Government Gazette
Staatskoerant

REPUBLIC OF SOUTH AFRICA
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Contents

No.		Gazette No.	Page No.
GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS			
Communications and Digital Technologies, Department of / Kommunikasie en Digitale Tegnologieë, Departement van			
5979	Section 14(6)(b) of The South African Postbank Limited Act, 2010 (Act No. 9 of 2010) as amended: Appointment of Board Members of the South African Postbank SOC Limited	52264	13
Finance, Department of / Finansies, Departement van			
5980	Section 43A(1) of the Financial Intelligence Centre (Act 38 of 2001): Draft Directive 3A: Notification of failure to report as required by the Financial Intelligence Centre in terms of the Act	52264	14
Health, Department of / Gesondheid, Departement van			
5981	Health Professions Act (56/1974): Regulations defining the scope of the Profession of Medical Orthotics and Prosthetics	52264	17
5982	Health Professions Act (56/1974): Regulations relating to the Registration of Optometry or Dispensing Optician Students	52264	25
GENERAL NOTICES • ALGEMENE KENNISGEWINGS			
National Treasury / Landbou, Grondhervorming en Landelike Ontwikkeling, Departement van			
3043	Public Finance Management Act (1/1999): Rate of interest on Government Loans	52264	30
BOARD NOTICES • RAADSKENNISGEWINGS			
751	Pharmacy Act (53/1974): South African Pharmacy Council: Correction Notice – Board Notice 674 of 2024	52264	31
752	Pharmacy Act (53/1974): South African Pharmacy Council: Competency standards for a specialist pharmacist who provides clinical pharmacy services in South Africa	52264	33
753	Pharmacy Act (53/1974): South African Pharmacy Council: Competency standards for a specialist pharmacist who provides radiopharmaceutical services in South Africa	52264	49
754	Pharmacy Act (53/1974): South African Pharmacy Council: Rules relating to the services for which a pharmacist may levy a fee and guidelines for levying such a fee or fees	52264	63
755	Quantity Surveying Profession Act 49 of 2000: SACQSP Tribunal Hearing Rulings/Sanctions 2024: Marito Mabunda, IT4465; Sandro Shikwambana, 4641; Mlunghisi Maluleke, 4845; Declan Weyers, IT8589; and Sandisiwe Mbutuma, IT3861	52264	73
756	Pharmacy Act (53/1974): Competency standards for a specialist pharmacist who provides public health pharmacy and management services in South Africa	52264	76
757	Financial Markets Act, 2012: Proposed amendments to the JSE Listing requirements: Simplification Project	52264	97
758	South African Council for the Architectural Profession Act (No. 44 of 2000): Notice of the 6th Term Council – South African Council for Architectural Profession	52264	98

government printing
Department:
Government Printing Works
REPUBLIC OF SOUTH AFRICA

HIGH ALERT: SCAM WARNING!!!

TO ALL SUPPLIERS AND SERVICE PROVIDERS OF THE GOVERNMENT PRINTING WORKS

It has come to the attention of the *GOVERNMENT PRINTING WORKS* that there are certain unscrupulous companies and individuals who are defrauding unsuspecting businesses disguised as representatives of the *Government Printing Works* (*GPW*).

The scam involves the fraudsters using the letterhead of *GPW* to send out fake tender bids to companies and requests to supply equipment and goods.

Although the contact person's name on the letter may be of an existing official, the contact details on the letter are not the same as the *Government Printing Works*'. When searching on the Internet for the address of the company that has sent the fake tender document, the address does not exist.

The banking details are in a private name and not company name. Government will never ask you to deposit any funds for any business transaction. *GPW* has alerted the relevant law enforcement authorities to investigate this scam to protect legitimate businesses as well as the name of the organisation.

Example of e-mails these fraudsters are using:

PROCUREMENT@GPW-GOV.ORG

Should you suspect that you are a victim of a scam, you must urgently contact the police and inform the *GPW*.

GPW has an official email with the domain as **@gpw.gov.za**

Government e-mails DO NOT have org in their e-mail addresses. All of these fraudsters also use the same or very similar telephone numbers. Although such number with an area code 012 looks like a landline, it is not fixed to any property.

GPW will never send you an e-mail asking you to supply equipment and goods without a purchase/order number. *GPW* does not procure goods for another level of Government. The organisation will not be liable for actions that result in companies or individuals being resultant victims of such a scam.

Government Printing Works gives businesses the opportunity to supply goods and services through RFQ / Tendering process. In order to be eligible to bid to provide goods and services, suppliers must be registered on the National Treasury's Central Supplier Database (CSD). To be registered, they must meet all current legislative requirements (e.g. have a valid tax clearance certificate and be in good standing with the South African Revenue Services - SARS).

The tender process is managed through the Supply Chain Management (SCM) system of the department. SCM is highly regulated to minimise the risk of fraud, and to meet objectives which include value for money, open and effective competition, equitability, accountability, fair dealing, transparency and an ethical approach. Relevant legislation, regulations, policies, guidelines and instructions can be found on the tender's website.

Fake Tenders

National Treasury's CSD has launched the Government Order Scam campaign to combat fraudulent requests for quotes (RFQs). Such fraudulent requests have resulted in innocent companies losing money. We work hard at preventing and fighting fraud, but criminal activity is always a risk.

How tender scams work

There are many types of tender scams. Here are some of the more frequent scenarios:

Fraudsters use what appears to be government department stationery with fictitious logos and contact details to send a fake RFQ to a company to invite it to urgently supply goods. Shortly after the company has submitted its quote, it receives notification that it has won the tender. The company delivers the goods to someone who poses as an official or at a fake site. The Department has no idea of this transaction made in its name. The company is then never paid and suffers a loss.

OR

Fraudsters use what appears to be government department stationery with fictitious logos and contact details to send a fake RFQ to Company A to invite it to urgently supply goods. Typically, the tender specification is so unique that only Company B (a fictitious company created by the fraudster) can supply the goods in question.

Shortly after Company A has submitted its quote it receives notification that it has won the tender. Company A orders the goods and pays a deposit to the fictitious Company B. Once Company B receives the money, it disappears. Company A's money is stolen in the process.

Protect yourself from being scammed

- If you are registered on the supplier databases and you receive a request to tender or quote that seems to be from a government department, contact the department to confirm that the request is legitimate. Do not use the contact details on the tender document as these might be fraudulent.
- Compare tender details with those that appear in the Tender Bulletin, available online at **www.gpwonline.co.za**
- Make sure you familiarise yourself with how government procures goods and services. Visit the tender website for more information on how to tender.
- If you are uncomfortable about the request received, consider visiting the government department and/or the place of delivery and/or the service provider from whom you will be sourcing the goods.
- In the unlikely event that you are asked for a deposit to make a bid, contact the SCM unit of the department in question to ask whether this is in fact correct.

Any incidents of corruption, fraud, theft and misuse of government property in the *Government Printing Works* can be reported to:

Supply Chain Management: Ms. Anna Marie Du Toit, Tel. (012) 748 6292.
Email: **Annamarie.DuToit@gpw.gov.za**

Marketing and Stakeholder Relations: Ms Bonakele Mbhele, at Tel. (012) 748 6193.
Email: **Bonakele.Mbhele@gpw.gov.za**

Security Services: Mr Daniel Legoabe, at tel. (012) 748 6176.
Email: **Daniel.Legoabe@gpw.gov.za**

Closing times for **ORDINARY WEEKLY** *GOVERNMENT GAZETTE* 2025

*The closing time is **15:00** sharp on the following days:*

- **24 December,** Wednesday for the issue of Friday **03 January 2025**
- **03 January,** Friday for the issue of Friday **10 January 2025**
- **10 January,** Friday for the issue of Friday **17 January 2025**
- **17 January,** Friday for the issue of Friday **24 January 2025**
- **24 January,** Friday for the issue of Friday **31 January 2025**
- **31 January,** Friday for the issue of Friday **07 February 2025**
- **07 February,** Friday for the issue of Friday **14 February 2025**
- **14 February,** Friday for the issue of Friday **21 February 2025**
- **21 February,** Friday for the issue of Friday **28 February 2025**
- **28 February,** Friday for the issue of Friday **07 March 2025**
- **07 March,** Friday for the issue of Friday **14 March 2025**
- **13 March,** Thursday for the issue of Thursday **20 March 2025**
- **20 March,** Thursday for the issue of Friday **28 March 2025**
- **28 March,** Friday for the issue of Friday **04 April 2025**
- **04 April,** Friday for the issue of Friday **11 April 2025**
- **10 April,** Thursday for the issue of Thursday **17 April 2025**
- **16 April,** Wednesday for the issue of Friday **25 April 2025**
- **23 April,** Wednesday for the issue of Friday **02 May 2025**
- **02 May,** Friday for the issue of Friday **09 May 2025**
- **09 May,** Friday for the issue of Friday **16 May 2025**
- **16 May,** Friday for the issue of Friday **23 May 2025**
- **23 May,** Friday for the issue of Friday **30 May 2025**
- **30 May,** Friday for the issue of Friday **06 June 2025**
- **06 June,** Friday for the issue of Friday **13 June 2025**
- **12 June,** Thursday for the issue of Friday **20 June 2025**
- **20 June,** Friday for the issue of Friday **27 June 2025**
- **27 June,** Friday for the issue of Friday **04 July 2025**
- **04 July,** Friday for the issue of Friday **11 July 2025**
- **11 July,** Friday for the issue of Friday **18 July 2025**
- **18 July,** Friday for the issue of Friday **25 July 2025**
- **25 July,** Friday for the issue of Friday **01 August 2025**
- **01 August,** Friday for the issue of Friday **08 August 2025**
- **08 August,** Friday for the issue of Friday **15 August 2025**
- **15 August,** Friday for the issue of Friday **22 August 2025**
- **22 August,** Friday for the issue of Friday **29 August 2025**
- **29 August,** Friday for the issue of Friday **05 September 2025**
- **05 September,** Friday for the issue of Friday **12 September 2025**
- **12 September,** Friday for the issue of Friday **19 September 2025**
- **18 September,** Thursday for the issue of Friday **26 September 2025**
- **26 September,** Friday for the issue of Friday **03 October 2025**
- **03 October,** Friday for the issue of Friday **10 October 2025**
- **10 October,** Friday for the issue of Friday **17 October 2025**
- **17 October,** Friday for the issue of Friday **24 October 2025**
- **24 October,** Friday for the issue of Friday **31 October 2025**
- **31 October,** Friday for the issue of Friday **07 November 2025**
- **07 November,** Friday for the issue of Friday **14 November 2025**
- **14 November,** Friday for the issue of Friday **21 November 2025**
- **21 November,** Friday for the issue of Friday **28 November 2025**
- **28 November,** Friday for the issue of Friday **5 December 2025**
- **05 December,** Friday for the issue of Friday **12 December 2025**
- **11 December,** Thursday for the issue of Friday **19 December 2025**
- **17 December,** Wednesday for the issue of Wednesday **24 December 2025**

LIST OF TARIFF RATES

FOR PUBLICATION OF NOTICES

COMMENCEMENT: 1 APRIL 2018

NATIONAL AND PROVINCIAL

Notice sizes for National, Provincial & Tender gazettes 1/4, 2/4, 3/4, 4/4 per page. Notices submitted will be charged at R1008.80 per full page, pro-rated based on the above categories.

Pricing for National, Provincial - Variable Priced Notices		
Notice Type	**Page Space**	**New Price (R)**
Ordinary National, Provincial	1/4 - Quarter Page	252.20
Ordinary National, Provincial	2/4 - Half Page	504.40
Ordinary National, Provincial	3/4 - Three Quarter Page	756.60
Ordinary National, Provincial	4/4 - Full Page	1008.80

EXTRA-ORDINARY

All Extra-ordinary National and Provincial gazette notices are non-standard notices and attract a variable price based on the number of pages submitted.

The pricing structure for National and Provincial notices which are submitted as **Extra ordinary submissions** will be charged at R**3026.32** per page.

GOVERNMENT PRINTING WORKS - BUSINESS RULES

The **Government Printing Works** (**GPW**) has established rules for submitting notices in line with its electronic notice processing system, which requires the use of electronic *Adobe* Forms. Please ensure that you adhere to these guidelines when completing and submitting your notice submission.

Closing Times for Acceptance of Notices

1. The *Government Gazette* and *Government Tender Bulletin* are weekly publications that are published on Fridays and the closing time for the acceptance of notices is strictly applied according to the scheduled time for each gazette.

2. Please refer to the Submission Notice Deadline schedule in the table below. This schedule is also published online on the Government Printing works website www.gpwonline.co.za

   All re-submissions will be subject to the standard cut-off times.
   All notices received after the closing time will be rejected.

Government Gazette Type	Publication Frequency	Publication Date	Submission Deadline	Cancellations Deadline
National Gazette	Weekly	Friday	Friday 15h00 for next Friday	Tuesday, 15h00 - 3 working days prior to publication
Regulation Gazette	Weekly	Friday	Friday 15h00 for next Friday	Tuesday, 15h00 - 3 working days prior to publication
Petrol Price Gazette	Monthly	Tuesday before 1st Wednesday of the month	One day before publication	1 working day prior to publication
Road Carrier Permits	Weekly	Friday	Thursday 15h00 for next Friday	3 working days prior to publication
Unclaimed Monies (Justice, Labour or Lawyers)	January / September 2 per year	Last Friday	One week before publication	3 working days prior to publication
Parliament (Acts, White Paper, Green Paper)	As required	Any day of the week	None	3 working days prior to publication
Manuals	Bi- Monthly	2nd and last Thursday of the month	One week before publication	3 working days prior to publication
State of Budget (National Treasury)	Monthly	30th or last Friday of the month	One week before publication	3 working days prior to publication
Extraordinary Gazettes	As required	Any day of the week	*Before 10h00 on publication date*	*Before 10h00 on publication date*
Legal Gazettes A, B and C	Weekly	Friday	One week before publication	Tuesday, 15h00 - 3 working days prior to publication
Tender Bulletin	Weekly	Friday	Friday 15h00 for next Friday	Tuesday, 15h00 - 3 working days prior to publication
Gauteng	Weekly	Wednesday	Two weeks before publication	3 days **after** submission deadline
Eastern Cape	Weekly	Monday	One week before publication	3 working days prior to publication
Northern Cape	Weekly	Monday	One week before publication	3 working days prior to publication
North West	Weekly	Tuesday	One week before publication	3 working days prior to publication
KwaZulu-Natal	Weekly	Thursday	One week before publication	3 working days prior to publication
Limpopo	Weekly	Friday	One week before publication	3 working days prior to publication
Mpumalanga	Weekly	Friday	One week before publication	3 working days prior to publication

GOVERNMENT PRINTING WORKS - BUSINESS RULES

Government Gazette Type	Publication Frequency	Publication Date	Submission Deadline	Cancellations Deadline
Gauteng Liquor License Gazette	Monthly	Wednesday before the First Friday of the month	Two weeks before publication	3 working days **after** submission deadline
Northern Cape Liquor License Gazette	Monthly	First Friday of the month	Two weeks before publication	3 working days **after** submission deadline
National Liquor License Gazette	Monthly	First Friday of the month	Two weeks before publication	3 working days **after** submission deadline
Mpumalanga Liquor License Gazette	Bi-Monthly	Second & Fourth Friday	One week before publication	3 working days prior to publication

EXTRAORDINARY GAZETTES

3. *Extraordinary Gazettes* can have only one publication date. If multiple publications of an *Extraordinary Gazette* are required, a separate Z95/Z95Prov *Adobe* Forms for each publication date must be submitted.

NOTICE SUBMISSION PROCESS

4. Download the latest *Adobe* form, for the relevant notice to be placed, from the **Government Printing Works** website www.gpwonline.co.za.

5. The *Adobe* form needs to be completed electronically using *Adobe Acrobat* / *Acrobat Reader*. Only electronically completed *Adobe* forms will be accepted. No printed, handwritten and/or scanned *Adobe* forms will be accepted.

6. The completed electronic *Adobe* form has to be submitted via email to submit.egazette@gpw.gov.za. The form needs to be submitted in its original electronic *Adobe* format to enable the system to extract the completed information from the form for placement in the publication.

7. Every notice submitted **must** be accompanied by an official **GPW** quotation. This must be obtained from the *eGazette* Contact Centre.

8. Each notice submission should be sent as a single email. The email **must** contain **all documentation relating to a particular notice submission**.

   8.1. Each of the following documents must be attached to the email as a separate attachment:

      8.1.1. An electronically completed *Adobe* form, specific to the type of notice that is to be placed.

         8.1.1.1. For National *Government Gazette* or *Provincial Gazette* notices, the notices must be accompanied by an electronic Z95 or Z95Prov *Adobe* form

         8.1.1.2. The notice content (body copy) **MUST** be a separate attachment.

      8.1.2. A copy of the official **Government Printing Works** quotation you received for your notice. *(Please see Quotation section below for further details)*

      8.1.3. A valid and legible Proof of Payment / Purchase Order: **Government Printing Works** account customer must include a copy of their Purchase Order**. Non-Government Printing Works** account customer needs to submit the proof of payment for the notice

      8.1.4. Where separate notice content is applicable (Z95, Z95 Prov and TForm 3, it should **also** be attached as a separate attachment. *(Please see the Copy Section below, for the specifications)*.

      8.1.5. Any additional notice information if applicable.

GOVERNMENT PRINTING WORKS - BUSINESS RULES

9. The electronic *Adobe* form will be taken as the primary source for the notice information to be published. Instructions that are on the email body or covering letter that contradicts the notice form content will not be considered. The information submitted on the electronic *Adobe* form will be published as-is.

10. To avoid duplicated publication of the same notice and double billing, Please submit your notice **ONLY ONCE.**

11. Notices brought to **GPW** by "walk-in" customers on electronic media can only be submitted in *Adobe* electronic form format. All "walk-in" customers with notices that are not on electronic *Adobe* forms will be routed to the Contact Centre where they will be assisted to complete the forms in the required format.

12. Should a customer submit a bulk submission of hard copy notices delivered by a messenger on behalf of any organisation e.g. newspaper publisher, the messenger will be referred back to the sender as the submission does not adhere to the submission rules.

QUOTATIONS

13. Quotations are valid until the next tariff change.

    13.1. ***Take note:*** **GPW**'s annual tariff increase takes place on ***1 April*** therefore any quotations issued, accepted and submitted for publication up to ***31 March*** will keep the old tariff. For notices to be published from 1 April, a quotation must be obtained from **GPW** with the new tariffs. Where a tariff increase is implemented during the year, **GPW** endeavours to provide customers with 30 days' notice of such changes.

