



END-OF-YEAR MESSAGE FROM MR. TSHIFHIWA RABALI, CHAIRMAN PSSA SOUTHERN GAUTENG BRANCH (PSSA SG).



*Tshif Rabali  
PSSA SG Branch Chairman*

## MEETINGS

As a branch, we have had so many meetings including those of the sub-committees that I had created during the start of my term. It has been such a rollercoaster year, with so many productive meetings and initiatives.

## EDUCATIONAL MATTERS

With the formation of the sub-committee on CPDs under the leadership of my Vice-Chairperson, Dr Stephanie Leigh-de Rapper, we had very informative and educational online CPD sessions, covering most of the common ailments.

We also had a very successful Mini Symposium on 30th September 2023 at Wits University, with all our Sectors being actively involved, and even contributing monetarily.

Our members graced the occasion with so much to learn, and that also contribute to their Pharmacy Council CPD submissions.

At the same occasion, we had the opportunity to showcase what the Branch is doing for its members, and managed to influence our members to recruit more members from their different working environments.

## COLLABORATION

It has been my wish in all the years that all the Sectors of the PSSA have to start talking to each other, with the ultimate goal of achieving what will benefit us all as a Profession, so I created a sub-committee called 'Collaboration Among Sectors,' Chairman's sub-committee, that will have so much to do in order to achieve our goal. Chairmen of the different Sectors will have to collaborate in all that they do in their respective specialty; Public/Private Partnerships (PPPs) will have to be revived through the discussions that this sub-committee will keep engaging in, and all of us as pharmacists will then benefit, and eventually, the communities will benefit as well.

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Lastly, I would like to thank my Vice-Chairman, Honorary Treasurer, and the Immediate Past Chairman during my term; they played very crucial roles in the Branch for its day-to-day functions. Not forgetting Cecile, Branch Secretary, Mrs. Val Beaumont and Mrs. Lynette Terblanche for their continued support in the office at all times. Colleagues, you were like two pillars that I was holding on to all the time. Without you Lynette and Val, things would have not been the way they are today.

I salute all my Branch Committee members for their continued support for me, and guidance at any given time. Not forgetting my wife and children for allowing me to be part of the vibrant PSSA SG Branch Committee, with so many youthful pharmacists coming on board through the involvement of the Young Pharmacists' Group (YPG).

**Thanks, colleagues, and I wish you all a wonderful festive season and a prosperous new year.**

For those who will be traveling to different destinations, I wish you safe trips, and be well all the time.

## PSSA YOUNG PHARMACISTS' GROUP 4TH QUARTER HIGHLIGHTS

### INTRODUCTION

The YPG network consists of individual members of PSSA who are recent graduates (up to five years after graduation from their first degree in pharmacy) or are below the age of 35 years. The YPG is a network existing within the PSSA whose function is to acquaint its members with the PSSA structure and help them with the transition from being recent graduates to becoming active, contributing members of the PSSA.

### STEERING COMMITTEE

The steering committee was officially elected on 25 July 2023

- Chair- Ntombizodwa Luwaca
- Project Coordinator- Luyanda Khumalo
- Public Relations Officer- Israel Mahlangu

### SUBCOMMITTEE

The PSSA YPG created its first-ever subcommittee group to increase active participation and interest in the YPG and increase the reach of the YPG nationwide.

### MENTORSHIP PROGRAMME

- July: Mid-year feedback was received from mentees
- August: Check-in Session took place
- September: Coaching by Steven Levy
- October: Mentor-Mentee Meeting
- The 2023 Programme will conclude with a year-end evaluation survey, a closing agreement, and a farewell in January 2024.
- 7 mentee applications were received for the 2024 Programme but only 1 mentor application was received.
- The YPG is appealing to all eligible mentors to apply.

### SOCIAL MEDIA

- The YPG Instagram page has reached almost a thousand followers.
- The Facebook page mimics the Instagram page's performance.
- The YPG launched a LinkedIn page that will serve as an extension of the existing communication channels





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# TIPS AND TRICKS FOR SURVIVING PHARMACY INTERNSHIP/COMMUNITY SERVICE

## ESTHER SHUPING

Pharmacy internship is designed to give graduates the platform to apply their knowledge practically and thus gain meaningful working experience. Interns will be exposed to many learning and mentorship opportunities and must be proactive in gaining knowledge from all the pharmacy personnel. It is always best to aim to write the first pre-registration examination to have a second chance in the case that the first attempt is unsuccessful. Bearing this in mind, all pharmacist interns should start with their CPDs early to fulfill the criteria to write the first exam. Last, but not least, save up for the SAPC Community Service registration fees.



