



# 2<sup>nd</sup> National Pharmacy Conference

## Moving to Pharmacy 2030 - **Shaping the Future**

21-24 October 2016 - Durban ICC

[www.sapccconference.za.org](http://www.sapccconference.za.org)



South African  
Pharmacy Council

# PHARMACY

SHAPING THE FUT





**The South African Pharmacy Council (SAPC) held their 2nd National Pharmacy Conference on 21-24 October 2016 at the Inkosi Albert Luthuli International Convention Centre, Durban, KwaZulu-Natal.**

**The focus of the conference was to shape the future of pharmacy on a national platform to improve healthcare services in SA. Pharmacists play a critical role in healthcare, from active pharmaceutical ingredients to patient care.**

**It's about scientific innovation and African insight**





# The day before.....

- Registration
- Golf day and
- Inspectors awards dinner



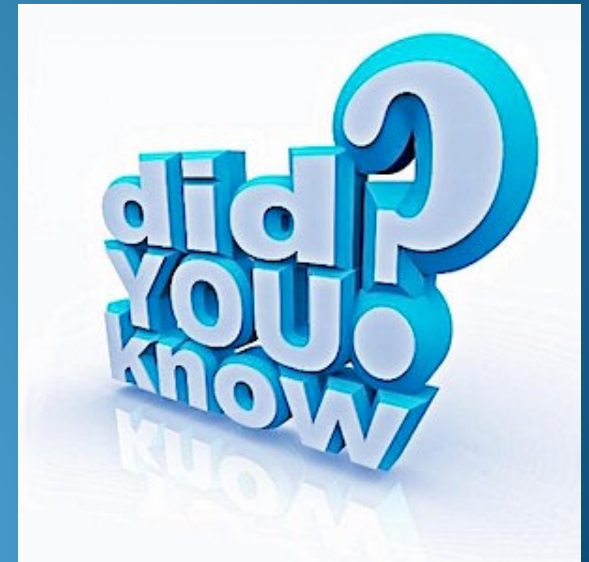
# Objectives



- The 1st National Pharmacy Conference in 2013 was a major success, instead of planned 500 delegates, over 700 delegates.
- The First National Pharmacy Conference's objective was to mould the pharmacy profession into a force that could unite behind a shared vision in order to contribute more significantly to a stronger South African healthcare system as we move towards Pharmacy 2030.
- The specific objective of the 2016 Conference was to identify specific stepping stones as we shape the future of the Pharmacy Profession in South Africa.
- The 2016 2nd National Pharmacy Conference was attended by over 1,100 delegates.

# Interesting facts:

- 2 x Ministers
- 1 x MEC for Health KZN
- 1 x Deputy Mayor
- 11 x international speakers
- 57 x local speakers
- 1139 x Delegates





# Various hot topics were discussed:

- Policy and legislative issues affecting Human Resources in Pharmacy, Education and Training, Practice and Continuing Professional Development.
- The role of pharmacy in NHI,
- Issues impacting on the Office of Health Standards Compliance,
- Antimicrobial Stewardship
- Pharmacy collaborating with CAMS professions & traditional healers.
- Use of social media to improve health outcomes
- Using technology to improve pharmaceutical services
- Ethical issues surrounding e- prescribing
- Drug shortages
- Innovative ways for the delivery of medicines
- Distribution of pharmaceutical services in the country



**Hot Topics**

# Programme Outline:



## Day 1:

- Welcome by Programme Director – Mr Bada Pharasi
- Welcome by Deputy Mayor of eThekweni Metro – Cllr Fawzia Peer
- Welcome and Introduction of Trade – Prof Mano Chetty (President SAPC)
- Introduction of the Minister of Health by MEC KZN- Dr Sibongiseni Dhlomo
- Opening address – Minister of Health- Dr Aaron Motsoaledi
- Leadership and mentoring in pharmacy – Dr David Molapo
- *Followed by a Welcome Cocktail Party & Official Opening of the Exhibition*

# Welcome Cocktail Party & Official Opening of the Exhibition





# Welcome by the SAPC President:

## Dr Mano Chetty



SAPC president Prof Mano Chetty said the four-day conference was the opportunity to reflect on the achievements the profession has made and to leverage the “rich mix of experience and knowledge” to shape the industry’s future. Globally healthcare faced challenges including a shortage of pharmacists; the dominance of biological; the growth in antibiotic resistance and the emergence of new infections and epidemics like Ebola and Zika.

“As pharmacists we have a crucial role to play in improving pharmaceutical care in the country. In addition, the value of the pharmacy profession in the provision of good pharmaceutical care should be recognized by the public.

