Activities of the PSSA 2016/2017
Extracts from the PSSA Annual Report

Many aspects reported in the Annual Report have been featured previously in the SAPJ. This report deals only with those aspects that have either not appeared in the SAPJ or in which there have been new developments. Extracts of the report are contained in this issue of the SAPJ because it is important to make it available to all members, and not just those who were able to attend the PSSA conference. Members who would like to read the entire annual report are requested to ask their branch chairman for a copy.

A message from the Executive Director, Ivan Kotzé

#TeamPSSA is comprised of every member, every branch and every sectoral body of the PSSA. All members belong to a regional branch and may choose to belong to a sector. It is through these structures that the interest of our members is best served. The combined focus by the branches, sectors, national executive committees, as well as branch and sectoral directors, reflects the effectiveness of the PSSA structure, with the PSSA being the “umbrella” body representing the interests of all. Thank you to everyone who serves on these committees. Congratulations on helping us to achieve positive growth for the PSSA during the past year.

This team also depends on the staff involved and for this I thank the PSSA national office staff with their loyal experience serving the needs of our members. Of the 11 staff members, six have been serving the society for more than 20 years.

An important milestone for the PSSA was the relocation of the national office to its new premises at the end of November 2016. The office is located on the same premises as the Lynnwood conference centre, a facility that is owned in partnership with the Pretoria branch and managed by Antoinette Snyman and myself.

I would like to pay tribute to the branch and sectoral directors who all provide an invaluable service. There is no doubt in my mind that the cooperation and interaction between the sectors and PSSA national office will improve dramatically now, as the office of the SAACP director and the newly appointed SAAHIP director are now on the same premises the PSSA national office. We look forward to working more closely with them, and we welcome them to their new home.

Members are reminded that many of the PSSA activities are ongoing and a comprehensive account can be found in the documentation sent during the year to the PSSA National Executive committee, the frequent newsletters to all members as well as the South African Pharmaceutical Journal, the PSSA website and facebook pages.

Universal Access to Health Care (National Health Insurance)

National Health Insurance (NHI) is on the lips of most healthcare professionals working in the private sector. As far as community pharmacists are concerned, there has been a great deal of uncertainty about the role which they are going to play. As the second phase in the introduction of NHI commences, the way forward for pharmacists is becoming clearer.

The PSSA has reiterated its commitment to universal coverage in healthcare for all, and will endeavour to help pharmacists in both private and public sectors as they prepare for the future.

- Meeting with the Director General
  This was discussed in the May/June 2017 issue of the SAPJ.

- Issues raised by Dr Motsoaledi
  Although the draft White Paper proposed mandatory membership of NHI and a reduced role for medical schemes to providing only “complementary services”, recent media interviews with Dr Motsoaledi have indicated a potentially softer approach, with medical scheme existence continuing to exist in the transition to NHI. The focus during this stage will be to reduce both the number of medical schemes and the number of options, so that all members received the same benefits regardless of their socioeconomic status.

Medical scheme subsidies and tax credits are also likely to be revoked in line with the Treasury’s announcement in the February budget of the government’s plan to establish an NHI Fund later in the year. The fund might be partially financed by a reduction in the tax subsidy given to medical scheme members.
Draft Norms and Standards regulations applicable to various categories of health establishments

Although the final regulations have not yet been published, the PSSA is pleased to note that the South African Pharmacy Council (SACP) has, to a large extent, pre-empted the norms and standards for facilities and services by developing and implementing the Good Pharmacy Practice (GPP) standards. The SACP is also one step ahead because it has, for many years, monitored and enforced compliance by performing regular pharmacy inspections based on these rules. Non-compliance with the rules has led to disciplinary action taken against the pharmacist responsible for the facility. Pharmacy therefore has the advantage and experience to support the Department and the Office of Health Standards Compliance in the introduction of these regulations.

It has long been a source of concern to the PSSA that there appears to be little or no follow up to ensure GPP compliance by professionals authorised to compound and dispense medicines in terms of section 22C of the Medicines and Related Substances Act, 101 of 1965. The SACP has no mandate to inspect premises from which these healthcare professionals practise. These regulations will no doubt be applied and monitored to ensure the suitability of such premises.

