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BOARD NOTICE 975 OF 2026

SOUTH AFRICAN PHARMACY COUNCIL

RULES RELATING TO ACTS OR OMISSIONS IN RESPECT OF WHICH THE COUNCIL MAY TAKE DISCIPLINARY STEPS

In terms of Section 41(1) and 41(2) of the Pharmacy Act, 53 of 1974, the South African Pharmacy Council shall from time to time make rules specifying the acts or omissions in respect of which Council may take disciplinary steps under Chapter V of the Pharmacy Act, 53 of 1974, and obtain approval from the Minister of Health to publish such rules.

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 ACTS OR OMISSIONS IN RESPECT OF WHICH THE COUNCIL MAY TAKE DISCIPLINARY STEPS**. Comments must be addressed to the Registrar, 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 ACTS OR OMISSIONS IN RESPECT OF WHICH THE COUNCIL MAY TAKE DISCIPLINARY STEPS**



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SCHEDULE

ARRANGEMENT OF RULES

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The South African Pharmacy Council ("Council") holds the view that a person registered with the Council should at all times endeavour to act in the interest of promoting public health. The pharmacist should maintain and enhance the honour and dignity of pharmacy and refrain from any activity which may discredit the profession.

The undermentioned acts or omissions shall be deemed to be unethical or unprofessional conduct, subject to disciplinary steps by the Council under Chapter V of the Act; provided that the said acts or omissions cannot be and are not intended to be a complete list of offences which may be punishable under the Council's disciplinary powers. Council is empowered by Chapter V of the Act, as amended, to enquire into any matter which is brought to the attention of the Council or any complaint, charge or allegation of improper or disgraceful conduct against any person registered in terms of the Act:

CONTROL, DISPENSING AND SALE OF MEDICINE AND HEALTH PRODUCTS

1. Failure by a registered person to provide advice and information to the patient on the correct use of the medicine.

2. Failure by a person dispensing a prescription to indicate on the prescription that it was dispensed by them.

3. Failure by the Responsible Pharmacist to put systems in place to ensure that:

   (a) medicine is dispensed correctly;

   (b) expired medicines are separated from the trading stock; and

   (c) expired medicines are not dispensed.

4. Failure to exercise proper and/or reasonable care in respect of and control over–

   (a) the acquisition, storage, manufacturing, dispensing, sale, supply or disposal of medicines or of raw materials for the manufacturing of medicines for human or veterinary use;

   (b) chemical and hazardous substances;

   (c) access of the public to scheduled substances;

(d) the hygiene, cleanliness and neatness of a pharmacy;

(e) the professional appearance of a pharmacy, the failure of which may result in the dignity of the profession being harmed or potentially harmed.

5. Omitting a medicine or an ingredient of a medicine in a prescription without first obtaining the approval of the prescriber, unless the patient requests the omission of a medicine in a prescription: provided that such omission shall be indicated indelibly on the prescription and on the copy of the prescription, provided further that the patient be advised of the implications of the omission of a medicine from a prescription as requested by the patient.

6. The sale or promotion of the sale of medicines in any manner that has as its aim or may be interpreted or regarded as having as its aim, the promotion of the misuse, abuse or the detrimental or injudicious or unsafe use of medicines.

SUPERVISION

7. Failure by the Responsible Pharmacist to delegate responsibility to a pharmacist to supervise the pharmacy during their absence and to ensure that there is evidence of such delegation.

8. Failure by a pharmacist to exercise supervision of activities that are performed by pharmacy support personnel and/or other staff.

9. Failure by the owner or Responsible Pharmacist to do due diligence in making sure that persons employed in the pharmacy to perform the scope of practice of a pharmacist are not designated as non-practising or inactive on the register of Council.

10. Failure, as a tutor responsible for practical training, to:

(a) carry out the designated duties;

(b) attend in good time to the administrative duties attached to the registration;

(c) maintain registration as a pharmacist for the duration of the practical training; and

(d) to verify and submit to Council continuing professional development activities.

11. Failing to observe the provisions of any Act, rule or regulation applicable to pharmacy, or allowing a person under their supervision and control to contravene such provisions, or inciting, instigating, ordering, or encouraging any person to contravene such provisions.

ADVERTISING AND TOUTING

12. (1) The advertising of medicine or of their professional services in a manner–

(a) that is factually incorrect;

(b) that is misleading; and

(c) that harms the dignity or honour of the profession.

(2) The advertising of medicine in a manner–

(a) that disparages another product, medicine or scheduled substance; and

(b) that is aimed at or may be interpreted or regarded as having as its aim, the promotion of the misuse or abuse or the detrimental, injudicious or unsafe use of medicines.

