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BOARD NOTICES

BOARD NOTICE 108 OF 2008 THE SOUTH AFRICAN PHARMACY COUNCIL

RULES RELATING TO CODE OF CONDUCT

The South African Pharmacy Council herewith publishes Rules relating to the Code of Conduct for pharmacists and other persons registered in terms of the Act in accordance with section 35A(b)(i) of the Pharmacy Act 53 of 1974, as amended.

SCHEDULE

Rules relating to the Code of Conduct

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



**TA MASANGO
REGISTRAR**



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

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



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

**CODE OF CONDUCT FOR PHARMACISTS AND OTHER PERSONS
REGISTERED IN TERMS OF THE PHARMACY ACT**

INTRODUCTION

The Code of Conduct is intended to set the standard of professional conduct for all pharmacists and registered pharmacy support personnel within the scope of the Pharmacy Act. It is also regarded as governing the conduct of all persons registered in terms of the Pharmacy Act including registered pharmacy owners issued with a licence 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 Pharmacy Act and sets out the fundamental duties which apply to them. The information provided should be read with all applicable legislation.

The South African Pharmacy Council ("Council") holds the view that a person registered with 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 guidelines could 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 does not regard itself as being limited to those matters which are mentioned in the Code of Conduct. A breach of this Code of Conduct may also lead thereto that the name of the recorded pharmacy and/or the pharmacy owner issued with a licence in terms of Section 22 of the Act, be removed from the Council's relevant register and that Council will make a recommendation to the Director-General that the licence issued be withdrawn.

1.1 WELLBEING OF THE PATIENT

Principle: *A pharmacist's prime concern in the performance of his/her professional duties must be for the wellbeing of both the patient and other members of the public.*

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

- 1.1.1 The pharmacist's goal in the provision of medicine therapy should be to achieve appropriate therapeutic outcomes that contribute towards patient health and quality of life. The attitudes, behaviours, commitments, concerns, ethics, functions, knowledge, responsibilities and skills of the pharmacist should therefore be focused on primarily benefiting the patient and the public as a whole.
- 1.1.2 To avoid confusion and in the interest of the patient, a pharmacist must ensure that when any medicinal product is sold or dispensed to the patient, 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 Act, is written in at least one official language and that where available a patient information leaflet is provided at the point of dispensing.



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- 1.1.3 When appropriate, a pharmacist should ensure that the proposed user or purchaser of a medicinal product receives advice on its safe use. Special needs may arise where the user requires additional counseling, or has difficulty in understanding the advice given. This may happen, inter alia, when the patient or caregiver is blind, disabled, geriatric, infirm or illiterate. This must be taken into account and reasonable efforts made to ensure that the person fully understands, e.g. pillboxes with Braille can be used for blind patients and labels with pictograms for illiterate patients.
- 1.1.4 A pharmacist must not give an impression to a potential purchaser that any product or food supplement associated with the maintenance of or enhancement of health is efficacious, when there is no evidence of efficacy, as confirmed by the registration with the Medicines Control Council.
- 1.1.5 A pharmacist must remain professionally competent and abreast of the latest developments in the health area in which he/she functions in accordance with his/her scope of practice.

(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:

- Regulations 8, 9 and 10 of the Medicines and Related Substances Act 101 of 1965)

1.2 HONOUR AND DIGNITY OF THE PROFESSION

Principle: *A pharmacist must uphold the honour and dignity of the 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:

- 1.2.1 A pharmacist must have due regard for the reasonably accepted standards of behaviour both within and outside his professional practice.
- 1.2.2 Any breach of the law, whether or not directly related to a pharmacist's professional practice, may be regarded as bringing the profession into disrepute and may be considered to be misconduct for which the council may take disciplinary steps.
- 1.2.3 A pharmacist must not use or permit the use of his/her qualifications or his/her position as a pharmacist to mislead or defraud.
- 1.2.4 While a pharmacist is encouraged to make reference to a doctorate that he/she holds as an additional qualification, care should be taken to ensure that it is not used in such a way as to lead the public to believe that the pharmacist is a medical practitioner.
- 1.2.5 A pharmacist or any person registered in terms of the Pharmacy Act, (Act 53 of 1974), 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 the Council's Rules as to Good Pharmacy Practice in South Africa, made in terms of Section 35A(b)(ii) of the Pharmacy Act, (Act 53 of 1974).



