Thoughts on the 2017 PSSA conference

Joe Ravele

2017 PSSA conference??

What?? Oh, wait!! Not so fast!!

If you don't believe in the efforts of the PSSA, then I shudder to imagine what you are going through. Is it denial of reality, temporary blocking of acknowledgement, or downright arrogance??

Well, as for me I went, I attended and was well fed with the latest developments in our profession and left the place content, rejuvenated and convinced that pharmacy is indeed a noble profession with a bright future.

On arrival, we were well received and the registration process was painless and smooth. Well organised, I must say. The officials were also on hand to accommodate walk-ins that wanted to attend specific days or were prepared to sit in specific sessions as the programme was pre-circulated. Flexibility!! That's how the PSSA is.

All inclusive

While only the PSSA, SAACP and APSSA held their AGMs during the conference, the other sectors, SAAHIP and SAAPI, participated fully in the conference. Both plenary and parallel sessions were held to give delegates the widest choice of sessions to attend.

Joe Ravele

For the first time ever, the South African Pharmaceutical Students Federation (SAPSF) joined the PSSA conference, holding both their AGM and informative sessions focussed on students. We hope that this will become an annual event.

AGMs

The AGMs of both the SAACP and PSSA were a marvel to be in, as issues were deliberated on, albeit robustly and vigorously, some with amusement, to the benefit of the profession. At the end of it

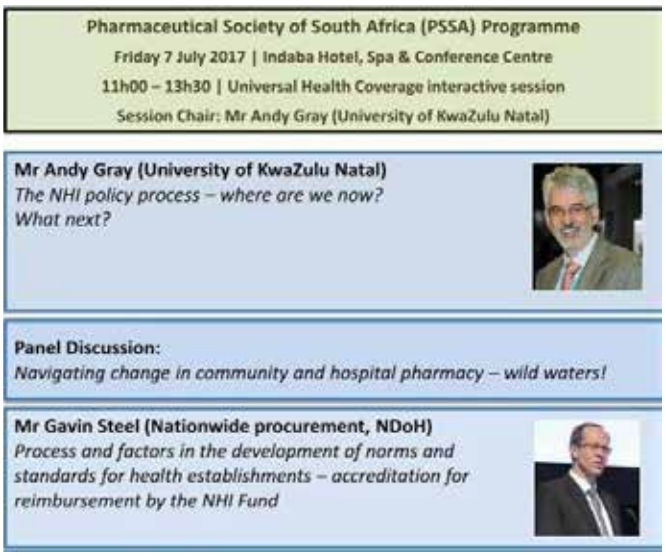
The SAPSF team at conference – (l to r) Ellen Molope (outgoing acting president), Thabang Owen Malatji (president), Hunadi Sefoka (treasurer), Cazandra Alfaiate da Silva (public initiative officer), Mashao Welly Madiba (media and communications officer), Thulani Motha (vice president), Imtiyaaz Ebrahim (general secretary), Samuel Cohen (editor) and Nomathemba Shivite (student exchange officer)

all, the profession came out tops, with a glimpse of a future and a hope.

