BOARD NOTICE 881 OF 2026

SOUTH AFRICAN PHARMACY COUNCIL

RULES

The South African Pharmacy Council intends to publish the ***Rules relating to the Code of Conduct for registered persons*** in terms of Section 35A(b)(i) of the Pharmacy Act, 53 of 1974.

Interested parties are invited to submit, within **sixty (60) days** of publication of this notice, substantiated comments on or representations regarding the proposed ***Rules relating to the Code of Conduct of registered persons***. Comments must be addressed to the Registrar of the South African Pharmacy Council by way of email BN@sapc.za.org (for the attention of the Company Secretary and Legal Services).

SCHEDULE

1. ***Rules relating to the Code of Conduct of registered persons***

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To obtain the full content of this Board Notice, please visit the 'Proposed Legislation' section on the South African Pharmacy Council's website: https://www.sapc.za.org/Legislation_Proposed

South African Pharmacy Council

CODE OF CONDUCT FOR PHARMACISTS AND OTHER PERSONS REGISTERED IN TERMS OF THE PHARMACY ACT, 53 OF 1974

SCHEDULE

Rules relating to the Code of Conduct of registered persons

1. In these rules, "the Act" shall mean the Pharmacy Act, 53 of 1974, as amended, and any expression to which a meaning has been assigned in the Act shall bear such meaning herein.

2. The Code of Conduct as published herewith shall constitute the *Rules relating to the Code of Conduct for pharmacists and other persons registered in terms of the Pharmacy Act*.

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1. INTRODUCTION

The *Rules relating to the Code of Conduct for pharmacists and other persons registered in terms of the Pharmacy Act* (hereafter "Code of Conduct") is intended to set the standards of professional conduct for all pharmacy owners, pharmacists, Responsible Pharmacists, and pharmacists involved in training and supervision (i.e. tutors, preceptors, supervisors), pharmacy support personnel (i.e. students, learners, interns, Pharmacist's Assistants and Pharmacy Technicians), within the scope of the Pharmacy Act (hereafter referred to as "the Act"). It is also regarded as governing the conduct of all persons registered in terms of the Act, including registered pharmacy owners issued with a license in terms of Section 22 of the Act, both within and outside the practice of pharmacy.

The Code of Conduct provides more detailed information regarding the Act, rules and/or regulations relating to all persons registered in terms of the Act and sets out the fundamental duties which apply to them. The information provided should be read in conjunction with all applicable legislation.

Persons registered with the South African Pharmacy Council (hereafter "Council") should at all times endeavour to act in the interest of promoting public health. A pharmacist, all registered pharmacy personnel and any registered owner issued with a licence in terms of Section 22 of the Act should maintain and enhance the honour and dignity of the pharmacy profession and refrain from any activity which may discredit the profession. Adherence to a Code of Conduct will assist in achieving the aforementioned goal.

A breach of the Code of Conduct as published in these rules will form the basis of a complaint, subject to disciplinary steps by Council, provided that Council, in considering whether or not action should follow, takes into consideration the circumstances of an individual case and is not limited to those matters which are mentioned in the Code of Conduct. A breach of this Code of Conduct may also lead to the name of the recorded pharmacy and/or the pharmacy owner and/or the name of the pharmacy professional being removed from Council's register, and that with regards to a pharmacy or pharmacy owner being removed from the register, Council will recommend to the Director-General that the pharmacy licence issued be withdrawn.

2. RULES APPLICABLE TO ALL REGISTERED PERSONS

The following rules will apply to pharmacy owners, pharmacists, Responsible Pharmacists, and pharmacists involved in training and supervision (i.e. tutors, preceptors, supervisors) and pharmacy support personnel (i.e. students, learners, interns, Pharmacist's Assistants and Pharmacy Technicians).

2.1 WELLBEING OF THE PATIENT

Principle: *The well-being of both the patient and other members of the public remains the prime concern of all persons practising the profession of pharmacy. The goal in the provision of medicine therapy should be to achieve appropriate therapeutic outcomes that contribute towards patient health and quality of life.*

In adhering to this principle, registered persons should ensure the following:

(a) That their attitudes, behaviours, commitment, concerns, ethics, functions, knowledge, responsibilities and skills are focused on primarily benefiting the patient and the public as a whole.

(b) At the point of dispensing, all the information on the package or container, which is necessary for the safe and effective use of the medicine as stipulated in the Medicines and Related Substances Act, 101 of 1965, is written in at least one (1) official language and that, where available, a patient information leaflet is provided at the point of dispensing.

(c) The patient or caregiver receives instructions on how to take a medicine safely. A patient or caregiver may have unique needs if they require further counselling or have trouble understanding the advice they are provided. This can happen if, among other things, the patient or caregiver is illiterate, elderly, living with a disability, or otherwise unwell. It is necessary to take the right steps to ensure that the person fully understands the instructions. For instance, illiterate patients can use labels with pictograms, and patients with a visual impairment can use pillboxes with Braille.

