



FAREWELL TRIBUTE TO NEVILLE LYNE

David Sieff

It is an honour and a privilege for me to have the pleasant task of writing this farewell tribute to a long-time friend and colleague; it would do an injustice to his achievements, and I find it difficult, to leave out any details.

George Neville Lyne has had a varied and interesting career, holding various positions as he progressed, which I will describe in separate succeeding decades, starting with 1953-1960. He was employed in various community pharmacies in Durban, where he also attended the Pharmacy School, after which he completed his pharmacy Apprenticeship; he then joined Scherag (Pty) Ltd. as a Professional Services Representative (“Rep”) for the extensive KZN, East Griqualand, Transkei, Southern Free State (OFS), and Swaziland regions.

1961-1970 Neville was transferred to Scherag Head Office in Johannesburg, as understudy to the Pharmaceutical Director, Dr. Mike Tonkin, he was later promoted to National Sales Supervisor of the White Laboratories division, and subsequently to National Sales Manager for the Schering Corporation division, for South Africa.

My first personal association with Neville started in February 1963, when I joined Scherag as a Medical Rep, travelling across the (then) Southern and Eastern Transvaal, and far Northern OFS; notably, the late Cecil Abramson had started here in January, as the first Pharmaceutical Industry apprentice in South Africa, working in the manufacturing division.

1971-1980 Neville’s responsibilities were expanded internationally to include Mozambique and Angola, and later being promoted to Marketing Planning Manager at Schering Plough European headquarters, Switzerland, where he was responsible for Corticosteroids, Antihistamines, and Gastro-Intestinals for Western Europe (excluding France and West Germany) but including Scandinavia, and in addition, Middle Eastern countries and Africa South of the Sahara, and eventually being transferred to Belgium as Marketing Manager.

.../ continued on page 2

CONTENT	PAGE
Tribute to Neville Lyne	1 - 2
PSSA SG Mini Symposium	2
Professional Indemnity Insurance	3
PSSA SG May CPD	3 - 6
PSSA SG July CPD	6
PSSA SG August CPD	7
SAAHIP Workshop	8
Trinity Blanket Drive for the Homeless	8
Why Trinity	9 - 10
Awareness on Malaria Park Run	10
SAAPI Conference 2019	10 - 13
The PSSA Book Department	13
SAAPI What’s Coming	14
A day in my life in industry	14 - 15

CONTENT	PAGE
SAACP July CPD	15
3rd National Pharmacy Conference	16
Pharmacy Recognition	17
A word from SAACP Chairperson	17
SAACP 69th AGM	18 - 20
Medical Ethics on Global Injustice in Sport	20 - 22
SARCDA	22 - 23
Letter to the Editor	23 - 24
Allen & Handburys (1715 - 1954)	24 - 25
Are you hooked on the Heritage of Pharmacy	25
Glenhove Events Hub	26
NDoH and PHEF celebrate their investment	27 - 28
Social Compact Forum & the Public Health Forum	28 - 31



1981-1990 Returning to Johannesburg to take up the position as Head of Communications and Marketing for the PSSA National office, Neville introduced CPD courses for members, in conjunction with Opel Greef and Hugo Durrheim. He also organised and managed the AGMs and Conferences, among even more responsibilities. He was appointed Chairman of the hugely successful and popular Pharmacy Professional Awareness Campaign (PPAC), promoting Pharmacy to the general public via print, radio, and TV media, while also supervising the office of the SA Pharmaceutical Journal in Braamfontein, during the terms of several PSSA Presidents.

1991-2000 In conjunction with Colin Stanton, Neville conceptualised and introduced Insurance Advisor, the Professional Indemnity Insurance Plan (PIP) for PSSA members, which is still in force, he continued to organise and manage the National AGMs and Conferences, and requested to manage the transfer of the PIP to the Southern Gauteng (SG) Branch.

As a token of exceptional service to Pharmacy and the PSSA, as a non-pharmacist and non-member, in May 1995 Neville was awarded Honorary Fellowship of the PSSA, and in April 2000 he retired from full-time activities. 2001-2010 Until PIP was transferred to the PSSA National Office in Pretoria, Neville managed the PIP from July 2000 to 2002, and in 2004 he was invited by the SG Branch to take up the position as Professional Officer, and to manage their CPD programme, in a part-time capacity; he was also invited to join the Editorial Board of The Golden Mortar (GM), the SG Branch Newsletter.

2011-2018 Neville managed and arranged the Branch's Clinical CPD programme, continued as Professional Officer, and since 2018 acted also as Publishing Co-ordinator of The Golden Mortar, even after his retirement from office.

All will agree that the above is an impressive CV, not easily emulated. Neville's contributions to the running of The Golden Mortar were on several important levels, for each edition from compilation of a draft Editorial Plan for discussion at Editorial Board (Ed. Bd.) meetings, supervising and recording suggested content and contributors, and finalising the plan for Ed. Bd. Members, detailing the copy deadline dates, Board member responsibilities, approximate word count, etc. In addition, sourcing of articles and authors, proofreading and editing of articles, final layout for publication electronically as email and on the PSSA Website. All these are important functions in keeping up the high standard of The Golden Mortar which Neville has left as his legacy.

Neville, the man: My overall impressions are of his competency, professionalism, clear thinking regarding the GM's Editorial Policy and topical content, dedication to the task, his sage advice, his co-operation, his gentlemanly manner and wry sense of humour, and the respect which he was shown.

We thank him for his sterling service on the GM Ed. Bd. for the benefit of the Branch and its membership. As Chairman, and on behalf of the Editorial Board and our PSSA members, we applaud Neville's vast accomplishments over many years, and we wish him a fond farewell in his retirement, and good health, with his devoted wife Eleanor and his family.



PSSA SG Mini Symposium


Save-the-Date
Saturday 31 August 2019

Join us for a morning of networking and growth

2020 : REALITY AND VISION

Speakers to be announced soon


R100 per member / R150 per non-member

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Exhibitor and Sponsorship opportunity available!!
Please contact Judy judyc@pssasg.co.za
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Where have we been?

Where are we going?

Where are we now?

Where do we want to be?





Professional Indemnity Insurance

You should be aware that pharmacists in all spheres of Practice require Personal Indemnity Insurance. Not to have it is simply not an option – it is a requirement of the South African Pharmacy Council.

PSSA offers its members access to the essential cover at very competitive rates through the Professional Provident Society.



For further details please contact Nikita at the PSSA National Office on (012) 470-9557 or at Nikita@pharmail.co.za

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Dr Sibongile Walaza

PSSA SG May CPD Flu - to vaccinate or not?

Judy Coates & Stephanie de Rapper

Influenza, also known as flu, is an acute viral respiratory infection, transmitted by the influenza virus, a virus of three main types A, B and C. The flu viruses are typically in circulation in the winter months in South Africa with an average start of the first week of June. The virus is constantly mutating to evade our immune systems. Each year, the circulating strain causing seasonal infection may differ from the previous year or be a completely new variation of the virus. Influenza, as an ever-evolving disease, needs to be treated through prevention and preparedness. The influenza vaccine is a much contested issue amongst both health professionals and patients with concerns relating to its effectiveness and necessity.

The Southern Gauteng Branch of the PSSA had the great privilege of hosting a National expert on the subject of influenza and its vaccine, Dr Sibongile Walaza, at its latest CPD event entitled, "Flu: To vaccinate or not". Dr Sibongile Walaza is a medical doctor with a Masters in Epidemiology and Biostatistics and a PhD in Public Health, both from the University of the Witwatersrand. Dr Walaza is currently employed as a medical epidemiologist for the Centre of Respiratory Disease and Meningitis at the National Institute for Communicable Diseases (NICD) in South Africa where she is responsible for the implementation of the surveillance programmes within the centre, in particular she has been responsible for developing the protocols for the expanded surveillance for severe respiratory illness. In addition, Dr Walaza has contributed to the development of guidelines for prevention and management of influenza in South Africa and is a member of the National Influenza Planning Committee.

Dr Walaza opened by asking for a show of hands on who had received their vaccination for the season. Approximately 50% had done so. This response is quite common with Dr Walaza emphasising the hinderance of healthcare professionals to encourage the use of the vaccine among patients and themselves. The burden of influenza is at a staggering 1 billion infections per year resulting in 290,000 - 650,000 deaths per annum, globally. Moving closer to home, 20 - 40% of the South African population are infected each year, with an estimated 56,000 hospitalizations and 11,800 deaths.

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Influenza is highly seasonal and predictable in South Africa. The NICD surveillance data from 1984 - 2015 was shared to show how each year the strains vary as well as the duration and onset of infection, however, this data showed patterning that helps epidemiologists predict and monitor these infection patterns. Based on the data derived from Viral Watch 2018, influenza viruses Type A (H1N1) and Type B were most present through the season of 2018, however, all strains were present through the year. Dr Walaza moved on to present current data for 2019 noting that the influenza Type A (H3N2) was predominating at this point in the current season, however this may change as the season progresses.

