



Celebrating the first 75 years of serving the profession!



75 YEARS 1946-2021

The Pharmaceutical Society of South Africa (PSSA) is celebrating a very special milestone – 2021 marks the 75th anniversary of its existence. In a fast-changing world, where organisations are founded and often soon disappear without a trace, this is indeed a cause for celebration.

Way back when

Professional pharmacy organisations in South Africa began to make their voices heard in the latter part of the 19th century. Prior to the establishment of the Union of South Africa, the region was home to provincial organisations such as the SA Pharmaceutical Association (Eastern Cape), the Cape Pharmaceutical Society (Western Cape) and Het Pharmaceutisch Genootskap van de Zuid-Afrikaansche Republiek. The latter became the Transvaal Pharmaceutical Society. The main concern of the organisations was to raise standards in the profession and to establish an autonomous regulatory body for pharmacy.

The immediate predecessor of the PSSA

In 1924, the Associated Pharmaceutical Societies of South Africa was established. It was this body that initiated the establishment of the South African Pharmaceutical Journal in 1934, with the intention of encouraging communication between the various societies.

From as early as 1927, it was suggested that, rather than having numerous small societies, formation of a national pharmaceutical society would give the profession a stronger voice. This suggestion was, however, rejected by some of the small societies, who feared that they would lose their autonomy.

At last – the PSSA!

The PSSA, which incorporated eight constituent societies, was inaugurated on 1 January 1946. Pharmacists working in all sectors of pharmacy could become members. The intention was to have a homogenous entity, with power concentrated at the centre, but with branches that have a fair degree of autonomy.

The PSSA emblem

The PSSA emblem, which is registered with the Bureau of Heraldry, was designed to reflect aspects of South African life in 1946, and to depict particular features of the pharmacy profession.

The springbok, South Africa's national animal, displays its jumping prowess in the upper half of the shield, over 13 gold bars that represented each of the thirteen original branches which formed the PSSA in 1946.

The lower half of the shield shows an open book, which symbolises the learning and academic attainment of pharmacists, a traditional iron mortar and pestle, which represents the art and craft of compounding, and a glass retort flask that reflects a commitment to science and research.

There are two historical figures in the emblem. On the left, in blue, is Paracelsus, who was considered to be the father of medicinal chemistry in the 16th century. His words then are just as wise today: "All substances are poisons; there is none which is not a poison. The right dose differentiates a poison and a remedy."

The second figure is Galen, who was born in the first century CE. He is sometimes considered to be the father of medicine, and was a physician and a philosopher. Pharmacology is among a number of scientific disciplines that were influenced by his research.

The Latin motto at the bottom of the crest states, "For the health and wellbeing of the people".

Taking care of sectoral interests

It became clear over the years that different sectoral settings have specific needs that are best accommodated in a sector dedicated to the particular practice setting.

The South African Chemists' and Druggists' Protection Association was also established in 1946, independently from the PSSA. Over the years, this evolved via the South African Retail Chemists

and Druggists Association into the South African Association of Community Pharmacies (SAACP). The pharmacy, not the pharmacist, was the member.

SAAHIP, the South African Association of Hospital and Institutional Pharmacists, was formed in 1957. It was originally intended to be a non-regional branch of the PSSA.

Similarly, the Academy of Pharmaceutical Sciences of South Africa (APSSA) was inaugurated in 1979, and the South African Association of Pharmacists in Industry (SAAPI) was formed in 1995, both as “non-regional branches”.

Meeting the needs of PSSA members

One of the difficulties experienced in those times was the fact that regional branch members were often excluded from sector activities, while members of sectors were not necessarily included in branch activities.

The “new” PSSA constitution

In 1999, after many years of extensive consultation and discussion, a new constitution was adopted at the PSSA Annual General Meeting. The constitution now accommodates both sectors and regional branches. SAAHIP, APSSA and SAAPI were already operating as sectors, with their own constitutions and focus areas.

SAACP, which was renamed the South African Association of Community Pharmacists, joined the PSSA in 1999, and continues to represent community pharmacists.

19 November 1999 – Special general meeting

The new constitution was adopted at the end of 1999. The twenty-first century ushered in a new PSSA, one that gave pharmacists the opportunity to benefit from both branch and sectoral membership.

