

# The Golden Mortar



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

Edition 1/March 2019

## A FIRST FOR THE PHARMACY PROFESSION WITS UNIVERSITY TO CONFER HONORARY DOCTORATE TO STAVROS NICOLAOU

Aspen Pharmacare's Stavros Nicolaou, a BPharm graduate from Wits University, is set to become South Africa's first pharmacist to receive an Honorary Doctorate in the Medical Sciences field (Doctor of Science in Medicine – Honoris Causa).

In another first, Nicolaou joins Minister of Public Enterprises, Pravin Gordhan as the only other Pharmacist to receive an honorary doctorate from a South African higher education institution, Gordhan is a Doctor of Law and Nicolaou's one is in Medical Sciences.

Nicolaou joins a group of luminaries of 500 previous recipients who have received Honorary Doctorates since Wits University began conferring these in 1922 when Jan Smuts was the first recipient. Other prominent South Africans and Africans who have received honorary doctorates from Wits, include Nelson Mandela, Constitutional lawyer Arthur Chaskalson, Playwright Athol Fugard, Archbishop Desmond Tutu, International Diplomat Kofi Anan, Activists and Politicians Walter and Albertina Sisulu, Literary Giant Chinua Achebe, Helen Suzman, Thuli Madonsela, Artist Hugh Masekela and Business people Adrian Gore of Discovery and Stephen Koseff of Investec.

Previous recipients from the medical fraternity, include amongst others, Phillip Tobias, Harry Seftel and Jerry Coovadia. Nicolaou's recognition is an exciting, new acknowledgment of the role that Pharmacists and the Pharmacy profession are starting to assume in the Healthcare system and more broadly in Society.

It is also an acknowledgment of the diverse base that the Pharmacy profession provides, for professionals to go out and make meaningful difference in all aspects of South African society.

This year's 4 recipients, who will be conferred at a graduation ceremony at the Wits Great Hall later this year include Dr. Brigalia Bam, the former Chairperson of the Independent Electoral Commission, Dr. Zanele Mbeki former First Lady and spouse of former President Thabo Mbeki, Nicolaou and Prof. Hazel Sive, a leading engineer.

In announcing the 2019 recipients, Wits University Vice Chancellor, Professor Adam Habib mentioned to Nicolaou that, 'this is an

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Dr Stavros Nicolaou

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honour and recognition of your remarkable and valuable contribution to the people of South Africa.' Nicolaou, founding President of SAAPI – South African Association of Pharmacists in Industry, is an integral member of the Aspen team that has seen the company evolve from a small business in Durban, to now what is one of South Africa's most globalised companies and a world leader in Anaesthesia and Injectable treatment, a significant scientific achievement for South Africa, for what are highly complex sterile manufacturing technologies. Additionally, Nicolaou with the same Aspen management team, was instrumental in pioneering the first Generic ARV's, that went on to save hundreds of thousands of lives on the African continent and became the backbone of the South African Public Antiretroviral (ARV) programme for many years. The programme is now the largest in the world.

Nicolaou has also actively contributed to public service and our country's social cohesion project, currently serving on the boards of both Brand South Africa and Proudly SA. He also serves on the Board of Business Unity South Africa (BUSA) and the Brasil, Russia, India, China, South Africa (BRICS) Business Council and has previously served on the Boards of a number of State-Owned Companies such as Transnet and SA Express Airways. He currently chairs the Public Health Enhancement Fund (PHEF), the PTG (Pharmaceutical Task Group) and PHAR-MISA (Pharmaceuticals Manufactured in SA).

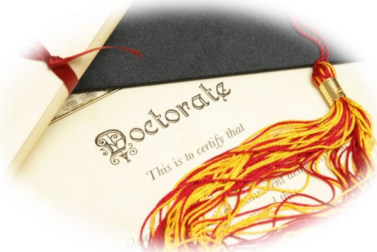
On receiving Prof. Habib's message, Nicolaou commented that, "The Pharmacy profession is a highly understated one and one that is not properly recognised for its true value and contribution to society. To receive this accolade from my Alma Mater, Wits University, is a singular honour, particularly given the many, many Pharmacists that have successfully contributed to so many facets of our country, not only in Pharmacy, but in business, entrepreneurship and other areas. I hope this recognition helps further uplift the profession and assists in inspiring other colleagues, particularly younger colleagues to aspire to greater professional heights. My other wish is that it further assists in positioning the profession as one that is rightfully amongst those that make amongst the most meaningful societal contributions. I look forward to other colleagues joining me on the list in future. Of course, no recognition of this nature is an individual effort and much credit should go to my colleagues at Aspen, who have been as much a part of this, as I have."

Nicolaou is extremely passionate about the manufacturing sector and placing industrialization at the centre of our country's economic policy. Pharmaceutical imports are a significant contributor to South Africa's trade imbalance and consequently its current account deficit. Through his participation in the Manufacturing Circle, he continues to be a great proponent of "Buy Local" and achieving policy cohesion to reduce imported products, accelerate transformation and turning South Africa into an exporter rather than an importer of value-added products.

## Congratulatory From SAAPI (DR STAVROS NICOLAOU)

*Prof. Dougie Oliver*

It is an honor and extreme privilege for me to present to you, Stavros Nicolaou, a pharmacist, a pharmaceutical industrialist, a health care economist and visionary serving the South African and International Pharmaceutical Industry to advance manufacturing capacity and developing opportunities for our South African economy.



I met Stavros some 25 years ago, always with a smile that we have come to know, a young pharmacist, just entering the Pharmaceutical Industry, a person with extreme optimism, passion and enthusiasm to shape a better South Africa. I can only in this short message present some highlights of his amazing contributions. Stavros's longstanding dedication and outstanding contributions are now recognized with the honorary doctorate degree (**Doctor Honoris Causa** which means "Doctor for the sake of the honour") that will be bestowed on him by the University of Witwatersrand (Wits) during the 2019 prestigious graduation ceremony. The South African Association of Pharmacists in Industry, SAAPI, is indeed extremely proud of the very first elected president of SAAPI Sector, of the Pharmaceutical Society of South Africa (PSSA), to receive this highest award from Academia.

