Brian Seymour Award 2017

The Brian Seymour Award is the most prestigious award made by the PSSA KwaZulu-Natal Coastal Branch to an exceptional and outstanding intern. This year's worthy recipient is Amy Claire Bobbins who was nominated by Rhodes University.

Amy Claire Bobbins

The Awards ceremony was held on 11 November 2017 in the Waterman Room of the Durban Country Club. Andy Gray made the presentation in his inimitable way, highlighting Amy's many academic achievements, leadership roles and commitment to the profession.

After receiving her trophy from Noel Seymour, the son of Brian Seymour, Amy Bobbins made an inspiring acceptance speech revealing her deep understanding of the profession and her positive outlook on pharmacists and their future role in healthcare in the country.

Among the honoured guests were five previous awardees: Marc Palombo, Charl Botha, Raydon Juta, Kirsty Clayton and Lana Strydom. It is a great pleasure to have these past Brian Seymour Award recipients present. There is such a strong bond that has formed between these exceptional young pharmacists that they cover their own costs to attend the function each year. Amy is the 50th person to be awarded this honour since the inception of the award in 1968.

(*l* to *r*) Adolf de Beer, Charl Botha (2008), Adrian Smith, Raydon Juta (2012), Lana Strydom (2014) and Kirsty Clayton (2014)

News from the Cape Midlands Branch of the PSSA

PSSA member for 60 years!

Bertie Kommel, a dear friend and colleague of ours has the remarkable achievement of sixty years unbroken membership of the Pharmaceutical Society. As we know Bertie, he has contributed with enthusiasm and participation in all events pharmaceutical.

To celebrate this milestone a Dinner was held in his honour at The PE St Georges Club on Tuesday 17 October. Present at the Dinner were longstanding members of the PSSA, Fellows, past Chairmen and Directors of Pharmacy Community Investments (Pty) Ltd.

Isaac Rubin and Pippa Watson with Bertie and his wife Eugene

(l to r) Colin Cuff, branch chair Cheryl Stanton, Ian Wiseman who was the main speaker who outlined Bertie's many achievements, and Ron Woodin

Bertie qualified as a pharmacist in 1957 and became a member of the Pharmaceutical Society. He is also a member of the Royal Pharmaceutical Society.

His working experience encompassed 38 years in community pharmacy and eleven in wholesale. He was chairman of a number of pharmaceutical companies in our area and a director of a wholesale company, East Cape Pharmaceuticals Ltd, for many years.

Of the many positions he held were Chairman, Cape Midlands Branches of the PSSA and South African Retail Chemists and Druggists Association, which was a predecessor of SAACP. He also served on the National Executive of SARCDA. His contribution to these positions was recognised by awarding him Honorary Life Membership of the Branch and designation as a Fellow of the PSSA.

His participation in activities outside of the pharmaceutical field are numerous and include his involvement with the South African National Blood Service (and the former Blood Transfusion Service) spanning more than forty years including his donation of 247 units of blood. Honorary Life membership was conferred in 1995.

Whichever association he joined he gave of his time and his energy becoming:

- President of the Rotary Club
- President of the Probus Club
- President of the Port Elizabeth Bowls Club
- Council member of the Synagogue Council
- Trustee of St Francis Hospice
- A freemason

A remarkable man and a proud pharmacist! Thank you for being part of our pharmacy family!

Congratulations to our esteemed committee member

Congratulations to Professor Ilse Truter of the Department of Pharmacy at Nelson Mandela University in Port Elizabeth who has been elected as a member of the World Health Organisation's (WHO) International Working Group for Drug Statistics Methodology.

The WHO Collaborating Centre for Drug Statistics Methodology in Norway is responsible for developing and maintaining the ATC Codes and DDD for pharmaceutical products. In this, they are supported and advised by a WHO-appointed expert working group, the International Working Group for Drug Statistics Methodology.

She recently attended the ATC/DDD Working Group meeting in Oslo, Norway, along with 11 other expert members representing different parts of the world.