Some of the focus areas of the conference will include the enhancement of the professional image of pharmacy, policy and service delivery issues in healthcare and the opportunities for pharmacy in the future healthcare system.

*Of equal importance is the opportunity for you to interact with colleagues with different experiences and ideas.*

# Continued.....



**Chetty also indicated the #FeesMustFall crisis would have dire consequences for the profession if students were unable to complete the 2016 education year. In an industry already suffering significant shortages, not having the current year able to graduate or have new students enter the system in 2017 would have a knock-on effect throughout the profession and South Africa's ability to deliver on its healthcare commitments.**



# Opening address by the Minister of Health : Dr Aaron Motsoaledi



**“THE Department of Health will invest R17 billion over the next three years into upgrading the country’s public clinics to “workable” levels in line with a broader preparation for introducing the National Health Insurance (NHI) system”, Health Minister Dr Aaron Motsoaledi said.**

**He indicated the government has concluded an investigation into the amount required to upgrade the clinics into facilities capable of delivering services to their communities. The figure unveiled was insufficient for high level services, but would hopefully provide key medications and the infrastructure medical staff demanded.**

# Continued:.....



- While the world economic systems are divided into *communism or socialism and capitalism*, - education and healthcare are the 2 indisputable issues where the state has to provide the resources.
- An article published in the British medical journal The Lancet - indicated the world was on the brink of the third medical transition, essentially change that affects populations rather than individuals.
  - The first had been the 18th century introduction of clean water and sanitation;
  - the second the 20th century widespread vaccination policies
  - and now the shift focusing on universal healthcare financing that would ensure every citizen has access to equitable healthcare based on their health requirement and not their socio-economic status.
- We need to serve citizens in line with international conventions,” he said.



# Continued.....



- Currently, while 16% of the population belong to medical aid schemes, Motsoaledi said a Competition Commission enquiry into the private healthcare system had identified only 10% of citizens can afford to use it.
- Last year was the first time the World Economic Forum (WEF) in Davos invited health ministers to the annual discussions, recognising the link between economic growth and health.
- “We now know you cannot have sound economic growth without a good healthcare system. That means you cannot end poverty, unemployment and inequality with poor healthcare systems – and the recent Ebola scare demonstrated how if one country has poor healthcare, the whole world can be affected and die,” he said.
- *He added the government has invested R4.5 billion on developing a health information system that ensures patient records are universally accessible*

# Day 2:

The conference was divided into 4 different plenary sessions, each with its own theme that ran concurrently, with both local and international Industry speakers:

## Day 2 - Morning sessions:

DAY 2 - Saturday 22 October 2016				
05h30 - 07h00	Sponsored Fun Run/Walk (Venue: Blue Lagoon Park, Stiebel Place, Durban)			
Venue	Hall 6			
08h30 - 08h35	Promo audio visual of sponsors			
08h35 - 08h45	Welcome by Programme Director – Mr Douglas Defty			
08h45 - 09h30	Director-General of Health – Ms Precious Matsoso			
09h30 - 10h15	Pharmacy responding to global health challenges, FIP – Mr Andy Gray			
10h15 - 10h45	Sponsored Tea Break (Venue: Exhibition Hall - Hall 3 and 4AB)			
10h45 - 10h50	Promo audio visual of sponsors			
Venue	Meeting Room 22	Hall 6	5B	5CD
Commissions	1	2	3	4
Programme Director	Prof Rod Walker	Mr Vusi Dlamini	Dr Vassie Naidoo	Mr Mogologolo Phasha
Secretariat	Ms Hlone Masiza	Ms Mojo Mokoena	Mr Vincent Tlala	Ms Debbie Hoffmann
Theme	Evolving roles of the pharmacy profession	Developing and enhancing models of care	Innovation in pharmacy	NHI, primary care and the burden of disease
Sub-theme	Evolution of pharmacy education	Improve patient outcomes	Use of technology in pharmacy	Effective and efficient distribution of medicines



# 5am FUN run.....



# Deputy Director - General:

## Dr Anban Pillay



- Pharmacists must rethink their businesses to better serve communities
- PHARMACISTS must carefully think about the services they provide to their communities and the ways in which pharmacists can be freed from dispensing duties to better interact with patients in light of the country's National Health Insurance (NHI) scheme, Dr Anban Pillay said.
- He indicated the NHI would fundamentally shift the delivery of healthcare services in South Africa as it tackled inequality issues. Consequently, pharmacists must broaden their outlook on the services they provided in their businesses.
- Beyond traditional dispensing services, additional services include screening, clinic facilities, medical devices, beauty products, chronic disease management, direct patient interventions, immunisations and the ability to promote healthy lifestyles.