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1.3 CONFIDENTIALITY

Principle: *A pharmacist must respect the 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:

- 1.3.1 A pharmacist must restrict access to information relating to a patient to those who, in his/her professional judgment, need that information in the interests of the patient or in the public interest.
- 1.3.2 A pharmacist must ensure that anyone who has access to information relating to a patient:
 - (a) is aware of the need to respect its confidential nature;
 - (b) does not disclose such information without the written consent of the patient.
- 1.3.3 If a pharmacist judges it 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:
 - (a) 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).
 - (b) 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.
 - (c) Where disclosure is directed by the presiding officer of a court. It should be noted that such a direction relates to disclosure only to the person presiding or to a person named by the court.
 - (d) Where necessary for the purpose of a medical research project, which has been approved by a recognised ethics committee.
 - (e) 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.
 - (f) Where necessary to prevent serious injury or damage to the health of a third party.
 - (g) If a pharmacist is of the opinion that disclosure of the information requested might cause serious harm to the patient's physical or mental health or well-being, he/she may allow access to this information if the requester can prove to his/her satisfaction that adequate provision is made for counselling or arrangements as are reasonable before or during or after the disclosure of such information to alleviate or avoid such harm to the patient.



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- 1.3.4 In the last three exceptions listed above, it will be necessary to assess the risk and seriousness of the potential consequence of failure to disclose as against the rights of the patient to confidentiality.
- 1.3.5 If the condition of the patient precludes the seeking of his/her 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.
- 1.3.6 Where the patient is a minor, the pharmacist may have to decide in the minor's best interests whether to release information to a parent or guardian without the consent of the minor.
- 1.3.7 Where necessary, any disclosure and its extent should be recorded on the patient's record.
- 1.3.8 None of the above precludes the collation of data from patient records, 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 telephone numbers and postal codes.

1.4 CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Principle: *A pharmacist must keep abreast of the progress of professional knowledge in order to maintain a high standard of competence relative to his/her sphere of activity.*

In line with the national education policy of life-long-learning, it is the responsibility of all pharmacists to:

- 1.4.1 keep abreast of changes in pharmacy practice;
- 1.4.2 remain up-to-date with the laws relating to pharmacy, the control of medicine and the knowledge and technology applicable to pharmacy; and
- 1.4.3 maintain competence and effectiveness as a practitioner.

Pharmacists must commit themselves to the concept of Continuing Professional Development, which is defined as the process by which pharmacists continuously enhance their knowledge, skills and personal qualities throughout their professional careers.

It encompasses a range of activities including:

- (a) continuing education, which is the on-going 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



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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.

1.5 CO-OPERATION WITH HEALTH CARE PROFESSIONALS

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

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

1.5.1 Maintain relationships

The pharmacist must endeavour to foster, develop and maintain effective relationships with professional colleagues and other health care providers and to co-operate with them to achieve positive medicine-related health outcomes for patients and the community.

1.5.2 The health care team

The pharmacist must 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.

1.5.3 Respect for other competencies

Pharmacists must respect the special competencies and responsibilities of their colleagues and other health care professionals, and of the institutions, statutory and voluntary agencies that constitute their working environment.

1.5.4 Referrals

The pharmacist must refer a patient in his/her care to other team members or to other services when appropriate, or consult with colleagues or other health care providers when additional knowledge of experts is required, at all times having due regard for the patient's right to confidentiality and informed consent.



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1.5.5 Assist colleagues

The pharmacist must endeavour to promote collegial relationships by striving to assist professional colleagues and other health care 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.

1.5.6 Not criticise colleagues

The pharmacist must endeavour to maintain the confidence and trust placed in colleagues and other health care providers by patients and must refrain from making public comment that could detract from their professional reputation or harm the relationship they have with patients.

1.6 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, or ethics of the profession as a whole.

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

1.6.1 General Guidelines

- (a) Pharmacists 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) Pharmacists 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 have a beneficial interest in a pharmacy.
- (c) While the closest professional co-operation between pharmacist and medical practitioner or other health care professional is to be welcomed, the pharmacist -
 - (i) must ensure that patients have the freedom to choose where they obtain their pharmaceutical services; and
 - (ii) must, whenever possible, ensure that patients have given their consent to their prescription being directed to a specific pharmacy.

