

Dear PSSA member

**PPS PROFESSIONAL INDEMNITY PROVIDER**

PSSA has appointed Professional Provident Society (PPS) as the official broker for the Professional Indemnity Insurance Product, underwritten by Hollard Insurance Company Ltd.

All qualifying PSSA members who have the Professional Indemnity Insurance product through PSSA and have completed the notification on the proposal form, will automatically become members of PPS. This will entitle the selected Members to PPS' full range of insurance, investment and healthcare products.

**Please note that with effect from 01 May 2021 your indemnity insurance includes additional coverage - find details on page 3.**

PPS will, in due course, be contacting PSSA members who have taken up the Professional Indemnity Insurance in order to highlight the selection of benefits they are entitled to. Alternatively, you can contact PPS directly on 0860 777 784 or email [sti@pps.co.za](mailto:sti@pps.co.za).

***Please take note that our professional indemnity/medical malpractice insurance product offering is exclusive to members belonging to the Pharmaceutical Society of South Africa only. Should you decide to terminate your membership with the PSSA at any given stage, your professional indemnity/medical malpractice policy will regrettably be cancelled accordingly and you would have to secure cover in your own right with a different product provider.***

PPS would like to thank you for your valued support and we look forward to a long and mutually beneficial relationship with you.

Kind regards,

**PPS – Insurance for Professionals**



# Hollard.



## SHORT-TERM INSURANCE

### PROFESSIONAL INDEMNITY INSURANCE APPLICATION

The insurance for which you are applying is managed by PPS and underwritten by HOLLARD

#### Member Details

PSSA No: (if available)

Surname:	Title:	Initials:	Full Names:	
ID No:	Date of Birth:	SAPC No: <small>COMPULSARY</small>	Maiden Name:	
Home Tel:	Cell No:	E-Mail:		
Postal Address:				Code:
Street Address:				Code:

#### Employer Details

Full Name Of Practice Or Employer:	Y Number of Pharmacy:	
Postal Address of Employer:	Code:	
Work Tel No:	Fax No:	E-Mail:

#### Qualifications

Qualification:	Qualification Date:	Institution:

#### Incidents or Claims and Previous Insurance (COMPULSORY) – please complete this section

Are you directly or indirectly involved in any way in rendering services and / or activities in relation to COVID-19 Clinical / Medical Trials?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details of any Errors / Omissions or Malpractice incidents, claims made or intimated against me:		
• Any claims made against the applicant during the last 10 years:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Any circumstances / complaints which may give rise to a claim being made against the applicant:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Any application for insurance of this nature ever been declined, cancelled or has renewal been refused or have special terms been imposed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>(If yes, attach details to application form)</i>		

#### Split of Professional Services (Please indicate with a X)

If services are across both Private and State Owned facilities - split accordingly

Do you provide your services in **Private Facilities**?  YES  NO

If YES, What Percentage?  Less than 25%  More than 25%  More than 50%  100%

Do you provide your services in **State Owned Facilities**?  YES  NO

If YES, What Percentage?  Less than 25%  More than 25%  More than 50%  100%

#### 1. For Bank / Internet Transfers please use the following account:

*(Please note that this bank detail is not the same for PSSA membership fees)*

Account name: Pharmaceutical Society of SA - PIP  
 Bank: Standard Bank  
 Branch: Lynnwood Ridge  
 Branch code: 051001  
 Account number: 011206535  
 Reference: Membership number/Initials and surname

Please email the proof of payment together with the application forms to [sinah@pssa.org.za](mailto:sinah@pssa.org.za)

#### 2. Payment by Bank Debit Order raised by the PSSA:

Bank Name:									
Branch Name:									
Branch Code:									
Account Number:									
Type of Account:	Annually	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	1st	<input type="checkbox"/>	15th	<input type="checkbox"/>	
Name of Account Holder:								<b>Or on the first business day thereafter</b>	

I, \_\_\_\_\_ hereby authorise the PSSA to debit my banking account with the applicable fees.

I confirm my membership of the Pharmaceutical Society of SA.

I declare and warrant that after enquiry all statements and particulars contained in this proposal and addenda are true and that no information whatever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal and should the above particulars alter in any way I will advise the Underwriters as soon as possible. I understand that failure to disclose any material facts, which would be likely to influence the acceptance and assessment of the proposal, may result in the Underwriters refusing to provide indemnity or voiding the policy in every respect. I hereby agree and accept that this declaration shall be the basis of the contract between both parties if entered into.

**SIGNATURE / AUTHORIZATION**

**DATE**

Professional Provident Society Insurance Company Limited, Professional Provident Society Marketing Services (Pty) Ltd,  
and Hollard Insurance Company Limited are Authorised Financial Services Providers

**ADDITIONAL COVER INCLUDED:**

<b>Extension/s : (Sub Limit of Indemnity – included in Main Limit)</b>	<b>Sub Limit of Indemnity (Included in the main Limit)</b>	<b>Deductible (each &amp; every claim)</b>
Breach of Confidentiality	R 250 000.00	R 2 500.00
Business Identity Theft	R 500 000.00	Nil
Defamation	R 250 000.00	R 2 500.00
Documents	R 250 000.00	R 2 500.00
HPCSA / Other Statutory Body Costs	R 250 000.00	R 2 500.00
Statutory Defence Costs (Sub limited under and applicable to PL Section only)	R 100 000.00	R 1 000.00
Wrongful Arrest (Sub limited under and applicable to PL Section only)	R 100 000.00	R 1 000.00
36 months Run Off Cover (as amended ) (Clause 9.6 of Policy wording)	Included	