The National Health Act, in terms of which these norms and standards will be published, applies equally to individual healthcare practitioners engaged in their own private sector practices and to public sector quaternary hospitals. A number of the draft norms and standards are impractical to apply to individual private practices. It is hoped that this will be addressed in the final regulations.

Dispensing fee 2017

On 27 January 2017, the current dispensing fee for pharmacists was published. The fee analysis reflected an increase from the 2016 fee as well as an increase on the draft fee that was published in August 2016.

Subsequent to that, a draft dispensing fee was published for comment. The Pharmacy Stakeholders Forum (PSF), which represents PSSA, SA Association of Community Pharmacists (SAACP) and the Independent Community Pharmacy Association (ICPA), continues with its analysis of the impact that the draft fee would have on community pharmacy. The PSF would appreciate a meeting with the newly appointed Pricing Committee (PC) in order to ensure that all members have a full understanding of the fee model used, as well as the challenges that this model presents.

Medicines and Related Substances Amendment Acts

The President of South Africa determined 1 June 2017 as the date on which the Medicines and Related Substances Amendment Act (Act 72 of 2008) comes into effect (Proclamation Notice 20 of 2017; Government Gazette No. 40869, 26 May 2017).

This automatically triggered the implementation of the Medicines and Related Substances Amendment Act (Act 14 of 2015), as section 27 of that Act states: “This Act is called the Medicines and Related Substances Amendment Act, 2015, and comes into operation immediately after the commencement of the Medicines and Related Substances Amendment Act, 2008 (Act No. 72 of 2008).”

The PSSA understands that the General Regulations, which give effect to the two Amendment Acts, have been finalised and publication is imminent.

The Minister of Health has called for nominations for the board of the South African Health Products Regulatory Authority, which will replace the Medicines Control Council.

PCDT

After some years, the National Department of Health resumed issuing permits to pharmacists trained and registered as Primary Care Drug Therapists.

The South African Medical Association was concerned about the consequences for the patient. The PSSA issued a media release, reassuring the public and SAMA that there is no danger of a dramatic change in the scope of practice of pharmacists, nor will patients be put at risk by inadequately trained pharmacists. The background to the introduction of PCDT was explained, as well as the training and the conditions of the permit. The PSSA firmly believes that PCDT pharmacists can increase the access to primary health care services in their communities.

Pharmacy technician qualifications

Two draft pharmacy technician qualifications were published for comment in December 2016. The first is a Higher Education and Training qualification, while the second is a Quality Council for Trades and Occupations (QCTO) qualification. The PSSA’s comment on both was supportive.

Two different streams are used in order to cater for both the people who are able to become full time students and those who prefer or need to have education that includes workplace training. In the PSSA’s opinion, the QCTO qualification addresses an important gap in the profession, and will give reassurance to the currently registered Pharmacist’s Assistant Basic and Pharmacist’s Assistant Post Basic that their role in the pharmacy is appreciated and will continue in future. It also provides them, as well as other prospective learners, with the opportunity to continue studying while employed.

In addition, the QCTO qualification has three exit levels to cater for learners who are unable to complete the entire qualification. It also shows a clear career path for those learners who are able to progress in their qualification and accept increasing responsibility.

Designated Service Providers

Although medical schemes are entitled to appoint designated service providers (DSPs) to provide diagnosis, treatment and
care in respect of the prescribed minimum benefit conditions, the registrar of the Council for Medical Schemes indicated that information is available showing that some medical schemes:

- Unilaterally and without restriction determine the criteria to apply when selecting their DSPs.
- Select DSPs without engaging in a fair procurement or tender process and without considering applications or tenders to join their DSP network from all interested service providers.
- Thus unfairly limit the number of selected service providers (including pharmacies) available to provide the healthcare services to the members.
- Oblige members only to use a limited number of DSPs or to risk paying exorbitant co-payments.
- Among other things this practice has prevented many healthcare service providers, including independent community pharmacies, the opportunity to join the DSP network of such schemes even though they are willing and able to provide healthcare services at the same fee rate as the selected DSPs.