# Continued.....



- Pillay believed pharmacists should also be encouraged to treat minor illnesses incl upper respiratory infections & allergies as South Africa continues rolling out the 1st phase of the NHI initiative aimed at providing primary healthcare. This element of the NHI implementation aims for early identification or prevention of disease
- This was particularly relevant knowing the country deals with “the cocktail of four colliding epidemics”, namely maternal and newborn health, HIV/Aids and tuberculosis (TB), non-communicable diseases and violence.
- “The reality is the poorest South Africans have the highest healthcare needs and lowest access ... when (the private sector) can pay more, it attracts services away from the poorer areas,” he said.



# Continued.....



- Pillay said the key areas in which pharmacists played a role in the NHI was in location and reimbursement for their services, specifically as an accredited service provider. (CCMDD)
- Retail pharmacies concentrated in urban areas, meaning there must be incentives to push them into rural neighbourhoods.
- He also believed the current fee for service reimbursement method could be revised as there was a potential incentive to dispense all the medicines available or push more expensive products.

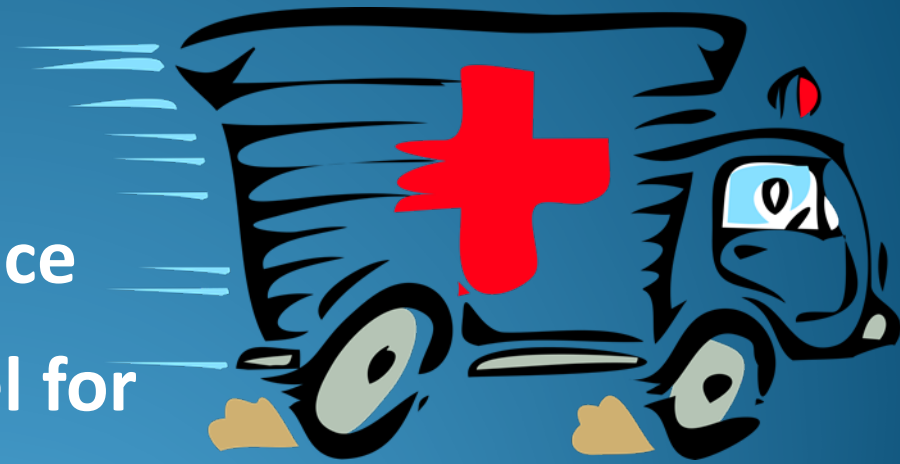
# Central Chronic Medicines Dispensing and Distribution (CCMDD)

- South Africa's changing epidemiological profile has led to an over-extension of public sector healthcare facilities. This has placed enormous strain on resources and has contributed towards medicine shortages and declining quality of care.
- Typically, a patient with a chronic disease is issued with a repeat prescription for six months. Between six-monthly clinical assessments, the patient needs to visit the healthcare facility merely to collect medication. On a daily basis, as much as 70% of a facility's prescription load will be devoted to servicing repeat prescriptions.
- The patient experience tends to be one of long waiting times and, occasionally, repeat visits to facilities in order to collect medicines that were not available during the routine visit. This poses potential adherence barriers which may lead to poor health outcomes, and places strain on the patient in terms of transport costs and loss of income.
- **Private sector pharmacies and health facilities** are able to offer longer hours of operation than do public sector facilities, including weekends. In addition, private sector outlets are often more accessible from patients' places of employment which, when coupled with shorter waiting times, allows for the collection of medicines without the need to taking a day's leave or forgoing a day's income.

# CCMD - Project Objectives:

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- Improve access to chronic medicines
- Improve service delivery
- Improve patient experience
- Develop a business model for private sector involvement in the provision of health care services in the public sector
- Pilot the project for NHI implementation





# Day 2:

## Afternoon sessions and debates:

DAY 2 - Saturday 22 October 2016				
13h00 - 14h00	Antimicrobial stewardship: How far have we come and where are we going? – a South African perspective - <b>Prof Sabiha Essack</b>			
14h00 - 14h40	Sponsored Lunch (Venue: Exhibition Hall - Hall 3 and 4AB)			
Venue	Meeting Room 22	Hall 6	5B	5CD
Commissions	1	2	3	4
Programme Director	Mr Douglas Defty	Mr Sham Moodley	Mr Tshepo Mphaka	Ms Nocawe Thipa
Secretariat	Mojo Mokoena	Ms Debbie Hoffmann	Mr Vincent Tlala	Ms Ms Hlone Masiza
Sub-theme	Roles of different cadres in the profession	Impact of legislation and policy on the profession	Use of technology in pharmacy	National Health Insurance

Sponsored National Pioneer Gala Awards Dinner with the address by **The Honorable Pravin Gordhan**, Minister of Finance – (the most famous South African Pharmacist)

The 'Evening with the Stars' gala dinner was Held, - industry professionals from both private & public sectors were awarded for excellence in pharmacy.