1.6.2 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 - professional independence must be ensured so as to support the principle of professional accountability;



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- (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 potential 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) any place wherein or from which acts specially pertaining to the scope of practice of a pharmacist are performed, is defined as a pharmacy in terms of the Pharmacy Act;
- (j) all pharmacies in multi-professional (group) practices must be properly licensed with the Department of Health and recorded with Council;
- (k) all premises must conform with good pharmacy practice guidelines as determined by Council;
- (l) all pharmacies must be under the control of a responsible pharmacist in terms of applicable legislation;
- (m) the pharmacy within a multi-professional practice must be clearly demarcated.

1.6.3 Perverse Incentives

- (a) A patient may be issued with prescriptions intended for dispensing at a specified pharmacy but must have the right to present it for dispensing at any pharmacy of his/her choice. A pharmacist must not approach a medical practitioner or medical practice staff to secure direction of prescriptions to a particular pharmacy. A prescription should only be sent directly from a medical practice to a pharmacy when:
 - (i) the patient has requested the direction; or



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- (ii) the patient is in residential care and has indicated his/her wish that the person providing that care may collect or receive prescriptions on his/her 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 him/her 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, pharmacist intern or pharmacist's assistant 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 health care professional or health care 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 health care professional, unless entitled by law;
 - (iii) referral of clients or patients to any health establishment or to other health care 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 health care 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 health care professional in his or her practice;
 - (vi) charge or receive a fee for services not personally rendered by the pharmacy.

1.6.4 Undesirable business practices

- (a) A pharmacist must not participate in any transactions or agreements, which runs counter to the patient 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.



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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.

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:

- Section 43 of the Pharmacy Act 53 of 1974
- Regulations relating to Ownership and Licensing of Pharmacies contained in the Pharmacy Act 53 of 1974
- Section 18 (A)(B)(C) of the Medicines and Related Substances Act 101 of 1965

1.7 ADVERTISING

Principle: *A 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:

1.7.1 General guidelines

- (a) A pharmacist may make available information about himself/herself or his/her 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, electronic, 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) Pharmacists may make known to the general public and erect remote direction signs indicating:
 - (i) the location of the pharmacy;



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- (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) Pharmacists 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 Act (GNR. 7636 of 10 April 2003).
- (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 Act and the good pharmacy practice guidelines.
- (j) A pharmacist may make known the names of medical schemes with which he/she has contracted and/or to whose members he/she is prepared to provide pharmaceutical services.
- (k) Publicity must not abuse the trust or exploit the lack of knowledge of a consumer/patient.
- (l) The responsible pharmacist must be responsible for the form and content of any publicity whether placed by the responsible pharmacist personally, or by another staff member or organisation on behalf of the pharmacy, and for any other publicity which the responsible pharmacist expressly authorises. Where the responsible pharmacist becomes aware of any impropriety in any publicity appearing on his/her behalf, he/she must forthwith use his/her best endeavours to have the publicity rectified or withdrawn.

1.7.2 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;
 - (ii) any inducement by way of a gift, reward, rebate or participation in a competition in relation to professional services;
 - (iii) any publicity stating the specific charges for specific kinds of services to be undertaken by the pharmacy. However, the



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basis on which services rendered will be charged for may be publicised.

- (b) 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;
 - (v) the location of the pharmacy with a map together with transport details and parking facilities.
- (c) 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.
- (d) 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.
- (e) Discreet information relating to services may be supplied to, and displayed in a doctor's surgery, health care centre or local health care clinic. A pharmacist should not seek or agree to an arrangement giving exclusive rights for the display of such advertisements.

1.7.3 Newspaper features

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.

1.7.4 Directories

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.

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:

- Regulations related to the Practice of Pharmacy as published in terms of the Pharmacy Act 53 of 1974



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1.8 PROFESSIONAL APPEARANCE AND NATURE OF PHARMACY

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

In adhering to this principle the pharmacy must ensure that it has sufficient facilities and equipment to comply with all relevant regulations.

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:

- Good Pharmacy Practice standards

1.9 CONTROL OVER MEDICINES

Principle: *A pharmacist must at all time 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:

1.9.1 General guidelines

- (a) A pharmacist has a professional responsibility to exercise control over all medicinal and related products, which are purchased or supplied.
- (b) All pharmacists should keep abreast of current thinking, including legislation on safety and use of medicines and other products associated with maintenance or promotion of health.
- (c) Action must be taken promptly on such matters as product recall.
- (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 the Pharmacy 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.