(d) An impression may not be given to a potential purchaser that any product or food supplement associated with the maintenance or enhancement of health is efficacious when there is no evidence of efficacy as confirmed by registration with the South African Health Products Regulatory Authority (SAHPRA).

(e) Personnel must remain professionally competent and abreast of the latest developments in their line of practice.

2.2 HONOUR AND DIGNITY OF THE PROFESSION

Principle: *Pharmacy owners and persons registered to practise the profession must uphold the honour and dignity of the profession and may not engage in any activity which could bring the profession into disrepute.*

A pharmacist or any person registered in terms of the Act or any registered pharmacy owner issued with a licence in terms of Section 22 of the Act shall adhere to the standards and rules set out in Council's *Rules relating to Good Pharmacy Practice*, made in terms of Section 35A(*b*)(ii) of the Act.

In adhering to this principle, the following should be taken into consideration:

(a) A person registered to practise the profession must have due regard for the reasonably accepted standards of behaviour both within and outside their professional practice.

(b) Breach of the law, whether or not directly related to the profession, may be regarded as bringing the profession into disrepute and may be considered to be misconduct for which Council may take disciplinary steps.

(c) Pharmacy owners and persons registered to practise the profession must not permit the use of their pharmacy licence, qualifications, or their position as a pharmacy professional to mislead or defraud.

(d) The public may not be misled to believe that the pharmacy is operated by a medical practitioner.

2.3 PRIVACY, CONFIDENTIALITY AND RECORDS

Principle: *Registered persons must respect the patient's privacy, records, and confidentiality of information acquired in the course of professional practice relating to a patient and may not disclose such information except under certain prescribed circumstances.*

In adhering to this principle, the following should be taken into consideration:

2.3.1 Privacy

Patient privacy must be ensured at all times, by ensuring that-

(a) The counselling session, when discussing the patient's confidential matters, cannot be overheard.

(b) The counselling is conducted in a professional manner regarding medicine use and other relevant information, and takes place in an area that provides the privacy required to advise patients on sensitive issues.

(c) The counselling is conducted in an area that is professionally planned, furnished and equipped, so as to allow the consulting and counselling of patients who may have sensitive emotional or health care problems, and the provision of advice to a patient and/or their agent/caregiver on medicines and other related issues.

2.3.2 Confidentiality

(a) Registered persons must ensure that anyone who has access to information relating to a patient:

(i) is aware of the need to respect its confidential nature; and

(ii) does not disclose such information without the written consent of the patient.

(b) If it is necessary to disclose information relating to a patient, the content should be limited to the specific matter involved. The following are guidelines regarding circumstances when information might need to be disclosed:

(i) where the information is to be shared with others who participate in, or assume responsibility for, the care or treatment of the patient, and would be unable to provide that care or treatment without that information (the need-to-know concept);

(ii) where disclosure of the information is to a person or body that is empowered by statute to require such a disclosure; for example, in connection with a scheduled medicine or a notifiable disease;

(iii) where disclosure is directed by the presiding officer of a court. It should be noted that such a direction relates only to disclosure to the person presiding or to a person named by the court;

(iv) where necessary for the purpose of a medical research project, which has been approved by a recognised ethics committee;

(v) rarely, where disclosure is justifiable on grounds of public interest; for example, to assist in the prevention, detection of or prosecution for serious crime or where disclosure could prevent a serious risk to public health; and

(vi) where necessary, to prevent serious injury or damage to the health of a third party.

(c) In the last three (3) exceptions listed above, it will be necessary to assess the risk and seriousness of the potential consequence of failure to disclose information against the rights of the patient to confidentiality.

(d) If the condition of the patient precludes the seeking of their consent, for example, through unconsciousness, mental handicap, psychiatric illness, dementia or brain injury, the assessment in the best interests of the patient should take into account any known wishes of the patient, the patient's next of kin, any other relative and anyone with power of attorney.

(e) Where the patient is a minor, the pharmacist may have to decide in the minor's best interests whether to -

(i) involve the parent, legal guardian, or a person appointed by the court in the consultation; and/or

(ii) release information to a parent or guardian without the consent of the minor.

2.3.3 Records

(a) The collation of data from patient records may be conducted, on condition that it is presented anonymously, for the purpose of research or as information to an interested commercial source; however, strict confidentiality should be maintained with respect to all details relating to both the patient and the prescriber. This would include confidentiality not only of names and addresses, but also of telephone numbers and postal codes.

(b) Access to information relating to a patient must be restricted to those who, in their professional judgment, need that information in the interests of the patient or in the public interest.

(c) Any disclosure of a patient's records and its extent should be recorded on the patient's record.

2.4 CO-OPERATION WITH OTHER HEALTH CARE PROFESSIONALS

Principle: *Pharmacy professionals must cooperate with other health care professionals to achieve the best possible outcomes for the patient. The pharmacist shall respect the skills and competencies of other healthcare providers and endeavour to work cooperatively with them to optimise the health outcomes of mutual patients and the public.*

In adhering to this principle, registered persons must:

(a) Endeavour to foster, develop and maintain effective relationships with professional colleagues and other health care providers and to cooperate with them to achieve positive medicine-related health outcomes for patients and the community.