(3) The advertising of their professional services in a manner–

(a) that disparages another pharmacist; and

(b) that is calculated to suggest that their professional skills, ability or facilities for practising their profession or rendering their professional services are superior to those of other pharmacists.

13. Touting or attempting to tout for prescriptions or business regarding the sale of medicines.

RELATIONSHIPS WITH COLLEAGUES AND OTHER HEALTHCARE PROFESSIONALS

14. Criticism given in an unprofessional manner regarding the ability or professional competence of colleagues or members of other healthcare professions.

15. Failure, in the interest of the patient, to cooperate with colleagues or members of other healthcare professions.

TRADING TITLES, BRAND NAME OR LOGOS

16. Adopting and using a trading title, brand name or logo for a pharmacy without the prior written approval of the Council.

17. Use by a pharmacy as its trading title, brand name or logo, or as part of such title of the name of any other company, firm or business or any words indicating or suggesting that the pharmacy is associated with, belongs to or is in any way connected with such other company, firm or business, unless such other company, firm or business is recorded with Council as the owner or part owner of the pharmacy.

GENERAL

18. A pharmacist shall not accept an appointment as a Responsible Pharmacist of a pharmacy while employed on a full-time basis elsewhere.

19. A pharmacist shall not practise the scope of practice of a pharmacist while designated as non-practising.

20. A pharmacist support personnel (PSP) shall not practise the scope of practice of pharmacy support personnel while designated as non-practising.

21. Any act or omission which prevents or hinders or is calculated to prevent or hinder Council or the Registrar or any office bearer of the Council from carrying out its or their statutory duties.

22. In any manner whatsoever bringing Council or a member of Council, in their capacity as a member, into disrepute.

23. A registered person may not provide an unsubstantiated opinion which may mislead the public.

24. Conducting their practice or themselves in such a manner that the dignity or the honour of the profession is harmed.

25. Collusion with any person who is not permitted to own a pharmacy (excluded from owning a pharmacy in terms of the Pharmacy Act) to perform acts especially pertaining to the profession of a pharmacist.

26. Conducting themselves in a manner that discriminates based on race, culture, ethnicity, social status, age, gender, disability, sexual orientation, status of disease, religious or spiritual belief and political affiliation.

27. Disclosure of confidential information obtained during their professional activities, except:

(a) with the express written consent of the patient;

(b) in the case of a minor, with the written consent of the parent or guardian;

(c) where such information must be furnished to a person authorised by law to request the information; and

(d) when such disclosure, in the pharmacist's judgement, is in the interest of the public.

28. Failure to comply with continuous professional development (CPD) requirements.

29. Failure by a registered person to maintain honesty and integrity by claiming from a funder for services not provided or not entitled to or unjust benefit.

30. Failure, as the owner of a pharmacy, to adhere to legislation relating to pharmacy and any other applicable legislation.

31. Failure, as the designated pharmacist of a provider of education and training, to adhere to legislation relating to the education and training and any other applicable legislation.

32. Failure by a registered person to promote access to health care by not referring patients to another healthcare provider when needed.

33. Failure by a registered person to maintain a professional relationship with the patient by failing to maintain professional boundaries.

34. Failure by a Responsible Pharmacist in a manufacturing or wholesale pharmacy to validate whether the pharmacy is active on the Council register or the facility or a person is authorised to order medicines before supplying the medicine.

35. Intimidation or interfering with any person whom a registered person knows or should reasonably know to be a witness in a formal inquiry to be held into the conduct of the registered person concerned on any aspect of evidence to be given by such witness at the inquiry, or permitting, sanctioning, or agreeing to such communication on their behalf.

36. Permitting their name to be registered (or used) as a Responsible Pharmacist while they are not able to continuously supervise and be physically present in a pharmacy.

37. The performance by registered persons of professional acts for which they are inadequately trained or insufficiently experienced and/or under improper conditions and/or in improper surroundings.

Repeal

Rules relating to acts or omissions in respect of which Council may take disciplinary steps	GNR. 599 of 31 March 1989 GNR. 1549 of 5 July 1991 GNR. 339 of 31 January 1992 GNR. 1547 of 20 August 1993

BOARD NOTICE 976 OF 2026

SOUTH AFRICAN PHARMACY COUNCIL

RULES RELATING TO GOOD PHARMACY PRACTICE

The South African Pharmacy Council herewith publishes amendments for implementation to Annexure A of the *Rules relating to good pharmacy practice,* which was published on 17 December 2004, Government Gazette No. 27112, in Board Notice 129 of 2004 (as amended), in terms of Section 35A(b)(ii) of the Pharmacy Act, 53 of 1974.

SCHEDULE

Rules relating to what constitutes good pharmacy practice.

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.

