROACH

5.1 Guidance on Standards
The Director advised members on the implementation of GPP and published articles in TP and the SAPJ.

5.2 Rapprochements with Senior Executives
We are pleased to report that the Director is regularly contacted by stakeholders for assistance, advice and information, including ICPA, senior staff of other pharmacy groupings, lawyers or accountants of members. He has met and liaised with senior executives from some of the large pharmacy groups.

GOAL 6: SUFFICIENT PHARMACY WORKFORCE

6.1 CPD
The following CPD lectures were held during 2015 and were well attended by members.
- 29/01/2015 ‘Old Diet, New Hypothesis’ by Dr Klaas Stempels – held in George
- 17/02/2015 ‘Just do it!’ A hands-on workshop on documenting your CPD by Prof Nadine Butler
- 17/03/2015 Working with Pharmacy Support personnel, who does what, where or when? by Lorraine Osman
- 26/3/2015 ‘What to do when you make a mistake’ by Mr Gary Black
- 20/05/2015 Workshop on ‘Antibiotic Stewardship’ by Dr Suzanne Barnett, Assistant Professor (CHS), Phar.D. – UW-Madison
- 06/06/2015 A mini-conference was held in George: various speakers
- 06/08/2015 ‘How to run an efficient and effective dispensary’, by Gary Black (Meet and Greet evening for young pharmacists)
- 10/09/2015 ‘Colloids and Parenteral Nutrition’ by Keri Petrie – held in George
On 10 October a PSSA (CWP) Regional Conference was held. The following presentations were made:

- Pharmacy Practice, update from SAPC – Jackie Maimin
- Plant-induced Dermatitis – Dr Natie Finkelstein
- Missing money, medicine and mistakes … by senior staff! – Gerald Jacobs
- Managing Medicines – Leesette Turner
- Pharmacy Practice: balancing Law and Life – Lorraine Osman

All members who participated in the programmes were issued with certificates of attendance. These were emailed to all attendees after each lecture.

6.2 Bursaries & Loans
The CWP Branch sponsored two FPE bursaries.

6.3 Students
Oath Taking Ceremony
Mrs E Fick was involved in organising a successful Pharmacist’s Oath Taking Ceremony on 19 March 2015. In taking the Oath, the graduates were led by Ms Aadila Patel, Chairperson of the CWP Branch. Ms Patel presented the student prizes on behalf of the Branch. The Academy medals for the top students were also presented at this occasion.

UWCAPS
UWCAPS have a new committee, some members of which have attended the Branch Committee meetings. They had indicated a willingness to work closely with the PSSA.

The Branch again provided sponsorship to enable UWCAPS members to attend the SAPSF Conference.

6.4 School of Pharmacy, University of Western Cape
- The Branch continued to work closely with UWC.
- Profs Malan and Butler and Dr Ward serve on the Branch Committee.
- The Branch assisted in sponsoring membership of FIP for the School of Pharmacy.

Introduction
The CWP Branch of the SAACP continues to make an important contribution to the affairs of the Society. A number of our members play important leadership roles in the Society at a National level and in various business forums.

During the year a number of joint meetings were held with the PSSA (CWP) Branch Committee. This enabled us to arrive at consensus on many issues and to prepare a balanced viewpoint on matters such as legislative changes and motions to Conference.

SAACP (CWP) Branch Committee
Chairman Mr DG Black
Vice-Chairman Mr K Patel
Treasurer Dr N Finkelstein
Secretary Mr PL Hazell
Elected Committee members
Mr LE Cohen
Mr PJ le Roux
Mr GG Malan
Mr L Röntgen
Mr HHD van Dyk
Immediate Past Chairman Mr J Raats
In attendance Mr GS Black, Director CWP Branch

Activities
National projects
Through our representatives on the National Executive of the SAACP and the Director, Mr Black, the Branch continues to have an influence at a national level. The Branch Director continues to assist the SAACP Director, Mr Jan du Toit, whenever necessary. The immediate past President, Kobus le Roux has been charged with two important portfolios, namely, PCDT and NHI.

The Director and members of the Committee have given input on a number of matters, including strategic planning and restructuring, Constitution, professional fees, and professional practice.
Most activities of SAAPI are organised at a National level and take place in Gauteng, which has the largest concentration of SAAPI members. Aadila Patel represents SAAPI on the Branch Committee and keeps members well informed of all matters affecting the industry.

A training workshop held at Pharmacy House and organised by Aadila Patel, was used to promote PSSA membership. SAAPI membership has now stands at 94.