The presidential committee of the PSSA changed considerably in terms of the new constitution. In the past, this committee comprised the president, vice president, treasurer and past president. The position of vice president was changed to deputy president, and four vice presidents were named, one for each sector. This ensures that the sectors are included in high level decision making.

How the *SAPJ* welcomed the changes

The November/December 1999 issue of the SA Pharmaceutical Journal welcomed the changes with an article headed “The new PSSA constitution – one for all and all for one”. It began by saying: “The need for unity in the profession has been evident for many years. If the PSSA is to represent the true voice of pharmacy, it must be truly representative of all sectors.”

And the stars of the show ...

Without a doubt, the heroes and heroines of the PSSA are YOU, the pharmacists, pharmaceutical scientists, pharmacy students and pharmacist’s assistants who are members of the branches and sectors. The PSSA would like to thank all its members for the important work that they do, and for their contribution to making the PSSA relevant and functional 75 years after its inception.

PSSA strategic objectives 2021

During the PSSA National Executive Committee (NEC) meeting held on 15 February 2021, five strategic objectives for the Society for 2021 were adopted. The President, Joggie Hattingh, indicated that the strategic objectives will be driven by the NEC as a project. All NEC members were given an opportunity to select the strategic objective(s) to which they would like to contribute. Each objective will receive support from a pharmacist at the National Office.

COVID-19 has been the most significant challenge to which the profession has been exposed. The PSSA recognises the invaluable role of pharmacists in responding to the unique challenges presented by the COVID-19 pandemic. The important function of the PSSA, its structures and its offices, in supporting the pharmaceutical profession during these challenging times, has highlighted the importance of aligning the identified strategic objectives to address the biggest health challenge to which the world has been exposed in recent times.

Objective 1 – Development of leadership and management capacity

These must be developed in the Society, its structures, sectors, branches and the Young Pharmacists’ Group (YPG). Lynette Terblanche will lead this objective.

It is noted that a number of branches are not optimally functional due to a perceived lack of willingness of pharmacists within the geographic area to take up the challenge of leadership within the formal structures provided by the Society. Every attempt will be made to provide support for these branches in identifying those members who would be willing to step into leadership roles within these branches so that functionality of the branches may be restored and maintained.

Other projects and activities in PSSA that align with leadership and management capacity building include the challenge to

all branches and sectors to identify and include or co-opt a representative of the YPG (and where relevant a student leader) on the respective executive committees. These young pharmacists would be expected to become involved in activities of the branches and sectors, as well as keeping committees informed of the activities of the YPG. Currently, the PSSA YPG Mentorship Programme is in its pilot phase and country-wide rollout is anticipated for later this year.

Objective 2 – Multidisciplinary collaboration

Joggie Hattingh will lead this objective, which will focus on multidisciplinary collaboration aimed at building strong and meaningful networks between other health professional bodies such as those of doctors, nurses, physiotherapists, paramedics, and other healthcare professionals.

To date, the PSSA has fostered relationships with the South African Medical Association (SAMA), the South African Optometric Association (SAOA) and the Psychological Society of South Africa (PsySSA), through collaboration initiated with webinars hosted during 2020.

The office also assisted the veterinary profession regarding legal challenges on the illegal use of immobilising veterinary medicines.

Objective 3 – Participation in the Essential Medicines and Standard Treatment Guidelines process

It is important to have sufficient pharmaceutical representation and participation on the Essential Medicines and Standard Treatment Guideline review committees.

From time to time, the National Department of Health (NDoH) issues a call for participants on these committees. When possible, the PSSA will nominate suitable candidates. This will ensure a more dedicated approach to supporting the NDoH in this programme. It will be led by Shawn Zeelie, with the assistance of SAAHIP.

Objective 4 – More extensive and proactive interaction with the SAPC

The Deputy President and Executive Director of the PSSA will take responsibility for engagement with the SAPC, in order to bring to

its attention the matters which the profession deems appropriate for its development and standardisation.

The SAPC's mandate is to ensure the protection of the public and ensure that enabling legislation is promulgated for the profession in order to achieve its goals, while the PSSA promotes the interests of its members and the pharmacy profession. Together, the SAPC and the PSSA share a mutual understanding of the importance of upholding the promotion and maintenance of the health of the people of South Africa.