2. The following provision, Annexure A of the *Rules relating to good pharmacy practice,* is hereby amended

(a) SCOPE OF PRACTICE – AUTHORITY, DUTIES AND RESPONSIBILITIES OF A RESPONSIBLE PHARMACIST



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AUTHORITY, DUTIES AND RESPONSIBILITIES OF A RESPONSIBLE PHARMACIST

(a) Annexure A, Rule 2: Authority, Duties and Responsibilities of a Responsible Pharmacist ***is hereby deleted and replaced with the following:***

2. Authority, duties and responsibilities of a Responsible Pharmacist

In terms of the Pharmacy Act, 53 of 1974, every pharmacy must, except in such circumstances and subject to such conditions as may be prescribed, be conducted under the direct personal supervision of a Responsible Pharmacist, whose name must be displayed conspicuously over the main entrance of such pharmacy and who must be registered as such with Council.

In terms of the ***Regulations relating to the Practice of Pharmacy****,* every pharmacy shall, except in such circumstances and subject to such conditions as may be published in rules by Council, be conducted under the **direct personal supervision** of a Responsible Pharmacist whose name must be displayed conspicuously over the main entrance of such pharmacy.

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

(b) Annexure A, Rule 2.1: Duties and Responsibilities of a Responsible Pharmacist ***is hereby deleted and replaced with the following:***

2.1 Duties and responsibilities of the Responsible Pharmacist

The Responsible Pharmacist must–

(a) ensure that they in fact continuously supervise the pharmacy in which they have been appointed;

(b) have appropriate qualifications and experience in the services being rendered by such pharmacy;

(c) ensure that persons employed in such pharmacy and who provide services forming part of the scope of practice of a pharmacist or pharmacy support personnel are appropriately registered with Council;

(d) notify Council immediately upon receiving knowledge that his/her services as a Responsible Pharmacist have been or will be terminated;

(e) take corrective measures in respect of deficiencies with regard to inspection reports of Council or in terms of the Medicines Act; and in addition to the general responsibilities, also:

(i) ensure that unauthorised persons cannot by lawful means obtain access to medicines or scheduled substances or the pharmacy premises outside of normal trading hours;

(ii) establish policies and procedures for the employees of the pharmacy with regard to the acts performed and services provided in the pharmacy;

(iii) ensure the safe and effective storage and keeping of medicine or scheduled substances in the pharmacy under his or her direct personal supervision;

(iv) ensure correct and effective record keeping of the purchase, sale, possession, storage, safekeeping and return of medicines or scheduled substances;

(v) ensure that the employment details of all pharmacy personnel (pharmacists and pharmacy support personnel) under their supervision are accurate and up to date on the Council register; and

(vi) ensure that changes are updated within thirty (30) days of any employment change, including resignations, new appointments, or role changes.

2.1.1 Circumstances and conditions under which a Responsible Pharmacist may be absent from their pharmacy.

The following are circumstances and conditions under which a Responsible Pharmacist may be absent from their pharmacy:

2.1.1.1 Circumstances

The Responsible Pharmacist may be absent from their pharmacy, subject to the conditions mentioned in Paragraph 2.1.1.2 hereunder, to—

(a) fulfil duties and responsibilities as prescribed in terms of the Pharmacy Act (refer to Paragraph 2.1 above);

(b) undertake the overall management of the pharmacy concerned, which could include but is not limited to the regulation of pharmacy matters, human resources, or matters relating to processes regarding medicines or scheduled substances, including procedures and record-keeping, as well as compliance with relevant labour legislation; and

(c) provide pharmaceutical services at any other pharmacy or institution as required, provided that such services do not compromise the safety, quality, and direct personal supervision of the pharmacy for which they are registered.

[the remaining provisions of Rule 2.1 remains unchanged]

BOARD NOTICE 977 OF 2026

SOUTH AFRICAN PHARMACY COUNCIL

RULES RELATING TO GOOD PHARMACY PRACTICE

The South African Pharmacy Council intends to publish the 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 amended minimum standards. Comments must be addressed to the Registrar, 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 may be registered with Council to fulfil specific supervisory and educational roles within pharmacy practice. These include Responsible Pharmacists who are legally accountable for compliance with legislation and for the overall management of pharmacy operations; Designated Pharmacists, who are accountable for the compliance with legislation of 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.

Pharmacists appointed to these roles are registered with Council. If a Pharmacist holds any of these sub-roles without exercising the required professional authority or accountability, such an appointment may constitute fronting.

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

2. DEFINITIONS

(a) in terms of pharmacy professionals, Fronting refers to the 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 authority related to the sub-role.

(b) in terms of supervision of a pharmacy or a provider of education and training, Fronting refers to the 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 is not actively involved in pharmacies or 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 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 the 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 is not 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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