

2021 ANNUAL REPORT



South African
Pharmacy Council
www.sapc.za.org

SOUTH AFRICAN PHARMACY COUNCIL

SOUTH AFRICAN PHARMACY COUNCIL – GENERAL INFORMATION

Country of Incorporation and Domicile	South Africa
Nature of Business and Principal Activities	Statutory health council established as the pharmacy industry regulator
Registered Office	591 Belvedere Street Arcadia Pretoria 0083
Business Address	591 Belvedere Street Arcadia Pretoria 0083
Postal Address	Private Bag X40040 Arcadia Pretoria 0007
Bankers	Standard Bank of South Africa Investec Bank Limited
Independent Auditors	MNB Chartered Accountants Incorporated Chartered Accountants (SA) Registered Auditor
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PRESENTATION TO THE MINISTER: ANNUAL REPORT 2021

Minister of Health

It is our pleasure to submit the Annual Report on the activities of the South African Pharmacy Council for the period of 1 January 2021 – 31 December 2021, in terms of the Pharmacy Act, 53 of 1974.



MR MD PHASHA
PRESIDENT



MR VM TLALA
REGISTRAR/CEO

ABBREVIATIONS AND ACRONYMS

APN	Access Point Name
ARC	Audit and Risk Committee
AQP	Assessment Quality Partner
AVE	Advertising Value Equivalency
BPharm	Bachelor of Pharmacy
BRC	Broadcast Research Council
CEO	Chief Executive Officer
CFI	Committee of Formal Inquiries
CFO	Chief Financial Officer
CII	Committee of Informal Inquiries
COO	Chief Operating Officer
CPD	Continuing Professional Development
CPI	Committee of Preliminary Investigations
CRM	Customer Relation Management
CSP	Community Service Pharmacist
CSR	Communication and Stakeholder Relations
DG	Director-General
DoH	Department of Health (when used in provincial context)
EISA	External integrated summative assessments
EPC	Emergency post-coital contraception
EXCO	Executive Committee of Council
FIP	International Pharmaceutical Federation
GEMS	Government Employees Medical Scheme
GPE	Good Pharmacy Education
GPP	Good Pharmacy Practice
HEI	Higher Education Institutions
HEQSF	Higher Education Qualifications Sub-framework
HPCSA	Health Professions Council of South Africa
HR	Human Resources
ICT	Information and Communications Technology
ISBN	International Standard Book Number
IT	Information Technology
MCQ	Multiple choice questions
MEC	Member of the Executive Committee
MFL	Master Facility List
MoH	Minister of Health
MOA	Memorandum of Agreement
NDoH	National Department of Health
OQSF	Occupational Qualifications Sub-Framework
PAIA	Promotion of Access to Information Act
PCDT	Primary Care Drug Therapy
PIMART	Pharmacist-Initiated Management of Antiretroviral Therapy
PIT	Pharmacist Initiated Therapy
POPIA	Protection of Personal Information Act
PSP	Pharmacy Support Personnel
QCTO	Quality Council for Trades and Occupations
RCRP	Registrar's Complaints Review Panel
REMCO	Remuneration and Reimbursement Committee
RP	Responsible Pharmacist
SAHPRA	South African Health Products Regulatory Authority
SAPC	South African Pharmacy Council
SAPS	South African Police Services
SARS	South African Revenue Services
SDP	Skills Development Provider
SETA	Sector Education and Training Authority
SLA	Service Level Agreement
SOP	Standard operating procedure
VPN	Virtual Private Network
YTD	Year to date

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Disaster Management Act, 57 of 2002

King IV Code on Corporate Governance (2016)