1.9.2 Counterfeit and stolen medicines

- (a) Counterfeiting in relation to medicine includes the deliberate and fraudulent mislabelling with respect to the identity and/or source of the medicine. A pharmacist must report to the Medicines Control Council or other competent authority any instance where he/she suspects that he/she has been offered or has been supplied with counterfeit



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medicines. He/she must isolate and withhold from sale or supply any such medicinal products.

- (b) A medicine registered with the Medicines Control Council must have the registration number on each pack. A pharmacist must not accept medicinal products that are not so labelled.
- (c) 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 subject to disciplinary action by Council in terms of Chapter V of the Pharmacy Act.

1.9.3 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 compliance.

1.9.4 Re-use of medicines

A pharmacist should not re-dispense a medicine, previously returned to the pharmacy by another patient, which had been in that patient's possession.

1.9.5 Medicine misuse

- (a) A pharmacist must exercise professional judgment to prevent the supply of unnecessary and excessive quantities of medicines and other products, particularly those that are liable to be misused or abused.
- (b) 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 should be alert to the possibility of medicine dependency in health care 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.
- (c) Certain non-prescription medicines and non-medicinal products are likely to be misused/abused, which in this context usually means:
 - (i) consumption over a lengthy period; and/or
 - (ii) consumption of doses substantially higher than recommended.

Requests for such products should be dealt with personally by the pharmacist and sale 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.

- (d) When a pharmacist becomes aware that a patient is abusing a substance, that patient should be referred to an appropriate practitioner or institution.



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

1.9.6 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, which is claimed to mask the signs of intoxication, which indicate unfitness to drive a vehicle or operate heavy equipment which can present a hazard to the public, by accelerating the removal of alcohol from the body or otherwise.

1.9.7 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 Act, 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 ;
- (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.

1.9.8 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 emergency supply of medicines in accordance with Section 22A of the Medicines and Related Substances Act.

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:

- Sections 22 A and Section 22C(1)(b) of the Medicines and Related Substances Act 101 of 1965



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

1.10 CHEMICALS SOLD/PROVIDED IN A PHARMACY

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

- 1.11.1 Reasonable care should be taken by the pharmacist when supplying chemicals which may be used for the preparation of explosives or fireworks eg: chlorates, nitrates, magnesium, potassium permanganate (especially with glycerine/glycerol), sulphur, powdered aluminium, phosphorus and any oxidising or reducing agent, 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.
- 1.11.2 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 be satisfied that the purchaser of chemicals, including solvents, for industrial purposes or for a hobby, has sufficient knowledge to handle the chemicals 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.

1.11 DUAL REGISTRATION

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

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

- 1.12.1 no conflict of interest arises from such dual registration in the rendering of health services to patients;
- 1.12.2 patients are clearly informed at the start of the consultation of the status of the pharmacist, i.e. in which capacity the pharmacist will be acting and the informed consent of the patient thereto is obtained in writing;
- 1.12.3 patients are not consulted in a dual capacity or charged fees based on such dual consultation;
- 1.12.4 the ethical rules applicable at a given moment to the profession in which he or she is acting, are strictly adhered to.

1.12 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.*

- 1.13.1 No person issued with a licence in terms of Section 22 of the Act and no pharmacy 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 the Council.



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

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

- (a) duplication of names, i.e. whether such name is being used by another person or entity;
- (b) the Council shall not approve names that are calculated to suggest that the pharmacy in question is superior to other pharmacies;
- (c) offensive names will not be approved;
- (d) names will not be approved which create the impression that medicines are being sold at discount;
- (e) names which may cause the public to be misled, will not be approved;
- (f) if a name can lead to passing off, same will not be approved;
- (g) the Council shall not approve names that are not associated with or do not belong to the pharmacy concerned.

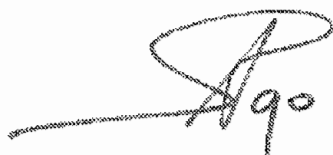
BOARD NOTICE 109 OF 2008**RULES RELATING TO ACTS OR OMISSIONS IN RESPECT OF WHICH THE
COUNCIL MAY TAKE DISCIPLINARY STEPS**

In terms of section 41(1) and section 49(4) of the Pharmacy Act, 1974 (Act 53 of 1974), as amended, the South African Pharmacy Council hereby declares its intention to request the Minister of Health to repeal the current set of Rules relating to acts or omissions in respect of which the Council may take disciplinary steps and publish a new set of Rules relating to acts or omissions in respect of which the Council may take disciplinary steps as set out in the Schedule hereto.

