Professional Indemnity Insurance exclusions – explained and amended

Jessica Wiggill, PPS

Reassurance for PSSA members

Following the enquiries from PSSA members about exclusions applicable to the professional indemnity insurance provided by PPS, clarity has been obtained from the Reinsurers on the points raised with them, as well as authorisation to endorse policies that were issued with the “Hollard Medical Malpractice Cover For Medical Professions November 2015 Policy Wording”.

Hollard has confirmed in writing that some of the exclusions were always part of the policy, for example HIV, and that the PPS Representative at that point in time was fully aware of this. The representative, who is no longer in the employment of PPS had a duty to disclose this, the amendments to the wording done during 2015, and the implications thereof to all members. This should have been done either at the time of the initial agreement, at the time that the amendments were approved or at the time when renewals were due.

The earliest implementation of this wording on Pharmacy Risks (entities) would have been November 2015, and for the PSSA Scheme, became applicable from 1 April 2016. The endorsements apply to those pharmacists who are involved in these activities.

Endorsement, examples and amendments

**Exclusion 10.4 Blood and Human Tissue Banks/Blood Transfusion Services** arising out of, based upon or attributable to blood and human tissue banks or blood transfusion services

**Risk type that might be affected**

1. Pharmacies that are based in hospitals or other facilities, and are authorized and/or required to take blood samples from patients, and store them temporarily for testing / courier them for testing.

2. Pharmacists who are employed by blood banks or involved in some manner in blood work where they are required to separate blood components / platelets or come up with antibodies etc.

The effect of the endorsement is that pharmacies that temporarily store vials / samples of blood for onward transmission to laboratories etc. will have cover for these activities, and pharmacists that are working on / with blood samples will also enjoy cover for the activities undertaken.

**Endorsement**

It is noted and agreed that Exclusion 10.4 (of the November 2015 Policy Wording) will not apply to Entities involved in the temporary storage of blood samples / vials during the ordinary scope of their business activities, and does not apply to pharmacists qualified to carry out blood work or testing, or in instances where the pharmacist is employed to do so for a variety of clinical trials. Cover will not apply where blood / tissue samples are amended and redistributed.

**Exclusion 10.6 Contraceptives/Fertility Drugs and Treatment** arising out of, based upon or attributable to contraceptives (including birth control pills), contraceptive devices, fertility drugs and/or products specifically designed and marketed for use during and in connection with pregnancy;

**Risk type that might be affected**

Dispensing errors in relation to contraceptives or contraceptive devices

The effect of the endorsement is to provide cover in relation to dispensing errors, and not for the actual failure of the product itself.

**Endorsement**

It is noted and agreed that Exclusion 10.6 (of the November 2015 Policy Wording) will not apply to the Medical Malpractice (Section A) and Professional Indemnity (Section B) Sections of the Policy, but will still remain in force over the remaining Sections C (Public...
Liability), D (Pollution Liability) and E (Employers Liability) of the wording, where these Sections have been granted.

**Exclusion 10.13 HIV/AIDS**

10.13.1 arising out of, based upon or attributable to any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus (HIV) or the mutants, derivatives or variations thereof or in any way related to Acquired Immune Deficiency Syndrome (AIDS) or any syndrome or condition of a similar kind howsoever it shall be named, however this shall not apply to Wrongful Act whereby the Wrongful Act has nothing to do with the Patient’s status in regard to HIV/AIDS or any similar condition. This shall also not apply to a Breach of Confidentiality on the Insured’s Part in unintentionally disclosing a Patient’s HIV/AIDS or any similar condition;

10.13.2 arising out of the contraction of HIV or the mutant derivatives or variations thereof or in any way related to AIDS or any syndrome or condition of a similar kind howsoever it shall be named, due to needle stick injuries, blood transfusions, or any other method of infection,

**Risk type that might be affected**

This may have an impact if a pharmacist makes a dispensing error when dispensing ARVs to a HIV positive patient. The endorsement will ensure that there is cover for dispensing errors in this regard.

**Endorsement**

It is noted and agreed that Exclusion 10.13.1 (of the November 2015 Policy Wording) is amended as follows:

arising out of, based upon or attributable to any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus (HIV) or the mutants, derivatives or variations thereof or in any way related to Acquired Immune Deficiency Syndrome (AIDS) or any syndrome or condition of a similar kind howsoever it shall be named, however this shall not apply to dispensing risks. This shall also not apply to a Breach of Confidentiality on the Insured’s Part in unintentionally disclosing a Patient’s HIV/AIDS or any similar condition;

**Exclusion 10.20 Medical Trials**

arising out of, based upon or attributable to any medical or biological research and medical or clinical trials or an Insured’s involvement in such research or trials; or any study or experiment in humans in order to discover and/or verify the effects and/or actions of substance, including but not limited to medical, pharmaceutical or similar products, devices, drugs and the like

**Risk type that might be affected**

Pharmacists and others that are involved in the collection of data for clinical trials, completing health tests including ECG’s, cholesterol testing, high blood pressure testing and the like (all of which could be considered screening).