(b) Endeavour to foster, develop and maintain the role of the pharmacist as a member of the health care team with expertise in medicine-related health outcomes.

(c) Endeavour to respect the special competencies and responsibilities of their colleagues and other healthcare professionals, and of the institutions, statutory and voluntary agencies that constitute their working environment.

(d) Refer a patient in their care to other team members or to other services when appropriate, or consult with colleagues or other healthcare providers when the additional knowledge of experts is required, at all times having due regard for the patient's right to confidentiality and informed consent.

(e) Endeavour to promote collegial relationships by striving to assist professional colleagues and other healthcare providers when called upon for advice or support and enable them to discharge their professional duties in order to maintain appropriate standards in the interests of patient care, public health and safety.

(f) Endeavour to maintain the confidence and trust placed in colleagues and other healthcare providers by patients and must refrain from making public comments that could detract from their professional reputation or harm the relationship they have with patients.

2.5 PROFESSIONAL INDEPENDENCE

Principle: *A registered member of the profession should refrain from entering into or being part of any transaction or agreement which may reflect negatively on his or her professional independence or the professionalism ethics, or reputation of the profession as a whole.*

In adhering to this principle, the following should be taken into consideration:

(a) Registered persons should not agree to practise under terms or conditions that interfere with or impair the proper exercise of professional judgment and skill, that cause deterioration of the quality of professional services rendered, or that require consent to unethical conduct.

(b) Registered persons may not collude with any person who is precluded in terms of the *Regulations relating to the ownership and licensing of pharmacies* from owning a pharmacy or having a beneficial interest in a pharmacy.

(c) While close collaboration with other healthcare professionals is welcomed, registered persons must–

(i) ensure that patients have the freedom to choose where they obtain their pharmaceutical services; and

(ii) whenever possible, ensure that patients have given their consent to their prescription being directed to a specific pharmacy.

2.6 MULTI-PROFESSIONAL (GROUP) PRACTICE(S)

In any multi-professional (group) practice, the following principles should be adhered to:

(a) **Professional accountability**: health professionals are personally accountable for compliance with all ethical rules, policies, standards, codes of conduct and legislation which regulate their respective professional activities.

(b) **Professional independence:** the principle of professional independence must be ensured so as to support the principle of professional accountability.

(c) **Professional responsibility:** professional practitioners must assume responsibility only within their scope of professional competence and accountability. Where necessary, patients should be referred to the most appropriately trained practitioner.

(d) Peer review and practice parameters must be encouraged within the multi-professional (group) practice to promote efficient, effective and safe practice.

(e) **Equal norms and requirements**: policies, ethical rules and codes of conduct must be applied consistently in all health care delivery systems, including solo practices.

(f) **Client/patient/community interest**: all multi-professional (group) practice activities must be for the benefit of the patient, who must be protected from all harm and exploitation.

(g) **Freedom of referral**: appropriate and necessary referrals must be unrestricted.

(h) **Shared resources**: health professionals may share facilities, equipment, clinical records and support staff, subject to the principles of professional and ethical accountability, independence and responsibility.

(i) All premises must conform to the good pharmacy practice guidelines as determined by Council.

(j) All pharmacies must be under the control of a Responsible Pharmacist in terms of the Act.

(k) The pharmacy within a multi-professional practice must be clearly demarcated.

2.7 PERVERSE INCENTIVES

(a) A patient may be issued with prescriptions intended for dispensing at a specified pharmacy. However, the patient must have the right to present the prescription for dispensing at any pharmacy of their choice. A pharmacist must not approach a medical practitioner or medical practice staff to obtain the direction for prescriptions to a particular pharmacy. A prescription should only be sent directly from a medical practice to a pharmacy when:

(i) the patient has specifically made such a request; or

(ii) the patient is in residential care and has indicated their wish that the person providing that care may collect or receive prescriptions on their behalf; or

(iii) the patient has an addiction problem and receives medication in defined, pre-arranged quantities.

(b) A pharmacist shall not offer or give inducements to any person in consideration of the supply to them of either prescriptions or orders for medicines, devices or appliances for patients.

(c) In order to prevent perverse incentives, it is neither permissible nor ethical for a pharmacist or pharmacy support personnel to engage in the following actions:

(i) advertise or endorse or encourage the use of any health establishment or medicine, complementary medicine, veterinary medicine, medical device or scheduled substance or health-related product or health-related service in a manner that unfairly promotes the practice of a particular healthcare professional or healthcare facility for the purpose of improper financial gain or other valuable consideration;

(ii) engage in or advocate the preferential use of any health establishment or medical device or health-related service or sell any medicine, complementary medicine, veterinary medicine or scheduled substance, if any improper financial gain or other valuable consideration is derived from such preferential use or prescription or the advocacy of preferential use by the healthcare professional, unless entitled by law;

(iii) referral of clients or patients to any health establishment or to other healthcare professionals if such referral would constitute overservicing;

(iv) accept commission or any financial gain or other valuable consideration from any person(s) or body or service in return for the purchase, sale or supply of any goods, substances or materials used by the healthcare professional in his or her practice;

(v) pay commission or render any financial gain or other valuable consideration from any person(s) or body or service in return for the purchase, sale or supply of any goods, substances or materials used by the healthcare professional in his or her practice; or

(vi) charge or receive a fee for services not personally rendered by the pharmacy.