I am certain that the community service application process was a breeze for PSSA members due to Dr. Mariet Eksteen's informative emails and videos. Interns must ensure that they submit their application for community service to the SAPC timeously to avoid any delays. Interns placed in facilities without accommodation must start seeking a secure place as soon as possible. Be prepared to work independently and always consult your references when you are uncertain. The best references to use are the SAMF, STGs, EM-Guidance, and experienced pharmacists. Good luck to all the prospective interns and community service pharmacists.





## REFLECTING ON THE YEAR 2023

*Frans Landman  
SAACP SG Chairman*

A Message of Gratitude and Encouragement to the South African Association of Community Pharmacists - Southern Gauteng Branch, SARCD A Pty Ltd Staff and Office staff, Ella Edelstein and Louise Coetzee, and fellow pharmacists at large.

As we approach the conclusion of another remarkable year, I wanted to take a moment to express my heartfelt gratitude and extend my warmest wishes to each one of you. Your unwavering commitment to promoting the well-being of our community, along with your dedication to the field of pharmacy, has been nothing short of inspiring.

Throughout the year, I have had the honour of witnessing your enthusiasm, your passion, and your tireless efforts in advancing the practice of pharmacy in our region. Your presence at our events, meetings, and Strategic Planning session has truly made a difference. The knowledge, insights, and expertise that you have generously shared with one another have undoubtedly contributed to the growth and success of our association.

I would like to extend a special word of appreciation to our senior members. Your wisdom, experience, and continuous support have played a significant role in shaping the foundation upon which our branch stands. Your dedication to pharmacy and your unwavering commitment to mentoring our younger members have served as an exceptional example and source of encouragement for all. To all our members, I commend you for the energy and enthusiasm you have brought to our association throughout the year. Your contributions, whether big or small, have made a profound impact on our collective goals. Your active participation in our initiatives and your willingness to engage with one another have fostered an environment of collaboration and growth. Together, we have achieved milestones and crossed new frontiers in the field of community pharmacy. As we reflect on the past year, let us carry forward the invaluable lessons we have learned, the friendships we have formed, and the accomplishments we have achieved. Let us continue to support one another, celebrate our achievements, and inspire future generations of community pharmacists, and here I am referring to especially the Young Pharmacists' Group (YPG).

**On behalf of the association, I wish each one of you a joyous holiday season filled with love, peace, and relaxation. May the coming year bring an abundance of opportunities, professional growth, and personal fulfilment.**

Once again, thank you for your unwavering commitment, dedication, and enthusiastic support to the South African Association of Community Pharmacists - Southern Gauteng Branch. To my better half Christine - Thank you for allowing me to take up and chairing this branch! Together, we will continue to strive for excellence and make a positive impact on the health and well-being of our community.

Gratefully, Frans Landman, Chairman, Southern Gauteng Branch.



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Contact us at:  
[info@saacpsg.co.za](mailto:info@saacpsg.co.za)

SAACP SG is a financial contributor to The Golden Mortar.



## NOTICE OF THE 72<sup>nd</sup> ANNUAL GENERAL MEETING

NOTICE IS HEREBY GIVEN OF THE 72<sup>nd</sup> ANNUAL GENERAL MEETING OF THE SOUTHERN GAUTENG BRANCH OF THE SOUTH AFRICAN ASSOCIATION OF COMMUNITY PHARMACISTS AT 20:00 via ZOOM ON TUESDAY, 13 FEBRUARY 2024

### AGENDA

1. Notice of Meeting
2. Welcome
3. Acknowledgements
4. Obituaries
5. Apologies
6. Adoption of Minutes of the 71<sup>ST</sup> Annual General Meeting held on 15 February 2023 and the Adjourned Annual General meeting held on 1 March 2023
7. Matters Arising from the Minutes
8. Chairman's Report
9. Results of Election
10. Honorary Treasurer's Report
  - 10.1 Audited Financial Statements of the SAACP SG Branch and its subsidiary, SARCDATrade Exhibitions (Pty) Ltd as at 30 September 2023
  - 10.2 Appointment of Auditors
11. General
12. Closure

F. Landman,  
Chairman.

RSVP: [ella@saacp.co.za](mailto:ella@saacp.co.za)

Please diarise this important date now!