Based on the overwhelming evidence in support of prevention of this illness, why do people choose not to vaccinate? The most common misconception among patients is that despite having received the vaccine, the patient still falls ill with the flu. This misconception is due to the symptoms commonly associated to influenza that are difficult to distinguish from other respiratory viruses. Symptoms often confused with influenza include a runny nose, blocked nose, sore throat, however THIS is NOT necessarily influenza. Many other viruses cause respiratory illnesses with similar presentation. For flu these symptoms are often more severe and accompanied by a fever. Therefore, it is incorrect to draw the conclusion when symptoms listed above are experienced and assumed to be influenza and that the vaccination was unsuccessful, when this is in fact untrue.

Influenza clinical presentation

The typical incubation period for influenza is 1-4 days. Influenza is usually an uncomplicated illness, which is characterised by sudden onset of constitutional and respiratory symptoms such as fever, myalgia, cough, sore throat, rhinitis and headache. Uncomplicated influenza illness resolves after 3-7 days although cough and malaise can persist for a period over 2 weeks. Distinction from other viral infections remains challenging.

Although in the majority the influenza is uncomplicated and resolves after a few days. In a proportion of patients, influenza may be associated with more severe complications including;

1. Pulmonary
 - Pneumonia (primary viral pneumonia, secondary bacterial pneumonia and mixed presentation)
 - Exacerbations of underlying illnesses e.g asthma, chronic obstructive pulmonary disease (COPD), or other underlying lung disease
2. Non-pulmonary
 - Cardiac complications (myocarditis)
 - Encephalopathy
 - Liver and central nervous system (Reye’s Syndrome)
 - Peripheral nervous system (Guillain-Barré syndrome)



Highest risk groups include patients over 65 years, children under 5 years of age, as well as those with underlying conditions, such as asthma, malnutrition, prematurity, HIV risk groups for those under 5 years of age, diabetes, chronic lung disease, chronic cardiac disease, obesity and other medical conditions. Dr Walaza highlighted the risk TB positive patients face as opposed to TB negative patients noting the increased odds ratio for TB positive patients. HIV infected patients have a 3-6 times higher incidence of hospitalization and 6 times greater odds of death once hospitalized when infected with influenza. These at risk groups are therefore an important group to be targeted for vaccination.

Who needs to be vaccinated

Due to the risks associated to death when diagnosed with influenza, high risk groups previously mentioned should always be encouraged to be vaccinated. The National Department of Health in South Africa has a list of recommended groups for influenza vaccination priority. This list includes pregnant women (irrespective of stage of pregnancy, postpartum (within 2 weeks after delivery)), HIV infected individuals, individuals with underlying medical conditions (including TB) and persons over the age of 65. Other priority groups include healthcare workers, residents of old age homes, chronic care and rehabilitation institutions, adults and children who are family contacts of individuals that are at high risk and any persons wishing to protect themselves against the virus. Despite this prioritization, in 2011 a mere one million doses were provided, against the 20 million doses needed to address risk groups. A strategic plan is needed to ensure coverage.

Numbers of individuals in groups targeted for influenza vaccination in South Africa, 2011

Target group	Number
Children ≤5 years	5 189 528
Adults ≥65 years	2 538 955
All pregnant women	852 831
Pregnant women (HIV-uninfected)	595 276
Pregnant women (HIV-infected)	257 555
HIV-infected (5-64 years, not pregnant)	5 023 017
Tuberculosis and without HIV infection (5-64 years)	138 953
Specific high-risk underlying conditions (5-64 years)	6 643 032
Health care workers	72 000
TOTAL	20 458 316

Population 2011 - 51.7 million

.../ continued on page 5



Benefits and challenges to flu vaccination

Dr Walaza then delved into data to show the number of hospitalizations that can be avoided if vaccination is carried out. According to a study conducted by Arriola *et al.* (2017) entitled, "Influenza vaccination modifies disease severity among community-dwelling adults hospitalized with influenza", the Influenza vaccine reduces severe outcomes in hospitalised patients with vaccinated adults being 52-79% less likely to die from the flu than unvaccinated flu-hospitalized patients. Furthermore, vaccinated patients between 18 and 49 years of age and those over 65 years, when hospitalized from flu were 37% less likely to be admitted to the ICU when compared to patients who were unvaccinated.

Albeit that the influenza vaccination is the primary strategy for influenza prevention and control, challenges for influenza vaccines exist. These challenges include the sub-optimal protection in groups at highest risk (elderly, very young, underlying illness), the need for annual revaccination and antigenic drift. The influenza vaccination among the groups most in need for vaccination has proven to be less effective. This physiological phenomenon is dependent on the condition, however, evidence supports the benefit to vaccinate these groups despite these challenges. Due to the variation in annual strain and the long term effectiveness of the vaccine, annual revaccination is needed to protect the patient against infection. Influenza is a unique virus that mutates to avoid immunity and therefore new vaccines need to be developed to keep ahead of these infections.

The 2019 recommended influenza vaccination

The recommended vaccine formulation for the Southern Hemisphere for 2019 is the trivalent vaccine containing 15ug of each antigen associated to influenza type A (H1N1), type A (H3N2) and type B. This recommendation is made based on prediction data obtained by the NICD and World Health Organization. Despite this, it is still possible to get influenza if vaccinated. Not all strains are covered within the vaccination (a maximum of 3 specific strains are included per vaccine). In addition, the vaccine takes 2 weeks to become effective. If infected during that time, you can still get flu.

In concluding, Dr Walaza highlighted that prevention is always better than cure. Antiviral treatment should be administered with 48 hours but often not available or outside the window of opportunity. Influenza is of public health importance with the risk of pandemic burden. In order to prevent this, vaccines are the best method currently available to protect patients against infection.

Useful resources can be found on the NICD website for monitoring of influenza patterns and prevention suggestions - <http://www.nicd.ac.za/?s=influenza+FAQ>.

Important summaries made during Q+A

- The "killed" virus in the vaccine cannot come alive and therefore flu symptoms are not as a result of the vaccine but rather from other common cold virus in the winter air.
- Sub-optimal efficacy is observed in risk groups due to their immune responses being less responsive.
- The Pneumococcal vaccine is also highly recommended, especially in the elderly.
- Lee Baker from Amayeza confirmed that no SA vaccines have firemercel as a preservative and therefore no risk for brain damage. This is a commonly circulated false article submitted annually.
- There is no need for booster shots in November or December as our flu is seasonal.
- The vaccine to be rolled out in the following year is confirmed in September already. Strains are sent by each country to WHO from the current season to inform the following year's vaccine to then consider the drift and change with time to determine/predict the predominant strain to prepare for the following year.
- One should still vaccinate even if you have already had flu.

Juta Lucky Draw Winners

The PSSA SG would like to sincerely thank Juta for their willingness to support the CPD event and provide lucky draw prizes to our attendees on the evening.



Juta Winners:

Stephani Schmidt (Amayeza) 1 year Pharmapedia Premium Plus Subscription
Ron Bogatie (Locum) Book
Nosihle Ntombela (Midchem Pharmacy) Book

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The National Pharmacy Museum was proud to exhibit artefacts for sale at our May CPD. Do not miss the opportunity to view these at our next CPD event.



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

Date: Tuesday 30 July 2019
Time: 19h00 for 19h30
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

Malaria and Anti-Malarial Down Scheduling

Presenter: Lee Baker (Amayeza)

Proudly sponsored by  **Clarivate Analytics**
www.clarivate.com

RSVP Cecile at 011 442 3615 or ceciler@pssasg.co.za



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

Date: Tuesday 6 August 2019
Time: 19h00 for 19h30
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

Nutrition Solutions for different Stages and Needs

Presenter: Mrs Joha De Maayer
Medical & Scientific Affairs

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Internship Placements



We have had a number of calls from 4th year Pharmacy students, looking for internship positions for 2020.

If you are able to assist in accommodating an Intern across any of the three Sectors (Hospital, Industry or Retail) in 2020 please let us know.

Please contact Cecile Ramonyane:
ceciler@pssasg.co.za or on (011) 442 3615





SAAHIP SG

Amazing Race

Calling all interns/CSPs/4th year students
Save the date! SAAHIP SG is hosting a fun
filled workshop on 17/08/2019 09:30 –
14:00

Watch this space for more details

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TRINITY HEALTH SERVICES
is collecting blankets for those in
need.

If you have any new or secondhand
blankets you would like to donate,
please contact Deanne Johnston
Deanne.Johnston@wits.ac.za.

Alternately blankets can be dropped
off at the PSSA SG Branch / Glenhove
Events Hub (52 Glenhove Road
Melrose Estate).

Cash donations to purchase blankets
are welcomed too.



BLANKETS FOR
THE HOMELESS





WHY TRINITY?

Nokulunga Mbatha



People often ask, “Why do you volunteer at the Trinity Health Services? Followed by a not so subtle implication that our time would be better served studying or brainstorming networking strategies so as to “make a name for ourselves” in the pharmacy profession. This question is best answered in the words of Muhammad Ali, who once said, “Service to others is the rent you pay for your room here on earth”.