News from the PSSA Executive Committee

The National Executive Committee (Exco) met in November. Some of the topics discussed are mentioned in this article. For more information, please contact your Branch representative on the Exco.

Primary Care Drug Therapy (PCDT)

There is good news! SAACP reported that the National Department of Health has indicated that it will now consider issuing Section 22A(15) permits to *locum* PCDT pharmacists and mobile pharmacies. The SA Pharmacy Council has been supportive of this possibility for some time. The existing application forms must be completed with the word "locum" written over the section where the address of service delivery (i.e. pharmacy) is requested.

Amendments to Act 101 of 1965

Advocate Elsabé Klinck discussed the implications of the recent amendments of the Medicines and Related Substances Act. There are a number of serious anomalies that will require clarification.

Health Market Inquiry

Exco was introduced to Dr Katlego Mothudi, the new MD of the Board of Healthcare Funders (BHF). Dr Mothudi discussed BHF's interaction with the Health Market Inquiry (HMI) of the Competition Commission. Although the release of the HMI provisional findings and recommendations report are due for release on 30 November, it is likely that they will only be released in December or early 2018. We are watching this space with interest as the recommendations are likely to be far reaching, particularly with respect to private sector remuneration models.

Cannabis

The cannabis matter was brought to the Constitutional Court on 7 November. A judgement, which will give clarity on the issue, is therefore imminent. At this stage, it remains illegal to grow, use or supply cannabis and/or related products.

Community service pharmacists

Nitsa Manolis regularly attends community service meetings with the National Department of Health. She updated Exco on the latest news about community service, which was circulated to all interns in the Intern Newsletter #4/2017, sent out on 10 November 2017.

FIP

We're crossing our fingers! The PSSA has submitted a bid to host the 2021 FIP congress in Cape Town. Helsinki, Finland, and Brisbane, Australia, have also been put forward as possibilities. The 2021 host city will be announced at the FIP Council meeting during the 2018 FIP Congress in Glasgow, Scotland, that will take place from 2 – 6 September next year.

PSSA 2018 Conference – Save the date

Don't miss out on the 2018 PSSA Conference! It will take place from 22 – 24 June 2018, at the Birchwood Hotel and OR Tambo Conference Centre. We want to make sure that we're ready for anything the future holds, so the theme is "Failure to prepare is preparing to fail". A draft programme will be available at the end of November, and registration will open in February 2018.

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 5/2017 – Common ear problems

Pharmacists are often asked about common ear problems. It is important for the pharmacist to recognise minor ear problems that can be managed in the pharmacy as well as ear disorders that require referral to the doctor.

A variety of conditions may affect hearing or balance. Ear infections (e.g. acute otitis media) are the most common ear disorders seen in infants and children, while cerumen accumulation and impaction is more likely to occur in older people.

This module will help you ask the right questions so that you can advise patients appropriately and provide suitable treatment where indicated.

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 5/2017 – Common ear problems

Ear infections are the most common ear problems seen in infants and children, while blockages caused by accumulated earwax are more likely to happen in older people. While minor ear problems such as a painful swimmer's ear can be effectively treated in the pharmacy using simple over-the-counter products, the front shop member of staff needs to be on the alert for signs and symptoms that suggest infection or other more serious ear problems. These patients need to be promptly referred to a doctor for thorough examination and possible expert cleaning of the ear canal in order for the doctor to be able to see the ear canal and eardrum properly.

This module discusses common ear problems seen in the pharmacy and provides guidance on the appropriate treatment of minor ear problems as well as the recommended pointers for referral to the pharmacist or doctor.

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 on 011 706 6939 or email cpdalphapharm@insightmed.co.za.

Changes in the General Regulations under the Medicines and Related Substances Act, 101 of 1965

Please note: The amended Medicines and Related Substances Act, 101 of 1965, came into operation on 1 June 2017. This paved the way for the formation of the South African Health Products Regulatory Authority (SAHPRA), and the dissolution of the Medicines Control Council.