14. Each quotation has a unique number.

15. Form Content notices must be emailed to the *eGazette* Contact Centre for a quotation.

    15.1. The *Adobe* form supplied is uploaded by the Contact Centre Agent and the system automatically calculates the cost of your notice based on the layout/format of the content supplied.

    15.2. It is critical that these *Adobe* Forms are completed correctly and adhere to the guidelines as stipulated by **GPW**.

16. **APPLICABLE ONLY TO GPW ACCOUNT HOLDERS**:

    16.1. **GPW** Account Customers must provide a valid **GPW** account number to obtain a quotation.

    16.2. Accounts for **GPW** account customers **must** be active with sufficient credit to transact with **GPW** to submit notices.

        16.2.1. If you are unsure about or need to resolve the status of your account, please contact the **GPW** Finance Department prior to submitting your notices. (If the account status is not resolved prior to submission of your notice, the notice will be failed during the process).

17. **APPLICABLE ONLY TO CASH CUSTOMERS:**

    17.1. Cash customers doing **bulk payments** must use a **single email address** in order to use the **same proof of payment** for submitting multiple notices.

18. The responsibility lies with you, the customer, to ensure that the payment made for your notice(s) to be published is sufficient to cover the cost of the notice(s).

19. Each quotation will be associated with one proof of payment / purchase order / cash receipt.

    19.1. This means that **the quotation number can only be used once to make a payment.**

GOVERNMENT PRINTING WORKS - BUSINESS RULES

COPY (SEPARATE NOTICE CONTENT DOCUMENT)

20. Where the copy is part of a separate attachment document for Z95, Z95Prov and TForm03

20.1. Copy of notices must be supplied in a separate document and may not constitute part of any covering letter, purchase order, proof of payment or other attached documents.

The content document should contain only one notice. (You may include the different translations of the same notice in the same document).

20.2. The notice should be set on an A4 page, with margins and fonts set as follows:

Page size = A4 Portrait with page margins: Top = 40mm, LH/RH = 16mm, Bottom = 40mm; Use font size: Arial or Helvetica 10pt with 11pt line spacing;

Page size = A4 Landscape with page margins: Top = 16mm, LH/RH = 40mm, Bottom = 16mm; Use font size: Arial or Helvetica 10pt with 11pt line spacing;

CANCELLATIONS

21. Cancellation of notice submissions are accepted by **GPW** according to the deadlines stated in the table above in point 2. Non-compliance to these deadlines will result in your request being failed. Please pay special attention to the different deadlines for each gazette. Please note that any notices cancelled after the cancellation deadline will be published and charged at full cost.

22. Requests for cancellation must be sent by the original sender of the notice and must accompanied by the relevant notice reference number (N-) in the email body.

AMENDMENTS TO NOTICES

23. With effect from 01 October 2015, **GPW** will not longer accept amendments to notices. The cancellation process will need to be followed according to the deadline and a new notice submitted thereafter for the next available publication date.

REJECTIONS

24. All notices not meeting the submission rules will be rejected to the customer to be corrected and resubmitted. Assistance will be available through the Contact Centre should help be required when completing the forms. (012-748 6200 or email info.egazette@gpw.gov.za). Reasons for rejections include the following:

24.1. Incorrectly completed forms and notices submitted in the wrong format, will be rejected.

24.2. Any notice submissions not on the correct *Adobe* electronic form, will be rejected.

24.3. Any notice submissions not accompanied by the proof of payment / purchase order will be rejected and the notice will not be processed.

24.4. Any submissions or re-submissions that miss the submission cut-off times will be rejected to the customer. The Notice needs to be re-submitted with a new publication date.

GOVERNMENT PRINTING WORKS - BUSINESS RULES

Approval of notices

25. Any notices other than legal notices are subject to the approval of the Government Printer, who may refuse acceptance or further publication of any notice.

26. No amendments will be accepted in respect to separate notice content that was sent with a Z95 or Z95Prov notice submissions. The copy of notice in layout format (previously known as proof-out) is only provided where requested, for Advertiser to see the notice in final Gazette layout. Should they find that the information submitted was incorrect, they should request for a notice cancellation and resubmit the corrected notice, subject to standard submission deadlines. The cancellation is also subject to the stages in the publishing process, i.e. If cancellation is received when production (printing process) has commenced, then the notice cannot be cancelled.

Government Printer Indemnified Against Liability

27. The Government Printer will assume no liability in respect of—

27.1. any delay in the publication of a notice or publication of such notice on any date other than that stipulated by the advertiser;

27.2. erroneous classification of a notice, or the placement of such notice in any section or under any heading other than the section or heading stipulated by the advertiser;

27.3. any editing, revision, omission, typographical errors or errors resulting from faint or indistinct copy.

Liability of advertiser

28. Advertisers will be held liable for any compensation and costs arising from any action which may be instituted against the Government Printer in consequence of the publication of any notice.

Customer inquiries

Many of our customers request immediate feedback/confirmation of notice placement in the gazette from our Contact Centre once they have submitted their notice – While **GPW** deems it one of their highest priorities and responsibilities to provide customers with this requested feedback and the best service at all times, we are only able to do so once we have started processing your notice submission.
GPW has a 2-working day turnaround time for processing notices received according to the business rules and deadline submissions.
Please keep this in mind when making inquiries about your notice submission at the Contact Centre.

29. Requests for information, quotations and inquiries must be sent to the Contact Centre ONLY.

30. Requests for Quotations (RFQs) should be received by the Contact Centre at least **2 working days** before the submission deadline for that specific publication.

GOVERNMENT PRINTING WORKS - BUSINESS RULES

Payment of cost

31. The Request for Quotation for placement of the notice should be sent to the Gazette Contact Centre as indicated above, prior to submission of notice for advertising.

32. Payment should then be made, or Purchase Order prepared based on the received quotation, prior to the submission of the notice for advertising as these documents i.e. proof of payment or Purchase order will be required as part of the notice submission, as indicated earlier.

33. Every proof of payment must have a valid **GPW** quotation number as a reference on the proof of payment document.

34. Where there is any doubt about the cost of publication of a notice, and in the case of copy, an enquiry, accompanied by the relevant copy, should be addressed to the Gazette Contact Centre, **Government Printing Works**, Private Bag X85, Pretoria, 0001 email: info.egazette@gpw.gov.za before publication.

35. Overpayment resulting from miscalculation on the part of the advertiser of the cost of publication of a notice will not be refunded, unless the advertiser furnishes adequate reasons why such miscalculation occurred. In the event of underpayments, the difference will be recovered from the advertiser, and future notice(s) will not be published until such time as the full cost of such publication has been duly paid in cash or electronic funds transfer into the **Government Printing Works** banking account.

36. In the event of a notice being cancelled, a refund will be made only if no cost regarding the placing of the notice has been incurred by the **Government Printing Works**.

37. The **Government Printing Works** reserves the right to levy an additional charge in cases where notices, the cost of which has been calculated in accordance with the List of Fixed Tariff Rates, are subsequently found to be excessively lengthy or to contain overmuch or complicated tabulation.

Proof of publication

38. Copies of any of the *Government Gazette* or *Provincial Gazette* can be downloaded from the **Government Printing Works** website www.gpwonline.co.za free of charge, should a proof of publication be required.

39. Printed copies may be ordered from the Publications department at the ruling price. The **Government Printing Works** will assume no liability for any failure to post or for any delay in despatching of such *Government Gazette*(s)

GOVERNMENT PRINTING WORKS CONTACT INFORMATION

Physical Address:	**Postal Address:**	**GPW Banking Details:**
Government Printing Works	Private Bag X85	**Bank:** ABSA Bosman Street
149 Bosman Street	Pretoria	**Account No.:** 405 7114 016
Pretoria	0001	**Branch Code:** 632-005

For Gazette and Notice submissions: Gazette Submissions:	**E-mail:** submit.egazette@gpw.gov.za
For queries and quotations, contact: Gazette Contact Centre:	**E-mail:** info.egazette@gpw.gov.za
	Tel: 012-748 6200
Contact person for subscribers: Mrs M. Toka:	**E-mail:** subscriptions@gpw.gov.za
	Tel: 012-748-6066 / 6060 / 6058
	Fax: 012-323-9574

GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS

DEPARTMENT OF COMMUNICATIONS AND DIGITAL TECHNOLOGIES

NO. 5979 **14 March 2025**

APPOINTMENT OF BOARD MEMBERS OF THE SOUTH AFRICAN POSTBANK SOC LIMITED

By virtue of powers vested in me by Section 14(6)(b) of The South African Postbank Limited Act, 2010 (Act No. 9 of 2010) as amended, read together with Clause 5.6.9 of the Memorandum of Incorporation of The South African Postbank SOC Limited, I, Mr. Solly Malatsi, the Minister of Communications and Digital Technologies, hereby give notice of the appointment of the persons mentioned hereunder as non-executive directors of The South African Postbank Limited for a period of five (5) years with effect from 03 March 2025 to 02 March 2030:

a. Mr. KW Ngema;
b. Ms. KJ Siyila;
c. Mr. KG Sukdev;
d. Mr. IA Mamoojee;
e. Ms. N Minyuku;
f. Ms. WFH Majola; and
g. Ms. NY Jekwa.

In terms of section 12(4) of The South African Postbank Limited Act, 2010 (Act No. 9 of 2010) as amended, read together with Clause 5.4.4 of the Memorandum of Incorporation of The Postbank SOC Limited, I have designated Mr. KW Ngema as the Chairperson of the Board for the same period.

Hon. Solly Malatsi, MP
Date: 07/03/2025

DEPARTMENT OF FINANCE

NO. 5980 **14 March 2025**

FOR CONSULTATION PURPOSES ONLY

Financial Intelligence Centre

DRAFT DIRECTIVE 3A

NOTIFICATION OF FAILURE TO REPORT AS REQUIRED BY THE FINANCIAL INTELLIGENCE CENTRE IN TERMS OF THE FINANCIAL INTELLIGENCE CENTRE, 2001 (ACT 38 OF 2001)

14 March 2025

FOR CONSULTATION PURPOSES ONLY

Directive No. 3A of 2025

GENERAL EXPLANATORY NOTE:

[ ] Words in **bold type** in square brackets indicate omissions from the existing directive.

_____ Words underlined with a solid line indicate insertions in the existing directive.

1. PURPOSE

1.1 This Directive is issued by the Financial Intelligence Centre (Centre) in terms of section 43A(1) of the Financial Intelligence Centre Act, 2001 (Act 38 of 2001) (**[]**FIC Act).

1.2 This directive applies to all accountable **[and reporting]** institutions and to other persons who have an obligation to file a report with the Centre in terms of the provisions of the FIC Act.

1.3 The Centre issues this directive to all accountable **[and reporting]** institutions and all other persons who have an obligation to file reports with the Centre in terms of sections 28, 28A, 29 and 31 of the FIC Act.

1.4 The principal objective of the Centre is to assist in the identification of the proceeds of unlawful activities and the combating of money laundering activities, the financing of terrorist and related activities and proliferation financing activities (section 3(1) of the FIC Act).

1.5 To achieve its objectives the Centre must process, analyse and interpret information disclosed to it, and obtained by it in terms of the FIC Act and retain such information in the manner and for the period as required in the FIC Act (section 4(a) and (d) of the FIC Act).

1.6 The Centre obtains information in the form of reports which are filed with it in accordance with the following sections of the FIC Act, as mentioned above:

- Section 28 - cash threshold reporting
- Section 28A - terrorist property reporting
- Section 29 - suspicious and unusual transaction reporting
- Section 31 - international funds transfer reporting.

FOR CONSULTATION PURPOSES ONLY

1.7 Where the abovementioned persons or institutions fail to submit these reports to the Centre, intelligence data needed to fulfil its mandate is lost to the Centre.

2. Directive

2.1 This directive is effective from date of publication in the Government Gazette.

2.2 Where a person or institution becomes aware of a reporting failure to the Centre such person or institution has to mitigate the loss of intelligence data to the Centre in the following manner:

2.2.1 Inform the Centre in writing of the reporting failure immediately after becoming aware of such failure. The notification must be sent to the Executive Manager, Compliance and Prevention, Financial Intelligence Centre.

2.2.2 Request an engagement with the Centre to discuss relevant mitigation factors.

2.3 The subsequent arrangements for the mitigation of lost intelligence due to a failure to report **[the Centre]** does not imply condonation of the failure to report information to the Centre, nor does it absolve the reporter from its continuing reporting obligations under the FIC Act or prevent enforcement action being taken by the relevant supervisory body.

3. Consultation

3.1 Comments are invited from accountable institutions, supervisory bodies and all other persons on the draft Directive 3A by submitting only written comments via the online comments submission link only: Comments link: https://forms.office.com/Pages/ResponsePage.aspx?id=szVSHGOkAUqWp9wmNLKqdF6jFwSWV3dDjs8mbfsyxyJUMjhSUTJVWkZJODRES0FHNjFGV05VSFpaRi4u

3.2. Any questions or requests relating to this draft Directive 3A may be sent to the FIC only at consult@fic.gov.za. Submissions will be received until Friday, 21 March 2025 by close of business

MR P SMIT
ACTING DIRECTOR
FINANCIAL INTELLIGENCE CENTRE

DEPARTMENT OF HEALTH

NO. 5981 **14 March 2025**

HEALTH PROFESSIONS ACT, 1974 (ACT NO.56 OF 1974)

REGULATIONS DEFINING THE SCOPE OF THE PROFESSION OF MEDICAL ORTHOTICS AND PROSTHETICS

The Minister of Health has, in terms of section 33(1) of the Health Professions Act, 1974 (Act No. 56 of 1974), and on the recommendation of the Health Professions Council of South Africa and the Professional Board for Occupational Therapy, Medical Orthotists / Prosthetists, made the regulations in the Schedule.

DR PAKISHE AARON MOTSOALEDI, MP
MINISTER OF HEALTH
DATE: 10/9/2025

SCHEDULE

Definitions

1. In these regulations any word or expression to which a meaning has been assigned in the Act bears such meaning, unless the context indicates otherwise –

"the Act" means the Health Professions Act, 1974 (Act No. 56 of 1974).

Acts pertaining to profession of medical orthotics and prosthetics

2. The following acts, in term of section 33 of the Act, deemed to be acts pertaining to the profession of medical orthotics and prosthetics:

(a) assessment of patients requiring orthotic or prosthetic care, including, but not limited, to patients with impairment of human movement, musculoskeletal abnormalities or any pathology;

(b) formulation and implementation of an orthotic or prosthetic treatment plan based on a comprehensive assessment to design an intervention to alleviate limitations, enhance function, and for cosmetic purposes;

(c) deciding on the type of orthotic or prosthetic device required to alleviate limitations, to enhance function, and for cosmetic purposes;

(d) issuing of "off-the-shelf" orthotic or prosthetic devices which includes:
  (i) measuring the specific orthotic or prosthetic devices;
  (ii) fitting the orthotic or prosthetic device;
  (iii) adjusting and modifying the orthotic or prosthetic device according to the required specifications;
  (iv) testing the patient's use of orthotic or prosthetic device through functional exercises;
  (v) providing gait training with the orthotic and prosthetic device where

applicable;

(vi) providing functional training (both self-care and work related) with the orthotic or prosthetic device; and

(vii) providing patient education and instruction regarding the orthotic or prosthetic device.

(e) custom manufacturing process for orthotic or prosthetic devices which includes:

(i) measuring and casting for orthoses or prostheses;

(ii) modification and rectification of the orthoses or prostheses;

(iii) material selection to use for the orthoses or prostheses; and

(iv) fabrication of orthoses and prostheses using specialized techniques such as molding, laminating, aligning and assembling within an orthopaedic laboratory.

(f) the treatment planning for the provision of custom made orthotic or prosthetic devices which includes:

(i) diagnostic fitting of the orthotic or prosthetic device;

(ii) adjusting and modifying orthotic or prosthetic device to accommodate the individual requirements;

(iii) functional exercises to test the orthotic or prosthetic device;

(iv) gait training with the orthotic and prosthetic device where applicable;

(v) functional training (both self-care and work-related) with the orthotic and prosthetic device; and

(vi) educating and instructing the patient about the orthotic or prosthetic device; and determining a follow-up treatment plan that ensures successful orthotic or prosthetic outcomes over a short and long-term plan.

(g) determining a follow-up treatment plan that ensures successful orthotic or prosthetic outcomes over a short and long-term plan.

Short tile

3. These Regulations are called Regulations Defining the Scope of the Profession of Medical Orthotics and Prosthetics, 2025.

ISAZISO SIKAHULUMENI

UMNYANGO WEZEMPILO

UMTHETHO WEZEMISEBENZI YEZEMPILO WE-1974 (UMTHETHO 56 WE-1974)

IMITHETHO ECHAZA UBUBANZI BEMISEBENZI YEZOKWELAPHA YAMA-*ORTHOTICS* NAMA-*PROSTHETIC*

UNgqongqoshe Wezempilo, ngokwesigaba 33(1) soMthetho Wezemisebenzi Yezempilo, we-1974 (uMthetho 56 we-1974), kanye nangesincomo soMkhandlu Wezemisebenzi Yezempilo waseNingizimu Afrika kanye neBhodi Lochwepheshe Lokwelashwa Kokusebenza komzimba (*occupational therapy*) , ama-*Orthotist* nama-*Prosthetist*, wenza imithethonqubo kuSheduli.

UDKT PAKISHE AARON MOTSOALEDI, ILUNGU LEPHALAMENDE
UNGQONGQOSHE WEZEMPILO
USUKU: 10/9/2025

ISHEDULI

Izincazelo

1. Kule mithetho, nanoma yiliphi igama noma inkulumo enikezwe incazelo eMthethweni iyoba naleyo ncazelo, ngaphandle uma ingqikithi isho okuhlukile –

"uMthetho" kusho uMthetho Wezemisebenzi Yezempilo, we-1974 (uMthetho 56 we-1974).

