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## BOARD NOTICES • RAADSKENNISGEWINGS

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### BOARD NOTICE 170 OF 2019

#### THE SOUTH AFRICAN PHARMACY COUNCIL

#### NOTICE IN TERMS OF SECTION 45(2) OF THE PHARMACY ACT, 1974 (ACT NO. 53 OF 1974): CFI NOTICES 2018 - 2019

Particulars of the following persons found guilty of unprofessional conduct by the South African Pharmacy Council after due inquiry into their conduct, are published for general information.

#### **TA MASANGO REGISTRAR**

##### **SCHEDULE**

**MS C DU PREEZ (P16148)**, a pharmacist, has been found guilty in respect of the following charge:

##### **Count 1**

*Contravention of Rule 18 of the Rules relating to acts or omissions in respect of which Council may take disciplinary steps.*

In that around or about 15, 24 June 2015 and 30 June 2016, and at or near President Pharmacy (Y01874), you failed to put system in place to ensure that persons employed in your pharmacy do not contravene any provisions of the Pharmacy Act and the Medicines and Related Substances Act, by selling scheduled medication in large quantities to a Palamma General Dealer in Kestell alternatively to an unregistered person.

##### **Penalty**

The Respondent was ordered to pay a fine R25 000, 00, half of which was suspended for period of 2 years on condition that the Respondent was not found guilty of any similar offence during the period of suspension.

**MR D MABUNDA (P26661)**, an owner and a pharmacist, has been found guilty in respect of the following charges:

##### **Count 1.**

*Contravention of Regulation 22 of Pharmacy Act 53 of 1974.*

In that upon or about 07 August 2017 and at or near Mabunda Medisol Pharmacy (Y55107), you operated a pharmacy without a pharmacist.

##### **Count 2**

*Contravention of Section 22 of the Pharmacy Act, 53 of 1974*

In that since September 2013 you have failed to have a responsible pharmacist registered with the South African Pharmacy Council

**Count 3**

*Contravention of Regulation 18 of Pharmacy Act 53 of 1974.*

In that upon or about 07 August 2017 and at or near Mabunda Medisol Pharmacy (Y55107), you allowed unregistered persons to perform acts falling within the scope of practice of pharmacists.

**Count 4**

In that upon or about 07 August 2017 and at or near Mabunda Medisol Pharmacy (Y55107), you failed to exercise proper and reasonable care in respect of and control over the Rules relating to Good Pharmacy Practice resulting in the following shortcomings:

- (a) A patients' rights and responsibility poster is not visibly displayed for the purpose of identification by the public;
- (b) The temperature in the pharmacy is not controlled 24 hours a day as demonstrated by a maximum/minimum thermometer. The temperature is not recorded on a daily basis during working hours or operating hours as per SOP on temperature control;
- (c) There is no fire extinguisher or fire hose in the pharmacy in accordance with the Occupational Health and Safety Act. Alternatively, if there is a fire extinguisher or fire hose, it has not been serviced/checked within the last year as indicated on the cylinder/panel/supplier equipment's label as well as per the service contract;
- (d) The pharmacy is not designated as a non-smoking area. The pharmacy is not designated as a non-eating area, other than in areas specifically designated as eating areas;
- (e) The pharmacy has no suitable calibrated mass meter for dispensing capable of weighing at least 50mg of a substance. All the equipment in the pharmacy is not clean as per SOP. Pest control is not conducted regularly in accordance with SOP;
- (f) Expired stock is not kept separate from normal trading stock. Expired stock is not destroyed in a safe manner. An effective stock control system is not in place that ensures that there is no damaged, expired stock;
- (g) All S1 medicines sales are not recorded in a prescription book or other permanent record as required in Regulation 11(2) of Act 101 of 1965. All S2 medicine sales are not recorded in a prescription book or other permanent record as required in Regulation 11(1) of Act 101 of 1965;
- (h) Not only medicines are stored in the refrigerator. The refrigerator is not fitted with a warning system to indicate that refrigeration has failed or temperatures were above or below 2°C and 8°C;
- (i) The temperature of the refrigerator/cold room is not controlled 24 hours a day by a maximum/minimum thermometer as demonstrated by the use of either chart recorders, or electronic recorders to continuously record the temperatures. The temperature of the refrigerator is not recorded twice daily;
- (j) The pharmacist does not obtain all the relevant patient information before dispensing the prescription. The pharmacist does not evaluate the prescription to identify any possible problems before dispensing the prescription. The pharmacist does not take the necessary action if there are any problems with the prescription and/or medicine prescribed;
- (k) The pharmacist does not give advice to the patient or caregiver after the prescription has been dispensed. The pharmacist does not give advice to patients who receive Pharmacist Initiated Therapy (PIT);
- (l) There are no written standard operating procedures; and
- (m) There are no reference books or adequate reference books.