2.8 UNDESIRABLE BUSINESS PRACTICES

(a) Registered persons must not participate in any transactions or agreements which run counter to the patient's interest or clinical needs; and/or where patient or health practitioner choice is limited and/or unduly influenced by the existence of such a transaction or agreement.

(b) This provision includes transactions or agreements where the determining factor in the ordering, stocking and/or dispensing of medicines and/or the provision of advice relating to medicines, is the existence of such a transaction or agreement with any party, individual or institution.

(c) Reference to the provisions of the following act, rule or regulation applying to pharmacists can be made, but it is not an exhaustive list with regard to the above:

(i) Section 43 of the Pharmacy Act, 53 of 1974;

(ii) Regulations relating to the ownership and licensing of pharmacies; and

(iii) Sections 18A, 18B, and 18C of the Medicines and Related Substances Act, 101 of 1965.

2.9 PHARMACY PREMISES

Principle: *A pharmacy offering services directly to the public must do so in or from premises that comply with good pharmacy practice standards, which reflect the professional character of pharmacy, and which are duly recorded in terms of the Pharmacy Act.*

In adhering to this principle, the pharmacy must be equipped with sufficient facilities and equipment to comply with all relevant regulations.

2.9.1 Products which may not be sold in a pharmacy

Registered persons must do everything reasonably possible to prevent access to and educate the public on items that may cause harm to their health.

Reference to the provisions of the following rule can be made; however, it does not contain an exhaustive list with regard to the above:

(a) Rule 2.29 of the *Rules relating to good pharmacy practice*, published in terms of Section 35A of the Act.

3. RULES THAT ARE APPLICABLE TO ALL PHARMACISTS

3.1 CONTROL OVER MEDICINES

Principle: *Pharmacists must at all times exercise proper and/or reasonable care in respect of and control over medicines.*

In adhering to this principle, the following should be taken into consideration:

(a) A pharmacist has a professional responsibility to exercise control over all medicinal and related substances which are purchased or supplied.

(b) All pharmacists should keep abreast of current thinking, including legislation on the safety and use of medicines and other products associated with the maintenance or promotion of health.

(c) Action must be taken promptly on such matters as product recalls.

(d) A pharmacist must not purchase, sell or supply any product where the pharmacist has any reason to doubt its safety, quality or efficacy.

(e) A pharmacist must be satisfied that both the supplier and the source of any medicine purchased are licensed in terms of Section 22C(1)(*b*) of the Medicines and Related Substances Act, 101 of 1965, and recorded in terms of the *Regulations relating to the ownership and licensing of pharmacies* with Council. Due regard must be paid to the storage conditions before purchase and to the labels, leaflets, appearance, origin and subsequent chain of supply of the medicine concerned.

(f) Medicines may only be sold/supplied to persons who are appropriately authorised to be in possession of such medicines.

3.1.1 Counterfeit and stolen medicines

Counterfeiting in relation to medicine includes the deliberate and fraudulent mislabelling with respect to the identity and/or source of the medicine.

(a) A scheduled medicine/substance registered with SAHPRA must have the registration number on each pack. Products that are not so labelled must not be accepted in a pharmacy.

(b) The purchase, possession, sale, supply or dispensing of an unregistered medicinal product, except where specifically permitted by legislation, is considered by Council to be unprofessional conduct, and is subject to disciplinary action by Council in terms of Chapter V of the Pharmacy Act.

(c) Registered persons must report any instance where they suspect that counterfeit medicines have been offered or supplied to them to the South African Health Products Regulatory Authority (SAHPRA) or another competent authority. They are also required to immediately isolate and withhold such medicinal products from sale or distribution.

3.1.2 Foil or blister packs

Medicinal products should not be accepted other than in their original outer packaging and should not be removed from a manufacturer's blister or foil pack in order to create a bulk dispensing pack. They may, however, be removed at the time of dispensing for an individual patient at the pharmacist's discretion to assist patient adherence.

3.1.3 Re-sale of returned medicines

A registered person should not re-dispense or re-sell medicine previously returned to the pharmacy by another patient, if that medicine had been in that patient's possession.

3.2 MEDICINE OVERUSE, MISUSE AND ABUSE

Principle: *Many scheduled medicines have a potential for misuse or dependency. Care should be taken with their supply even when it is legally authorised by prescription or signed order.*

A pharmacist must exercise professional judgment to prevent the supply of unnecessary and excessive quantities of medicines and other products, particularly those that are prone to being misused or abused.

In adhering to this principle, the following should be taken into consideration:

(a) A pharmacist should be alert to the possibility of medicine dependency in healthcare professionals and patients, should make enquiries to ensure that such medicines are to be used responsibly and should refuse to dispense these medicines when circumstances warrant such refusal.