Rashmi Gosai  
SAAHIP SG Branch  
Chairman

## END-OF-YEAR MESSAGE FROM RASHMI GOSAI, CHAIRMAN, SAAHIP SG BRANCH

As the year draws to a close, I would like to commend all of our members for their hard work, dedication and love for the profession. Not every day is the same, and many times most of us are functioning on “survival mode,” but know that every contribution you have made has upheld the profession and ultimately, towards the well-being of your patients.

In 2024, there will be 31,536,000 seconds, meaning there are 31,536,000 opportunities to be the best version of ourselves – as pharmacists, as parents, as friends, as family members, as members of multidisciplinary teams, and most importantly, as better human beings in this world. Always remember that no-one is you, and that is your superpower. **On behalf of the South African Association of Hospital and Institutional Pharmacists, Southern Gauteng branch, we wish you a blessed festive season and a prosperous and successful new year.**



## REFLECTION ON THE WITS PHARMACY STUDENTS' GALA BALL



Hilton Stevens

### IMPACT.

I recently had the pleasure and privilege of representing the PSSA South Gauteng (SG) Branch at the Wits Pharmacy Final Year Gala Ball. It is an annual occasion that Wits Pharmacy students look forward to as an opportunity to create more memories with peers with whom they have shared lecture halls, desks, and learning experiences, over the years.

My initial observations of the night triggered nostalgia. Observing some of the Wits Pharmacy Student Council (WPSC) members running around, ensuring that everything is in place, reminded me of my days as part of this very Council; it also quickly reminded me that Pharmacists in their sectors mirror similar behaviours all year round, sacrificing their time because there is a drive towards bettering their profession, in any given capacity. It's a special transaction - time and sacrifice are traded for a reward that the consumer won't necessarily recognise, but can guarantee. That reward is **IMPACT**

Impact was the message I had hoped to communicate to the students on the night, its importance, and the tools that PSSA offers to assist in helping them drive it. Below are abstracts from my address.

*"I have a 2-year-old who runs our lives at home. In my years of marriage, I had become accustomed to someone running my life, but my daughter's techniques reminded me that she's the new force to be reckoned with in the household. Fortunately, I share my "little struggles" with friends who are currently also at the mercy of little masters. One question we often ask each other is what the best way is to parent, and to ensure that our little masters are best fit for this world, but for now let's bank that question..."*

*You are about to qualify as pharmacists, but you will be hired for much more. Businesses have visions that they are hoping you will achieve. You will be required to run projects that will hope to achieve high revenue, influence future policies, re-write procedures, train other future leaders, and study further, based on problems that you have identified and want to contribute solutions to. In all these scenarios you will find yourselves in a privileged position and should soon realise that you were not hired as an obligation, and should*

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also not take up the role as such. Your talent will be acquired to influence positive change, and from that very day, you should constantly ask yourself, "How can I drive impact?"

Working is tough (relative to your university chapter), i.e., calculating and managing leave days, interacting with different personalities, adapting, politics, rejection, and failure. However, relatively, it's much more exciting and the scale of the impact is much greater. Your impact on healthcare, livelihoods, and the community, will present opportunities every day, and the resources and network that surround you to drive that very impact.

Thinking back on my varsity chapter, the common *modus operandi* for success was past papers. In practice, post-varsity, the *modus operandi* is similar - consider historical/past successes to guide your future strategy. The past papers are the experiences that the pharmacists in the PSSA have, who are rich in experience and knowledge, in the different sectors in Pharmacy and

healthcare-use them. Share your fears, ambitions, ideas and the passion with the PSSA. In my short career, the PSSA was, and still is, my window into the profession, and the pharmacists in the society have been my first call of enquiry for matters that I either needed assistance with or sound advice on. Observing their habits, and how they articulate, plan, and manage projects at branch and national levels, is what I aim to reciprocate daily in the workplace, and in meetings with clients. That was, and is my blueprint.