Legal Deposits Act, 54 of 1997

Medicines and Related Substances Act, 101 of 1965

National Health Act, 61 of 2003

Pension Funds Act, 24 of 1965

Pharmacy Act, 53 of 1974

Promotion of Access to Information Act, 2 of 2000

Promotion of Administrative Justice Act, 3 of 2000

Protection of Personal Information Act, 4 of 2013

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2021 Key Statistics

16 814

Registered
Pharmacists

24 195

Pharmacy Support
Personnel

4 796

Registered
Pharmacies

Inspections
conducted

2 860



Complaints
received

782



Disciplinary
matters processed

759

1 367 327

Visits to
Website



33 396

Emails received



57 703

Phone calls
received

726 210

Social media
Impressions

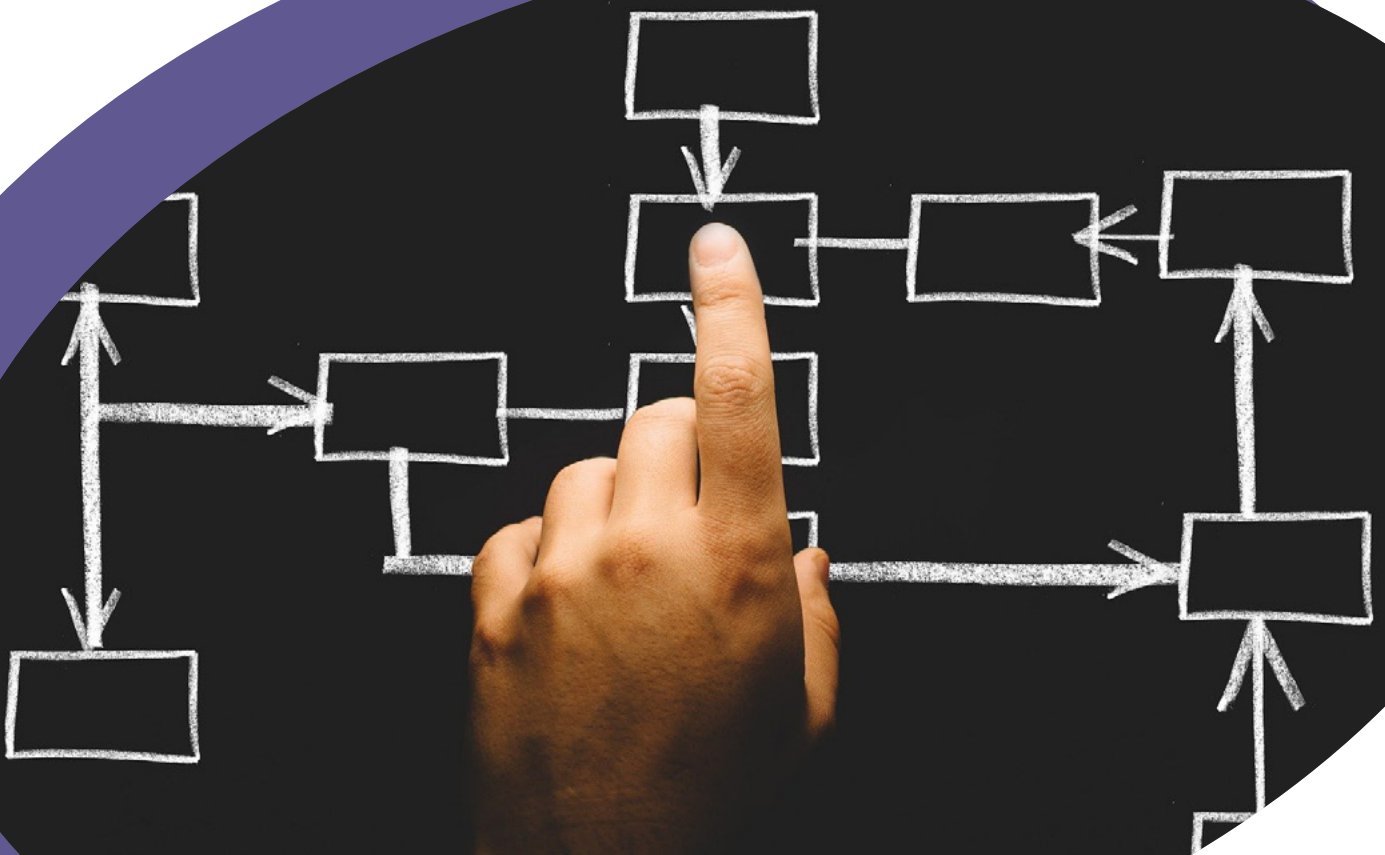


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Number of e-Notes
sent to the Profession

Part A:

General Overview





Organisational Purpose

Vision

Accessible quality pharmaceutical services for all

Mission

Our mission is to promote universal health coverage by ensuring excellent and sustainable patient-centred pharmaceutical services by developing, enhancing and upholding acceptable norms and standards in all spheres of pharmacy.

This will be achieved by:

- protecting the rights and safety of the public;
- promoting the dignity of the profession;
- ensuring ethical practice and conduct;
- ensuring ongoing competency of pharmacy professionals; and
- embracing innovation and technology.

Core Values

- People first – we care, we serve, we collaborate, we belong to the community
- Integrity – we will be ethical, transparent and honest in conducting our business
- Accountability – we are responsible and answerable for our actions
- Professionalism – we will develop our staff to perform their work with expertise, dedication, care and act in a competent and excellent manner at all times



About the Annual Report

This 2021 Annual Report of the South African Pharmacy Council (SAPC) presents the financial and performance information of the SAPC over the 2021 financial year.

The annual report presents reporting information that fulfils reporting requirements in line with 16 out of 17 of the King IV Code governance principles (Principle 1-16). Reporting information relating to Principle 17: *Responsible investment practices by Institutional Investors*, is not included or available as the SAPC is not an institutional investor.

Report layout

The report is divided into five main subcategories, namely:

- Part A: General Overview
- Part B: Performance Information
- Part C: Stakeholder Engagement
- Part D: Human Resources Management
- Part E: Financial Management

Reporting period

The information contained herein relates to the work of the SAPC for the period 1 January 2021 – 31 December 2021.

Supplementary information/instruments

The audited Annual Financial Statements for 2021 are found on Page 71 in this report. From this year onwards, a King IV™ Application Register is made available as a supplementary report which provides richer detail and cross-references King IV™ governance principles to reporting information contained herein.

Availability of report

Electronic copies of this report, the 2022 King IV™ Application Register, and the audited Annual Financial Statements are available on the SAPC website at the following link: <https://www.sapc.za.org/Publications>

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Full name: Annual Report of the South African Pharmacy Council, 2021



Mr Mogologolo Phasha (President)

Foreword by the President of Council

As we present this third annual report of the current Council term, it is with great pleasure that I inform the profession that we have achieved yet another unqualified opinion from Council's external auditors. This is the third consecutive clean audit opinion achieved in the current Council term, and the 13th consecutive clean audit achieved by Council to date. While this confirms the soundness of the good governance and financial prudence instruments installed by Council to ensure the longevity of the profession and continued adequacy of Council resources for its legislative mandate, it is not an invitation for us to rest on our laurels. Thus, we commit ourselves to continue on this path of clean governance in service of the profession and the people of South Africa.

During the current reporting period, the profession, and the country at large experienced heavy losses to both livelihoods and welfare due to the civil unrest which affected two of South Africa's provinces in July – which resulted in the destruction of more than 100 pharmacies. At the height of the unrest, Council had to quickly initiate an advocacy drive to discourage the further destruction of health care facilities and to provide support to those affected by the unrest; this effort was championed in collaboration with other health regulatory bodies including the Office of Health Standards Compliance (OHSC), South African Nursing Council (SANC), South African Health Products Regulatory Authority (SAHPRA), and the Health Professions Council of South Africa (HPCSA). Council action in direct support of the profession and affected communities also included the fee-free relocation of pharmacies within local communities, fee-free temporary relocation while reconstruction of the original sites took place, and fee-free relocation of Pharmacist Interns and learners to unaffected training sites to ensure the continuation of training, amongst others.

During this period, we also provided ongoing support to the profession and the nation at large, in the quest to help the nation achieve herd immunity from COVID-19. As it became apparent that South Africa had secured the first batch of COVID-19 vaccine doses for the mass vaccination programme, Council moved with speed to put systems in place for the evaluation and recommendation of COVID-19 vaccination sites. By the time the first consignment of vaccine doses arrived in the country in

February 2021, we had already recommended to the Director-General: Health vaccination sites across all nine provinces, which facilitated the speedy rollout and uptake we saw at the start of the rollout of the mass vaccination campaign. At the end of 2021, we evaluated and recommended 4 567 vaccination sites operated by various categories of healthcare professionals across South Africa without charging any fees for these services – with the longest turnaround time for a qualifying vaccination site permit evaluation being 48 hours.

The robustness of Council's information and communication technology (ICT) infrastructure continued to enable us to conduct remote examinations and virtual workshops for students, Pharmacist Interns, Tutors, and pharmacists throughout the year to ensure that the requirements placed on us by Council's legislative mandate, especially in relation to education and training and Continuing Professional Development (CPD), were fulfilled without exposing registered persons to the risk of infection with COVID-19 which was strongly associated with physical events during the reporting period.

I also wish to commend the 13 321 colleagues who complied with CPD regulations by submitting the required six (6) CPD entries by the closing date. Our CPD compliance rate was 93,4% for the year in review. Council provided a four (4) months grace period for the 6,6% of our colleagues who did not record their entries by the end of 2021. I encourage colleagues, especially those who have not yet found their way around continuing professional development, to consult the Office of Council for assistance and guidance.

Over the past two years, Council has developed several support mechanisms and tools, including recorded masterclasses that may be viewed by pharmacy professionals in their own time, a CPD guidance document, and a CPD Blog answering common questions around CPD, amongst others. Lifelong learning should be viewed for what it is – a tool that any professional should take advantage of in order to sustain their competence and the currency of their knowledge and skills, especially in a rapidly changing practice environment such as ours.

In line with our legislative mandate to protect the right of the South African public to quality pharmaceutical care and

safeguard the good image of the profession, Council conducts inspections across all sectors of Pharmacy. Between, January and December 2021, we managed to conduct inspections in 2 556 facilities. These inspections included monitoring, training, disciplinary and new pharmacy inspections. The disciplinary committees of Council processed 719 matters: with the Committee for Preliminary Investigations addressing 519 cases, Committee of Informal Inquiry processing 174, and the Committee of Formal Inquiry presiding over 26 matters.