Interested persons are invited to submit written comments or representations on the proposed sets of Rules to the Registrar, P O Box 40040, Arcadia, 0007, for the attention of Manager: Pharmacy Practice, or vincent@pharmcouncil.co.za, within two months of the date of publication of this Notice.

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

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.



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

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

The South African Pharmacy 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 his/her profession.

The under-mentioned acts or omissions shall be deemed to be unethical or unprofessional conduct, subject to disciplinary steps by the Council under Chapter V of the Pharmacy Act 53 of 1974: 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, since the Council is empowered by Chapter V of the Pharmacy Act 53 of 1974, 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.

The under-mentioned acts or omissions must also be read with the Code of Conduct. Not all the statements in the Code of Conduct will be applicable to every pharmacist. Every pharmacist must, however, be aware of them and adhere to those pertaining to their sphere of pharmacy practice:

DISPENSING PRACTICES

1. Failure in the interest of the patient to furnish information and counsel the patient or caregiver on the safe and effective use of medicine supplied by him/her.
2. Omitting a medicine or 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 the copy of the prescription: Provided further that the patient be advised of the implications of the omission of a medicine in a prescription as requested by him or her.
3. Failure, by a person dispensing a prescription, to sign in person on the prescription that it was dispensed by him/her.
4. Failure to exercise proper and/or reasonable care in respect of and control over –
 - (a) the acquisition, storage, manufacture, dispensing, sale, supply or disposal of medicines, or of raw materials for the manufacture 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;



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

- (e) the professional appearance of a pharmacy, which failure may result in the dignity of the profession being harmed or potentially harmed.
- 5. Failure to exercise close supervision of professional activities that are performed by a non-pharmacist.
- 6. Assisting any member of a medical scheme or any other person to obtain any unjust benefit by participating in any activity either to the benefit of the member, or to the benefit of any person to the detriment of another person or medical scheme.
- 7. Acquiring or purchasing medicine listed in Schedule 1-6 of the Medicines Act from a person who is not registered in terms of the Pharmacy Act 53 of 1974, as amended: Provided that a manufacturing pharmacy may purchase scheduled substances for the purpose of the manufacturing of medicines.

ADVERTISING AND TOUTING

- 8. (1) The advertising of medicine or of his/her professional services in a manner-
 - (a) that is not factually correct;
 - (b) that is misleading;
 - (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;
 - (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 or injudicious or unsafe use of medicines.
- (3) The advertising of his/her professional services in a manner -
 - (a) that disparages another pharmacist;
 - (b) that is calculated to suggest that his/her professional skills or ability or his/her facilities for practising his/her profession or rendering his/her professional services are superior to those of other pharmacists.
- 9. Touting or attempting to tout for prescriptions or business with regard to the sale of medicines.



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

**RELATIONSHIP WITH COLLEAGUES AND OTHER HEALTH CARE
PROFESSIONALS**

10. Failure, in the interest of the patient, to co-operate with colleagues or members of other health care professions.
11. Criticism given in an unprofessional manner regarding the ability or professional competence of colleagues or members of other health care professions.
12. Disclosure of confidential information obtained in the course of his/her professional activities – except with the express written consent of the patient or, in the case of a minor, with the written consent of the parent or guardian, or where such information must be furnished to a person authorised by law to request it – unless such disclosure, in the pharmacist's judgement, is in the interest of the patient.

GENERAL

13. Failure to strive through continuing education and training to maintain a high standard of professional skills and knowledge and, in their application, to ensure the highest standards of competence are maintained.
14. Conducting his/her practice or himself/herself in such a manner that the dignity or the honour of the profession is harmed.
15. Collusion with any person who is not permitted in terms of the Regulations relating to Ownership and Licensing of Pharmacies to own a pharmacy to perform acts specially pertaining to the profession of a pharmacist.
16. Employment in a pharmacy which he/she owns or manages or which is in his/her charge or which belongs to the body corporate of which he/she is the responsible pharmacist, as the case may be, of a person whose name has been removed from the register of pharmacists/register of pharmacy support personnel or who has been suspended from performing any acts pertaining to the profession of pharmacy.
17. Failure as the approved pharmacist responsible for the practical training of a pharmacist intern or a pharmacist's assistant, to -
 - (a) carry out his/her duties;
 - (b) attend in good time to the administrative duties attached to the registration of the pharmacist intern or the pharmacist's assistant;
 - (c) maintain his/her registration as a pharmacist for the period of practical training of the pharmacist intern or pharmacist's assistant.
18. Any act or omission which prevents or hinders or is calculated to prevent or hinder the Council or the Registrar or any office bearer of the Council from carrying out its or his/her statutory duties.