I had mentioned that a common discussion topic amongst the victims of "little masters" is, what is the best way to raise them? A close friend of mine recently responded, "I just want to make sure that they are good people, because they are my gift to the world". As students, you too are a gift - you are gifted to the community by Wits. You are their impact plan, an extension of their arm to healthcare. Therefore, treat it like a privilege and never take it for granted.

Thank you"

In conclusion, it was a great reminder that leaders in our profession should be groomed as early as possible. As a Branch we should provide or source leadership workshops to enroll some of the pharmacy students into, and actively support, guide, and coach students who volunteer their time to participate in pharmacy-driven community programmes. We should never lose these students and their drive - they should always be reminded that they have a home in the PSSA.

Yours in Pharmacy,

Hilton Tommy Stevens, B.Pharm (Rhodes) and PGDip Health Economics (UCT).



The rainy festive season is upon us and the mosquitos are out in full force. Families are going on holiday, returning home to different parts of Africa, or travelling for work.

Regardless of the reason for travel to a malaria risk area, a big concern is that there is no readily available malaria prophylaxis for a vulnerable part of the population, namely children and pregnant women. Pregnant women and children under 5 years of age fall into a group that are at high risk of developing severe malaria complications if malaria is contracted.

Mefloquine was discontinued in South Africa several years ago and is currently only available via a Section 21 application. One may question “why the concern about the availability of mefloquine?” when medications like atovaquone-proguanil and doxycycline are available as alternatives?

The answer to this is that mefloquine is the only anti-malarial option approved for use in pregnancy. Atovaquone-proguanil is not recommended for use in pregnancy due to lack of information, while doxycycline is contraindicated in pregnancy. Mefloquine is also the only option available as prophylaxis for use in infants over three months of age and weighing less than 11 kg.

Earlier this year, the manufacturer of paediatric atovaquone-proguanil (Malanil Paediatric®), announced that their factory will no longer be manufacturing this product. While adult atovaquone-proguanil is still available, there is no paediatric formulation in South Africa. This effectively means that there is no anti-malarial option available for children weighing under 40 kg.

Doxycycline is contraindicated in children under 8 years of age because of the risk of staining permanent teeth and inhibiting bone growth. For children older than 8 years of age and up to 15 years of age, weighing between 31 and 45 kg, the dose is 2 mg/kg daily. This poses a dosing problem, as the only currently available doxycycline is in capsule form as the 100 mg strength.

Reports of pharmacists or doctors recommending that the adult atovaquone-proguanil be broken or split to give to paediatric patients have emerged. While understanding the dilemma in having nothing else to offer this population, splitting or breaking adult tablets is a concern for a number of reasons. Firstly, the adult formulation is not registered to be broken or split, and there is also no guarantee that the tablet will be accurately divided. More concerning, however, is that there is also no guarantee that the active ingredient is equally distributed throughout the tablet. The child may therefore either be getting a suboptimal dose or

an overdose of active ingredient. The manufacturers will not take responsibility for their tablet being administered off-label, and therefore the responsibility for any adverse event lies with the prescriber recommending this off-label administration.

A little light at the end of the tunnel is that Malarone Junior (paediatric atovaquone-proguanil) is available via Section 21. However, there is a substantial price difference with Malarone being almost R300 more expensive for a pack of 12 tablets. Medical aids will also not pay for a medication that is not registered in South Africa. While some may see travel as a luxury and therefore a cost to be incurred as part of this luxury, for many, travel is a necessity, and will not be able to afford to pay out of pocket.

What then should be advised for pregnant women or children travelling to a malaria area?

- Pregnant women and children under the age of five years should avoid high-risk malaria areas if at all possible
- If travel cannot be avoided, then personal protection against mosquito bites is essential and remains the mainstay of protection, regardless of whether or not chemoprophylaxis is used
- Malaria transmission occurs primarily between dusk and dawn, therefore bite prevention measures during these hours are extremely important
- Any non-specific flu-like symptoms occurring within 10-14 days of being within a malaria area should immediately be investigated as possible malaria. However, symptoms may also present later, and any returning traveler presenting flu-like symptoms should first have malaria ruled out as a possibility, as a matter of urgency
- In young children, malaria symptoms may present differently in that, in addition to fever, they may also present with lethargy, poor feeding and vomiting

While Section 21 availability of mefloquine and atovaquone-proguanil is better than having nothing available at all, this cannot be seen as a long-term solution. Studies done on stock shortages and availability issues have been shown to have a clinical impact. Inferior treatment options, inappropriate alternatives, or denying medication due to availability issues, have increased the risk of medication errors and our concern about the impact that a lack of sustainable, affordable, malaria prophylaxis alternatives will have for pregnant and paediatric patients.