While we continued to deliver on our standard-setting mandate across pharmacy education, registration, professional conduct and practice, I wish to highlight the culmination of Council's long-standing effort in support of the country's fight against HIV/Aids in the form of Pharmacist-Initiated Management of Antiretroviral Therapy (PIMART). In August 2021, Council, through Board Notice 101 of 2021, published the result of a long-running effort to add pharmacists who undergo supplementary training to the national labour force fighting HIV/Aids, following extensive public consultation. PIMART intends to allow pharmacists to test, administer first-line antiretroviral therapy (ART), and manage the administration of this treatment and adherence by the patient, while providing clear referral algorithms for patients needing advanced care.

Lamentably, the implementation of PIMART has been placed on hold following certain medical practitioner associations registering opposing views with the Ministry of Health. Further to this, one association has also chosen to litigate against Council in order to prevent the implementation of PIMART. Council is currently opposing this action and will enlist all resources necessary to ensure the nation's effort to arrest new HIV infections is supported by the addition of pharmacists to the team addressing HIV prevention and treatment, and that persons living with HIV/Aids can be supported to encourage adherence to treatment to achieve viral suppression, increased life expectancy and welfare.

The pages that follow in this annual report document work carried out not independently by Council, but with the support of and collaborative effort with all our stakeholders, of which, the most important is you, the members of our noble profession. The collective wisdom of the 24 members of Council and the splendid efforts of Council staff within the Office of the Registrar would all be in vain if Council did not enjoy the support of the Honourable Minister of Health, the entire Ministry of Health, the members of executive councils (MECs) responsible for health in the nine provinces of our beautiful country, all Statutory Health Councils, SAHPRA, OHSC, pharmacy professional associations and other formations of pharmacy professionals and owners, law enforcement agencies, education and training authorities/councils, and all members of our noble profession. We are greatly indebted to each and every one of our stakeholders for always partnering with us in pursuit of *Accessible quality pharmaceutical services for all*.



Mogologolo Phasha
President
South African Pharmacy Council



Mr Vincent Tlala (Registrar/CEO)

Registrar/CEO's 2021 Overview

Despite its fair share of challenges, 2021 presented renewed hope for normalcy among both healthcare professionals and the general public alike. As South Africa received its first consignment of vaccine doses for the mass vaccination programme, we found in ourselves the confidence that a post-COVID-19 South Africa, without lockdowns, was within reach. True to expectation, the profession offered itself up to serve in the vaccine rollout effort. The results of this effort are notably glaring, and the profession, across the various sectors of pharmacy, should be commended.

Supporting the profession: COVID-19

Our continuous support for the profession saw us processing 1 445 applications for COVID-19 vaccination site permits on a fee-free basis throughout 2021, this support was also extended to the rest of the health professions to foster a faster rollout of COVID-19 vaccine doses in order to help the country to arrive at herd immunity quicker and reduce the rate of transmission. To this effect, we have evaluated applications and issued 4 567 recommendations of vaccination site permits free of charge in 2021.

Supporting the profession: July Unrest

During the civil unrest of July 2021, Council ensured that it supports pharmacy professionals, owners, learners and Pharmacist Interns who lost livelihoods and training facilities by facilitating the issuing of temporary relocation licenses and relocating learners and Pharmacist Interns – and waived all fees for these processes.

Continued maintenance of our clean governance record and stellar financial stewardship

It is with great pleasure that we announced yet another clean audit opinion. The clean audit opinion we received for the 2021 reporting period is the 13th in an unbroken series of unqualified opinions from Council's external auditors. Clean governance has been embedded into the day-to-day operations of the Office of Council, and ethical and morally acceptable conduct woven into the very fibre of our corporate culture. Under the competent guidance of the 25-member Council collective, we continue to practice the highest level of financial stewardship, while ensuring that the activities to achieve Council's mandate are adequately resourced within the constraints of our unique financial environment. The liquidity ratio increased from 1,35 in 2020 to 1,80 in 2021, representing an appreciation of 0,45

year-on-year. Non-current assets depreciated 5,5% year-on-year in 2021, largely due to depreciations in "property, plant, and equipment" and "intangible assets" (software). However, total assets appreciated 14,4% year-on-year over the same period largely due to an appreciation in current assets.

Below inflation fee-adjustment

Inflationary pressures continue to be our biggest challenge in safeguarding the financial sustainability of Council and its operations, while at the same time being mindful of the economic pressures the profession and most of the world are currently under. We continue to cautiously manage expenditure and reprioritise Council programmes to ensure that above-inflation fee increases are proposed only when we have fruitlessly exhausted other avenues of cost-containment. In 2021, Council approved a below-inflation 4% fee adjustment for 2022. We hope that our inclination towards frugality will ensure that we complete the 2022 reporting period within budget, while not impacting the delivery of Council's strategic plan and legislative mandate.

The following paragraphs provide highlights of the performance outputs executed by Council, its committees, and the Office of the Registrar in 2021.

Universally acceptable standards

In terms of Section 3 of the Pharmacy Act, 53 of 1974, Council has a duty to set, review, control and ensure the continuous maintenance of universally acceptable standards for pharmacy education and training, professional conduct, practice, and registration. In pursuit of the advancement of Pharmacy, national health care objectives, alignment to national legislation and international best practice, Council continuously updates existing standards and develops new standards.

Among standards and Good Pharmacy Practice (GPP) rules published for implementation during the year under review are the following:

Pharmacist-Initiated Management of Antiretroviral Therapy

Pharmacist-Initiated Management of Antiretroviral Therapy (PIMART) is initiated against the backdrop of rising HIV infections, inadequate detection and coverage of the entire population of persons living with HIV/Aids (PLWHA) and rising preventable

Aids-related deaths and complications due lack of adherence to treatment (for instance, persons remain on ART dropped by 4% in 2021, according to the District Health Management Information Systems (DHIS)).

PIMART's primary aim is to add pharmacists who received relevant supplementary training to the ranks of nurses and general practitioners who are currently forming the national HIV/Aids labour force, which is proving numerically inadequate. Despite great strides made in reaching and treating more people, early detection of infection and initiation of and adherence to treatment remain below national and global targets, the logical result of which becomes rising new infections and increased complications, among others. PIMART, as an intervention, allows pharmacists to provide "test and treat" care up to first-line ART, and to refer patients needing advanced care along the referral pathways.

PIMART will unlock private-sector resources for HIV/Aids treatment (as virtually all pharmacy patients fund pharmaceutical care through medical aid schemes and/or out-of-pocket funds), at a period where the public sector HIV/Aids programme accounts for nearly half the national health budget allocation. However, at the time of reporting, this intervention has been blocked from implementation due to litigation by a medical practitioner's interest group and a petition to the Ministry of Health by medical practitioner associations representing a small fraction of that profession – to the detriment of some among the 8,45 million PLWHA whose positive status remain undetected.

- Amendments to Rules relating to Good Pharmacy Practice

During the year under review, we amended two (2) rules in Annexure A of the *Rules relating to good pharmacy practice* (GPP). Rule 1.2.2 (Another business or practice in a pharmacy or a pharmacy in another) was repealed and replaced. Rule 2.32 (Minimum standards regarding destruction and disposal of medicines and scheduled substances) was also repealed and replaced in its entirety. I urge members of the profession and other interested parties to access these on Council's website at www.sapc.za.org/Legislation_Rules.

