



## Pharmacy Symposium 2019

23 & 24 October 2019

Gallagher Convention Centre during the annual SAPHEX/The Pharmacy Show



# SAPHEX



linked to the role of the pharmacist in healthcare. Eight sessions will be offered over the 2-day period so attendees can pick and choose which session they want to attend, as well as walking through the large exhibition and building network relationships. In each session, the aim is to address all aspects related to the topic and inclusive of all sectors of employment. This Pharmacy Symposium will cater to and address everyone's needs.

### The Pharmacy Symposium programme

#### 1. Labour law and disciplinary action – when is who right? Wednesday 23 October – 09h00 to 10h30

Labour law is a minefield for both employer and employee. Disciplinary processes by employers can be lodged for non-compliance with organisation rules and regulations, misconduct, dishonesty, theft, breach of trust, misuse or abuse of position or privileges, etc. Employees can lodge grievances based on working conditions, working environment, unfair labour practices, dissatisfaction with outcomes of disciplinary processes, etc. Both parties have certain rights but also responsibilities for their role in the labour relationship.

Mistakes can be made by both parties, which may result in severe losses for both. At the conclusion of this session, attendees will be able to:

- Understand certain sections of labour law applicable to disciplinary processes;
- Compare and contrast the roles and responsibilities of the employer vs the employee during a disciplinary process; and
- Apply this knowledge in real-life case study examples.

Knowledgeable speakers will address and introduce South African labour law in general followed by presentations on the roles and responsibilities of both the employer and employee from a human resources practitioner and union representative's perspective. The question and answer section of this session will allow attendees to ask those questions to which they have never received answers.

For the first time, the Pharmaceutical Society of South Africa (PSSA), together with all four of its sector associations, will host a 2-day Pharmacy Symposium and an exhibition stand at this year's annual SAPHEX/The Pharmacy Show Exhibition. Not only will attendees of this pharmaceutical exhibition have free access to the event and the Pharmacy Symposium sessions, they will also have the opportunity to interact and network with representatives, office bearers and directors of the PSSA, Academy of Pharmaceutical Sciences of South Africa (APSSA), South African Association of Community Pharmacists (SAACP), South African Association of Hospital and Institutional Pharmacists (SAAHIP) and South African Association of Pharmacists in Industry (SAAPI).

The programme of this year's Pharmacy Symposium was selected from a list of high-demand and currently relevant topics directly

## 2. Pharmaceutical workforce – when will we get it right?

**Wednesday 23 October – 10h45 to 12h45**

Recent developments in the health-sector alerted our profession to imminent challenges with regards to pharmaceutical workforce needs, including Pharmacy Support Personnel (PSP). These challenges include the White Paper on Universal Access to Health and the Presidential Health Summit in 2018.

South African Pharmacy Council (SAPC) Board Notice 272 of 2013 proposed that a 24-hour service must be rendered at all hospitals and community pharmacies. This was abandoned due to an insufficient number of pharmacists available to manage facilities 24/7/365. On the other hand, public announcements by state officials express the opinion that too many pharmacists are being trained, as an explanation for the current lack of pharmaceutical posts in both private and public sector. The profession further experienced challenges over the past few years with young pharmacists struggling to find employment opportunities as pharmacist interns, community service pharmacists and post-community service pharmacists entering the job market.

An investigation into the actual numbers of registered pharmacists, training facilities and tutors currently in the respective SAPC registers paints a different story. These figures do not align with the aforementioned speculations regarding an oversupply of professionals being the reason for their unemployment. This begs the question: What is the real situation and where are the stumbling blocks?

At the conclusion of this session, attendees will be able to:

- Understand the need for and complexity of professional workforce planning;
- Evaluate the challenges and pitfalls of professional workforce planning; and
- Differentiate the roles of key role-players in the process of workforce planning.

The first presentation will highlight how planning of workforce occurs on a national level. Thereafter the roles of National Department of Health Workforce in community service placement, the SAPC as regulator of the profession, and the impact of personnel shortages on the academic responsibilities of universities will be presented. Ample time will be available at the end of the session for audience interaction with the panellists.

## 3. Substandard and falsified medicines on social media – who is addressing the problem?

**Wednesday 23 October – 13h15 to 14h30**

Substandard and falsified medicines are a global issue identified as a priority by both World Health Organization (WHO) and the International Pharmaceutical Federation (FIP). Counterfeit medicines and the unauthorised sale of medicines on the internet are unfortunately gaining momentum in South Africa. It seems especially prevalent with slimming products but includes other medicines e.g. malaria medicine or male performance enhancement products.