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Stavros's industrial career spans over a period of nearly 30 years starting as product manager in 1990 to his current position as Aspen's Group Senior Executive responsible for Strategic Trade. Stavros has been instrumental in so many advances to our industry and public health sector, amongst others the introduction of the first generic ARV's on the African Continent. His commitment to drive national, continental and international initiatives and innovation has led to outstanding advances in manufacturing across various medicinal fields to position South Africa as world leaders in production of anaesthetic medicine.

His continuous engagement with key national and global health care policy makers has made ground breaking advances to find the solutions to South Africa's challenges that would be sustainable for decades to come. Advocating industrial development as key economic driver and enabler has led to numerous prestigious nominations and positions for Stavros to chair, serve as expert and advisor, including Ministerial nominations on national and international organizations amongst other the BRICS Business Council, WORLD BANK/International Monetary Fund (IFC), Technical Advisory Board on the strengthening of African Health Systems Chairman of the Public Health Enhancement Fund, and Non-Executive Director of Business Unity South Africa. Stavros's expertise is often sought as a keynote and invited speaker, including the Economist Roundtable, the World Economic Forum (WEF) and recently delivered a lecture on ARV developments at the Raigon Institute, a JV between Harvard Medical School and the Massachusetts General Hospital as well as numerous national and continental meetings.

Stavros, you are indeed a true ambassador for Pharmacy and Pharmaceutical Manufacturing in South Africa serving South Africa and its people over the past 3 decades. Stavros, your dedication has taken us over the horizon beyond our borders impacting on the daily lives of all of us. SAAPI is proud and salutes you for your outstanding contributions in shaping a better South Africa and congratulate you for being awarded the Honorary Doctorate degree (Doctor Honoris Causa). SAAPI looks forward to the future with you.



The poster is for the SAAPI Conference 2019, titled "Collaborating across Borders", held on 16-17 May 2019 at the CSIR International Conference Centre, Pretoria. It includes a table of fees for members and non-members, and a request to save the date for registration details.

**SAAPI**  
South African Association of Pharmacists in Industry

**SAAPI Conference 2019**  
"Collaborating across Borders"  
**16 - 17 May 2019**  
CSIR International Conference Centre, Pretoria

**SAVE THE DATE**

The South African Association of Pharmacists in Industry (SAAPI) is hosting its Annual Conference on 16 and 17 May 2019 at the CSIR International Conference Centre.

Fees:

Full Conference Fee – SAAPI Members	R 4 280
Full Conference Fee – Non Members	R 5 030
One Day Registration Fee – SAAPI Members	R 3 060
One Day Registration Fee – Non Members	R 3 530

Please save the date. Registration details and the programme to follow shortly.

# PSSA Southern Gauteng Branch News

*Dr. Judy Coates*

The Office of the Southern Gauteng Branch of the PSSA is pleased to confirm the Members Elected to the Branch Committee for 2019

During the nomination process, 29 nominations were received for the six members to serve on the Branch Committee but only 24 had accepted nomination. 631 Votes were counted and the following members were elected:

- Mrs. Val Beaumont
- Mr. Charlie Cawood
- Mr. Frans Landman
- Mr. James Meakings
- Mr. November Nkambule
- Mrs. Lynette Terblanche

## Honorary Officers of the Branch Committee

- Chairman - Mrs. Lynette Terblanche
- Vice-Chairman - Mr. Frans Landman
- Honorary Treasurer - Mr. James Meakings

## Honorary Life Members

- Mr. David Boyce
- Mr. Gary Köhn
- Mr. Ray Pogir
- Mr. David Sieff

## Sector Representatives

- SAAHIP: Mrs. Tabassum Chicktay and Mrs. Thanushya Pillaye
- Academy: Mrs. Stephanie de Rapper and Prof. Yahya Choonara
- SAAP: Mrs. Tammy Maitland-Stuart and Mrs. Gina Partridge
- SAACP: Mrs. Pumza Hlekane and Ms. Winny Ndlovu

These results were announced at the Branch AGM 5 February 2019.

A further exciting announcement at the AGM was the Honorary Life Membership to the Branch awarded to Mr. Doug Gordon in recognition of his long and active membership of the Branch and his contribution to the attainment of its Objects.

The AGM proceedings were followed by a moving talk from Dr. Kim Ballantine, Psychologist on "Compassion Fatigue".



*Doug Gordon & Gary Köhn*



*Dr. Kim Ballantine*





# ACADEMY

*Mrs. Deanne Johnston*

The Academy of Pharmaceutical Sciences (APSSA) Conference in 2018 was held from 7-10 October 2018 at the Spier Wine Estate in Stellenbosch in collaboration with the Physiology Society of Southern Africa (PSSA), the South African Association for Laboratory Animal Science (SAALAS), the South African Society for Basic and Clinical Pharmacology (SASBCP), the Southern African Neurosciences Society (SANS) and the Toxicology Society of South Africa (TOXSA). This interdisciplinary conference was the first Conference of Biomedical and Natural Sciences and Therapeutics (CoBNeST).

This was an election year for APSSA and the newly elected committee will serve for a two-year term:

- Chairman: Prof. Gareth Kilian (Aspen Pharmacare, Nelson Mandela University)
- Vice - Chairman: Dr. Ilze Vermaak (Tshwane University of Technology)
- Honorary Secretary: Dr. Marique Aucamp (University of the Western Cape)
- Honorary Treasurer: Mrs. Deanne Johnston (University of the Witwatersrand)
- Communications Portfolio Member: Mrs. Lorraine Thom (Sefako Makgatho Health Sciences University)
- Portfolio Member: Prof. Sandile Khamanga (Rhodes University)
- Portfolio Member: Dr. Jane McCartney (University of the Western Cape)

In striving to represent academic pharmacists across South Africa, the committee is in the process of appointing representatives from the remaining universities.

At the conference, the new APSSA website (<http://pssa-academy.org.za/>) was launched alongside a social media campaign. The new website provides secure login for members. This will facilitate collaboration between academics in both research and teachings. Alongside this, the APPSA Twitter, Facebook and LinkedIn accounts allow the APSSA to share information and developments to members and the wider pharmacy community.



The Department of Pharmacy and Pharmacology at the University of the Witwatersrand congratulates the 85 Bachelor of Pharmacy Graduates in 2018.

We welcomed 366 undergraduate (1<sup>st</sup> to 4<sup>th</sup> years) and 64 postgraduate students in 2019.