The PSSA believes that it is possible to achieve a harmonious working relationship with the SAPC. The dynamic pharmacy environment and the world around is ever changing, and in order to adapt optimally to the needs of the public and the profession, co-operation, joint effort and unity between the PSSA and the SAPC is required.

Desirable outputs include:

- Engagement on matters which have a direct effect on the profession.
- Contribution or assistance in matters pertaining to the development and standardisation of the profession.
- Liaison on matters which serve to address the needs/interests of the four PSSA sectors, policy and practice, education, human resources, and other related requirements.
- Strengthening of the relationship by understanding each other's needs and expectations.

Objective 5 – Improvement of the public's perception of the pharmacist

James Meakings will head a campaign to improve the public's perception of the pharmacist. This objective was prioritised during strategic planning for 2009/2010. It was determined at the time that every member of the Society and every pharmacy professional's positive and professional interaction with the public remains the best showcase of the value of the pharmacist.

Launching a formal industry–academia collaboration



Collaboration between APSSA and SAAPI

On 10 March 2021, members of the Academy of Pharmaceutical Sciences of South Africa (APSSA) and the South African Association of Pharmacists in Industry (SAAPI), both sectors of the PSSA, convened to lay the foundation in formalising an industry-academia collaboration.

Setting the scene

The need for this collaboration originated from the United Nations' Sustainable Development Goals (SDGs), recognising that the attainment of the SDGs is contingent on partnerships for the goals (i.e. SDG #17). Similarly, the Republic of South Africa's National Development Plan (NDP) advocates the establishment of collaborations and partnerships to raise employment through faster economic growth, to improve the quality of education and promote skills development.

South Africa's domestic pharmaceutical industry

Whilst the country's overall macroeconomic outlook is suggestive of a fiscal cliff, the pharmaceutical industry experiences additional immediate challenges. These include high pharmaceutical imports of 65%, that makes the pharmaceutical industry the fifth leading driver of the national trade deficit. There was also considerable shrinkage of the country's manufacturing capacity due to the closure of 37 pharmaceutical plants between the late 1990s and the early 2000s.¹

Studies have attributed the weaknesses of the domestic pharmaceutical industry to several factors such as a lack of access (perceived or actual) to capital to set up new plants, tariff structures that favour low-cost imports and an insufficiently skilled labour force.

A study was commissioned by the Department of Trade, Industry and Competition (dtic) to investigate the human capital outlook within the domestic pharmaceutical industry. The study highlighted considerable human resource constraints and a lack of a coherent, evidence-based, demand-driven skills development strategy for the sector.²

Taking up the skills development challenge

In order to address the identified challenges as it pertains to the skills development strategy, the PSSA took it upon itself to launch a structured intervention, through two of its sectors, APSSA and SAAPI. The envisaged intervention, whilst driven by the APSSA and SAAPI, recognises the importance of partnerships and collaborations across the board and thus seeks to have focused exchanges between all key stakeholders to identify and agree on actions/recommendations. This, in turn, will inform the formulation of a cutting-edge skills development strategy for the industrial pharmacy sector in the Republic. Contributions will therefore be solicited across the board of stakeholders, notably from academics, pharmaceutical manufacturers, the pharmacy regulator, national departments of government and quasi-government organisations.

Preparing pharmacy graduates for the pharmaceutical industry

The purpose of the launch meeting was to advance prior discussions that took place regarding the need for a structured collaboration and partnership between APSSA and SAAPI. There is a need for industrial pharmacy-related courses in academia, at both undergraduate and postgraduate levels, in order to prepare pharmacy graduates for their role in the pharmaceutical industry.

Areas to be addressed in the collaboration

1. Establishing a database of pharmaceutical manufacturers who recognise the value of being involved in the training of future industrial pharmacists. They will therefore agree to allow pharmacy students, from all the universities in South Africa that offer BPharm degrees, to perform practical/work-based learning in their pharmaceutical plants.
2. Exploring modalities and logistics for practical exposure of pharmacy students to pharmaceutical manufacturing such as live virtual tours, explanatory and descriptive videos that cover identified topics and, where possible, the actual placement of students at pharmaceutical companies.
3. Consolidation of a list of industry experts who are available to provide guest lectures to the universities in areas of their

competence. Similarly, hosting of academics in pharmaceutical plants for exposure to the intricacies of pharmaceutical manufacturing, regulatory aspects, quality assurance and other relevant activities.