The General Regulations were published on 25 August 2017 and came into immediate effect. They replace the previous General Regulations in their entirety. This document highlights only significant changes.

The regulations are now arranged in groups, therefore those old regulations that remain have been placed into a logical group and therefore have a different number from before.

- Supply of medicines
- Registration of medicines
- Permits, licensing and authorisation
- Management of medicines
- The Authority
- Appeals
- Investigations, offences and penalties

Please note that, for ease of reference, all the regulations are listed below, but only the significant changes are discussed.

SUPPLY OF MEDICINES – Regulations 1 – 8

Regulation 1 – Definitions

Important new definitions have been added, while some have been changed.

- adverse drug reaction – a noxious and unintended response to a medicine
- adverse event – any untoward medical occurrence that may present during treatment with a medicine but which does not necessarily have a causal relationship with this treatment
- dosage form – the pharmaceutical form in which the active ingredients and excipients, and physical formulation of a medicine is presented
- healthcare provider – a health care provider as defined in section 1 of the National Health Act, 2003 (Act No. 61 of 2003)
- health supplement – any substance, extract or mixture of substances as determined by the Authority, sold in dosage

forms used or purported for use in restoring, correcting or modifying any physical or mental state by –

a. complementing health;
b. supplementing the diet; or
c. a nutritional effect,

and excludes injectable preparations, medicines or substances listed as Schedule 1 or higher in the Act

- identification number – the number drawn from a –
  a. birth certificate, passport, valid driver's licence;
  b. South African identification document; or
  c. any other relevant document issued by the Department of Home Affairs
- misbranded – labelling which is false, misleading, inaccurate or fails to provide information as required
- patient information leaflet – the information pertaining to a medicine as provided for in regulation 12, written in a manner which is easily understandable by the patient

  Note: This must be provided with all medicines
- professional information – the information about a medicine as provided for in regulation 11

  Note: It must be made available for all medicines. It replaces the current package insert.
- sugar – any of a class of natural, water-soluble crystalline carbohydrates, of relatively low molecular weight, and typically having a sweet taste depending on the polymeric composition, and includes related alcohols such as sorbitol, mannitol, and xylitol
- sweetener – any additive or excipient other than sugar which is used or intended to be used to impart a sweet taste to medicines

Regulation 2 – Requirements for therapeutic equivalence

Regulation 3 – Conditions for compounding medicine

This regulation previously only applied to pharmacists in "the retail trade". This has been removed so that it now applies to everyone who may compound, including holders of Section 22C licenses.

The maximum quantity that may be compounded is now specified. The quantity intended to be used by a patient must be for not more than 30 consecutive days from the date of compounding. In addition the label must clearly indicate the date of compounding and bear the statement "Use within 30 days".

Circumstances when compounding of medicines is NOT permitted:

a. if the intention is to circumvent the provisions of section 14 of the Act, which deals with registration of medicines;
b. if the medicine has been declared undesirable in terms of section 23 of the Act;
c. if it is intended for the purpose of growth promotion or performance enhancement;
d. if it's for the purpose of administering to food-producing animals if the Maximum Residue Limits (MRL) and appropriate withdrawal times have not been established;
e. if it's for use by a patient not under the professional care of an authorised prescriber or pharmacist;
f. for purpose of export;
g. unless the compounding thereof is performed in accordance with good practice as determined by the Authority.

Regulation 4 – The manner and conditions for allowing international tendering

Regulation 5 – Importation of medicines in terms of Section 15C

Regulation 6 – Importation of medicines into Republic

Regulation 7 – Transmission of medicines through the Republic

Regulation 8 – Personal medicinal use by persons entering republic

This Regulation no longer restricts the issue of the quantity of medicines allowed for personal use of people leaving the country. It must be remembered however that the quantity of a Schedule 6 substance when dispensed is restricted to a 30 day supply. A person wishing to take medicines for personal use outside the country will however need to comply with medicines regulation in the country/countries to which the person is going.