## The South African Association of Hospital and Institutional Pharmacists

33<sup>rd</sup> Annual Conference (7–9 March 2019)  
&  
62<sup>nd</sup> Annual General Meeting (AGM)



*Tabassum Chicktay*

The 33<sup>rd</sup> Annual Conference and Annual General Meeting of SAAHIP took place at the Champagne Sports Resort, situated in the picturesque Drakensberg, 7 to 9 March 2019.

The theme for the 2019 SAAHIP Conference was “50 Shades Brighter”.

To know where you are going you first need to know where you are coming from and have a firm idea of what you wish to achieve going forward. We are fortunate to be in a profession which continually propels you forward. During our 2018 Conference we had time to reflect on our current practice and to learn from each other. We learned that there are always new avenues of pharmacy to explore and that we each practice pharmacy in a different way with some similarities. We learned that there are more than fifty shades of pharmacy in our diverse profession. Moving forward we have an idea of where we are going, what we can do and what our roles as well as potential roles are in the healthcare system. We are slowly seeing the light at the end of the tunnel and it is “50 Shades Brighter”. There are so many opportunities. We just need to seize them.

The SAAHIP Conference provides an excellent platform for pharmacists to share knowledge and practical experience with their peers and to present their research findings. We are anticipating many interesting presentations which will help to provide us with ways in which to forward the profession.

See Golden Mortar Edition 2 for Feedback on the SAAHIP 2019 experience.

### Report of SAAHIP Southern Gauteng Branch AGM

*Tabassum Chicktay*

The Southern Gauteng Branch of the South African Association of Hospital and Institutional Pharmacists (SAAHIP) was held on Wednesday the 24<sup>th</sup> October 2018 at Glenhove Events Hub.

The Chairman reported the Branch's activities during the year:

#### SAAHIP Conference 2018 & 32<sup>nd</sup> AGM

SAAHIP Conference 2018 & 32<sup>nd</sup> AGM was a huge success for the SG Branch. The delegation was energetic and vibrant. To revive the spirit of SG, we had several speakers representing SG, Antoinette Terblanche, Belinda Strydom, Charmaine Hlalo, Theodora Mdunge.

We managed to win awards in all three categories: Best Academic, Best Podium and Best Poster presentations.

#### Chairman's Activities for 2018

1. Attended the PSSA National Conference 2018, along with the Deputy Chairman, as PSSA Branch Councilor
2. Participated in the NHI workshop
3. Increased communication to members by sending documents for comment
4. Creation of a Facebook page, [www.facebook.com](http://www.facebook.com)

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5. Pictograms to increase communication to members
6. Participated in the Annual Mini Symposium of the PSSA SG Branch
7. Pharmacy Month - Fun Walk in September 2018. There were over 40 attendees and was a huge success
8. Joined the Golden Mortar Editorial Board Committee
9. SAAHIP partnered with Gauteng Pharmaceutical Services and joined in on the Research Day. SAAHIP displayed a banner to increase awareness of SAAHIP. The winner from Research Day will attend the National SAAHIP Conference 2019.

#### Elections for the Branch Committee

Dr Judy Coates ran the elections

- Chairperson: Mrs. Tabassum Chicktay was re- elected
- Deputy Chairperson: Ms. Shoni Mulibana was re-elected
- Secretary/Treasurer: Ms. Rashmi Gosai was re-elected

SAAHIP SG Branch Committee:

Mr. November Nkambule, Ms. Jameelah Shaikjee, Ms. Jinalkumari Lad, Ms. Tendai Mutabeni, Mr. David Sieff, Ms. Jocelyn Manley, Ms. Belinda Strydom, Ms. Thanushya Naidoo, Ms. Jacquie Fox, Ms. Natalie Jonathan, Ms. Eulanda Tshividzo.

The following were appointed in absentia:

Mr. James Meakings and Ms. Liezl Fourie



#### Address by the SAAHIP President

Ms. Refiloe Mogale reported on the activities of the National Executive Office for the year.

September International Pharmacy Federation (FIP) Conference held in Glasgow. Madam President provided a report of some of the global trends that were highlighted with regard to the pharmacy workforce.

The report is available on the SAAHIP website, [www.saahip.org.za](http://www.saahip.org.za).

#### SAAHIP Community Service Pharmacist (CSP) Survey Report

Find the SAAHIP-CSP survey report on the website which discusses the findings and recommendations, [www.saahip.org.za](http://www.saahip.org.za).



### Amendments to Regulations

The Regulations require amendments, such as recognition of specialist pharmacists and technicians. A meeting was held at DOH regarding the progress of this. SAPC and DOH are to draft a competency framework and conduct a socio-economic study. Members will be asked to input when the document is released.

### Focus Area

Disaster Management is being added to the Southern Gauteng portfolio. We are required to formulate a document on how to manage these disasters.

The President ended off by announcing the SAAHIP National AGM and Conference to be held in March 2019.

The AGM will highlight the need for succession planning, mentoring, and grooming future leaders - delegates who can stand.

The AGM was then closed.

A CPD session was then offered by Prof. Morar on: "The Role of the Pharmacists in Managing Asthma".

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**WHAT PHARMACISTS  
ARE REALLY THINKING!**

**OUT OF THE BOX THINKERS THAT ARE MAKING THE PROFESSION SHINE**

On a daily basis Pharmacists are using their skills to improve patient outcomes and patient experiences in their hospitals or institutions

**SAAHIP** Southern Gauteng and the Golden Mortar Editorial Board invites you to case and tell us about your initiatives or positive projects that you have started in your workplace, pharmacies or communities so others can learn from

What are some of your initiatives?

Let us encourage other Pharmacists

Together We Can Be Part Of The Change

tabassum.shaik@gauteng.gov.za



## **What Pharmacists are Really Thinking!** **Becoming the Responsible Pharmacist of a Pharmacy Dispensing Unit (PDU / ATM Machine)**

*Tabassum Chicktay*

In 2016, the pharmacy team in Johannesburg District was invited to our first “Automation” meeting. Never being exposed to this term before, I remember thinking that this idea is so implausible and that it was going to add unnecessary work to an already strained schedule. Little did I know; this project would change how I view my profession in its totality.

