



The COVID-19 pandemic has affected the whole world and we had to change how we do a lot of things. However, the pharmacy profession had to keep on working and a lot of “normal” activities happened during the past few weeks. Below are some of the most important ones.

## Dispensing fee

The dispensing fee for pharmacists for 2020 was finally published on Friday 19 June 2020. The PSSA is a member of the Pharmacy Stakeholders Forum (PSF) and has been constantly in communication with the Pricing Committee and the National Department of Health (NDoH) since October 2019 regarding the 2020 fee and the delay in publishing the fee. It was noted that the notice had already been signed by the Minister of Health on 12 December 2019 and the PSF is not sure why it took the Department 6 months to publish a signed notice. At the time of writing, the fee had not yet been evaluated against the January 2019 fee to see the impact on pharmacists’ income. This is currently in process. Comparison of the draft 2020 fee as published on 12 July 2019 against the January 2019 fee however showed an increase of only about 1.9%. The dispensing fee should increase by at least the Consumer Price Index (CPI) every year.

The published fee and the draft fee are very similar, except for a significant change in the fixed rand component of the first tier of the dispensing fee. The draft fee had a R15.19 fixed rand component that was subsequently increased to a R15.95 fixed rand component. The January 2019 fee had a fixed rand component of R14.50 in the first tier, and this resulted in a 10% increase of the rand component of the first tier compared to the previous fee.

## Publication of SAPC annual fees

The PSSA has been in communication with the SAPC and the NDoH regarding how the SAPC publishes the annual fees. The PSSA has always been of the opinion that the annual fees should be published for comment by the Minister of Health in a Government Gazette annually and not just in a Board Notice once-off for implementation by the SAPC year-on-year. The PSSA obtained a legal opinion on this matter in 2015 (which agreed with the PSSA’s opinion) and has been in discussion with the SAPC regarding this matter since then.

In October 2018, the SAPC and PSSA agreed that for the 2019 annual fees the PSSA would accept the SAPC publication of the fees in a Board Notice, provided that the 2020 fees would be published for comment in a Government Gazette. The SAPC did not publish the 2020 fees for comment as agreed. This matter was

brought to the attention of the Minister of Health late in 2019. The PSSA and the SAPC met with the Director General of Health and other NDoH staff on this matter on 24 February 2020. In response to that meeting, the SAPC published Board Notice 26 of 2020 for comment. In this Board Notice, the SAPC proposed that the annual fees could be published for implementation if the fees for persons and providers of education and training increase by a maximum of CPI plus 3% and in respect of pharmacies, if the fee increase is a maximum of CPI plus 5%.

The PSSA does not agree with this proposal, as not only does it still contravene the Pharmacy Act which prescribes that the fee must be published by the Minister, but experience has shown that most of the time the fee has increased by the maximum amount possible every year. The Pharmacy Act prescribes that the publication of the fees cannot be delegated and is a function that must be performed by the Minister. At the time of writing this article, the SAPC had not yet published anything further in this regard.

## PCDT pharmacists and Section 22A(15) permits

Currently pharmacists who have completed the Primary Care Drug Therapy (PCDT) qualification and registered the qualification with the SAPC, need to apply for a Section 22A(15) permit from the NDoH. This process is quite lengthy and it can take up to 12 months to obtain the permit. The PSSA feels that there should be an alternative and easier way for pharmacists to practise as PCDT pharmacists without being required to apply for a permit.

The PSSA obtained a legal opinion on this and the legal expert consulted states that “Unlike other section 22A(15) permit holders, who do not possess the skills and knowledge, pharmacists have extensive and adequate training and knowledge with regards to medicines and aspects such as side-effects, appropriate use, contra-indications, etc. to make the application for a permit in the case of PCDT pharmacists, unnecessary.” The opinion states that the expansion of the schedules for which pharmacists are allowed to prescribe, would also assist in granting quicker access to primary healthcare services for patients in their communities, and could also assist in more access to healthcare as the pharmacist will then be able to provide these services to patients where there are no other healthcare services available in the community.

The legal opinion was sent to the South African Health Products Regulatory Authority (SAHPRA) requesting their action in terms of the Medicines and Related Substances Act. The opinion was also sent to the SAPC for consideration.

## SAPC guideline for the removal of pharmacy registration/recording as a result of non-compliance with Good Pharmacy Practice and other pharmacy legislation

On 29 May 2020 the SAPC published Board Notice 63 of 2020 with the Guideline for the removal of pharmacy registration/recording as a result of non-compliance with Good Pharmacy Practice and other pharmacy legislation. The purpose of this guideline is to outline the conditions under which the Council may remove the registration/recording of the pharmacy, in terms of the Regulations relating to the registration of persons and the maintenance of registers and restoration of registration/recording process. The guideline is developed to ensure that the removal of the registration/recording of the pharmacy is for the sole purpose of protecting the public of South Africa, and the actions of Council are consistent with the criteria for administrative action as prescribed in the Promotion of Administrative Justice Act, 3 of 2000. Removal of the registration/recording of a pharmacy will mean the pharmacy may not continue to operate and must be closed for business.

The PSSA is aware that there are pharmacies that operate without a responsible pharmacist (RP) or even a pharmacist present, are non-compliant with critical non-negotiable GPP requirements or have critical GPP deficiencies. The PSSA is also aware that there are pharmacies that repeatedly fail to comply with GPP standards. All these pharmacies expose the public to poor quality pharmaceutical services. They also reflect badly on the pharmacy profession and damage the image of pharmacy in the public eye. The PSSA therefore welcomes this guideline and believes it will protect the public as well as safeguard the profession.