For schedules 3, 4 and 5 medicines, persons entering the country may now bring in a sufficient quantity for 6 months. The quantity of schedule 6 medicines remains restricted to 30 days' supply.

REGISTRATION OF MEDICINES – Regulations 9 – 21

Regulation 9 – Categories and classification of medicines

The categories of medicines have not changed, however Category D (complementary medicines which don't require further manipulation) is classified into two subcategories, viz. discipline-specific medicines and health supplements.

The classes of medicine (no longer referred to as the pharmacological classifications of medicines) are contained in annexures to the General Regulations.

Regulation 10 – Labelling of medicines intended for human use

Additional requirements for the labels of proprietary medicines:

- Sugar content – labels must state "contains sugar", as well as the name and quantity of the sugar. If the medicine does not contain sugar, the label must state "sugar free".
- Sweetener content – labels must state "contains sweetener", as well as the name and quantity of the sweetener.
- It is now required that a barcode suitable for the identification and tracking of medication must appear on the label. If the

barcode is on the outer label, it may be excluded from the immediate container label.
- For complementary medicines containing at least 5% of modified organisms, that label must state "contains genetically modified organisms".

Regulation 11 – Professional information for medicines for human use

This replaces the previous Regulation 9, which had the heading "Package inserts for medicines for human use".

There is no longer the requirement that a package insert must necessarily be provided in hard copy, although the option to supply a hard copy is specified. If the professional information is provided electronically, the patient information leaflet must state the manner in which the professional information may be accessed.

Regulation 12 – Patient information leaflet

The patient information leaflet must be either attached to the immediate container, or included as part of the immediate container or outer package, or inserted into the outer package.

It must be provided in at least English and one other official language. In addition to the requirement that a hardcopy of the leaflet must be provided with the medicine, the information may be made available in electronic format in any of the other official languages, as well as in any other format that enables access to the information to persons living with disabilities.

Regulation 13 – Labelling for veterinary medicines

Regulation 14 – Professional information for veterinary medicine

This replaces the regulation requiring a package insert. It does not specify whether the information must be in hard copy or available electronically. Logically, the same conditions that apply to professional information for human medicine should also apply to veterinary medicine.

Regulation 15 – Batch release for biological medicines

Previously, it was specified that six samples of every batch should be provided, with six copies of the protocols of testing. The new regulation does not stipulate the number of samples, and only one copy of the protocol for testing is required.

In the case of a biological medicine produced outside of South Africa, the samples and protocol must be accompanied by a copy of the certificate of release issued by the Authority in the country in which the product was manufactured.

For biological medicines manufactured in South Africa, the samples and protocol must be submitted to the National Control Laboratory of SAHPRA as a batch release condition.

In both instances, there is a fee payable for batch release.

Batch release may also be required for the sale of unregistered biological medicines as per section 21 of the Medicines Act.

Regulation 16 – Application for the registration of a medicine

Regulation 17 – Particulars to be published in respect of applications received for registration referred to in section 14(3)

Regulation 18 – Information that must appear in register for medicines

Regulation 19 – Transfer from register for medicines to register for medical devices or IVDs

Regulation 20 – Application for amendment to the register for medicines

Regulation 21 – Certificate of registration

PERMITS, LICENSING AND AUTHORISATION – Regulations 22 – 32

Regulation 22 – License to dispense or compound and dispense medicine

The sub-regulation allowing any person to oppose a licence application has been removed.