# (AMR) Anti - microbial Resistance:

- If the world doesn't do anything to tackle the development of antimicrobial resistance (AMR) to antibiotic, an *estimated 10 million people will die as a result of drug resistant infections by 2050.*
- This is according to the Review on Antimicrobial Resistance report commissioned by the UK government in 2014, which focused on understanding and proposing solutions to AMR in a global social and economic context.
- **Professor Sabiha Essack**, SA Research Chair in Antibiotic Resistance and One Health at the University of KwaZulu-Natal, said - children, the elderly and people with pre-existing diseases such as HIV/Aids would be most vulnerable to antimicrobial resistant (AMR) infections. According to the report, inaction could lead to 4,1 million deaths in Africa and an estimated 4,7 million deaths in Asia, costing the global economy up to 100 trillion USD.



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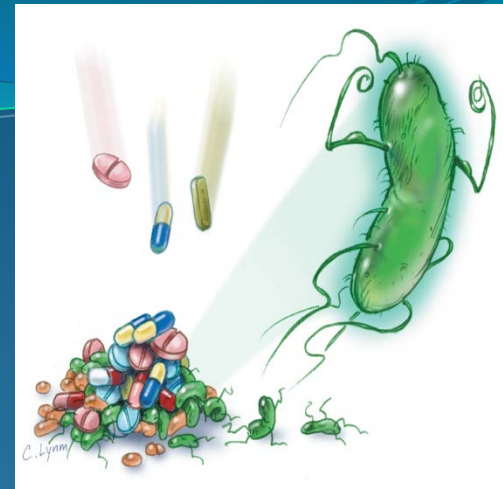
- “Lower and middle income countries are going to have a particularly difficult time with antibiotic resistance going forward. The golden era of antimicrobial therapy was the 1940’s to the 1980s and thereafter we have seen an increase in deaths because of communicable diseases as a result of anti-microbial resistance,” she said.
- “Infectious diseases still remain the leading cause of death globally, particularly in lower and middle income countries, increasingly as a result of antibiotic resistance. This develops when bacteria no longer respond to the antibiotics that previously killed the bacteria and the infection,” she said.
- AMR is only the fourth health challenge after HIV/Aids, non-communicable diseases and Ebola, to be raised to the UN General Assembly. In September 2016, the Assembly signed a political declaration on AMR committing heads of state to address the challenge in their countries. AMR has also been placed on the political agendas of the G7, G20 and G77 countries as well on the Global Health Security Agenda.
- South Africa was the first country in the WHO’s African region to endorse its National Strategic Framework on AMRs which aimed to enhance surveillance and reporting systems as well as to ensure the appropriate use and stewardship of antibiotics as well as public education and awareness.



# Continued.....

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- Essack said the World Health Organisation (WHO) had highlighted the causes of AMR - as *over prescription; patients not completing courses of medicine, overuse in livestock and fish farming; poor infection control in hospitals; poor hygiene and sanitation in communities and a lack of new antibiotic developments.*
- There have been no new antibiotics developed in last 20 to 30 years as the research is not as lucrative as developing chronic medication that would need to be consumed over a lifetime.
- “Infections caused by resistant bacteria are difficult to treat and there is increased risk of spreading the infection from one person to another in health care facilities, there is longer hospitalisation, longer duration of illness, higher mortality rates and increased costs of alternative treatments,” she said



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- “We sit with a situation with HIV/Aids as well as the poverty indicators in our country that engender large amounts of antibiotic use and therefore antibiotic resistance. The picture in agriculture is also quite serious,” Essack said.
- *Around two thirds of the 1,5 million kg of antibiotics sold in the country between 2002 and 2004 were used in animals and included WHO banned substances, she said.*
- Essack said the AMR Framework required a review of the Medicines and Related Substances Control Act, particularly regarding who could prescribe antibiotics in different sectors.

