In addition: “Cognisance should also be taken of Rule 5 of the Rules relating to acts and omissions in respect of which the Council may take disciplinary steps.” Rule 5 provides that if advertising is undertaken incorrectly there may be disciplinary action against such pharmacist. However, “and as a rule of thumb, if the provisions of Rule 5 are read in the positive,” a PCDT pharmacist should be able to advertise PCDT services without any fear of disciplinary action being considered by the SAPC.

With the imminent implementation of the envisaged National Health Insurance system (NHI) and requests from the NDoH that pharmacists, in particular community pharmacists, should indicate what their contribution to the success of an NHI system would or could be, the provision of PCDT services must be considered as indispensable. Although pharmacists’ primary role as the custodians of medicine and ensuring the availability and access to much needed medicine should not be neglected, an expansion of the scope of practice of pharmacists by providing PCDT services must be recognised as an essential low cost service not only by medical schemes but also within an NHI system.

Although the primary healthcare system of the NDOH, including the EML and STGs for PHC, may be regarded as mostly nurse-based and very restrictive as far as pharmacists are concerned, one should remember that pharmacists are legally allowed / authorised to provide any schedule 1 and 2 medicine without a prescription. PCDT pharmacists may therefore add any schedule 1 and 2 medicine which they may deem necessary for an holistic approach to the treatment of a patient. However, this does not mean that the patient’s medical scheme will or is obliged to pay for such additional medicine not indicated in the PHC STG/EML list of the NDoH.

It is therefore an opportune time for PCDT pharmacists to make the provision of PCDT services more widely known to the public and medical schemes, but in a responsible manner. Perhaps the “powers that be” in dealing with the implementation of an NHI system will then also take note of these additional and authorised services provided by certain pharmacists?

References
1. Hoffman, Debbie, Senior Manager: Legal Services and Professional Conduct, SA Pharmacy Council

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

Obituary

Dr Michael Skinner

It is with great sadness and regret that the death of Dr Michael Skinner, a pharmacist and colleague in the Faculty of Pharmacy, at Rhodes University, was announced. Dr Skinner passed away on 18 October 2016 in Grahamstown.

Mike went to Rhodes to start his Masters degree in 1985 and graduated with his PhD in 1992, working with Professor Izzy Kanfer. He then worked for a drug delivery company in the UK as a formulation analyst and scientist, before returning to join Rhodes as a staff member in 1996.

During the last 20 years, he has lectured many students as a relief lecturer in the subject of Pharmaceutics, specialising in the areas of drug dissolution, novel delivery mechanisms, kinetics and drug stability.

He has held the following positions in the Biopharmaceutics Research Institute (BRI) where Stage 1 Bioequivalence skin blanching Clinical Trials are run, as Senior Research Officer from 1998 - 2001, Acting Director from 2002 - 2007 and Director of the BRI from 2008 - present (2016).

Mike will be fondly remembered by all Rhodes Faculty, friends and former students as a quiet, gentle and kind man, who loved nature, and enjoyed hiking, kite-surfing and rock climbing. He was a true gentleman and an exceptional scientist.