As future pharmacists working at Trinity Health Services we have been afforded the opportunity to redefine the role of pharmacists as health professionals, and within the community. Furthermore, we’ve have been inspired to not just stand behind the counter but to also step out from behind it, in our radiant white coats as we partake in the journey to do that which is in the best interest of our patients.



From L to R: Faith Masingi, Mbuso Thwala, Lydia Bisetegn, Nokulunga Mbatha, Mosale Tlaka, Nothando Nyambi & Nandile Qwabe

The unspoken culture of humility at the Trinity Health Services constantly reminds us that it is not our knowledge that matters but rather the application of our knowledge to improve our patients’ quality of life. In addition to the medication, patients also receive love, hope and care because although they may forget what they learnt whilst engaging with the pharmacist and/or what they were treated for; they will always remember how they were made to feel. Stavros Nicolaou said, “The best thing you can do in life is give someone dignity”. At Trinity Health Services, we strive to do exactly that.



Dr Stavros Nicolaou talking at the Aspen Trinity handover ceremony

We are so appreciative to Aspen Pharmacare for the donation which will be used to purchase medication for Trinity Pharmacy in order to continue serving the homeless in and around Braamfontein, Johannesburg. The pharmaceutical care made possible by Aspen has encouraged more students to volunteer at the clinic, profoundly ignited passion in us and motivated us to continue rising by lifting others.



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In conclusion, to further answer the question posed in the beginning, we volunteer at the Trinity Health Services because:

It is truly far beyond what we learn in lecture rooms, textbooks and what we can gain out of the pharmacy profession; it is about serving the community and making the world a better place one patient at a time. Mahatma Gandhi said, "The true measurement of any society can be found in how it treats its most vulnerable members". Let us all actively play a role in making our society great, together.



Trinity Pharmacy is registered community pharmacy. The pharmacy is supported by the Division of Clinical Pharmacy, Department of Pharmacy and Pharmacology, University of the Witwatersrand. For more information please contact the Mrs Deanne Johnston, Responsible Pharmacist. (Deanne.Johnston@wits.ac.za)



Trinity Health Services, a Wits student-run clinic, provides free healthcare services to the homeless in Braamfontein

Join our Trinity Pharmacy – Volunteer pharmacists needed to supervise pharmacy students dispensing on Monday evenings.

For more information contact Deanne Johnston (Deanne.Johnston@wits.ac.za).

Awareness on Malaria
PARK RUN
Wear A White T-shirt With A Message On Malaria
Venue: Alberts Farm
Date: 27 July 2019

SAAHIP Southern Gauteng
SOUTH AFRICAN ASSOCIATION OF HOSPITAL AND INSTITUTIONAL PHARMACISTS

Please RSVP to: Ms. Tabassum Chikhtay
tabassum.shaik@gauteng.gov.za



SAAPI Conference 2019

“Collaborating across Borders”

16 - 17 May

Dougie Oliver, SAAPI President

CSIR International Conference Centre, Pretoria

SAAPI Members, distinguished speakers, exhibitors and non-members in spite of the hosting of the annual Conference in another time slot treated SAAPI with overwhelming support and numbers attending. Revisiting the CSIR Conference facilities was indeed a pleasant experience for all of us. Delegates were treated to a feast of outstanding speakers from Ireland, Switzerland, USA and South Africa. Indeed, the proud history of remarkable SAAPI conferences continues and we for 2019 had an exciting theme:

“Collaborating across Borders”

The cutting edge theme indeed, supports and directs the activities of SAAPI to benefit our Industry and to identify and advance the opportunities to growth our industry as well as skills building for the future and in particular to foster our partnerships with national, continental and international stakeholders, cementing our overarching objectives for success and progressive collaboration. The Conference was privilege to host John Henschion, as part of our collaborative initiative with the International Society of Pharmaceutical Engineering. The conference included relevant and quality topics on Global/Regional Trends in Health Regulatory System Strengthening; Facility of the Future and QA/Compliance Remediation; CAMS: A Practical Approach Going Forward; Medical Devices: Current Regulations and Developments in Africa; Printing in Drug Delivery and Tissue Engineering Technologies; Medicinal Cannabis: Keeping up with the Changes. WHO, in the person of Dr Luther Gwaza, presented Reliance and Recognition - Tools for Smart Regulation, utilizing internet conferencing technologies; and SAHPRA provided updates and SA Pharmacy presented on SAPC Practice Board Notices.

A highlight of SAAPI 2019 was Robby Kojetin, International Motivational Speaker, who had all the delegates at the tip of their seats with his passion and drive to make that key difference and to never stay down with his inspiring talk: “From a Wheelchair to the Summit of Everest”. SAAPI is indeed grateful for the support of Exhibitors and Sponsors to ensure the extreme success of our Annual SAAPI Conferences. SAAPI was further delighted to announce during Conference the incoming Executive Committee. Finally, the outgoing Committee expresses it’s sincere appreciation for the outstanding work by the Executive Director, Tammy and Office Manager, Alison with the Conference Committee to present a milestone event on the 2019 calendar of SAAPI.

SAAPI is proud to announce our Office-Bearer’s for 2019/2020:

Dr Mothobi Godfrey Keele President	Mrs Lynette Terblanche Treasurer
	
Mrs Gina Partridge Vice- President	
	



SAAPI Conference 2019

Thavashini Pather, Associate Director: Regulatory Affairs, South Africa, MSD (Pty) Ltd & SAAPI Executive Committee Member

The SAAPI Conference 2019, was held at the CSIR International Conference Centre, in Pretoria, on the 16th and 17th May 2019. The conference was attended by 125 delegates. This meeting was another way SAAPI aids its Members by providing scientific, technical and regulatory skills development and guiding policy and scientific matters through the pharmaceutical lifecycle.

The conference was opened by Tammy Maitland-Stuart (SAAPI Executive Director), she introduced Prof Dougie Oliver (President of SAAPI Exco committee) for the opening address. Prof Oliver movingly addressed the audience touching on what SAAPI is about and how important it is to engage and involve young SAAPI members as the next generative leaders.

This year's conference theme "**Collaborating Across Borders**" was embraced with great enthusiasm by all speakers. The array of speakers and topics integrated the theme and provided great insight on this future way of working.



L to R: Ms Gina Partridge, Ms Suzette Bezuidenhout, Ms Lynette Terblanche & Dr Judy Coates



L to R: Prof Douglas Oliver, Mr Mario Botha & Mr John Henchion

Day 1 kept the audience engaged and wanting for more, starting with eloquent speaker *Dr Jonathan Lim, Principal, Boston Consulting Group (BCG); A Global Perspective on Health System Strengthening*. He emphasised the importance of Value-Based Health Care (VBHC) and creating people-centred health systems. International speaker, *John Henchion, Global Director, Quality, Compliance and Regulatory Services, Qualified Person CAI, ISPE Member*, shared his expertise and wealth of knowledge on **QA/Compliance Remediation**. Social media is a phrase we throw around a lot these days, *Mario Botha, Independent Regulatory Affairs Consultant*, discussed the **Role and Future of the Pharmacist in Social Media**. Innovation in the pharmaceutical industry is not unknown, the next speaker brought a new-found respect for 3D printing and how it will be changing the business model for innovation: *Associate Professor Lisa Claire du Toit, Associate Professor Pharmaceutical Chemistry, Wits University, Snr Researcher Wits Advanced Drug Delivery Platform*, presented on **3D Printing in Drug Delivery and Tissue Engineering Technologies**. *Avanthi Bester* gave a comprehensive update on **Medical Devices** and the challenges facing the devices industry. *Wayne Robinson, Director, Afriplex* provided an update on the current status of **Complementary or Alternative Medicines**.

The SAAPI conference had its audience in tears and laughter with, *Robby Kojetin*, awe-inspiring international motivational speaker, who shared his extraordinary life experience '**From a Wheelchair to the Summit of Everest**'. The audience was moved, motivated and inspired.

Day 1 ended with the well-attended 24th Annual General Meeting and a Networking Cocktail Evening.

The excitement and enthusiasm continued into Day 2, bringing more expert speakers who continued to embrace the conference theme. The burning issue facing us all '**Reliance and Work-Smart Regulations**' was presented via video conference by *Dr Luther Gwaza PhD Technical Officer WHO/EMP/RHT/RSS*. Dr Gwaza explained an ideal and realistic medicine registration process, in this he poetically defined reliance and recognition-based assessments and how working smarter will help improve the medicine registration processes.

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Cold Chain Compliance was presented by *Sarantis Kosmas, Business Development Director, Strategnos*. Sarantis Kosmas had the audience at the edge of their seats, he was dynamic, knowledgeable and engaging. International speaker, *John Henchion* presented **'The Facility of the Future'**. Robotics will be playing a large role in the future, exciting times ahead of us.

