



## Independent Pharmacy Emergency Relief Fund (IPEF)

In the September/October issue of the SAPJ, the PSSA discussed the looting of pharmacies and the relief fund that ICPA established to assist independent pharmacies that had been looted to become operational again.

The PSSA National Executive Committee agreed that in light of the recent unrests and turmoil in our country that have severely affected some of our members, the PSSA would like to join hands in supporting the emergency fund initiative. The PSSA is assured that the funds will be managed according to robust procedures and distributed fairly since PSSA National Office Executive Director, Ivan Kotzé, serves on the disbursement committee and PSSA staff member, Mariet Eksteen, is the project manager for IPEF.

To show support to the individual pharmacies and the communities they serve, it was proposed that the PSSA contribute R1 million to the emergency fund. The Financial and Human Resource Committee and the National Executive Committee have unanimously supported the proposal.

Even though the help is for a small section of the profession (independently owned pharmacies in two provinces), it goes to the profession's heart. Some colleagues have lost so much, and it happened almost overnight. The destroyed corporate pharmacies have the back-up of their companies and salaries, etc., were paid, whereas the privately-owned pharmacies simply do not have this backing. If corporate colleagues were in the same situation, the PSSA would have requested the same for them. The affected professionals have lost their means to serve the communities that they have served for many years. The PSSA feels that this contribution isn't just a benefit to the pharmacists but indirectly also benefits the patients served by these pharmacies.

These events do not occur frequently, and the devastation and destruction were felt throughout our whole country.

The PSSA is a robust society and well recognised in our profession and beyond. The PSSA is well respected and has set an example for our stakeholders in the pharmaceutical industry. It is time to give back to our members! We challenge others to give boldly too.

The KwaZulu-Natal Inland Branch of the PSSA also contributed R20 000 to the IPEF. The branch is small and their communities were hard hit during the unrests, so it is heartening that they could manage to support their colleagues during these difficult times.

***Let's be bold and generous because we have much for which to be thankful.***

## PIMART

The South African Pharmacy Council (SAPC) on 22 March 2021 published Board Notice 17 of 2021 for comment. The board notice contained the proposed scope of practice of pharmacists who provide Pharmacist Initiated Management of Antiretroviral Therapy (PIMART) services, the competency standards of such pharmacists and the proposed criteria for the approval of a curriculum of a PIMART course. The closing date for comments on this board notice was 21 May 2021.

The SAPC also published Board Notice 71 of 2021 on 9 July 2021 for comment and comments closed on 9 September 2021. The board notice contained the GPP Minimum Standards for sexual and reproductive health, which included PIMART.

The SAPC only received two sets of comments on Board Notice 17 of 2021, and on 13 August 2021, Board Notice 101 of 2021 was published for implementation. Some of the medical profession members were outraged by the implementation of PIMART, insinuating pharmacists are not sufficiently trained to diagnose, treat and counsel patients. Since the beginning of the profession, pharmacists have diagnosed and treated patients with Pharmacist Initiated Therapy (PIT) and the Primary Care Drug Therapy (PCDT) pharmacist, which has been around for many years in South Africa, is based on diagnosing and treating patients. Counselling patients is one of the major components of pharmacists' everyday work, and we are the experts on pharmacology.

The members of the medical profession that were upset by PIMART lobbied very loudly in the media and with the Minister and Deputy Minister of Health to retract the legislation. Various strong-worded letters were written to the NDoH and SAPC opposing PIMART. It was encouraging to see how hard the SAPC fought back on this matter, standing their ground that pharmacists are more than competent to complete the PIMART course developed in large by the Southern African HIV Clinicians Society (SAHCS) and then be able to provide PIMART services once they have been granted a Section 22A(15) permit.

It was clear from some of the letters that the individuals who wrote the letters did not read the board notices properly. They combined the information from the PIMART implementation board notice and the minimum standards for sexual and reproductive health board notice. It seems they were under the impression that pharmacists would be inserting intra-uterine devices (IUDs) and provide abortion services. There is no intention that pharmacists would ever be allowed to provide such services as this would fall outside of our scope of practice and training. But oral and injectable contraception does fall within our scope and practice once supplementary training in contraception has been completed.