The CMS is considering the possibility of declaring two business practices as irregular and undesirable for all medical schemes:

- The selection by a medical scheme of a healthcare provider or group of providers as the preferred provider or providers to provide to its members the diagnosis, treatment and care in respect of one or more prescribed minimum benefit conditions, namely as designated service providers without engaging in a tender process which is fair, equitable, transparent, competitive and cost-effective.
- Imposing a co-payment in terms of Regulation 8(2)(b) that exceeds the quantum of the difference between that charged by the designated service provider of the medical scheme and that charged by a provider that is not a designated service provider of such scheme.

An invitation was therefore issued to interested persons to make written representation about the matter to the Registrar.

The PSSA responded by writing to the Registrar immediately. In particular, the PSSA believes that the declaration “Imposing a co-payment in terms of Regulation 8(2)(b) that exceeds the quantum of the difference between that charged by the designated service provider of the medical scheme and that charged by a provider that is not a designated service provider of such scheme” as an undesirable practice for all medical schemes will be fair to both the medical scheme members as well as the health care service provider including those who want to offer their services at the same fee as the DSP fee. Furthermore this declaration should not financially challenge the medical schemes as they will not be expected to pay more for the service compared to the fee charged by their appointed DSPs.

# Health Market Inquiry

The latest communication from the HMI is a research note on the investigation into cross-ownership and cross-directorships in the South African private health sector, published in May 2017.

# Report on the Performance Audit of the Management of Pharmaceuticals


PSSA and SAAHIP were disappointed to find that, more than ten years after pharmacy and medicines legislation became binding on the state, in many instances the public sector is still unable to comply with its requirements, in particular those of the Rules relating to Good Pharmacy Practice. The consequence of this non-compliance is a compromised pharmaceutical service, with direct consequences for patient safety.

Although the report notes plans that are being prepared, and in some cases implemented, a long-standing lack of investment in infrastructure will continue to have far-reaching repercussions for patients served by the public sector. The report notes that a massive increase in patient demand has also contributed to the deficiencies in current infrastructure.

Many of the system’s shortcomings could be managed with adequate and appropriate information technology. It is hoped that this will be addressed as the country enters the next phase of NHI introduction.

Many of the difficulties experienced, such as stock management and record keeping, could be mitigated by appointment of appropriately trained pharmacy support personnel. The report notes that pharmacists are regarded as one of the critical occupations with the highest number of vacant posts. The PSSA and SAAHIP believe that the implementation of the occupation specific dispensation alone cannot be seen as a means of recruiting and maintaining pharmacists if working conditions are not addressed as well.

# South African National AIDS Council

The South African National AIDS Council (SANAC), which was originally formed in January 2000, is a voluntary association of institutions that was established by the South African national cabinet to unite government, civil society and other stakeholders in the country’s response to HIV, TB and STIs. It represents all the national and provincial government departments, provincial, district and local AIDS councils, NGOs, civil society organisations, trade unions, private sector bodies and faith-based organisations that are working to address HIV and TB. The Plenary is chaired by the Deputy President of South Africa.

Initially, there were no pharmacists involved in SANAC, but in 2007, it was agreed that the Civil Society Forum, which has now 17 very different sectors, should have a sector for health professionals.
The current office bearers are a medical practitioner, a nurse and a PSSA member. The PSSA thanks Ria Pretorius for her participation in SANAC for the past five years.

Pharmacy Month
Towards the end of 2016, the Director General of the Department of Health, Ms Malebona (Precious) Matsoso approved the request by the Essential Drugs Programme to change Pharmacy Week to Pharmacy Month. Previously, Pharmacy Week was celebrated during the first week of September. From 2017, the whole month of September will be Pharmacy Month.

The stakeholders in this annual campaign are the National Department of Health, the Pharmaceutical Society of South Africa (PSSA) and the South African Pharmacy Council (SAPC). The 2017 theme is vaccination, so the Essential Programme on Immunisation (EPI) is also included as a stakeholder.

The official marketing material is in its final phase of development and includes a poster and pamphlet.

Member services offered by PSSA partners

- **PPS insurance products**

  The PSSA and PPS continue to offer professional indemnity insurance to PSSA members. Several new products, such as short term insurance, are currently under consideration. The PSSA thanks PPS and, in particular, Jessica Wiggill, for the continued support offered to its members.