Our esteemed colleagues from the South African Regulatory Health Authority (SAHPRA) presented valuable updates on the current status and future activities. Esteemed speaker *David Mahlatji, Head, Backlog Clearance Program, SAHPRA* engaged with the audience, answering questions and availing himself for further discussions. *Daphney Fafudi, Inspectorate and Regulatory Compliance at SAHPRA* presented on **Progress to Regulatory Work Re Access to Medicines**. The collaboration between SAAPI and SAHPRA is commendable. Continuing with the theme of access to medicines, the **South African Pharmacy Council**, presented on Mobile Units, Remote Automated Dispensing Units and Drive-Through Facilities.



Prof Douglas Oliver & Mr Sarantis Kosmas



L to R: Ms Tammy Maitland-Stuart, Dr Godfrey Keele & Mr Andy Grey

Ending the conference on a high note, *Mr Andy Gray, Snr Lecturer, UKZN Discipline of Pharmaceutical Sciences*, provided knowledgeable insight on **Medicinal Cannabis: Keeping up with the Changes**. To complete the discussions *Wayne Robinson* shared his expertise on **Cannabis Testing**. Wayne Robinson provided great insights into a process that is new and evolving.

SAAPI is proud to share that some topics for this year's conference were taken from the past conference survey feedback. Thank you to SAAPI for another great conference. We look forward to the exciting, innovative and collaborative SAAPI 2020 Conference.



The PSSA Book Department

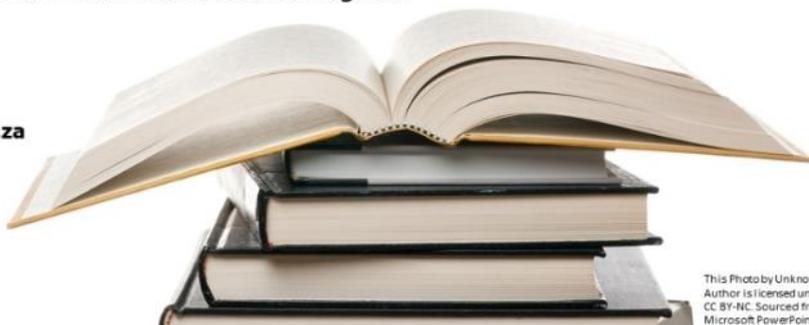
Do you know that the Book Department has a range of essential publications for pharmacists at preferential prices for members of the PSSA?

From overseas publications such as Martindale, Merck Manual and Dorland's Illustrated Medical Dictionary to local publications such as the Daily Drug Use, South African Medicines Formulary (SAMF) and the Scheduled Substance Register.

Ordering is as simple as 1, 2, 3.

1. Go to the PSSA website, www.pssa.org.za click on Membership and then Member Services.
2. Complete the order form and submit it.
3. Make payment via EFT.

Or contact Dinette at PSSA National Office on (012) 470-9559 or at dinette@pharmail.co.za



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SAAPI What's Coming?

Workshop : "Introduction to Pharmacovigilance in South Africa"

Date: 11 July 2019

Time: 09:00 - 16:00

Venue: Glenhove Events Hub

Presented by: Pharma Training

Workshop : "Cold Chain and Temperature Management - Validation and Qualification in GDP/ GWP Environment"

Date: 03 July 2019

Time: 09:00 - 16:00

Venue: Glenhove Events Hub

Presented by: Strategnos

Workshop : "A Practical Approach to eCTD"

Date: 25 July 2019

Time: 09:00 - 13:00

Venue: Glenhove Events Hub

Presented by: Henriette Vienings (MRA Regulatory Consultants)

2- Day Workshop : "Biologics: Understanding the gap between Science, Regulatory and Product Approval"

Date: 31 July and 01 August 2019

Time: 09:00 - 16:00

Venue: Glenhove Events Hub

Presented by: Dr. Carine Page

A day in my life in industry?

The most exciting thing about my job is that I do something different every day.

I am responsible for conducting a planning meeting with manufacturing team, during this meeting we plan the process of the day including pharmaceutical products to be manufactured, how long does the production last and make submissions for manufactured pharmaceutical products to Quality control lab and obtain result before packaging of the product is performed. I am also responsible for reporting back to management on the progress of the products already manufactured, including what is outstanding orders and deliveries and which ultimately results in the time it will take to deliver to a customer.

I oversee materials requirement ordering and monitoring of the environment ensuring facility inspection are performed on a regular basis according to cGMP. What I enjoy most is when we introduce new Pharmaceutical products into the market. The trials and drawing up of the process and its validation are the most exciting part.



Eulanda Tshivhidzo

Challenges for a pharmacist in industry?

- Dealing with logistics to deliver Pharmaceutical products on time
- Ensuring that the orders are made on time
- Interaction with MCC and delays of medicine registration
- Customer complaints
- Pharmacists in the industry we are also custodians of medicines. We are well equipped with necessary skills to tackle any challenge. We have a support structure and at the end of the day it's about the patient who is waiting for the medicine.

.../ continued on page 15



Opportunities for a Pharmacist in industry?

Responsible Pharmacist of a plant in a Pharmaceutical company:

- It is a Legal requirement for licenses/ recordings (SAHPRA/ SAPC/ Department of Health) for below:
- To provide Site Master File
- To create Standard Operating Procedures
- Define Job Descriptions
- Research and approve Batch Release requirements
- Responsible for what goes on Sales & Marketing and report to a higher hierarchy
- Establish Pharmacovigilance/ Medical Information/ Product Queries & Complaints
- Facilitate performing a due diligence on a dossier with the regulatory affairs team.
- Respond to audits and conduct facility and quality management systems Audits
- Evaluate risk management and mitigate risks.

Quality Manager / Quality Pharmacist/ Quality Control Pharmacist

- Creating SOPs and authorising all quality systems.
- Authorising of Pharmaceutical raw materials for use
- Release for sale Pharmaceutical Products.
- Facility environmental monitoring

Regulatory Pharmacist

- Registration of medicine with MCC and maintaining of Dossiers
- Liaising with the public with the latest changes in legislation of Medicines licences

Production Pharmacist/ Process Pharmacist

- Manufacturing and packaging of medicines
- Lead training and development of technicians
- Validation of processes and qualifications.
- Introduction of new products and drawing up of production batch records

Warehouse Pharmacist

- Dispensing of raw materials
- Managing controlled substances according to MCC guidelines
- Monitoring dispatch of pharmaceutical products





SOUTH AFRICAN ASSOCIATION OF COMMUNITY PHARMACISTS
(SAACP)

P O Box 95123 Grant Park, 2051, South Africa
Community Pharmacy House,
60 Fanny Avenue, Norwood, Johannesburg 2192

Tel : +27 (11) 728-6668 E-mail : ella@saaccp.co.za Fax: 086 274 0852



Southern Gauteng Branch
(Representing the Community Pharmacy Sector of the PSSA)

23/6/2019
B98/6/19

Dear Member/Pharmacist
(All practice sectors are welcome to attend)

Please diarise **Tuesday, 16 JULY 2019** when a SAACP Sector CPD will be held.

Where: The Auditorium, Glenhove Events Hub (PSSA SG Branch offices), 52 Glenhove Road, Melrose Estate, Johannesburg

Topic: Asthma – The role of the Pharmacist

Speaker: Dr Clifford Smith (Specialist Physician Pulmonologist)

Time: Registration and Refreshments: 19:30 - 20:00

Workshop Session: 20:00 – ± 21:30

RSVP: Ella at ella@saaccp.co.za or telephone 011 728-6668 by Thursday, 11 July 2019



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RECOGNITION OF LONG AND VALUED CONTRIBUTION TO PHARMACY IN SOUTH AFRICA

A list of **1238 pharmacists** served South Africans for 45 years or more. This is a significant achievement which has greatly benefitted the South African population, for which we are all grateful.

An awards ceremony will be held on 5 October 2019 at Sun City as part of the 3rd National Pharmacy Conference (<http://www.sapconference.za.org/>). During the 2019 SAPC National Pioneer Pharmacy Awards ceremony, these legacy pharmacists will be honoured in appreciation of their long contribution to health care in our country.

Individual invitation letters to be part of this Legacy Award ceremony have been sent by the Office of the Registrar. If any pharmacist, who has served the profession in good standing for 45 and more years did not receive their invitation letter they can contact elmari.venter@sapc.za.org.

In addition, these pharmacists may also enter for the prestigious Legacy Pioneer Pharmacy Award which forms part of the South African Pharmacy Council's National Pioneer Pharmacy Professional Awards. Information relating to the awards can be downloaded from <https://bit.ly/2PyX5Mr>.

All nominations and motivation documents should be received by the Office of the Registrar by no later than **1 July 2019**. Any queries and all completed nomination entries must be submitted to Elmary Venter: Elmary.Venter@sapc.za.org or fax 086 626 2109. Please ensure that the relevant motivation, evidence and documents are submitted as stipulated in the "Awards Objectives and Criteria" document. Supporting documentation/reports to promote the choice of the candidate in the relevant category may also be submitted with the entry. Additional nomination forms may be requested from the SAPC, or downloaded from www.sapc.za.org.