The Academy is represented on the Branch Committee by Dr Kim Ward who keeps the Branch well informed about the activities of the Academy. The Academy had their annual conference in September 2015.

The activities of SAAHIP Western Cape were comprehensively reported on in the Chairperson’s Report which was distributed to all SAAHIP members prior to their Annual General Meeting.

A number of highlights of activities in 2015 include the following:

**SAAHIP Conference 2015**
A full delegation of the Branch attended the 29th SAAHIP National Conference held at the Champagne Sports Resort in March 2015, which was most successful.

The Conference was attended by 24 delegates, three observers and three guests from the Western Cape. The following presentations were made by our delegates:

**Poster:**
- Charles Williams: ‘Perceptions and experiences of reporting of adverse drug reactions by public sector pharmacists in a rural district in the Western Cape’

**Podium: (Academic/Scenario)**
- Hazel Bradley: ‘Using participatory action research to identify roles and competencies of district and sub-district pharmacists in Cape Town, South Africa’
- Ayesha Arendse and Raeesa Doolarkhan: ‘Analysis and review of ertapenem in the medical, surgical and trauma wards at Groote Schuur Hospital’

The Branch excelled by winning the following:
- Spirit trophy
- Overall winners of the ASPEN Gala evening Dance Competition and winners of the Tango dance category
- Best dressed lady and best dressed gent at the Friday evening function sponsored by Equity. They dressed up as 99 Green balloons to match the ‘Green’ theme
- Winners of the ‘Minute to win it’ competition at the Friday evening function sponsored by Equity

**SAAHIP/PGWC Intern Award**
The 11th Annual SAAHIP/PGWC Intern Award event took place on 12 November 2015. The winning presentations were:

**Winner**
Alicia Pietersen and Nuhaa Samaai, Groote Schuur Hospital

**1st runner up**
M van Zyl, George Hospital

**2nd runner up**
T Pahlwa and T Dickson, Karl Bremer Hospital

On this occasion, the SAAHIP Chairperson Colleen Whitelaw addressed the interns and encouraged them to join SAAHIP.

SAAHIP WC Branch would like to thank PGWC and the PSSA CWP Committee for their continued support in this endeavour.
CPD Events
Thanks to Leonard Liddell and Bhavna Harribhai who served on the CPD sub-committee and assisted in organising CPD events as reported in a previous section of this report.

Social Responsibility
- SAAHIP WC currently supports two institutions: NOAH's (Neighbourhood Old Age Homes) Assisted Living Facility in Cape Town and one of the houses at Möreson Children's Home in George.
- As from June 2015, SAAHIP has adopted the NOAH Assisted Living facility housing 20 residents as their new outreach facility. They currently organise donation drives for the essentials they need (toiletries, socks, juice, etc.) and collect these during our CPD events. SAAHIP is planning a Christmas event and will also arrange sponsorship for a cake and a small gift for each resident's birthday as from 2016.
- The South Cape Karoo sub-Branch once again spent Mandela Day at the Siyazama Educare Crèche in Thembalethu where they repaired and painted the slide, serviced the existing swings and added one additional swing.

Public Relations and Communication
Activities included:
- Regular communications to members via email, newsletters and Facebook
- Contributions to The Tincture Press
- Communication to non-SAAHIP members to inform them of the benefits of being a member and to encourage interest in SAAHIP activities

Promoting and Marketing Pharmacy
The following events are also used as marketing opportunities:
- PGWC Intern Research Award
- PGWC Intern Orientation
- PGWC CSP Orientation
- SAAHIP WC South Karoo mini-conference
- CSP Information Evening
- Intern Exam Workshop

SAAHIP National Activities
The WC Branch was represented on the National Executive of SAAHIP by Shani Dames.

The Branch has been tasked with organising the 2016 SAAHIP National Conference which will take place from 10–13 March 2016 at the spectacular Champagne Sports Resort in the Drakensberg. The theme for the conference is ‘Our Journey’.

SAAHIP WC AGM
A successful AGM was held on 9 October 2015 at Pharmacy House at which Ms Colleen Whitelaw was elected as the new Chairperson. The SAAHIP President, Mr Joggie Hattingh was the guest of honour. Mrs Shani Dames introduced the guest speaker for the evening, Ms Vani Naicker, from Groote Schuur Hospital.

Ms Naicker spoke about the changing role of hospital pharmacists from the traditional role of dispensing to the new expanded role which includes involvement in expenditure control, rational medicine use, antibiotic stewardship and process improvement. She highlighted the activities that have been taking place at Groote Schuur Hospital and also focused on the skills gap that would need to be addressed to ensure that pharmacists are capable of taking on these new responsibilities.