## SAPC publishes Pharmacy Technician Regulations for comment

The Minister of Health in consultation with the SAPC has published a number of regulations for comment on 12 June 2020 regarding Pharmacy Technicians. These regulations have been eagerly awaited for a number of years. There are some changes from the original drafted scope of practice which the SAPC published in 2013 and the PSSA is still busy studying these changes and will submit comments on these regulations. The regulations should establish the new pharmacy support personnel that are needed, but it should not infringe on the scope of practice of pharmacists. The aim is to improve the pharmaceutical services offered and not to detract from them.

## Illegal sale of medicines

The PSSA has again been made aware of the illegal sale of scheduled medicines in facilities that are not registered as pharmacies and by people who are not pharmacists. Such a sale is a contravention of the Medicines and Related Substances Act which constitutes a criminal offence. Should members encounter any such incidences, they should take note of as many details and information as possible, as well as take photos where possible.

The person and/or facility must then be reported to the law enforcement department of SAHPRA for action. The more details and evidence with which you can supply SAHPRA, the easier it will be for them to act on the complaint.

## Pharmacy Month 2020 campaign

The PSSA and its sectors are part of a working group with the NDoH, SAPC and ICPA on the Pharmacy Month campaign. Historically it was Pharmacy Week, which was held during the first week of September. Since 2017, however, the NDoH annual health calendar has included Pharmacy Month for the whole month of September.

When it became apparent that the COVID-19 peak would hit South Africa in August/September 2020, a discussion was started in the working group regarding the official Pharmacy Month campaign and how what was envisaged would be affected by the work load of pharmacy staff in facilities due to the COVID-19 peak. The level 5 and 4 lockdown that stretched from 27 March to 31 May 2020 also affected the logistics and availability of resources reserved for the campaign (e.g. printing). Since healthcare facilities are encouraged to decongest from July to September/October in order to assist in containing the spread of the virus it would not have been responsible to encourage facility driven activities when patients are expected to not visit facilities unless for essential medical services.

Unfortunately, by taking the campaign only virtual, we would have missed the biggest portion of the population who do not have access to online media and therefore a unanimous decision was taken to postpone the campaign to Pharmacy Month 2021. The acting Director-General of Health supported and agreed with this decision. At the time of writing, the number of daily COVID-19 cases has started to spike and some healthcare facilities are already at maximum capacity. As the PSSA, we therefore endorse that stance as part of a collective for the benefit of the bigger collective, namely the South African population.

## CPD webinars

One of the new things that the PSSA and members had to adapt to due to COVID-19 was that we could no longer offer CPD evenings to members, but had to move to online webinars for CPD. Several of us were a bit hesitant about this change, but it has been a great success. A number of CPD webinars were held during April and May regarding COVID-19 and the pharmacist, and a new series of CPD webinars regarding pharmacy legislation is in the pipeline for July and August. There are two big advantages of the webinars over CPD evenings: (1) If you cannot attend the webinar in person, it is recorded and you can view it afterwards, so you don't miss out, and (2), members who do not live in the main cities, and who therefore struggle to attend CPD evenings due to distance, can now attend any of the webinars from the comfort and safety of their own home. We at the PSSA think that webinars should be retained post COVID-19 as a service to our members who cannot attend CPD evenings easily.

# The PSSA/Alpha Pharm distance learning programme 2020

*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 3/2020 – Skin cancer and the pharmacist**

The skin is the largest and most accessible of our organs, directly exposed to environmental carcinogens. Skin cancer - the abnormal and atypical growth of skin cells - most often develops on skin exposed to the sun including the scalp, face, lips, ears, neck, chest, arms and hands. However, skin cancer can also form in other areas such as the palms, soles, nailbeds or in the genital areas.

Skin cancer is a growing health concern worldwide and the most common malignancy in South Africa. The South African population is at a particularly high risk of skin cancer due to the

country's geographical position and level of ultraviolet radiation (UVR) as well as the increased sun exposure due to occupational and recreational activities.

Since skin cancer is largely preventable, better awareness and promotion of healthy behaviours is important in minimising this healthcare burden.

Pharmacists are well-positioned to improve awareness and early detection of skin cancer as well as promote preventative measures to reduce the burden of skin cancer in South Africa. This module discusses the different types of skin cancer while focusing on the most common skin cancer – basal cell carcinoma.

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

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# The PSSA/Alpha Pharm clinical education programme 2020 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 3/2020 – Skin cancer**

Fair-skinned people are more likely to develop most forms of skin cancer because they produce less melanin. Melanin is the protective pigment in the outer layer of the skin (epidermis) and helps protect the skin from ultraviolet (UV) light. About half of fair-skinned people who live to age 65 will have at least one skin cancer. However, skin cancer can also develop in dark-skinned people.

Skin cancer is one of the most preventable cancers. Protecting the skin from UV light exposure and early detection are most important in guarding against this disease. Healthcare providers need to increase their knowledge about the signs and symptoms and treatment of skin cancer, as well as the important role of preventing skin cancer from happening.

This module looks at the three major types of skin cancer – basal cell skin cancer, squamous cell skin cancer and melanoma. These three types are caused, at least in part, by long-term exposure to the sun.

*If you would like to participate in the 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](mailto:cpdalphapharm@insightmed.co.za).*