The PSSA sent a long letter to the Minister and Deputy Minister of Health to support the SAPC in proving that pharmacists are competent enough to provide PIMART services if they have com-

pleted the required training. To date, no further communication on this matter has been received. The PSSA will keep members informed of any developments via the PSSA Newsletters.

# PSSA letter to the Minister and Deputy Minister of Health

Dear Dr Phaahla and Dr Dhlomo

## CONCERNS OF MEDICAL PROFESSION AGAINST PIMART

The Pharmaceutical Society of South Africa (PSSA) is shocked by the severe opposition from certain members of the medical profession against the implementation of Pharmacist Initiated Management of Antiretroviral Therapy (PIMART). This opposition is only in the medical profession's interest and not of the public of South Africa, who suffer the most under the HIV epidemic.

### The HIV epidemic in South Africa

South Africa has the biggest HIV epidemic in the world. The Department of Statistics South Africa (Stats SA) released their 2021 mid-year population statistics which estimates that 8,23 million people in South Africa live with HIV.<sup>1</sup>

The National Strategic Plan (NSP) for HIV, TB and STIs 2017 – 2022 in the foreword states that: *This NSP is a clear demonstration of the outstanding progress we have made. It is also a stark reminder of how far we still need to go. Importantly, it provides an excellent illustration of what South Africans can achieve when working together towards the realisation of a shared objective.*<sup>2</sup> The NSP has eight goals and in the mid-term review<sup>3</sup> of the NSP, it was clear that a large proportion of the goals were not achieved to the level anticipated. Goal 1 of the NSP is explicitly to reduce the number of new infections from 270 000 in 2016 to under 100 000 by 2022. The 2018/2019 target was a 66% reduction from baseline but only a 36% reduction from baseline was achieved.

The NSP talks to the 90-90-90 targets set by UNAIDS for December 2022. In the mid-term review, South Africa achieved 90-68-88. This clearly shows that South Africa is doing well in testing the population, as 90% know their HIV status. However, we are currently only retaining about 68% of patients that are on ARTs. And this is an area where much work still needs to be done.

The implementation of PIMART can go a long way in assisting the country in reaching the second '90'. Pharmacists often see their patients monthly and can regularly discuss concerns, side-effects, and compliance issues with patients. Patients do not have to make an appointment to see a pharmacist. Private sector pharmacies are often open after hours and over weekends and public holidays, making them more accessible to people who must work during the week.

One of the most vulnerable populations currently in terms of new HIV infections are adolescent girls and young women in the age group 15-24, and this population is where access to pre-exposure prophylaxis (PrEP) could play a significant role in preventing new HIV infections, which has a ripple effect on other populations. Pharmacies could be more accessible to these populations without the risk of exposure or stigmatisation as they can visit the pharmacy to buy other medication or necessities and obtain PIMART services.

### Legal considerations

Any legal concerns noted regarding the implementation of PIMART would be unfounded, as a pharmacist would have to apply for a permit from the Director-General of Health in terms of Section 22A(15) of the Medicines and Related Substances Act (Act 101 of 1965)<sup>4</sup> which states that: *"Notwithstanding anything to the contrary contained in this section, the Director-General may, after consultation with the South African Pharmacy Council as referred to in section 2 of the Pharmacy Act, 1974 (Act No. 53 of 1974), issue a permit to any person or organisation performing a health service, authorising such person or organisation to acquire, possess, use or supply any specified Schedule 1, Schedule 2, Schedule 3, Schedule 4 or Schedule 5 substance, and such permit shall be subject to such conditions as the Director-General may determine."* Co-incidentally Section 22C is used to authorise medical professionals and nurses to dispense – thus "encroaching" on the scope of profession and scope of practice of pharmacists to quote the medical profession. Furthermore, the dispensing course is registered at NQF level 6, while the PIMART qualification is registered at NQF level 8,<sup>5</sup> which proves that the course is of a sufficiently high quality to warrant the issuing of a permit for the provision of PIMART services by qualifying pharmacists.