**Penalty**

The Respondent was fined as follows:

- (i) In respect of Count 1, an amount of R10 000, 00;
- (ii) In respect of Count 2, an amount of R10 000, 00;
- (iii) In respect of Count 3, an amount of R10 000,00;
- (iv) In respect of Count 4, an amount of R10 000,00; and
- (v) In respect of Count 4, the fine of R10 000, 00 was wholly suspended for a period of 24 (twenty-four) months on condition that the Respondent is not found guilty of the same offence during the period of suspension.

**MR H J LOUW (P47310)**, a pharmacist's assistant (post-basic), has been found guilty in respect of the following charge:

**Count 1.**

*Contravention of Rule 10 of the Rules relating to acts or omissions in respect of which Council may take disciplinary steps.*

On or about or during 2008, you fraudulently and/or presented a forged certificate of registration as a pharmacist's assistant (post-basic) without such registration with the South African Pharmacy Council.

**Penalty**

- (a) The Respondent be removed from the roll of pharmacist's assistant for period of five years; however, the removal is suspended for period of five years on condition that the Respondent is not found guilty of the same offence during the period of suspension;
- (b) The Respondent voluntarily subject himself to the Health Committee of the South African Pharmacy Council based on his own admission that he was arrested after being found in possession of an illegal substance; and
- (c) The Respondent for the purpose of the interest of the profession and patient safety, he must consider volunteering information to South African Pharmacy Council regarding the production of and possession of fraudulent certificates.

**MR N M C ZULU (P14510)**, an owner and a pharmacist, has been found guilty of the following charges:

**Count 1**

*Contravention of Section 22 of the Pharmacy Act, 53 of 1974*

In that since April 2013 and at NMC Pharmacy (Y52570) you have failed to have a responsible pharmacist registered with the South African Pharmacy Council

**Count 2**

*Contravention of Regulation 22 of Pharmacy Act, 53 of 1974.*

In that upon or about 06 November 2017 and at or near NMC Pharmacy (Y52570), you operated a pharmacy without a pharmacist

**Count 3**

In that upon or about 06 November 2017 and at or near NMC Pharmacy (Y52570), you failed to exercise proper and reasonable care in respect of and control over the Rules relating to Good Pharmacy Practice resulting in the following shortcomings:

- (a) All registered persons on duty are not wearing a nametag or badge indicating his/her name and designation for the purpose of identification of such person(s) to the public;
- (b) A currently valid original certificate signed by the Registrar of the SAPC for the recording of the pharmacy is not available for the purpose of identification of such to the public. All pharmacist(s) does not have valid registration card(s).
- (c) The temperature is not recorded on a daily basis during working hours or operating hours;
- (d) The pharmacy is not designated as a non-smoking area. There is no suitable semi-private area for the provision of information and advice;
- (e) Key, key card or other device or the combination of any device which allows access to a pharmacy when it is locked, is not kept on the person of the responsible pharmacist or the person of another pharmacist at all times;
- (f) Control of access to pharmacy premises, which include the design and layout of the pharmacy, is not of such a nature that only registered pharmacy personnel have direct access to medicine. There is no separate facility where extemporaneous compounding is carried out. There is no suitable separate facility that complies with GMP standards where bulk compounding is carried out;
- (g) The pharmacy has no adequate pestles and mortars, adequate spatulas, a suitable calibrated mass meter for dispensing capable of weighing at least 50mg of a substance, adequate warning labels or clearly noticeable warning indications on the hand written or computer generated label;
- (h) A list of product types requiring special storage or handling instructions is not available and consulted on receipt of stock;
- (i) Pre-packing is not done in accordance with Regulation 39 of Act 101 of 1965 with regard to temperature, humidity, area and GMP requirements. All medicines sold for human use does not comply with Regulation 10 of Act 101 of 1965 i.e. labelling requirements for human medicine;
- (j) There are illegal or counterfeit medicines on the premises. There are unregistered non-proprietary medicines on the premises;
- (k) All S1 medicines sales are not recorded in a prescription book or other permanent record as required in Regulation 35(2) of Act 101 of 1965. All S2 medicine sales are not recorded in a prescription book or other permanent record as required in Regulation 35(1) of Act 101 of 1965;
- (l) The refrigerator is not suitable and in good working order. The refrigerator is not fitted with a warning system to indicate that refrigeration has failed or temperatures were above or below 2°C and 8°C. The temperature of the refrigerator is not between 2°C and 8°C. The temperature of the refrigerator/cold room is not controlled 24 hours a day by a maximum/minimum thermometer as demonstrated by the use of either chart recorders, or electronic recorders to continuously record the temperatures;
- (m) Every prescription dispensed is not checked and signed off by a pharmacist. The original prescription does not state who the dispenser is as indicated by both the name on the trailer label and a signature on the prescription;
- (n) The pharmacist does not obtain all the relevant patient information before dispensing the prescription. The pharmacist does not evaluate the prescription to identify any possible problems before dispensing the prescription. The pharmacist does not take the necessary action if there are any problems with the prescription and/or medicine prescribed;
- (o) The pharmacist does not ensure that the patient or caregiver receive advice after the prescription has been dispensed. The pharmacist does not give advice to patients who