**Title:** \_\_\_\_\_ **Initials:** \_\_\_\_\_ **Surname:** \_\_\_\_\_ **PSSA Number: (if available)** \_\_\_\_\_

**RATING TABLE FOR INDIVIDUALS (Rates effective from 01/05/2021)**

**MEDICAL MALPRACTICE & PROFESSIONAL INDEMNITY ONLY**

Please indicate with a ✓ which option you choose

Category of Practice	Rates effective 01/05/2021 A – R5 million				Rates effective 01/05/2021 B – R7.5 million				Rates effective 01/05/2021 C – R10 million				Rates effective 01/05/2021 D – R15 million				Rates effective 01/05/2021 E – R20 million			
	Annual Premium Incl. VAT	✓	Monthly Premium Incl. VAT	✓	Annual Premium Incl. VAT	✓	Monthly Premium Incl. VAT	✓	Annual Premium Incl. VAT	✓	Monthly Premium Incl. VAT	✓	Annual Premium Incl. VAT	✓	Monthly Premium Incl. VAT	✓	Annual Premium Incl. VAT	✓	Monthly Premium Incl. VAT	✓
Research Pharmacists, Clinical Research Associates and Clinical Trials dispensing, administration and co-ordination management of Investigational Medicine Products, reviewing and assisting with Protocols as set out in Annexure C	R3,054		R254.50		R3,282		R273.50		R3,612		R301.00		R4,344		R362.00		R5,208		R434.00	
Industrial Management, Group Directors, PCDT PHARM, RESPONSIBLE PHARMACISTS	R2,496		R208.00		R2,682		R223.50		R2,952		R246.00		R3,546		R295.50		R4,254		R354.50	
Retail/Hospital/Industrial Employees, Locums, Pharmacy/Wound care Nurses, Medical Scheme Clinical Consultants, Wholesaler/Distributor Pharmacists, Quality Assurance Pharmacists, Regulatory Affairs Pharmacists, Other	R1,662		R138.50		R1,788		R149.00		R1,968		R164.00		R2,358		R196.50		R2,832		R236.00	
Pharmacy Technicians	R696		R58.00		R882		R73.50		R960		R80.00		R1,164		R97.00		R1,386		R115.50	
Pharmacist Assistant, Intern, Academic, Community Service Pharmacist	R528		R44.00		R624		R52.00		R684		R57.00		R816		R68.00		R990		R82.50	
Pharmacy Student, Pharmacy Technician Trainees & Students	R200																			

1. Premiums include VAT at 15%.
2. Premiums include administration fee of 15%.
3. Premiums include commission at a rate of 20% payable to PPS after subtraction of the 15% for PSSA.
4. Excesses are R2,500.00 each and every claim.
5. Hollard/ITOO are to issue master policy.
6. Medical Malpractice for Medical Professions April 2021 wording.

I further understand that, should I not already be a member of the Professional Provident Society (PPS), the acceptance of this option will automatically grant me membership of PPS. As a graduate professional meeting the eligibility requirements of the Society, I am entitled to share in the benefits of the PPS product range, which includes insurance, investments and healthcare products. Following the registration, PPS will provide me with my unique membership number.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## **Clinical Trial Pharmacists –Description of roles and responsibilities**

The main role of clinical trial pharmacists is to manage Investigational Medicinal Products (IMP) for clinical trials (i.e. human participants). IMP is defined as follows:

*“A pharmaceutical form of an active substance or placebo being tested or used as a reference in a clinical trial, including products already with a marketing authorization but used or assembled (formulated or packaged) in a way different from the authorised form, or when used for an unauthorised indication, or when used to gain further information about the authorised form.”*

Other medication known as Non-Investigational Medicinal Products (NIMP) may be supplied as part of the study but is not the medication being investigated. This could include products such as support or rescue medication, diagnostic or preventative treatment, or may form part of regular medical care.

The pharmacy and pharmacist act according to South African Pharmacy Council (SAPC), Medicines Control Council (MCC), National Institutes of Health (NIH), Good Clinical, Manufacturing and Good Pharmacy Practice Guidelines (GCP, GMP and GPP). Pharmacists are registered with the SAPC and the majority work within registered pharmacies. Primary responsibilities include:

### **1. IMP Management**

- Delegated by the principle investigator (PI) to manage the IMP throughout the clinical trial, as per GCP practices
- IMP Management primary revolves around accountability – sourcing, receiving, storing (controlling storage environment with regards to temperature, light and humidity), dispensing, randomising, blinding and return/destruction/disposal
- Accurate and efficient dispensing of IMP
- Compounding and manipulation in accordance with local pharmacy practice regulations and laws
- Temperature monitoring planning, maintaining and ensuring up-to-date calibration of temperature monitoring devices
- Family Planning and Sexually Transmitted Infection medication management
- Completing, maintaining and quality control of data, including source documentation and relevant pharmacy paperwork
- Reporting of adverse events/adverse drug reactions, and medicine faults
- Procurement of IMP and NIMP
- Counselling patients on correct use of IMPs
- Assessing patient compliance and intervening where low compliance

### **2. Protocol and Study Development**

- Reviews protocols for clinical trials
- Developing or contributing to protocol including, but not limited to, the pharmacy/IMP section, study design, randomisation strategy, and blinding procedures
- Creation and assistance with development of standard operating procedures (SOPs), source documentation, establishment plans according to relevant legislation
- Creating randomisation strategy and schedule
- Contribution to ethics and regulatory (MCC) submissions and feedback
- Budgeting for pharmacy service provision

### **3. Training and continuous professional development**

- Train staff (pharmacy and other)
- Maintain professional development
- Supervise support staff e.g. pharmacy assistants

*Please note that not all pharmacists are involved in all aspects discussed above, however, it is important to be covered for all potential activities*