[References available upon request.](#)





## SEVEN DECADES OF CHANGES AFFECTING THE PRACTICE OF PHARMACY

by Gary Kohn

In the sixties, the start of big discount stores like Checkers, Pick & Pay, and French Hairdressers, occurred, that affected pharmacy drastically, resulting in the loss of their patent medicine, toiletries, and most front shop products, selling at much lower prices and in greater quantities. Until then, pharmacies had sold at high mark-ups of fifty percent and more, resulting in high profitability. Reacting to this, they promoted 'chemist only' lines in an effort to compete, but they did not make use of advertising, price promotion, or marketing.

At that time pharmacies were not branded, and most of their stock was in cupboards or display cabinets, closed with glass sliding doors, so products were behind counters, and not accessible to the consumers. Most sales took place with the assistance of a counter assistant. On the other hand, products in supermarkets were on open display allowing customers easy access.

Later though, with the assistance of the different pharmaceutical wholesalers, pharmacy branding took place : SAPDC (South African Pharmaceutical Development Corporation) created PLUS, South African Druggists created LINK, and Adcocks created FAMILY CIRCLE.

These marketing companies offered monthly specials and consumer-acceptable prices, and a mark-up strategy for the front shop products, concentrating on top sellers and market leaders.

The delivered promotion order included monthly brochures, price stickers, and 'flashes' and wobbly 'shelf-talkers' were attached to the shelf fronts, to catch the customers' attention.

At that time, pharmacists wanting to open pharmacies would approach the pharmaceutical wholesalers, but not the banks, for financing, allowing the pharmacists to contractually pay off the loan over a period of approximately seven years,

They assisted pharmacists with shop fittings and modernisation, resulting in a more presentable trading environment, and consequent improved sales and turnover.

Pharmacists also computerised their pharmacies, investing in point of sale and dispensing programmes like Super Scripts, Win-Scripts, Unisolve, and others, assisting pharmacies to keep electronic prescription records, printed medicine labels and copies, and speeding and tidying up the dispensing process.

Previously, pharmacists had to write each sequentially numbered prescription in a 'prescription book' and they created hand written 'lick-and'stick' labels.

### **THE DISPENSING DOCTOR - A SERIOUS THREAT THAT COMMUNITY PHARMACY FACED IN THE EIGHTIES**

The President of the PSSA at the time, Mr Don Sutherland, compiled the "Syncom 2000 Report," suggesting actions and services to expand the pharmacists' role and their services, and the benefits to the consumers.

It suggested **generic substitution** as a cost saving mechanism that was subsequently implemented, but allowing the patient to give permission for the substitution to be made.

An unexpected reaction occurred, causing and motivating doctors to dispense by not issuing prescriptions, thus defending their right to choose the drugs of their choice, and thereby disallowing the pharmacist to substitute without their authority.

The pharmaceutical industry joined the fight against generic substitution to protect their choice of products by the doctors.

In all areas, rural and urban, pharmacists were totally deprived of prescription business, which drastically and seriously effected pharmacy turnovers and profitability.

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The pharmacists complained and took the issue to the Minister of Health, Dr. Coen Slabber, and the then Director General of Health, Mr. Chris van der Merwe. We were not successful. At the time I was President of the South African Community Pharmacists Association, and Dr. Slabber called me in and advised me that the Department of Health was unable to stop the dispensing doctors.

The Department of Health regulated that dispensing doctors had to register personally for each practice where dispensing took place, and that they should personally perform the dispensing function to the patient. The dispensing doctor also had to complete a dispensing course before being able to dispense.