The medical profession raises concerns in terms of Section 39 of the Health Professions Act (Act 56 of 1974)<sup>6</sup> that states: *"Prohibition of performance of certain acts by unregistered persons deemed to pertain to health professions registrable in terms of this Act*

- (1) No person shall perform any act deemed to be an act pertaining to any health profession as may be prescribed under this Act unless he or she-
  - (a) is registered in terms of this Act in respect of such profession;
  - (b) (i) is registered in terms of this Act in respect of any other profession referred to in section 33 to which such act is also deemed to pertain; or

- (ii) practises a health profession in respect of which the registrar in terms of this Act keeps a register and such act is deemed to be an act which also pertains to such profession;
- (e) is registered or enrolled as a nurse under the Nursing Act, 1978 (Act No. 50 of 1978), and such act is an act which also pertains to the profession of a nurse.

The fact that pharmacists are not specifically mentioned in the Health Professions Act does not preclude them from performing any of the functions defined in the Pharmacy Act (Act 53 of 1974) since the Health Professions Act does not have any jurisdiction over the pharmacy profession. The pharmacy profession is legislated in the Pharmacy Act and the relevant regulations to the Pharmacy Act. The Pharmacy Act also allows for establishing the South Africa Pharmacy Council (SAPC), the exact equivalent of the Health Professions Council of South Africa (HPCSA). A narrow approach can therefore not be taken, and all relevant Acts need to be considered.

Furthermore, the narrow interpretation of the medical professional associations of the law brings into question then the legal standing of Nurse Initiated Management of Antiretroviral Treatment (NIMART) since PIMART and NIMART are based on the same principles. NIMART has been accepted practice since 2010 and has not been challenged legally.

### Competencies and skills set of pharmacists to provide PIMART

The claims of the medical profession that pharmacists are not qualified enough to provide PIMART services shows their lack of understanding of the BPharm degree and the pharmacy profession. A pharmacist studies for four years to obtain a BPharm degree accredited by the South African Qualifications Authority (SAQA) on an NQF level 8. Graduates have to complete one year of internship, write a pre-registration examination, and compile a portfolio of evidence of competency during the year, before

registration as a pharmacist. The SAPC has published updated competency standards for pharmacists in 2018.<sup>7</sup> “The competency standards have been developed to encompass the changes and developments in all sectors of pharmacy and practice, including new technologies, work processes, changes in legislation and international trends, **primarily to ensure public safety.**” According to the standard: “A competency (plural competencies) represents the individual qualities or attributes of professional activity, the how of performance. These are learned behaviours and are thus able to be effectively incorporated into developmental programmes that require practitioners to apply learned behaviours. Since competency standards are developed with a focus on performance, they facilitate identification of the aspects of performance in the workplace and provide the best means to deduce professional competence. Competency is a broad concept that includes all aspects of practice.”

The 2018 competency standards for pharmacists consider various development processes. They are applicable when a person is registered as a pharmacist and can practice independently, i.e., from the first year after internship. The competency standards have been developed with three levels of behavioural statements linked to each competency to guide pharmacists in progressing from one level of practice to another.

The three levels are:

- (a) Entry level into practice: generally recognised as the first three years of practice
- (b) Intermediate practice: generally recognised as between three and seven years of practice
- (c) Advanced practice: generally recognised as more than seven years of practice

Some of the competencies that pharmacists must meet, regardless, relate specifically to the provision of PIMART. The primary domain worth noting is ‘Domain 2: Safe and rational use of medicines and medical devices’, and more specifically, competency standards indicated in the table below as differentiated between the three levels of practice

