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Contents

No.		*Gazette No.*	*Page No.*
BOARD NOTICES • RAADSKENNISGEWINGS			
Health, Department of /Gesondheid, Departement van			
952	Pharmacy Act (53/1974): South African Pharmacy Council: Rules relating to Good Pharmacy Practice.....	54923	3

BOARD NOTICES • RAADSKENNISGEWINGS

BOARD NOTICE 952 OF 2026

SOUTH AFRICAN PHARMACY COUNCIL

RULES RELATING TO GOOD PHARMACY PRACTICE

The South African Pharmacy Council intends to publish amendments to Annexure A of the *Rules relating to Good Pharmacy Practice,* which was published on 17 December 2004, Government Gazette No.: 27112, Board Notice 129 of 2004, in terms of Section 35A(b)(ii) 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 amendments to the *Rules relating to Good Pharmacy Practice*. 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. MINIMUM STANDARDS SPECIFICALLY RELATING TO THE PREVENTION OF FRONTING IN THE PRACTICE OF PHARMACY



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MINIMUM STANDARDS SPECIFICALLY RELATING TO THE PREVENTION OF FRONTING IN THE PRACTICE OF PHARMACY

1. INTRODUCTION

Pharmacists registered with the South African Pharmacy Council (hereafter "Council") may also be registered to fulfil specific supervisory and educational roles within pharmacy practice. These include Responsible Pharmacists, who are legally accountable for compliance with relevant legislation and ensuring the overall management of pharmacy operations; Designated Pharmacists, who are accountable for ensuring compliance with legislation by a provider of education and training accredited by Council; tutors, who provide professional guidance and direct personal supervision to pharmacy support personnel (Pharmacist Interns, Pharmacy Technician Trainees, and Pharmacist's Assistant Learners); and supervising pharmacists, who provide professional oversight of pharmaceutical services in satellite pharmacies and primary healthcare facilities.

Should a pharmacist be in any of these sub-roles without exercising the required professional authority or accountability, such an appointment may constitute fronting.

In accordance with the *Rules relating to good pharmacy practice*, published in terms of Section 35A(b) of the Pharmacy Act, 53 of 1974, direct personal supervision entails guidance and support provided by a pharmacist whilst physically present in a pharmacy.

2. DEFINITIONS

(a) In relation to pharmacy professionals, "fronting" refers to a practice of registering a pharmacist with Council as holding a particular sub-role (Responsible Pharmacist, Designated Pharmacist, Supervising Pharmacist and/or Tutor), whereas they do not perform the duties or exercise the authority related to the sub-role.

(b) In relation to the supervision of a pharmacy or a provider of education and training, "fronting" means: a practice of registering a pharmacist with Council as the Responsible Pharmacist or Designated Pharmacist to create the appearance of legislative compliance, where one or more of the following is evident:

(i) that the pharmacist is not empowered to exercise authority or provide legislative guidance; or

(ii) that the pharmacist does not perform the duties prescribed in these rules; or

(iii) that the pharmacist may not be actively involved in the pharmacy's or the education and training provider's operations; or

(iv) that the pharmacy or provider of education and training is not under the continuous supervision of the pharmacist.

3. INDICATORS OF FRONTING

One or more of the following shall be indicators of possible or actual fronting:

(a) the pharmacist is unaware of their appointment and subsequent registration as a Responsible Pharmacist or Designated Pharmacist;

(b) the pharmacist is aware of their appointment but is not involved in the daily operations of the pharmacy or provider of education and training and, therefore, not able to account for the activities;

(c) the Responsible Pharmacist or the Designated Pharmacist does not have professional decision-making authority;

(d) the Responsible Pharmacist or Designated Pharmacist is prohibited from substantially providing legislative guidance;

(e) there is no documentation of the delegation of duties;

(f) the pharmacist does not perform the duties related to the sub-role they are appointed for;

(g) the pharmacist may not be involved in the operations, services, or training activities for which they are designated; and

(h) the pharmacist does not maintain a physical presence that guarantees direct personal supervision of the pharmacy or provider of education and training.

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