

HPCSA announces new regulations on CPD and CEU's

A major shift from the status quo would be that practitioners would no longer be required to submit proof of points (or as it is referred to in the new programme: Continuing Education Units (CEUs)) to the HPCSA, instead each practitioner would be required to maintain their own portfolio of CPD activities. Compliance checks will in future be conducted according to a random sampling method and the relevant practitioners will be requested to submit their portfolios to their Professional Board for this purpose.

The system also allows for a hierarchy of activities which should be looked at from a developmental perspective. Learning is structured in a hierarchy of three levels, from traditional learning experiences such as conference presentations and workshops, through to quality assurance audits of practices of groups of professionals in their work environments.

The system now truly rests on a foundation of trust and the HPCSA believes that professionals will commit themselves to meeting the requirements (30 CEUs per year or 60 CEUs over 24 months across all Professional Boards which will be valid for a period of 2 years from date of accrual) for continuing education in the belief that they, together with their patients or clients, will reap the benefits of ongoing learning as well as personal and professional development.

Polio in Namibia – the NICD advises...

There is currently an outbreak of wild poliovirus 1 in Namibia. As such we would like to provide the following information and advice:

Travellers to Namibia

- 1) All travellers to Namibia (including returning residents) are advised to obtain a booster dose of polio vaccine at least 10-14 days before travelling. If travel will commence in $\leq 10-14$ days individuals should still be immunized.
- 2) Travellers should always practice strict hand hygiene and use safe water sources.
- 3) Choice of vaccine: the trivalent oral polio vaccine (TOPV) is the most accessible polio vaccine in SA and will be provided free of charge at government clinics. The vaccine is safe. Vaccine associated paralytic polio is a very rare complication and occurs in 1 in 2-3 million doses in susceptible individuals only. The only absolute contraindication to vaccination with TOPV is in persons with severe humoral immunodeficiencies. These individuals can be vaccinated with the inactivated polio vaccine alone (available only on section 21 through the MCC) or using the combination Td and inactivated polio vaccine (tetanus, diphtheria and inactivated polio). Pregnant individuals who have essential travel to Namibia should receive an inactivated polio vaccine.

Individuals entering SA from Namibia (includes returning SA citizens and visitors to SA)

- 1) These individuals should be advised to report to the nearest health care facility if they develop acute onset of paralysis (weakness or an inability to move any of the limbs) and to inform the health care worker of their visit to Namibia.
- 2) There is no role for vaccination of individuals from Namibia at border entry into South Africa. The vaccine will not prevent paralytic disease if individuals are already infected. Spread of infection can be prevented through scrupulous hand hygiene (washing hands with soap and water after using the toilet and before handling or preparing food) and always using a toilet or designated ablution facility to prevent faecal contamination of the environment. If these individuals are returning to Namibia they should be immunized before they return (see travellers above).

Issued by Epidemiology Unit NICD June 15th 2006.
See <http://www.nicd.ac.za> for more information

Industry mourns the loss of top medical pathologist



Dr Mokgadi Ruth Ramokgopa was fatally shot in front of her home during June.

Ramokgopa, who was one of the leading black pathologists in the country, will long be remembered for her outstanding contribution to the healthcare sector. In addition to her work at the National Health Laboratory Service (NHLS), Ramokgopa was also a member of the South African Medical Association (SAMA). She played an integral role in its transformation from the old MASA through to the National Medical and Dental Association (NAMDA) and later, the Progressive Doctors Group (PDG).

Over the years Ramokgopa also unselfishly participated in the mass democratic struggles and played an active role in the South African National Student Congress (SANSCO), later the South African Student Congress (SASCO), and served with pride on its National Executive Committee (NEC) as the National Treasurer in 1989/90. During that period she diligently represented the organisation in the Natal Women Organisation (NOW) and the United Democratic Front (UDF). At the dawn of the new democracy, she continued to be involved within the African National Congress Youth League (ANCYL) and its mother body.

Ramokgopa will be fondly remembered for her consistent and unparalleled composure, compassion and discipline at all times. To the medical profession, Ramokgopa will be an irreplaceable loss. "Her contribution towards equitable healthcare for all in a socially just South Africa will always be appreciated and valued," says Peter Mateseke, Managing Director of Clinix Health Group.