Competencies	Item No	Entry level practice	Intermediate practice	Advanced practice
2.1 Patient consultation	2.1.4	2.1.4.1 Identify the need for further information and/or referral to an appropriate healthcare provider/resource	2.1.4.2 Implement protocols for referral in consultation with other members of the healthcare team	2.1.4.3 Develop and review protocols for referral in consultation with other members of the healthcare team
	2.1.6	2.1.6.1 Where applicable, examine patient records to obtain patient medication and disease history	2.1.6.2 Implement care plans based on patient records	2.1.6.3 Develop and review a care plan based on patient records and monitor patient outcomes
2.2. Patient counselling	2.2.4	2.2.4.1 Use an appropriate counselling plan based on patient needs and ensure the safe and effective use of medicine	2.2.4.2 Respond appropriately to more challenging or complex scenarios requiring patient counselling	2.2.4.3 Develop and review counselling plan templates to ensure the safe and effective use of medicine
2.3 Patient medicine review and management	2.3.3	2.3.3.1 Liaise with the prescriber or other healthcare professionals to ensure the optimal use of medicines	2.3.3.2 Liaise with the prescriber or other healthcare professionals to implement a plan to ensure the optimal use of medicines	2.3.3.3 Contribute to strategies to optimise patient medication management using clinical tools where appropriate
	2.3.4	2.3.4.1 Use appropriate protocols to ensure cost-effective use of medicines and medical devices	2.3.4.2 Use appropriate protocols to ensure cost-effective use of medicines and medical devices	2.3.4.3 Develop protocols to ensure the cost-effective use of medicines and medical devices
2.5 Therapeutic outcome monitoring	2.5.1	2.5.1.1 Monitor therapeutic outcomes	2.5.1.2 Monitor and optimise therapeutic outcomes for more complex scenarios	2.5.1.3 Ensure that protocols are in place to support the optimisation of therapeutic outcomes by pharmacists
	2.5.2	2.5.2.1 Consult with other healthcare professionals to optimise therapeutic outcomes	2.5.2.2 Contribute to the PTC or at formulary design level to optimise therapeutic outcomes	2.5.2.3 Participate in optimisation of therapeutic outcomes at PTC/formulary design level

## PIMART relation to NIMART

PIMART is not a world-first (unfortunately, it would have been something to be proud of). NIMART was the world first – one that was lauded by the World Health Organization (WHO) and others worldwide. It is a well-known fact that NIMART has been the cornerstone of the fight against the HIV epidemic in South Africa. The NIMART course has been developed as a response to the call to action by the South African Government to strengthen the response to HIV and TB epidemics and is specifically developed for and aimed at professional nurses working in the field of HIV and TB. NIMART improves the effectiveness of HIV programmes in primary health settings. The 5-day course is a standalone intensive course that focuses on the management of TB, HIV and STIs as well as strengthening counselling skills, monitoring and evaluation of HIV and TB programmes.<sup>8</sup>

A lot of the successes in South Africa can be attributed to the implementation of NIMART. PIMART is everything NIMART is, only with expanded accessibility. A study published in 2013 in the South African Medical Journal (SAMJ) analyses whether the NIMART roll-out to primary healthcare facilities increases access to antiretrovirals in Johannesburg. The authors<sup>9</sup> concluded that *“In order to promote accessibility of ART services, there is need to decentralise services to PHCs through training and mentoring professional nurses in ART initiation. ARV initiation of non-complicated cases at PHCs will reduce the workload of referral hospitals, enabling them to concentrate on complicated cases. It is important to capacitate nurses to integrate HIV services in order to maximise the limited human resources and provide a comprehensive package of care at PHC level. To ensure sustainability of NIMART, partnership with DoH/CoJ partners in mentoring should be prioritised.”* PIMART applies the same principles as it allows for testing, counselling, and initiating **first-line** ART treatment.

PIMART is in line with international and NDoH antiretroviral guidelines. The programme including the treatment algorithm, training, and the referral programme, has been carefully conceived using South Africa's most respected HIV specialists and clinicians. All aspects are tightly controlled and regulated and is based on a strong referral and support system. Therefore it could be deduced that PIMART would have the same beneficial outcomes on the healthcare system that is suffering under limited human resources.