4. Facilitating the execution of industry-initiated research studies that have a bearing on providing solutions to challenges faced in industrial pharmacy practice.
5. Agreeing to terms with regards to the corporate governance of the collaboration and management of conflict of interests, whether perceived or real.

Support for the initiative

The meeting was attended by a representative from the PSSA National Office, APSSA executive committee members, pharmacy school directors or deans, SAAPI executive committee members and executive director, South African Pharmacy Council, dtic, Council of Scientific Industrial Research (CSIR), consultants and executive leadership of Kiara Health (host).

The South African Pharmacy Council (SAPC) is unequivocally supportive about this collaboration and highlighted that one of the remaining challenges for work-based learning (WBL) remains limited pharmaceutical manufacturing sites for industry placements. WBL is defined as an educational approach through which a person internalises knowledge, gains insights and acquires skills and competencies through exposure to a workplace to achieve specific outcomes applicable to employment.

The PSSA emphasised that this initiative will be of absolutely no value to the Society, profession and country if it only remains words on paper and again pledged absolute support to ensure that this collaboration is realised. These words and ideas must be converted into actions, deliverables and publications. The PSSA realises the achievement of this goal will not occur overnight and certainly not without the input, effort and dedication of each person who joined the meeting as well as their colleagues. Gone are the days where we had the luxury of being spectators in our own profession.



Meeting attendees. On screen: Lesetja Legoabe (APSSA, NWU), Tammy Maitland-Stuart (SAAPI), Yahya Choonara (APSSA, WITS), Patrick Demana (SAAPI, SMU), Varsha Bangalee (UKZN), Rubina Shaikh (WITS). In person: David Katerere (TUT), Mothobi Godfrey Keele (SAAPI), Ilze Vermaak (APSSA, TUT), Mariet Eksteen (PSSA), Lorraine Thom (APSSA, SMU) and Hloni Masiza (SAPC)

The way forward

On 21 September 2020, the International Pharmaceutical Federation (FIP) launched its 21 Development Goals as part of the ONE-FIP approach. This initiative was previously referred to as the thirteen workforce development goals (WDG). The PSSA evaluated our local workforce challenges against these goals during 2017, 2019 and as recent as last week. The PSSA is delighted to see that this initiative and the aims listed above bear reference to seven development goals, which are key to transforming the pharmacy profession over the next decade:

- DG 1: Academic capacity – aligned with aim 3
- DG 2: Early career training strategies – aligned with aims 1 and 2
- DG 4: Advanced and specialist development, as well as DG 5: Competency development – aligned with aims 3 and 4
- DG 8: Working with others – aligned with all 5 aims
- DG 11: Impact and outcome – aligned with aim 4 and is critical to the pharmacy profession in South Africa
- DG 21: Sustainability in pharmacy – aligned with all 5 aims

The way forward relies on the inclusion of applicable Sector Education and Training Authorities (SETAs) and trade associations for pharmaceutical companies. Subsequent steps include the establishment of a secretariat and/or steering committee and drawing up a terms of reference document. The meeting was concluded with an optional plant tour of the facilities at Kiara Health.



Plant tour attendees. Mariet Eksteen (PSSA), Hloni Masiza (SAPC), Ilze Vermaak (APSSA, TUT) and Lorraine Thom (APSSA, SMU)

References

1. The Department of Trade, Industry and Competition. Industrial Policy Action Plan. IPAP 2013/2014–2015/2016.
2. The Department of Trade, Industry and Competition (commissioned the study through Ilangalibe). 2011. Human capital outlook implications for skills development in the pharmaceutical sector.