A Word from SAACP SG Chairperson

The SA Association of Community Pharmacists, Southern Gauteng Branch (SAACP SG) has renewed its invitation to the Wits Pharmacy Students Council (WPSC) students to join the SAACP SG in a Mentorship Programme. We as a Branch believe it is important to grow our youth in the matters of pharmacy, and with those students of 2018 currently on the Mentorship Programme, valuable contributions have been forthcoming.

This year five students have been enrolled in our Mentorship Programme, and they regularly attend our monthly Branch Committee meetings, where they learn about many aspects of Community Pharmacy - policies, CPDs / Workshops, Constitutional matters, relationships with other representative Pharmaceutical organisations, financial and accounting matters, participation in and membership of International representative bodies, etc.

We also embarked on developing a Website for our Branch - watch this space !

Regarding the placements of interns, we are sure that working together with our Branch we will be able to give advice to students, who have also as a student body earmarked this as a priority for final year students.

Yours in Pharmacy
Frans Landman
Chairman, SAACP SG



SAACP 69th Annual General Meeting (AGM), 9 June 2019

Jan Du Toit: Executive Director

The 69th Annual General Meeting (AGM) of the South African Association of Community Pharmacists (SAACP) was held at the PSSA Lynnwood Conference Centre, Pretoria on Sunday 9 June 2019. The meeting was well attended and the following office bearers were elected for the ensuing year, namely:

- President: Mr Tshifhiwa Rabali
- Vice-President: Mr Joe Ravele
- Honorary Treasurer: Mrs Nadine Simmonds
- Immediate Past President: Mrs Christine Venter

We congratulate them, and extend wishes for a successful term of office.

(In terms of a previous decision of the General Council, the position of Honorary Secretary will remain vacant for the time being).

In his report on behalf of the SAACP NEC, the President highlighted the following:

Meetings

Four national executive committee (NEC) meetings, including the AGM, were held during the period under review, as well as three presidential committee meetings; many issues impacting on community pharmacy practice were discussed.

SAACP Membership

In terms of the Constitution of the PSSA, members of the PSSA may voluntarily select to belong to a Sector of the PSSA. The following PSSA members have for the period 2015 – 2019 (five-year period), elected to belong to the Community Pharmacy Sector of the PSSA, namely:

<u>Paid up</u> PSSA members who have selected to belong to the Community Pharmacy Sector of the PSSA	2015	2016	2017	2018	2019 (as on 29/5/19)
Grand Total	2647	2520	2362	2588	2542

The number vary, reducing in 2016/17, increasing quite well in 2018, then falling in 2019.

He urged all SAACP members and Branches to promote the role of the community pharmacist and the benefits of belonging to the Community Pharmacy Sector of the PSSA

Role / Relevance of SAACP

The incoming NEC (2019/20) has to seriously consider how it (as the SAACP leadership) wishes to continue with SAACP as an Association – it could not be “business as usual”- certain changes are urgently required to ensure the future existence of SAACP as a body representing the community pharmacy sector of the PSSA. Furthermore, there is too much overlap / duplication between the activities of the PSSA, SAACP and ICPA, as far as community pharmacy is concerned. Roles must be clearly defined and clarified to prevent confusion amongst members regarding which Body / Association is supposed to be doing what for the members.

Marketing of SAACP

Marketing is performed on a daily basis by responding to and assisting with multiple enquiries from members (also non-members) on matters relating to, amongst others:

- PCDT (mostly assistance required regarding applications submitted, obtaining PCNs, and services which may be provided, etc.);
- Licensing of pharmacies;
- Approval of pharmacies and tutors for training;
- Pharmacy Council inspections and how to address shortcomings;
- Complaints lodged against members with Pharmacy Council; and
- Legal matters / interpretations relating to both the Pharmacy Act and Medicines Act; and

.../ continued on page 19



- Articles in the SAPJ on community pharmacy practice issues.

The attendance and membership of international conferences / bodies is another very successful manner in which SAACP has been marketed / promoted / recognised over the years. Some examples are:

- Membership and attendance of Pharmintercom annually;
- Attendance of International Pharmaceutical Federation (FIP) annually; and
- Membership of the World Pharmacy Council Ltd (WPC).

SAACP also participated in The Pharmacy Show held at Gallagher Estate in November 2018.

Primary Care Drug Therapy (PCDT)

The issuing of section 22A(15) permits to pharmacists who have completed a PCDT qualification is still a very cumbersome and slow process. In an effort to assist in this process a survey was conducted (with the assistance of Dr Mariet Eksteen of the PSSA Head Office) to determine shortcomings and identify possible solutions. A report of the outcome(s) of the survey is available on request.

International Conferences / Meetings / Liaison / Visits

- ◆ Representation on the EXCO of the Community Pharmacy Section of FIP

The President mentioned that he was elected to the EXCO of the CPS of FIP at the FIP Congress in Glasgow in 2018. This election provides an opportunity to not only market (get recognition for) SAACP as an Association but also to contribute to community pharmacy affairs internationally.

- ◆ Pharmintercom, September 2018

Pharmintercom consists of the Presidents / Chairmen of Board of Directors and Executive Directors / Chief Executive Officers of the Community Pharmacy Associations of the seven English speaking countries namely Australia, Canada, Ireland, New Zealand, South Africa, United Kingdom. The Pharmintercom meeting, 2018 was hosted by the Canadian Pharmacists Association (CPA) and held in Banff, Alberta, Canada from 26 – 30 August 2018. The meeting was attended by the Executive Director and the President on behalf of SAACP.



L to R: Nadine Simmonds, Tshifhiwa Rabali, Joe Ravele & Christine Venter

The value of sharing information and projects is of immense value to everybody attending. There were several new members present, as well as younger members with good vision who are also influential in pharmacy politics in their respective countries.

.../continued on page 20



◆ International Pharmaceutical Federation (FIP)

The 78th International Congress of the International Pharmaceutical Federation (FIP) was held in Glasgow, Scotland from 2 – 6 September 2018. The event was attended by the Executive Director and the President on behalf of SAACP, with approximately another 20 delegates from South Africa, representing various pharmacy related organizations in South Africa.

◆ World Pharmacy Council Ltd (WPC)

The establishment of a World Pharmacy Council (WPC) was finalized during 2017, with South Africa (or SAACP) having founder membership status. This process has been driven by the Pharmacy Guild in Australia. During an international teleconference held on 25 May 2017, the Constitution and By-laws of the WPC were approved.

The Executive Director of SAACP is a Member of the Board of WPC and also the representative of the African Region on the WPC Board. Board meetings of WPC will be held during Pharmintercom meetings to save on costs.

However, it would be necessary that the incoming NEC of SAACP should have an in-depth discussion on what the benefits of membership of WPC would have for SAACP and its members, particularly in a NHI financing system.

◆ Attendance of APP Conference, Australia

The President was invited to attend the WPC Board meeting and APP Conference held at the Gold Coast in Australia from 7 – 10 March 2019. The need for exposure to pharmacy internationally could not be over-emphasized and the experience gained could be put to good use in our planning regarding the role / relevance of SAACP in South Africa. He also had the privilege of being part of an international discussion group workshop on “new horizons in pain management” offered as part of the Conference.

◆ Hosting of Pharmintercom, 2019

SAACP (South Africa) will have the honour of hosting the Pharmintercom meeting, 2019 from 18 – 22 August 2019, at the Shepherd’s Tree Game Lodge, NW Province. Arrangements for the meeting are going well and most of the overseas delegates have already registered.

◆ Visit to Board of Health Funders (BHF) re PCDT “locum permits”

The President and the Executive Director met with BHF representatives to discuss “locum permits” and the issuing of PCNs to PCDT pharmacists with a locum permit (i.e. not linked to a specific pharmacy).

◆ Visit to POLMED Medical Scheme

The President and Executive Director met with representatives of POLMED to convey and discuss concerns of pharmacists with service delivery due to the contractual agreement between Polmed and Scriptpharm.

4th National Symposium for Community Pharmacists

The annual SAACP Symposium is one of the most important mechanisms which SAACP has to convey and share information on various matters (nationally and internationally) with members. It was thus very unfortunate that the 4th National Symposium had to be cancelled due to a lack of funding. Hopefully Branches of both PSSA and SAACP would make a more concerted effort in future to ensure the continuation of this important event annually.

In conclusion, many challenges are awaiting SAACP as an Association. It was emphasized that SAACP must reach out to young pharmacists and facilitate their involvement in activities of the Association. The funding of SAACP National was also a very contentious issue which must be addressed to ensure the future relevance of the Association and its membership.

The AGM ended at 11:50 with a word of thanks to the Chair.



Medical Ethics takes centre-stage at Indaba on Global Injustice in Sport

Shelley McGee, B Pharm, M Health Econ. Health Policy Researcher, South African Medical Association (SAMA)

On 17 May 2019, a number of concerned sports, medical and social organisations came together at an Indaba in Johannesburg, entitled “Global Injustice in Sport” to debate the merits and challenges of the recently published International Association of Athletics Federations (IAAF) eligibility regulations for the female classification of athletes with differences in sexual development (DSD).