Regulation 23 – Licence to manufacture, import, export, act as a wholesaler of or distribute medicines or scheduled substances

Regulation 24 – Period of validity and renewal of licence issued in terms of regulations 22 and 23

Regulation 25 – Exemption in terms of Section 22H

Regulation 26 – Permits and authorisation in terms of Section 22A

The regulation states the requirements for application for the following permits:

- The use by a medical practitioner of schedule 7 and 8 substances for a particular patient
- The use by a veterinarian of schedule 7 and 8 substances for a particular animal
- The manufacture of any specified schedule 5 or schedule 6 substance
- The manufacture, use or supply of specified schedule 5 and schedule 6 substances for non-medicinal purposes
- The sale or export of a Schedule 1, Schedule 2, Schedule 3, Schedule 4, Schedule 5 or Schedule 6 substance for analytical purposes, manufacture of foods, cosmetics, educational or scientific purposes
- Authorisation of any person or organisation performing a health service, to acquire, possess, use or supply any specified Schedule 1, Schedule 2, Schedule 3, Schedule 4 or Schedule 5 substance
- Authorisation for the administration outside any hospital of any Scheduled substance or medicine for the satisfaction or relief of a habit or craving to a specific person

Regulation 27 – Importation or exportation of specified schedule 5, schedule 6, schedule 7 or schedule 8 substances

Regulation 28 – Information to be furnished annually to Chief Executive Officer

Regulation 29 – Authorisation of sale of an unregistered medicine for certain purposes

This is a new regulation which addresses the requirements for an application in terms of Section 21 of the Medicines Act.

Regulation 30 – Conduct of clinical trials for humans and animals

Regulation 31 – Obtaining pain control medicines by registered midwives

Previously, the heading referred to pethidine. The regulation permitted registered midwives to apply for a permit to purchase, acquire or keep certain listed medicines for administration to their patients.

This has been changed as follows:

Any person registered in the category midwife in terms of the Nursing Act, 2005 (Act No. 33 of 2005), providing intra-partum care in accordance with the relevant scope of practice who wishes to purchase, acquire or keep for administration to patients Schedule 5 or Schedule 6 medicines for intra-partum care in accordance with the latest versions of the Standard Treatment Guidelines/ Essential Medicines List as approved by the National Essential Medicines List Committee shall apply in writing to the Director-General for a permit.

Regulation 32 – Acquisition and use of medicines by masters of ships and officers in charge of any aircraft

Emergency services are now catered for by the inclusion in the schedules to the Act of medicines that may be specifically used by appropriately qualified paramedics and emergency care practitioners.

In the past, permission for the acquisition and use of medicines by masters of ships and officers in charge of aircraft was to be obtained from an official in charge of health services in a local government, who could delegate authority to a medical practitioner. The regulation now states" "A medical practitioner ...." so that there is no need to apply to a local authority.

MANAGEMENT OF MEDICINES – Regulations 33 – 44

Regulation 33 – Particulars which must appear on prescription for medicine

The previous regulation dealt with both prescriptions and orders for medicine. The new regulation 33 deals specifically with the particulars for a prescription.

Electronic prescriptions are now permitted, provided that they comply with the Electronic Communications and Transactions Act, 2002.

According to that Act, an electronic prescription must have an advanced electronic signature which results from a process which has been accredited by the Accreditation Authority.

The requirements to be included on the prescription remain essentially the same, but with some important changes and additions.

In the past, the prescriber's practice number, issued by BHF, was required. The registration number with the relevant statutory health council, e.g. HPCSA, is now required.

The identification number of the patient is now required. In the case of a neonate, the details of the parent/guardian must be stated, and in the case of a veterinarian prescription, the details of the person to whom the medicine/scheduled substance is to be sold must be included.

Another change is that, irrespective of the format of a prescription, the pharmacist must verify the authenticity of all prescriptions.

The prescriber must keep diagnostic records and only where there is patient consent, must indicate the diagnosis or relevant diagnostic code on the prescription.

Regulation 34 – Particulars which must appear on order for medicine or scheduled substance

This is a new regulation that specifically addresses the particulars which must appear on an order for medicines or scheduled substances.

Advanced electronic signatures are also permitted for medicine and scheduled substances orders.

Regulation 35 – Prescription book or permanent record

The regulation has been amended to reflect that the permanent record may be hard copy or electronic.

