



PSSA AGM 2021

The PSSA AGM was held on 17 May 2021. Due to the ongoing COVID-19 pandemic, the AGM was once again a virtual one. The PSSA conference that was planned for 2021 needed to be postponed to 2022.

PSSA National Office staff are working from home, and the services offered to our members have continued without interruption.

The Executive Director would like to thank the staff at National Office and the officers at Branch and Sectoral offices for their dedicated focus and support that has ensured the continuous functioning of the Society.

To our members, thank you for your loyal support, and to all of you who serve on our committees and Branch and Sectoral structures, your services to our profession are truly appreciated.

During the AGM, the President presented the Annual Report on behalf of the National Executive Committee (NEC). The report highlights some of the important activities of the past year. Many of the PSSA activities are ongoing, and members are informed of progress on a regular basis.

Highlights from the Annual Report

COVID-19 pandemic and vaccination roll out

The PSSA was involved with the national roll out of the vaccination plan. Critical information was communicated to members of the Society regarding being vaccinated as healthcare professionals, and assistance was offered to members who wanted to register their pharmacies as vaccination sites.

Webinars

Since the previous AGM, 30 webinars were hosted, with more than 5 000 attendees during the events and more than 2 300 views of the recordings. Topics included clinical (e.g. diabetes mellitus, red eyes, nutraceuticals, pharmacotherapy), young pharmacists and students (e.g. email etiquette, survive as an intern, professional innovation project, World TB day), resilience (collaboration with Psychological Society of SA), legislation series (12 episodes) and vaccines back-to-basics series (8 episodes). Collaboration partners were the Pretoria PSSA Branch, YPG and APSSA.

YPG mentorship programme

The pilot phase of this programme is currently underway in two branches. A national roll out is planned for 2022.

The full Annual Report is available to members via this link: <https://www.pssa.org.za/cms-system//documents//download/AnnualReport2021.pdf>.

Elections and appointments

At the AGM, a new PSSA Presidential Committee for the 2021/2022 year was elected. Congratulations to all members who were elected! The Executive Committee has representatives from all 4 sectors and all branches, so all members who would like to find out more information on what the PSSA does, or to get more involved contact your Exco representative.

Presidential Committee

President	Joggie Hattingh
Deputy President	Refiloe Mogale
Honorary Treasurer	Lynette Terblanche
Immediate Past President	Stéphan Möller

Vice Presidents

APSSA	Ilze Vermaak
SAACP	Johannes Ravele
SAAHIP	Shawn Zeelie
SAAPI	Gina Partridge

Branch representatives

Border and Eastern Districts	Sim Pambuka
Cape Midlands	Cheryl Stanton
Cape Western Province	Carrie de Beer, Jameel Kariem, Gawie Malan
Free State	Martlie Mocke-Richter
KwaZulu-Natal Coastal	Patrick O'Donoghue, Gregory Poole
KwaZulu-Natal Inland	Juané van der Merwe
Limpopo	Mohale Seepe
Mpumalanga	Gideon Vosloo
Northern Cape	TBA
North West	Nico Scheepers
Pretoria	Morné Adamson, Famola Ngobeni
Southern Gauteng	Stephanie de Rapper, James Meakings, Thanushya Pillaye

Fellowship

Fellowship of the Society is to recognise those members who have consistently served to promote the profession and have significantly furthered the aims/objectives of the PSSA during his/her membership in exceptional ways at Branch, Sector and/or National Level over a significant number of years.

This year Fellowship of the PSSA was conferred on Joggie Hattingh, Stéphan Möller and Rod Walker.

NHI submission to portfolio committee of Health

On 26 May 2021, the PSSA and SAAHIP presented to the Parliamentary Portfolio Committee of Health regarding their comments submitted on the NHI Bill in 2019. Shawn Zeelie, President of SAAHIP, presented on behalf of SAAHIP and Refiloe Mogale, Deputy President of the PSSA, presented on behalf of the PSSA and was supported by the PSSA Executive Director, Ivan Kotzé.

The PSSA focussed on the fact that the pharmacy profession is an independently regulated profession and therefore needs to

be specified separately in the National Health Insurance (NHI) Bill to be able to participate in the NHI. The PSSA also explained that, in its opinion, the current Bill is very prescriptive and restrictive and that it would be better to have enabling legislation where the details are contained in the Regulations that are provided for in the Act. This would make it easier to amend legislation as needed when technology and health care advances and changes.

SAAHIP also highlighted that pharmacy needs to be recognised separately in the Bill, and that provision should be made to upgrade and improve non-compliant facilities.

Both the PSSA and SAAHIP also explained that pharmacists have a significant role in preventative services, and that part of the NHI should focus on prevention rather than cure.