- Services for which a pharmacist may levy a fee

The *Rules relating to the services for which a pharmacist may levy a fee and guidelines for levying such fee or fees* were updated to ensure their currency and to bring the adjust the fees in line with inflation and other factors.

Safeguarding the rights of the public to pharmaceutical care that complies with universal norms, maintaining the dignity and integrity of the profession

In pursuit of Council's objects as spelt out in Section 3, sub-sections (c), (d), and (g), more than 2 556 premises inspections were conducted throughout the country in 2021, this equates to an 82,6% year-on-year increase in inspections conducted. The national rate of compliance to Good Pharmacy Practice (GPP) as measured through the achievement of Grades A & B inspection outcomes increased 2,4% year-on-year, from 75% in 2020 to 77,4% in 2021, with 1 847 and 131 pharmacy facilities achieving Grade A and B inspection outcomes respectively.

Matters processed by Council's disciplinary committees increased by 63,6% year-on-year, from 580 matters in 2020 to 959 cases in the current reporting period (2021). The reason for the increase is primarily due to non compliance with CPD. While we are encouraged by the committees' commitment to investigating these matters in a hell-for-leather but thorough fashion, we are concerned at the volume of the complaints against

the profession. It is worth noting, however, that 28,6% of cases before the Committee of Preliminary Investigations resulted in no further action – indicating that the volume of complaints does not necessarily always equate to a representation of the extent of unprofessional conduct.

Ensuring the attainment of Human Resource for Health 2030 targets

The total volume of successful registration applications processed by the Office of the Registrar decreased by 26% year-on-year, from 14 052 in 2020 to 10 401 in 2021.

A large number of new applications was from Learners (Basic and Post-Basic Pharmacist's Assistants) at 2 808 (or 27%). These were followed by Qualified Basic and Post-Basic Pharmacist's Assistants (2 178 or 20,9%), Tutors (1 744 or 16,8%), Responsible Pharmacists (958 or 9,7%), Pharmacy Students (952 or 6,8%), Pharmacist Interns (1 012 or 6,4%), Community Service Pharmacists (841 or 8,1%), and Pharmacists After Community Service (754 or 7,2%). Applications from Pharmacy Technicians (PT), PT Trainees, Assessors and Moderators collectively amounted to 0,8% (88) of all new registrations in 2021.

Appreciation

Our counterparts in the regulatory environment, including, but not limited to, the Health Professions Council of South Africa, South African Health Products Regulatory Authority, Office of Health Standards Compliance, Council for Medical Schemes, and South African Nursing Council, serve as competent collaborators and partners in Council's legislative mandates and our shared responsibility towards the achievement of national health imperatives.

The Ministry of Health, including the Department and its competent staff complement, have been effective catalysts and enablers for Council's pursuit of its legislative purpose. The profession in its entity, associations of pharmacies, pharmacists, and other professional and industry formations, have been at the core of our work towards ensuring accessible quality pharmaceutical services for all. Provincial departments of health, under the leadership of their members of executive councils (MECs), and municipalities directly offering pharmaceutical services have proven to be competent fulfillers of Section 27(1) (a) of the Constitution of the Republic. We wish to express our gratitude to all these vital stakeholders and partners to the work of Council.



VM Tlala
Registrar/CEO
South African Pharmacy Council



Council's Role & Responsibilities

The South African Pharmacy Council (hereinafter referred to as "Council") is an independent statutory health council established in terms of the Pharmacy Act, 53 of 1974, to regulate the pharmacy profession. The Council is vested with statutory powers of peer review and embraces as its objectives those outlined in the Pharmacy Act.

The Council is responsible for its own funding and endorses the principles contained in the King IV Code on Corporate Governance (2016). These principles form part of the councillors' responsibilities and are embedded in the Charter of Good Practice of the South African Pharmacy Council: Charter for Councillors. Councillors are required to familiarise themselves with both the objectives of Council as outlined in the Pharmacy Act and their responsibilities as outlined in the Charter for Councillors.

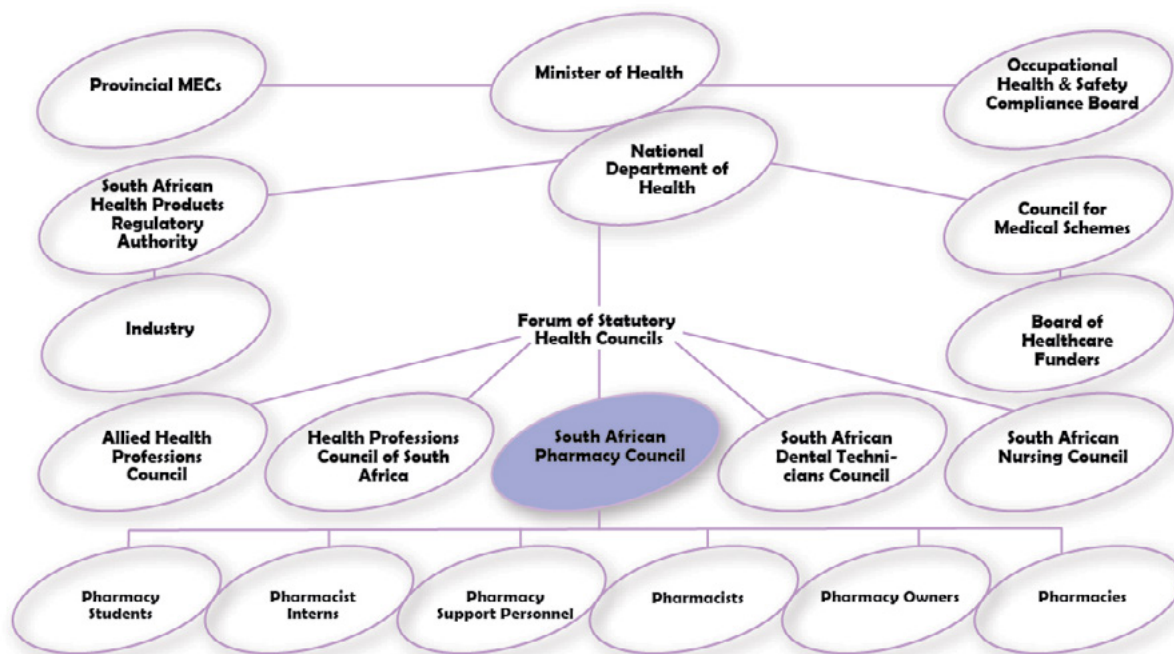


Figure 1: The SAPC in the South African Healthcare Environment

Composition of the Council

Council is comprised of twenty-five (25) members who are elected or appointed from various sectors of the pharmacy profession with an appropriate balance of knowledge, skills, experience, diversity, and independence, for it to discharge its governance role and responsibilities objectively and effectively. Of the members, nine (9) are voted in by the profession and sixteen (16) are appointed by the Minister of Health. Council is supported by additional expertise in the form of the Audit and Risk Committee as well as the Remuneration and Reimbursement Committee which are composed of a majority of independent experts.