receive Pharmacist initiated therapy (PIT). Advice is not given to the patient in a suitable semi-private area. Support aids are not used when supplying advice. Patient information leaflets are not available at the dispensary. Procedures are not in place for monitoring the patient's progress;

- (p) There are no written standard operating procedures; and
- (q) There are no references or adequate reference book.

### **Penalty**

The Respondent was fined as follows:

- (i) In respect of Count 1 an amount of R15 000, 00;
- (ii) In respect of Count 2 an amount of R10 000, 00;
- (iii) In respect of Count 3 an amount of R10 000, 00; and
- (iv) In respect of Count 3, the fine of R10 000, 00 was wholly suspended for a period of 24 (twenty-four) months on condition that the Respondent is not found guilty of the same offence during the period of suspension.

**MS S TUTU (P35748)**, a pharmacist, has been found guilty of the following charge:

### **Count 1.**

*Contravention of Rule 4 (a) of the Rules relating to acts and omissions in respect of which Council may take disciplinary steps.*

In that upon and about 30 June 2017 and at or near Border Chemical Corporation (Y00070), you failed to supervise a pharmacist's assistant, resulting in the dispensing of camphorated oil instead of Cough & Lung Syrup, to a 7-month old baby.

### **Penalty**

The Respondent was fined R15 000, 00 of which fine is wholly suspended for a period of 12 (twelve) months on condition that the Respondent is not found guilty of a same offence during the period of suspension.

**MS R BALCHAND (P27809)**, a pharmacy owner and a pharmacist's assistant (post-basic), has been found guilty of the following charges:

### **Count 1**

*Contravention of Regulation 22 of the Regulations relating to the practice of a pharmacy.*

In that upon or about 16 April 2018 and at or near R-Med Pharmacy (Y55316), you conducted a pharmacy without a pharmacist.

### **Count 2**

*Contravention of Section 22 of the Pharmacy Act, 53 of 1974.*

In that or since September 2014 and at or near R-Med Pharmacy (Y55316), you failed to have a Responsible Pharmacist registered with the South African Pharmacy Council.

**Count 3**

*Contravention of Rule 18 of the Rules relating to acts or omission in respect of which Council may take disciplinary steps.*

In that upon or about 16 April 2018 and at or near R-Med Pharmacy (Y55316), you allowed an unregistered person to dispense scheduled medicine.

**Penalty**

The Respondent was removed from the register of Pharmacist's Assistants and the pharmacy licence was recommended for removal.