(b) Certain non-prescription medicines and non-medicinal products are likely to be misused/abused. Requests for such products should be dealt with personally by the pharmacist, and sales should be refused if it is apparent that the purchase is not for a genuine medicinal purpose or if the frequency of purchase suggests overuse. Overuse in this context usually means:

(i) consumption over a lengthy period; and/or

(ii) consumption of doses substantially higher than recommended.

(c) A pharmacist becomes aware that a patient is abusing a substance; that patient should be referred to an appropriate practitioner or institution.

(d) The products which are abused are subject to change and pharmacists should keep abreast of local and national trends.

3.2.1 Medicines used to reduce intoxication

A pharmacist must not purchase, supply, or advise a person to buy any preparation, whether classified as a medicine or not, that is claimed to mask the signs of intoxication or accelerate the removal of intoxicating substances from the body.

3.2.2 Indirect supply of medicine (mail order/courier pharmaceutical service)

Although it is preferable for a pharmacist to give medicines directly to the patient/caregiver, when it is necessary to sell, supply or deliver medicine or scheduled substances by or through the mail/courier to a patient or to members of the public or to a person who receives medicine on behalf of the patient, the pharmacist must ensure that:

(a) the medicine is packaged in such a manner that it will guarantee the safety, quality and efficacy of medicines in accordance with the registration requirements for such medicine in terms of the Medicines and Related Substances Act, 101 of 1965, throughout the delivery process;

(b) a control system is implemented that will enable the pharmacist to detect and correct a delay in the delivery process;

(c) a report back system is introduced to ensure that problems with medicine distribution and delivery are detected timeously;

(d) where available, a patient information leaflet is provided;

(e) medicines which are prescribed for acute ailments or conditions (i.e. immediate need, not repeatable and non-chronic conditions) shall not be delivered to patients by mail/courier; and

(f) medicines that are registered to be stored in conditions under 8°C shall not be delivered to patients by mail/courier unless cold chain management is ensured.

3.2.3 Emergency supply of medicine or scheduled substances

A pharmacist must do everything reasonably possible to assist a person in need of emergency medical treatment or an emergency supply of medicines in accordance with Section 22A of the Medicines and Related Substances Act, 101 of 1965.

Reference to the provisions of the following act, rule or regulation applying to pharmacists can be made, but it is not an exhaustive list with regard to the above:

(a) Sections 22A and 22C(1)(*b*) of the Medicines and Related Substances Act, 101 of 1965.

3.3 CHEMICALS SOLD/PROVIDED IN A PHARMACY

Principle: *A pharmacist must take steps to ensure that all chemicals supplied will be used for their proper purpose and in appropriate circumstances.*

(a) Reasonable care should be taken by the pharmacist when supplying chemicals which may be used for the preparation of explosives or fireworks, e.g., chlorates, nitrates, magnesium, potassium permanganate (especially with glycerine/glycerol), sulphur, powdered aluminium, phosphorus and any oxidising or reducing agent, so that such chemicals are not used for these purposes. Such chemicals, including solvents, should not be sold to a person under 14 years of age.

(b) Pharmacists should take reasonable steps to ensure that chemicals bought for use in a child's chemistry set will be used under the supervision of an adult. A pharmacist should take reasonable steps to ensure that the purchaser of chemicals, including solvents, for industrial purposes or as a hobby, has sufficient knowledge to handle them safely and will use the chemicals for a proper purpose. A pharmacist should be aware of the requirements of all relevant legislation relating to occupational health and safety, hazardous substances and the abuse of dependence-producing substances.

4. RULES THAT ARE ONLY APPLICABLE TO PHARMACISTS AND PHARMACY SUPPORT PERSONNEL (PSPs)

4.1 CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Principle: *Pharmacists and PSPs must keep abreast of the progress of professional knowledge in order to maintain a high standard of competence relative to their sphere of activity.*

In line with the *Regulations relation to continuing professional development* (GNR. 668 of 2019), it is the responsibility of all pharmacists to:

(a) keep abreast of changes in pharmacy practice;

(b) remain up to date with the laws relating to pharmacy, the control of medicine and the knowledge and technology applicable to pharmacy; and

(c) maintain competence and effectiveness as a practitioner.

Pharmacists and PSPs must commit themselves to the concept of Continuing Professional Development (CPD), which is defined as the process by which pharmacists continuously

enhance their knowledge, skills and personal qualities throughout their professional careers.

CPD encompasses a range of activities, including:

(a) continuing education, which is the ongoing learning that professionals need to undertake throughout their careers as a contribution towards the maintenance and enhancement of their professional development and professional competence;

(b) professional audit, which is the study of the structure, process or outcome of pharmacy practice carried out by individual pharmacists, groups of pharmacists or groups of health care practitioners, to measure the degree of attainment of agreed objectives;

(c) participation in non-pharmacy-related but relevant formal post-graduate education;

(d) performance appraisal, self-assessment, identification and documentation of personal development targets;

(e) research, including practice research and the achievement of higher degrees by research;

(f) active involvement in professional organisations; and

(g) provision of training, coaching or mentoring.