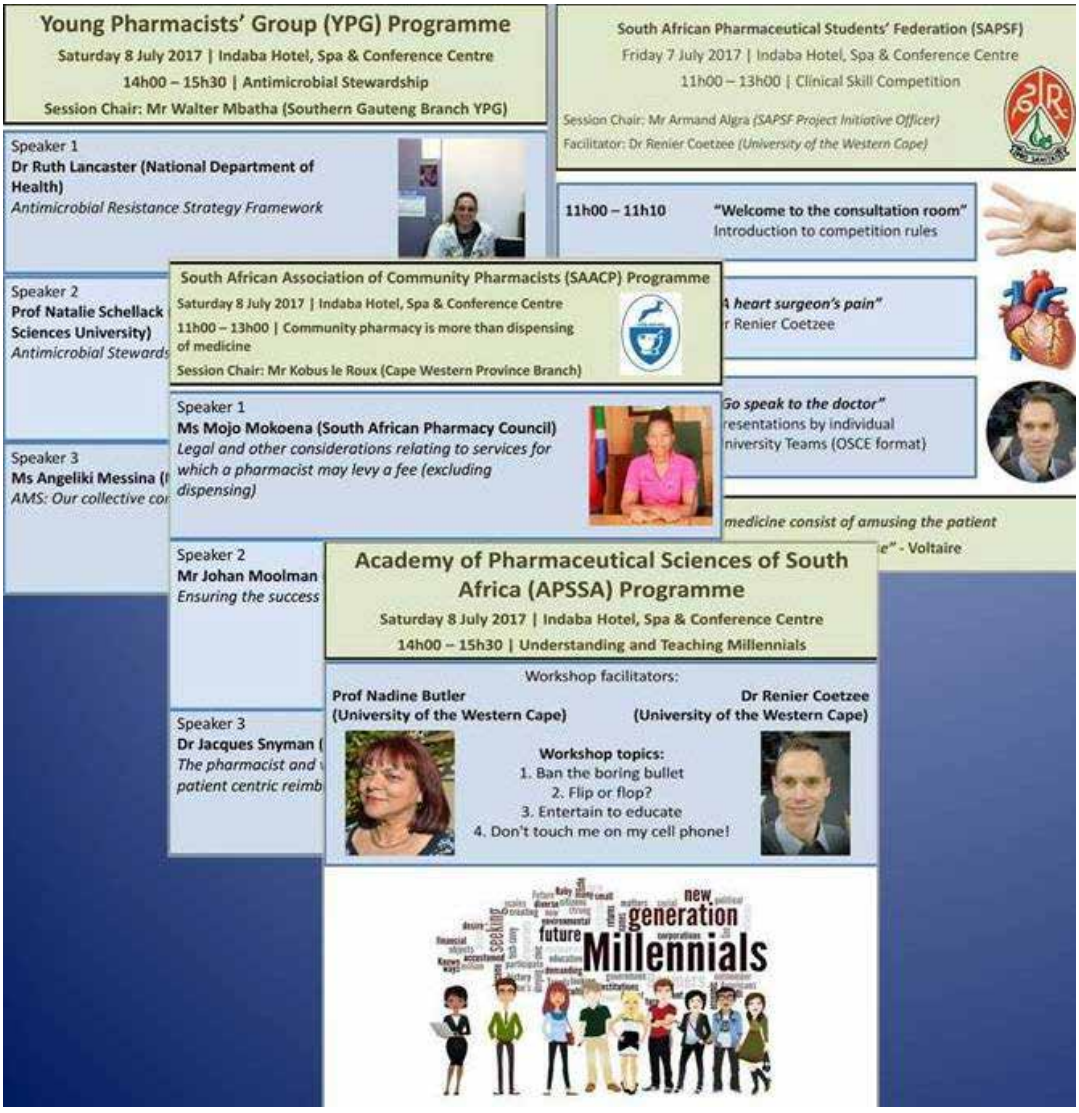
Sarel Malan, President of the PSSA

NHI

What was most attention gripping was the presentation and discussion on the pharmacy profession under National Health Insurance. The fears that the majority had on the NHI were allayed as more information was released with specific reference to the White Paper.



It is in these sessions that the majority of concerns were addressed, questions asked, amid some comments that left us agape with shock, and some more concerns simmered up with respect to different sectors and their respective representation in decision making circles. At this stage I felt a need for the broader profession to be present so that we all embrace what's coming and make the best out of it. If you were not there, you certainly missed out. Decide, in your heart, to never miss such career shaping gatherings, lest you'll be left behind.



Parallel sessions

The wide variety of topics that were simultaneously presented and discussed in different lecture rooms were of such importance that it was, at one stage, difficult to choose from. We were spoiled for choice, but it was worth it.