**MS C PETERS (P09871)**, a Responsible Pharmacist, was found guilty of the following charges:

**Count 1**

In that upon or about 30 August 2018 and at or near Atkinson The Chemist (Y00769), you failed to exercise proper and reasonable care in respect of and control over the Rules relating to Good Pharmacy Practice, resulting in the following shortcomings:

- (a) A patients' rights and responsibility poster were not visibly displayed for the purpose of identification by the public;
- (b) The temperature was not recorded on a daily basis during working hours or operating hours. The temperature of the refrigerator is not recorded twice daily;
- (c) The dispensary is not designated as a non-eating area, other than in areas specifically designated as eating areas. There is no sufficient security to prevent unauthorised access to medicines or a barrier with a no entry sign;
- (d) There was no suitable semiprivate and private area for the provision of information and advice. There is no suitable consultation area for the provision of information and advice. There is no suitable separate facility that complies with GMP standards where bulk compounding is carried out;
- (e) The pharmacy did not have adequate warning labels or clearly noticeable warning indications on the handwritten or computer-generated label;
- (f) Medicines were not stored according to system. Medicines sold for human use did not comply with Regulation 10 of Act 101 of 1965 with regard to labelling;
- (g) A prescription book/permanent record for schedule 6 was not kept as required in Regulation 35(1) and (2) of Act 101 of 1965;
- (h) A patient profile detailing all prescriptions and all P.I.Ts dispensed to patients is not kept for 5 years after the last entry on site;
- (i) The original prescription did not state who the dispenser was, as indicated by both the name on the trailer label and a signature on the prescription. The final price that the patient pays is not indicated on the copy for the payer;
- (j) The pharmacist did not obtain all the relevant patient information before dispensing the prescription. The pharmacist did not evaluate the prescription to identify any possible problems before dispensing the prescription. The pharmacist did not ensure that the patient or caregiver receive advice after the prescription has been dispensed. The pharmacist did not give advice to patient who receive P.I.T;
- (k) Advice was not given to the patient in a suitable semi-private area. Supports aids are not used when supplying advice;
- (l) There was no procedure in place for monitoring the patient's progress;
- (m) Standard operating procedures (SOP's) were not reviewed or updated on a regular basis and were not adapted to the operations of the pharmacy and the staff were not trained on the SOP's; and
- (n) There are no adequate references.



### **Count 2**

*Contravention of Rule 1.2.2 of the Rules relating to Good Pharmacy Practice.*

In that upon or about 30 August 2018 and at or near Atkinson The Chemist (Y00769), you allowed another business (cellphone repair business) to be conducted within a pharmacy without obtaining approval from Council.

### **Count 3**

*Contravention of Rule 18 of the Rules relating to acts or omissions in respect of which Council may take disciplinary steps.*

In that upon or about 30 August 2018 and at or near Atkinson The Chemist (Y00769), you allowed an unregistered person to dispense schedule 1 to 4 medicines.

### **Count 4**

*Contravention of Regulation 36 of the Regulations published under the Medicines and Related Substances Act, 101 of 1965.*

In that upon or about 30 August 2018 and at or near Atkinson The Chemist (Y00769), you failed to balance or update the schedule 6 register for Ritalin.

### **Penalty**

The Respondent was fined as follows:

- (i) In respect of Count 1 fine of R5 000, 00;
- (ii) In respect of Count 2 fine of R2 000, 00;
- (iii) In respect of Count 3 fine of R5 000, 00; and
- (iv) In respect of Count 4 fine of R5 000, 00.

**MR M VERMEULEN (P37445)**, a pharmacist was found guilty of the following charge:

### **Count 1**

*Contravention of Rule 23 of the Rules relating to acts or omissions in respect of which Council may take disciplinary steps.*

In that during June 2018 and at or near Kilburn Pharmacy (Y01540), you dispensed schedules 2 and 5 medication in a manner that has as its aim, or may be interpreted or regarded as having its aim, as the promotion of the misuse or abuse or the detrimental or injudicious or unsafe use of medicines.

### **Penalty**

The Respondent was suspended from practicing as a pharmacist for one-year, which suspension is suspended for one year, on condition that the Respondent is not found guilty of a similar offence(s) within the said period.

**MR M VLOK (P49721)**, a pharmacist's assistant (post-basic) was found guilty of the following charge:

**Count 1**

*Contravention of Rule 10 of the Rules relating to acts or omissions in respect of which Council may take disciplinary steps.*

In that upon or about 13 February 2018 and at or near Welkom Magistrate Court, you were found guilty of theft, which Council regards as improper and disgraceful conduct, and you were sentenced to 3 years direct imprisonment, wholly suspended for period of 5 years, on condition that you were not convicted of the offence of theft or attempted theft during the period of suspension.