Objectives and Functions of Council

In terms of the Pharmacy Act and the Council's Strategic Plan, 2018 – 2023, Council's objectives are to:

- Assist in the promotion of the health of the population of the Republic of South Africa.
- Advise the Minister of Health or any other person on any matter relating to pharmacy.
- Promote the provision of pharmaceutical care which complies with universal norms and values, in both the public and private sectors, with the goal of achieving definite therapeutic outcomes for the health and quality of life of a patient.
- Uphold and safeguard the rights of the general public to universally acceptable standards of pharmacy practice in both the public and private sectors.
- Establish, develop, maintain and control universally acceptable standards for:
 - o pharmaceutical education and training;
 - o the registration of a person who provides one or more or all of the services which form part of the scope of practice of the category in which such person is registered;
 - o the practice of the various categories of person required to be registered in terms of the Pharmacy Act;
 - o the professional conduct required of persons registered in terms of the Pharmacy Act; and
 - o the control of persons registered in terms of the Pharmacy Act by investigating in accordance with the Pharmacy Act complaints or accusations relating to the conduct of registered persons.
- Promote transparency to the profession and the general public in achieving its objectives, performing its functions, and executing its powers.
- Maintain and enhance the dignity of the pharmacy profession and the integrity of persons practising the profession.

Governance Structure

Council is custodian of the management and control of the pharmacy profession and its meetings are public. Management and various committees support Council in carrying out its mandate.

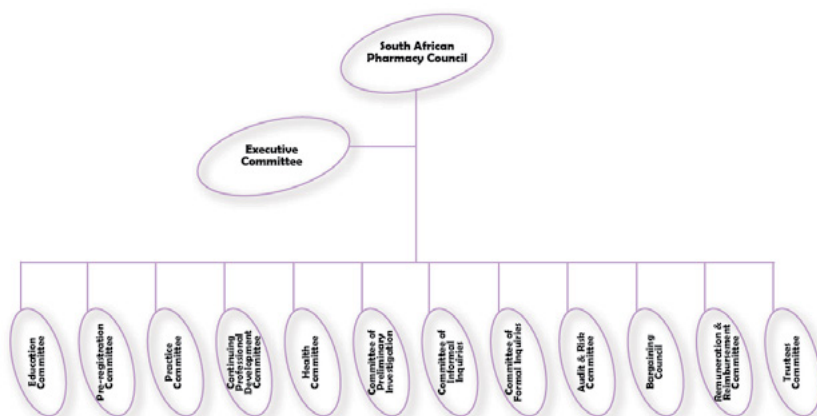


Figure 2: Structure of the South African Pharmacy Council

Council Members (2018 – 2023)

Mr Mogologolo David Phasha
Ms Boitumelo Molongoana
Mr Tshegofatso Daniel Moralo
Prof. Yahya Essop Choonara
Ms Jacqueline Ann Maimin
Mr Ayanda Soka
Dr Moliehi Matlala
Ms Mmapaseka Steve Emily Letsike
Mr Johannes Stephanus du Toit
Dr Margaritha Johanna Eksteen
Ms Khadija Jamaloodien
Ms Pakama Pateka Tandokazi Dlwati
Ms Helen Catherine Hayes
Ms Josephine Winley Herbert
Mr Pieter Johannes Kilian
Prof. Sarel Francois Malan
Ms Moitsoadi Sarah Mokgatla
Prof. Natalie Schellack
Dr (Adv.) Nazreen Shaik-Peremanov
Ms Tlou Mavis Shivambu
Mr Mosiuoa Shadrack Shuping
Prof. Ilse Truter
Ms Christina Aletta Venter
Prof. Petrus de Wet Wolmarans

President
Vice-President
Treasurer
Chairperson: Education Committee
Chairperson: Practice Committee
Chairperson: CPD Committee
Chairperson: Pre-registration Committee
Chairperson: Health Committee
Chairperson: Committee of Preliminary Investigation
Chairperson: Committee of Informal Inquiries
National Department of Health Representative

Executive Committee

Mr Mogologolo David Phasha
Ms Boitumelo Nelly Molongoana
Mr Tshegofatso Daniel Moralo
Prof. Yahya Essop Choonara
Ms Jacqueline Ann Maimin
Mr Ayanda Soka
Dr Moliehi Matlala
Ms Mmapaseka Steve Emily Letsike
Mr Johannes Stephanus du Toit
Dr Margaritha Johanna Eksteen
Ms Khadija Jamaloodien

President
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Chairperson: Health Committee
Chairperson: Committee of Preliminary Investigation
Chairperson: Committee of Informal Inquiries
National Department of Health Representative

Education Committee

Prof. Yahya Essop Choonara
Ms Pakama Pateka Tandokazi Dlwati
Ms Josephine Winley Herbert
Mr Pieter Johannes Kilian
Prof. Sarel Francois Malan
Dr Moliehi Matlala
Mr Tshegofatso Daniel Moralo
Prof. Natalie Schellack
Dr (Adv.) Nazreen Shaik-Peremanov
Prof. Ilse Truter

Chairperson

Practice Committee

Ms Jacqueline Ann Maimin
Mr Johannes Stephanus du Toit
Dr Margaritha Johanna Eksteen
Ms Helen Catherine Hayes
Ms Khadija Jamaloodien
Ms Tlou Mavis Shivambu
Mr Mosiuoa Shadrack Shuping
Mr Ayanda Soka
Prof. Ilse Truter
Ms Christina Aletta Venter
Dr Petrus de Wet Wolmarans

Chairperson

Continuing Professional Development Committee

Mr Ayanda Soka
Ms Josephine Winley Herbert
Mr Pieter Johannes Kilian
Ms Jacqueline Ann Maimin
Ms Boitumelo Nelly Molongoana
Dr Petrus de Wet Wolmarans

Chairperson

Pre-registration Committee

Dr Moliehi Matlala
Prof. Yahya Essop Choonara
Ms Mmapaseka Steve Letsike
Prof. Sarel Francois Malan
Ms Matsoadi Sarah Mokgatla
Dr (Adv.) Nazreen Shaik-Peremanov
Ms Tlou Mavis Shivambu
Mr Mosiuoa Shadrack Shuping
Ms Christina Aletta Venter

Chairperson

Health Committee

Ms Mmapaseka Steve Letsike
Ms Pakama Pateka Tandokazi Dlwati
Mr Johannes Stephanus du Toit
Ms Helen Catherine Hayes
Ms Moitsoadi Sarah Mokgatla
Mr Tshegofatso Daniel Moralo
Prof. Natalie Schellack

Chairperson

Committee of Preliminary Investigation

Mr Johannes Stephanus du Toit	Chairperson
Ms Helen Catherine Hayes	
Ms Mmapaseka Steve Letsike	
Ms Jacqueline Ann Maimin	
Ms Moitsoadi Sarah Mokgatlha	
Prof. Natalie Schellack	

Committee of Informal Inquiries

Dr Margaritha Johanna Eksteen	Chairperson
Ms Josephine Winley Herbert	
Mr Pieter Johannes Kilian	
Mr Tshegofatso Daniel Moralo	
Dr (Adv.) Nazreen Shaik-Peremanov	

Committee of Formal Inquiries

By Council resolution, all Council members are available for this Committee, excluding members of the Committee of Preliminary Investigation.