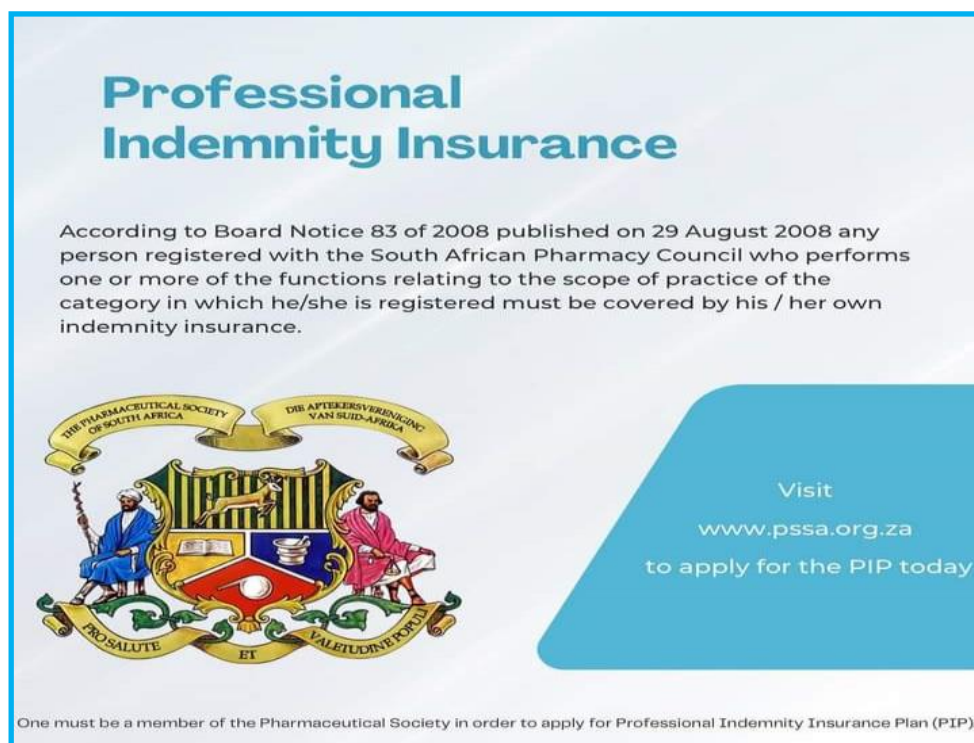
During this period there were talks and discussions between the two professions, making it possible to form group practices with each other for their own account and profit, and in separated premises, as the South African Pharmacy Council (SAPC) had regulated the opening of another practice or business in a pharmacy. Some of the medical schemes also placed restrictions on dispensing doctor claims.

We provided principal arguments that doctors should be paid only for their basic professional services, and that the pharmacist, being specifically trained, should preferably practice the dispensing function for the benefit of the patient.

During that time I was on the Pharmacy Council, and the then Registrar, Mr. Chris van Niekerk, investigated through the Medicines Act, making use of a permit within the Act to allow pharmacists to treat patients on a primary healthcare level; this caused a venomous reaction from the dispensing doctors. Our argument was that if the doctors could dispense, the pharmacists could treat and diagnose on a primary care level.


Some of the universities incorporated this practice option in their undergraduate degree course. At that stage, North West University (Potch) developed a two year PCDT (Primary Care Drug Therapy) course, where pharmacists had practical exposure to 200 patients within the portfolio, and completed the required modules with clinical assessments. Successful candidates could then register at SAPC to practice PCDT at a specific pharmacy and charge consultation fees.

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**Professional Indemnity Insurance**

According to Board Notice 83 of 2008 published on 29 August 2008 any person registered with the South African Pharmacy Council who performs one or more of the functions relating to the scope of practice of the category in which he/she is registered must be covered by his / her own indemnity insurance.



Visit  
[www.pssa.org.za](http://www.pssa.org.za)  
to apply for the PIP today

One must be a member of the Pharmaceutical Society in order to apply for Professional Indemnity Insurance Plan (PIP).





## The PSSA Book Department

Do you know that the Book Department has a range of essential publications for pharmacists at preferential prices for members of the PSSA?

From overseas publications such as Martindale, Merck Manual and Dorland's Illustrated Medical Dictionary to local publications such as the Daily Drug Use, South African Medicines Formulary (SAMF) and the Scheduled Substance Register.

Ordering is as simple as 1, 2, 3.

1. Go to the PSSA website, [www.pssa.org.za](http://www.pssa.org.za) click on Membership and then Member Services.
2. Complete the order form and submit it.
3. Make payment via EFT.

Or contact Dinette at PSSA National Office on (012) 470-9559 or at [dinette@pharmail.co.za](mailto:dinette@pharmail.co.za)



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Dear Sir

Major concerns for community pharmacy with the intended implementation of the National Insurance Fund.