**Penalty**

The Respondent was fined an amount of R15 000.

**MR R NAIDOO (P09084)**, an owner and a responsible pharmacist was found guilty of the following charges:

**Count 1**

In that upon or about 08 October 2018 and at or near Courtyard Pharmacy (Y52481), you failed to exercise proper and reasonable care in respect of and control over the Rules relating to Good Pharmacy Practice, resulting in the following shortcomings:

- (a) The name of the responsible pharmacist is not displayed conspicuously at the main entrance of the pharmacy. The name of the pharmacist on duty is not displayed visibly in/or outside the pharmacy for the purpose of identification of such persons by the public. Registered persons on duty are not wearing nametag/s or badge/s indicating their names and designation for the purpose of identification of such persons to the public;
- (b) The patients' rights and responsibility poster was not visibly displayed for the purpose of identification by the public;
- (c) The floor plan is not consistent with the plans which were submitted to and approved by Council;
- (d) The temperature is not recorded on a daily basis during working hours or operating hours. The air conditioning system is not in good working condition to be effective to keep the temperature at below 25°C;
- (e) The fire extinguisher or fire hose in the pharmacy has not been serviced or checked within the last year as indicated on the cylinder/panel/supplier equipment's label as well as per the service contract;
- (f) There pharmacy is not designated as a non-smoking area and noneating area. There is no suitable semiprivate area for the provision of information and advice. There is no suitable consultation area for the provision of screening and monitoring tests;
- (g) There is not sufficient security to prevent unauthorised access to medicines, or a barrier with a no entry sign;
- (h) The pharmacy does not have a suitable calibrated mass meter for dispensing capable of weighing at least 50mg of a substance. The pharmacy does not have adequate warning labels or clearly noticeable warning indications on the handwritten or computer-generated label;
- (i) Pest control is not conducted regularly;
- (j) A list of product types requiring special storage or handling instructions is not available and consulted on receipt of stock;



- (k) Prepacking is not done in accordance with Regulation 39 of Act 101 of 1965 with regard to temperature, humidity, area and GMP requirements. Medicines sold for human use does not comply with Regulation 10 of Act 101 of 1965. There are unregistered non-proprietary medicines on the premises;
- (l) Every prescription dispensed is not checked and signed off by a pharmacist. The original prescription does not state who the dispenser was, as indicated by both the name on the trailer label and signature on the prescription. The final price that the patient pays is not indicated on the copy for the payer;
- (m) The pharmacist does not obtain relevant information before dispensing the prescriptions. The pharmacist does not evaluate the prescriptions to identify any possible problems before dispensing the prescriptions. Advice is not given to the patient in a suitable semiprivate area;
- (n) Patient information leaflets are not available at the dispensary. Procedure is not in place for monitoring the patient's progress. A pharmacist cannot be contacted 24 hours a day and their contact details are not displayed visibly at the entrance of the pharmacy;
- (o) There are no written standard operating procedures;
- (p) There are no references books;
- (q) There is no adverse drug reaction reporting system; and
- (r) The screening of patient is conducted in an open space.

### **Count 2**

*Contravention of Section 22 (2) of the Pharmacy Act, 53 of 1974.*

In that upon or about 08 October 2018 and at or near Courtyard Pharmacy (Y52481), you provided pharmaceutical service in a pharmacy or in a premise regarded as a pharmacy, without recording the pharmacy licence or registering the premises with the South African Pharmacy Council.

### **Penalty**

The Respondent was suspended, from practicing as a pharmacist, of two years which suspension is suspended for one year, on condition that the Respondent is not found guilty of a similar offence(s) within the said period.