Substandard and falsified medicines may contain no active ingredient, the wrong active ingredient or the wrong amount of the correct active ingredient. Often the products will contain corn starch, potato starch or chalk as fillers in order to resemble the original capsule or tablet. It could also be that the medicines contain fatal levels of the wrong active ingredient or even toxic chemicals. Since counterfeit medicines are not manufactured in adherence with GMP requirements, they can contain unknown impurities and are sometimes contaminated with bacteria or fungi.

Substandard and falsified medicines are often designed to appear identical to the genuine product. They can therefore be difficult to detect. There may not be an obvious adverse reaction, but they often will fail to properly treat the disease or condition for which the original products were intended, which can lead to serious health consequences including death. There is also a possibility that some products may contain low doses of antimicrobials which can have an effect on antimicrobial resistance.

At the conclusion of this session, attendees will:

- Have increased awareness of the extent of substandard, falsified, black market and street medicines in South Africa;
- Know which authority to contact and what information to supply should they come across any substandard and falsified medicines; and
- Be able to co-operate in addressing the challenge.

In this session, speakers from the distribution and logistics sector, South African Health Products Regulatory Authority (SAHPRA) law enforcement division, SAPC and specific manufacturers whose products regularly feature on social media will lead the discussions and answer questions from the attendees.

## 4. The pharmacist in non-communicable diseases

**Wednesday 23 October – 14h45 to 16h00**

The World Health Organization (WHO) estimates that more than 36 million people die annually from non-communicable diseases (NCDs). This figure represents more than 60% of deaths worldwide, 15 million of which occur before the age of 70 years. For the WHO, priority NCDs falls into four areas: cardiovascular diseases (CVD), diabetes, asthma/COPD and cancer.

Prevention and control of NCDs require interventions that are therapeutic and cost effective, affordable by the patient and/or health systems and feasible, based upon local resources. Interventions need to be framed within national policies and in line with NCD and risk-factor indicators. Chosen interventions should contribute to improving equity in health care in targeted populations and individuals and improved health outcomes.

The International Pharmaceutical Federation (FIP) produced a report which sets a basis of global evidence to advocate, nationally and internationally, for an expanded role for pharmacists in NCD management by compiling best practices and examples. It encourages pharmacists around the world to act upon NCDs, from prevention and screening activities, to patient referral

when appropriate, and to pharmacist-led, patient-centred NCD management to improve outcomes and quality of life.

Research has shown that pharmacists are a valued asset in the global fight against NCDs, being able to perform relevant activities in the healthcare team focused on prevention, early detection, and ensuring compliance and optimising medicines therapy regimens.

At the conclusion of this session, attendees will be able to:

- Compare the impact of NCDs in South Africa with Africa and the world;
- Outline latest trends in NCD services to patients; and
- Adopt a renewed approach to the role of pharmacist in preventing and monitoring of NCD in communities.

This session will contain a video presentation from FIP on the mentioned report and highlighting South Africa compared to the world in terms of NCDs. The report was released this year on World Health Day (7 April) and can be accessed via this link: <https://www.fip.org/files/content/publications/2019/beating-ncds-in-the-community-the-contribution-of-pharmacists.pdf>.

This session is also one of only two sessions where abstracts are invited from pharmacists. For this session, abstracts can be submitted from pharmacists who offer comprehensive services in their pharmacies aimed at preventing or promoting awareness of NCDs as part of their services to their community. Abstracts can also focus on a case study of a situation where the pharmacist

was able to assist a member of the community in preventing or promoting awareness of NCDs and how quality of life was improved.

### 5. Ethics vs Law vs Pharmacy – when is it OK to say no!

**Thursday 24 October – 09h00 to 10h30**

This will be an interactive workshop, using real examples of problems experienced by colleagues to help you to understand how to resolve ethical dilemmas. You will be challenged to find solutions to ethical dilemmas in practice including:

- Professional autonomy – Have you been asked to turn a blind eye to questionable professional practises? Can you say “NO!” to your boss??
- Confidentiality – When can you disclose patient information to a parent, marriage partner, or lawyer?
- Medicine supply – Under which circumstances can you refuse to dispense a prescription? Should you supply “the morning after pill” to a male? How do you refuse to supply medicine to an addictive patient or doctor?
- Personal integrity – May you refuse to dispense an abortifacient based on your personal moral objections?