## Moving towards NHI and multi-disciplinary teams

It is clear from their objections that some medical professionals are not open to multi-disciplinary teams working together in the patient's best interest. South Africa is looking at introducing National Health Insurance (NHI) to improve the quality of life for all citizens, heal the divisions of the past, and establish a society based on democratic values, social justice, and fundamental human rights. A big part of the success of the NHI Bill (Bill 11 of 2019) once it becomes legislation will depend on multi-disciplinary health care teams working together. One profession cannot demand a more significant part of the pie than the others for the sake of monetary gain. The NHI Bill<sup>10</sup> defines primary health care

as *“means addressing the main health problems in the community through providing promotive, preventive, curative and rehabilitative services and—*

- (a) *is the first level of contact of individuals, the family and community with the national health system, **bringing health care as close as possible to where people live and work**, and constitutes the first element of a continuing health care process; and*
- (b) *in the public health sector, is the clinic, and in the private health sector, is the general practitioner, primary care nursing professional, primary care dental professional and primary allied health professional, **through multi-disciplinary practices;**”*

PIMART aims to achieve precisely the above – bringing access to the initiation and management of Antiretroviral Therapy Services as close as possible to where people live and work through multi-disciplinary practices. There is a vital referral component in PIMART.

One of the biggest successes of the COVID-19 vaccine roll-out in South Africa has been the multi-disciplinary collaboration between especially pharmacists and nurses. Most of the COVID-19 vaccine roll-out sites in South Africa are run and managed by multi-disciplinary teams working in collaboration in the public's best interest.

## Conclusion

Various letters drafted by medical professional associations have been circulated on the PIMART issue.

As Professor Francois Venter (a world-renown HIV clinician) has said in his letter to SAMA: *“These complaints all mischaracterise the programme to some degree, including untrue claims it includes pharmacists performing abortion care. Several letters contain basic clinical errors in modern HIV care out of step with South African (DoH and SAHCS guidelines for the private sector), as well as international guidelines. Some letters characterise the programme as an over-the-counter conversation, which is grossly misleading (there are strict requirements around facilities and confidentiality). These mischaracterisations undermine patients' rights to accessible therapy.”*<sup>11</sup>

The PSSA is firmly of the opinion that pharmacists are more than qualified to perform PIMART safely and adequately once they have completed the PIMART course. The implementation of PIMART would be to the benefit of the patients and will assist the country in achieving the 90-90-90 targets. If the pharmacists and medical professionals could work together on this, it could be to the advantage of everyone involved.

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## 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 5 – Hypertension update

Raised blood pressure (BP) or hypertension remains a leading cause of death globally. It is the most common condition seen in primary care and leads to myocardial infarction (heart attack), stroke, heart failure, renal failure and death if not detected early and treated appropriately.

According to the World Health Organization, an estimated 1.28 billion adults aged 30–79 years worldwide have hypertension. However, trends show a clear shift from high-income to low- and middle-income countries, with an estimated 349 million people with hypertension in high-income countries and 1.04 billion in low- and middle-income countries.

Despite the high prevalence, hypertension awareness, treatment and BP control are low worldwide, particularly in low- and middle-income countries.

Based on the **most recent updates to the hypertension guidelines**, pharmacists will learn about the essential and optimal standards for measuring blood pressure as well as the risk factors and causes of primary and secondary hypertension.

Pharmacists will also be better informed to counsel patients on the recommended lifestyle modifications for the prevention and management of hypertension.

This module covers both the essential and optimal approaches to the pharmacological treatment of hypertension, the anti-hypertensive medicines currently available in South Africa and their place in treatment.

*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).*

## 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 5 – Vitamins and minerals

Nutritional supplements have become increasingly popular over recent years. Products designed for children, women, the elderly, athletes and the chronically ill neatly line the shelves in modern pharmacies.

Supplements are products containing vitamins, minerals or other ingredients that are used with the intention of enhancing health, preventing illness and correcting deficiencies. Since the

emergence of COVID-19, sales of products marketed for immune health have increased.

To gain a better understanding of supplements and when they should be used, it is necessary to have a basic knowledge of the role of vitamins and minerals in the body. This module explains the functions and role of major vitamins, minerals and trace elements. The recommended daily intakes, as well as the signs and symptoms of nutrient deficiencies (and toxicities) are also explained. Being aware of the use of vitamin and mineral supplements in maintaining health and preventing disease is important for front shop healthcare workers.

*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).*