Izinyathelo eziphathelene nomsebenzi we-orthotics kanye ne-prosthetics

2. Lezi zinyathelo ezilandelayo , ngokwesigaba 33 soMthetho, zithathwa njengezinyathelo eziphathelene nomsebenzi we-*orthotics* kanye ne-*prosthetics*:

(a) ukuhlolwa kweziguli ezidinga ukunakekelwa kwe-*orthotic* noma kwe-*prosthetic*, okubandakanya, kodwa kungagcini, ezigulini ezinokukhubazeka kokuhamba komuntu, ukungasebenzi kahle kwemisipha namathambo noma iyiphi i-*pathology*;

(b) ukwenziwa kanye nokusetshenziswa kohlelo lokwelapha lwe-*orthotic* noma lwe-*prosthetic* olususelwe ekuhloleni okuphelele ukuze kudizayinwe ukungenelela ukuze kuncishiswe imikhawulo, kuthuthukiswe ukusebenza, kanye nezinjongo zezimonyo;

(c) ukunquma uhlobo lwedivaysi ye-*orthotic* noma ye-*prosthetic* edingekayo ukuze kuncishiswe imikhawulo, kuthuthukiswe ukusebenza, kanye nezinjongo zezimonyo;

(d) ukukhishwa kwemishini "engaphandle kweshalofu" kwamadivayisi e-*orthotic* noma e-*prosthetic* okuhlanganisa:

(i) ukukala amadivayisi athile e-*orthotic* noma e-*prosthetic*;

(ii) ukufaka idivayisi ye-*orthotic* noma ye-*prosthetic*;

(iii) ukulungisa kanye nokuguqula idivayisi ye-*orthotic* noma ye-*prosthetic* ngokuya ngemininingwane edingekayo;

(iv) ukuhlola ukusebenzisa kwesiguli idivayisi ye-*orthotic* noma ye-*prosthetic* ngokusebenzisa ukunyakazisa umzimba okusebenzayo;

(v) ukuhlinzeka ngokuqeqeshwa kokuhamba ngedivayisi ye-*orthotic* noma ye-*prosthetic* lapho kufanele khona;

(vi) ukuhlinzeka ngokuqeqeshwa okusebenzayo (kokubili okokuzinakekela nokuhlobene nomsebenzi) ngedivayisi ye-*orthotic* noma ye-*prosthetic*; futhi

(vii) ukuhlinzeka ngemfundo yesiguli kanye neziyalezo mayelana nedivayisi ye-*orthotic* noma ye-*prosthetic*.

(e) inqubo yokukhiqiza ejwayelekile yamadivayisi e-*orthotic* noma e-*prosthetic* kuhlanganisa:

(i) ukulinganisa nokubunjwa kwama-*orthoses* nama-*prostheses*;

(ii) ukuguqulwa nokulungiswa kwama-*orthoses* nama-*prostheses*;

(iii) ukukhethwa kwezinto ezizosetshenziselwa ama-*orthoses* noma ama-*prostheses*; futhi

(iv) ukwenziwa kwama-orthoses nama-*prostheses* kusetshenziswa amasu akhethekile njengokubunjwa, ukufakwa kwe-laminating, ukuqondanisa nokuhlanganisa ngaphakathi kwelabhorethri ye-*orthopaedic*.

(f) ukuhlelwa kokwelashwa kokuhlinzekwa kwamadivayisi enziwe ngokujwayelekile e-*orthotic* noma e-*prosthetic* okuhlanganisa:

(i) ukufakwa kokuxilonga kwe-orthotic noma kwe-*prosthetic*;

(ii) ukulungisa kanye nokuguqula idivayisi ye-*orthotic* noma ye-*prosthetic* ukuze ivumelane nezidingo zomuntu ngamunye;

(iii) izivivinyo ezisebenzayo zokuhlola idivayisi ye-*orthotic* noma ye-*prosthetic*;

(iv) ukuqeqeshwa ukuhamba ngedivayisi ye-*orthotic* kanye neye-*prosthetic*

lapho kufanele khona;

(v) ukuqeqeshwa okusebenzayo (kokubili okokuzinakekela nokuhlobene nomsebenzi) ngedivayisi ye-*orthotic* noma ye-*prosthetic*; futhi

(vi) ukufundisa nokuyalela isiguli ngedivayisi ye-*orthotic* noma ye-*prosthetic*; kanye nokunquma uhlelo lokwelashwa olulandelwayo oluqinisekisa imiphumela eyimpumelelo ye-*orthotic* noma ye-*prosthetic* phezu kohlelo olufushane nolwesikhathi eside.

(g) ukunquma uhlelo lokwelapha olulandelwayo oluqinisekisa imiphumela eyimpumelelo ye-*orthotic* noma ye-*prosthetic* phezu kohlelo olufushane nolwesikhathi eside.

Isihloko esifushane

3. Le Mithethonqubo ibizwa ngeMithethonqubo Echaza Ububanzi Bemisebenzi Yezokwelapha yama-*Orthotics* nama-*Prostetics*, yezi-2025.

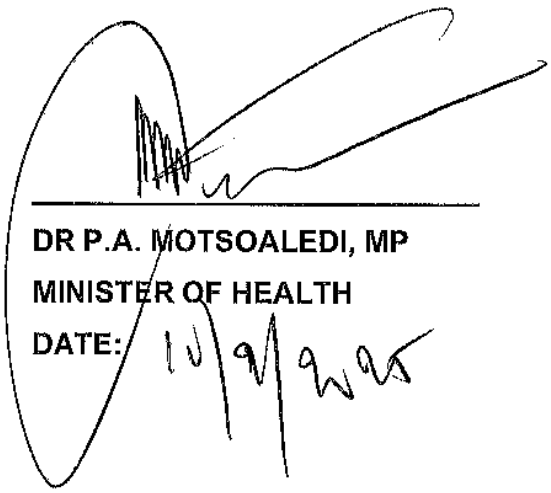
DEPARTMENT OF HEALTH

NO. 5982 **14 March 2025**

HEALTH PROFESSIONS ACT, 1974 (ACT NO.56 OF 1974)

REGULATIONS RELATING TO THE REGISTRATION OF OPTOMETRY OR DISPENSING OPTICIAN STUDENTS

The Minister of Health intends, under section 61 (1) (a) (i) of the Health Professions Act, 1974 (Act 56 of 1974) and after consultation with the Health Professions Council of South Africa, to make the regulations in the schedule.



DR P.A. MOTSOALEDI, MP
MINISTER OF HEALTH
DATE: 10/9/2025

SCHEDULE

Definitions

1. In these regulations any word or expression to which a meaning has been assigned in the Act shall bear such meaning and, unless the context indicates otherwise-

"educational institution" means a university or any training institution in the Republic of South Africa offering training leading to a qualification which is recognised by the Professional Board or prescribed for registration of Optometrists or Dispensing Opticians in terms of the Act;

"Professional Board" means the Professional Board for Optometry and Dispensing Opticians established in terms of section 15 of the Act;

"student" means a student enrolled at an educational institution for training leading to registration as an Optometrist or Dispensing Optician or a person registered as an Optometry or Dispensing Optician student; and

"Act" means the Health Professions Act, 1974 (Act No. 56 of 1974).

Registration of students

2. (1) A student enrolled at an educational institution for training leading to registration as an Optometrist or Dispensing Optician must, within two months of such enrolment, apply to the registrar for registration as a student in accordance with the provisions of subregulation (2).

(2) The application referred to in subregulation (1) must be submitted to the Registrar on a Form supplied by the Professional Board and must be accompanied by-

(a) a certified copy of the identity document or passport in a case of a foreign student, or such other proof of age and correct names as may be acceptable to the registrar;

(b) a certified copy of the marriage certificate in case of change of name after marriage;

(c) a certified copy of the matriculation certificate or an equivalent certificate or certificate of exemption from the matriculation examination;

(d) a certificate of enrolment at an educational institution, which certificate shall indicate the year of study in which the student is enrolled and the date on which he or she is so enrolled; and

(e) registration fee.

(3) An application by a student who has been enrolled at an educational institution in the Republic in a temporary capacity for a period not exceeding one academic year and not for degree or diploma purposes, must be accompanied only by:

(a) a certificate of having commenced study of a subject or subjects in a year of study for a qualification in Optometry or Dispensing Optician; and

(b) proof that he/she is registered as an Optometry or Dispensing Optician Student by a registering authority for this purpose other than the Republic of South Africa.

Application for re-registration

3. (1) A student who resumes study after having interrupted such study for a period of at least one year, must apply to the registrar for re-registration within two months of resumption of study.

(2) The application referred to in subregulation (1) must be accompanied by a certificate to the effect that the student has resumed study in Optometry or Dispensing Opticianry and the original certificate of registration.

(3) The name of a student who interrupts his or her studies for a period of more than one year but annually advises the registrar in writing of his or her intention to continue with his or her studies shall not be removed from the register of students.

(4) A student who applies for re-registration in terms of subregulation (1), and who is not able to submit the original certificate of registration, must apply to the registrar for a certified copy of the original certificate of registration for which a fee shall be payable.

(5) An application referred to in regulation 2 or 3 which has been submitted later than the period referred to in regulation 2 or 3, respectively, must be subjected to an additional registration fee in respect of each month or portion of the month thereof.

(6) A student who has not complied with the requirements referred to in these regulations may not be registered or re-registered as an Optometry or Dispensing Optician student.

(7) A student registered as an Optometry or Dispensing Optician student in terms of the Act must be furnished with a registration certificate by the Registrar.

Information to be submitted to the professional board

4. (1) An educational institution must submit to the registrar not later than 31 May of each year: -

(a) a list of students enrolled for the qualification in Optometry or Dispensing Opticianry at such an education institution; and

(b) a list of students who had discontinued their studies during the preceding 12 months.

(2) The list referred to in subregulation (1) must include the full names, the year of study and, in cases where students had discontinued their studies, the date of discontinuation of each student.

(3) Together with the list referred to in sub regulation (1), an educational institution must submit:

(a) a list of students who had discontinued their studies temporarily during the preceding 12 months, the reasons for such temporary discontinuation, and the date on which the students concerned are expected to resume their studies; and

(b) a list of students who, after temporary discontinuation of studies, had resumed their studies during the preceding 12 months.

Removal of the name from the register

5. The name of a student must be removed from the student register as soon as the student has been registered as an Optometrist or Dispensing Optician, or as soon as proof is given to the satisfaction of the registrar that such student has discontinued the Optometry or Dispensing Opticianry studies in the Republic.

Repeal

6. The Regulations Relating to the Registration of Optometry Students as published under Government Notice No. R. 1845 in *Government Gazette No.* 5741 of 16 September 1977 are hereby repealed.

Short title

7. These Regulations are called Regulations Relating to the Registration of Optometry or Dispensing Optician Students, 2025.

NATIONAL TREASURY

NOTICE 3043 OF 2025

RATE OF INTEREST ON GOVERNMENT LOANS

It is hereby notified that the Minister of Finance has, in terms of Section 80(1)(a) and (b) of the Public Finance Management Act, 1999 (Act No. 1 of 1999), fixed the Standard Interest Rate applicable, from **1 March 2025** and until further notice, to loans granted by the State out of a Revenue Fund, and /or to all other debts which must be paid into a Revenue Fund, at eleven percent **(11,00%)** per annum.

The above-mentioned Standard Interest Rate is applicable from **1 March 2025** and until further notice, to all drawings of loans from State money, except loans in respect of which other rates of interest are specifically authorized by legislation or the Minister of Finance.

BOARD NOTICE 751 OF 2025

SOUTH AFRICAN PHARMACY COUNCIL

CORRECTION NOTICE - BOARD NOTICE 674 of 2024

Board Notice 674 of 2024, published on 4 October 2024 in *Government Gazette* No. 51352, is hereby **corrected** as per the details below:

Rule 4.2.3.3.1 Standard operating procedures: Community Pharmacy is hereby deleted and replace with Rule 4.2.3.3.1 as follows:

4.2.3.3.1 Community Pharmacy

Premises

(a) good housekeeping (cleaning procedures, etc. as well as pest elimination);
(b) access control – keys, who can be in dispensary & stockrooms etc.; and
(c) procedures for specialised services (depending on what specialised services the pharmacy offers).

Pharmaceutical Services:

(a) all professional services and procedures provided as per the scope of practice of a pharmacist;
(b) informed consent;
(c) confidentiality;
(d) infection control;
(e) disposal of sharp-edged & hazardous materials; and
(f) needle stick injury & blood spill procedures (where applicable).

Management and Administrative Procedures:

(a) ADR & Quality reporting combined with the handling of product complaints;
(b) storage, retrieval and disposal of records and patient information;
(c) receiving of medicines;
(d) storage of medicines;
(e) cold chain management;
(f) handling of S6 medicines;
(g) pre-packing and quality assurance procedures (where applicable);
(h) collection and delivery of medicines;
(i) effective stock rotation;
(j) stock-taking;
(k) disposal or removal of expired, damaged and/or contaminated stock as required;
(l) recall of medicine;
(m) compounding of extemporaneous preparations, where applicable);
(n) maintenance of equipment (e.g. calibration of dispensing balances);
(o) preparation of TPN/large volume parenteral (including quality assurance procedures) (where applicable);

(p) oncology mixing (including quality assurance procedures) (where applicable);
(q) preparation of IV admixtures (including quality assurance procedures) (where applicable);
(r) enquiry or complaint procedure; and
(s) staff training.

VM Tlala
REGISTRAR

Address: 591 Belvedere Street. Arcadia. Pretoria. 0083. Private Bag X40040. Arcadia. 0007.
Telephone: 0861 7272 00. Facsimile 012-321 1479/92

BOARD NOTICE 752 OF 2025

SOUTH AFRICAN PHARMACY COUNCIL

COMPETENCY STANDARDS FOR A SPECIALIST PHARMACIST WHO PROVIDES CLINICAL PHARMACY SERVICES IN SOUTH AFRICA

The South African Pharmacy Council hereby publishes for **implementation,** the **Competency standards for a specialist pharmacist who provides clinical pharmacy services in South Africa** in terms of Sections 33(o) of the Pharmacy Act, 53 of 1974.

SCHEDULE

(a) Competency standards for a specialist pharmacist who provides clinical pharmacy services in South Africa

VM TLALA
REGISTRAR

Address: 591 Belvedere Street, Arcadia, Pretoria, 0083,

Private Bag X40040, Arcadia, 0007. Telephone: 0861 7272 00

COMPETENCY STANDARDS FOR A SPECIALIST PHARMACIST WHO PROVIDES CLINICAL PHARMACY SERVICES IN SOUTH AFRICA

TABLE OF CONTENTS

ACRONYMS 1
DEFINITIONS 1
1. INTRODUCTION 2
2. BACKGROUND 2
3. RATIONALE FOR DEVELOPMENT OF COMPETENCY STANDARDS FOR A CLINICAL PHARMACIST 3
4. REGISTRATION OF CLINICAL PHARMACISTS 3
5. QUALIFICATIONS OF A CLINICAL PHARMACIST 4
6. STRUCTURE OF THE COMPETENCY STANDARDS AND DOMAINS 4
TABLE 1: SUMMARY OF CLINICAL PHARMACY COMPETENCY STANDARDS 5
DOMAIN 1: PUBLIC HEALTH 6
INTRODUCTION 6
DOMAIN 1: PUBLIC HEALTH 6
DOMAIN 2: SAFE AND RATIONAL USE OF MEDICINE AND MEDICAL DEVICES 7
DOMAIN 3: SUPPLY OF MEDICINES, MEDICAL DEVICES AND IVDS 9
DOMAIN 4: QUALITY MANAGEMENT IN CLINICAL PHARMACY 10
DOMAIN 5: PROFESSIONAL AND PERSONAL PRACTICE 11
DOMAIN 6: EDUCATION, TRAINING AND RESEARCH 13
REFERENCES ..... **Error! Bookmark not defined.**

ACRONYMS

The following acronyms have been included; however, the list is not exhaustive –

CAPA Corrective Action and Preventative Action

GCP Good Clinical Practice

GXP Good Practice Guidelines and Regulations e.g., Good Manufacturing Practice (GMP), Good Laboratory Practice (GLP), Good Wholesaling Practice (GWP) and Good Radiopharmacy Practice (GRPP) and other pharmaceutical practices

HTA Health Technology Assessment

IPC Infection, Prevention and Control

IVDs *In-vitro* Diagnostics

PTC Pharmacy and Therapeutics Committee

SOP Standard Operating Procedure

TDM Therapeutic Drug Monitoring

UHC Universal Health Coverage

DEFINITIONS

"Change control report" is a document that records the process of coordinated activities through which a desired change is implemented in an existing function, process, or product in the pharmaceutical industry.

"Clinical Pharmacist" is a pharmacist registered with Council to offer clinical pharmacy services.

"Specialist pharmacist student" means a pharmacist who is registered as such in terms of the Pharmacy Act 53 of 1974 (the Act).

"Specialist pharmacist resident" means a pharmacist who is registered as such in terms of the Pharmacy Act 53 of 1974 (the Act).

"Specialist pharmacist" means a pharmacist who is registered as such in terms of the Pharmacy Act 53 or 19754 (the Act).

"Speciality" means a specialist qualification in one of the fields of pharmacy approved and published in rules made by Council.

For purposes of this document, the terms drug and medicine are used interchangeably.

1. INTRODUCTION

Clinical pharmacy is aimed at the development and promotion of rational and appropriate use of medicines and pharmaceutical care, in the interest of the patient and the community. Patients with advanced disease have multiple symptoms, and treatment becomes complicated. This makes it difficult for patients and/or their carers to manage their medicines which leads to symptoms being inadequately controlled and a low level of therapeutic compliance. Pharmacists have the responsibility to identify, resolve, and prevent each patient's therapeutic problems. These responsibilities are met by using the caring paradigm in a patient-centred manner.

Pharmaceutical care mandates that pharmacists should not only dispense medicines but also assume the responsibility of improving the quality of life of patients and improving therapy outcomes.

Pharmaceutical care within a clinical pharmacy context as practiced within a multidisciplinary team involves the implementation of the following steps:

(a) Assessment of patient health and formulation of treatment plans.

(b) Monitoring of patient's response to therapy to ensure optimum therapeutic outcomes.

(c) Performing medicine reviews to detect and resolve medicine-related problems.

(d) Documentation of the care provided and provision of advice to patients in a way that patients understand.

2. BACKGROUND

In 2018, the South African Pharmacy Council published the reviewed competency standards for pharmacists. Competency standards have been developed and used as the basis for pharmacy education and practice since 2006. The competency standards for a pharmacist providing clinical pharmacy services are based on the competency standards for pharmacists. These competency standards for a clinical pharmacist are developed to encompass the scope of practice of a clinical pharmacist as a specialist pharmacist.