- International Pharmaceutical Federation vice president **Andy Gray** said a WHO study had showed that there was an 80% increase in per capita consumption of antibiotics in South Africa between 2000 and 2010.
- “If we go back to 2003, the last time we did a survey in the public sector, we showed that in some clinics in Johannesburg 70% of the patients who come to clinics leave with an antibiotic regardless of why they came to the clinic,” he said. “We want that to be closer to 25%.”
- Gray said patients who did not take antibiotics unnecessarily saved financially, avoided side effects and did not contribute to increasing resistance.
- “There is an individual benefit as well as a societal benefit and the next time they are ill, antibiotics will work,” he said.
- “We are really getting to a position where we have untreatable infections again so the most extreme antibiotic, the one we keep a last resort - it is so toxic we stopped using it in the 1950’s – now has resistance to it,” he said.





# Consumer engagement on social media

- *Innovation and significant use of technology in the pharmaceutical industry was the focus at a panel session on the second day.*
- Consumer engagement at every level must be nurtured, authenticated and encouraged as “people are now active participants and use multiple online platforms to find out what other people are talking about with drug trends.” In her presentation on ‘Empowering Patients through Technology’, **Dr Lynn Weekes**, CEO of the Australian based NPS MedicineWise, further said that the “disruption of health services could come from other areas like gamification which is social and thus attractive to consumers.” She used the example of Pokemon Go which resulted worldwide in 144 billion extra steps by users playing the game.
- *Weekes called on pharmacists to understand that their role is to “discern quality apps” from everything available on mobile for health monitoring usage, “and practice humility” as health professionals in order to “respect and respond to consumer engagement.”*



- Deputy Director of Law Enforcement at the Department of Health, **Griffith Molewa**, discussed the Proposed Amendment to the Medicines and Related Substance Act, 1965. The Act asks that ‘every prescription for a medicine must be issued by an authorized prescriber and should be: *written in legible print, typewritten or prepared with an electronic agent as defined by and in compliance with the Electronic Communications and Transactions Act, 2002 (Act 25 of 2002).* The intention of the proposed amendment is to allow for the digital age and computer generated prescriptions.



- This implies that for a computer generated prescription it will be regarded as a ‘data message’, and if there is no mention of the type of signature required, this will mean that an **Advanced Electronic Signature (AES)** is needed. The AES is an electronic signature which has to be accredited by the authority as provided for in Sect 37 of the ECT Act.
- The legal and operational obstacles for pharmacists on the Advanced Electronic signature include: need to sign an Advanced Electronic Certificate and need for Authentication Methodology which are being investigated.

- Director at MRA Regulatory Consultants, **Mario Botha**, spoke on the critical importance of pharmacists embracing social media use to connect with consumers and discover better ways to educate their patients.
- He cited recent coverage by the Huffington Post on the increased use of “social media and online discussions by medical professionals to provide evidence based perspectives on current public health challenges and the provision of continuing education on a global scale through online learning communities”.
- He urged pharmacists and other healthcare professionals to also *maintain certain rules and codes when engaging with patients online.*

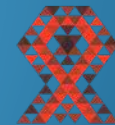




# Use of Technology in Pharmacy



- Assists and enhances South Africa's efforts to reach 90-90-90 targets.
- Supports differentiated models of care and DOH initiatives to decant stable chronic patients from overburdened PHC facilities.
- Key potential technology platform solution to the CCMDD initiatives.
- Strengthens last-mile medicine dispensing and distribution efforts.
- Integrates with national, provincial and district supply chain systems.
- Aligns with the NDoH eHealth strategy.



# Exhibitors and Sponsors:





# The 'Evening with the Stars' gala dinner





**DAY 3 - Sunday 23 October 2016**

08h30 - 08h35	Audio visual promotion of sponsors			
08h35 - 08h45	Welcome by Programme Director – <b>Dr Humphrey Zokufa</b>			
08h45 - 09h30	How DHET can assist in addressing HR requirements in pharmacy in SA (in terms of funding, increasing capacity of current pharmacy schools, opening new schools, etc. – <b>Dr Blade Nzimande (Minister of Higher Education and Training)</b> )			
<b>Commissions</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Programme Director</b>	<b>Prof Shirley-Ann Boschmans</b>	<b>Ms Jackie Maimin</b>	<b>Prof Patrick Demana</b>	<b>Mr Solly Rasekele</b>
<b>Secretariat</b>	<b>Ms Mojo Mokoena</b>	<b>Mr Vuyo Mokoena</b>	<b>Ms Hlone Masiza</b>	<b>Ms Debbie Hoffmann</b>
<i>Theme</i>	<b>Improving patient care through research</b>	<b>Clinical practice and science</b>	<b>Workforce development</b>	<b>Leadership, Corporate Governance, Policy and Legislation</b>
<i>Sub-theme</i>	<b>Competency based framework</b>	<b>Group practice and patient-centred care</b>	<b>Specialisations in pharmacy</b>	<b>Increasing access and availability of medicines</b>
09h30 - 09h50	Competence standards for mid-level workers  <b>Ms Teri-Lynne Fogarty</b>	Nurses in pharmacy: best practices in inter-professional collaboration  <b>Mr Niall Hegarty</b>	Expanding the delivery of public health through pharmacy  <b>Prof Gustav Malangu</b>	Increasing access and availability of medicines through production of pharmacy personnel  <b>Mr Gwebinkundla Qonde</b>