Appointments Committee

Mr Mogologolo David Phasha	President
Ms Boitumelo Nelly Molongoana	Vice-President
Mr Tshegofatso Daniel Moralo	Treasurer
Mr Vincent Mpoye Tlala	Registrar (ex officio)

Audit and Risk Committee

Ms Masesi Malope	External member
Mr Samuel Kubushi	External member
Ms Letlhogonolo Noge-Tungamirai	External member
Mr Faizal Docrat	External member
Mr Mosiuoa Shadrack Shuping	Council member
Ms Christina Aletta Venter	Council member

Remuneration and Reimbursement Committee

Mr Craig Raath	External member
Mr Samson Radebe	External member
Adv. Motlatjo Josephine Ralefatane	External member
Ms Tlou Mavis Shivambu	Council member
Prof. Sarel Francois Malan	Council member

Bargaining Council

Ms Boitumelo Nelly Molongoana	Chairperson (Vice-President)
Mr Tshegofatso Daniel Moralo	Treasurer
Prof. Natalie Schellack	Council member
Mr Vincent Mpoye Tlala	Registrar/CEO

Trustees Committee

Mr Mogologolo David Phasha	President (for Employer)
Mr Tshegofatso Daniel Moralo	Treasurer (for Employer)
Mr Vincent Mpoye Tlala	Registrar (for Employer)
Ms Mmapaseka Steve Letsike	Alternative (for Employer)
Mr John Mashishi	(for Employees)
Ms Mojo Mokoena	(for Employees)
Mr David Nkuna	(for Employees)
Ms Felicia Ngoveni	Alternative (for Employees)

Part B:

Performance Overview





Mr Vincent Tlala (Registrar/CEO)

Office of the Registrar/CEO

Strategic Focus Area

- (a) Advise the Minister of Health or any other person on any matter relating to pharmacy.
- (b) Assist in the promotion of the health of the population of the Republic of South Africa.
- (c) Promote transparency to the profession and the general public (corporate governance).
- (d) Coordinate the activities of Council and its committees.
- (e) Build a pipeline of highly skilled workers to meet Council's mandate.

Core Functions

- (a) Fulfills the role and responsibilities as prescribed to the Registrar in terms of the Pharmacy Act, 53 of 1974, together with any other functions specifically delegated to the Registrar by Council;
- (b) Assists the Council in developing and formulating pharmaceutical service policy and strategies as well as the implementation of Council's policies;
- (c) Monitors and advises the Council on international trends, local developments (e.g. legislation, health care policy) and any other factors that might influence current or future policies of the Council;
- (d) Appoints and ensures the competency of employees to ensure the effective and efficient administration of the Council's policies, strategies and processes, which includes the direct responsibility for the performance management of the Executive Management and other persons reporting directly to Registrar;
- (e) Ensures co-ordination of functions and effective communication between the Council and employees;
- (f) Supervision of Council's income and spending according to the approved budget and financial policies;
- (g) Maintains sound public relations with external stakeholders, including but not limited to health care authorities, the profession, the media and the general public, and ensures the promotion of a positive image of the Council and the Office of the Registrar;
- (h) Reports to the President on all matters regarding the Office of the Registrar and ensures that the President is continuously updated regarding any developments (internally and externally) that might require his attention; and
- (i) The Registrar/CEO is secretariat to the Council.

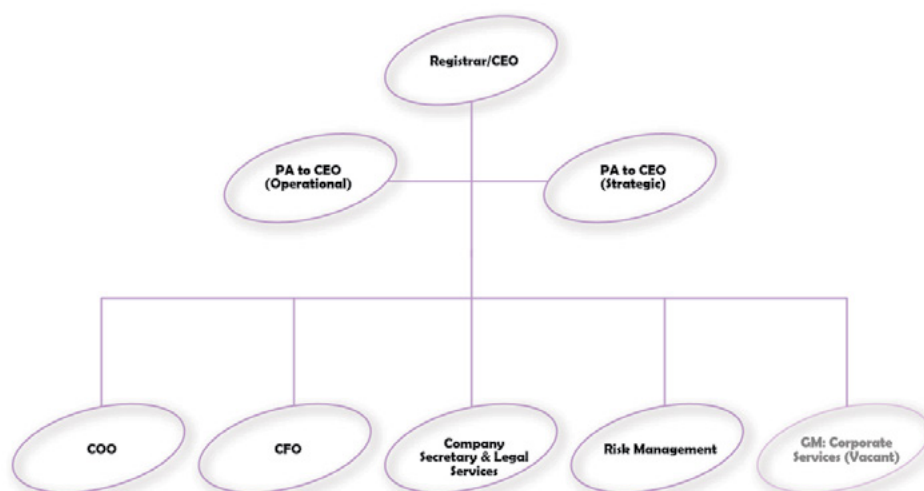


Figure 3: Composition of the Office of the Registrar

2021 Performance Review

Appointment of the Registrar/CEO

In terms of Section 4(u) of the Pharmacy Act, 53 of 1974, Mr Vincent Mpoje Tlala was appointed as the Registrar/CEO of the Council on 1 February 2021, which appointment was approved by the Minister of Health. Mr Tlala assumed the position of Registrar/CEO after the retirement of the previous Registrar/CEO. Mr Tlala, prior to his appointment as Registrar/CEO was the Chief Operating Officer of the Council.

Promotion of transparency to the profession and the general public

Council Leadership

The Council has a "Charter of Good Practice for the South African Pharmacy Council for Councillors", which, in addition to the Pharmacy Act, 53 of 1974, stipulates its terms of reference of Councillors and ensures that the Council leads ethically and effectively. Council holds itself to high standards of good governance in terms of the Charter. Council meets four (4) times annually and is responsible for the overall compliance of administering the Pharmacy Act, setting overall policy for the organisation, preparing financial statements, monitoring executive management, and exercising control over the organisation's activities. The roles of the President of Council and the Registrar/CEO are separate in accordance with good governance practice. The President of Council holds a non-executive office.

Ethics and Compliance

Council, together with the Registrar/CEO, is committed to an exemplary standard of business ethics and transparency in all its dealings with stakeholders. Council is committed to govern its compliance within applicable laws, including the King IV Code, and has adopted non-binding rules, codes and standards in a way that supports the organisation to be ethical and a good corporate citizen. Both councillors and employees are bound by codes of conduct. Any conflict of interest during meetings is declared and managed. Gifts received, if accepted, are declared in line with good corporate governance. The Audit and Risk Committee provides oversight of Council's governance of ethics and legal compliance.

Responsible Corporate Citizenship

Council, together with the Registrar/CEO, ensures that the organisation is and is seen to be a responsible corporate citizen. Council has embarked on initiatives to protect the environment, promote sustainability, and ensure the health and safety of employees and the public. In 2021 this was particularly focused on the health and safety of employees in terms of the applicable COVID-19 regulations.