And so it began, this pilot project was to test the supply of an alternative delivery mode of chronic medication to stable patients. An electronic, automated robotic system will be used to service these patients at alternative sites other than Public Health Clinic (PHC) facilities. This initiative is in line with the wider health strategy to supply medicine to patients in a controlled, quality conscious, convenient and economical manner. Four potential sites were identified in Johannesburg: Alexandra Plaza, Diepsloot Mall, Jabulani Mall and Ndofaya Mall. A collaboration with Hillbrow Chronic Dispensing Unit (CDU) was established to ensure referral of patients onto the system and a steady supply of medicine to the relevant dispensing sites.

The envisioned outcome of this project was to:

- Lower patient burden in surrounding PHC facilities
- Improve patient medication adherence through use of reminders and active communication centre follow-up
- Reduce patient waiting time for receipt of medicine
- Increase convenience and lower cost to patients (collection time, location and cost)
- Increase access to medicine through various PDU/RADU (Remote Access Dispensing Unit) site access
- Increase stock control/accountability
- Increase access to pharmacy staff/medicine related information
- Enabling of informed decision making by pharmacy staff based on health information

All this sounded absolutely amazing for the patient but would implementing a project like this cause any harm to my profession. The answer to this question is absolutely not! Pharmacists will always remain one of the critical elements in ensuring there is ‘Access to medicines’.

There is a real shortage of pharmacy staff in the South African primary healthcare sector. This technology will help pharmacists to focus on the pharmaceutical care of the patient which includes counselling appropriate and safe use of medicine, side-effect aversion, lifestyle modification and disease prevention.

Some of the logistical and stock management functions of a pharmacy professional such as stock location and counting are replaced by robotics, and reporting requirements are easily retrieved and supported by the integrated software solutions.

PDU TMs and pharmacy automation create jobs and offer the pharmacy professional additional and diversified career opportunities in a new niche market.

Pharmacy professionals have a unique opportunity through PDU TMs to “directly” provide safe, quality pharmaceutical service and positively impact on the lives of more patients in the public health sector through telepharmacy and the PDU TM enabled remote dispensing and audio-visual interaction.

This project helped me realise that my role as a pharmacist in the public sector is not limited. To create ‘Access to medicines’, the pharmacists did not have to be the one physically counting pills. This provided an opportunity to become involved with the districts team that was responsible for implementing programs like the National Adherence Strategy.

**PDU Set up at Alex Plaza**



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As the RP (Responsible Pharmacist,) I could ensure that there were no compromises when it came to patient care or the supply chain process.

Two years later, all four sites have been implemented in the district and over 23 000 patients have opted to collect their medicines by using these automated machines. In 2018 the district conducted research to determine what were pharmacist's perceptions towards automation. This research was presented at the 2019 National SAAHIP Conference in March 2019.



The pharmacy team is now determined to conduct research based on patient satisfaction of these PDUs. It is truly an exciting time for the public-sector pharmacist.

Please contact me via the SAAHIP Southern Gauteng Facebook page or via email, [tabassum\\_shaik@yahoo.com](mailto:tabassum_shaik@yahoo.com), if you would like to engage further. I have also attached FAQs on the SAAHIP website, <https://www.saahip.org.za/>.

## What is Happening on the CPD Front - January 2019

*Dr. Judy Coates*



*Tanya Vogt & Judy Coates*

Continuing Professional Development at the Southern Gauteng Branch of the PSSA kicked off in January 2019 with a focus on Medical Devices. We were joined by Tanya Vogt, Executive Officer of the SA Medical Technology Industry Association (SAMED,) who discussed "One year after the prohibition of direct sponsorship..." Why did SAMED implement the prohibition? Have other stakeholders embraced it or not? How is it being enforced? What have the practical challenges been? Why a "Medical Device Code of Ethical Marketing and Business Practice"? What are the differences between the Medical Device Code and the Marketing Code? And more.

The session was attended by 28 attendees who actively participated in the presentation through questions and debates around the rules and its impact on the industry players.

In sharing the unique activities of the MedTech industry, Tanya highlighted why differences in the Code were required, detailing the whys and hows. Some unique activities include:

- Strong interdependence breeds possible risk of corruption and manipulation
- Largely unregulated
- Highly innovative, 18 – 24 months life span
- Users training: frequent and ongoing
- Sampling and demonstration
- Placement of Equipment
- Company representatives in clinical environment (theatre)
- Rebates
- Users vary from HCPs, Nurses, Technicians, Laboratory personnel, patients
- Mostly not advertised to general public
- No gifts, do allow items of medical utility for patient, user education

Tanya showed how SAMED is aligning with MedTech as well as the HPCSA Booklet 11 in the prohibition of director sponsorship. In keeping with the spirit of continued Education, Tanya then unpacked how indirect sponsorship (at an arms-length through an independent third party) could still take place, bringing transparency and governance,

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while ensuring companies can continue to invest in the future of our country's professionals.

The audience was provided with insights into restricted and unrestricted grants, while emphasising how the general principles of the Code always apply.

When looking at Certification, Tanya confirmed that SAMED Non-members can sign up to the Code too. The Code certification test is available to both members and non-members, for which CPD points are awarded. An exciting report includes the observation that HPCs are also completing the Code Certification test. The test is free, however on a fourth attempt members are charged.

The audience was eager to hear more about Enforcement. Tanya noted that anyone can submit a complaint. SAMED members pay a complaint handling fee. No appeals process, to avoid complaints being drawn out excessively, due to the short life span of products noted above, as well as the fact that a complaint relates to an issue that may need to be stopped ASAP. The complaint handling process is expedited using a third party independent legal person reviewing the complaint

In order to bring the theory to life the audience was taken through a series of Frequently Answered Questions (FAQs) with scenarios that helped provide clarity to what is and is not allowed, including the vetting of venues.

Tanya referred the audience to the SAMED Guidance Document which can be found at [www.samed.org.za](http://www.samed.org.za) [Click here for: Guidance on indirect sponsorship](#)

Tanya highlighted the variety of stakeholder engagements with SAMED, noting the various formats that have taken place since 2016 with a myriad of stakeholders. SAMED plans to continue with these efforts.