4.2 DUAL REGISTRATION

Principle: *The registration with more than one statutory health council would be permissible provided that the pharmacist or PSP complies with the ethical rules of each of the professions registered with the respective council at all times.*

In adhering to this principle, the pharmacist or PSP who holds registration with more than one statutory health council shall at all times ensure that:

(a) no conflict of interest arises from such dual registration in the rendering of health services to patients;

(b) patients are clearly informed at the start of the consultation of the status of the pharmacist or PSP, i.e., in which capacity they will be acting, and the informed consent of the patient thereto is obtained in writing;

(c) patients are not consulted in a dual capacity or charged fees based on such dual consultation; and

(d) the ethical rules applicable at a given moment to the profession in which he or she is acting are strictly adhered to.

5. RULES APPLICABLE TO PHARMACISTS INVOLVED IN TRAINING AND SUPERVISION

Principle: *A pharmacist involved in training must ensure that PSPs develop their technical skills to augment the knowledge acquired during their studies.*

5.1 TRAINING OF PHARMACIST INTERNS

Principle: *Internship is a practical training year in which the tutor nurtures and guides the Pharmacist Intern towards adopting a specific approach and attitude towards the practice of the pharmacy profession.*

In adhering to this principle, the tutor should ensure that:

(a) the Pharmacist Intern is registered with Council;

(b) they comply with the CPD requirements as outlined in the *Regulations relating to continuing professional development*;

(c) they attend the Intern/Tutor Workshops conducted by Council;

(d) the Pharmacist Intern submits their Portfolios of Evidence with valid, current and authentic evidence;

(e) they verify the Portfolios of Evidence of the Pharmacist Intern under their profile;

(f) they are available to assist the Pharmacist Intern with day-to-day tasks and provide guidance in developing independent, responsible decision-making on matters affecting public health;

(g) the Pharmacist Intern gets exposure to the practice of pharmacy and is able to practice as a competent professional;

(h) they notify Council should the Pharmacist Intern be absent from work for an extended period of time; and

(i) the Pharmacist Intern is provided with the necessary equipment, materials, programs, and access to information systems and literature.

5.2 TRAINING PHARMACIST'S ASSISTANTS AND PHARMACY TECHNICIANS

Principle: *Pharmacist's Assistants (Learner Basic); Pharmacist's Assistants (Learner Post-Basic), or Pharmacy Technicians (Learner) need to be exposed to the work environment to get education and training on their scopes of practice.*

In adhering to this principle, the preceptor/tutors should ensure that:

(a) the learner obtains the kind and level of exposure required to be competent for their scope of practice; and

(b) they sign the learner's statement of work experience.

5.3 PHARMACIST UNDERGOING RESTORATION

Principle: *Pharmacists undergoing restoration are required to work under the direct supervision of a pharmacist for the duration of hours necessary to meet the restoration requirements*.

In adhering to this principle, the supervising pharmacist:

(a) must remain registered with Council for the duration of the period in which the pharmacist is undergoing supervision;

(b) should refrain from performing acts which may cause prejudice to the pharmacist they are supervising;

(c) should inform Council if the pharmacist is not upholding the honour and dignity of the profession and is involved in activities which could bring the profession into disrepute;

(d) must submit progress reports and indicate the number of hours the pharmacist worked under supervision; and

(a) should assist the pharmacist with the requirements needed to be restored in the registers of Council.

6. RULES APPLICABLE TO PHARMACY OWNERS AND RESPONSIBLE PHARMACISTS

6.1 THE USE OF TRADING TITLES, BRAND NAMES AND LOGOS

Principle: *A pharmacist and/or registered pharmacy owner must ensure that all trading titles, brand names and logos are approved and recorded with Council.*

(a) No person and/or pharmacy issued with a licence in terms of Section 22 of the Act shall adopt and use a trading title, brand name or logo for a retail pharmacy or an institutional pharmacy without the prior written approval of Council.

(b) In deciding whether the trading title, brand name or logo (collectively referred to as "the name") is acceptable to Council, the following will be taken into account:

(i) duplication of names, i.e., whether such name is being used by another person or entity;

(ii) Council shall not approve names that are calculated to suggest that the pharmacy in question is superior to other pharmacies;

(iii) offensive names will not be approved;

(iv) names will not be approved which create the impression that medicines are being sold at discount;

(v) names which may cause the public to be misled will not be approved;

(vi) if a name can lead to passing off, the same will not be approved; and

(vii) Council shall not approve names that are not associated with or do not belong to the pharmacy concerned.

6.2 ADVERTISING

Principle: *A pharmacy owner and/or a Responsible Pharmacist should, in the public interest, provide information about available services in or from a pharmacy complying with good pharmacy practice standards and duly recorded in terms of the Pharmacy Act. Publicity must not claim or imply any superiority over the service provided by other*

pharmacists or pharmacies, must be dignified and must not bring the profession into disrepute.

In adhering to this principle, the following should be taken into consideration:

(a) A pharmacy owner and/or a Responsible Pharmacist may make available information about themself or their practice, which is intended or may reasonably be regarded as being necessary for the information of the public.