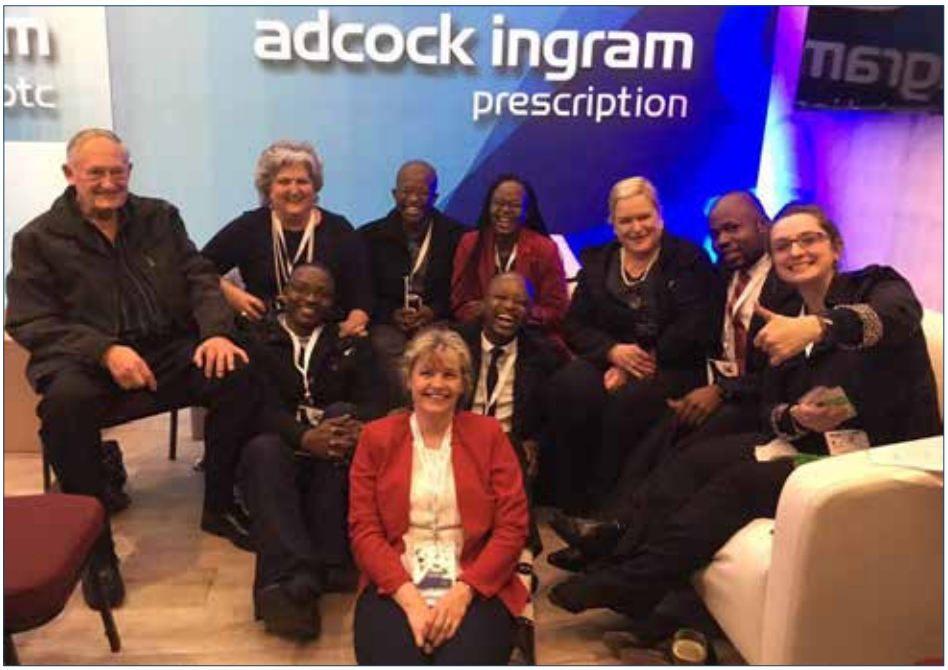
Including the SAACP symposium in the whole conference was a stroke of genius. Seated amongst the audience and listening to the guest speaker, Tim Logan, the Australian Pharmacy Guild vice-president, I was struck that he brought up brilliant ideas about the community pharmacy that would indeed benefit the sector. It was an informative session, considering what other countries are doing about the profession. I strongly believe that we can emulate the Australians and probably surpass them in what they are good at.

The SAPC was at hand to update us on legislative innovations. PCDT pharmacy is the way to go if one wants to be more effective in patient management and retention.

Jackie Maimin was instrumental in reminding us of our abilities in treating minor ailments and definitely rejuvenated us to take our rightful positions within community pharmacy. Thumbs up, Jackie!!

Prof Rijamampianina definitely armed us with techniques, methods and armaments to employ when we navigate the next wave. It was worth listening to him and move with him in sync in terms of how this wave can best be navigated.

Seen at conference:



Back row (l to r): Geoffrey Adamson, Ria Pretorius, Joe Ravele, Letlhogonolo Maluleke, Michéle Coleman, Famola "Surprise" Ngobeni, Mariet Eksteen
2nd row: Wandisile Grootboom, Thulani Motha
Front row: Christine Venter

Stavros Nicolaou (Aspen) with Winnie Ndlovu (SAACP Southern Gauteng)

Cheryl Stanton, chair of the Cape Midlands PSSA branch, with proud dad, Clive Stanton, past president of the PSSA

And now for 2018 ....

My question is: if you are not part of this move in the PSSA, what are you waiting for??

PSSA Executive Committee for 2017/2018

President	Sarel Malan
Deputy President	Stéphan Möller
Honorary Treasurer	Joe Ravele
Past President	Johann Kruger

Vice-Presidents

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SAACP	Christine Venter
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KwaZulu-Natal Inland	Juané van der Merwe
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	Sybil Seoka
	Lynette Terblanche
Vaal Triangle	To be confirmed

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PSSA Fellows Dinner 2017

The Fellows of the Society are generally members who have made exceptional contributions to the profession and the Society. When possible, they meet to enjoy an evening of fellowship, and to exchange ideas about the future of pharmacy.

A successful Fellows Dinner was held at the conference, thanks to the generosity of the Southern Gauteng branches of the PSSA and SAACP.

Val Beaumont, the Fellows Committee Chairperson, reminded the Fellows that the theme of the Conference, 'Navigating the next wave', talks to the unpredictability and potential impact of what health professions will face as they migrate to Universal Health Coverage in whatever form it will finally take.

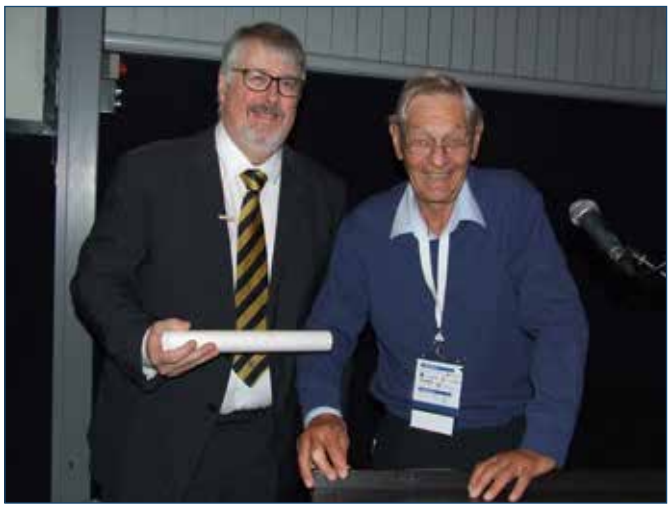
Val Beaumont

"The solving of the funding issues represents an enormous hurdle but as professionals we would do best to focus not on problems others will have to solve but on that old cliché that will determine our future – 'Adapt or die'," said Beaumont.