In closing, it was agreed that everyone collectively needs to find more innovative ways to educate all players, with much focus to date being on the companies and their compliance. There is definitely a need for educational programmes that focus on the end-users (the Healthcare Professional and the patient).

A special thank you to Juta for the lucky draw at the close of our first CPD for 2019, and Congratulations to Tony Wildman who won a copy of the handbook "A Practical Guide to Pharmacy and Health Products Regulation" and a free 1-year Premium Plus subscription.



*Tony Wildman & Judy Coates*





# SAACP SG AGM Presentation on Cannabis Oil

David Sieff

## “ TO SELL OR NOT TO SELL - THAT IS THE QUESTION ..... BUT WHAT DOES THE LAW SAY ABOUT CANNABIS OIL ? “

This was the theme of a very comprehensive presentation to the recent AGM of the SA Association of Community Pharmacists, Southern Gauteng Branch (SAACP SG) by Mr. David Bayever, well known authority on legislation for Drugs in Sport and for Cannabis. He began with a description of Cannabis Oil and its curative claims, specially for cancer and pain, legal access, and legislation – slow to be developed for South Africans, many of whom have for many years been self-medicating with Cannabis, making their own oil or via the black market.

He proceeded to distinguish between ‘Hemp Oil’ with its mainly Omega 3 and 6 components, and ‘CBD (Hemp) Oil’, with high levels of Cannabidiol (CBD) and low tetrahydrocannabinol (THC) content, and made from Cannabis/Marijuana/Dagga plants; they are taken for analgesia, reduction of pain and vomiting side-effects of chemotherapy, muscle spasms in multiple sclerosis and cerebral palsy, ocular pressure in glaucoma, high blood pressure, as well as relieving symptoms of asthma, constipation, depression, epilepsy, and insomnia.

The main types of Cannabinoids and their relative psychoactive activities were listed, and then each was elaborated on regarding its respective properties, e.g. THC, CBD, CBDA, CBN, THCV, and CBG – all acronyms for long chemical names.

Mr. Bayever explained and clarified the Constitutional Court Order handed down in September 2018, which included Decriminalisation of possession, cultivation, and personal adult consumption of Cannabis in private spaces; it remains illegal however for use in the presence of children or non-consenting adults, for any reason other than personal use, and buying or selling without a Section 22A permit duly issued by the Director General (DG) of the Department of Health.

Any convictions prior to the Order remain of full effect, and Parliament has been granted 24 months to amend the relevant statutory provisions in its own terms.

The sale or supply of cannabis is governed by provisions of several Acts, such as the Medicines Act, 101 of 1965, which states that a Section 22A permit may only be issued to provide a medical practitioner with cannabis for the treating or preventing of a medical condition in a particular patient; an anomaly arises here as Sec-

tion 22A is silent on how or where doctors may source their cannabis to provide to their patients, therefore they must be able to purchase it locally from a third party.

The supply perspective, under Section 22C(1)(b), allows any supplier to apply to the Regulatory Authority for a licence to import, export, act as a wholesaler or distributor of cannabis, but this contradicts 22A(9)(a)(1), which specifies that no person may acquire, use, possess, manufacture, or supply cannabis for medicinal purposes, without such permit, duly issued by the DG to a “medical practitioner, analyst, researcher or veterinarian ...,” but makes no mention of other prospective suppliers.

Practical concerns arising from the Court Order include the personal consumption application, consideration by Police Officers of quantities in a person’s possession, differentiation between medicinal and recreational use, and non-medicinal products being regarded as Foodstuffs. How Cannabis Oil should be used and its possible side-effects were explained.

Commercial cultivation for medicinal purposes has been legalised by the Health Ministry in Lesotho, with a rapidly growing export market, accompanied by increasing employment in a struggling economy, and there are plans for manufacture of nutritional and cosmetic products, as well as extraction of active pharmaceutical ingredients for medicinal use.

Legalisation of Cannabis has support from different age groups, ethnicities, education levels, and gender, strongest with the younger generations, but numbers are growing among older people. The presentation continued with the suggestion that Cannabis-related business is set to boom – “The bandwagon has turned into an overloaded freight train....,” and entrepreneurs and venture capitalists are preparing for “..... the floodgates to open soon.”

Mr. Bayever concluded with a warning that it is still illegal to sell Cannabis products or promote brands in South Africa, and his final slide was of a sign stating “KEEP OFF THE GRASS !” after which he accepted and answered questions from the floor.





# SAACP SG BRANCH COMMITTEE 2019

## CHAIRMAN

- Mr. Frans Landman

## VICE-CHAIRMAN

- Ms. Phumza Hlekane

## HONORARY TREASURER

- Mr. Richard Barry

## IMMEDIATE PAST CHAIRMAN

- Mr. Tshifhiwa Rabali

## COMMITTEE MEMBERS

- Mr. Charles Cawood
- Mr. Anton Heyman
- Mr. Gary Kohn
- Ms. Winny Ndlovu
- Mr. John Makhlof
- Mr. Simon Mogafe
- Mr. David Sieff
- Mr. Arthur Tannous

**The Southern Gauteng Branch of PSSA cordially  
invites you to attend our March CPD**

**Date:** Tuesday 12 March 2019  
**Time:** 19H00  
**Venue:** Glenhove Events Hub  
52 Glenhove Rd, Melrose Estate

**Cost:**  
PSSA Members - Free  
Non-members - R150  
Students - Free (Please produce your Student Card)

***Refreshments will be provided***

**Pharmacovigilance -  
Your role as the  
pharmacist**

**Presenter: Amayeza**

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## What's Hidden in the "Scented Plume"

*Stephani Schmidt MSc (Pharm)  
Amazeza Information Services*

### Introduction

E-cigarettes are a type of electronic nicotine delivery system (ENDS). It is called "vaping" or "JUULing" when a person is using an e-cigarette.

E-cigarettes have a battery, an atomiser (vapourising chamber with a heating element) and a cartridge containing the vaping liquid or "e-liquid". Once heated, the e-liquid produces an aerosol, which is then inhaled.

The vapour created by e-cigarettes emulates, but is not tobacco smoke, and does not contain toxic by-products including tar-phase chemicals, which are generated by tobacco smoking (combustion). As a result, they have been marketed as being a "healthier choice to smoking."