**DAY 3 - Sunday 23 October 2016**

09h50 -10h10	Competence standards for pharmacists  <b>Prof Shirley-Ann Boschmans</b>	Pharmacy collaborating with complementary and alternative health professions including traditional healers: challenges and opportunities <b>Dr Nceba Gqaleni</b>	What is the value of the industrial pharmacist?  <b>Dr Ralph Tetty-Amlalo</b>	Role of the DTI in increasing access and availability of medicines  <b>Mr Gillian Christians</b>
10h10 -10h30	Advanced competencies for pharmacists  <b>Dr Hazel Bradley</b>	The role of pharmacist in advancing primary healthcare services in the implementation of universal health coverage or national health insurance <b>Ms Jeanette R Hunter</b>	Residency programmes: Role in pre-registration training in the USA  <b>Mr Mike Rouse USA</b>	Role of the Department of Science and Technology in funding novel ways of producing medicines  <b>Dr Phil P Mjwara</b>
10h30 -11h00	Panel discussion			

# Day 3 continued:

Venue	Meeting Room 22	Hall 6	5B	5CD
Programme Director	Mr Jan Du Toit	Mr Johan Raats	Ms Helen Hayes	Dr (Adv) Nazreen Shaikh-Permanov
Secretariat	Ms Hlone Masiza	Ms Mojo Mokoena	Mr Vincent Tlala	Ms Debbie Hoffmann
Sub-theme	Innovation and legislation in pharmacy education and training	Enhancing practice through Continuing Professional Development (CPD)	Mid-level workers in pharmacy	Ethics and ethical issues
11h35 - 11h55	Council for Higher Education  Prof Narend Baijnath	Importance of CPD, the activities that define it and barriers  Dr Vassie Naidoo	Pharmacy Technician – Zimbabwe experience  Ms Beatrice Gwata Zimbabwe	Cost of malpractice to healthcare profession  Ms Lorraine Osman
11h55 - 12h15	Quality Council for Training and Occupations  Ms Joyce Mashabela	CPD implementation-successes and pitfalls  Ms Nadia Bukhari United Kingdom	Pharmacy Technician – Kenya experience  Mr Wilfred Ochieng Oguta Kenya	Medication errors – a growing problem in community and hospital pharmacy  Mr Douglas Defty
12h15 - 12h35	Health and Welfare Sector Education Training Authority  Mr Patrick Samuels	The value of measuring outcomes of CPD  Dr Owain George New Zealand	Pharmacy Technician – USA experience  Mr Michael Rouse USA	Inspection of health facilities and outcomes to date  Ms Grace Labadarios

# Debate on SEP, dispensing fees & private & public pharmacare

- “As pharmacists, our personal success is connected with healthy communities and making a difference.”
- This was the opinion of *Professor Sarel Malan*, Director of School of Pharmacy at University of Western Cape, as he presented his perspective on the impact of pricing regulations on the viability of community, hospital and manufacturing pharmacy.
- Using findings from a Helen Suzman Foundation report on ‘Pharmaceuticals in South Africa – An Enquiry’, Malan talked about the disadvantages for individually owned pharmacies that could be as a result of the ‘maximum price’ on medicines including the SEP.
- “According to the report, the three factors impacting individually owned pharmacies are: licensing – process and application of regulations; horizontal collusion – lease agreement in malls and, exclusion of individually owned pharmacies from access – promoted by vertical integration.”



- Continuing the debate on pricing structures, **Mogologolo Pasha**, CEO of Black IQ Pharma lambasted legislative powers on placing rulings on dispensing fees and not on other medical related costs in the chain of healthcare. “Hospital costs and specialist costs are escalated. These are the interventions that are not regulated and this is where the cost lies. We’re grappling with regulation of healthcare interventions vs the regulation of medicine. The victims here then are pharmaceutical professionals.”

## Pricing?

Good question

Opening up the debate on the topic of designated service providers, **Dr Humphrey Zokufa**, CEO of the Board of Healthcare Funders and specialist in Clinical Pharmacokinetics launched straight into the contention around pricing.