**MS T MAGWAZA (P19422)**, a responsible pharmacist was found guilty of the following charges:

### **Count 1**

In that upon or about 05 June 2018 and at or near Mat's Pharmacy (Y55414), you failed to exercise proper and reasonable care in respect of and control over the Rules relating to Good Pharmacy Practice, resulting in the following shortcomings;

- (a) The name of the responsible pharmacist was not displayed conspicuously at the main entrance of the pharmacy. The name of the pharmacist on duty was not displayed visibly in or outside the pharmacy for the purpose of identification of such person by the public;
- (b) The temperature was not recorded on a daily basis during working or operating hours. The air conditioning system was not in good working condition to be effective to keep the temperature at and below 25°C;
- (c) The dispensary is not suitably located in the pharmacy in relation to the consultation area. The dispensary was not designated as a non-eating area. The waiting area is not situated near dispensary area and is not near areas for counselling and furnishing advice. The waiting area has a no comfortable seating available;

- (d) There is no suitable semiprivate area and suitable private area for the provision of information and advice;
- (e) Control access to pharmacy premises is of such nature that not only registered pharmacy personnel have direct access to medicine. There was no sufficient security to prevent unauthorised access to medicine or a barrier with no entry sign;
- (f) There is no separate facility for cleaning of equipment;
- (g) The pharmacy does not have adequate pestles, mortars and spatulas. The pharmacy does not have a suitable calibrated mass meter for dispensing capable of weighing at least 50mg of a substance. There are no adequate warning labels or clearly noticeable warning indications on the handwritten or computer-generated label;
- (h) There is no separate and secure receiving area, which is under cover;
- (i) There is not an up to date register of all schedule 6 purchases and sales as required by Regulation 36 of Act 101 of 1965;
- (j) The refrigerator was not suitable and not in good working order;
- (k) The pharmacist does not evaluate the prescription to identify any possible problems before dispensing the prescription. The pharmacist does not take necessary action if there are any problems with prescription and /or medicine prescribed. The pharmacist does not ensure that the patient or care giver receive advice after the prescription has been dispensed;
- (l) The pharmacist does not give advice to patients who receive pharmacist-initiated therapy. The advice was not given to the patient in a suitable semiprivate area;
- (m) There are no patient information leaflets at the dispensary. There was no procedure in place for monitoring patient's progress;
- (n) There are no written standard operating procedures;
- (o) There are inadequate reference books; and
- (p) There was no adverse drug reaction reporting system in place as per GPP.

### **Count 2**

*Contravention of Regulation 22 of the regulation relating to the practice of pharmacy published under the Pharmacy Act, 53 of 1974.*

In that upon or about 05 June 2018 and at or near Mat's Pharmacy (Y55414), you conducted a pharmacy without a pharmacist.

### **Count 3**

*Contravention of Rule 18 of the Rules relating to acts or omissions in respect of which Council may take disciplinary steps.*

In that upon or about 05 June 2018 and at or near Mat's Pharmacy (Y55414), you allowed two unregistered person access to schedule medicines.

### **Penalty**

The Respondent was suspended from practicing as a pharmacist for one year.

**MS P PILLAY (P19388)**, a pharmacist was found guilty on the following charge:

### **Count 1**

In that in or around 2017, while being employed by the KwaZulu-Natal Department of Health, as a pharmacist stationed at Edendale Hospital Pharmacy, you assumed the position or accepted the offer to be appointed as the Responsible Pharmacist at Braid Street Express Pharmacy (Y54848) and on 22 March 2018, you abandoned your duties and responsibilities

as a Responsible Pharmacist by leaving the pharmacy (Braid Street Express Pharmacy) to be conducted without a pharmacist.

### **Penalty**

The Respondent was sanctioned as follows:

- (a) A fine in the amount of R50 000.00; and
- (b) suspension from practicing as a pharmacist for one year, which suspension is suspended for two years, on condition that the Respondent is not found guilty of a similar offence(s) within the said period of suspension.

**MS N R DAYARAM (P12906)**, an owner and responsible pharmacist, was found guilty of the following charge:

### **Count 1**

In that upon or about 10 August 2017 and at or near Effingham Pharmacy and Medicine Depot (Y02602), you failed to exercise proper and reasonable care in respect of and control over the Rules relating to Good Pharmacy Practice, resulting in the following shortcomings:

- (a) There were no certificates to verify the name of the pharmacy, pharmacy registration number and licence number;
- (b) The name of the responsible pharmacist is not conspicuously displayed over the main entrance of the pharmacy. The name of the pharmacist on duty is not displayed conspicuously in or outside the pharmacy. The pharmacist on duty is not wearing a nametag or badge indicating his/her name and designation for the purpose of identification of such person to the public;
- (c) A current valid registration card is not available for the pharmacist. A currently valid registration card is not available for the pharmacy support personnel;
- (d) A patients' rights and responsibility poster was not conspicuously displayed for the purpose of identification by the public;
- (e) Shelves are not finished with a smooth, impermeable and washable material which is easy to maintain in a hygienic condition;
- (f) The air conditioning system was not in good working condition to be effective to keep the temperature below 25°C;
- (g) The dispensing surface area was not sufficient for the volume of prescriptions dispensed;
- (h) The pharmacy was not designated as a non-smoking area. The pharmacy was not designated as a non-eating area, other than in areas specifically designated as eating areas;
- (i) The waiting area is not situated near dispensary area and is not near areas for counselling and furnishing advice. There is no suitable semiprivate area and suitable private area for the provision of information and advice;
- (j) There was no suitable facility that complies with GMP standards where bulk compounding is carried out and where bulk pre-packing is carried out;
- (k) The pharmacy does not have adequate pestles, mortars and spatulas. The pharmacy does not have a suitable calibrated mass meter for dispensing capable of weighing at least 50mg of a substance. There are no adequate warning labels or clearly noticeable warning indications on the handwritten or computer-generated label;
- (l) There are refuse receptacles do not have the closing lids where applicable;
- (m) Shelves are not dusted daily in accordance with SOP. The storage area was not tidy in accordance with SOP;

- (n) There were expired medicines on the shelves. Expired, damaged and contaminated stock are not kept separate from the trading stock. Expired, damaged and contaminated stock was not destroyed in a safe manner;
- (o) List of product types requiring special storage or handling instructions was not available and consulted on receipt of stock. There was no system for the correct handling of the various types of goods returned from patients;
- (p) Prepacking was not done in accordance with regulation 33 (2003) of Act 101 of 1965 with regard to temperature, humidity, area and GMP requirements. There are unregistered non-proprietary medicines on the premises;
- (q) All schedule 1 and 2 medicines sales are not recorded in a prescription book or other permanent record as required by Regulation 11 (1) & (2) (2003) of Act 101 of 1965;
- (r) There is not an up to date register of all schedule 6 purchases and sales as required in terms of Regulation 30 (2003) of Act 101 of 1965. The schedule 6 substances register was not balanced on the last day of March, June, September and December of each year or within 14 days as required in Regulation 30(2) (2003) of Act 101 of 1965;
- (s) Not only medicines are stored in the refrigerator. Medicines are not stored in the refrigerator according to system. The refrigerator was not fitted with warning system to indicate that refrigeration has failed, or temperatures were above or below 2°C and 8°C;
- (t) The original prescription does not state who the dispenser was as indicated by both the name and on the trailer label and a signature on the prescription;
- (u) The advice was not given to the patient in a suitable semiprivate area. There are no patient information leaflets at the dispensary. There was no procedure in place for monitoring patient's progress;
- (v) A pharmacist cannot be contacted 24 hours a day and their contact details are not displayed conspicuously at the main entrance of the pharmacy;
- (w) There are no written standard operating procedures; and
- (x) There are inadequate reference books.

### **Penalty**

The Respondent was suspended from practicing as a pharmacist of one year, which suspension is suspended for one year, on condition that the Respondent is not found guilty of a similar offence(s) within the said period.

**MR P RAMOSIBUDI (P10412)**, an owner and pharmacist, was found guilty of the following charges:

### **Count 1**

*Contravention of Section 22 of the Pharmacy Act 53 of 1974.*

In that upon or about 09 February 2018 and at or near Midway Mall, 280 Corlett Drive, Kew, Johannesburg, you conducted or performed pharmaceutical services in an unlicensed or unrecorded premises.

### **Count 2**

*Contravention of Rule 18 of the Rules relating to acts or omissions in respect of which Council may take disciplinary steps.*

In that upon or about 09 February 2018 and at or near Midway Mall, 280 Corlett Drive, Kew, Johannesburg you allowed unregistered persons to perform pharmaceutical services in an unregistered or unlicensed premises.

## **Penalty**

The Respondent was suspended from practicing as a pharmacist for one year, which suspension is suspended for one year on condition that the Respondent is not found guilty of a similar offence(s) within the said period.