The AGM was followed by a dinner. Sincere thanks to the sponsor, Adcock Ingram Critical, for their support.

Conclusion
Thanks must go to all our Committee members for the many hours of personal time sacrificed in promoting the professional interests of all their colleagues.

Gary S. Black (Dip.Pharm) FPS
Director
PSSA (CWP) Branch

21
HELD ON WEDNESDAY 4 FEBRUARY 2015
AT 19:00 FOR 20:00 AT PHARMACY HOUSE,
S BLOCK, GREENFORD OFFICE ESTATE,
PUNTERS WAY, KENILWORTH

Present:
Thirty-seven members were present as per attendance
register.
Also present were guests of the above and staff
members.

1. Welcome by the Chairman
The Chairman, Prof Malan, officially opened the com-
bined AGM. In welcoming all present, he made special
mention of all Honorary Life Members, Fellows of the
Society and past leaders of the Society at both Branch
and National levels. Others who enjoyed a special word
of welcome included:
President of the CPS Mr PJ le Roux
Chairperson SAAHIP CWP Branch Mrs Shani Dames
Chairman ICPA (CWP) Branch Mr M Cassim
ICPA CEO Mr M Payne
Members of SAPC Mr J Raats, Mrs J Maimin, Mr DJH Defty
Legal adviser STBB Mr R Volks
Auditors BDO Mr A Ross
UWCAPS representative Mr Y Suleman

2. Notice convening the meeting, and apologies
2.1 The Chairman called on the Director, Mr Black, to
read the notice convening the meeting and called
for additional apologies.

Apologies
Mr M Ackermann, Ms S Brits, Ms J Fester,
Mr D Finkelstein, Mrs L Finkelstein,
Mr C Halberstadt, Mr J Hattingh,
Mr I Ismail, Ms M Jessop, Mr D Jurgens,
Mr D Kode, Mrs L Loots, Mrs M Luttig,
Mr D Mader, Mr G Malan, Mr & Mrs Rubin,
Mr WGE Schultz, Ms L Turner, Mrs M Von Zeil,
Mrs C Whitelaw, Mr HHD van Dyk

3. Obituaries
3.1 Mr Black called for a moment of silence to be ob-
erved for those who appeared on the Obituaries
list:
Mr HL Bernstein
Mr JS Jacobsohn
Mr JH Katzeff
Mrs AN Newman
Mr TE Yazbek

4. Guest speaker
The guest speaker, Mrs Ruth Nobel from Medic-
Alert was introduced by Ms Aadila Patel.
Mrs Nobel did a presentation in which she outlined
the history and development of MedicAlert in
South Africa. It was illustrated with slides which in-
cluded pictures of the first member of MedicAlert,
staff and the various forms of identifying bracelets.
She elaborated on the role that individual pharma-
cists such as Mr Musikanth and pharmacy in gen-
eral had played in MedicAlert. She expressed her
appreciation for the involvement of the Society
and its members in promoting MedicAlert.

Prof Malan thanked Mrs Nobel for taking the time
to speak to the members and presented her with a
small token of appreciation.

5. Chairmen’s reports
5.1 Detailed reports on the activities of both the PSSA
and CPS appeared in the December 2014 issue of
The Tincture Press. Prof Malan as Chairman of the
PSSA and Mr Donald Black as Chairman of CPS, in
turn, presented highlights of the activities of their
respective Committees, outlined challenges facing
the Society and thanked the office staff for their
dedicated service and called for the adoption of
the reports.

5.2 Prof Malan emphasised that the purpose of the
Society was to serve its members. He urged mem-
bers to become involved and utilise the services
offered by the Society. He thanked the Director and office staff for their support and service. The Vice-Chairperson, Ms Aadila Patel took the chair during question time of the reports. The report of the PSSA was accepted.

Proposed: Ms A Patel | Seconded: Prof N Butler

5.3 The Chairman of CPS, Mr Donald Black, briefly outlined some of the activities of the CPS. He also expressed his thanks to the Director and staff for their assistance. The report of the CPS was accepted.

Proposed: Mr L Cohen | Seconded: Mr P Hazell

6. Minutes of the previous combined PSSA & CPS AGM held on 5 February 2014
The minutes were confirmed and adopted.
Proposed: Ms R Boshoff | Seconded: Ms A Patel

7. Matters arising from point 6
There were no matters arising.

8. Treasurer’s report
8.1 The Chairperson called on Dr Finkelstein to present the Treasurer’s Report and in doing so thanked Dr Finkelstein for his dedicated and diligent service. Dr Finkelstein presented an overview of the investment market and the challenges faced by the FAC in controlling the investments of the Branch to maximise returns. To this end, the share portfolio held with Nedbank Private Wealth had been carefully monitored and adjusted from time to time to maximise dividend income. Similarly, the Coronation investment had been re-arranged to ensure sustained capital growth, while still providing sufficient income to run the Branch. The Branch expected to take possession of the new property, Block Z in Greenford Park during the course of 2015. Changes in the investments strategy were expected to yield higher dividends and interest income during the course of 2015.