According to Watson J, 2018, e-cigarettes are experiencing a dramatic rise in popularity despite being "largely untested and poorly regulated." It has been estimated that, in 2016, about 9 million Americans were using e-cigarettes regularly of which 2 million were middle- and high-school students.

Most people are well-aware of the dangers around cigarette smoking. However, many are still in a "haze" when it comes to health implications of e-cigarettes. This article will focus on the main ingredients included in the "e-liquid" and concerns regarding their use in adolescents.

### E-cigarettes

Also known as "electronic nicotine delivery systems (ENDS)," "e-cigs," "vape pens," "vapes," e-hookah," "mods" and "tank systems"

They come in many shapes and sizes; for example, some may resemble regular cigarettes, cigars or pipes; while others may look like pens or USB flash drivers (Fig 1).

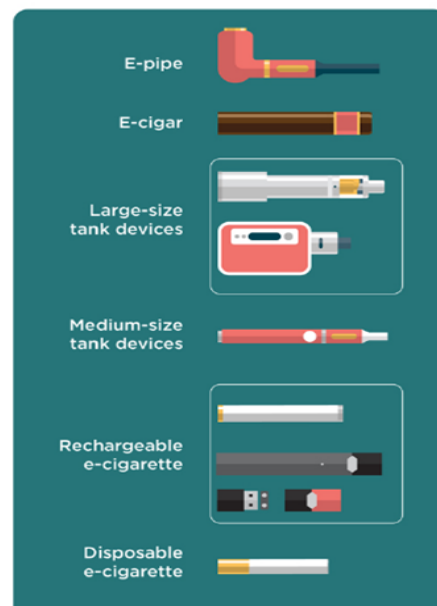
"Pod mods" (for example, the brand product called JUUL) look like USB flash drives. Due to their small size and inconspicuous appearance they may go unnoticed in school settings. These devices are rechargeable and have replaceable cartridges.

Tank systems or "mods" are larger devices and do not resemble other tobacco products.

### VAPING...."It's not harmless "water vapour"

E-liquids usually contain nicotine, propylene glycol, vegetable glycerine (also known as glycerol) and flavourings. Other components that have also been identified in the vapour include carbonyl compounds, metals, volatile organic compounds, phenolic compounds and tobacco-specific nitrosamines.

**Fig. 1. Different types of e-cigarettes**



Adapted from the Centres for Disease Control and Prevention (CDC). Available from: [https://www.cdc.gov/tobacco/basic\\_information/e-cigarettes/Quick-Facts-on-the-risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html)

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## Nicotine

The amount of nicotine in e-cigarettes and e-liquid varies. While some are nicotine-free, the nicotine content in others can be as much as 36 mg/ml.

JUUL-devices contain high levels of nicotine; the nicotine content in a single JUUL pod may be as much as in a pack of 20 regular cigarettes.

Nicotine is a highly habit-forming substance. Nicotine use in adolescence may:

- Harm the parts in the brain that control mood, learning, attention and impulse control
- Adversely affect memory and concentration
- Increase the risk for future addictions to other drugs

Other concerns about the composition of e-liquids is that not all the ingredients are listed on the packaging. Also, when tested, it has been found that some products contain nicotine despite being marketed as containing “zero percent nicotine.” In addition, in chemical analysis, the level of nicotine measured has been found to be inconsistent with the amount stated on the packaging.

## Propylene glycol and vegetable glycerine

Currently, there is insufficient information regarding the toxicity profile or carcinogenic effects of propylene glycol and vegetable glycerine when heated and aerosolised.

Acrolein (a toxin) is formed when glycerol is heated and propylene oxide (a probable human carcinogen) may form when propylene glycol is heated. In addition, depending on the voltage of the battery used in the e-cigarette, various levels of formaldehyde and acetaldehyde (which are carcinogens) are formed when both propylene glycol and vegetable glycerine decompose.

Ghosh A *et al.*, 2018 evaluated the effects of chronic vaping on pulmonary epithelia. They concluded “that chronic vaping exerted marked biological effects on the lungs and that these effects may in part be mediated by the vapourised propylene glycol/vegetable glycerine-base. These changes were likely not harmless and may have clinical implications for the development of chronic lung disease.” They also suggested that more research is needed to determine the full extent of vaping on the lung.

## Flavouring

According to Sassano MF *et al.*, 2018, there are more than 7 700 different e-liquid flavours available, of which most have not been tested for toxicity. There is also limited information regarding their chemical composition.

Evidence suggests that there is a link between cytotoxicity and certain flavourings used in e-cigarette liquids, particularly sweet and cinnamon flavours. Safety concerns regarding the use of e-liquid flavours include, but are not limited to:

- Cinnamaldehyde has been found to impair lung function in human bronchial epithelial cells
- Diacetyl (used in sweet-flavoured e-cigarettes) has been linked to serious lung disease
- Benzaldehyde (used in cherry-flavoured e-cigarettes) has been associated with respiratory irritation

In addition, sweet and candy-like flavours of e-cigarettes may also increase the appeal of e-cigarettes to adolescents and young users (especially those who have never smoked). This could potentially result in nicotine addiction and subsequently act as a gateway to smoking and tobacco addiction.

## Heavy metals

A metallic coil is used in the e-cigarettes to heat the e-liquid. The hypothesis is that metals can be transferred from the coil to the e-liquid and from the e-liquid to the aerosol that is inhaled. Olmedo P *et al.*, 2018 evaluated the potential role of the heating coil to metal exposure in e-cigarette users. Their study showed that e-cigarettes are a relevant source of exposure to a variety of toxic metals (chromium (Cr), nickel (Ni), and lead (Pb)) and to metals that are toxic when inhaled (manganese (Mn) and zinc (Zn)). They suggested that more research is needed to quantify metal exposure and to evaluate their impact on the health of e-cigarette users.

## Conclusion

E-cigarettes users are not exposed to the toxins in tobacco smoke and “vaping” is perceived to be less toxic than smoked or burned tobacco.

However, e-cigarette users are still exposed to nicotine, as well as heated and aerosolised propylene glycol, glycerol and other compounds of which the long-term health consequences are largely unknown. There is also no information regarding the health effects of second-hand vapour exposure.