SANOFI/FIP Community Pharmacy Global Online 2021 Conference

7 April 2021

via Zoom

Jameel Kariem

Cape Western Province: SAACP branch chairman and PSSA vice chairman



The International Pharmaceutical Federation (FIP) were invited by Sanofi to their Community Pharmacy Conference hosted on Wednesday 7 April 2021. This was a leadership event for high-level decision-makers in the community pharmacy sector. FIP extended an invitation for 20 registrations to its member organisations and only one representative from each organisation was allowed on a first-come, first-served basis.

The goal of this conference was to present current and future global trends and challenges in community pharmacy, and how COVID-19 has impacted the sector and the innovative ways in which the profession responded to those challenges.

The aim was to have colleagues engage in the debate with other senior leaders from community pharmacies, pharmacy associations and wholesalers. This event also kicked off a year-long workshop programme where FIP will dive deeply into the issues that were discussed on during this event, such as the role of community pharmacy in non-communicable diseases (NCDs), in prevention strategies through vaccination and on digitisation of care.

The PSSA, as an FIP member, was invited to the meeting and was represented by Jameel Kariem of the Cape Western Province (CWP) branch.

Reflecting on 2020 and looking forward

FIP has developed a number of tools to help and guide pharmacists on various matters. One of the most important developments during 2020 is a tool that was used to support regulators in implementing pandemic pharmacy-based vaccination programme. This can be viewed on the FIP website.

The use of technology in pharmacy

There are certainly advantages of digital transformation, but there are also many challenges. In first world countries, there is often a lack of familiarity with emerging digital technologies such as blockchain, bots, digital medicine, and artificial intelligence.

In general, there are often low expectations around the clinical benefits of using technology.

Some technologies have already been introduced, such as E-prescribing and E-dispensing, online pharmacies, electronic health records and wearable technology. Since COVID-19's arrival, video consultation has also been increasingly used.

Non-communicable diseases patient management

NCDs are considered to be one of the 10 major threats to global health. Pharmacists are considered an asset in the fight against NCDs because we are more frequently visited, offer safe and high-quality primary care, provide early screening and adherence programmes, and have regular interaction with patients.

The overall cost of healthcare is increased if NCDs are not under control – healthy ageing is necessary to reduce the burden on healthcare systems. Prevention, screening, and referral are the three major interventions in controlling NCDs.

FIP has produced publications to advocate for greater and wider recognitions for pharmacists in NCD management.

Advocating for pharmacy-based immunisation

FIP has conducted a number of useful surveys, which are available on the FIP website, as a downloadable document entitled "An overview of pharmacy's impact on immunisation coverage".

The document gives examples of the factors that limit the role of the pharmacist in vaccination, including the Expanded Programme on Immunisation (EPI) vaccines. This includes lack of confidence, lack of training, limited financial support, limited acceptance by other healthcare professionals and, importantly, limited government acceptance.

Internationally, the vaccines commonly administered in pharmacies are similar to those used in South African pharmacies, e.g. influenza and all the EPI-vaccines.

An interesting fact is that pharmacist administered immunisation is only permitted in 26 counties, while 10 others only permit other healthcare professionals to vaccinate in pharmacies.

“Share and Shape”

This refers to a series of smaller in-depth workshops that will be hosted by SANOFI and FIP. Jameel Kariem will represent the PSSA at the workshops, which will take place later this year. The topics addressed will be pharmacy-based immunisation, digital activation, NCD patient management and a new topic, that of self-care.

South African pharmacists’ participation in these activities

To some degree, all of the above activities have already been initiated in South African pharmacies. Other countries face challenges that are similar to ours, and some have similar programmes, either as individual pharmacies or Associations,

or through Government programmes, as we do. The ones with the more unified and proactive pharmacy associations and co-operative governments tend to offer stronger programmes. Platforms of this nature provide us with insight as to how South Africa and the rest of the world are doing. Hopefully, the “Share and Shape” workshops will offer more detailed information and guidance that we could use.

Facts about SANOFI

SANOFI was given the opportunity to present some background, the current status and future growth on its global trade and revenue management.

Importantly, SANOFI is assisting Pfizer and J&J with regards to production of the BioNTech vaccine in Germany, and the J&J vaccine in France. The SANOFI supply chain and logistics were discussed, and the economic and ethical benefits of having a smooth and sustainable supply chain, including the vaccine supply chain, was emphasised.