She urged pharmacists to seek new ways of practising their profession, and to be open to new partnerships with other healthcare colleagues.

Val concluded with another sailing analogy. She said "We need to choose the right rigging and get our boats out through the surf and sailing with the wind to take up fulfilling and meaningful roles in UHC. It is not going to be smooth sailing and the course is as yet unchartered. Strong and imaginative leadership will be key. I invite the Fellows of the PSSA to step up to the challenge and support the profession wherever they can."

The guest speaker for the evening was Tim Logan, senior vice president of the Pharmacy Guild of Australia. He shared some ideas as to how an association can support a profession faced with change.



Tim Logan with Ray Pogir, a well-known Fellow

PSSA national office news

#TeamPSSA celebrated 20 years of employment at the Pharmaceutical Society of South Africa. Congratulations to (l t r) Lorraine Osman, Peter Njelela, Joyce Kgaladi, Tersea van Reede van Oudtshoorn and Dinette Venter. With them are (far left) Ivan Kotzé (Executive Director) and (far right) Antoinette Snyman (Financial Manager)

Goodbye Estelle, welcome Michelle

The PSSA Pretoria branch is proud to announce the new branch manager, Michelle van der Bend, who started in April this year, after the departure of Estelle van Deventer.


Estelle van Deventer

Estelle served the Pretoria branch for the past 29 years. We take this opportunity to express our gratitude to Estelle for her dedication to the branch and the diligence with which she conducted the branch activities. Through her continuous selflessness, we saw the branch transcending in membership from strength to strength. We wish her success in her future endeavours.

Michelle van der Bend brings with her a wealth of experience, a diverse background and a youthful energy to surge the branch to greater heights.

She is not new in organisational administration as she worked for various companies in different capacities in the past 10 years. She also has a wealth of experience in technology corporate management, logistics management and financial management.


Michelle van der Bend

Michelle is originally from Pretoria, spent 5 years in Montreal, Canada from the age of 10 to 15, finishing the last 2 years of high school in Bloemfontein and studied through Varsity College for a Diploma in Advertising Management. Having a good instinct for admin, organisation and technology, Michelle's skills have been easy to adapt to different projects and tasks through her career.

She is process orientated and pays special attention to detail. Her motto is: "How can we do things efficiently?" She plans to transform the branch into a vibrant and lively entity of the PSSA and would like to contribute in any way whatsoever that will make the members feel the value of the PSSA.

Welcome Michelle. We wish you success in the execution of your duties.

Joe Ravele
Deputy Chairperson
PSSA Pretoria branch

Changes to schedules – 28 July 2017

Please note:

These changes came into effect immediately.

This article is merely a guide. Consult the government gazette for the complete list. In addition, LexisNexis updates the online Acts as and when changes are received.

Acetylcysteine

S1 – When used as a mucolytic in acute respiratory conditions for a maximum treatment period of 5 days

Change – previously schedule 2, listed without an indication and without a maximum treatment period

S3 – When intended for injection or for the management of paracetamol overdosage

Bifidobacterium and Lactobacillus species

In February 2014, a number of *Bifidobacterium* and *Lactobacillus* species were included in schedule 1, if they were included in pharmaceutical preparations and mixtures with medicinal claims.

The *Bifidobacterium* species are *adolescentis*, *animalis* subsp *Animalis* and *Lactis*, *bifidum*, *breve*, *lactis,* and *longum* subsp *Infantis* and *Longum*.

The *Lactobacillus* species included were *acidophilus*, *brevis*, *caucasicus*, *casei*, *fermentum*, *gasseri*, *helveticus*, *johnsonii*, *lactis*, *paracasei*, *plantarum*, *reuteri*, *rhamnosus* and *salivarius.*

Each entry specified an exception, viz. if in ready-to-drink single serving infant formula sold in liquid form, containing no less than 1 x 10^8 cfu probiotics per daily serving, provided no medicinal or general health claim is made.