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Overall, little is known about the potential health threats hidden in the “scented plume” and more studies are needed to evaluate the impact of e-cigarette use on health, especially in adolescents and in chronic users. Parents should be encouraged to deter their children from using e-cigarettes and anyone concerned about the health effects of e-cigarettes is best advised to avoid the habit.

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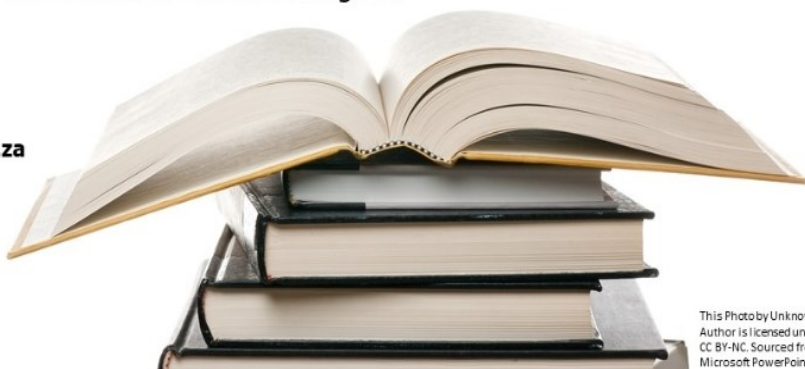
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# Medicines in the Bible

*Ray Pogir, Museum Curator*

Join us as our National Pharmacy Museum Curator, Mr Ray Pogir, takes us on a journey of Medicines in the Bible.

In the Beginning...

The Bible mentions over 180 plants used for healing but there is no written text on their methods of preparation. It clearly states the illness and healing are divine gifts and healers are divinely appointed.

In the book of **Ezekiel 47:21** it states "along the banks of the river, on this side and that, will grow all kinds of trees used for food: their leaves will not wither, and their fruit will not fail... their fruit will be for food and their leaves will be for medicine". There are a number of other quotations which refer to preparations to be made from various plants such as calamus, cassia, myrrh and frankincense.

Apothecaries were recognised as having special knowledge and skills in the preparation of the various medicines, anointing oils and incenses in Biblical times. The exact weights of the ingredients are given and in at least two instances it states that the preparations must be made "after the art of the apothecary". In **Proverbs 11.1** there is also a warning not to use a false measure.

In England the Society of Apothecaries registered a coat of arms in 1851 with the Latin wording on the scroll which has been translated as "medicine is mine, what herbs and simples grow, in fields and forests, all their powers I know".

The British Pharmacopeia, until the 1950's, listed a number of monographs which contained extracts from plants, such as aloes, almonds, aniseed and ginger that are mentioned in the Bible.

In South Africa herbalists, alternate medicine practitioners and traditional healers also use material from plants with Biblical names.

Worldwide there has arisen a critical body of promoters of natural healing products. This has led to the establishment of controlling bodies which will regulate the products and will require validation of the claims made for the healing properties of the plants. In South Africa the SA Health Products Registration Authority (SAHPRA) has established a division which will call for the registration of alternative medicinal products.

Watch out for Golden Mortar Edition 2 where we will delve into specific references in the Bible, the uses then and now.

**Watch this space – Website coming soon**







## Don Sutherland Tribute

### P. R. Boet van der Merwe

It is with a heavy heart that I write this tribute to Don Sutherland. During December 2018 Don passed away after a long battle with illness at the age of 79. I will always remember Don as a leader and a positive and determined person.

He will also be remembered by Senior Executive members of various Executive Committees and personal friends, as a leader and friend.

He became President of the Pharmaceutical Society for three different terms of office. Don was an Honorary Life Member and a Fellow of the PSSA, in addition Don was Vice President of SA Pharmacy Council for one term. We spent many hours in Parliament promoting Pharmacy and Pharmacists as an essential and integral member of the healthcare team.

Don and Gavin Bamber took a particular interest in the functioning of the PSSA Head Office.

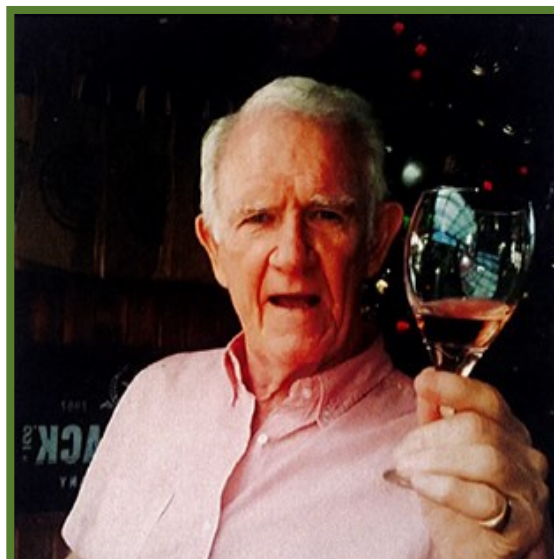
Don assisted me greatly in establishing necessary departments such as Professional, Finance, PSSA Contracts, Continuing Education and Public Relations (which included the SA Pharmaceutical Journal, Book Department Publications and Communication).

After the Feldberg and Syncom reports, Don and I attended the International Pharmaceutical Federation (FIP) conference in Vienna in 1981 and became so inspired that we produced a strategic document from the Vienna concept referred to as "Health Care 2000". It includes a stratified Medical Aid structure for a privatised national insurance plan. It also addressed problems such as generics, remuneration, and many other issues important to the Profession.

He believed in a unified professional Society as a platform for all Pharmacists, irrespective of their area of operation.

Don was truly dedicated to Pharmacy and as Dorothy Steele (one time Editor of the SAPJ) would have put it "One of Pharmacy's GREATS" has passed on.

He leaves his wife Joyce, a son and a daughter.  
"Totsiens" Don, and may you be at peace.



*Don Sutherland*





Dear Editor

Pharmacy in South Africa is on the way to becoming an unnecessary profession.

To mention some of my reasons for this statement let's consider the following:

1. The political pressure to lower the price of medicine has found an ideal scape-goat in "Pharmacy". This was always the place where the final medication was handed to the patient. The payment was made by the patient or his Medical Aid Scheme. Government was concerned about the cost of medicine and decided that the price had to be regulated to limit the profits made by pharmacies. In order to achieve this the prices were determined at such a low price that many pharmacies could not survive.