How COVID-19 affected community pharmacy in SA, and how we responded

Jameel Kariem

This report was prepared for the SANOFI/FIP Community Pharmacy Conference, which the author attended on behalf of the PSSA



Introduction

Pharmacies in South Africa, like elsewhere in the world, had to respond in a radical, but responsible, manner to minimise the impact of COVID-19. The diversity of community pharmacies, and hence management styles, presented some seemingly impossible challenges. Overall, we have succeeded, although there is still a long road ahead. Some faced financial challenges, and some managed to overcome these. We have introduced some innovative ways to deal with the impact of COVID-19.

Background

Six categories of pharmacy are registered in South Africa, namely manufacturing pharmacy, wholesale pharmacy, institutional pharmacy in a private health facility, institutional pharmacy in a public health facility, community pharmacy, and consultant

pharmacy. There are 3 532 community pharmacies, of which 1 150 are independent community pharmacies.

South Africa has three broad categories of community pharmacies, each with its representative organisations or associations. Independent community pharmacies are predominantly represented by the Independent Community Pharmacy Association (ICPA). Corporate community pharmacies generally belong to strong corporate structures, e.g. Clicks and Dis-Chem. Private hospital pharmacies generally have an additional section to serve as a community pharmacy for patients who are discharged from hospital, and to assist visitors to the hospital.

There are 16 577 pharmacists in South Africa, approximately 10 000 of whom are PSSA members, of which 2 960 are community pharmacists.

Response to COVID-19

1. Staff

In order to adhere to prevention protocols and ensure staff safety, it became necessary in some pharmacies to divide staff into two groups and initiate staff rotation. This ensured that not all staff were potentially exposed at the same time. In some cases, decreased turnover forced owners to reduce working hours, or even retrench staff.

The extent and impact of this in pharmacy in South Africa is not known, but looking at trends in other industries, the COVID-19 pandemic has had a negative impact on job security, and has led to reduced income and even job losses. This was particularly so in pharmacies situated in city centres and shopping malls, where access was limited due to lockdown restrictions.

Frontline pharmacy staff were given personal protection equipment (PPE) and had not only to observe COVID-19 safety protocols, but also to ensure that customers did so too. This often became challenging at times, with customers unable or even unwilling to do so.

Staff had to be temperature and symptom screened daily, and it was necessary to adhere to Department of Labour and Occupational Health and Safety requirements. We had to quickly learn, understand, and implement necessary activities.

Associations like the PSSA and the ICPA drafted standard operating procedures (SOPs) to guide pharmacies in this regard. These included how to screen staff, how to handle potential COVID-19 contacts, and how to limit contact with patients and customers.

It also became important to train staff, including locums and stand-by staff, in the latest protocols. It, therefore, became essential that pharmacy owners and responsible pharmacists were up to date with the latest developments, both scientifically and with directives from the local government health departments.

Mental and physical exhaustion often became a problem we faced. Not just us as pharmacists, but also most frontline pharmacy staff. Some associations offered support programmes with Clinical Psychologist Associations. Several non-governmental organisations (NGOs) helped in this regard.

2. Premises

In order to be COVID-19 compliant, pharmacies in SA, as elsewhere in the world, had to have COVID-19 prevention protocols in place. These included social distancing and social distancing markers, compulsory mask-wearing, splash screen barriers at the dispensary counters and points of sale, hand sanitiser stations, temperature screening, store warning signs to maintain social distancing and mask-wearing, and changes in the cleaning protocols of the pharmacy.

Due to lockdown restrictions, trading hours were reduced. Pharmacies in South Africa had to adjust their trading hours. This often changed as lockdown levels changed.

In some pharmacies, areas of the front shop were closed during the early months of lockdown restriction levels 5 and 4. This was to prevent potential stock and premises contamination, and the potential spreading of infection by customers utilising those areas. It must also be noted that during the early stages, we did not have the information we currently have, a year down the line.

3. Stock

From December 2019 until now, community pharmacies have faced some particularly challenging stock control issues.

The initial panic buying of over-the-counter (OTC) products and toiletries caused havoc with our stock take and cash flow. We learnt some hard and valuable lessons in this regard.