- “As a member of the original pricing committee, we started off and didn’t complete full policy regulation on pricing. How do I feel right now? Rotten! Launching of a dispensing fee is not a static process. *It’s a dynamic process that requires input from external and from the pricing committee.* The capacity for monitoring Sections 18A (Bonusing), B (Sample), C (Marketing) of the Medicines & Related Substances Act 101 of 1965 is not there. This is an entry point which must be implemented by the state.”

# Debate on:

## Boost for local pharmacy manufacturing



- SA is heavily dependent on medicine and medical device imports, often resulting in high medicine prices, but the government's priority plan to *boost local pharmaceutical manufacturing* could grow the economy and eventually put money back in consumers' pockets.
- Department of Trade and Industry pharmaceutical and medical devices unit deputy director **Gillian Christians** said 70% of finished medicine products were imported, mainly from India and China, while 95% of medical devices were imported. There is presently just one locally based active pharmaceutical ingredient (API) producer, Aspen, that makes ingredients for use in local medicine production.
- Christians highlighted her department's plans to research and boost local pharmaceutical manufacturing saying the government was considering additional incentives for businesses to manufacture medicines for local consumption and export to the SADC region and the rest of the continent.

# Debate on:



## Curriculum changes to promote industrial pharmacists

- THERE was a dire need to promote industrial pharmacy within the university curriculum as the value of that career path cannot be ignored in the development of generic drugs and advanced patient care, MSD sales and marketing manager HIV *Dr Ralph Tettey-Amlalo* said.
- Tettey-Amlalo said the value of industrial pharmacists cannot be overstated with the career opportunities being widespread, challenging and rewarding. Options in the profession range from research and development to clinical trials, manufacturing, regulatory and sales and marketing.
- However, industrial pharmacy was not the first consideration among pharmacy students when considering their future beyond graduation, typically as it was not highlighted within the curriculum.



- Accreditation Council for Pharmacy Education International Services director **Michael Rouse** said pharmacy residencies in the US were playing a major role in advancing the pharmacy field within that country. Currently there are 140 pharmacy schools across the country graduating 14000 students annually.
- **Prof Gustav Malangu**, head of the epidemiology and biostatistics department at Sefako Makgatho Health Sciences University, said the World Health Organisation (WHO) had identified nine star qualities for pharmacists, ranging from *manager to leader, teacher and communicator*. Public health pharmacists were expected to monitor health, diagnose and investigate patient issues, explore and inform patients and mobilise community partnerships among their vast responsibilities.
- He believed there was a demand for public health pharmacists to undertake further training and education as this provided the tools for finding additional information key to accurately diagnosing patient problems.



Learning Knows No Bounds

# Day 3: Afternoon session

Venue	Meeting Room 22	Hall 6	5B	5CD
<b>Programme Director</b>	<b>Prof Tiru H Govender</b>	<b>Mr Charlie Cawood</b>	<b>Prof Sandra Van Dyk</b>	<b>Mr Ayanda Soka</b>
<b>Secretariat</b>	<b>Ms Hlone Masiza</b>	<b>Ms Mojo Mokoena</b>	<b>Mr Vincent Tlala</b>	<b>Ms Debbie Hoffmann</b>
<i>Sub-theme</i>	<b>Future of Pharmacy Education and Training: Roles and Responsibilities</b>	<b>Add value to the community</b>	<b>Supplementary/ Advanced scope of practice for pharmacists</b>	<b>Dispensing to ensure patient safety</b>
14h05 - 14h25	Pharmacy Education in Australia  <b>Prof Iqbal Ramzan Australia</b>	Adding value to health without monetary reward  <b>Ms Deanne Johnston</b>	Independent pharmacist prescriber  <b>Ms Nadia Bukhari United Kingdom</b>	The occurrence and impact of adverse effects of medicines is underestimated and reported  <b>Dr Moliehi Matlala</b>
14h25 - 14h45	Pharmacy Education in Canada  <b>Dr Lalitha Raman-Wilms Canada</b>	Searching for the caring face of pharmacy  <b>Prof Natalie Schellack</b>	Authorised pharmacist prescriber in RSA  <b>Mr Keith Johnson</b>	Best-practice strategies to improve medication safety  <b>Dr Lynn Weekes Australia</b>
14h45 - 15h05	Pharmacy Education in RSA  <b>Prof Roderick Walker</b>	Role of pharmacist in ARVs adherence  <b>Dr Norah Katende-Kyenda</b>	Authorised Nurse Prescriber in RSA  <b>Ms Sizo Mchunu</b>	Community Safety- Green Pharmacy Environment  <b>Mr Martin McClintock</b>
15h05 - 15h25	Panel discussion	Panel discussion	Panel discussion	Panel discussion
15h25 – 15h40	Sponsored Tea Break (Venue: Exhibition Hall - Hall 3 and 4AB)			
<b>Venue</b>	<b>Hall 6</b>			
15h40	Welcome by Programme Director – <b>Dr Humphrey Zokufa</b>			
15h45 - 16h15	The race between law and technology: Challenges and opportunities for pharmacy – <b>Ms Elsabe' Klinck</b>			
16h15 - 17h00	Rapporteur session Day 2 and 3			
19:00	Sponsored Casual Dinner (Venue: Amphitheatre, across the road from The Elangeni Hotel)			