(b) The distribution and content of publicity for professional services should be dignified and restrained. This approach will impress upon the public that medicines are not normal commodities of trade and that a pharmacist, in addition to supplying medicines, provides skilled and informed advice and counselling on pharmaceutical matters and health care.

(c) Publicity covers all forms of announcements or information addressed to the general public or health care professionals concerning the goods and services offered by pharmacists or pharmacies.

(d) All forms of communication are covered and include, for example, editorial and advertisements in print, digital, outdoor, radio and television media, as well as leaflets, flyers, notices, signs, packaging material, labels, public address systems and electronic mail.

(e) It is advisable to separate publicity for professional services from all other publicity.

(f) Pharmacy owners and/or a Responsible Pharmacist may make known to the general public and erect remote direction signs indicating:

    (i) the location of the pharmacy;

    (ii) the trading title;

    (iii) the address of the pharmacy;

    (iv) telephone numbers;

    (v) emergency services provided; and

    (vi) the business hours of the pharmacy.

(g) Pharmacy owners and/or a Responsible Pharmacist may not advertise outside the pharmacy by way of flashing lights and/or moving signs.

(h) Medicines may only be advertised in or outside a pharmacy in accordance with Regulation 45 of the *General Regulations* published in terms of the Medicines and Related Substances Act, 101 of 1965.

(i) The advertising or promotion of medicines via the internet must comply with Regulation 45 of the *General Regulations* published in terms of the Medicines and Related Substances Act, 101 of 1965 and the *Rules relating to good pharmacy practice*.

(j) A pharmacy owner and/or a Responsible Pharmacist may make known the names of medical schemes with which they are contracted and/or to whose members they are prepared to provide pharmaceutical services.

(k) Publicity must not abuse trust or exploit the lack of knowledge of a consumer/patient.

(l) The Responsible Pharmacist is accountable for the form and content of all publicity related to the pharmacy, whether it is issued personally, by another staff member, or by a third party acting on behalf of the pharmacy. This includes any publicity that the pharmacist explicitly approves. If the Responsible Pharmacist becomes aware of any misleading or inappropriate publicity issued on their behalf, they must take immediate and reasonable steps to correct or remove it.

(m) Newspaper features are deemed advertisements and particular care should be taken with them. Features usually comprise editorial comment together with a collection of individual advertisements by interested parties, particularly contractors involved in the refit of a pharmacy or suppliers of goods to a pharmacy. In such features, restraint should be exercised.

(n) When advertising in telephone and other local directories, bold type or super bold type is acceptable, as are display and semi-display advertisements, which do not conflict with other principles.

6.3 PUBLICITY FOR SERVICES

(a) Without limiting its generality, "touting or attempting to tout for prescriptions or business with regard to the sale of medicine" will include the following:

(i) any unsolicited approach directly to a member of the public by way of a telephone call, electronic means, or a visit made without prior appointment; and

(ii) any inducement by way of a gift, reward, rebate or participation in a competition in relation to professional services.

(b) A pharmacy or pharmacist shall not publicly advertise or display the specific monetary charges applicable to individual professional services rendered.

(c) Publicity should not contain matters other than:

(i) the name, address, telephone number and trading hours of the pharmacy and other branches;

(ii) arrangements made for emergency services;

(iii) the titles "chemist" and "pharmacy" used in relation to the provision of professional services. Unnecessary repetition of these words and personal titles, such as pharmacist and chemist, should be avoided;

(iv) a pharmacist's name and qualifications; and

(v) the location of the pharmacy with a map, together with transport details and parking facilities.

(d) The services which may be provided in the various categories of pharmacies in terms of Chapter VI of the *Regulations relating to the practice of pharmacy* (GNR. 1158 of 20 November 2000), may be made known.

(e) Information provided on services should be presented so as to allow the recipient to make a decision, without being subjected to pressure. No attempt should be made to solicit custom or to seek to influence the patient's choice.

(f) Discreet information relating to services may be supplied to and displayed in a doctor's surgery, healthcare centre or local health care clinic. A pharmacist should not seek or agree to an arrangement granting exclusive rights for the display of such advertisements.

7. RULES APPLICABLE TO PHARMACY OWNERS

General Guidelines

According to Section 22 of the Pharmacy Act, any person intending to own a pharmacy may apply to the Director-General: Health and submit acceptable documentary evidence that they meet the applicable conditions outlined in the *Regulations relating to the ownership and licensing of pharmacies*, as well as pay the application cost. The applicant may be an owner/s in their individual capacity (i.e. sole proprietor or partner) or through a company (directors, officers, and shareholders).

A pharmacy owner must adhere to all the Rules made in terms of Section 35A(b)(ii) of the Pharmacy Act.

Pharmacy owners with multiple pharmacies must ensure that the pharmacies comply with legislation governing the practice of pharmacy.