The Government's intention to enact the NHI fund poses major concerns for the medical schemes, medicine delivery, medical care and hospital services and smaller pharmacies' existence and viability.

### Healthcare, food and social security.

27. Everyone has the right to have access to:-

- a) Healthcare service including reproductive health and
- C) Social security including, if they are unable to support themselves and dependants ,appropriate social assistance.

2) The State must take reasonable legislative and other measures within its resources to achieve the progressive legislation within each of these rights.

No one may be refused emergency medical treatment.

There could definitely be issues with the Constitutionality of this legislation.

The legislative process allows for Cabinet and the President to check the implementation for Constitutional compliance.

There have been major compliance failures within the current Provincial system where corrective measures are not acted upon, and no corrective action taken. It would have been better if the Provincial system is corrected before the unwarranted implementation of such a major project. No proper financial planning or budgeting to test the system have been forthcoming. No financial Bill gazetted has been forwarded to address the viability of the system, and no clear indication how the fund will be financed, except taking funds from other departments and proposed tax funding.

I have a serious concern that the medical scheme system that rendered service to part of the private consumers will be completely destroyed. The income derived formed a substantial income on a fee for service although Single Exit Price (SEP) that controlled the marketing fees received, assisted to reimburse practice costs. All purchases will now be done by the Minister, and all medical services will now be provided by the NHI.

Accredited pharmacies will be inspected and registered to serve an allocated patient population and reimbursed by a capitation fee and no reimbursement of practice costs.

Community pharmacy will however be able to deliver medicine at a primary care system level.

There should be an urgent stoppage to this ploy.

Ken Hanna





Dear members, and other readers of The Golden Mortar.

It's a common cliché, but it's very appropriate : Where did the year go? It seems like just a short while ago I was writing an end-of-year message for The Golden Mortar (GM)!

It gives me great pleasure to send this message of appreciation to our readers, at the end of a year of challenges facing us, the biggest of which was the frequent and disrupting loadshedding; this often caused some of the Editorial Board members a problem of no Wi-Fi and connectivity. As a result, only a few Board members could attend meetings, and we had to resort to corresponding by email about the Agenda items for discussion.

I extend my thanks to my fellow Board members and Branch or Sector representatives, for their submissions of articles or reports that kept our readers informed of current events, as well as plans for the future; more specifically, the Southern Gauteng (SG) Branches of the Pharmaceutical Society, the SA Association of Community Pharmacists (SAACP SG), the SA Hospital and Institutional Pharmacists (SAAHIP SG), the manufacturing Sector, represented by the SA Association of Pharmacists in Industry (SAAPI), and the Academic Sector.

Each of these will be submitting their own respective messages.

Particular mention must be made to acknowledge the regular clinical articles written and submitted by Amayeza Info Services, featuring the latest updates on disease conditions and their treatment.

I would be remiss if I didn't give special thanks to our hardworking Branch and GM Secretary, Cecile Ramonyane, who efficiently handles the distribution of numerous documents from and to the various committees, to coordinate their respective businesses.

My deeper involvement with Cecile is the arrangement of The GM Editorial Plan for discussion at Editorial Board meetings, and more so when she has compiled a preliminary hard copy of the next edition, which I then edit, and we have several phone sessions to effect any corrections or additions to the text, to result in a presentable and well

The production and publication of The GM would not be possible without the Management Committee of the PSSA SG Branch, who ensure that the relevant costs are provided for in the Branch Budget, for which our sincere thanks are due, as well as to the Branch Committee members for their participation in the affairs of The GM. Similarly, the SG Branch of SAACP is thanked for their regular financial contributions, which are welcomed.

My thanks are extended to the members of the GM Editorial Board for their representation and participation.

It remains only for me to give appropriate Season's Greetings, and for those who are traveling, to go and to return in safety and good health.

David Sieff,  
Chairman.  
On behalf of the Editorial Board, The Golden Mortar.







SAVE THE DATE

**PSSA SG Branch AGM**  
**Saturday 17 February 2024**

**National Pharmacy Museum Artefacts**



R285



R165



R325



R95



R360

To start your very own  
collection please contact:  
Cecile @  
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We welcome all contributions and as space permits, these will be published.

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