*Change – this exception has now been removed entirely for each species; The nomenclature "*Lactobacillus lactis" *has been changed to "*Lactococcus lactis".

Chlortetracycline, rolitetracycline and tetracycline

S4 – most products and uses

Exception – injections intended for the treatment of animals and

registered in terms of the provisions of the Fertilizers, Farm Deeds, Agricultural Remedies and Stock Remedies Act, 1947 (Act 36 of 1947)

Change – the list of veterinary conditions was removed

Chromium

S0 – Recommended daily dose – 200 µg or less

S1 – Recommended daily dose – more than 200 µg

Change – previously S1 if the recommended daily dose was more than 50µg

Colistin

S4 – when presented as a finished pharmaceutical product

S6 – when compounded by a pharmacist in terms of Section 14(4) of the Act, by a veterinarian, or by a holder of a Section 22C(1)(a) licence, or presented as the raw material.

Change – previously the substance alone was listed in S4

Diclorophen

Exceptions:

- Preparations containing 0.5% or less of dichlorophen when intended for use in terms of the provisions of the Foodstuffs, Cosmetics and Disinfectants Act, 1972
- When intended for use and registered as an anthelmintic in terms of the provisions of the Fertilizers, Farm Feeds, Agricultural Remedies and Stock Remedies Act, 1947

S0 – preparations and mixtures when intended for application to the skin

S4 – all other preparations and uses

Change – exception in terms of the Foodstuffs, Cosmetics and Disinfectants Act

Diclofenac

S0 – when intended for application to the skin – containing 1% m/m or less of diclofenac subject to a maximum pack size of 50 grams

S1 – when intended for application to the skin – more than 1% m/m of diclofenac

S2 – when intended for the emergency treatment of acute gout attacks, subject to a maximum daily dose of 150mg for a maximum treatment period of 3 days; when intended for the treatment of fever or mild to moderate pain of inflammatory origin, subject to a maximum daily dose of 75 mg for a maximum treatment period of 5 days

S3 – all instances where dose or treatment period exceeds what is stated above, as well as all other indications

Changes – previously not permitted as schedule 0 for sale in a general retail outlet;

– the maximum daily dose for treatment of acute gout attacks was not defined, and the treatment period has been reduced from 5 days to 3 days;

– S2 previously merely stated that it could be used for treatment of post traumatic conditions, which has been broadened to include fever, with a stipulated maximum daily dose and treatment period

Digitalis, its glycosides and other active principles thereof

S0 – if diluted below one unit (BP) in each 2.0 grams

S3 – all other dosages and preparations

Change – "S0" included for clarity

Ephedra alkaloids

S1 – when intended for application to skin, eyes, ears and nares, and containing 1% or less of ephedra alkaloids, and not intended for export

S2 – oral preparations and mixtures, in combination with another pharmacologically active substance and intended for the symptomatic relief of colds and flu, containing not more than 30 mg of ephedra alkaloids per dose, with a maximum daily dose not exceeding 120 mg, subject to a maximum pack size of 360 mg and limited to one pack per customer

Change – the maximum daily dose is now stipulated, and the maximum pack size has been halved from 720 mg to 360 mg

S6 – all other indications, doses and quantities

*Another change – it previously stated "*unless listed separately in the Schedules*". This has been removed, and p-Synephrine is a new, separate entry into the Schedules.*

Ephedrine

S1 – when intended for application to skin, eyes, ears and nares, and containing 1% or less of ephedra alkaloids, and not intended for export

S2 – oral preparations and mixtures, in combination with another pharmacologically active substance and intended for the symptomatic relief of colds and flu, containing not more than 30 mg of ephedrine per dose, with a maximum daily dose not exceeding 120 mg, subject to a maximum pack size of 360 mg and limited to one pack per customer

Change – the maximum daily dose is now stipulated, and the maximum pack size has been halved from 720 mg to 360 mg

S6 – all other indications, doses and quantities

Iodine

Please note that the wording contained in the Government Gazette has been referred to the Medicines Control Council for verification.

Meloxicam

S3 – when NOT intended for veterinary use

S4 – when intended for veterinary use

Methionine

S1 – in oral preparations containing more than the maximum daily dose of 210 mg of methionine alone or in combination with other active pharmaceutical ingredients

Change – previously all methionine products were classified as Schedule 1, so the change makes it possible to supply products with a lower dose in a general retail outlet.