.../ continued on page 21



The Indaba was co-organised by the Steve Biko Centre for Bioethics, South African Medical Association (SAMA) and the UNESCO National Bioethics Committee of South Africa.

Background to the IAAF Eligibility Regulations for the Female Classification

The controversial elements of the IAAF regulations have largely related to how the evidence for the IAAF regulations was gathered, analysed and published, and the fact that the regulations themselves recommend hormonal manipulation of testosterone in otherwise healthy female athletes, who have DSDs, in order for them to participate in their chosen events.



The DSD rule, first introduced in 2018, followed the case of South African runner Caster Semenya, a world and Olympic champion, who has had to undergo gender verification testing to confirm her eligibility to compete in the women's division.

The IAAF cited several research publications in their regulations, including a key study which analysed blood samples of elite athletes, relating testosterone to performance, which had concluded that female athletes with high free testosterone levels have a significant competitive advantage over those with low free testosterone in 400m, 400m hurdles, 800m, hammer throw, and pole vault events.

The IAAF regulations concluded that there was sufficient evidence that the high levels of endogenous testosterone circulating in athletes with certain DSDs can significantly enhance their sporting performance and issued requirements for 400m races, 400m hurdles races, 800m races, 1500m races, one mile races, and all other track events over distances between 400m and one mile (inclusive), whether run alone or as part of a relay event or a combined event. The IAAF regulations were to be implemented with effect from 1 May 2019.

The regulations require women athletes with specific DSDs participating in the identified events to reduce their natural blood testosterone level medically, if they wish to continue racing as women. The regulations recommend *inter alia*, using hormonal manipulation medications such as oral contraceptives to do this, and that

testosterone levels need to be maintained below a set threshold for 6 months for athletes to be eligible to compete, and then be maintained at this level continuously.

Earlier in May, the World Medical Association (WMA) had already put out a position statement, calling on physicians around the world to take no part in implementing the new IAAF eligibility regulations for classifying female athletes.

The WMA demanded the immediate withdrawal of the regulations. It said they constitute a flagrant discrimination based on the genetic variation of female athletes and are contrary to international medical ethics and human rights standards.

WMA was also concerned that the regulations would constrain the athletes concerned to take unjustified medication, not based on medical need, in order for them to be allowed to compete, and accordingly require physicians to prescribe such medication.

The Discussions at the Indaba

The Indaba, chaired by Professor Ames Dhai, Director of the Steve Biko Centre for Bioethics at the University of Witwatersrand, and Chair of the UNESCO National Bioethics Committee SA sought to address the medical ethics aspects of the new IAAF regulations with a local audience.

Professor Michael Pepper, Director of the Institute for Cellular and Molecular Medicine at the University of Pretoria, examined in detail what Gender and Sexual diversity (GSD) mean at a molecular and genetic level. Prof Pepper looked at the three determinants of sexual and gender diversity, namely biological sex, gender identity and sexual orientation. These all appear in different combinations and the expression of GSD involving all three elements is context specific, i.e. expression of GSD is determined by socialisation and psychology. He recommended a move away from Disorders of Sexual Development (DSD) to Variation in Sexual Development (VSD).

Professor Steve Cornelius, Head of Department of Private Law at the University of Pretoria, took aim at the findings of the IAAF studies which informed their regulations, in particular the legal and ethical concerns around how the IAAF research was conducted, and the fundamental rights concerns relating to the way in which female athletes have been treated, and how samples originally provided for anti-doping purposes specifically, had then been used for additional testosterone level research, without informed consent of the participants. He also raised a number of concerns based on the International and country-specific ethics and human rights standards which should have applied to the IAAF investigation and regulations.

Professor Wayne Derman, Director and Chair of the Institute of Sport and Exercise Medicine at Stellenbosch

.../ continued on page 22



University, highlighted some of the clinical concerns around the mandated testosterone reduction in female athletes. Side effects of oral contraceptives are of particular concern for female athletes, and many may negatively affect athletic performance, beyond an influence on testosterone levels.

He concluded that the evidence base for reduction of testosterone in female athletes and its impacts is virtually non-existent, and there are no clinical protocols and guidelines which make evidence-based recommendations on the hormonal management of testosterone levels in otherwise healthy female athletes. Professor Marc Blockman, Chairperson of the Human Research Ethics Committee of the University of Cape Town, reiterated some of the key messages of other speakers. There are multiple research ethics challenges identified in how the studies which informed the IAAF regulations were conducted. Using blood samples from female athletes which had not been taken for this purpose being of primary concern. Off-label use of medication should also only occur when there is a patient requiring assistance, and there is good evidence and there is a benefit to the patient.

In addition, the research conducted to inform the IAAF regulations was fundamentally flawed in several aspects, including not obtaining the informed consent of the athletes whose samples were used.

Ultimately, the Indaba agreed that from a clinician's

perspective the IAAF regulations are asking practitioners to give healthy athletes medication with known side effects, no health benefits, for which there is no evidence base, and for which there are no decent guidelines for dosing. This all while the athlete is being coerced to do so, in order to participate. There may be significant legal and ethical implications linked to this requirement.

In addition, it is likely that the IAAF regulations may set a precedent for other international sports bodies to start issuing similar requirements for manipulations in female athletes with high endogenous testosterone levels. So it is vitally important for global sport that these issues are addressed immediately and thoroughly to ensure any measures taken are evidence-based and ethical.

The Indaba agreed to set up a consortium advocacy group to pursue these medical ethics perspectives, as part of the national and international dialogue around the new IAAF regulations.

The Consortium has developed a consensus and actions statement to take forward at a national and international level. Any interested groups and societies are welcome to participate and contribute. Contact Shelley McGee at the South African Medical Association – shelleym@samedical.org.

[References available on request](#)

SARCD A offers trade buyers a world-class shopping experience

SARCD A Trade Exhibitions (PTY) LTD owned by The SAACP Southern Gauteng Branch organizes the African continent's leading trade-only gift, toy and décor exhibitions, offering genuine trade buyers a world-class buying experience, showcasing the largest exhibitions of their kind under one roof.

In 2018, the company celebrated its 50th anniversary, a notable achievement in an industry known to be at the mercy of ever-changing trends and shrinking retail and marketing budgets.

“At the heart of our business model is our strict trade-only policy because our buyers do not want to be shopping alongside their retail customers,” says Tere-sia Stander, MD of SARCD A Exhibitions.

“Over the years, we've spent a great deal of time and money ensuring that we have an effective verification



.../ continued on page 23



system in place to keep the public out of our exhibitions,” she says.

SARCD A offers two exhibitions: SARCD A International, which takes place in March each year; and SARCD A Christmas, which takes place in August. The exhibitions are timed for buyers to stock up after Christmas in March; and then in August to fill the shelves for the next Christmas. The upcoming exhibition dates are 22 – 25 August (SARCD A Christmas).

The up-market Gallagher Convention Centre in Midrand, Johannesburg, is home to both exhibitions, offering easy access from the M1 between Johannesburg and Pretoria, or via the Gautrain. SARCD A offers a free shuttle service between the Midrand Gautrain station and Gallagher Convention Centre on exhibition days.

Some 15 000 buyers (from around South Africa, and outside its borders) visit the exhibitions each year to view the wares of 700 exhibitors.

“That we are here, going strong and helping businesses grow for 50 years is testimony to the SARCD A team’s endless quest to up its game, keep abreast with international trends and offer value for money to exhibitors and a world-class shopping experience for buyers,” says Stander.

Find out more about SARCD A Exhibitions by visiting www.sarcd a.co.za.



.....

**HOW CAN ANYONE PLACE A VALUE ON THE SERVICE
RENDERED TO PATIENTS BY PHARMACISTS?**

What is the value of a life saved by the professional knowledge and skill of a pharmacist who questioned the combination of 2 or 3 items on a prescription?

What is the value of the pharmacist’s role in keeping a patient profile? Recording allergies, previous medication history, interactions with certain classes of medication and patient counselling.

How many times in one month does a pharmacist query with a prescriber about the items on a prescription: the dosage form, the actual dose and possible interactions?

How many patients are saved from serious medication interactions? From the pain and suffering that could result from incorrect dosages or dosage forms or other prescribing errors, if the pharmacist is not the highly trained and educated professional as the dispenser?

These are but a few examples of the reasons for the extensive education and practical training that a pharmacist undergoes before undertaking the responsibility as the last professional to supply the patient with the prescribed medication.

The patients are certainly protected from potentially nasty incidences. The Medical Schemes are blatantly unaware of the pharmacist’s interventions. They have no understanding or choose to ignore what the pharmacist’s actions have saved them. If only one patient is spared from landing up in the hospital ICU. How much is saved?

Pharmacists regard all the above as a professional duty and do not record or report any of their interventions.

In fact, patients are saved suffering, medical schemes save money and the pharmacists’ income is severely restricted by law!!