We needed to ensure that there was sufficient stock of vitamins, thermometers, hand sanitisers and PPE. Suddenly, things like PPE, digital thermometers, pulse oximeters, nebulisers, and even oxygen supply, became essential. Major stock level adjustments were required. Some pharmacies managed this successfully, others not.

We also had to start dealing with unusual and frequent stock shortages. Substituting medicines became more common, and came with its own ethical and legal challenges.

We had to re-learn quickly about, for example, alcohol percentages in hand sanitisers, how many layers of protective material the various medical masks had, how much vitamin C is actually needed to offer protection. It became a roller coaster ride of information, demand for certain products, and stock supply. Pharmacies with good support staff and flexible management styles managed this relatively successfully.

Delivery protocols from suppliers changed. For example, outer packaging had to be sanitised before staff opened packages.

There were also some challenges and unanswered questions that pharmacists faced about the use of some medicines.

For example

1. Hydroxychloroquine – there were initially conflicting reports on its use in the early stages, and there was then its withdrawal from the treatment protocol.
2. Ibuprofen – an initial controversy around its use.
3. Vitamin C, vitamin D, zinc, selenium, vitamin E, immune boosters – we needed to know what role, if any, these substances had in the prevention of COVID-19.
4. Ivermectin – there were conflicting reports on its use, some positive and some neutral. It was given section 21 status by the South African Health Products Regulatory Authority (SAHPRA).

4. Clinic services

Clinic services were temporarily suspended, but were slowly brought back in stages, as lockdown level restrictions were eased. Besides not being able to offer our clinic services, and of course, loss of income, it was practically difficult to observe social distancing. Customers were also reluctant to come for clinic services because of the need for close proximity.

5. Delivery services

To accommodate the challenges facing delivery staff, delivery protocols were adjusted. This included the need for no-contact drop-offs, e.g., kerbside collections, and customer letterbox drop-offs. In some cases, drivers were rotated, as with other pharmacy staff, in case one got sick or had a potential COVID-19 contact. Drivers were also given PPE and were COVID-19 screened daily. Drivers were not allowed to collect returned items or prescriptions from customers. Customers were requested to email prescriptions

or send via WhatsApp. This presented new technical and legal challenges, which we needed to understand.

6. Misinformation and influence of social media

Navigating the misinformation on social media and communicating the correct information with our customers and patients, presented a challenge. As pharmacists, we had to keep abreast of updated, correct information to provide this to our patients. We depended on information from our National Department of Health and the World Health Organization. It was also a challenge for us to find the time to access, print and absorb this information. Some pharmacy owners and responsible pharmacists were able to use their pharmacist's assistants to help with accessing and printing information.

7. Keeping healthcare professionals updated via CPD

In order to keep up to date with the constantly changing information around prevention protocols, information on COVID-19, the various vaccine trials' status, vaccine technology and vaccination rollouts, it was essential that our knowledge needed to be up to date. In this regard, organisations such as the PSSA, ICPA, government departments and pharmaceutical companies offered several CPD opportunities. With so much uncertainty and misinformation around, this CPD proved highly informative.

8. Keeping our customers and staff updated

We often needed to explain to both staff and patients about exposure to COVID-19, signs and symptoms, self-isolation and quarantine.

A common request was to be able to distinguish between the symptoms of COVID-19, hayfever and the common cold.

Staff also had to be kept up to date on local Department of Labour requirements with regard to COVID-19 protocols. Community pharmacy owners and responsible pharmacists had to be cognisant of the requirements of Section 7 of the Occupational Health and Safety Act, 85 of 1993 (OHS), which included:

1. The appointment of a Health and Safety Officer in the pharmacy.
2. A checklist for COVID-19 readiness and risk assessment tool.
3. Infection prevention and control measures for community pharmacies.
4. Managing the risk of COVID-19 transmission in community pharmacies.

Posters and other signage were made available through several associations, including the Department of Health. Information displayed included who to call if you suspect you have COVID-19.

9. Working with the national and provincial Departments of Health

Pharmacy associations, like the PSSA, ICPA and corporate pharmacies, have been working closely with the Department of Health, and several successful programmes and future vaccination proposals are on the table.

