

CONFIDENTIAL

Information submitted on this questionnaire will be kept confidential

Please note a print out of all the items dispensed below may be requested by the Department

Section 4

Prescription Based Dispensing (S0-S7)

General Activity
Annual (01 March to 28 February 2011)

4.1	Total Number of items dispensed on doctors prescription	
4.2	Total dispensing fee income generated by prescription items	

Activity by SEP
Number of items dispensed on a Doctor's prescription
Annual (01 March to 28 February 2011)

SEP Band (SEP including VAT)	
4.3	R0 - R25
4.4	R25.01 - R50
4.5	R50.01 - R75
4.6	R75.01 - R100
4.7	R100.01 - R150
4.8	R150.01 - R200
4.9	R200.01 - R250
4.10	R250.01 - R300
4.11	R300.01 - R350
4.12	R350.01 - R400
4.13	R400.01 - R450
4.14	R450.01 - R500
4.15	R500.01 - R550
4.16	R550.01 - R600
4.17	R600.01 - R650
4.18	R650.01 - R700
4.19	R700.01 - R750
4.20	R750.01 - R1000
4.21	R1000.01 - R2500
4.22	R2500.01 - R5000
4.23	>R5000.01

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Over The Counter Dispensing OTC (S0-S2)

5.1 Total Number of OTC items dispensed
5.2 Total dispensing fee income generated by OTC items

...the ...

SEP Band (SEP including VAT)

5.3	R0 – R25	
5.4	R25.01 – R50	
5.5	R50.01 – R75	
5.6	R75.01 – R100	
5.7	R100.01 – R150	
5.8	R150.01 – R200	
5.9	R200.01 – R250	
5.10	R250.01 – R300	
5.11	R300.01 – R350	
5.12	R350.01 – R400	
5.13	R400.01 – R450	
5.14	R450.01 – R500	
5.15	R500.01 – R550	
5.16	R550.01 – R600	
5.17	R600.01 – R650	
5.18	R650.01 – R700	
5.19	R700.01 – R750	
5.20	R750.01 – R1000	
5.21	R1000.01 – R2500	
5.22	R2500.01 – R5000	
5.23	>R5000.01	

Section 6. OPERATING HOURS AND STAFF

Operating hours of the dispensary

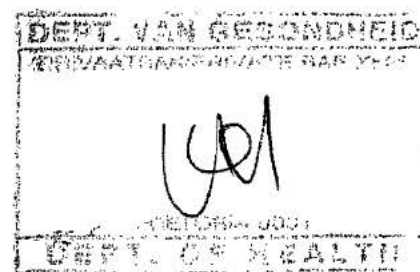
	Opening Time	Closing Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Holiday		
Do you close any other time?		

STAFF					
	Staff Member 1	Staff Member 2	Staff Member 3	Staff Member 4	Staff Member 5
Name (Surname, first name):					
Position:					
Highest qualification:					
Salary : cost to company (March 2010 - February 2011)					
Tax number:					
UIF Number:					
Number of leave days per annum:					
Number of working hours per week:					
Estimate number of hours spent on dispensary related activities per day:					
Other (e.g. after hours. Please specify - only include these if not included in the salary above):					

Section 7. COMPOUNDING & PREPACKING

		Number of finished product per month											
Type of preparation		Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11
7.1.1	Extemporaneous												
7.1.2	Aseptic												
7.1.3	Oncology												
7.1.4	Adminixing												
7.1.5	Other (Please specify)												

7.2.1	Is this facility licenced to prepack scheduled medicines?	
7.2.2	If yes in 7.2.1 above provide licence number. A certified copy of the licence should also be provided.	



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Private Bag X9070, CAPE TOWN, 8000, 4TH Floor, 120 Plain St. CAPE TOWN, 8001 Tel (021) 461 2040 Fax (021) 461 6864

Dear Pharmacist

Data Collecting Tool for the Pharmacists Dispensing Fees

Government Gazette No. 33775 published on the 19th November 2010 on the maximum Dispensing Fee for Pharmacists stated that the Dispensing Fee shall be reviewed annually by the Minister.