In addition, the record for schedule 2 – schedule 6 medicines must now include the patient's identification number.

The reference in the regulation to "business" has been removed, so all pharmacy facilities must maintain these prescription books or permanent records, including public sector facilities.

Regulation 36 – Register for specified schedule 5 or schedule 6 medicines or substances

Community and institutional pharmacies are not required to keep a register for sales of specified schedule 5 medicines.

Regulation 37 – Returns to be furnished in respect of specified schedule 5, Schedule 6, Schedule 7 or Schedule 8 substances

Regulation 38 – Control of medicines in hospitals

Only the responsible pharmacist may supervise the safety, security, purchasing, storage, compounding and dispensing of

medicines in a hospital. The previous regulation allowed a person with a dispensing licence to do this. This implies that all hospitals must now have pharmacies.

Regulation 39 – Repackaging of medicines into patient-ready packs

This regulation has been simplified by removing reference to temperature, humidity control and a specified area. Pharmacists wishing to repackage medicines must now be familiar with the requirements of good manufacturing practice.

Regulation 40 – Vigilance

This regulation has been strengthened by changing the focus from adverse drug reactions to vigilance. Obviously adverse drug reactions are still important, but the scope has been broadened to include any quality, safety or effectiveness concerns, as well as risk management activities and record keeping.

The regulation also states that healthcare providers, veterinarians and any other person should inform SAHPRA of any suspected adverse drug reaction or new or existing safety, quality or effectiveness concerns.

Regulation 41 – Pricing committee

Regulation 42 – Advertising of medicines

The regulation remains essentially the same, but with an important addition.

For advertising of a complementary medicine, there must be a statement identifying the discipline of the medicine where relevant, as well as an indication that the medicine must be used in accordance with the applicable complementary discipline and principles where relevant.

If the complementary medicine has not received registration with the Authority, the advertisement must carry the disclaimer:

"This unregistered medicine has not been evaluated by the SAHPRA for its quality, safety or intended use."

Regulation 43 – Use of medicines for exhibition purposes

Regulation 44 – Destruction of medicines or scheduled substances

NB Only authorised waste treatment facilities may destroy medicines or pharmaceutical waste.

Destruction of Schedule 0 – Schedule 4 medicines or substances must be destroyed at a waste treatment facility and the destruction must be certified.

Schedule 5 or 6 medicines/substances must be destroyed at a waste treatment facility in the presence of an inspector, a pharmacist or person authorised by the CEO of SAHPRA.

Schedule 7 and 8 substances must be destroyed at a waste treatment facility and in the presence of an inspector, 2 pharmacists or persons authorised by the CEO of SAHPRA.

The waste treatment facility must issue a certificate of destruction, and maintain records, containing the following information:

- Name of the medicine/substance, if known; or the schedule of the medicine/substance
- Quantity destroyed
- Date of destruction
- Name and designation of the person in whose presence the destruction took place

THE AUTHORITY – Regulations 45 – 46

Regulation 45 – Skills of the staff of Authority

In effect, similar skills were listed for the Medicines Control Council in the past, but the skills are now listed for staff. The General Regulations do not prescribe how the Authority itself will be constituted.

Regulation 46 – Time frames for considering applications

Previously only Regulation 5 (Expedited registration process for medicines for human use) mentioned time lines. This however has been replaced by a general requirement that doesn't mention time frames but merely refers to "as soon as practically possible".

APPEALS – Regulations 47 – 48

Regulation 47 – Appeal against decision of Director General

The Minister has the authority to overturn a decision by the Director-General.

Regulation 48 – Appeal against decision of Authority

This remains essentially the same.

INVESTIGATIONS, OFFENCES AND PENALTIES – Regulations 49 – 52

Regulation 49 – Investigations

Regulation 50 – Method of taking samples, certificate to be issued and reporting of analysis results

Regulation 51 – Seizure of medicines

Regulation 52 – Offences and Penalties

A number of regulations are listed so that non-compliance becomes an offence. This includes the sale of an expired medicine. On conviction, the person may be liable to a fine or imprisonment.