- **Alpha Pharm distance learning**

  The PSSA thanks Alpha Pharm and Insight Medicine Information for providing useful distance learning on topics relevant to both our pharmacist members and their front shop staff. This is particularly important at a time when many people are reluctant to go to CPD talks after work and they appreciate being able to participate in CPD at a time convenient to them. Thank you too to Geraldine Bartlett and Glynis van der Watt whose participation is deeply valued.

Co-operation with SAACP and ICPA

In order to facilitate practical co-operation with SAACP and ICPA, two bodies were performed with representation from PSSA, SAACP and ICPA.

- **PSF**

  The Pharmacy Stakeholders Forum is comprised of PSSA, SAACP and ICPA representatives. All submissions to the authorities regarding the dispensing fee are done under the name of the PSF. The PSSA national office acts as the secretariat for the PSF.

- **CPLT**

  The Community Pharmacy Legal Trust (CPLT) was established to provide for funding when legal action or opinion, together with supporting activities such as research which is required for the benefit of community pharmacy/pharmacists. The CPLT was formally registered but the Trust deed does not clearly articulate the objective and intent of the operation of the trust and the responsibilities of trustees.

  For this reason the capital beneficiaries, the PSSA, SAACP and ICPA, agreed to the following process and responsibilities.

  - Any expenditure for a project identified can only be incurred once there is a formal resolution, fully documented, from each of the National Executive Committees of the PSSA, SAACP and ICPA approving expenditure on the project.
  - The trustees cannot authorise any expenditure for any project other than a project approved by the three organisations.
  - Trustees cannot authorise any remuneration for themselves.
  - The trustees’ fiduciary responsibility is to ensure that all funds of the trust are utilised solely for the purpose as approved.
  - The PSSA, SAACP and ICPA are entitled to appoint, and when necessary change, a trustee by formal resolution.

  The current registered trustees are Johann Kruger, Pep Manolas and Mogologolo Phasha. Due to the death of Pep Manolas, SAACP must appoint a new trustee.

  All administration and financial control is the responsibility of the PSSA National office. The financial statements are audited annually by Merwitz Malan.

International Associations

- **International Pharmaceutical Federation (FIP)**

  The PSSA has been a member organisation of the International Pharmaceutical Federation (FIP) for several years. FIP is the global body representing pharmacy and pharmaceutical sciences. Through their 139 national organisations, academic institutional members and individual members, they represent over three million pharmacists and pharmaceutical scientists around the world.

  The PSSA is represented on different levels of the FIP structure. Andy Gray is currently serving a four-year term as one of the eight vice-presidents of FIP. Ivan Kotzé represents PSSA on the FIP Council. Mariet Eksteen is serving a four-year term as executive committee member of the Academic Pharmacy Section.

  FIP has published several reports and guidelines that are beneficial to the South African context. One of the most important new additions to the global pharmaceutical field is the 67 statements on pharmaceutical education as voted on during the 2016 Global Congress on Pharmacy and Pharmaceutical Sciences Education in Nanjing, China. The PSSA was invited to send a delegation to this global event. Sarel Malan, Joggie Hattingh and Lorraine Osman represented the PSSA.

  It is important that the PSSA should use the FIP documents in order to develop plans and activities to assist our members and enhance professional practice.
Due to the continuing benefit of being a member organisation of FIP, the PSSA considered whether or not to submit a bid to host a future FIP World Congress of Pharmacy and Pharmaceutical Sciences in South Africa. The primary objective of such a decision was to provide all individuals involved in the South African pharmaceutical environment the opportunity to attend an international congress locally at a fraction of the international price. This decision was put into motion towards the end of 2016 and a bid was submitted to the FIP secretariat end of June for the 2021 World Congress.