The review requires that individual pharmacies supply the necessary information to the National Department of Health. The Data Collecting Tool is to serve the purpose of acquiring the necessary information.

The National Department of Health is circulating a Data Collecting Tool requesting information on costs associated with the operation of a dispensing practice.

Pharmacists are advised of the following;

- The information provided in the tool will be kept confidential;
- Information provided may be audited by the National Department of Health and proof of supporting documentation requested;
- The tool consist of eight pages with the following sections:
 1. Instructions;
 2. Pharmacy details;
 3. Total pharmacy expenditure;
 4. Income;
 5. Prescription based dispensing;
 6. Over the counter dispensing;

7. Operating hours and staff;
8. Compounding & prepacking.

- The tool will be sent to both retail and private institutions pharmacies; and
- All figures should be quoted VAT INCL.

Attached are two documents: Annexure A-Declaration and Annexure-B a check list. Both Annexures are for completion by the person responsible for completion of the Data Collection Tool.

The requested information must be supplied directly to the National Department of Health and not through an association or third party. The information provided is the property of the National Department of Health.

The final date of submission is to be the 15 August 2011. Any submission made after this date will not be included in the annual review.

The Data collection Tool can be downloaded from the following website:

www.doh.gov.za. The fully completed Data Collection Tool should be forwarded to the following e-mail address: dispensing@medicalschemes.com

For further information and clarity contact Mr. S Mngadi, email: mngads@health.gov.za,
Tel: 012 395 8185



DIRECTOR GENERAL: HEALTH

DATE: 03/06/2011

ANNEXURE A:**DECLARATION**

I, (Full Name and Surname) in my capacity as.....and having the authority to sign and enter into legally binding agreements on behalf of..... (Full Name of Company) hereby certify that the information supplied is true and correct. (NB: please provide proof of authorization to sign on behalf of company).

SIGNATURE (DEPONENT)

Witness:

1.(CFO)
2.(Responsible Pharmacist)

The Deponent has acknowledged that he/she knows and understands the contents of this affidavit, which was signed and sworn to before me aton this the.....day of 2009,the regulations contained in Government Gazette Notice No. R 1258 of 21 July 1972 (as amended) has been complied with.

COMMISSIONER OF OATHS

ANNEXURE B**CHECKLIST****PHARMACY DATA COLLECTION TOOL**

Tick the appropriate box(X)

INSTRUCTIONS

	YES	NO
Have you read all the instructions carefully?		

SECTION 1: PHARMACY DETAILS

	YES	NO
Have you answered all questions in Section 1?		
Have you attached a floor plan of the entire pharmacy?		

SECTION 2: TOTAL PHARMACY EXPENDITURE

	YES	NO
Have you answered all questions in Section 2?		
Have you provided a detailed breakdown of cost as required in Section 2?		
Have you listed and attached all supporting documentation as required in 2?		

SECTION 3: INCOME

	YES	NO
Have you answered all questions in Section 3?		
Have you signed the declaration as required, indicating that the information supplied is true and correct?		

SECTION 4: PRESCRIPTION BASED DISPENSING (S0-S7)

	YES	NO
Have you signed the declaration as required, indicating that the information supplied is true and correct?		

SECTION 5: OVER THE COUNTER DISPENSING (S0-S2)

	YES	NO
Have you signed the declaration as required, indicating that the information supplied is true and correct?		

SECTION 6: OPERATING HOURS AND STAFF

	YES	NO
Have you signed the declaration as required, indicating that the information supplied is true and correct?		

SECTION 7: COMPOUNDING & PREPACKING

	YES	NO
Have you signed the declaration as required, indicating that the information supplied is true and correct?		

If any of the answers to the questions above is **NO** then the tool will be considered incomplete