Phenylpropanololamine (norephedidrine)

S2 – oral preparations and mixtures where the recommended daily dose for adults does not exceed 100 mg and for children 6 to 12 years does not exceed 50 mg, when in combination with another pharmacologically active substance and intended for the symptomatic relief of nasal and sinus congestion, subject to a maximum pack size of 300 mg for adults and 150 mg for children, limited to one pack per customer

Change – the maximum pack size is now stipulated, and sale is now limited to one pack per customer

S6 – all other indications, doses and quantities

Potassium

S0 – when contained in oral rehydration preparations

S2 – in oral preparations or mixtures containing more than 20 millimoles (1500mg) of potassium per 24 hours

S3 – when intended for intravenous infusion or for injection

Change – the word "chloride" has been removed from the name of the entry

Pseudoephedrine

S2 – immediate-release oral preparations and mixtures containing not more than 60 mg of pseudoephedrine per dose or controlled-release oral preparations and mixtures containing not more than 120 mg of pseudoephedrine per dose, and not more than 240 mg per day, when in combination with another pharmacologically active substance and intended for the symptomatic relief of colds and flu, subject to a maximum pack size of 720 and limited to one pack per customer

Change – this entry now makes provision for both immediate-release and controlled-release oral preparations and mixtures

Selenium

S1 – oral preparations or mixtures containing more than 200 µg of Selenium per recommended daily dose alone or in combination with other active pharmaceutical ingredients

S4 – preparations of selenium for injection when intended for veterinary use

Change – the daily dose for schedule 1 purposes was increased from 60 µg to 200 µg

p-Synephrine

S0 – preparations and mixtures registered in terms of the Act and intended for application to the skin, ear and nares containing 1% or less of p-synephrine and containing 0.2% or less for application to the eyes

S1 – oral preparations and mixtures registered in terms of the Act and intended for the symptomatic relief of nasal and sinus congestion, where the recommended daily dose for adults is 50 mg or less and for children 6 to 12 years is 25 mg or less, with a maximum pack size of 5 days

S2 – oral preparations and mixtures registered in terms of the Act and intended for the symptomatic relief of nasal and sinus congestion, where the recommended daily dose for adults is more than 50 mg and for children 6 to 12 years is more than 25 mg

Change – this is a new entry. Note the clear distinction between S1 and S2.

5-Hydroxy Tryptophan

Please note that the wording contained in the Government Gazette has been referred to the Medicines Control Council for verification. Please note however that for products having more than a specified maximum daily dose, 5-hydroxy tryptophan falls into Schedule 5.

l-Tryptophan

S0 – in oral preparations with a maximum daily dose not exceeding 220 mg of L-tryptophan, alone or in combination with other active pharmaceutical ingredients, with general health claims as a health supplement.

S1 – in oral preparation with a maximum daily dose not exceeding 220 mg of L-tryptophan, alone or in combination with other active pharmaceutical ingredients

S5 – other doses

Change – introduction of a maximum daily dose

Vanadium

Please note that the wording contained in the Government Gazette has been referred to the Medicines Control Council for verification.

Annexure 3: Optometrist

Please note that this annexure has been in existence since 2013. Initially, it referred only to the qualification and registration, and permitted only fluorescein to be used for diagnostic purposes. In June 2016, the additional requirement of a section 22A(15) permit was added, as were a number of substances in various schedules.

The headings and preamble in this Government Gazette have apparently been used as headings only, with no changes

occurring. The heading indicates that there is an entry in the specific schedules that permits optometrists to have access to medicines in those schedules.

For convenience, the following substances may be provided by an optometrist with a section 22A(15) permit.

Schedule 0

Substance:	**Paracetamol**
Indication:	Mild pain
Route of administration:	Oral

Schedule 1

Substance:	**Ibuprofen**
Indication:	Mild pain
Route of administration:	Oral

Schedule 2

Substance:	**Mupirocin**
Indication:	Impetigo (eyelids); external hordeolum; infected atopic dermatitis
Route of administration:	Topical application
Substance:	**Antazoline**
Indication:	Allergic and atopic conjunctivitis
Route of administration:	Topical application
Substance:	**Tetrazoline**
Indication:	Minor ocular irritation; red eye
Route of administration:	Topical application
Substance:	**Oxymetazoline**
Indication:	Minor ocular irritation; red eye
Route of administration:	Topical application
Substance:	**Cetirizine; loratidine; levocetrizine**
Indication:	Atopic dermatitis involving the eyelids
Route of administration:	Oral
Substance:	**Sodium cromoglycate**
Indication:	Vernal keratoconjunctivitis
Route of administration:	Topical application
Substance:	**Hydrocortisone**
Indication:	Dermatitis, ectopic or seborrhoeic eczema
Route of administration:	Topical application