The presentations were live-streamed on YouTube by Parliament and members interested in watching the presentations can do so via this link: https://www.youtube.com/watch?v=l-VOLp2k_hA. The SAAHIP presentation starts around 2 hours 14 minutes, and the PSSA presentation begins at 3 hours.

A landmark case study – HPCSA complaint against a prescriber

A member of the PSSA approached the National Office for assistance in a situation where Schedule 5 prescriptions were signed by the prescriber's receptionist since the prescriber was on sick leave and not available in person to do so (as per receptionist's response to pharmacy query). The prescription was mailed to the pharmacy from the prescriber's official email address by the receptionist.

On arrival, the patient was informed by the pharmacy that the emailed prescription received was not legal due to the incorrect signature. The patient responded that R1 000 had been paid for the consultation to obtain the prescription.

The pharmacy phoned the prescriber to confirm the prescription, as the pharmacy refused to dispense the prescription in the current format as per Regulation 33(2) of the General Regulations to the Medicines and Related Substances Act, 101 of 1965. The prescription was changed to a telephonic prescription where treatment for a period of seven days was dispensed and the prescriber was requested to forward a written prescription within seven days, as per Section 22A(6)(b) and (c) of the Medicines Act. On more than one occasion, the pharmacy followed up with the prescriber for a legally written prescription.

The pharmacist laid a formal complaint with the Health Professions Council of South Africa (HPCSA) against the prescriber. The complainant requested clarity on the following aspects:

- Is it desirable and/or acceptable for an authorised prescriber on sick leave, to consult with patients?
- Does the Medicines and Related Substances Act authorise receptionists to issue and sign prescriptions on the prescriber's behalf, including the use of the prescriber's stamp?
- Are authorised prescribers regulated by HPCSA to adhere to the Medicines Act, and what would be the consequences for not following this Act?

After their investigation was concluded, the Legal and Regulatory Affairs Services department of the HPCSA responded to the respondent to inform them of the outcome of the complaint:

1. The prescriber was found guilty of unprofessional conduct in terms of Section 42(9) of regulations relating to conduct of inquiries into alleged unprofessional conduct under the Health Professions Act;
2. Imposition as a penalty of a fine of R10 000 in terms of Section 42(1)(d) of the Health Professions Act as it relates to certificate and reports;

3. Imposition as a penalty of a R20 000 in terms of Section 42(1) (d) of the Health Professions Act by exposing patients to danger or harm;
4. Imposition as a penalty of a R30 000 in terms of Section 42(1) (d) of the Health Professions Act for engaging in an undesirable business practice, by engaging in undesirable models of healthcare allowing the use of their prescription stationery by a non-medically trained secretary.

Based on the outcome of this inquiry, members are encouraged to report prescribers who do not prescribe according to the Medicines Act, with HPCSA. The complaint form and process can be accessed on the HPCSA's website: <https://www.hpcsa.co.za/?contentId=0&menuSubId=19&actionName=Legal%20and%20Regulatory%20Affairs>. Members are also encouraged to document actions and (telephonic) communications as these evidences assisted the complainant with proving the case.

References

General Regulation to the Medicines and Related Substances Act, 33(2):

A prescription shall be signed — (a) in person; or (b) in the case of a prescription prepared in accordance with subregulation (1) (c), with an advanced electronic signature as per section 13 of the Electronic Communications and Transactions Act, 2002 (Act No. 25 of 2002).

Medicines and Related Substances Act 101 of 1965, Section 22A(6):

- The authorised prescriber who has given verbal instructions to a pharmacist to dispense a prescription shall within seven

days after giving such instructions furnish such pharmacist with a prescription confirming such instructions.

- In the case of verbal instructions the treatment period shall not exceed seven days.

Health Professions Act 56 of 1974, Section 42(1)(d):

Any person registered under this Act who, after a determination made by a preliminary committee of inquiry on minor transgressions or an inquiry held by a professional conduct committee, is found guilty of improper or disgraceful conduct, or conduct which, when regard is had to such person's profession, is improper or disgraceful, shall be liable to one or more of the following penalties:

- a. a caution or a reprimand or a reprimand and a caution; or
- b. suspension for a specified period from practising or performing acts specially pertaining to his profession; or
- c. removal of his name from the register; or
- d. a prescribed fine; or
- e. a compulsory period of professional service as may be determined by the professional board; or
- f. the payment of the costs of the proceedings or a restitution or both.

Health Professions Act 56 of 1974, Section 42(9):

Where a summons in terms of subsection (8) is issued against a respondent, he or she may, without appearing at an inquiry in terms of section 41, admit his or her guilt in respect of the conduct referred to in subsection (1) by paying the stipulated fine (in this section referred to as the admission of guilt fine) to the relevant professional board before a date specified in the summons.