2.1 THE SCOPE OF PRACTICE FOR A CLINICAL PHARMACIST

In addition to the acts and services which form part of the scope of practice of the pharmacist as prescribed in terms of Regulations 3 and 4 of the Regulations relating to the practice of Pharmacy; a pharmacist who has completed a master's degree in clinical pharmacy must be allowed to provide the following services or acts pertaining to the scope of practice of a clinical pharmacist:

(a) Provide advanced clinical services to medical specialities;

(b) Take a pharmaceutical leadership role in clinical protocol and guideline development;

(c) Lead clinical audits of medicine use;

(d) Act as a leading pharmaceutical partner within a multi-professional healthcare team;

(e) Develop, implement, evaluate and provide strategic leadership for clinical pharmacy services;

(f) Appraise clinical pharmacy information, make informed decisions with the evidence available and be able to justify/defend the decisions;

(g) Develop policies and procedures specifically for clinical pharmacy;

(h) Provide education and training related to clinical pharmacy; or

(i) Perform research, teach, and publish in clinical pharmacy.

The scope of practice of a specialist pharmacist student is the same as the scope of practice of a specialist pharmacist practiced under the auspices of a provider.

The scope of practice of a specialist pharmacist resident is the same as the scope of practice of a specialist pharmacist practiced under the supervision of a specialist pharmacist.

3. RATIONALE FOR DEVELOPMENT OF COMPETENCY STANDARDS FOR A CLINICAL PHARMACIST

The rationale is to train advanced-level clinical pharmacists who can register with Council as specialists and contribute to capacity building in the field of clinical pharmacy as well as create specialists in the field of pharmacy, for the advancement of health care in South Africa in line with Universal Health Coverage (UHC).

Additionally, according to Van Mil (2004) "*if we want to try to prove that the structured provision of pharmaceutical care has an effect on outcomes, we must first of all make sure that the care provided matches the needs of the patients in that specific health system".*

Historically, the role of the pharmacist, regardless of the health setting, was to ensure prompt and efficient medicine supply, adequate stock, accurate dispensing, compounding, storage and transport, and to ensure that medicines are easily accessible to patients who need them. The pharmacist is also responsible for the selection of medicines, dosage forms, and monitoring of patient compliance.

Clinical pharmacists are required to understand the provision of pharmaceutical care that matches the patient's specific health needs. These pharmacists focus on disease prevention and treatment, including evidence-based medicine use and related care that improve both short and long-term outcomes for patients.

The competency standards have been developed to encompass the changes and developments including new technologies, work processes, changes in legislation and international trends. This is to primarily ensure the production and promotion of prudent and proper medicine usage and pharmaceutical care, in both the patient's and the public's best interests.

4. REGISTRATION OF CLINICAL PHARMACISTS

Clinical pharmacists are obliged to be registered with Council for the purposes of offering the acts related to their scope of practise as follows:

(a) Specialist pharmacist student.

(b) Specialist pharmacist resident.

(c) Specialist pharmacist.

5. QUALIFICATIONS OF A CLINICAL PHARMACIST

For purposes of registration as a clinical pharmacist, a pharmacist must have obtained -

(a) a professional master's degree in clinical pharmacy as determined by Council and published from time to time, or

(b) a qualification deemed to be equivalent or higher than the professional Master's degree in clinical pharmacy as assessed by Council.

6. STRUCTURE OF THE COMPETENCY STANDARDS AND DOMAINS

A competency framework consisting of six (6) domains suitable for the South African context was developed together with several associated competencies. A domain represents an organised cluster of competencies within a framework and the domains with associated competencies, as summarised in Table 1. The behavioural statements indicating how individuals working within a competency framework should behave in practice have also been drafted.

TABLE 1: SUMMARY OF CLINICAL PHARMACY COMPETENCY STANDARDS

DOMAIN	COMPETENCY STANDARD
1. Public Health	1.1 Promotion of clinical pharmacy services. 1.2 Pharmacoeconomics.
2. Safe and rational use of Medicine and Medical devices	2.1 Patient consulting. 2.2 Patient medicines review and management. 2.3 Medicines, medical devices and IVD safety.
3. Supply of Medicines and Medical devices	3.1 Medicine compounding. 3.2 Supply chain management. 3.3 Medicine dispensing.
4. Quality management in Clinical pharmacy	4.1 Quality assurance. 4.2 Pharmaceutical infrastructure management.
5. Professional and Personal Practice	5.1 Good record keeping. 5.2 Patient-centred care. 5.3 Professional practice. 5.4 Continuing professional development.
6. Education, training, and research	6.1 Provision of education and training. 6.2 Practice embedded education or workplace education. 6.3 Clinical Trials. 6.4 Research.

DOMAIN 1: PUBLIC HEALTH

INTRODUCTION

The domain covers competencies that are required to promote clinical pharmacy services. Participation of pharmacists in the promotion of public health utilising clinical pharmacy entails the following competencies:

1.1 Promotion of clinical pharmacy services.

1.2 Pharmacoeconomics.

DOMAIN 1: PUBLIC HEALTH	
COMPETENCIES	**BEHAVIOURAL STATEMENTS**
1.1 Promotion of clinical pharmacy services.	1.1.1 Demonstrating an ability to develop, implement and monitor health systems for the promotion of public health through the safe and effective use of medicine and medical devices. 1.1.2 Develop, monitor, and maintain clinical pharmacy services. 1.1.3 Demonstrate qualities to improve the performance of and manage clinical pharmacy services. 1.1.4 Promote good clinical pharmacy practice.
1.2 Pharmacoeconomics	1.2.1 Monitor and maintain cost-effective utilisation of medicines as part of a healthcare team. 1.2.2 Demonstrate an ability to develop, monitor and maintain health systems to ensure the rational and cost-effective use of medicines in accordance with the burden of disease.

DOMAIN 2: SAFE AND RATIONAL USE OF MEDICINE AND MEDICAL DEVICES

INTRODUCTION

Clinical pharmacists must have the knowledge of procedures and operations relating to safe and rational use of medicine and medical devices to ensure appropriate therapeutic assessments and decisions including medicine therapy. The competencies required in the domain of safe and rational use of medicines are:

2.1 Patient consultation.

2.2 Patient medicines review and comprehensive medicine management.

2.3 Medicines, medical devices and in vitro diagnostics (IVDs) safety.

DOMAIN 2: SAFE AND RATIONAL USE OF MEDICINES AND MEDICAL DEVICES	
COMPETENCIES	**BEHAVIOURAL STATEMENTS**
2.1 Patient consultation	2.1.1 Demonstrate the ability to - (a) gather and document patients' medical histories to inform pharmaceutical care decisions. develop, monitor, and review the pharmaceutical care plan; (b) create and update the pharmaceutical care plan based on patients' medical histories and treatment goals; (c) counsel patients to optimise and individualise their treatment outcomes; (d) educate patients on their treatment regimens, ensuring they understand how to use medications effectively and make informed decisions about their care; (e) collaborate with other disciplines to develop a platform for interprofessional pharmaceutical care; and (f) use medical devices and IVDs to evaluate clinical parameters.
2.2 Patient medicines review and comprehensive medicine management	2.2.1 Demonstrate the ability to - (a) develop, implement and monitor pharmaceutical care plans that incorporate the pharmacodynamic, pharmacogenomic and pharmacokinetic properties of medicines; (b) implement health systems that allow for the monitoring of patient treatment plans and assessment of medicine and medical device use; and (c) recommend appropriate diagnostic tests that can improve clinical patient management. 2.2.2 Ensure safe and effective medicine use with optimal therapy outcomes. 2.2.3 Monitor, evaluate and report on therapeutic outcomes.
2.3 Medicines, medical devices and IVD safety	2.3.1 Promote safe handling of medicines, medical devices and IVDs. 2.3.2 Demonstrate and apply safe disposal/destruction of medicines and diagnostic equipment.

DOMAIN 2: SAFE AND RATIONAL USE OF MEDICINES AND MEDICAL DEVICES	
COMPETENCIES	**BEHAVIOURAL STATEMENTS**
	2.3.3 Demonstrate the ability to proactively manage or assist with the infection, prevention and control (IPC) programmes in the clinical pharmacy to minimise risks of contamination.

DOMAIN 3: SUPPLY OF MEDICINES, MEDICAL DEVICES AND IVDS

INTRODUCTION

The clinical pharmacist plays an important part in the supply of clinical pharmacy services by ensuring that patients receive individualised doses in accordance with their therapy charts, taking into consideration their disease states, laboratory results and genetics. The competencies required in the domain to supply medicines and medical devices are as follows.

3.1 Medicine compounding.

3.2 Supply chain management.

3.3 Medicine dispensing.

DOMAIN 3: SUPPLY OF MEDICINES AND MEDICAL DEVICES	
COMPETENCIES	**BEHAVIOURAL STATEMENTS**
3.1 Medicine compounding	3.1.1 Manage the preparation of individualised patient doses by ensuring accurate dosing calculations. 3.1.2 Ensure safe compounding of medicines to meet individualised patient needs according to GMCP. 3.1.3 Ensure that compounded medicines meet the quality, safety and environmental control requirements. 3.1.4 Monitor the safe and effective use of compounded medicine by patients. 3.1.5 Utilise Therapeutic Drug Monitoring (TDM) techniques to ensure safe and effective dosing alternations for patients, taking into account individual patient factors and treatment goals.
3.2 Supply chain management	3.2.1 Develop, maintain and monitor systems for the provision of patient-centred medicine therapy management. 3.2.2 Manage the storage and transportation of compounded medicine in accordance with GxP.
3.3 Medicine dispensing	3.3.1 Evaluate a patient's prescription and ensure that an appropriate pharmaceutical care plan is developed. 3.3.2 Implement and monitor the implementation of the plan (including the monitoring of personalised medicine treatment plans for patients). 3.3.3 Demonstrate the ability to design the pharmacy area for provision of clinical pharmacy services.

DOMAIN 4: QUALITY MANAGEMENT IN CLINICAL PHARMACY

INTRODUCTION

The competencies required in this domain implement quality management in clinical pharmacy according to GxP as follows:

4.1 Quality assurance.

4.2 Pharmaceutical infrastructure management.

DOMAIN 4: QUALITY MANAGEMENT IN CLINICAL PHARMACY	
COMPETENCIES	**BEHAVIOURAL STATEMENTS**
4.1 Quality assurance	4.1.1 Demonstrate the ability to develop, implement, and maintain a comprehensive clinical pharmacy system that ensures the quality, safety and efficacy of the pharmaceutical services including the creation and review of: (a) SOPs; (b) change control reports; (c) risk assessments; and (d) guidance documents. 4.1.2 Raise and investigate deviations and address deviations through Corrective and Preventative Actions (CAPAs). 4.1.3 Establish a quality assurance governance system.
4.2 Pharmaceutical infrastructure management	4.2.1 Design, implement and manage a clinical pharmacy monitoring system.

DOMAIN 5: PROFESSIONAL AND PERSONAL PRACTICE

INTRODUCTION

The competencies required in the domain to ensure good personal and professional practice are:

5.1 Good record keeping.

5.2 Patient-centred care.

5.3 Professional practice.

5.4 Continuing professional development.

DOMAIN 5: PROFESSIONAL AND PERSONAL PRACTICE	
COMPETENCIES	**BEHAVIOURAL STATEMENTS**
5.1 Good record keeping	5.1.1 Ensure the maintenance and review of patient records in accordance with relevant legislation. 5.1.2 Develop, implement and maintain records for training and assessment of healthcare teams. 5.1.3 Maintain a portfolio of evidence related to clinical pharmacy services.
5.2 Patient-centred care	5.2.1 Review, appraise and evaluate the pharmaceutical care concept against the patient's medical history. 5.2.2 Perform medication reconciliation and assess treatment in conjunction with patient health status, including pathology laboratory results and vital signs. Make recommendations where treatment can be optimised, adverse effects can be reduced, and outcomes can be improved. 5.2.3 Demonstrate and apply in-depth knowledge of various drug mechanisms of action, indications, adverse reactions, dosing and interactions. 5.2.4 Develop, monitor and evaluate patient care plans in line with the patient's ongoing therapy. 5.2.5 Provide direct patient care including the treatment and monitoring of potential adverse drug-drug, drug-food and drug-complementary medicine reactions within a multi-disciplinary team. 5.2.6 Provide clinical care to patients receiving specialised nutrition support. 5.2.7 Formulate and implement non-pharmaceutical measures including lifestyle modifications.
5.3 Professional practice	5.3.1 Develop and monitor clinical protocols as required and mandated. 5.3.2 Demonstrate knowledge of the legislation, guidelines, and procedures for clinical pharmacy. 5.3.3 Contribute to the review and development of legislation, policies and guidelines relating to clinical pharmacy. 5.3.4 Perform HTAs and apply rational medicine use at PTC level. 5.3.5 Demonstrate the ability to assist patients dealing with trauma, death and bereavement. 5.3.6 Effectively communicate with patients, caregivers and members of the multidisciplinary team.

DOMAIN 5: PROFESSIONAL AND PERSONAL PRACTICE	
COMPETENCIES	**BEHAVIOURAL STATEMENTS**
5.4 Continuing professional development	5.4.1 Develop, implement and maintain continuous professional evidence of training and assessment. 5.4.2 Identify knowledge and skills gaps to advance the role of a clinical pharmacist. 5.4.3 Develop a personal development plan to keep abreast with the provision of pharmaceutical services as a clinical pharmacist. 5.4.4 Keep abreast with the current research findings and current practice guidelines. 5.4.5 Demonstrate the ability to provide and receive peer reviews.

DOMAIN 6: EDUCATION, TRAINING AND RESEARCH

INTRODUCTION

Education is essential for the initial development of clinical pharmacists and is required throughout their careers to maintain currency on knowledge, skills, attitudes, and values.

Clinical pharmacists should participate in the education and training of patients and other healthcare practitioners. Clinical pharmacists should also critically evaluate information sources, literature and research on medicines and practice in terms of evidence for decision-making and implementation in practice. The domain includes behavioural statements relating to education, training, and research in a clinical pharmacy setting. The competencies required in the domain are:

6.1 Practice embedded education or workplace education.

6.2 Provision of education and training.

6.3 Clinical Trials.

6.4 Research.

DOMAIN 6: EDUCATION, TRAINING AND RESEARCH	
COMPETENCIES	**BEHAVIOURAL STATEMENTS**
6.1 Practice embedded education or workplace education	6.1.1 Develop, implement and monitor training policies on clinical pharmacy. 6.1.2 Demonstrate the ability to supervise the training of clinical pharmacists in accordance with approved treatment or clinical guidelines. 6.1.3 Provide training on the role of a clinical pharmacist in patient care to the healthcare team, patients, and caregivers.
6.2 Provision and oversight of education and training	6.2.1 Develop, implement and maintain training systems for the clinical pharmacy team. 6.2.2 Assess the performance and learning needs of the clinical pharmacy team. 6.2.3 Plan a series of effective learning experiences for the clinical care team including other health care professionals. 6.2.4 Provide technical coaching, support, and training to the clinical pharmacy team and other health care professionals. 6.2.5 Provide specialist clinical advice on a broad range of clinical pharmacy services.
6.3 Clinical Trials	6.3.1 Identify, develop, implement and monitor all phases of clinical trials. 6.3.2 Develop a clinical trial plan including the identification, screening and selection of the clinical trial participants. 6.3.3 Participate as a member of the clinical trial team.
6.4 Research	6.4.1 Critically evaluate information sources, literature and research on medicines and practices in terms of evidence for decision-making and implementation in practice. 6.4.2 Apply the principles of research methodology in the development of a research protocol. Obtain ethical clearance if necessary. 6.4.3 Conduct research in accordance with established research methodology and ethics, as well as GCP where necessary. 6.4.4 Analyse data, interpret findings and/or results and formulate conclusions and recommendations. 6.4.5 Write and submit a technical report, manuscript for publication or minor dissertation based on the research outcomes with the necessary approvals.

BOARD NOTICE 753 OF 2025

SOUTH AFRICAN PHARMACY COUNCIL

COMPETENCY STANDARDS FOR A SPECIALIST PHARMACIST WHO PROVIDES RADIOPHARMACEUTICAL SERVICES IN SOUTH AFRICA

The South African Pharmacy Council hereby publishes for **implementation**, the **Competency standards for a specialist pharmacist who provides radiopharmaceutical services in South Africa** in terms of Sections 33(o) of the Pharmacy Act, 53 of 1974.

SCHEDULE

(a) Competency standards for a specialist pharmacist who provides radiopharmaceutical services in South Africa

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COMPETENCY STANDARDS FOR A SPECIALIST PHARMACIST WHO PROVIDES RADIOPHARMACEUTICAL SERVICES IN SOUTH AFRICA

Table of Contents

ACRONYMS....3
DEFINITIONS....3
1. INTRODUCTION....4
2. BACKGROUND....4
3. RATIONALE FOR DEVELOPMENT OF COMPETENCY STANDARDS FOR RADIOPHARMACIST....5
4. REGISTRATION OF RADIOPHARMACISTS....5
5. QUALIFICATIONS OF A RADIOPHARMACIST....5
6. STRUCTURE OF THE COMPETENCY STANDARDS AND DOMAINS....5
TABLE 1: SUMMARY OF RADIOPHARMACY COMPETENCY STANDARDS....6
DOMAIN 1: PUBLIC HEALTH....7
INTRODUCTION....7
DOMAIN 1: PUBLIC HEALTH....7
DOMAIN 2: SAFE AND RATIONAL USE OF RADIOPHARMACEUTICALS AND MEDICAL DEVICES....8
DOMAIN 3: SUPPLY OF RADIOPHARMACEUTICALS AND MEDICAL DEVICES....9
DOMAIN 3: SUPPLY OF RADIOPHARMACEUTICALS AND MEDICAL DEVICES....10
DOMAIN 4: QUALITY MANAGEMENT IN RADIOPHARMACY....11
DOMAIN 4: QUALITY MANAGEMENT IN RADIOPHARMACY....11
DOMAIN 5: PROFESSIONAL AND PERSONAL PRACTICE....12
DOMAIN 6: EDUCATION, TRAINING AND RESEARCH....13
7. REFERENCES....**Error! Bookmark not defined.**

ACRONYMS

The following acronyms have been included; however, the list is not exhaustive.