**Endorsement**

It is noted and agreed that Exclusion 10.20 (of the November 2015 Policy Wording) does not apply in instances where a medical professional is involved in the collection of data, conduct of health tests and screening of potential patients for various clinical trials and or patients involved in clinical trials.

**The PSSA, PPS and Hollard assure you of our best interest at all times.**

PSSA/PPS roadshows are currently being planned so that information can be presented to members in various parts of the country. At these presentations, the cover will be discussed in greater detail and members will have the opportunity to get clarification on any matters that have been identified as unclear. Should members be unable to attend the workshop, separate appointments can be arranged.

PPS and PSSA take this opportunity to thank members for their patience, understanding and valued support – they are highly appreciated.

**For more information**

Contact Jessica Wiggill

Tel: 011 644 4396

Cell: 082 338 4529

E-mail: jwiggill@pps.co.za
The PSSA/ALPHA Pharm Distance Learning Programme 2016

The PSSA/Alpha Pharm Distance Learning Programme continues to offer pharmacists useful, practical, up-to-date information that enables them to provide optimal pharmaceutical care to their patients.

Module 4/2016 – Gout – An update for the pharmacist

Gout is a painful and potentially debilitating condition that develops in some people who have chronically high blood levels of urate (commonly referred to as uric acid).

Despite an understanding of its pathogenesis and the availability of effective treatment, gout is often misdiagnosed or diagnosed late in its clinical course and even when correctly diagnosed, treatment is often suboptimal. Furthermore, there is growing evidence that gout is an independent risk factor for cardiovascular disease.

With the growing pervasiveness of the disease and mounting recognition of its association with cardiovascular morbidity and mortality, it is important to recognise and treat gout patients early. Acute attacks of gout are extremely painful and if repeated attacks go untreated, chronic deforming arthritis may develop. Early diagnosis and appropriate therapy are therefore essential to reduce the acute and long-term disability associated with the disease.

This Module discusses gout, its risk factors, symptoms, diagnosis and treatment. Because suboptimal management of gout stems primarily from poor patient education and compliance, under-utilisation of available medicines, drug interactions and patient co-morbidities, the pharmacist can play a valuable role in ongoing patient education as well as gout prevention and management.

For more information about this programme contact Gill or Glynis at Insight Medicine Information on 011 706 6939 or email: cpdalphapharm@insightmed.co.za.

The PSSA/Alpha Pharm clinical education programme 2016 for pharmacy staff

Recognising that consumers frequently encounter front-shop assistants or pharmacist’s assistants before they speak to the pharmacist, the PSSA and Alpha Pharm have launched a clinical education programme for pharmacy staff. All pharmacy staff need to be familiar with the use of unscheduled medicines and should be reminded of when it is necessary to refer the patient to the pharmacist.

Module 4/2016 – Allergic rhinitis and hayfever

People with allergic rhinitis typically have bothersome nasal symptoms of itchiness, sneezing, runny and/or blocked nose. These symptoms are set off by contact with seasonal allergens such as pollens from grass and trees or by contact with year-round allergens such as animal dander (from e.g. cats, dogs and horses), feathers, house-dust mites and cockroaches. In the grasslands of South Africa, the warm climate creates a pollen season of about 10 months, so that the so-called ‘seasonal’ symptoms from pollen allergies can occur almost throughout the year.

From a medical viewpoint, allergic rhinitis is often considered a relatively minor condition because it is not life-threatening. However, healthcare workers are increasingly recognising that allergic rhinitis should be taken seriously and managed properly because it can impact on the quality of life of sufferers, not only by causing disabling symptoms, but also by leading to complications. Negative effects on school- and work-related performance are common in people with bothersome symptoms from allergic rhinitis.

Allergic rhinitis can begin at any age, but most affected individuals develop symptoms as children or as young adults. Children sometimes improve with age, but many have persistent and worsening symptoms. The risk of developing allergic rhinitis is increased in people who also suffer from other allergy-related conditions such as eczema or asthma.

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The treatment of people with allergic rhinitis begins with the identification and avoidance of the allergic triggers. Identifying the allergic triggers can be easy, such as when symptoms start after exposure to animals, especially cats. Sometimes, however, people need allergy tests in order to identify their trigger allergens.

Most people with allergic rhinitis need medication in addition to allergen avoidance to obtain satisfactory symptom relief. Many medicines used in the treatment of allergic rhinitis are available over-the-counter in the pharmacy. Allergic rhinitis is therefore a condition that, with the help of the pharmacist, can be successfully managed in the community pharmacy.

This Module discusses allergic rhinitis, its trigger factors and its management in the community pharmacy setting.

If you would like to participate in the 2016 Alpha Pharm Pharmacy Staff Clinical Education Programme please complete Form A if you are working at a branded Alpha Pharm Pharmacy and Form B if you work at a pharmacy which has an account at an Alpha Pharm Wholesaler. Contact Gill or Glynis for further information at 011 706 6939 or email cpdalphapharm@insightmed.co.za.