In conclusion the Treasurer thanked the Branch Director, his staff and Sylvia for exercising strict control over the budget and their willingness to assist at all times. He also thanked Mr Ricky Volks for his legal advice and the auditor, Shaun Fischer of BDO SA Inc. for his sage advice and assistance.

In closing, Dr Finkelstein called for the adoption of the financial statements.

The financial statements of the Branch were adopted.

Proposed: Mr P Hazell | Seconded: Mr K Patel

9. Appointment of auditors
9.1 Dr Finkelstein proposed the appointment of BDO SA Inc. as auditors for 2015.

Proposed: Mr L Röntgen | Seconded: Mr PJ le Roux

10. Honours and awards
10.1 Prof Sarel Malan announced the winners of the student awards as listed below. The awards would be presented at the Oath Taking Ceremony in March 2015 at UWC.
Forensic/Pharmacy Practice: Ms F van Staden
Top Pharmacology 3rd year: Ms S Phetlhu
Top Pharmacology 4th year: Ms G Nackerdien
Overall, best academic: Ms C Nelson

11. Motions and recommendations
11.1 The Chairman called for any motions and recommendations. There were no motions or recommendations.

12. Election of office bearers and Branch committees
The Director, Mr Black conducted the election.

12.1 The following members were elected to the PSSA (CWP) Branch Committee for 2015:
Chairperson Ms A Patel
Vice-Chairman Mr DG Black
Treasurer Dr N Finkelstein

Elected Committee members
Ms N Ball
Mr W Bannatyne
Ms R Boshoff
Mr L Cohen
Mr P Hazell
Mrs J Maimin
Mr GG Malan
Mr L Röntgen
Mr MS Sattar

Immediate Past Chairperson Prof SF Malan

PSSA National Executive Members
Ms R Boshoff, Prof N C Butler, Ms A Patel
The following members were elected to the CPS (CWP) Branch Committee for 2015:

- **Chairman**: Mr DG Black
- **Vice-Chairman**: Mr K Patel
- **Treasurer**: Dr N Finkelstein
- **Secretary**: Mr PL Hazell

**Elected Committee members**
- Mr W Bannatyne
- Mr L Cohen
- Mr PJ le Roux
- Mr GG Malan

**13. Induction of elected chairmen**
The Director congratulated Ms Aadila Patel on her election as Chairperson of PSSA and Mr Donald Black on his re-election as Chairperson of CPS.

Prof Malan handed over the Chain of Office to Ms Patel and congratulated her on her election. Ms Patel thanked the members for their confidence in electing her, and undertook to continue working in the best interests of the members. Ms Patel presented the Past Chairman’s medal to the outgoing Chairman, Prof Malan.

**14. Correspondence**
There was no correspondence.

**15. General**
There were no matters raised.

**16. Closure**
The meeting closed at 21:40.
PHARMACIST REQUIRED/APTEKER BENODIG
Excellent opportunity for a business-orientated pharmacist to join a well-established group of retail pharmacies in Hermanus.

Hartenbos Apteek benodig apteker vir 2016 in Hartenbos (Suid-Kaap) 13 km van Mosselbaai af.

Excellent opportunity for highly motivated patient/customer-focused retail pharmacist in newly founded pharmacy in Stilbaai.

Full-time qualified pharmacist position available at Steps-to-Health Pharmacy, Diep River.

Policlinic Pharmacy, Jeffreys Bay, requires a pharmacist. Shareholding will be on offer for the correct candidate, who should preferably have PCDT background. Package is competitive and negotiable, depending on experience, and operating and business skills.

LOCUM AVAILABLE
Pharmacist 12 years experience in healthcare industry, looking for locum positions in retail or hospital pharmacies in the southern suburbs weekdays only.

Community pharmacist with many years of experience available to do locums.

PHARMACIST AVAILABLE
Experienced pharmacist seeks a part-time Monday–Friday permanent position in the Southern Suburbs (Cape Town), available from 1 March 2016.

INTERNSHIP REQUIRED
Wafaa Alfandi is looking for an internship for 2016 – her results are available on request.

Mark Lai is looking for an internship position for 2016; CV available on request.