CAPA	Corrective Action and Preventative Action
cGRPP	current Good Radiopharmacy Practice
GMCP	Good Medicine Compounding Practices
GMP	Good Manufacturing Practice
GxP	Good Practice Guidelines and Regulations e.g., Good Manufacturing Practice (GMP), Good Laboratory Practice (GLP), Good Wholesaling Practice (GWP), Good Radiopharmacy Practice (GRPP) and other pharmaceutical practices
IAEA	International Atomic Energy Agency
ISORBE	International Society of Radiolabelled Blood Elements
SOP	Standard Operating Procedures

DEFINITIONS

The following definitions have been included; however, the list is not exhaustive:

"Change control report" is a document that records the process of coordinated activities through which a desired change is implemented in an existing function, process, or product in the pharmaceutical industry.

"Medical Devices" means any instrument, apparatus, appliance, software, implant, reagent, material or other article intended by the manufacturer to be used, alone or in combination, for human beings and animals for one or more specific medical purposes.

"Nuclear Medicine" means a medical specialty that uses radiopharmaceuticals to assess bodily functions and to diagnose and treat disease.

"Radionuclide" is an unstable form of a chemical element that releases radiation as it breaks down and becomes more stable.

"Radiopharmaceutical" means any medicinal product which, when ready for use, contains one or more radionuclides included for medicinal purposes.

"Radiopharmacist" means a pharmacist registered with Council to offer radiopharmaceutical services.

"Specialist pharmacist student" means a pharmacist who is registered as such in terms of the Pharmacy Act 53 of 1974 (the Act).

"Specialist pharmacist resident" means a pharmacist who is registered as such in terms of the Pharmacy Act 53 of 1974 (the Act).

"Specialist Pharmacist" means a pharmacist who is registered as such in terms of the Pharmacy Act 53 of 1974 (the Act).

"Speciality" means a specialist qualification in one of the fields of pharmacy approved and published in rules made by Council.

1. INTRODUCTION

A radiopharmacist is a pharmacist registered with the South African Pharmacy Council (SAPC) with a designation of practising, who is a specialist in the field of radiopharmacy and is involved in the manufacturing, formulation, dispensing and distribution of radioactive compounds. These are specialised medicinal items which may be harmful if not correctly used or controlled. Radiopharmacists need to accept responsibility for their self-development and assessment of continued competence throughout their professional working lives and ensure that they train all the individuals involved in the distribution and utilisation of radiopharmaceuticals.

Part of the radiopharmacist's duty is to develop, monitor and maintain the quality management system in the manufacturing, compounding, supply and distribution of radiopharmaceuticals in accordance with Guidelines for Good Manufacturing Practice (GMP) and Good Medicine Compounding Practice (GMCP) as published by the South African Health Products Regulatory Authority (SAHPRA)

2. BACKGROUND

In 2018, the South African Pharmacy Council published the reviewed competency standards for Pharmacists. Competency standards have been developed and used as the basis for pharmacy education and practice since 2006. The competency standards for a pharmacist providing radiopharmaceutical services are based on the competency standards for pharmacists. The scope of practice of a pharmacist providing radiopharmaceutical services was considered in the development of these competency standards.

2.1 THE SCOPE OF PRACTICE OF A RADIOPHARMACIST

In addition to the acts and services which form part of the scope of practice of the pharmacist as prescribed in terms of Regulations 3 and 4 of the Regulations relating to the practice of pharmacy, a pharmacist who has completed a Master's degree in Radiopharmacy must be allowed to provide the following services or acts pertaining to the scope of practice of a radiopharmacist:

(a) Take a leading pharmaceutical role in protocol and guideline development for the use of radiopharmaceuticals in nuclear medicine.

(b) Act as a leading pharmaceutical partner within a multi-professional healthcare team in nuclear medicine;

(c) Develop, implement, evaluate and provide strategic leadership for radiopharmaceutical services;

(d) Appraise information, make informed decisions regarding the supply and use of radiopharmaceuticals with the evidence available and be able to justify/defend the decisions;

(e) Develop policies and procedures specifically for the speciality area;

(f) Provide education and training related to radiopharmacy; and

(g) Perform research, teach and publish articles related to radiopharmacy.

The scope of practice of a specialist pharmacist student is the same as the scope of practice of a specialist pharmacist practiced under the auspices of a provider.

The scope of practice of a specialist pharmacist resident is the same as the scope of practice of a specialist pharmacist practiced under the supervision of a specialist pharmacist.

3. RATIONALE FOR DEVELOPMENT OF COMPETENCY STANDARDS FOR RADIOPHARMACIST

Radiopharmacists are experts in radiopharmaceuticals for diagnostic and therapeutic purposes and are thus required to keep abreast with new treatment and diagnostic trends. The competency standards have been developed to encompass the changes and developments including new technologies, work processes, changes in legislation and international trends, primarily to ensure the production of quality, safe and efficacious radiopharmaceuticals and the promotion of proper medicine usage for improved health outcomes.

4. REGISTRATION OF RADIOPHARMACISTS

Radiopharmacists are obliged to be registered with Council for the purposes of offering the acts related to their scope of practice as follows:

(a) Specialist pharmacist student.

(b) Specialist pharmacist resident.

(c) Specialist pharmacist.

5. QUALIFICATIONS OF A RADIOPHARMACIST

For purposes of registration as a radiopharmacist, a pharmacist must have obtained -

(a) a professional master's degree in radiopharmacy as determined by Council and published from time to time, or

(b) a qualification deemed to be equivalent or higher than the professional master's degree in radiopharmacy as assessed by Council.

6. STRUCTURE OF THE COMPETENCY STANDARDS AND DOMAINS

A competency framework consisting of six (6) domains suitable for the South African context was developed, together with several associated competencies. A domain represents an organised cluster of competencies within a framework and the domains with associated competencies are summarised in Table 1. The behavioural statements indicating how individuals working within the competency framework should behave in practice have also been drafted.

TABLE 1: SUMMARY OF RADIOPHARMACY COMPETENCY STANDARDS

DOMAIN	COMPETENCY STANDARD
1. Public Health	1.1 Promotion of radiopharmaceutical services.
2. Safe and rational use of radiopharmaceuticals and medical devices	2.1 Knowledge and understanding of the pharmacology and biodistribution of radiopharmaceuticals. 2.2 Knowledge and understanding of radiopharmaceuticals and medical devices safety.
3. Supply of radiopharmaceuticals and medical devices	3.1 Manufacturing of radiopharmaceuticals. 3.2 Compounding of radiopharmaceuticals. 3.3 Supply chain management. 3.4 Radiopharmaceutical dispensing.
4. Quality management in radiopharmacy	4.1 Quality assurance. 4.2 Pharmaceutical infrastructure management.
5. Professional and personal practice	5.1 Good record keeping. 5.2 Clinical application of radiopharmaceuticals. 5.3 Professional practice.
6. Education, training and research	6.1 Provision of education and training. 6.2 Practice embedded education or workplace education. 6.3 Research.

DOMAIN 1: PUBLIC HEALTH

INTRODUCTION

This domain covers competencies that are required to promote radiopharmaceutical services. Participation of pharmacists in the promotion of public health utilising radiopharmaceuticals requires the following competency:

1.1 Promotion of radiopharmaceutical services.

DOMAIN 1: PUBLIC HEALTH	
COMPETENCIES	**BEHAVIOURAL STATEMENTS**
1.1 Promotion of radiopharmaceutical services.	1.1.1 Develop, monitor, and maintain radiopharmaceutical services. 1.1.2 Demonstrate qualities to improve performance and manage radiopharmaceutical services. 1.1.3 Encourage good radiopharmacy practice. 1.1.4 Promote continuous updates of core competencies by other related healthcare professionals.

DOMAIN 2: SAFE AND RATIONAL USE OF RADIOPHARMACEUTICALS AND MEDICAL DEVICES

INTRODUCTION

Radiopharmacists must have knowledge of the procedures and operations relating to the safe and rational use of radiopharmaceuticals. The competencies required in the domain for safe and rational use of radiopharmaceuticals are:

2.1 Knowledge and understanding of the pharmacology and biodistribution of radiopharmaceuticals; and

2.2 Knowledge and understanding of radiopharmaceutical and medical devices safety.

DOMAIN 2: SAFE AND RATIONAL USE OF RADIOPHARMACEUTICALS AND MEDICAL DEVICES	
COMPETENCIES	**BEHAVIOURAL STATEMENTS**
2.1 Knowledge and understanding of the pharmacology and biodistribution of radiopharmaceuticals.	2.1.1 Evaluate the administration of radionuclides and radiopharmaceuticals as part of holistic patient care, where applicable. 2.1.2 Evaluate the clinical use of radionuclides and radiopharmaceuticals. 2.1.3 Understand the different types of radiopharmaceuticals used for diagnosis and therapy. 2.1.4 Understand the pharmacokinetic and pharmacodynamic principles in patient management with radiopharmaceuticals. 2.1.5 Understand the biodistribution of radiopharmaceuticals. 2.1.6 Advise on the provision of effective and cost-effective radiopharmaceuticals. 2.1.7 Understand the various routes of administration of radionuclides and radiopharmaceuticals. 2.1.8 Appraise the clinical use of radionuclides and radiopharmaceuticals.
2.2 Knowledge and understanding of radiopharmaceutical and medical devices safety.	2.2.1 Promote safe handling of radiopharmaceuticals. 2.2.2 Identify, classify, and analyse the various types of radiopharmaceuticals, their side effects, and toxicities. 2.2.3 Demonstrate and apply principles ensuring the safe use of radionuclides and radiopharmaceuticals. 2.2.4 Demonstrate and apply principles ensuring the safe storage, distribution and disposal of radionuclides and radiopharmaceuticals. 2.2.5 Demonstrate the practical implementation of radiation safety principles. 2.2.6 Manage programmes in the radiopharmacy to minimise risks of radioactive contamination.

DOMAIN 3: SUPPLY OF RADIOPHARMACEUTICALS AND MEDICAL DEVICES

INTRODUCTION

A radiopharmacist plays an important role in the supply of radiopharmaceutical medicines by ensuring that relevant policies, procedures, and legislation are followed in the manufacturing, compounding, and dispensing of radiopharmaceuticals. The competencies required in the domain to supply radiopharmaceuticals and medical devices are as follows:

3.1 Radiopharmaceutical production

3.2 Radiopharmaceutical compounding.

3.3 Supply chain management.

3.4 Radiopharmaceutical dispensing.

DOMAIN 3: SUPPLY OF RADIOPHARMACEUTICALS AND MEDICAL DEVICES	
COMPETENCIES	**BEHAVIOURAL STATEMENTS**
3.1 Radiopharmaceutical production (Large scale manufacturing)	3.1.1 Demonstrate and understand the manufacturing of radiopharmaceuticals. 3.1.2 Manufacture radiopharmaceuticals in accordance with GMP. 3.1.3 Implement a manufacturing process to ensure the stability of radiopharmaceuticals throughout their shelf-life. 3.1.4 Demonstrate and understand how to manufacture radiopharmaceuticals using synthesis modules.
3.2 Radiopharmaceutical compounding (Small-scale manufacturing in centralised and hospital radiopharmacies)	3.2.1 Implement aseptic preparation of radiopharmaceuticals. 3.2.2 Manage the preparation and labelling of radioactive blood products according to prescribed protocols. 3.2.3 Demonstrate and apply the necessary knowledge to perform generator elution. 3.2.4 Demonstrate an in-depth knowledge of the safe compounding of radiopharmaceuticals from kits and generators. 3.2.5 Demonstrate knowledge of the use of synthesis modules in the compounding of radiopharmaceuticals. 3.2.6 Ensure that the radiopharmaceutical product is sterile. 3.2.7 Understand the IAEA operational levels for hospital radiopharmacies.

DOMAIN 3: SUPPLY OF RADIOPHARMACEUTICALS AND MEDICAL DEVICES	
COMPETENCIES	**BEHAVIOURAL STATEMENTS**
3.3 Supply chain management	3.3.1 Design a compounding area suitable for the preparation of radiopharmaceuticals. 3.3.2 Ensure that the sterility and stability of radiopharmaceuticals are maintained throughout the supply chain. 3.3.3 Maintain an inventory of radiopharmaceuticals. 3.3.4 Maintain an inventory of non-radioactive kits, starting materials and reference standards.
3.4 Radiopharmaceutical dispensing	3.4.1 Evaluate orders and prescriptions and ensure that correct calculations are used to dispense the required radiopharmaceutical quantity or dose. 3.4.2 Manage, organise, and prioritise the dispensing of radiopharmaceuticals according to the relevant legislation. 3.4.3 Manage the preparation and distribution of radiopharmaceuticals in bulk form. 3.4.4 Dispense and distribute individualised patient doses in accordance with GMCP.

DOMAIN 4: QUALITY MANAGEMENT IN RADIOPHARMACY

INTRODUCTION

Radiopharmaceuticals must be handled with care to ensure their safety and efficacy. The competencies required in this domain which relates to the implementation of quality management in radiopharmacy according to the applicable guidelines, are as follows:

4.1 Quality assurance.

4.2 Pharmaceutical infrastructure management.

DOMAIN 4: QUALITY MANAGEMENT IN RADIOPHARMACY	
COMPETENCIES	**BEHAVIOURAL STATEMENTS**
4.1 Quality assurance	4.1.1 Develop, implement, and maintain a comprehensive Radiopharmaceutical Quality Management System (QMS) to ensure the quality, safety and efficacy of the radiopharmaceuticals including the drafting and review of - (a) SOPs. (b) change control reports, (c) risk assessments, and (d) guidance documents. 4.1.2 Identify and investigate deviations and create CAPAs. 4.1.3 Demonstrate and understand analytical methods and instruments used in the quality control of radiopharmaceuticals. 4.1.4 Develop, implement, and maintain validation processes.
4.2 Pharmaceutical infrastructure management	4.2.1 Design, implement and manage a radiopharmacy environmental monitoring system. 4.2.2 Implement a programme for the maintenance of equipment used in the manufacturing and compounding of radiopharmaceuticals. 4.2.3 Implement a programme for the maintenance of equipment used in the quality control of radiopharmaceuticals. 4.2.4 Implement a programme for the maintenance of the radiopharmacy facility including the air handling unit.

DOMAIN 5: PROFESSIONAL AND PERSONAL PRACTICE

INTRODUCTION

The competencies required in the domain to ensure good personal and professional practice are:

5.1 Good record keeping.

5.2 Clinical application of radiopharmaceuticals

5.3 Professional practice.

DOMAIN 5: PROFESSIONAL AND PERSONAL PRACTICE	
COMPETENCIES	**BEHAVIOURAL STATEMENTS**
5.1 Good record-keeping	5.1.1 Develop a patient and prescriber administration and ordering system. 5.1.2 Maintain and review records in accordance with GMCP, GMP, GRPP and relevant legislation. 5.1.3 Manage record systems for the preparation of radiopharmaceuticals. 5.1.4 Manage radiopharmacy cleaning records. 5.1.5 Manage record systems for the manufacturing of radiopharmaceuticals. 5.1.6 Manage records for the quality control of radiopharmaceuticals.
5.2 Clinical application of radiopharmaceuticals	5.2.1 Demonstrate an in-depth knowledge of various radiopharmaceutical drug interactions and contraindications. 5.2.2 Advise other healthcare professionals on adverse radiopharmaceutical-drug interactions. 5.2.3 Advise other healthcare professionals on adverse radiopharmaceutical-food reactions. 5.2.4 Advise other healthcare professionals on radiopharmaceutical contraindications where applicable. 5.2.5 Demonstrate an in-depth knowledge of the use of radiopharmaceuticals in nuclear medicine.
5.3 Professional practice	5.3.1 Develop and monitor protocols to ensure that the radiopharmacy operates in line with the current GMP or GMCP, as applicable. 5.3.2 Contribute to the review and development of GMP and GMCP. 5.3.3 Demonstrate knowledge of the GMP and GMCP processes for radiopharmaceuticals. 5.3.4 Play an active role as a member of the nuclear medicine healthcare team.

DOMAIN 6: EDUCATION, TRAINING AND RESEARCH

INTRODUCTION

Education is essential for the initial development of pharmacists and is required throughout a pharmacist's career to maintain currency on knowledge, skills, attitudes, and values. Pharmacists should participate in the education and training of patients and other healthcare practitioners.

Pharmacists should critically evaluate information sources, literature and research on medicines and practice in terms of evidence for decision-making and implementation in practice. Pharmacists should participate in practice-based research and, where applicable, publish research in the radiopharmaceutical field. The domain includes behavioural statements relating to education, training, and research in a radiopharmaceutical setting. The competencies required in the domain are:

6.1 Provision of education and training.

6.2 Practice embedded education or workplace education.

6.3 Research.

DOMAIN 6: EDUCATION, TRAINING AND RESEARCH	
COMPETENCIES	**BEHAVIOURAL STATEMENTS**
6.1 Practice embedded education or workplace education	6.1.1 Develop training policies on radiopharmacy. 6.1.2 Tutor specialist pharmacist residents in radiopharmacy. 6.1.3 Provide training on the role of radiopharmacy in nuclear medicine, diagnosis and therapy to the healthcare team.
6.2 Provision of education and training	6.2.1 Assess the performance and learning needs of the radiopharmacy team members. 6.2.2 Plan a series of effective learning experiences for radiopharmacy team members and other healthcare professionals.
6.3 Research	6.3.1 Contribute scientifically to – (a) clinical and pre-clinical trials; (b) the development of new radiopharmaceuticals; (c) the development of new manufacturing and compounding procedures for radiopharmaceuticals; and (d) the development of new quality control methods for radiopharmaceuticals. 6.3.2 Publish articles on research findings and present research findings at relevant fora.

BOARD NOTICE 754 OF 2025

SOUTH AFRICAN PHARMACY COUNCIL

RULES RELATING TO THE SERVICES FOR WHICH A PHARMACIST MAY LEVY A FEE AND GUIDELINES FOR LEVYING SUCH A FEE OR FEES

The South African Pharmacy Council herewith publishes for **implementation,** *Rules relating to the services for which a pharmacist may levy a fee and guidelines for levying such fee or fees*, in terms of sections 35A (b)(iii) and 49(4) of the Pharmacy Act, 1974 (Act 53 of 1974) as amended, which rules shall replace the existing Rules relating to the services for which a pharmacist may levy a fee and guidelines for levying such fee or fees, as published under Board Notice 193 on 20 December 2010, as from 1 January 2025. These rules must be read in conjunction with the *Rules relating to Good Pharmacy Practice* (GPP) as published by the South African Pharmacy Council.