Council engaged with the National Department of Health with regards to the issuing of permits for COVID-19 vaccine sites. This engagement involved the rollout of the vaccination sites approval system, and Council evaluated and recommended 4 567 permit applications.

A selection of key statistics

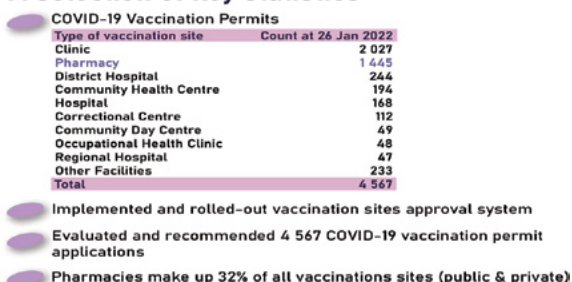


Figure 4: COVID-19 Vaccination Permit Statistics

To protect the environment, all agenda documents for meetings are in soft copy to reduce the use of paper. In addition, where possible, the Office of the Registrar has initiated system developments to reduce the overall use and reliance on paper, and encourages the implementation of technology to achieve this initiative.

Council, under the leadership of the Registrar/CEO has also adopted a rural school, Wozanibone Secondary School, and sources corporate sponsorships to address the various needs of the school. Unfortunately, due to COVID-19 restrictions, employees were not able to take time to undertake community development work at the school in 2021.

Strategy, Performance and Reporting

Council appreciates that the organisation's core purpose, its risks and opportunities, strategy, business model, performance and sustainable development are all inseparable elements of the value creation process. Council strives to maintain a harmonious cohesion between these elements. Council has a five-year strategic plan and is monitoring the performance thereon. At the February Council meeting each year, the Registrar/CEO provides Council with the annual Strategic Performance Report based on the Strategic Plan, 2018-2023. The Strategic Performance Report for 2021, which highlights the summary of which strategic objectives have been achieved, are currently in progress and which have not yet been achieved, is depicted in the figures below:

Strategies by Achievement Status

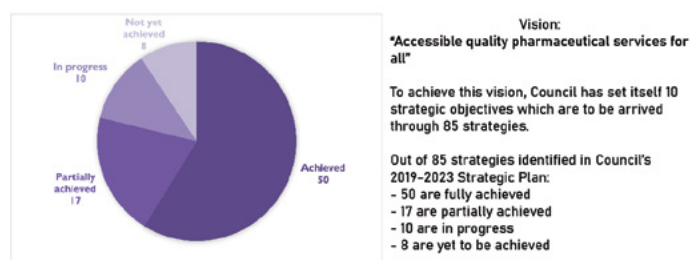


Figure 5: Strategies by Achievement Status

Key Performance Indicators by Achievement Status

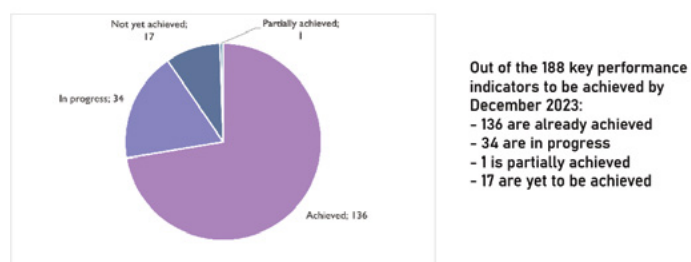


Figure 6: Key Performance Indicators by Achievement Status

The budget for the year under review was approved by Council in October 2020, with quarterly budget performance reports being presented to Council and the Executive Committee of Council (EXCO) as standing agenda items. In terms of Council's budget planning and policies, in October 2021 the Council approved the budget for the next financial year (2022) with a 4% increase in fees payable to Council and with any shortfall in funding for 2022 to be recovered from the savings made in 2021 related to the COVID-19 slowdown in expenditure.

In February 2021, Council approved the risk register for the term of reporting and risk management reports were presented to Council and sub-committees in line with good governance.

Governing Structures and Delegation

Council serves as the focal point and custodian of corporate governance in the organisation. All committees to which Council has delegated responsibilities in terms of the Pharmacy Act and empowering Regulations have detailed Terms of Reference and report quarterly to the Council. Council ensures that its arrangements for delegation within its own structures allow effective discharge of its duties, promote independent judgement, assist with the balance of power, and provide expert input. Council's committees' reports are included separately within the Annual Report.

Performance Evaluations of the Council

Council ensures that the evaluation of its own performance and that of its committees, its chair, and its individual members, supports continued improvement in its performance and effectiveness. A self-evaluation of the performance of Council and its committees is performed every second year. The results of such evaluations are considered, and actions taken where required. Council and its committees will complete the self-evaluation of its performance in 2022 again.

Appointments and delegation to management

Council ensures that the appointment of and delegation to management contribute to role clarity and the effective exercise of authority and responsibilities. In addition to the legislative delegation to the Registrar in terms of the Pharmacy Act, Council has delegated to the Registrar the authority to run the day-to-day operations within the approved policy framework. Delegation to management is through the Registrar and is governed by performance-based contracts of employment.

Information and Technology Governance

Council governs Information Technology (IT) in a way that supports the organisation setting and achieving its strategic objectives. The Audit and Risk Committee assists the Council in carrying out its oversight responsibilities on IT. The IT report is included on page 50.

Remuneration Governance

The Council ensures that the organisation remunerates fairly, responsibly, and transparently to promote the achievement of strategic objectives and positive outcomes in the short, medium, and long term. The Council, through the Remuneration and Reimbursement Committee (REMCO), oversees that the implementation and execution of the Remuneration Policy achieves the set objectives. The REMCO report is included on page 63.

Assurance

Council has adopted a combined assurance model that identifies the risk areas affecting the organisation and maps the level of assurance being provided by management, internal auditors, and external auditors. Assurance services are overseen by the Audit and Risk Committee. The details of such assurance for the year are included in the Audit and Risk Committee report.

Council

Council held four ordinary meetings in 2021, of which the February, May and July meetings were conducted virtually, and the October meeting was a face-to-face meeting, being the first face-to-face meeting of the Council since February 2020.

In terms of Regulation 12 of the *Regulations relating to the appointment and business of office-bearers and committees of the council, meeting procedures and the manner in which the accounts of the council shall be kept*, Council shall appoint the committees of Council at its first meeting each year. At the February 2021 Council appointed the committees of Council and their chairpersons as detailed on page 9, which also included the revision of the membership of REMCO.

In addition, in February 2021 Council also reviewed the Strategic Performance of Council and Office of the Registrar, approved the Operational Plans for the year of reporting and engaged in the annual Corporate Governance training of Council members.

Along with the consideration of the various committee reports, other notable matters addressed by Council in 2021 include the proposed Regulations relating to fees payable to Council, the Guideline for Accreditation of a Pharmacy as a COVID-19 Vaccination Site, infrastructure development, the review of bank signatories for Council, and matters relating to pharmacy and the effect on pharmacy as a result of the looting and unrest in various areas of South Africa during July 2021.