- **Commonwealth Pharmacists Association (CPA)**

The CPA was originally set up by the Royal Pharmaceutical Society in 1970 and still enjoys close links with this organisation and the Commonwealth Secretariat. In 2015, the CPA Trust was formed. It operates as an independent charity. In collaboration with national pharmaceutical associations, the CPA is active in improving the quality of pharmacy practice throughout the Commonwealth. In addition to hosting international conferences during which a full Council Meeting is held, the CPA participates in regional conferences in conjunction with CPA Executive Council Meetings. Other activities in which CPA is involved include the Commonwealth Health Hub, which supports the community of health professionals and policy-makers in Commonwealth countries who are dedicated to improving Universal Health Coverage, particularly with respect to non-communicable diseases.

One of the ways in which the CPA assists members is by PharmAid, which is the annual re-distribution of the British National formulary to pharmacists and other health professionals in the lower and middle income Commonwealth countries. It also sources distance learning CPD programmes for its members.

Ivan Kotzé is the immediate past president of the CPA, and Lorraine Osman has served as one of the two vice presidents for the past four years. She represented the CPA at the 2016 Indian Pharmaceutical Society Congress, where she was invited to speak on the challenges in developing a pharmacy workforce to deliver safe and effective pharmaceutical care, with particular reference to the Nanjing statements.

**Foundation for Pharmaceutical Education**

In 2017, a total of R150 000 was available for allocation from 6 sponsors. Of the 109 applications bursaries could only be allocated to 10 undergraduate students.

The PSSA appreciates the contribution of its branches to the FPE, but it remains a source of concern that this is the only support for the FPE. We would like to thank our branches for their continued commitment and support, which continues to assist deserving undergraduate students.

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### The PSSA/Alpha Pharm distance learning programme 2017

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 3/2017 – Insomnia and its management**

Sleep accounts for one-third of human life and insomnia is the most common sleep-related complaint and the second most common complaint (after pain) reported in primary care settings. Insomnia frequently coexists with medical, sleep or neurological disorders. It may also be associated with acute stress, medications or substance abuse, poor sleep habits or changes in the sleep environment.

The high incidence of insomnia, its long-term persistence in many patients and the associated widespread use of prescription hypnotics and over-the-counter sleep aids, means that the pharmacist needs to have a good understanding of insomnia and a knowledge of the pharmacological and non-pharmacological management of insomnia.

This module will provide you with a general overview of insomnia, its prevalence, risk factors, clinical features and how it can best be managed.

*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 2017 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 3/2017 – Understanding and Managing Insomnia

Insomnia is the complaint of an inability to obtain enough sleep. People with insomnia may have a difficulty in falling asleep, a difficulty in staying asleep or may wake up too early in the morning and not be able to fall asleep again. In general, people with insomnia sleep less or sleep poorly despite having an adequate chance to sleep. The poor sleep may lead to trouble functioning in the daytime. Symptoms reported by people with insomnia include daytime sleepiness, fatigue, inability to concentrate properly and mood changes.

Insomnia is the most common sleep complaint. While everyone may have an occasional night of poor sleep, about 7 to 10% of adults have long-term or ‘chronic’ insomnia.

Pharmacy staff are often asked by insomnia sufferers for over-the-counter medicines for insomnia. This Module discusses insomnia and its management in the community pharmacy and begins with a short discussion on ‘normal’ sleep.

If you would like to participate in the 2017 PSSA/Alpha Pharm Pharmacy Staff Clinical Education Programme please contact Gill or Glynis for further information at 011 706 6939 or email: cpdalphapharm@insightmed.co.za.

Welcoming new members

The Pharmaceutical Society of South Africa (PSSA) welcomes the following pharmacists who joined the Society in May and June 2017. We trust that you will be welcomed into your branches and sectors, and that you will find great value in your membership.


Student members

We are also delighted to welcome the following student members:

Aqeelah Abrahams, Saarah Abrahams, Zainab Adam, Chante Adams, Beatrice Agyenam Agyeman-Duah, Bradley Shaun Ah Yui, Olubusola Aderonke Aluko, Geraldine Amos, Kaycia Kose Andrews, Gilbert Appiah-Baiden, Courtney Deavan Assumption, Abbigail

In memoriam

The PSSA extends its sincere condolences to the family and friends of the following members who passed away in May and June 2017.

Ashley Gilleon Alias – Cape Western Province Branch
Hercules Gregory (Pep) Manolas – Southern Gauteng Branch
L Morris – Non-Resident