Pharmacists needed to be made aware of the process to follow for community pharmacies to have their staff vaccinated. For those enrolling in the various vaccination programmes, it was necessary to prepare the pharmacy as a vaccination site.

Lessons learnt and potential ideas

1. Pharmacist interns and community service pharmacists (CSPs) could possibly join their arranged preregistration workplace ahead of the scheduled time to assist with staff shortages. Organisations like the PSSA can assist in this regard in working with the SAPC and the National Department of Health.
2. Pharmacy students can also be called in, especially when lectures are cancelled, to help relieve staff shortages where applicable, or even to assist with COVID-19 safety protocols. Vaccine rollouts will require a vast number of workers. Pharmacy students could assist here, even if it is in a non-clinical role, e.g., screening and data recording.
3. Trial vaccines require good clinical practice (GCP) trained pharmacists, and large numbers of vaccinators are needed for mass vaccinations. Pharmacists and their associations should ensure that pharmacists are trained appropriately. Vaccinations courses and competency training are offered. GCP courses are also offered by various institutions, generally attached to hospitals or universities.
4. Given the changing nature of information around COVID-19, it would be useful to standardise SOPs, and to appoint an oversight committee to ensure they are constantly reviewed and updated.
5. Pharmacy clinics and nursing staff must be vaccine-rollout ready. Pharmacy clinics that employ nursing staff have offered their assistance with vaccination through several partnerships, including organisations like the PSSA, ICPA, corporate groups, Business for South Africa (B4SA) and the provincial health departments.
6. We constantly hear that this pandemic does not distinguish between race, class, wealth, gender, or country. It also does not distinguish between pharmaceutical associations. Pooling ideas and resources, as well as forming partnerships, will go a long way in ensuring pandemic control. Organisations like the PSSA, ICPA, corporate pharmacy, MRC, SAPC, SAMA and SAHPRA, and government agencies like the Departments of Health and Labour, have worked together in some respects. And we can do still more together.
7. Effective and lasting communication channels between the National Department of Health and pharmacy associations is vital. This pandemic has facilitated this to some extent.
8. Statutory bodies like the SAPC and SAHPRA have an important role to play in pandemic control matters, and a co-operative relationship with community pharmacies is vital.

Valuable lessons were learnt during this pandemic, and considering its dynamic nature, community pharmacies need to constantly evolve and update, to keep both abreast and afloat.

The PSSA/Alpha Pharm distance learning programme 2021

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 2 – COVID-19

It is expected that COVID-19 will be with us for some time, even with the rollout of COVID-19 vaccines. It is important, especially as health professionals, to be knowledgeable about COVID-19, its prevention and management, and to be well acquainted with the guidelines (and requirements) that apply in our country.

Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people and those with underlying medical problems such as cardiovascular disease, renal disease, diabetes, chronic lung disease, and cancer are more likely to develop serious illness.

This module provides an overview of COVID-19 and its management. It covers practical aspects such as prevention measures, how to recognise symptoms and how to advise patients about testing, appropriate symptomatic treatment, how to quarantine and self-isolate. You will gain an understanding of the medicines that are recommended as well as the current situation regarding the vaccines.

The best way to prevent and slow down transmission is to be well informed about the COVID-19 virus, the disease it causes and how it spreads. This module provides a brief overview of COVID-19 for the pharmacist.

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 2021 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 2 – Understanding COVID-19

The understanding of the virus and of COVID-19 is continually evolving. While researchers and healthcare professionals have been investigating ways to prevent and manage COVID-19, there have also been many myths and much misinformation about COVID-19 circulating on various media platforms, locally and internationally.

The front-shop member of staff in the pharmacy is often the first contact person when customers are seeking health information

or medication from the pharmacy. For this reason, it is valuable to empower all healthcare workers, including the staff in the community pharmacy, to play their role in this global pandemic. Pharmacy customers may need to know about the symptoms of COVID-19, what to do if they are exposed to the virus and how COVID-19 can be prevented in the community. The front-shop member of staff can be a source of reliable information and is in an ideal position to recommend ways that pharmacy customers can reduce their risk of getting sick with COVID-19.

This module on COVID-19 discusses COVID-19, the symptoms, when to test, prevention strategies and when customers should see a doctor or go to the hospital.

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.