At the conclusion of this session, attendees will be able to:

- Understand central concepts of ethics
- Recognise ethical dilemmas
- Deal with possible ethical problems in a stepwise, logical manner; and
- Implement change

Do not miss this opportunity to share your concerns and improve your practical skills in ethical decision making.

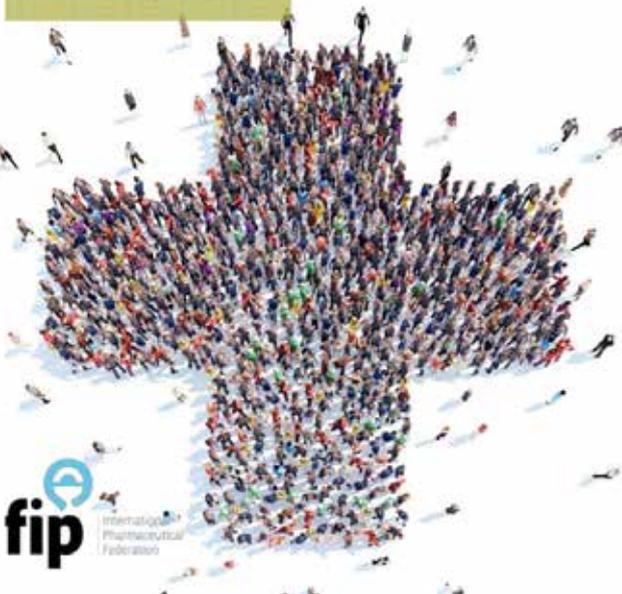
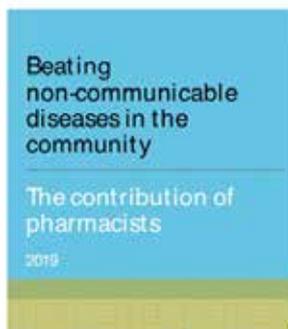
### 6. Presidential Health Compact – where we are?

**Thursday 24 October – 10h45 to 12h00**

As reported in the March/April 2019 issue of the *South African Pharmaceutical Journal* (SAPJ) (<http://www.sapj.co.za/index.php/SAPJ/issue/view/127>), President Cyril Ramaphosa took the healthcare stage by hosting a Presidential Health Summit in October 2018. The outcome of this event was nine commissions stretching across the entire healthcare scene including human resources, supply chain management, infrastructure, private sector, quality improvements, financial management, leadership and governance, community engagement and health information systems.

Seven key sectors were listed as to who should be involved in this venture namely government, civil society, labour, health service users, business, academia, and health professionals and allied health workers. Pharmacy participated together with other health professions in submitting input into each of the nine commissions in the Health Compact.

After all comments were collated and submitted to the Presidency, each commission embarked on a process of addressing and realising those promises and suggestions. PSSA, as representative of broader pharmacy in South Africa, committed to advocate for



several changes in the profession to address the current health crisis in the country.

At the conclusion of this session, attendees will be able to:

- Comprehend the purpose of the Presidential Health Compact;
- Evaluate the achievements and efforts to date in resolving the health care crisis in South Africa; and
- Advocate for the change needed in order to address the health care crisis in the country and uplift pharmaceutical services.

Speakers in this session will be from the Presidential NHI War Room, the South African Medical Association (SAMA) and pharmacy to inform the profession on what has been done since the implementation of the Health Compact in March 2019, which tasks still lie ahead and to provide answers to attendee questions.

## **7. The codeine debate**

**Thursday 24 October 2019 – 12h30 to 13h30**

Codeine is currently registered as Schedule 2 for combination preparations containing not more than 10 mg of codeine per dosage unit or per 5 ml, and a maximum daily dose not exceeding 80 mg for a maximum treatment period of 5 days or 100ml in the case of liquid oral preparations, limited to one pack per customer. Solid and liquid combination preparations with more than 10 mg of codeine per unit dose or 5 ml are registered as Schedule 3 where single component preparations are registered as Schedule 6.

Products included in Schedule 2 allow for self-regulation by the pharmacy profession as the custodians of medicine through pharmacist-initiated therapy, as prescribed by Section 22A of the Medicines and Related Substances Act, 101 of 1965. The Good Pharmacy Practice rules prescribe the minimum standards for pharmacist-initiated therapy, including the supply of Schedule 0, 1 and 2 medicines.