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

19. Failing to observe the provisions of any Act, rule or regulation applying to pharmacists, or allowing a person under his/her supervision and control to contravene such provisions, or inciting, instigating, ordering or encouraging any person to contravene such provisions.
20. In any manner whatsoever bringing the Council or a member of the Council in his/her capacity as a member into disrepute.
21. Adopting and using a trading title, brand name or logo, for a pharmacy without the prior written approval of the Council.
22. Use by a pharmacy as its trading title, brand name or logo, or as a 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 the Council as the owner or part owner of the pharmacy: Provided that the foregoing shall not prohibit the use by any pharmacy of any name, title or description under which such pharmacy carried on business immediately prior to 23 May 1975.
23. The performance, except in an emergency, by a pharmacist of professional acts for which he/she is inadequately trained or insufficiently experienced, and/or under improper conditions and/or in improper surroundings.
24. 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 or the detrimental or injudicious or unsafe use of medicines.
25. Acceptance of any professional appointment unless the contract of appointment is in writing, is available to the Council on request and is not drawn up on a basis contrary to the interest of the public or the profession.
26. Communicating with any person whom a pharmacist knows or should reasonably know to be a witness in a formal or informal disciplinary inquiry to be held into the conduct of the pharmacist concerned on any aspect of evidence to be given by such witness at the inquiry, or permitting, sanctioning or agreeing to such communication on his/her behalf.
27. Permitting himself/herself to be exploited in a manner detrimental to the public or professional interest.

BOARD NOTICE 110 OF 2008**FEES PAYABLE TO THE COUNCIL UNDER THE PHARMACY ACT, 1974**

In terms of section 4(ZG) of the Pharmacy Act, 1974, as amended, and the Regulations Relating to the Registration of Persons and the Maintenance of Registers, the fees as determined by and payable to the Council for the year 2009 as set out in the Schedule hereto, are hereby published for the information of all relevant stakeholders.

The fees as set out in the Schedule include Value Added Tax (VAT) at 14%.

SCHEDULE

1. The following fees shall, under the Act, be payable to the Council by:
 - (1) a pharmacy student for –
 - (a) registration as a pharmacy student: R220.04;
 - (b) annual fees, payable not later than 1 June of each year by a 2nd, 3rd or 4th year pharmacy student: R125.13;
 - (2) a pharmacist intern for-
 - (a) registration as a pharmacist intern: R926.21;
 - (b) the cession of an internship contract from one pharmacy or provider to another, as the case may be: R408.02;
 - (c) entrance to the pre-registration evaluation for a second or subsequent attempt: R165.93;
 - (3) the prospective tutor of a pharmacist intern or pharmacist's assistant for the evaluation and approval of a pharmacy for purposes of an internship or in-service training to be undertaken at such pharmacy: R915.33;
 - (4) a pharmacist's assistant for-
 - (a) registration as a pharmacist's assistant (learner basic) or pharmacist's assistant (learner post-basic): R259.99;
 - (b) registration as a pharmacist's assistant (basic) or pharmacist's assistant (post-basic): R262.47;
 - (c) annual fees, payable not later than 1 June of each year by a pharmacist's assistant (learner basic) or a pharmacist's assistant (learner post-basic): R125.13;