.../continued on page 24



This article is prompted by the correspondence in the Golden Mortar from Charlie Cawood and the comments received from the ICPA. Edition 3, May 2019 of the Golden Mortar has 2 articles that describe the responsibilities that pharmacists undertake. Dr. Rajesh Vagiri's article, "Achieving is Believing" and Gary Kohn's interview are classic examples of the pharmacist's care in the interests of patients.

The ultimate beneficiary of the pharmacist's professional responsibility is the PATIENT. NOT THE MEDICAL SCHEME. It is time that pharmacy organisations bring this to the attention of patients and consumer organisations.

Action is needed!

Statistics will need to be gathered and authenticated by independent and respected professionals.

In all this talk about DSP's, the CMS, NDOH, and others, the patient, who is the ultimate payer, is not mentioned once. A host of "in-betweens" benefit from the individual members monthly contribution.

.....

Allen & Hanburys
(1715 - 1954) *Ray Pogir*

The photographs of the "Allenburys" Throat Pastilles are of the original products displayed in the National Pharmacy Museum, located at the Southern Gauteng Branch of the PSSA's Glenhove Events Hub.



In 1880 Dr Prosser James, Lecturer on Materia Medica at the London Hospital and physician to the Royal Hospital for disease of the chest and throat, delivered a paper on medicated lozenges to the British Medical Association.

Soon after that, Allen & Hanburys exhibited their collection of medicated "jubes" made to formulae supplied by Dr James. The earliest products incorporating the medication were soft jubes. The disadvantages were that they did not keep too well and became sticky.

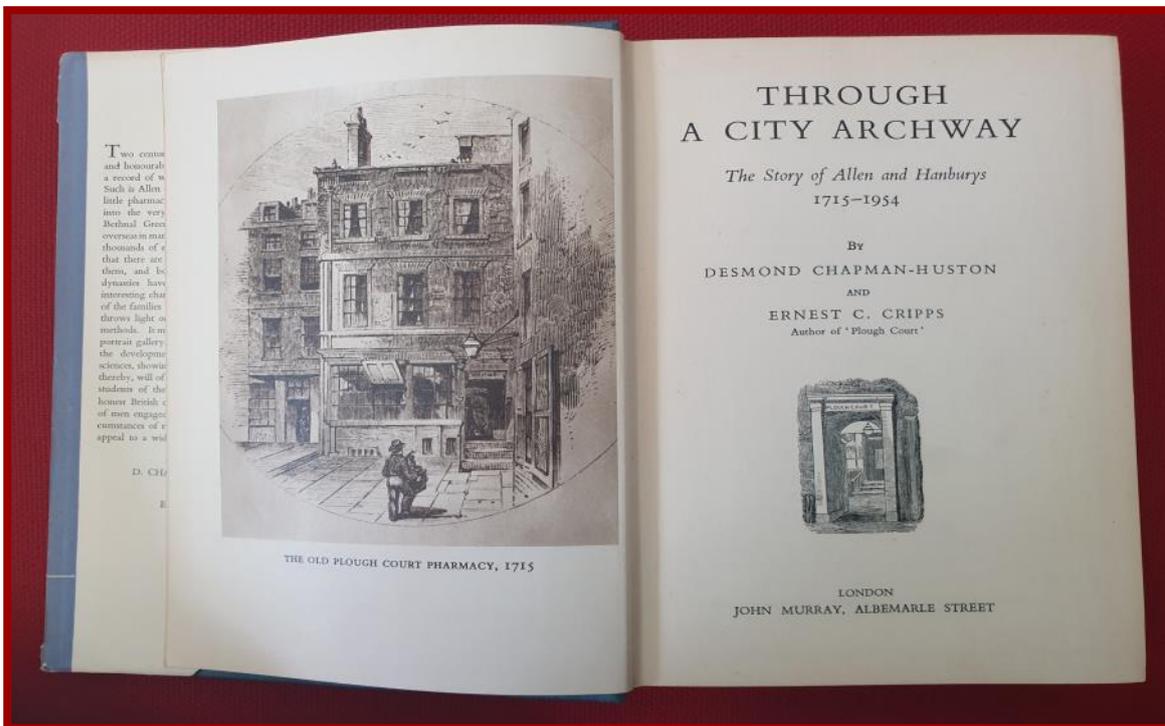
Pastilles, which were harder, overcame the disadvantages and were considered a more appropriate name for a medicated product.

Other, non-medicated pastilles were also made. These included the popular Glycerine and Black Currant Pastilles. The public demand was so great that the plant which produced the Pastilles recorded an average output of about a ton a day.

.../ continued on page 25



The SA National Pharmacy Museum's Library has a First Edition copy of "THROUGH A CITY ARCHWAY" The Story of Allen and Hanburys 1715-1954.



In the next issue of the Golden Mortar we will describe some of the remarkable achievements of this Pharmaceutical Company and its contribution to the development of pharmacy to the benefit of mankind over 239 years.

A photograph of a museum display case filled with various pharmaceutical artifacts, including glass bottles, jars, and scientific instruments. Overlaid on the image are several white text bubbles and a central contact box. The main bubble at the top asks "Are you hooked on the Heritage of Pharmacy?". Below it, a bubble asks "Interested in any of the following opportunities?". Four smaller bubbles list opportunities: "Artefact collectables?", "Heritage research?", "Happy to get your hands dirty?", "Curatorship understudy?", and "Book a tour?". A central box provides contact information: "Please contact: Virginia Virginia@pssasg.co.za/011 442 3615".



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NDoH and PHEF Celebrate their Investment in Human Resources for Health



The CEOs & representatives of companies of the PHEF, The Previous Minister of Health Dr Aaron Motsoaledi, DG of Health Dr Precious Matsoso, representatives of the SAMRC, wife of the late Prof Bongani Mayosi & some of the NHSP graduates

The South African public health sector remains stretched and largely under-resourced meaning there is a great amount of individuals - mostly in rural and peri-urban areas - who have little access to quality healthcare which leaves an enormous burden on these communities. On the 8th of November 2012, the Public Health Enhancement Fund (PHEF) and the National Department of Health set out on a mission to improve the delivery of healthcare, address debilitating diseases such as HIV and AIDS and Tuberculosis, and improve accessibility to medical schools for disadvantaged communities. Seven years later, the two celebrate the graduation of their first cohort of medical and research students.

The PHEF is a social compact formed by 22 healthcare companies, and the National Department of Health (NDOH). The main objectives of the National Health Scholars Program (NHSP) are; the expansion of health professionals, and to increase the number of medical students from rural areas, as well as to provide support for the training of Masters and PHD students who seek to develop new interventions for combating HIV/AIDS, TB and Non Communicable Diseases (NCDs). The focus on medical students from rural areas is mainly based on the premise that once they have completed their studies, these individuals will go back and service their communities. This model represents a sustainable way to provide access to quality healthcare and a renewed hope to disadvantaged areas.

In a recent celebratory event, the PHEF and the NDoH celebrated the graduation of 47 students (87% of which are PHDs) and to date, this partnership has produced a total of 107 post-graduate medical doctors (60 Masters and 47 PhDs) who have benefited from the programme since its inception. The event which was presided over by the Minister of Health Dr. Aaron Motsoaledi and representatives of the 22 healthcare companies that form the PHEF, was in effort to celebrate the success of this public-private partnership and the achievement of the graduates after years of studying and hard work to ensure a better future for themselves, their communities and South Africa.

To further demonstrate this public-private partnership (PPP) as a critical element to nation building, social cohesion and improved healthcare outcomes, an initial R40 million was injected into the joint fund to finance the Social Compact to fund training and mentorship for aspiring medical students from disadvantaged communities. The allocation also included the training of PhDs and Master's degrees with much focus on HIV/AIDS and TB. To date, over R200 million has been contributed to the fund by the partners, to ensure better health outcomes.

In his key note address, Dr. Motsoaledi noted the importance of public-private partnership and said that, 'It is therefore crystal clear that we must build human capital to ensure that we are not left behind, and I am

.../ continued on page 28



THE PUBLIC HEALTH ENHANCEMENT FUND IN NUMBERS
Since 8th November 2012

R200 MILLION
R200 million raised by the PHEF in the past six years

60 MEDICAL STUDENTS
60 medical students produced – from resource constrained communities who will go back and service their communities.

110 POST-GRADUATES
110 post-graduates enrolled in the Bongani Mayosi National Health Scholars Program – 47 of which have completed post-graduate studies

MORE AT WWW.PHEF.CO.ZA.

Public Health Enhancement Fund
Working Together To Enhance Health

pleased that the Public Health Enhancement Fund has been very productive and that today we can announce what we have achieved to date. The event was also used to pay special tribute to the late Professor Bongani Mayosi who initially spear-headed the selection process for the National Health Scholars Program To this end, the National Health Scholars Program was therefore renamed on the day to the Bongani Mayosi National Health Scholars Program.