GENERAL – Regulation 53 – 54

Regulation 53 – Compliance with requirements

Regulation 54 – Repeal

The previous General Regulations were repealed with immediate effect.

Welcoming new members

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

Frank James Kweku Ababio, Zainab Bibi Abasoomar, Nadheia Abdul Azeez, Radiyyah Ahmed, Willemien Alberts, Roy Stanley Alcock, Safiyyah Ally, Sharda Balram, Nicole Barnard, Tanya Bester, Petro Beukes, Benita Liana Bezuidenhout, Serena Bhagirathee, William George Bond, Erika Mare Bossert, Victor Matthys Botes, Reza Bothma, Bessie Mabel Bothma, Benita Britz, Bernadette Jemaine Chetty, Krinasha Chetty, Tawona Nyasha Chinembiri, Michael Gary Christie, Gert Pieter Cloete, Ilse-Marie Coertze, Karien Davel, Courtney Dickson, Farzana Suleman Docrat, Colleen Natalie Downey, Imanda du Randt, Christian Johannes du Toit, Wilna du Toit, Jasmine Elizabeth Duxbury, Jitendranadh Elugubanti, Chanelle Shante Claudia Engelbrecht, Jameel Fakee, Catherine Theresa Forbes, Elzette Fouche, Jessica Gao, Khuselwa Godlo, Andre Goussard, Thilly Hatang, Allan Minto Howard, Ilze Howard, Lu-Zane Hugo, Jolandi Jacobs, Azola Kandanga, Madhava Rao Kandimalla, Nadine Kersop, Farida Abdul Rahim Khan, Makhosazana Khoza, Zacharias Johannes Kohn, Ruda Kotze, Melany Krebs, Attie Kriek, Alida Barendina Krog, Ayanda Kunene, Myleen Ladipe, Sudesh Lalman, Rinky Lapana, Jan Daniel le Roux, Chimeng Simon Lekota, Hendrik Jacobus Richard Lemmer, Matthieu Jules Robert Lloyd, Paul Adriaan Lombard, Simoné Lubbe, Simphiwe Michael Lukhozi, Matsobane Kenneth Madiba, Solly Mafumo, Thoka Godffrey Magongoa, Shashikala Maharaj, Zikhona Mahlatshana, Nicola Jane Main, Anjana Makan, Faith Itai Makandigona, Kudatinashe Makura, Linda Malindisa, Vinesh Mannilall, Mosima Louisa Mannya, Bongai Manyakara, Runyararo Mapenda, Mushe Trevor Mapusha, Roewald Marais, Louis Jacobus Maritz, Ndivhudzannyi Angel Marubini, Malwandla Cheryl Masingi, Zethu Emmeldah Matsana, Felicia Nombulelo Matukane, Aaminah Ahmed Mayat, Refuwe Czarina Mbanjwa, Anine Meyer, Dzunisani Mkhawani, Madisa Tracy Mlambu, Mosebiadi Veronica Mmako, Siphelele Nombulelo Mnqandi, Mogammad Irshaad Mohamed, Tebogo Mmamaditsi Mohloana, Matoko Lucas Mokoka, Lesiba Frans Molekoa, Raesetja Engelina Molope, Sello Herlot Mongalo, Sumita Morar, Tiisetso Rahab Morobi, Kagisho Mosepele, Nomasango Ida Motlhasedi, Masingita Victoria Mthombeni, Tasneem Muhammed, Tinashe Gracious Mundanga, Rizvan Munshi, Thivhafuni Muravha Muthelo, Ben Benyi Muyaya, Kutala Papama Mvumvu, Liezel Myburgh, Juané Nagel, Lavina Naicker, Vansuri Naidoo, Sandeep Narayanam, Andile Ndebele, Idah Kudzayi Ndlovu, Nontokozo Ndlovu, Mamsy Maphozi Ndwandwe, Tshifhiwa Netshiungani, Converse Vonani Ngobeni, Ronald Nhari, Sontaga Johannes Nhlane, Makwala Aubner Nkoana, Linda Canon Nkosi, Petronella Matsoro Nkwana, Marli Odendaal, Andries Marthinus Oosthuizen, Priyanka Padayachee, Jennifer Anne Petzer, Tondani Pharamela, Jolinda Pienaar, Evane Pillay, Amantha Anil Ramparsad, Alusani Randima, Michelle Reddy, Lucille Reyneke, Annatjie Roets, Amanda Roets, Petrus Jacobus Rossouw, Yolande Roux, Kevoulee Sardar, Cynthia Kgomotso Sedupane, Renesh Seetharam, Mankosana Victoria Shabangu, Mncengeli Sibanda, Sibusiso Jake Sibanyoni, Noluvuyo Sibeni, Zainul Sidat, Anlee Snyman, Lukas Martinus Swart, Norah Tagarisa, Boipelo Petunia Thomas, Siphokazi Tshanga, Adenike Iretiola Tunmise-Fashina, Nicolene van der Sandt, Philippus Rudolph van der Westhuizen, Carien van Eeden, Astrid Marie Genevieve van Regemortel, Derek van Vuuren, Marnus Roelof van Zyl, Simangele Silvia Vilakazi, Ignatius Michael Viljoen, Gert Petrus Visser, Jana Visser, Bernadette Viviers, Naeem Mohmed Vorapatel, Martine Vorster, Marieza Vorster, Janneke Wait, Estella Lily Watkins, Esna Wessels, Lauren Woodburn, Ntombikayise Sylvia Zikalala-Mango, Linbelwa Celiwe Zwane