As amended by

BN 33, in *GG* 35095 of 2 March 2012
BN 432, in *GG* 40812 of 6 June 2017
BN 35, in *GG* 42337 of 29 March 2019
BN 27, in GG 43073 of 6 March 2020
BN 69, in GG 44822 of 9 July 2021
BN 287, in GG 46471 of 3 June 2022
BN 294, in GG 46543 of 10 June 2022
BN 358, GG 47926 of 27 January 2023
BN 539, GG 49944 of 29 December 2023

SCHEDULE

Services for which a pharmacist may levy a fee or fees

1. A pharmacist may levy a fee or fees for one or more of the services that may be provided in the various categories of pharmacies as prescribed in the *Regulations relating to the practice of pharmacy* (GNR.1158 of 20 November 2000), subject to the guidelines for levying such a fee as approved by the Council from time to time.

2. A pharmacist who wishes to levy a fee or fees for the services referred to in **Annexure B** must comply with the provisions of these rules.

3. Services for which a pharmacist wishes to levy a fee or fees must be provided in accordance with Regulation 20 of the *Regulations relating to the practice of pharmacy* (GNR.1158 of 20 November 2000).

4. Council may add services for which a fee or fees may be levied as listed in **Annexure B** to the Schedule from time to time. The fee that may be charged for such a service may be based on a fee for a comparable service or procedure appearing in Annexure B.

5. A pharmacist must ensure when a service for which he or she wishes to levy a fee or fees involves the supply of medicine, whether supplied on a prescription or not, that the patient for whom such medicine is supplied is furnished with adequate advice or information for the safe and effective use of the medicine(s) supplied by him or her, whether such medicine(s) is supplied personally (face-to-face) or by any other means.

6. Services for which a pharmacist may levy a fee or fees may not be advertised in any manner that –

   (a) is not factually correct;

(b) is misleading;

(c) harms the dignity or honour of the pharmacy profession;

(d) disparages another pharmacist;

(e) is calculated to suggest that his or her professional skill or ability or his or her facilities or that of the pharmacy owner, as the case may be, for practising his or her profession or rendering the service(s) concerned are superior to those of other pharmacists.

7. A pharmacist may not tout or attempt to tout for services for which he or she wishes to levy a fee or fees.

8. A pharmacist may not levy a fee or fees for a service for which he or she is not trained or for which prior authorisation from the Council is required before he or she may provide such service(s) until such authorisation is obtained. Acceptable documentary evidence of training, experience or competence, must be provided if and when required by the Council, which could include but shall not be limited to-

(a) the successful completion of further education and training at a provider accredited by a competent authority; or

(b) practical experience gained under controlled circumstances and the mentorship of a competent person or authority; or

(c) the successful completion of continuing professional development (CPD) courses offered by a provider accredited by a competent authority.

9. A pharmacist may provide any one or more of the services referred to in **Annexure B** without levying a fee or fees.

10. A pharmacist who wishes to levy a fee or fees for the services referred to in **Annexure B** must inform patients regarding the fee to be levied prior to providing any of the services listed in the schedule.

11. A pharmacist who wishes to levy a fee or fees for the services referred to in **Annexure B** must display a list of services and fees conspicuously in the pharmacy.

12. A pharmacist who wishes to levy a fee or fees for the services referred to in **Annexure B** must indicate clearly on the invoice and/or receipt provided, the service for which a fee is levied and the amount of the fee per service.

Guidelines for the levying of a fee or fees

13. The guidelines published herewith as **Annexure A** shall constitute the only guidelines for levying a fee or fees for any one or more of the services referred to in **Annexure B**.

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ANNEXURE A

GUIDELINES FOR LEVYING A FEE OR FEES

General guidelines governing the determination of a fee or fees

1. Definitions

"**Compounding**" means the preparing, mixing, combining, packaging and labelling of a medicine by a pharmacist, a veterinarian or a person authorised in terms of the Medicines and Related Substances Act, 101 of 1965 in accordance with their scope of practice.

"**Dispensing**" means the interpretation and evaluation of a prescription, the selection, manipulation or compounding of the medicine, the labelling and supply of the medicine in an appropriate container according to the Medicines Act and the provision of information and instructions by a pharmacist to ensure the safe and effective use of medicine by the patient and "dispense" has a corresponding meaning.

"Therapeutic medicine monitoring" means the use of serum medicine concentrations, the mathematical relationship between a medicine dosage regimen and resulting serum concentrations (pharmacokinetics), and the relationship of medicine concentrations at the site of action to pharmacological response (pharmacodynamics) to optimise medicine therapy in individual patients taking into consideration the clinical status of the patient.

2. Nature of services provided

A pharmacist may, in charging a fee for professional services rendered by him/her take into account one or more of the following factors –

(a) the nature of the professional service rendered;

(b) the time of day and circumstances under which the service is rendered.

3. **Call-out service, delivery of medicines and after-hour fees**

(a) Where a pharmacist is called out from his/her pharmacy, or the pharmacy in which he/she practises, or from his or her residence or other place where he or she may be, a fee including the travelling time and costs according to the South African Revenue Services (SARS) travelling reimbursement table as published from time to time, may be charged.

(b) Where a pharmacist is required to deliver a service after normal operating hours, an after-hours fee may be charged. The recommended fee is one and a half times the normal fee for a specific procedure code. The hours of opening of a pharmacy must be clearly displayed.

(c) Where a pharmacist is required by the patient or caregiver to transport a medicine to a patient, the transport costs according to the South Africa Revenue Services (SARS) travelling reimbursement table as published from time to time may be charged.

(d) Where a pharmacist is reclaiming expenses, details of the expenses must be individually itemised.

4. **Collaboration with other healthcare professionals**

Services may be provided in collaboration with a registered nurse or other registered health care professional as agreed to by the Council and other statutory health councils as applicable.

5. A pharmacist's guide to fees

5.1 **Procedures**

5.1.1 Services for which a fee or fees may be levied shall be divided into procedures as indicated in **Annexure B**. A separate fee shall be charged for each procedure.

5.1.2. The fee per procedure shall be based on a procedure code as listed in **Annexure B**.

5.1.3 The fee for after-hours and/or call-out services must be levied separately as per clause 3 using the designated procedure codes as listed in **Annexure B**.

5.1.4 The fees will be reviewed on an annual basis.

5.1.5 All expenses claimed must be indicated separately.

6. Pharmacy support personnel

The fee or fees may be levied by a pharmacist whether the service concerned is provided by the pharmacist, any other person registered in terms of the Pharmacy Act or a healthcare professional employed in the pharmacy: Provided that any such person may only provide a service or perform an act which falls within his or her scope of practice.

7. Chronic Medicines Authorisation

A fee may be levied by a pharmacist where he/she needs to liaise with a medical scheme, an entity concerned with the management of pharmaceutical benefits and/or a medical practitioner to initiate or renew a chronic medicine authorisation or update a chronic medicine authorisation.

8. Guidelines for charging fees where one or more services may be provided

The following examples are provided as guidelines:

	Scenario	**Fees that may be levied for services provided**	**Procedure Codes**
i.	A patient presents a prescription for dispensing to the pharmacist which requires the compounding of a product.	A professional fee for compounding plus the fee for dispensing may be levied.	Procedure codes 0002 and 0001
ii.	A patient presents a prescription for dispensing to the pharmacist which includes the preparation of a sterile product.	A professional fee for the preparation of a sterile product plus the fee for dispensing may be levied.	Procedure codes 0003 and 0001
iii.	A patient presents a prescription for dispensing to the pharmacist which includes the preparation of an intravenous admixture or parenteral solution.	A professional fee for the preparation of an intravenous admixture or parenteral solution plus the fee for dispensing may be levied.	Procedure codes 0004 and 0001
iv.	A patient presents a prescription for dispensing to the pharmacist which includes the preparation of a total parenteral nutrition product	A professional fee for the preparation of a total parenteral nutrition product plus the fee for dispensing may be levied.	Procedure codes 0005 and 0001

	Scenario	Fees that may be levied for services provided	Procedure Codes
v.	A patient presents a prescription for dispensing to the pharmacist which includes a cytotoxic preparation.	A professional fee for cytotoxic preparation plus the fee for dispensing may be levied.	Procedure codes 0006 and 0001
vi.	A patient requests information regarding the use of medicine dispensed by another entity authorised to dispense medicines.	A professional fee for the provision of information concerning the medicines may be levied.	Procedure code 0008
vii.	A patient presents him/herself to the pharmacist with a prescription for dispensing and requests blood glucose monitoring.	A professional fee for blood glucose monitoring plus the fee for dispensing may be levied.	Procedure codes 0012 and 0001
viii.	A patient presents him/herself to the pharmacist with a prescription for dispensing and requests blood cholesterol and/or triglyceride monitoring.	A professional fee for blood cholesterol and/or triglyceride monitoring plus the fee for dispensing may be levied.	Procedure codes 0013 and 0001
ix.	A patient presents him/herself to the pharmacist with a prescription for dispensing and requests blood pressure monitoring.	A professional fee for blood pressure monitoring plus the dispensing fee may be levied.	Procedure codes 0015 and 0001
x.	A patient presents him/herself to the pharmacist with a prescription for dispensing and requests a peak flow measurement.	A professional fee for peak flow measurement plus the fee for dispensing may be levied.	Procedure codes 0019 and 0001
xi.	A patient requests immunisation.	A professional fee for the administration of immunisation plus the fee for dispensing may be levied.	Procedure codes 0022 and 0001
xii.	A patient requests that the medicine on a prescription dispensed in the pharmacy be delivered to a given address.	A delivery fee plus the fee for dispensing may be levied.	Procedure codes 0025 and 0001
xiii.	The pharmacist is called to the pharmacy after hours to dispense a prescription.	A fee for a call-out service plus the fee for dispensing may be levied.	Procedure codes 0024 and 0001
xiv.	A patient presents herself to the pharmacist for emergency postcoital contraception (EPC).	A professional fee for EPC plus the fee for pharmacist-initiated therapy may be levied.	Procedure codes 0027 and 0001
xv.	A patient presents him/herself for pharmacist-initiated therapy.	A professional fee for pharmacist-initiated therapy plus the fee for dispensing may be levied.	Procedure codes 0028 and 0001

ANNEXURE B

Procedure Code	Procedure	Performed by	Reference	Categories of pharmacies in which services may be provided	Time in Minutes	Fee (VAT exclusive) (Rands)	Fee (VAT inclusive) (Rands)
	DISPENSING PROCEDURES						
0001(a)	Independent evaluation of a prescription with regard to the appropriateness of items prescribed for the individual, legality, content and correctness. It includes evaluating the dosage, safety of the medicine, interactions with other medicines used by the patient, pharmaceutical and pharmacological incompatibilities, treatment duplications and possible allergies to the medicine prescribed.	Pharmacist	GPP manual Sections: Facilities: 1.2.1 through 1.2.13, 1.3 (institutional pharmacies), 1.4 (mobile pharmacies) Dispensing service: 2.7.1, 2.7.2, 2.7.3, 2.7.4, Standards for patient information and advice: 2.8 and 2.7.5(b)	Community and Public or Private Institutional	1	Refer to *Regulations relating to a transparent pricing system for medicines and scheduled substances: Amendment (Dispensing fee for pharmacists*), GNR 1090, published on 19 November 2010 published in terms of the Medicines and Related Substances Act (Act 101 of 1965)	
0001(b)	Preparation of the medicine(s) as per a prescription, which includes the picking, packaging, labelling of medicine, checking of expiry dates and keeping of appropriate dispensing records in compliance with the Medicines and Related Substances Act, Act 101 of 1965, as amended.	Pharmacist		Community and Public or Private Institutional	3		
0001(c)	Handing of medicines to the patient/caregiver, including the provision of advice/instructions and a patient information leaflet/ written material regarding the safe and efficacious use of the medicine dispensed.	Pharmacist		Community and Public or Private Institutional	1		
0002	Compounding of an extemporaneous preparation for a specific patient. It refers to the compounding of any non-sterile pharmaceutical product prepared as a single preparation for a patient (a new product is manufactured) including the necessary documentation.	Pharmacist	GPP manual 2.18	Community and Public or Private Institutional	10	243,48	280,00
0003	Preparation of a sterile product including the preparation of the documentation, equipment, and the area for the preparation of sterile products.	Pharmacist	GPP manual 1.2, 2.4, 2.10, 2.17	Community and Public or Private Institutional	14	468,70	539,00
0004	Preparation of an intravenous admixture or parenteral solution, including the preparation of the documentation, equipment, the area for the preparation of the sterile products and the quality control of the final product.	Pharmacist	GPP manual 2.4, 2.10, 2.17.1	Public or Private Institutional	6	220,00	253,00

Procedure Code	Procedure	Performed by	Reference	Categories of pharmacies in which services may be provided	Time in Minutes	Fee (VAT exclusive) (Rands)	Fee (VAT inclusive) (Rands)
0005	Preparation of a total parenteral nutrition preparation (TPN), including the preparation of the documentation, equipment, the area for the preparation of the sterile products and the quality control of the final product.	Pharmacist	GPP manual 2.10, 2.17.2, 2.18	Public or Private Institutional	13	465,22	535,00
0006	Preparation of cancer chemotherapy for intravenous, intramuscular or intrathecal administration, including the preparation of the documentation, equipment, the area for the preparation of the sterile products, the admixing and reconstitution thereof for dispensing in a large/small volume parenteral, or a syringe for a specific patient.	Pharmacist	GPP manual 2.4, 2.10, 2.17.3,	Public or Private Institutional	17	600,00	690,00
	CLINICAL PHARMACY						
0007	Performance of a consultation to establish the pharmacokinetic dosing of a medicine and perform therapeutic medicine monitoring. This includes the review of the data collected, the necessary calculations, the review and formulation of recommendations and the necessary consultation with the prescriber.	Pharmacist registered as a specialist in pharmaco-kinetics	GPP Manual 2.11.3	Consultant, Public or Private Institutional	18	673,91	775,00
0008	Provision of information concerning a particular patient's condition or medicine following evaluation by the pharmacist in a situation where no dispensing activity occurs.	Pharmacist	GPP manual 2.8	Community or Consultant or Private or Public Institutional	4	97,39	112,00
0009	The application of pharmaceutical expertise to help maximise medicine efficacy and minimise medicine toxicity in individual patients by contributing to the care of the individual patient through the provision of medicine information and assisting in problem-solving in the ward environment for individual patients, where no dispensing activity occurs.	Pharmacist	GPP manual 2.11	Private or Public Institutional	3	82,61	95,00

Procedure Code	Procedure	Performed by	Reference	Categories of pharmacies in which services may be provided	Time in Minutes	Fee (VAT exclusive) (Rands)	Fee (VAT inclusive) (Rands)
0010	PCDT: A face-to-face consultation with a patient where a pharmacist personally takes down a patient's history, performs an appropriate health examination including observations, and plans appropriate interventions/ treatment, which may include referral to another health care professional.	Pharmacist who has completed supplementary training in PCDT and registered such course with Council and who is the holder of a permit issued in terms of Section 22A(15) (or its predecessor) of the Medicines Act	GPP Manual section 2.12	Community	8	293,04	337,00
0011	Medicine use review: Review of the patient's overall medication requirements, as requested by the patient or the patient's health care professional, to ensure the effective use of medicine in response to a diagnosis made by another health care professional in order to maximise therapeutic outcomes. It involves analysing the patient's medication record to assess the appropriateness and/or cost-effectiveness of treatment to ensure rational medicine use, and to identify possible interactions and adverse drug reactions. It also involves developing a plan of action in collaboration with other healthcare professionals and the patient. It may involve a consultation with the patient. Full records must be kept in accordance with the GPP standard.	Pharmacist	GPP manual 2.25	Community or Consultant or Private or Public Institutional	4	146,96	169,00
	PROMOTION OF PUBLIC HEALTH SCREENING AND TESTING OF BIOLOGICAL AND PHYSICAL PARAMETERS.						
0012	Blood glucose	Pharmacist	GPP Manual 2.13.7	Community and Public or Private Institutional	4	111,30	128,00
0013	Blood cholesterol and/or tri-glycerides	Pharmacist	GPP Manual 2.13.6	Community and Public or Private Institutional	7	180,87	208,00
0014	Urine analysis	Pharmacist	GPP Manual 2. 13.9	Community and Public or Private Institutional	7	165,22	190,00

Procedure Code	Procedure	Performed by	Reference	Categories of pharmacies in which services may be provided	Time in Minutes	Fee (VAT exclusive) (Rands)	Fee (VAT inclusive) (Rands)
0015	Blood pressure monitoring	Pharmacist	GPP Manual 2.13.3	Community and Public or Private Institutional	4	98,26	113,00
0016	HIV and AIDS pre-test counselling	Pharmacist	GPP Manual 2.13.5	Community and Public or Private Institutional	24	784,35	902,00
0017	HIV and AIDS testing and post-test counselling	Pharmacist	GPP Manual 2.13.5	Community and Public or Private Institutional	17	559,13	643,00
0018	Pregnancy screening	Pharmacist	GPP Manual 2.13.8	Community and Public or Private Institutional	7	175,65	202,00
0019	Peak Flow measurement	Pharmacist	GPP Manual 2.13.4	Community and Public or Private Institutional	4	88,70	102,00
0020	Reproductive health service	Pharmacist	GPP Manual 2.15	Community and Public or Private Institutional	5	155,65	179,00
0021	Administration of an intra-muscular or subcutaneous injection.	Pharmacist	GPP Manual 2.15	Community and Public or Private Institutional	4	107,83	124,00
0022	Administration of immunisation.	Pharmacist	GPP Manual 2.14	Community and Public or Private Institutional	5	120,87	139,00
	REIMBURSABLE EXPENSE CODES						
0023	Chronic medicine authorisation assistance: A fee may be levied by a pharmacist where she/he needs to liaise with a medical scheme / PBM and or doctor to initiate or renew a chronic medicine authorisation or update a chronic medicine authorisation where there has been a dosage or other prescription change, which may include completion of application forms.	Pharmacist		Community and Public or Private Institutional			
0024	Call Out: Where a pharmacist is called out from his/her pharmacy, or the pharmacy in which he/she practises, or from his or her residence or other places where he or she may be, a fee including the travelling time and costs according to the South African Revenue Services (SARS) travelling reimbursement table as published from time to time, may be charged.	Pharmacist	GPP manual 4.2.3.2 and 4.3.6	Community and Public or Private Institutional			
0025	Delivery of medicine: Where it is necessary, at the request of a patient or the patient's agent and by		GPP manual 2.7.5	Community and Public or Private Institutional			

Procedure Code	Procedure	Performed by	Reference	Categories of pharmacies in which services may be provided	Time in Minutes	Fee (VAT exclusive) (Rands)	Fee (VAT inclusive) (Rands)
	agreement with the patient or his or her agent, for medicine to be transported to a place requested by the patient or his or her agent, the costs involved in that transportation can be charged back to the patient as a reimbursable expense. The travelling cost per kilometre must be based on the SARS rate.						
0026	After-hours service: where a pharmacist is required to deliver a service after normal operating hours, an after-hours fee may be charged. The recommended fee is one and a half times the normal fee.		GPP manual 4.2.3.2 and 4.3.6	Community and Public or Private Institutional			
	ADDITIONAL DISPENSING PROCEDURES						
0027	Emergency postcoital contraception (EPC)	Pharmacist	GPP manual 2.26	Community and Public or Private Institutional	3.	81,74	94,00
0028	Pharmacist Initiated Therapy (PIT)	Pharmacist	GPP manual	Community and Public or Private Institutional	3	77,39	89,00

BOARD NOTICE 755 2025

22 Mac Mac Road,
Cash Converters Building Office C
Waterfall Office Park, Bekker Road,
Vorna Valley Ext 211, Midrand 1682

THE SA COUNCIL FOR THE QUANTITY SURVEYING PROFESSION
Established in terms of the Quantity Surveying Profession Act 2000 (Act No 49 of 2000)

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BOARD NOTICE

SOUTH AFRICAN COUNCIL FOR THE QUANTITY SURVEYING PROFESSION

Publication in terms of section 32(5) of the Quantity Surveying Profession Act No 49 of 2000 ("The Act") of the finding and sanction imposed in accordance with the settlement agreement signed on 4 March 2024, into alleged improper conduct of the registered person.