Schedule 3

Substance:	**Atropine**
Indication:	Cyclopegic refraction; treatment of uveitis
Route of administration:	Topical application (drops)
Substance:	**Tropicamide**
Indication:	Cyclopegic; mydriatic
Route of administration:	Topical application (drops)
Substance:	**Cyclopentolate**
Indication:	Cyclopegic; mydriatic
Route of administration:	Topical application (drops)
Substance:	**Homatropine**
Indication:	Cyclopegic; mydriatic
Route of administration:	
Substance:	**Pilocarpine**
Indication:	Acute glaucoma
Route of administration:	Topical application (drops)
Substance:	**Timolol**
Indication:	Acute glaucoma
Route of administration:	Topical application (drops)

Schedule 4

Substance:	**Chloramphenicol**
Indication:	Bacterial conjunctivitis; anterior blepharitis; posterior blepharitis
Route of administration:	Topical application
Substance:	**Tetracycline**
Indication:	Chlamydial conjunctivitis; blepharitis
Route of administration:	Topical application
Substance:	**Erythromycin**
Indication:	Chlamydial conjunctivitis; blepharitis; impetigo (Not to be used as 1st line treatment)
Route of administration:	Topical application
Substance:	**Aciclovir**
Indication:	Conjunctivitis; Herpes simplex blepharitis: epithelial keratitis
Route of administration:	Topical application
Substance:	**Tetracaine**
Indication:	Diagnostic aid
Route of administration:	Topical application (drops)
Substance:	Oxybuprocaine and other equivalent local anaesthetics
Indication:	Diagnostic aid
Route of administration:	Topical application (drops)

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 4/2017 – Type 2 diabetes mellitus – latest guidelines

Diabetes is one of the largest health emergencies of the 21st century. The World Health Organization (WHO) estimates that globally, high blood glucose is the third highest risk factor for premature mortality, after high blood pressure and tobacco use. Many people, however, remain largely unaware of the current impact of diabetes and its complications. It has been estimated by the International Diabetes Federation (IDF) that globally over 400 million people have diabetes and as many as 193 million or close to half (46.5%) of these are unaware of their disease.

The development of type 2 diabetes is characterised by a progressive decline in insulin action and relentless deterioration of pancreatic beta (β)-cell function and hence, insulin secretion. The earlier the diagnosis of type 2 diabetes is made, the better the chances of preventing harmful and costly complications. Complications due to diabetes are a major cause of disability, reduced quality of life and premature death. Cardiovascular disease is one of the leading causes of death among people with diabetes and can account for 50% or more of deaths due to diabetes in some populations.

There is an urgent need to screen, diagnose and provide appropriate care to people with diabetes. This Module focuses on the recently published Society for Endocrinology, Metabolism and Diabetes of South Africa (SEMDSA) 2017 Guidelines for the Management of Type 2 Diabetes Mellitus.

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 4/2017 – What is Diabetes?

Diabetes mellitus or 'diabetes' is a disorder in which blood sugar (glucose) levels are abnormally high. All the cells in the body need glucose for energy to work properly and the hormone, insulin, helps glucose get from the blood into the cells. If the pancreas does not make enough insulin, or if the body stops responding to insulin, then glucose levels build up in the blood.

While there are a number of factors that increase the risk of developing type 2 diabetes, it appears that our modern, urban lifestyles are largely to blame. For example, eating processed foods, highly-refined carbohydrates and sugar-sweetened foods, together with low levels of physical activity and long sedentary periods, increase the risk of being overweight or obese which, in turn, increases the risk of developing type 2 diabetes.

Diabetes cannot be cured, but it can be managed. People with diabetes need care from many healthcare professionals, including the pharmacist and the pharmacy members of staff. This Module discusses type 2 diabetes and provides the Front Shop pharmacy staff with the knowledge to help support patients with type 2 diabetes, with particular emphasis on lifestyle recommendations and the appropriate use of over-the-counter medicines in those with type 2 diabetes.

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.