Student members

We are also delighted to welcome the following student members:

Tasmiya Abdulla, Saahirah Ally, Soyeon An, Safeera Ballim, Tanya Becker, Zenobia Bergh, Johan Herold Botha, Leandri Burger, Johanna Catharina Claasen, Maryna Antonette Conradie, Brenza du Plessis, Anel du Plessis, Jessica du Preez, Jade du Toit, Jacoba Fredrika Els, Michelle Su-Ann Fourie, Wesley Richard Grainger, Simone Grobbelaar, Yaseerah Hassim, Anja Hepton, Brendan Heyns, Rilet Janse van Rensburg, Simoné Jonker, Zaakirah Khakie, Lerato Portia Khoza, Zhanri Klopper, Verushka Knox, Carla Kotzé, Anele Kunene, Samoné Labuschagne, Yolande Lourens, Nico Senzo Mabona, Kausar Mahomed, Safiyyah Malek, Reneilwe Penny Manyama, Marchelle Elda Marais, Nthabiseng Marutha, Faith Masingi, Silingo Robert Mayeke, Yolandie McGill, Lucender Buhle Motsoene, Mercy Mthembu, Akhona Ayabonga Ngqolongo, Melusi Ngwenya, Fayaaz Osman, Angelinah Mashita Phakoago, Sodè Pienaar, Jolene Pieterse, Nicolaas Thabo Pitsi, Christiian Jacobus Pretorius, Greg Lemont Ralph, Nedine Reyneke, Linique Rossouw, Jasmin Bobi Rush, Aboobakr Sakoor, Gomolemo Segolodi, Bonolo Serumula, Simisiwe Shabalala, Monique Smit, Carissa Stenvert, Zwané Stols, Chrisna Theron, Ramoraswi Precious Tshoga, Nadia van Eeden, Jacobus Stephanus van Niekerk, Janei Viljoen, Ruan Henk Visser, Cari Wilson, Nqubeko Perfect Xhakaza

In memoriam

The PSSA extends its sincere condolences to the family and friends of the following member who passed away in October 2017.

Barney Hurwitz – Southern Gauteng branch