Name of Person: MARITO MABUNDA

Registration Number: IT4465

Nature of the offence

Guilty of contravention of Rule 3.13, and 3.24.3 of the Code of Professional Conduct for registered persons promulgated under Board Notice 142 of 2013 Government Gazette No 36663 of 12 July 2013.

Sanction:

- The sanction for the charge (contravention of Rule 3.13 and 4.7) is a fine of R45 000.00 (Forty-Five Thousand Rand only) in terms of section 32(3)(a)(ii) of Act 49 of 2000.

BOARD NOTICE

SOUTH AFRICAN COUNCIL FOR THE QUANTITY SURVEYING PROFESSION

Publication in terms of section 32(5) of the Quantity Surveying Profession Act No 49 of 2000 ("The Act") of the finding and sanction imposed in accordance with the settlement agreement signed on 4 March 2024, into alleged improper conduct of the registered person.

Name of Person: SANDRO SHIKWAMBANA

Registration Number: 4641

Nature of the offence

Guilty of contravention of Rule 3.13, and 4.7 of the Code of Professional Conduct for registered persons promulgated under Board Notice 142 of 2013 Government Gazette No 36663 of 12 July 2013.

Sanction:

The sanction for the charge (contravention of Rule 3.13 and 4.7) is a fine of R45 000.00 (Forty-Five Thousand Rand only) in terms of section 32(3)(a)(ii) of Act 49 of 2000.

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BOARD NOTICE

SOUTH AFRICAN COUNCIL FOR THE QUANTITY SURVEYING PROFESSION

Publication in terms of section 32(5) of the Quantity Surveying Profession Act No 49 of 2000 ("The Act") of the finding and sanction imposed by the Disciplinary Tribunal in the disciplinary hearing held on 16 February 2024 and the Tribunal ruling handed down on 26 March 2024, into alleged improper conduct of the registered person.

Name of Person: MLUNGHISI MALULEKE

Registration Number: 4845

Nature of the offence

Guilty of contravention of Rule 3.4 of the Code of Professional Conduct for registered persons promulgated under Board Notice 142 of 2013 Government Gazette No 36663 of 12 July 2013.

Sanction:

The sanction for the charge (contravention of Rule 3.4) is a fine of R20 000.00 (Twenty Thousand Rand only) in terms of section 32(3)(a)(ii) of Act 49 of 2000. R10 000.00 (Ten Thousand Rand) is suspended for a period of three years on condition that Mr. Maluleke is not found guilty of contravening the same or similar offence during the period of suspension.

BOARD NOTICE

SOUTH AFRICAN COUNCIL FOR THE QUANTITY SURVEYING PROFESSION

Publication in terms of section 32(5) of the Quantity Surveying Profession Act No 49 of 2000 ("The Act") of the finding and sanction imposed by the Disciplinary Tribunal in the disciplinary hearing held on 9 September 2024 and the Tribunal ruling handed down on 19 November 2024, into alleged improper conduct of the registered person.

Name of Person: DECLAN WEYERS

Registration Number: IT8589

Nature of the offence

Guilty of contravention of Rule 3.24.2 and 3.12 of the Code of Professional Conduct for registered persons promulgated under Board Notice 142 of 2013 Government Gazette No 36663 of 12 July 2013.

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Sanction:

The sanction for the charge (contravention of Rule 3.24.2 and 3.12) is a fine of R10 000.00 (Ten Thousand Rand only) in terms of section 32(3)(a)(ii) of Act 49 of 2000. R5 000.00 (Five Thousand Rand) is suspended for a period of three (3) years on condition that Mr. Weyers is not found guilty of contravening the same or similar offence during the period of suspension.

BOARD NOTICE

SOUTH AFRICAN COUNCIL FOR THE QUANTITY SURVEYING PROFESSION

Publication in terms of section 32(5) of the Quantity Surveying Profession Act No 49 of 2000 ("The Act") of the finding and sanction imposed by the Disciplinary Tribunal in the disciplinary hearing held on 22 February 2024 and the Tribunal ruling handed down on 19 March 2024, into alleged improper conduct of the registered person.

Name of Person: SANDISIWE MBUTUMA

Registration Number: IT3861

Nature of the offence

Guilty of contravention of Rule 3.24.2 of the Code of Professional Conduct for registered persons promulgated under Board Notice 142 of 2013 Government Gazette No 36663 of 12 July 2013.

Sanction:

The sanction for the charge (contravention of Rule 3.24.2) is a fine of R100 000.00 (Hundred Thousand Rand only) in terms of section 32(3)(a)(ii) of Act 49 of 2000. R50 000.00 (Fifty Thousand Rand) is suspended for a period of three (3) years on condition that Ms. Mbutuma is not found guilty of contravening the same or similar offence during the period of suspension.

BOARD NOTICE 756 2025

SOUTH AFRICAN PHARMACY COUNCIL

COMPETENCY STANDARDS FOR A SPECIALIST PHARMACIST WHO PROVIDES PUBLIC HEALTH PHARMACY AND MANAGEMENT SERVICES IN SOUTH AFRICA

The South African Pharmacy Council hereby publishes **for implementation** the **Competency standards for a specialist pharmacist who provides public health pharmacy and management services in South Africa,** in terms of Sections 33(o) of the Pharmacy Act, 53 of 1974.

SCHEDULE

(a) Competency standards for a specialist pharmacist who provides public health pharmacy and management services in South Africa

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Address: 591 Belvedere Street, Arcadia, Pretoria, 0083,

Private Bag X40040, Arcadia, 0007. Telephone: 0861 7272 00

COMPETENCY STANDARDS FOR A SPECIALIST PHARMACIST WHO PROVIDES PUBLIC HEALTH PHARMACY AND MANAGEMENT SERVICES IN SOUTH AFRICA

TABLE OF CONTENTS

ACRONYMS....3
DEFINITIONS....3
INTRODUCTION....3
BACKGROUND....4
SCOPE OF PRACTICE FOR A PUBLIC HEALTH AND MANAGEMENT PHARMACIST....4
RATIONALE FOR THE DEVELOPMENT OF COMPETENCY STANDARDS FOR A PUBLIC HEALTH AND MANAGEMENT PHARMACIST....5
REGISTRATION OF PUBLIC HEALTH AND MANAGEMENT PHARMACISTS....5
QUALIFICATIONS OF PUBLIC HEALTH AND MANAGEMENT PHARMACISTS....6
STRUCTURE OF THE COMPETENCY STANDARDS AND DOMAINS....6
DOMAIN 1: PUBLIC HEALTH....8
DOMAIN 2: SAFE AND RATIONAL USE OF MEDICINE AND MEDICAL DEVICES....11
DOMAIN 3: SUPPLY OF MEDICINES AND MEDICAL DEVICES....13
DOMAIN 4: ORGANISATION AND MANAGEMENT SKILLS....15
DOMAIN 5: PROFESSIONAL AND PERSONAL PRACTICE....17
DOMAIN 6: EDUCATION, TRAINING AND RESEARCH....20
REFERENCES....**Error! Bookmark not defined.**

ACRONYMS

The following acronyms have been included; however, the list is not exhaustive-

GPP Good Pharmacy Practice.

GXP Good Practice Guidelines and Regulations e.g., Good Manufacturing Practice (GMP), Good Laboratory Practice (GLP), Good Wholesaling Practice (GWP) and Good Radiopharmacy Practice (GRPP) and other pharmaceutical practices.

HTA Health Technology Assessment

OMR Outcomes Measurement and Reporting

DEFINITIONS

'Public health' is defined as the science and art of promoting and protecting health and well-being, preventing ill health and prolonging life through the organised efforts of society.

'Public health pharmacy' and **'pharmaceutical public health'** are commonly used terms to describe the role or involvement of the pharmacist in public health. Pharmaceutical public health has been defined as the application of pharmaceutical knowledge, skills and resources to the science and art of preventing disease, prolonging life, promoting, protecting, and improving health for all through organised efforts of society.

"Specialist pharmacist student" means a pharmacist who is registered as such in terms of the Pharmacy Act 53 of 1974 (the Act).

"Specialist pharmacist resident" means a pharmacist who is registered as such in terms of the Pharmacy Act 53 of 1974 (the Act).

"Specialist pharmacist" means a pharmacist who is registered as such in terms of the Pharmacy Act 53 of 1974 (the Act);

"Speciality" means a specialist qualification in one of the fields of pharmacy approved and published in rules made by Council; and

"Public Health and Management Pharmacist" means a pharmacist registered with the Council to offer public health pharmacy and management services.

INTRODUCTION

The World Health Organisation (WHO) explicitly states that public health refers to all organised measures, whether public or private, to prevent disease, promote health, and prolong life amongst the population.

Public health activities are therefore aimed at improving health for entire populations and not only individual patients or a particular disease. The WHO and the Royal Pharmaceutical Society identified three main public health functions or domains. The pharmacy profession has a role to play across all three:

(a) Health protection which entails the assessment and monitoring of the health of communities and populations at risk to identify health problems and priorities. This includes infectious diseases, environmental hazards and emergency preparedness.

(b) Health service delivery and quality, including service planning, efficiency, audit, evaluation, and the formulation of public policies designed to solve identified local and national health problems and priorities.

(c) Health improvement, which includes health promotion and disease prevention services, to ensure that all populations have access to appropriate and cost-effective care.

Pharmaceutical public health focuses on the development of pharmacy services and expertise to enhance the health and well-being of a whole population. This definition does not, however, cover all the key aspects and potential roles of pharmacists in public health, categorised previously as micro and macro-level activities. ***Micro-level activities focus on individual health promotion and disease prevention services, while macro-level activities comprise population-wide approaches, including policy formulation, planning and management functions***.

The specialist qualification in public health pharmacy and management will predominantly be appropriate for pharmacists involved in macro-level activities in the public and private sectors.

A public health and management pharmacist is a pharmacist registered with Council and who plays a key role in the assessment and monitoring of the health of a community or the general population. They formulate public health policies which address identified health problems and health improvement needs including health promotion and disease prevention. Therefore, a public health and management pharmacist can specialise *inter alia* in public health promotion, disease prevention, policy formulation, planning and management in public and private healthcare sectors.

The purpose of this professional master's degree is to extend the public health and pharmacy management competencies of pharmacists to become specialists in the field of public health pharmacy and management, apply their expertise in this field and add value to the provision of pharmaceutical services within the health system. Completing this qualification will enable specialist pharmacists to contribute to public health outcomes and the management of pharmaceutical services. The degree is inherently practice-based with a large component of work-integrated learning.

BACKGROUND

In 2018, the South African Pharmacy Council published Competency Standards for Pharmacists. Competency standards have been developed and used as the basis for pharmacy education and practice since 2006. These competency standards are developed to encompass the scope of practice for a public health and management pharmacist as a specialist pharmacist.

SCOPE OF PRACTICE FOR A PUBLIC HEALTH AND MANAGEMENT PHARMACIST

In addition to the acts and services which form part of the scope of practice of the pharmacist as prescribed in terms of Regulations 3 and 4 of the Regulations relating to the practice of Pharmacy; a pharmacist who has completed a master's degree in public health pharmacy and management must be allowed to provide the following services or acts pertaining to the scope of practice for public health pharmacy and management pharmacist:

(a) Perform acts and services especially pertaining to the profession of a pharmacist;

(b) Lead and manage surveillance and assessment of the pharmaceutical services;

(c) Lead projects to protect and promote health and well-being, including communicable disease control and environmental health;

(d) Manage, analyse, and interpret information and statistics;

(e) Develop and analyse pharmaceutical public health policy for the better use of existing and new medicines/technologies and rational use of all medicines to improve health services;

(f) Provide strategic leadership for medicine supply management;

(g) Provide education and training related to public health and management;

(h) Manage knowledge and transfer research evidence into practice;

(i) Develop policies and procedures for public health and management;

(j) Manage, analyse, interpret, and advise on pharmacoeconomic information for rational use of medicines; and

(k) Perform research, teach, and publish in the field of public health and management.

The scope of practice of a specialist pharmacist student is the same as the scope of practice of a specialist pharmacist practiced under the auspices of a provider.

The scope of practice of a specialist pharmacist resident is the same as the scope of practice of a specialist pharmacist practiced under the supervision of a specialist pharmacist.

RATIONALE FOR THE DEVELOPMENT OF COMPETENCY STANDARDS FOR A PUBLIC HEALTH AND MANAGEMENT PHARMACIST

There is a need in South Africa to have specialist public health and management pharmacists in line with the progressive need for an additional role in pharmacy, which is the delivery of pharmaceutical services aimed at improving the health and well-being of the community.

The training of these specialist pharmacists is aligned with the health needs of the population of the country and will contribute to the better management of pharmaceutical services. This specialist pharmacist will have the necessary skills and expertise to implement public health standards and management principles in the delivery of pharmaceutical services.

Public health and management pharmacists are required to understand and apply knowledge of epidemiology and biostatistics in disease prevention, health promotion, healthcare delivery and policy development.

The competency standards have been developed to encompass the changes and developments including new technologies, work processes, changes in legislation and international trends, primarily to ensure the promotion of good public health policies and practices.

REGISTRATION OF PUBLIC HEALTH AND MANAGEMENT PHARMACISTS

Public health and management pharmacists are obliged to be registered with Council for the purposes of offering the acts related to their scope of practice as follows:

(a) Specialist pharmacist student;

(b) Specialist pharmacist resident; and

(c) Specialist pharmacist.

QUALIFICATIONS OF PUBLIC HEALTH AND MANAGEMENT PHARMACISTS

For purposes of registration as public health and management pharmacists, the qualification shall be-

(a) a professional Master's degree in public health pharmacy and management as determined by Council and published from time to time, or

(b) a qualification deemed to be equivalent or higher than the professional master's degree in public health pharmacy and management as assessed by Council.

STRUCTURE OF THE COMPETENCY STANDARDS AND DOMAINS

A competency framework consisting of six (6) domains suitable for the South African context was developed, together with several associated competencies. A domain represents an organised cluster of competencies within a framework and the domains, with associated competencies, are summarised in Table 1. The behavioural statements indicating how individuals working within the competency framework should behave in practice have also been drafted.

TABLE 1: SUMMARY OF PUBLIC HEALTH PHARMACY AND MANAGEMENT COMPETENCY STANDARDS

DOMAIN	COMPETENCY STANDARD
1. Public health	1.1 Health Systems. 1.2 Epidemiology and Biostatistics. 1.3 Policy development, implementation, and management. 1.4 Health promotion and disease prevention. 1.5 Disaster management.
2. Safe and rational use of medicine and medical devices	2.1 Pharmacoeconomics. 2.2 Formulary development. 2.3 Rational Medicines and medical devices utilisation. 2.4 Medicines and medical devices safety. 2.5 Outcomes Measurement and Reporting (OMR). 2.6 Pharmacovigilance.
3. Supply of medicines and medical devices	3.1 Supply chain management. 3.2 Medicine dispensing. 3.3 Medicine disposal/destruction.
4. Organisation and management skills	4.1 Human Resources Management. 4.2 Financial Management. 4.3 Pharmaceutical infrastructure management. 4.4 Quality assurance and management.
5. Professional and personal practice	5.1 Patient-centred care. 5.2 Professional practice. 5.3 Ethical and legal practice. 5.4 Continuing professional development. 5.5 Leadership. 5.6 Collaborative practice.
6. Education, training, and research	6.1 Practice embedded education or workplace education. 6.2 Research.