Principle: *A pharmacy owner must uphold the honour and dignity of the pharmacy profession and may not engage in any activity which could bring the profession into disrepute.*

In adhering to this principle, the following should be taken into consideration:

7.1 OWNERSHIP OF PHARMACIES

A pharmacy owner-

(a) must, at any time when requested by Council or on application for a licence or at change of ownership, submit information of all relevant direct owners and indirect owners (directors, officers, and shareholders);

(b) should refrain from entering into, or being part of, any transaction or agreement which may reflect negatively on their independence or the ethics of the profession as a whole;

(c) may not collude with any person/entity that is precluded in terms of the *Regulations relating to the ownership and licensing of pharmacies* from owning a pharmacy or having a beneficial interest in a pharmacy; and

(d) owning a manufacturing pharmacy may not own or have direct or indirect beneficial interest in a community and/or institutional pharmacy.

7.2 ADVERTISING

Principle: *Pharmacy owners or their representatives should, in the public interest, provide information about available services offered by the pharmacy in compliance with good pharmacy practice standards, the Pharmacy Act and any other applicable legislation. The information provided must not claim or imply any superiority over the service provided by other pharmacists or pharmacies, must be dignified and must not bring the profession into disrepute.*

In adhering to this principle, the following should be taken into consideration:

(a) A pharmacy owner who is an employer of pharmacists that have Section 22A(15) permits for supplementary training such as Primary Care Drug Therapy (PCDT), immunisation and injection techniques, etc., may make reference to such services when advertising; however, care should be taken to ensure that it is not used in such a way as to lead the public to believe that the pharmacy is a medical practice run by medical practitioners.

(b) A pharmacy owner may make available information about themselves, which is intended or may reasonably be regarded as being necessary for the information of the public.

(c) Information covers all forms of announcements or information addressed to the general public or health care professionals concerning the goods and services offered by pharmacies.

(d) All forms of communication channels are permitted and include, for example, editorial and advertisements in print, outdoor, digital, radio and television media, as well as leaflets, flyers, notices, signs, packaging material, labels, public address systems and electronic mail.

(e) It is advisable to separate communication for professional services from all other communication.

(f) A pharmacy owner may make known to the general public and erect remote directional signs indicating:

(i) the location of the pharmacy;

(ii) the trading title;

(iii) the address of the pharmacy;

(iv) telephone numbers;

(v) emergency services provided; and

(vi) the business hours of the pharmacy.

(g) Pharmacy owners may not advertise outside the pharmacy by way of flashing lights and/or moving signs.

(h) Medicines may only be advertised in or outside a pharmacy in accordance with Regulation 42 of the *General Regulations* published in terms of the Medicines and Related Substances Act (GNR. 859 of 25 August 2017).

(i) The advertising or promotion of medicines via the internet must comply with Regulation 42 of the *General Regulations* published in terms of the Medicines and Related Substances Act and the *Rules relating to good pharmacy practice*.

(j) A pharmacy owner may make known the names of medical schemes the pharmacy is contracted to and/or whose members they are prepared to provide pharmaceutical services to.

(k) Information must not be used to abuse trust or exploit the lack of knowledge of a consumer/patient.

7.3 COOPERATION WITH OTHER HEALTHCARE PROFESSIONALS

Principle: *While close professional cooperation between pharmacies and medical practices or other healthcare professional practices is to be welcomed, the pharmacy owner-*

(a) must ensure that patients have the freedom to choose where they obtain their pharmaceutical services; and

(b) must, whenever possible, ensure that patients have given their consent for their prescriptions to be directed to a specific pharmacy.

7.4 PROTECTION OF INFORMATION

(a) **Confidentiality:** the pharmacy must be equipped with a counselling area that is professionally planned, furnished and equipped, so as to allow the pharmacist to consult and counsel patients who may have sensitive emotional or health care problems and advise a patient and/or their caregiver on medicines, and other related issues.

(b) **Data Protection:** the pharmacy must be equipped with secure storage for patient records (electronic/paper). Only authorised personnel should have access to pharmacy data storage systems, which are set up with locked cabinets, rooms or password-encrypted storage.

(c) **Staff Education:** all pharmacy personnel must be trained on the importance of patient information protection.

(d) **Secure Communication:** the communication channels provided between pharmacy personnel and patients should be encrypted, and shared information should be secured.

(e) **Disposal of information:** the pharmacy must be equipped with safe disposal methods for patient records that are no longer within the record-keeping duration.

7.5 PROFESSIONAL APPEARANCE AND NATURE OF PHARMACY

Principle: *A pharmacy owner must ensure that the pharmacy premises comply with good pharmacy practice standards, which reflect the professional character of pharmacy, and which are duly recorded in terms of the Pharmacy Act.*

In adhering to this principle, the owner must ensure that-

(a) there are sufficient facilities and equipment to comply with all relevant regulations;

(b) the pharmacy appoints a Responsible Pharmacist;

(c) the Responsible Pharmacist is granted the authority to operate the pharmacy;

(d) the pharmacy is always operated under the direct personal supervision of a pharmacist;

(e) they have due regard for the reasonably accepted standards of behaviour both within and outside the pharmacy profession; and

(f) they do not use or permit the use of their registration as owners to mislead the public, be involved in fraudulent activities or commit any criminal activity.