**MS M C MASWANGANYI (P08041)**, an owner and pharmacist was found guilty of the following charges:

### **Count 1**

*Contravention of Regulation 22 of the Regulations relating to the practice of pharmacy published under the Pharmacy Act, Act 53 of 1974.*

In that upon or about 27 January 2018 and at or near Nkowankowa Pharmacy (Y03262), you conducted a pharmacy without a pharmacist.

### **Count 2**

*Contravention of Section 22 (4) & (5) of the Pharmacy Act, 53 of 1974.*

In that since 2014 to date, and at or near Nkowankowa Pharmacy (Y03262), you failed to have a Responsible Pharmacist registered with the South African Pharmacy Council.

### **Count 3**

*Contravention of Rule 18 of the Rules relating to acts or omissions in respect of which Council may take disciplinary steps.*

In that upon or about 27 January 2018 and at or near Nkowankowa Pharmacy (Y03262), you allowed unregistered persons to perform acts pertaining to the scope of practice of a pharmacist.

### **Count 4**

In that upon or about 27 January 2018 and at or near Nkowankowa Pharmacy (Y03262), you failed to exercise proper and reasonable care in respect of and control over the Rules relating to Good Pharmacy Practice, resulting in the following shortcomings:

- (a) The name of the responsible pharmacist is not displayed conspicuously at the main entrance of the pharmacy. The name of the pharmacist on duty is not displayed conspicuously in/or outside the pharmacy for the purpose of identification of such person by the public. The pharmacist on duty is not wearing a nametag or badge indicating his/her name and designation for the purpose of identification of such person to the public;
- (b) The pharmacist cannot not be contacted 24 hours a day and the contact details were not displayed conspicuously at the main entrance of the pharmacy;
- (c) The temperature in the pharmacy was not below 25°C. The temperature was not recorded on a daily basis during working hours and operating hours as per SOP on temperature control;
- (d) There was no suitable private area for the provision of information and advice. There was no separate facility for cleaning equipment;
- (e) The pharmacy does not have a suitable calibrated mass meter for dispensing capable of weighting at least 50mg of the substance. The pharmacy does not have adequate

- range of graduated, stamped glass or plastic measures, and warning labels or clearly noticeable warning indications on the handwritten or computer-generated label;
- (f) There was no separate and secure receiving and dispatch area which is under cover. Stock was not checked on receipt for quality, quantity, damaged containers, type of storage conditions and expiry dates. A list of product types requiring special storage or handling instructions was not available and consulted on receipt. There was no system for the correct handling of various types of goods returned by patients. An effective stock rotation was not in place to ensure that there was no damage and expired stock;
  - (g) There was no air conditioning system in the pharmacy;
  - (h) There was no fire extinguisher or fire hose in the pharmacy in accordance with the OHS Act. The electrical equipment used in the practice of pharmacy was not regularly maintained and safe as per manufacture's requirement;
  - (i) The workflow in the pharmacy was not efficient, organized and orderly in accordance with relevant SOP. There was insufficient security to prevent unauthorised access to medicines;
  - (j) The pharmacy was not designated as non-smoking and non- eating area;
  - (k) The store was not kept locked at all times when not in use;
  - (l) The floor was not swept daily in accordance with SOP. Shelves were not dusted daily in accordance with SOP. The storage area was untidy in accordance with SOP;
  - (m) Pest control was not conducted regularly in accordance with SOP. Storage areas was not situated to protect products from potentially harmful influences. Not all goods were stored off the floor in accordance with SOP. Supplies were not stored neatly on shelves in boxes, in accordance with SOP. Raw material known to be at risk of cross-contamination were not stored separately or quarantined;
  - (n) A system was not in place to ensure effective stock rotation. There were expired medicines on the shelves. Expired, damaged and/or contaminated stock was not clearly separated and prevented from entry into the system. Expired stock was not destroyed in a safe manner. Damaged and/or contaminated stock was not destroyed in a safe manner;
  - (o) There were no written standard operating procedures; and
  - (p) There were no references or adequate reference book.

### **Penalty**

The Respondent was sanctioned as follows:

- (a) In respect of Counts 1 and 2, the Respondent was suspended from practicing as a pharmacist for 6 months, which suspension is suspended for one year, on condition that the Respondent is not found guilty of a similar offence(s) within the said period
- (b) In respect of Count 3, a fine of R25 000.00; and
- (c) In respect of Count 4, a fine of R25 000.00.



**TA Masango**  
**REGISTRAR**

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