- (d) annual fees, payable not later than 1 June of each year by a pharmacist's assistant (basic) or pharmacist's assistant (post-basic): R278.82;
- (5) a pharmacist for-
 - (a) registration as a pharmacist: R915.33;
 - (b) the registration of an additional qualification or supplementary training: R440.66;
 - (c) entrance to an examination for registration of a speciality: R1,610.33;
 - (d) the registration of a speciality: R1,206.39;
 - (e) annual fees, payable not later than 1 February of each year: R1,018.70;
 - (f) evaluation of qualification in pharmacy obtained outside the Republic: R786.12;
- (6) a company which owns a pharmacy for-
 - (a) the issuing of a new registration certificate after the company has changed its name to the company: R114.25;
 - (b) the conversion of a company to a close corporation: R3,217.94;
- (7) a close corporation which owns a pharmacy for-
 - (a) the issuing of a new registration certificate after the close corporation has changed its name to the close corporation: R114.25;
 - (b) the conversion of a close corporation to a company: R3,217.94;
- (8) a Trust which owns a pharmacy for the issuing of a new registration certificate after the Trust has changed its name to the Trust: R114.25;
- (9) a pharmacy owner carrying on business as a pharmacist, for-
 - (a) the one-time recording of a new pharmacy: R1,466.16;
 - (b) the registration of the responsible pharmacist for each of the premises wherein or from which the pharmacy owner carries on the business of a pharmacist: R190.41;
 - (c) a pharmacy which is entered in the register in the category "community pharmacies" or "institutional(private) pharmacies", an annual fee, payable not later than 2 January of each year:
R1,428.72;
 - (d) a pharmacy which is entered in the register in the category "institutional(public) pharmacies", an annual fee, payable not later than 1 July of each year: R1,428.72;
 - (e) a pharmacy which is entered in the register in the category "consultant pharmacies", an annual fee, payable not later than 2 January of each year: R1,321.94;

- (f) a pharmacy which is entered in the register in the category "manufacturing pharmacies" or "distributor/wholesale pharmacies", an annual fee, payable not later than 2 January of each year:
R6,309.40;
 - (g) the one-time recording of a pharmacy owner: R678.68;
 - (h) the responsible pharmacist of each of the premises wherein or from which the pharmacy owner carries on the business of a pharmacist an annual fee, payable not later than 2 January of each year: R149.61;
 - (i) the evaluation of a pharmacy for purposes of accreditation: R3 296.83;
 - (j) a duplicate certificate for the recording of a pharmacy or the registration of the responsible pharmacist or the recording of a pharmacy owner: R114.25;
- (10) a provider of pharmacy education and training in terms of section 33 (1) (b) of the Act for-
- (a) the evaluation of an application for purposes of approval as a provider: R10,989.42;
 - (b) the one-time registration as a provider R7,858.52;
 - (c) annual fees, payable not later than 1 June of each year: R1,572.25;
 - (d) the approval of a short course: R7,858.52;
 - (e) the approval of a course leading to a qualification: R7,858.52;
 - (f) approval of courses by another Education and Training Quality Assurance body: R1,572.25;
- (11) an assessor in terms of section 33 (1) (l) of the Act for-
- (a) the one-time registration as an assessor R280.18;
 - (b) annual fees, payable not later than 1 June of each year: R187.69;
- (12) any person lodging a Notice of Appeal in terms of the Regulations Relating to the Registration of Persons and the Maintenance of Registers against:
- (a) a decision of Council, a committee of Council or the Registrar regarding his, her or its own registration, suspension or cancellation of registration: R4,103.35;
 - (b) a decision of Council, a committee of Council or the Registrar regarding the registration, suspension or cancellation of registration of a person other than the appellant: R20,538.52;
- (13) any person for-
- (a) the issuing of a duplicate certificate of courses completed for the Council's Diploma in Pharmacy: R369.94;

- (b) the issuing of a duplicate registration certificate or a certified extract from the register or certificate by the Registrar in terms of Section 27 of the Act: R408.02;
- (c) the issuing of a duplicate tutor certificate: R157.77;
- (d) entrance to the professional examination/evaluation as approved by Council for purposes of registration as a pharmacist (per paper): R1,100.30;
- (e) analysis of examination results (per paper): R345.46;
- (f) the issuing of a certificate of status: R1,130.22.

General

1. The Council may exempt any person from payment of any annual fee payable in terms of item (1) on the grounds of age. The following reduced fees will be considered for-
 - (a) pharmacists aged 70 or older: R145.53;
 - (b) pharmacists' assistants aged 70 or older: R38.08;
2. Any annual fee payable by a person upon initial registration may be calculated on a *pro rata* basis from the first day of the month in which such registration took place until 31 December of the year of such registration.
3. The following fees will be charged for the sale of registers, examination papers and the GPP document:
 - (a) Sale of registers – Pharmacists/Pharmacies: R738.52;
 - (b) Sale of registers – Wholesalers: R307.38;
 - (c) Sale of examination papers (per paper): R40.80;
 - (d) GPP document: R189.05;
 - (e) Pre-registration guide: R165.93;
 - (f) Academic record and curriculum: R408.02.
4. Restoration fees are published annually by way of regulation.



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