Delivering the vote of thanks, the Chairman of the PHEF Stavros Nicolaou added that, 'the narrative that social cohesion in our country is failing and the public and private sector are at loggerheads is not true. The PHEF is a clear example that we can work together and deliver, which is what we have done over the past 6 years.' He further added that, 'these graduates are going to go out to our healthcare system and society and meaningfully change our country.'



Aspen Pharmacare's Stavros Nicolaou & Previous Minister of Health, Dr Aaron Motsoaledi

SOCIAL COMPACT FORUM AND THE PUBLIC HEALTH ENHANCEMENT FUND

Introduction

A number of private health sector organisations have been approaching the Minister of Health to discuss the concept of the private sector assisting the public sector in a number of initiatives. The Minister decided that these initiatives should be coordinated, and proposed that a social compact forum is established, and a mechanism is found to assist government in priority programmes.

Structures

Two structures have been created. The first is a Social Compact Forum, which will interact with the Minister. The second is the Public Health Enhancement Fund (PHEF). A board will be responsible for the overall direction and stewardship of the fund.

The Social Compact Forum (Forum)

The Forum constitutes the CEOs of the participating companies. The Forum will allow the private health sector to engage with and to strategically assist the Minister and NDoH with initiatives that:

.../ continued on page 29



- Address the challenges facing the health sector, to the collective benefit of the health of all South Africans.
- Pursue shared goals and a sustainable future by ensuring higher levels of cooperation and collaborative action.

In addition the Forum has the following advantages:

- Share from lessons learnt, to better position the private sector to confront current and future challenges
- Harness strong partnerships between the leadership in government and the private health sector
- Provide leadership in taking forward critical policy debates.

The Forum will meet with the Minister of Health and his delegation at least two times a year, wherein the focus will be on:

- Progress report back and monitoring of initiatives agreed to by the Social Compact Forum and the Minister
- Discussion on new areas of cooperation and support
- Facilitation of the development of a common vision of the health care sector as a whole including the creation of an enabling environment to achieve that vision

The Minister of Health officially launched the Social Compact Forum on 8 November 2012. The launch of the Forum was applauded by government and the ANC, as an initiative that leads the way for cooperation between the public and private sectors.

The Public Health Enhancement Fund

A fund has been established, called the Public Health Enhancement Fund (PHEF). The fund will be managed by the private sector through the establishment of a not for profit entity. The PHEF has been incorporated as a non-profit company in accordance with item 1 (1) of Schedule 1 to the Companies Act.

Collection and disbursement of funds will be for the benefit of transformative healthcare projects, to be jointly agreed to between the private sector and the Minister. Payments from the fund will be made directly to vendors or, in the case of projects, to the providers of services to the beneficiaries of the projects, as determined by the Board of the PHEF from time to time.

The rationale for the fund is to build trust and confidence between the public and private sectors and to ensure an on-going process of structured dialogue and engagement between the private sector and the Minister. The initiative also aims to leverage funds within the private sector to maximise benefits for the types of projects envisaged, rather than adopting an individual or silo approach which results in a number of fragmented, smaller projects which do not necessarily have the impact that is required.

Ultimately, it is envisaged that this institutionalised engagement will assist in shaping a better future healthcare system for all, regardless of whether they be from the private or public health sector.

The funding formula has been developed by corporate lawyers, auditors and BBBEE consultants to ensure that the contributions into the fund are recognised under the Socio-Economic Development (SED) element of the BBBEE balanced scorecard. Empowerdex has confirmed this. The BBBEE Act and its balanced scorecard require companies to spend 1% of Net Profit after tax (NPAT) for maximal SED recognition.

The funding formula for the PHEF requires 0,75% for participation in the Fund. This means that participants would contribute 75% of their required SED obligation into the fund.

Participation in the initiative comes at no additional cost or earnings dilution, unless companies decide to exceed the 1% NPAT scorecard requirement. Contributing companies stand to benefit from an institutionalised engagement with government, through less fragmentation of SED activities and more efficient channelling of resources.

Composition and Role of the Board of the PHEF

The board of the PHEF has been exclusively constituted of the private sector participants that contribute to the fund. The following representatives have been nominated from each of the following sectors:

SECTOR	COMPANY
Pharmaceutical Distributors	UPD, Imperial, Clicks

.../ continued on page 30



SECTOR	COMPANY
Funders and Managed Care	Discovery, Afrocentric, Mediscor
Pharmaceuticals	Aspen Pharmarcare, Abbvie, Pfizer, Bayer, Novo Nordisk, Janssen, iNova Roche, Servier Labs
Medical Devices & Diagnostics	Roche Diagnostics, Abbott Diagnostics
Hospital Groups	Mediclinic, Clinix, Lifecare

The Board will be responsible for the overall governance of the affairs of the PHEF, including the collection and disbursement of contributions based on initiatives and projects agreed upon. Whilst the board has been constituted, it has not been officially launched as yet. In the meantime a steering committee is overseeing the work of the PHEF.

The Board will constitute the following committees whose roles and responsibilities will be determined by the Board in their terms of reference:

- Finance, Audit and Risk Committee (currently acting as Finance Committee)
- Projects Committee
- Marketing Committee
- Remunerations and Nominations Committee (currently Human Resources and Administrative Committee)

THE STEERING COMMITTEE

This is made of the participating companies

COMPANIES THAT HAVE SIGNED UP THUS FAR

- Hospital Groups
 - * Life Healthcare
 - * Mediclinic
 - * Clinix Group
- Pharma
 - * Aspen Pharmarcare
 - * Litha Healthcare
 - * Novo Nordisk
 - * Abbott Pharmaceutical
 - * Roche Pharma
 - * Servier Laboratories
 - * Abbvie Proprietary Limited
 - * iNova Pharmaceuticals(includes Bausch and Lomb)
 - * Pfizer
 - * Janssen
 - * Bayer
- Funders
 - * Discovery
 - * Medscheme
- Managed Care
 - * Mediscor Pharmaceutical Benefit Management
- Pharmaceutical Retail
 - * Clicks
- Medical Devices and Diagnostics
 - * Roche Diagnostics
 - * Abbott Diagnostics

.../ continued on page 31



- Pharmaceutical Distributors
 - * UPD
 - * Imperial Health Sciences

AREAS OF COOPERATION AND TYPES OF PROJECTS TO BE FUNDED

In a meeting with the Minister, it was agreed that the immediate and initial programmes that will be funded are:

PROJECT 1: EXPANSION OF HEALTH PROFESSIONALS

PROJECT AIM

To expand the production and employment of doctors and other health professionals. This project will prioritise the expansion of MBChB intake for 2013, and identify other critical skills for development and expansion.

The aims of this project for 2013 are:

- To support the expansion of MBChB intake through funding direct teaching and training costs in South African faculties of health sciences;
- To support the direct teaching and training costs for expansion and development of the other health professions in South African faculties of health sciences.

For 2013 the PHEF has funded one hundred (100) medical students, at a cost of R20 million. The students that have been selected meet the criteria of:

- Enhancing the transformation of the health sector through improving the demography of the production of doctors.
- Have been identified as students who are resource constrained.
- It is envisioned that there will be a media function before the end of the year to acknowledge which students have received the scholarships.

PROJECT 2: ACADEMY FOR LEADERSHIP AND MANAGEMENT IN HEALTH CARE (Recall that this did not get traction)

PROJECT AIM

The aims of Project 2 for 2013 are:

- To provide financial support for:
 - * The Advisory Committee meetings 2012/13
 - * Launch of the Academy in April 2013
 - * To provide financial support for a leadership development programmes for 2013 as defined by the Leadership Academy.
 - * An advisory board for the Academy has been selected. The academy is finalising a project plan, which will be presented to the PHEF for funding.

PROJECT 3: SUPPORT FOR THE TRAINING OF MASTERS AND PhD STUDENTS FOR COMBATING HIV, AIDS AND TB, AND NEW INTERVENTIONS IN HIV, AIDS AND TB

PROJECT AIMS

The aims of this project for 2013 are:

- To strengthen existing clinical and behavioural academic research programmes for treating HIV and AIDS
- To support the development of clinical research for new interventions in combatting and treating HIV and AIDS.
- To train Masters and PhD students to support this programme

The National Research Committee chaired by Professor Bongani Mayosi, in collaboration with the Medical Research Council (MRC), have called for nominations of applicants to study for their Masters and PhDs. These nominations are currently being processed, and the programme will be officially launched once these are finalised.





The Chairman of the Editorial Board is David Sieff and the members are Judy Coates, Ray Pogir, Gary Köhn, Tammy Maitland-Stuart, Tabassum Chicktay, Stephanie De Rapper and Deanne Johnston. All articles and information contained in The Golden Mortar of whatsoever nature do not necessarily reflect the views or imply endorsement of the Editorial Board, the Branch Committee, the PSSA, its Branches or Sectors. The Editorial Board and the afore-said cannot therefore be held liable. Every effort is made to ensure accurate reproduction and The Golden Mortar is not responsible for any errors, omissions or inaccuracies which may occur in the production process.

We welcome all contributions and as space permits, these will be published.

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