In concentrating on price only, the authorities opened a profession, which served a valuable health service to many communities, especially the underprivileged, to attack and take-over by "BIG BUSINESS".

2. Pharmacy is the only profession which is so strictly price controlled that many communities lost the services, which were often at no cost to the patient, of a highly educated and trained professional who could not make a living, pay his/her staff and his/her rent, or even keep emergency stock for desperate patients.
3. The short-sighted policies ignored the broader economic consequences both to the State and to the profession. In the rural areas the poor, with no Medical Aid, were forced to join the long queues at the clinics or hospitals, the pharmacy staff lost their employment, the fiscus lost the VAT on the sales.
4. Big Business Corporate Financial Objectives and policies introduced by the Medical Scheme Industry now rule the pharmaceutical services formerly provided by privately owned professionals. Wily financial planners have found more ways to make profits out of medicine than were ever made by privately owned pharmacies.
5. Another problem has also arisen. In days gone by, pharmacists were always willing to provide opportunities for internships. This is essential for the student, who has completed his/her studies, to undertake before being allowed to practice. These last few years fewer and fewer pharmacies, who in the past could provide such internships, have been able to do so. Mostly because they cannot afford to pay a salary. So, after four years of study, some students, with student loans to repay, are without posts. What has this cost the State in providing facilities for University Pharmacy Schools?
6. The implications of concentrating on cost-saving on medicines in a pharmacy will continue to add to costs in other directions. Communities will be deprived of the health service of a highly qualified professional who was always available for consultation, often at no cost, AND BIG BUSINESS will always find a way around legislation to make more profits.

Is it too late to organise a country-wide protest? The consumer organisations will support us.  
Where are our leaders?

A deeply concerned Pharmacist



Cartoon: Gerd Marschner Tincture Press June 2004





## CRY THE BELOVED MORTAR AND PESTLE

Charlie Cawood

Current matters dominating the South African political scene are deflecting most community pharmacists' attention away from the misfortunes destroying the value of independent community pharmacy and its vital role in the healthcare of our country. Many of these hardships, such as Designated Service Providers (DSPs), mainly large corporate groups, largely driven by the medical schemes, are designed to essentially provide cost effective medicine for the scheme members – as opposed to focussing also on good pharmacy practice as provided by independent community pharmacy.

Despite the Independent Community Pharmacy Association (ICPA) having secured a court judgement in June 2017 which compels the Council for Medical Schemes (CMS) to declare closed DSPs, and penalty co-payments, as an “undesirable business practice,” the schemes continue to create them; even the Minister and/or the Director General of the Department of Health appear powerless to enforce the CMS to implement this judgement, and furthermore, the Competition Commission appears unwilling to intervene in what is believed to constitute anti-competitive behaviour.

As a result, a major scheme with a large civil service membership, in January 2019 formed 3 closed corporate pharmacy DSPs, in direct contravention of the Medical Schemes Act, for both acute and over-the-counter medicines, and imposing a 20% penalty co-payment if dispensed at a non-DSP community pharmacy; in addition, the scheme has contracted with another claims processor to improve members' access to chronic medication. Many independent pharmacy owners find it most indigestible that the scheme has contracted to pay these DSPs higher dispensing fee, and even more unacceptable is that a medicines formulary has been devised, strictly 'Nappi' coded for products which appear to be biased towards four particular manufacturers

Surely this can only be considered as anti-competitive and undesirable business practice, and as a deliberate attempt to marginalise smaller community pharmacies, and one might ask - “Is this always in the best interest of the patient?” as it brings into question Good Pharmacy Practice and/or pharmaceutical care, specially if members and patients are ‘forced’ to accept the strictly coded formulary, in which some of the listed medicines are not the cheapest generics available, in direct conflict with the legal requirement; it is difficult to comprehend why the CMS has not intervened if the scheme is contravening the legislation.

Another depressing aspect for most independent pharmacies is that most dispensing fees for 2019 have remained unchanged, while a few schemes are offering a capped rand value only about R2 over that for last year, while a very large private sector scheme, apart from offering a ‘perverse’ incentivised bonus system to contracted independent pharmacies for meeting certain generic dispensing quota criteria, have again kept the same dispensing fee for the 8<sup>th</sup> consecutive year; its members face an annual increase of 10%, but with apparent reduced benefits.

One must ask why the leaders of our pharmacy organisations have not taken this scheme to task for exploiting independent community pharmacy – it is really an indictment on the appreciation that most medical schemes have for the accessibility and services which community pharmacies provide for their membership.

Adding to the smaller pharmacies' woes, the two large schemes already mentioned earlier have opened dedicated and specific closed DSPs for oncology patients, again in direct conflict with the 2017 High Court judgement, and the CMS should have disallowed this practice where the medications are available to members only through large corporate pharmacies, or via the scheme's own distribution network, otherwise subject to a 20% co-payment penalty if dispensed at their regular community pharmacies; letters to these oncology patients have already been distributed, insisting that those DSPs be used – again, cost-effective usage from which these members probably don't realistically benefit.

Good Pharmacy Practice is further compromised when acute medication is obtained from the members' regular pharmacy, while ‘chronics’ are dispensed at the corporate pharmacies – “Who carries the responsibility for any drug interactions?” Community pharmacies are invariably the ‘first port of call’ for most medical scheme members, but recognition of the valuable role that they actually play in the healthcare of patients and the country is often absent; it is very concerning that other players in the healthcare environment, even at Government level, apparently remain oblivious to the plight of independent pharmacy, even though it preaches the need for support of small business entrepreneurs – are small pharmacies not considered as such?

Why has there been no public outcry against this ongoing discrimination, by the leaders of our representative pharmacy organisations? The time has come for independent community pharmacists to unite, stand tall with their mortars and pestles, and seek restoration of their vital role in the healthcare of the country.



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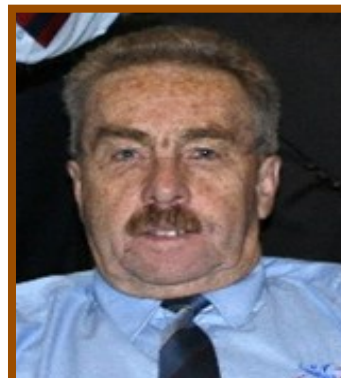
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