ANC comrade Cassel Mathale, currently secretary of the ANC in Limpopo, said he was shocked to hear the news and remembered Mokgadi as a very good humble person, highly principled and dedicated to her goals.

Ashley Pearce elected President of PMA



Ashley Pearce, CEO of Schering-Plough, has been elected President of the Pharmaceutical Manufacturers' Association (PMA) of South Africa. Pearce has over 22 years' experience in the pharmaceutical industry, having worked for multinational companies in South Africa, the United States and the UK.

He started his career as a production pharmacist at GlaxoSmithKline (then Glaxo) in 1984 and over the next 13 years worked his way up through various positions in sales, clinical research, business development and marketing. His experience as Commercial Director led to his taking up various posts at GSK in North Carolina, USA, and in London.

On his return to South Africa in 2002, Pearce took up the position of CEO at Pharmacia and in 2003, moved to his current position as CEO at Schering-Plough. He was elected to the Executive Committee of the PMA in 2004 and to the President's Council in 2005.

"We are delighted to have a person as dedicated as Ashley Pearce as our new President," says Vicki Ehrich, Chief Operating Officer of PMA. "He has been actively involved in our response to the key issues facing our industry and has already taken a strong leadership role in the organisation."

The Pharmaceutical Manufacturers' Association is an industry body with a voluntary membership of 23 companies representing just over half the business done by multinational pharmaceutical companies in South Africa. In addition to promoting and safeguarding the interests of members vis-à-vis government, business and other professional organisations, the PMA – which was formed in 1967 – provides a service to the public as well as the general medical and healthcare community. PMA represents South Africa internationally as a member of the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA). Go to www.sapma.co.za for more insight into this key industry body.

When your patients
cannot hold back any longer



R_x

Detrunorm[®]

propiverine hydrochloride

For the treatment of:

- " urinary incontinence,
- " urgency and frequency in unstable bladder conditions.

- * Dual mode of action⁽¹⁾
- * Proven efficacy & good tolerability⁽¹⁾
- * Increased affordability



DETRUNORM ABBREVIATED PRESCRIBING INFORMATION

S3DETRUNORM TABLETS contain 15 mg propiverine hydrochloride.

PHARMACOLOGICAL CLASSIFICATION : A.5.4 Medicines affecting autonomic functions Cholinolytics (Anticholinergics). **PHARMACOLOGICAL ACTION** : Spasmodic and anticholinergic. Inhibition of calcium influx causing musculotropic spasmolysis. **INDICATIONS** : Treatment of urinary incontinence, as well as urgency and frequency, in unstable bladder conditions, in patients who have either idiopathic bladder instability, neurogenic (detrusor hyperreflexia) from spinal cord injuries. **CONTRA-INDICATIONS** : hypersensitivity to any of the active ingredients or excipients; bowel obstruction, significant degree of bladder outflow obstruction where urinary retention may be anticipated; myasthenia gravis; intestinal atony; severe ulcerative colitis; toxic megacolon; glaucoma; hepatic disorders; renal impairment; tachyarrhythmias; cardiac failure/dysrhythmias; hypertension; diabetes mellitus with autonomic dysfunction. Pregnancy and lactation. Should not be used in children. **DOSAGE AND DIRECTIONS FOR USE** : One tablet twice a day, may be increased to three times a day. Some patients may respond to one tablet a day. For reflex incontinence, one tablet three times a day, may be increased to four times a day. **SIDE-EFFECTS AND SPECIAL PRECAUTIONS** : dry mouth, blurred vision, gastrointestinal disturbances, decreased blood pressure, drowsiness, increased residual urine, tiredness. (Please refer to package insert for complete side effect profile). **IDENTIFICATION** : Rose-coloured, lenticular, glazing coated tablets. **PRESENTATION** : 30 tablets (3 strips of 10 tablets each). **STORAGE INSTRUCTIONS** : Store below 25° C. Keep out of reach of children. **REGISTRATION NUMBER** : 36/5.4/0019 **APPLICANT** : PHARMAFRICA (PTY) LTD. 33 Hulbert Road, New Centre, Johannesburg, Tel : 011 493 8970

REFERENCE: (1) Madersbacher H, Mürtz G. Efficacy, tolerability and safety profile of propiverine in the treatment of the overactive bladder (non neurogenic and neurogenic). World J Urol (2001) 19:324-335.