Recent media coverage highlighted once again the misuse and abuse potential of codeine containing preparations by patients who can purchase these products over the counter without a prescription. Several stakeholders have issued statements on their views. The PSSA, as guided by its National Executive Committee, requested the South African Pharmacy Council to implement stronger and more concerted action against individuals who repeatedly tarnish the name and role of the profession through

wilfully engaging in the unethical and clearly illegal supply of such products for non-medicinal purposes.

The option of scheduling codeine containing products to prescription-only schedules has been mentioned before and is seen in the international arena, e.g. Australia has done this. How will pharmacists be able to offer sufficient pharmacist-initiated therapy for minor ailments through combination analgesics if codeine containing products are removed from S2?

At the conclusion of this session, attendees will be able to:

- Analyse the implications when codeine containing products are scheduled up from pharmacist-initiated therapy to prescription only medication;
- Advocate for the responsible supply of codeine containing products by pharmacists to patients and the public; and
- Differentiate the merits and drawbacks of debating as a means of exploring issues.

The debate in this session will highlight the pros and cons of each scenario, providing the pharmacist with a reality check and awareness of the responsibility we all share for codeine. The two passionate speakers, one a pharmacist and the other a medical practitioner, will set the scene with theoretical presentations but it is the audience interaction that might convince you to vote Yes or No.

## **8. Current pharmacy practice, sciences and education research**

**Thursday 24 October – 13h45 to 16h00**

This session will provide the opportunity to review recent research in the different fields of pharmacy (independent community, corporate community, public institutional, private institutions, district, regional, academic, training, manufacturing, distribution, etc.). A variety of speakers will present on innovations and research in their respective practice settings not already included in any of the other sessions.

This is the second session where abstracts are invited from pharmacists who conduct research in any field of pharmacy. All relevant information regarding the call for abstracts can be accessed on the PSSA website at <https://www.pssa.org.za/NewsEvents/Conferences>.

# The PSSA/Alpha Pharm distance learning programme 2019

*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 3/2019 – Wound Care – an update for the pharmacist**

The range of wound dressing products on the market is so wide that it may be confusing to both the healthcare worker and the patient as to which product to use.

No single product is suitable for every type of wound and therefore it is important to be able to take certain factors into consideration when selecting a dressing for a wound. For example, when deciding on which dressing to use, it is necessary to assess the wound and the stage of healing. As the wound heals, the type of dressing needed can also be expected to change.

The pharmacist is ideally placed to assist patients and/or their caregivers when they come into the pharmacy seeking advice about a minor burn or wound. In order for a pharmacist to be able to advise patients on wound care and the correct use of the various wound dressings, it is necessary to have a basic knowledge of the functions and anatomy of the skin and how a wound heals.

This module discusses skin function, basic wound healing and the management of minor wounds and burns. It provides guidance on the role of the pharmacist in treating minor wounds and burns and when to refer a patient to a doctor (or wound specialist) to ensure the appropriate management of more severe types of wounds.

*For more information about this programme contact Gill or Glynis at Insight Medicine Information on 011 706 6939 or email [cpdalpharm@insightmed.co.za](mailto:cpdalpharm@insightmed.co.za).*

# The PSSA/Alpha Pharm clinical education programme 2019 for pharmacy staff

*The PSSA/Alpha Pharm pharmacy staff clinical education programme continues to offer front-shop assistants or pharmacist's assistants up-to-date information that enables them to provide optimal pharmaceutical care to their patients. 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 3/2019 – Minor wounds and burns**

The pharmacy front shop member of staff is often the first person that the patient or their caregiver seeks assistance from when they come into the pharmacy with a minor burn or wound injury. It is therefore valuable for you to have an understanding of how the skin functions, how wounds heal, and how minor burns and wounds should be managed. This knowledge will enable you to

offer guidance on the selection of appropriate dressings for a particular situation.

There is a wide range of wound dressings available on the market today that have been specifically designed to meet the needs of different types of wounds.

This module explains how the skin functions, how wounds heal, how minor wounds and burns can be managed, and how to select the most appropriate dressing for a particular patient. Importantly, the module also provides guidance on when to refer a patient to the pharmacist, a doctor or a wound care specialist.

*If you would like to participate in the 2019 PSSA/Alpha Pharm pharmacy staff clinical education programme please contact Gill or Glynis for further information at 011 706 6939 or email [cpdalpharm@insightmed.co.za](mailto:cpdalpharm@insightmed.co.za).*