# Race between Law and Technology: Elsabie Klinck.

**ekc** elsabé klinck  
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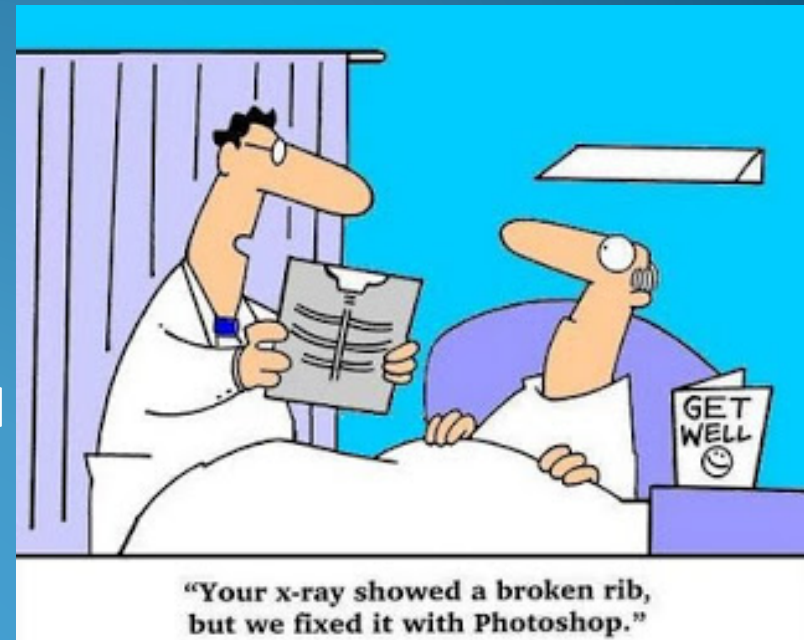


## Challenges and opportunities for Pharmacy

- implementation of basic legal framework for registration (safety, quality, performance)
  - Medical device registrations
- • Uncertainty as to commercial deals...  
( Section 18 A, B, C) making health law work for you
- **The race between law, technology ... AND FUNDING**



- Changes to legislation that will put a stop to fly by night medical device importers and help prevent “back scratching” in the pharmaceutical industry could have *unintended consequences* for the public health sector which may not be able to accept free equipment currently provided by manufacturers.
- Healthcare law expert **Elsabé Klinck** told delegates that amendments to the Medicine and Related Substances Amendment Act, which had been in the pipeline for the past 14 years, would hopefully be promulgated by 1 April next year.
- Ms Klinck added that the Competition Commission’s market inquiry into the private healthcare sector was expected to provide recommendations in relation to the use of technology equipment and devices.



# Beach party





# Day 4:

## DAY 4 - Monday, 24 October 2016

Venue	Hall 6
08h35 - 08h45	Welcome by Programme Director – <b>Ms Nocawe Thipa</b>
08h45 - 09h15	Life coaching cannot be business as usual - <b>Mr Timothy Maurice Webster, USA</b>
09h15 - 09h45	Group Practice in the NHI environment – time to review ethical rules – <b>Adv Phelelani Khumalo</b>
09h45 - 10h15	Evaluating responses by pharmacy to national health outbreaks such as Ebola, Hepatitis, Malaria, etc. <b>Prof Lucille Blumberg</b>
10h15 - 10h45	Sponsored Tea Break(Venue: Exhibition Hall - Hall 3 and 4AB)
10h45 - 11h15	Will a state owned pharmaceutical manufacturing company solve the shortage of medicines?– <b>Dr Skhumbuzo Ngozwana</b>
11h15 – 12h00	Patient Rights and the Constitution – <b>Mr Mark Heywood</b>
12h00 – 12h15	Closure –President – <b>Prof Mano Chetty (President SAPC)</b>







**THANK YOU**

**Don't  
FORGET!**



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