
BOARD NOTICE

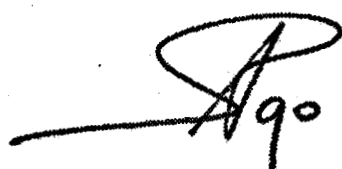
BOARD NOTICE 41 OF 2006**THE SOUTH AFRICAN PHARMACY COUNCIL****RULES RELATING TO CODE OF CONDUCT**

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.

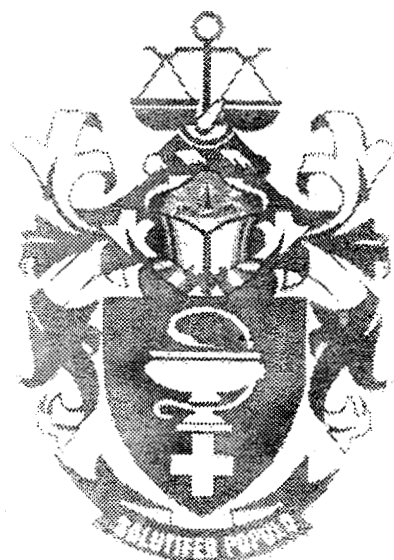
Interested parties are invited to submit, within one month after the date of publication of this notice, substantiated comments on/or representations regarding **the Rules** relating to the Code of Conduct to the Registrar, The South African Pharmacy Council, PO Box 40040, Arcadia, 0007, Fax (012) 319 8559 / 319 8562, E-mail: vanessa@pharmcouncil.co.za or vincent@pharmcouncil.co.za

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* in accordance with section 35A(b)(i) of the **Act**



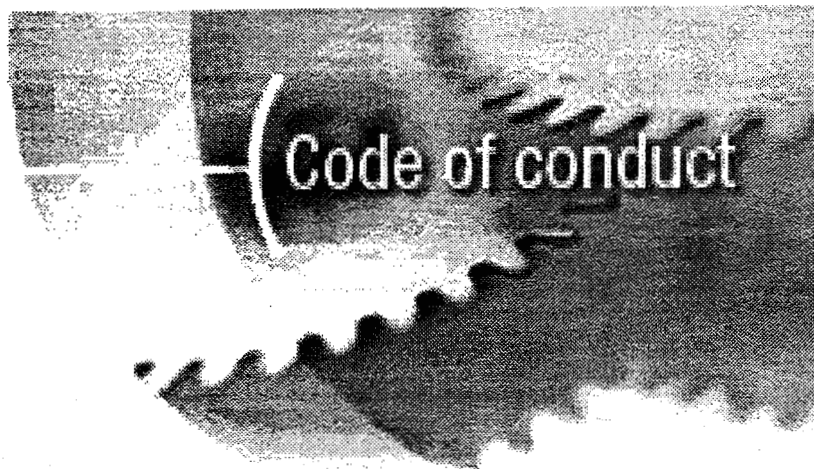
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INTRODUCTION

The Code of Conduct is intended to set the standard of professional conduct for all pharmacists and registered pharmacy personnel operating within the scope of the Pharmacy Act. It is regarded as governing the conduct of all persons registered in terms of the Pharmacy Act, including pharmacy owners issued with a licence in terms of Section 22 of the Act both in the theoretical and practical practice of pharmacy.

The Code of Conduct provides more detailed information regarding the Act, its regulations and/or regulations relating to all persons registered in terms of the Pharmacy Act and sets out the duties that apply to them. This information provided could be read with all applicable regulations.

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 be taken, 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 WELFARE OF THE PATIENT

Principle: A pharmacist's prime concern in the performance of his/her professional duties must be for the welfare 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 definite therapeutic outcomes 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



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safe and effective use of the medicine as stipulated in the Medicines Act, is written in at least one official language and that a patient information leaflet is made available at the point of dispensing, as required in terms the general regulations to the Medicines Act.

- 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 is vulnerable (e.g. blind, disabled, illiterate, etc).
- 1.1.4** A pharmacist must not give an impression to a potential purchaser that any product associated with maintenance of health or a food supplement is efficacious when there is no evidence of efficacy confirmed by the MCC.
- 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 and 9 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 disrepute and may be considered to be a misconduct.
- 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).



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.

- 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 child, the pharmacist may have to decide in the child's **best** interests whether to release information to a parent or guardian without **the consent of** the child. Much will depend on the maturity of the child concerned and his/her relationship with his/her parent or guardian.
- 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.

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 and 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** 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 co-operates 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 beneficial medicines 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** medicines 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

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having due regard for the patient's right to confidentiality and informed consent.

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 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 *pharmacist must ensure that his professional independence or judgment is not compromised nor impose such conditions on other pharmacists.*

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, or that require consent to unethical conduct.
- (b) Pharmacists may not collude with any person that is precluded in terms of **the Regulations relating to the ownership and licensing of pharmacies** to own 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.



1.62 Multi-professional (group) **practice(s)**

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

- (a) professional accountability - health and allied 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;
- (c) professional responsibility - professional practitioners must only assume responsibility within their scope of professional competence and accountability, utilising the expertise of 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 exploitation;
- (g) freedom of referral - appropriate and necessary referrals are unrestricted;
- (h) arrangements of sharing - health and allied 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
 - (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 by installments.
- (b) A pharmacist shall not offer or give inducements **to** any person in consideration of his supplying to the pharmacist, either:
- (i) prescriptions for medicines or appliances for patients; or
 - (ii) orders for medicines other than those for use by a medical **practitioner in his** practice.
- (c) In order to prevent perverse incentives the following is not permissible nor **is** it 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 **a** 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



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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.

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 of the Medicines and Related Substances Act 101 of 1965
- Marketing Code

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 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: newspapers, leaflets, notices, signs, packaging material, labels, public address systems, websites, and radio and television announcements.

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- (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;
 - (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) and the Code of Practice for the Marketing of Medicines and Scheduled Substances in the Republic.
- (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 service 8

- (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 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 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

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 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:

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 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 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.



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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.
- (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) Some over-the-counter medicines and non-medicinal products are liable to be misused, 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.
- (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, 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) a patient information leaflet is made available as required in terms of regulation 10 of the general regulations to the Medicines Act;
- (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

1.10 PRODUCT/SERVICES, WHICH MAY NOT BE SOLD/PROVIDED IN A PHARMACY

Principle: A pharmacist must ensure that no products/services are offered that may harm the honour and dignity of the profession.

The following products/services may not be sold/provided in a pharmacy:

- 1.10.1 Arms and ammunition;
- 1.10.2 Fireworks;
- 1.10.3 Tobacco, snuff, cigarettes and tobacco related products.
Note: Certain products marketed as medicines contain purified extract of tobacco or nicotine. No objection is made to the sale of such products when intended to help the purchaser to stop smoking;
- 1.10.4 Liquor, except when meant for medicinal purposes; and
- 1.10.5 Lotto machines and other types of gambling machines.

The above-mentioned products/services should, however, not be regarded as an exhaustive list and the selling/provision of any product/service that could harm the honour and dignity of pharmacy or could be regarded as not in the public interest, could be subject to disciplinary action by Council.

**1.11 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.

1.12 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.



1.13 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.
- 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 belong to the pharmacy concerned.