DOMAIN 1: PUBLIC HEALTH

INTRODUCTION

Domain 1 covers public health which is concerned with protecting the health of entire populations. It can be described as the science of protecting and improving the health of people and their communities. This can be achieved by promoting healthy lifestyles, treating disease, preventing injuries, and detecting, preventing, and responding to infectious diseases. Public health and management pharmacists implement educational programmes, develop policies, deliver services, and conduct research. A large part of public health is promoting healthcare equity, quality and accessibility. The public health domain competencies are:

1.1 Health Systems;

1.2 Epidemiology and Biostatistics;

1.3 Policy development, implementation and management;

1.4 Health promotion and disease prevention; and

1.5 Disaster management.

DOMAIN 1: PUBLIC HEALTH	
COMPETENCIES	**BEHAVIOURAL STATEMENTS**
1.1 Health systems	1.1.1 Critically explore and analyse health systems. 1.1.2 Optimise pharmaceutical services within the health system. 1.1.3 Identify and understand the pharmaceutical and health needs of the community and population. 1.1.4 Develop, implement, and evaluate the effectiveness and outcomes of pharmacy interventions and services to improve and protect community and population health. 1.1.5 Monitor and evaluate health systems for the delivery of pharmaceutical services. 1.1.6 Advocate for public health equity. 1.1.7 Provide high-quality public health services to improve health and help reduce health inequalities in the population. 1.1.8 Apply strategic management and provide leadership in the design of public health projects to promote community health.
1.2 Epidemiology and biostatistics	1.2.1 Apply the principles and methods of epidemiology in public health. 1.2.2 Appraise the effectiveness and efficiency of healthcare delivery using epidemiological data. 1.2.3 Design appropriate studies and surveillance tools to determine causes of death, disease, disability, prognosis, prevention, and the evaluation of therapy in a particular community in the planning and design of health programmes. 1.2.4 Apply key biostatistical concepts and methods to summarise, display, evaluate and interpret medical and healthcare data. 1.2.5 Conduct surveillance and assessment of the public's health and well-being to: 1.2.5.1 understand the health needs of the local population to be able to plan healthcare and public health programmes. 1.2.5.2 identify who is and who is not accessing pharmacy services. 1.2.5.3 demonstrate how pharmacy services are improving health outcomes. 1.2.5.4 demonstrate how pharmacy services are improving the health and well-being of the community. 1.2.5.5 demonstrate how pharmacy services are improving access to public health services. 1.2.6 Demonstrate the ability to maintain surveillance records. 1.2.7 Develop reporting systems to determine whether pharmaceutical services are in accordance with the burden of disease.
1.3 Policy development, implementation, and management	1.3.1 Identify, analyse and evaluate the main determinants of health for potential implementation into health policy and health services. 1.3.2 Influence the development and support of the implementation of antimicrobial guidelines and policies to reduce antimicrobial resistance. 1.3.3 Participate in and lead the formulation and implementation of national health and medicines policy and guidelines, including practising at the organisational level. 1.3.4 Evaluate reports and develop interventions to improve formularies and guidelines. 1.3.5 Explain and evaluate the application of the pharmaceutical policy process at the relevant levels of pharmaceutical service delivery.

DOMAIN 1: PUBLIC HEALTH	
COMPETENCIES	**BEHAVIOURAL STATEMENTS**
	1.3.6 Demonstrate the ability to develop public health policies for the management and rational use of medicines to improve health services. 1.3.7 Analyse policy instruments for the delivery of pharmaceutical services. 1.3.8 Ensure that policies, guidelines, protocols, and procedures relevant to pharmacy public health practice are adopted and implemented. 1.3.9 Engage with public health policy leads to ensure that pharmacy's contribution to public health is recognised and helps to inform new policy developments. 1.3.10 Incorporate public health and medicines policy and guidelines into organisational practices.
1.4 Health promotion and disease prevention	1.4.1 Determine the health promotion and disease prevention needs of communities. 1.4.2 Apply psychosocial and behavioural aspects in health promotion and disease prevention, and the design of interventions for the health and wellbeing of the community. 1.4.3 Create platforms to provide the public with advice and information to support self-care. 1.4.4 Provide information on the range of pharmacy public health services available from the pharmacy to support access to services by a wide range of individuals. 1.4.5 Effectively communicate information on threats to the health of the public. 1.4.6 Work collaboratively with other organisations and healthcare professionals to recommend pharmacy engagement in public health programmes to improve community health and resilience e.g., immunisation programmes. 1.4.7 Provide evidence-based advice and information to raise awareness of communicable and non-communicable diseases and their prevention. 1.4.8 Develop pharmacy public health improvement and wellness strategies and interventions with demonstratable population health benefits and outcomes. 1.4.9 Plan, develop, and implement evidence-based public health campaigns.
1.5 Disaster management	1.5.1 Participate in emergency planning and response. 1.5.2 Ensure that business continuity plans are in place during disasters. 1.5.3 Participate in the development of reporting systems for the identification of potential hazards such as seasonal and pandemic influenza and other communicable diseases. 1.5.4 Implement, monitor, and evaluate the rollout of an outbreak/disaster pharmaceutical response plan. 1.5.5 Identify possible threats for the outbreak of disease/disasters in the population. 1.5.6 Identify and report the incidence and prevalence of disease in the population with the detection of the source and cause of infectious diseases.

DOMAIN 2: SAFE AND RATIONAL USE OF MEDICINE AND MEDICAL DEVICES

INTRODUCTION

Public health pharmacy and management pharmacists must ensure that members of the public receive medicines and medical devices that are appropriate to their health needs. The competencies included in this domain are:

2.1 Pharmacoeconomics;

2.2 Formulary development;

2.3 Rational medicines and medical devices use;

2.4 Medicines and medical devices safety;

2.5 Outcomes measurement and reporting (OMR); and

2.6 Pharmacovigilance.

DOMAIN 2: SAFE AND RATIONAL USE OF MEDICINES AND MEDICAL DEVICES	
COMPETENCIES	**BEHAVIOURAL STATEMENTS**
2.1 Pharmacoeconomics	2.1.1 Appraise and correctly apply the appropriate health- and pharmacoeconomic tools to conduct analyses for the rational use of pharmaceuticals. 2.1.2 Critique pharmacoeconomic literature for application in pharmacoeconomic analyses and decision-making. 2.1.3 Apply pharmacoeconomic principles in Health Technology Assessment (HTA).
2.2 Formulary development	2.2.1 Contribute to a multi-disciplinary approach by influencing the inclusion/exclusion of medicines within the formulary and ensuring medicines are used optimally. 2.2.2 Promote stewardship systems to preserve the effectiveness of medicines thereby helping to mitigate risks e.g., antimicrobial resistance.
2.3 Rational medicines and medical devices use	2.3.1 Critically evaluate and appraise information sources, literature and research on pharmaceuticals and practices for evidence-based decision-making. 2.3.2 Identify and analyse priorities for rational medicine use interventions and design strategies for interventions. 2.3.3 Demonstrate the ability to implement and monitor medicine-use interventions. 2.3.4 Demonstrate the ability to implement and monitor health systems for the monitoring of patient treatment plans.
2.4 Medicines and medical devices safety	2.3.1 Develop and implement evidence-based guidance and protocols on the safe and appropriate use of medicines and medical devices. 2.3.2 Support medicines safety surveillance systems. 2.3.3 Design, implement and monitor an antimicrobial stewardship plan to meet the disease burden to mitigate the risk of antimicrobial resistance. 2.3.4 Support antimicrobial stewardship by monitoring and encouraging evidence-based prescribing of antimicrobials and ensuring adherence to guidelines.
2.5 Outcomes Measurement and Reporting (OMR).	2.5.1 Measure, track and report on patient health outcomes over time in relation to treatment. 2.5.2 Implement and monitor guidelines and procedures for reporting on public health issues such as communicable and non-communicable diseases and identified potential hazards.
2.6 Pharmacovigilance	2.6.1 Design pharmacovigilance and surveillance programmes for patient safety. 2.6.2 Encourage and support prescribers and members of the public to report adverse drug reactions. 2.6.3 Respond in a timely manner to medicine recalls and safety alerts.

DOMAIN 3: SUPPLY OF MEDICINES AND MEDICAL DEVICES

INTRODUCTION

The public health and management pharmacist plays an important role in the planning and coordination of all activities involved in sourcing, procurement, and logistics management of medicines and medical devices.

The supply of medicines and medical devices competencies are:

3.1 Supply chain management;

3.2 Medicine dispensing; and

3.3 Medicine disposal/destruction.

DOMAIN 3: SUPPLY OF MEDICINES AND MEDICAL DEVICES	
COMPETENCIES	**BEHAVIOURAL STATEMENTS**
3.1 Supply chain management	3.1.1 Participate in the coordination and distribution of medicines and essential resources for population-based control measures during communicable disease outbreaks, epidemics, pandemics, or other similar scenarios. 3.1.2 Design tools to monitor and evaluate the pharmaceutical supply chain system and provide feedback to relevant stakeholders. 3.1.3 Analyse and implement the framework and components of pharmaceutical supply systems. 3.1.4 Utilise data systems for decision-making and to ensure the availability of pharmaceuticals. 3.1.5 Appraise and apply good financial management principles to ensure a continuous supply of pharmaceuticals. 3.1.6 Demonstrate the ability to manage and develop human resources for effective supply of pharmaceuticals. 3.1.7 Demonstrate the ability to implement a quality and risk management programme for effective pharmaceutical supply and use.
3.2 Medicine dispensing	3.2.1 Advocate for appropriate pharmaceutical care plans for implementation. 3.2.2 Demonstrate the ability to formulate and implement medicine treatment plans for individual patients.
3.3 Medicine disposal/destruction	3.3.1 Develop and implement policies for the safe disposal/destruction of medicines.

DOMAIN 4: ORGANISATION AND MANAGEMENT SKILLS

INTRODUCTION

Domain 4 includes competency standards that relate to the way public health and management pharmacists apply organisational and managerial skills to ensure the effective and efficient delivery of pharmaceutical services. It includes behavioural statements relating to the operation and maintenance of facilities and the application of sound fiscal principles to ensure sustainable pharmaceutical services that are adaptive to changing environments.

The organisation and management competencies are:

4.1 Human resources management;

4.2 Financial management;

4.3 Pharmaceutical infrastructure management; and

4.4 Quality assurance and management.

DOMAIN 4: QUALITY MANAGEMENT IN PUBLIC HEALTH PHARMACY AND MANAGEMENT	
COMPETENCIES	**BEHAVIOURAL STATEMENTS**
4.1 Human resources management	4.1.1 Establish a public health lead within each pharmacy to encourage other members of the pharmacy team to develop their public health skills and knowledge. 4.1.2 Identify human resource requirements and manage human resources effectively. 4.1.3 Review performance management policies and processes. 4.1.4 Ensure adherence to all relevant legislation. 4.1.5 Apply motivational theories in performance management and development of human resources.
4.2 Financial Management	4.2.1 Analyse and interpret financial data and develop and manage budgets. 4.2.2 Ensure adherence to all relevant legislation. 4.2.3 Apply the principles of pharmacoeconomic assessments.
4.3 Pharmaceutical infrastructure management	4.3.1 Manage pharmaceutical facilities and equipment. 4.3.2 Develop and review workplace and workflow procedures and policies as required. 4.3.3 Develop and review workflow systems to manage, prioritise and organise work schedules. 4.3.4 Ensure pharmaceutical infrastructure and equipment meet GxP relevant legislative requirements and local procedures and policies.
4.4 Quality assurance and management	4.4.1 Conduct regular audits as part of an interdisciplinary team to review relevant public health and pharmaceutical services in accordance with GPP and relevant legislation. 4.4.2 Use feedback from complaints and audits to implement improvement strategies and monitor and evaluate the outcomes. 4.4.3 Develop and update systems for documentation and recordkeeping for quality assurance purposes.

DOMAIN 5: PROFESSIONAL AND PERSONAL PRACTICE

INTRODUCTION

This domain relates to the practice of pharmacy in a professional, legal and ethical manner to manage and deliver pharmaceutical services in a multidisciplinary setting.

The competencies required in Domain 5 ensure good personal and professional practice and they are:

5.1 Patient-centred care;

5.2 Professional practice;

5.3 Ethical and legal practice;

5.4 Continuing professional development;

5.5 Leadership; and

5.6 Collaborative practice.

DOMAIN 5: PROFESSIONAL AND PERSONAL PRACTICE	
COMPETENCIES	**BEHAVIOURAL STATEMENTS**
5.1 Patient-centred care	5.1.1 Develop and establish policies, procedures and approaches that support the use of technology and innovation to improve patient care. 5.1.2 Demonstrate the ability to develop, implement, maintain, and monitor a patient records administration system in accordance with relevant legislation. 5.1.3 Establish and maintain effective organisational and interdisciplinary teams to ensure quality patient care.
5.2 Professional practice	5.2.1 Develop strategies to ensure that pharmacy personnel practise in a manner that upholds professionalism. 5.2.2 Recognise the diversity of individuals and populations. 5.2.3 Put systems in place to ensure that pharmacy personnel consistently achieve a high standard of work.
5.3 Ethical and legal practice	5.3.1 Apply principles of ethics, diversity, equity, inclusion, and justice in pharmacy practice. 5.3.2 Contribute to the development and sustainability of a diverse, inclusive, and competent public health workforce. 5.3.3 Demonstrate knowledge and application of all relevant legislation, guidelines, policies and procedures as it applies to public, environmental, and occupational health and management within the pharmaceutical healthcare system. 5.3.4 Develop and update protocols to ensure that public health pharmacy practice is in line with current legislation. 5.3.5 Develop systems and processes to treat patients with sensitivity, empathy, respect, and dignity. 5.3.6 Develop ethical and professional practice guidelines to establish appropriate boundaries among patients, pharmacy staff, and other healthcare professionals. 5.3.7 Contribute to the development of new and amended pharmacy-related legislation and guidelines. 5.3.8 Apply the principles of ethics in managing ethical dilemmas in a structured manner.
5.4 Continuing professional development	5.4.1 Develop, implement, and maintain continuous professional evidence of training and assessment. 5.4.2 Identify knowledge and skills gaps to advance the role of a public health and management pharmacist. 5.4.3 Develop a personal development plan to keep abreast with the provision of pharmaceutical and public health guidelines. 5.4.4 Demonstrate the ability to provide and receive peer reviews.
5.5 Leadership	5.5.1 Develop and implement a vision for a healthy community. 5.5.2 Provide leadership to promote personal, team and organisational development. 5.5.3 Create opportunities for creativity and innovation. 5.5.4 Practise effective leadership and management in a healthcare environment. 5.5.5 Contribute to the initiation, development, and continuous improvement of pharmaceutical services. 5.5.6 Play a leading role in pharmaceutical decision-making. 5.5.7 Develop systems and processes to ensure that work is carried out in an organised and efficient manner. 5.5.8 Educate pharmacy personnel on problem-solving and conflict management skills. 5.5.9 Educate pharmacy personnel on the importance of trust relationships to ensure effective communication with patients, pharmacy staff, and other healthcare professionals.

DOMAIN 5: PROFESSIONAL AND PERSONAL PRACTICE	
COMPETENCIES	**BEHAVIOURAL STATEMENTS**
5.6 Collaborative practice	5.6.1 Provide evidence-based services, advice and information on health and well-being interventions to all healthcare professionals and other stakeholders. 5.6.2 Work collaboratively with other healthcare professionals. 5.6.3 Advocate for the inclusion of pharmacists in all multidisciplinary healthcare teams.

DOMAIN 6: EDUCATION, TRAINING AND RESEARCH

INTRODUCTION

Education is essential for the development of pharmacists and is required throughout a pharmacist's career to maintain currency on knowledge, skills, attitudes, and values. Public health and management pharmacists should participate in the education and training of patients, pharmacy personnel and other healthcare practitioners. These pharmacists should also participate in research, which may include topics within the public health and pharmaceutical management areas.

The competencies required in the domain are:

6.1 Practice embedded education or workplace education

6.2 Research.

DOMAIN 6: EDUCATION, TRAINING AND RESEARCH	
COMPETENCIES	**BEHAVIOURAL STATEMENTS**
6.1 Practice embedded education or workplace education	6.1.1 Demonstrate the ability to impart knowledge and skills needed to support patients and the public in improving and protecting their health. 6.1.2 Demonstrate the ability to provide technical coaching, support, and training to the pharmacy staff and other health care professionals. 6.1.3 Demonstrate the ability to develop, implement and maintain the record for training and assessment of healthcare teams, patients, and the public.
6.2 Research	6.2.1 Encourage pharmacy staff to engage in public health research projects. 6.2.2 Obtain ethical and other relevant approvals to conduct research projects. 6.2.3 Conduct a public health and/or pharmaceutical management research project in accordance with established research methodology and ethics, as well as GxP where necessary. 6.2.4 Support research or evaluation of public health interventions, for example by providing relevant data. 6.2.5 Present research/evaluation at a conference or publish it in a peer-reviewed journal. 6.2.6 Critically evaluate information sources, literature and research on medicines and practices in terms of evidence for decision-making and implementation in practice. 6.2.7 Apply the principles of research methodology in the development of a research protocol and obtain ethical clearance. 6.2.8 Analyse data, interpret findings and/or results and formulate conclusions and recommendations. 6.2.9 Write and submit a technical report, manuscript for publication or minor dissertation. 6.2.10 Lead a multidisciplinary research team.

BOARD NOTICE 757 2025

FINANCIAL SECTOR CONDUCT AUTHORITY

FINANCIAL MARKETS ACT, 2012

PROPOSED AMENDMENTS TO THE JSE LISTING REQUIREMENTS: SIMPLIFICATION PROJECT

The Financial Sector Conduct Authority ("FSCA") hereby gives notice under section 11(6)(c) of the Financial Markets Act, 2012 (Act No. 19 of 2012) that the proposed amendments to the JSE Listing Requirements have been published on the official website of the FSCA (www.fsca.co.za) for public comment. All interested persons who have any objections to the proposed amendments are hereby called upon to lodge their objections with the FSCA on email: Queries.Marketinfrastructures@fsca.co.za within a **period of sixty days (60) days** from the date of publication of this notice.

Snaicker

Mr Shreelin Naicker
Head of Department
Markets, Issuers and Intermediaries Department
Financial Sector Conduct Authority

BOARD NOTICE 758 2025

public works & infrastructure
Department:
Public Works and Infrastructure
REPUBLIC OF SOUTH AFRICA

The Honourable Minister of the Department of Public Works and Infrastructure, has in terms of Section 3 and 4 of the South African Council for the Architectural Profession Act, 2000 (Act No. 44 of 2000), appointed the new 6th Term Council for the South African Council for the Architectural Profession (SACAP). The incumbents are appointed for a four-year term commencing from the 17th November 2023 and concluding on the 16th November 2027.

The persons that have been appointed are listed as follows:

No.	Statutory Category	Appointed members
	Section3(1)(a) – Actively Practicing Architectures	
1.		Dr. Jennifer Mirembe
2.		Mr. Charles Ntsindiso Nduku
3.		Mr. Dhanashwar Basdew
4.		Mr. Kevin Bingham
5.		Ms. Kay-Lee Cupido
6.		Ms. Letsabisa Shongwe
7.		Ms. Mandisa Pepeta-Daki
	Section 3(1)(b) – Professionals in the service of the State	
8.		Ms. Singalakha Jojo
9.		Mr. Vusi Phailane
	Section 3(1)(c) - Members of the Public	
10.		Mr.Lufuno Nematswerani
11.		Mr. Rholihlahla Vuzane

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