Total number of meetings	Number of ordinary meetings	Number of special meetings	Total number of meeting days
4	4	0	9

Table 1: Council Meetings in 2021

Total number of Council members	24
Required attendance of quorum	13
Average number of attendees per meeting	18,2
Council's overall attendance percentage	76%

Table 2: Summary of Council Membership Attendance

	16 February	17 February	18 February	11 May	12 May	13 July	14 July	13 October	14 October
	Ordinary			Ordinary		Ordinary		Ordinary	
Total	16	18	20	20	19	17	17	19	18

Table 3: Council Meeting Attendance 2021

Stakeholder Engagement

In terms of Section 50 of the National Health Act, 61 of 2003, the President of Council and the Registrar/CEO are members of the Forum of Statutory Health Professional Councils (the Forum). The Forum met once in 2021 as a result of the discourse of the medical profession over the publication of the scope of practice, the competency standards and the criteria for accreditation/ approval of the supplementary training for pharmacists offering PIMART services. The outcome of the Forum meeting was that a smaller task team comprising of the Health Professions Council of South Africa, the South African Nursing Council and the SAPC would be formed to address the various concerns raised by the medical profession in terms of PIMART.

In 2021, the Registrar convened a number of meetings with various provincial MECs for Health: Mpumalanga, Free State, Western Cape and Limpopo. The meetings addressed mutual issues of importance such as pharmacy inspections of the province's facilities and the grading of these pharmacies, the training of pharmacist interns and pharmacy support personnel within the province, the criteria and procedures if the province wishes to or has programmes to train pharmacists outside of South Africa, the important role of pharmacists in primary healthcare and within the planned National Health Insurance framework, and fees payable to the SAPC for persons employed by the province. The meetings with the remaining MECs will continue in 2022.



Ms Mojo Mokoena (Chief Operations Officer)

Chief Operations Officer

Strategic Focus Area

- (a) Advise the Minister of Health or any other person on any matter relating to pharmacy.
- (b) Assist in the promotion of the health of the population of the Republic of South Africa.
- (c) Promote transparency to the profession and the general public (corporate governance).
- (d) Coordinate the activities of Council and its committees.
- (e) Build a pipeline of highly skilled workers to meet Council's mandate.

Core Functions

- (a) Plan and ensure the implementation of all strategic and operational plans, resolutions, policies, and procedures of Council.
- (b) Ensures the promotion of the positive image of the Council by maintaining public relations with relevant stakeholders including, but not limited to, the health service authorities, the profession and the general public.
- (c) Assumes responsibility for the co-ordination of functions and effective management of all Professional Affairs departments and committees, including their strategic management.
- (d) Assumes the responsibility for the fiscal management of all departments reporting directly to the position in terms of the relevant prescripts.
- (e) Assumes direct responsibility for the performance management of senior managers and other persons reporting directly to the COO, as well as ensures the coordinated application of performance management for all departments according to the performance management process.
- (f) Assumes the responsibility for the effective management of the Executive Committee and task teams of Council.

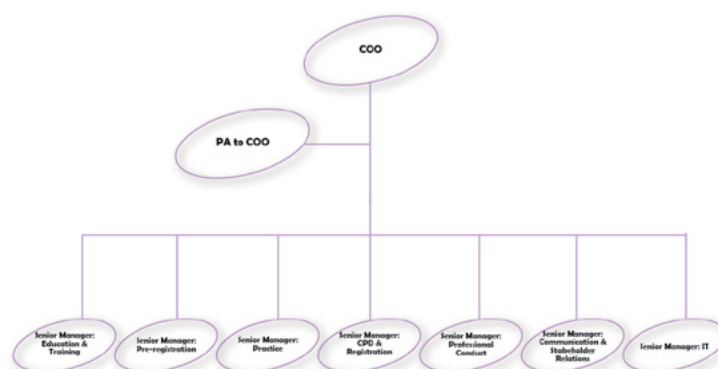


Figure 7: Composition of the Office of the Chief Operations Officer

2021 Performance Review

At its first meeting, the 25-member Council, resolved to implement a five-year strategic plan pursuing the achievement of 10 strategic objectives – through the implementation of 85 strategies. Over the strategic plan period, 2019 until 2023, one-hundred and eighty-eight (188) indicators of performance are to be tracked to measure progress towards the attainment of the strategic objectives. This part of the 2021 Annual Report of Council seeks to report on progress towards the attainment of the following 10 strategic objectives of Council and provide what still needs to be achieved in the next 24 months.

Council strategic objectives, 2019-2023

1. Assist in the promotion of health of the population of the republic of South Africa.
2. Advise the Minister of Health or any other person on any matter relating to pharmacy.
3. Promote the provision of pharmaceutical care which complies with universal norms and values, in both the public and the private sector, with the goal of achieving definite therapeutic outcomes for the health and quality of life of a patient.
4. Uphold and safeguard the rights of the general public to universally acceptable standards of pharmacy practice in both the public and private sector.
5. Establish, develop, maintain and control universally acceptable standards (education and training (i), registration (ii), practice (iii), and professional conduct (iv)).
6. Promote transparency to the profession and the general public.
7. Maintain and enhance the dignity of the pharmacy profession.
8. Coordinate the activities of Council and its Committees
9. Improve internal efficiency and effectiveness.
10. Build a pipeline of highly skilled workers to meet Council's mandate.

Progress towards strategic plan objectives

Figure 8 indicates key performance indicator (KPI) achievement status for each of Council's 10 strategic objectives for 2019-2023. As at the end of the 2021, 131 key performance indicators were achieved, 27 were in progress and one was partially achieved. In the coming final two years of the strategic planning period and Council term, the Office of the Registrar should work on achieving 29 key performance indicators which were not yet achieved as at December 2021. The three-year strategic plan achievement rate is 70,7%, thus indicating that Council has fulfilled more than two-thirds of the work it set out to achieve in five years within three years in office – 29,3% of the key performance indicators represent work that is in progress and that which is yet to be started and completed in 2022 and 2023.

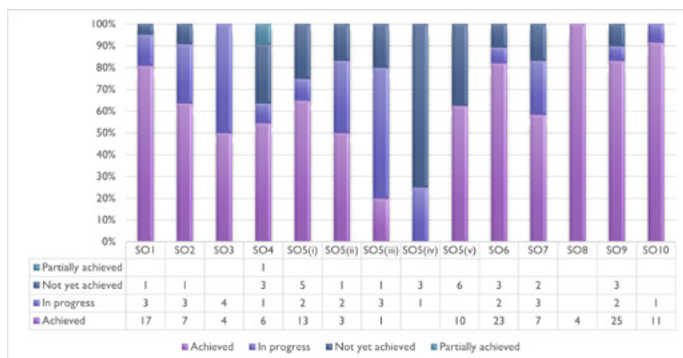


Figure 8: Key Performance Indicators by Achievement Status

Five (5) of the 10 strategic objectives are either completely achieved, or have passed 80% achievement rate, these being strategic objectives 1 (81% achieved), 6 (82,1% achieved), 8 (100% achieved) and 10 (91,7% achieved) (Fig. 8). About 14,4% of the key performance indicators across the strategic objectives have been initiated, and should be finalised by the end of the next reporting period (i.e. 2022). Higher proportions of work in progress are observed within strategic objectives 3 (50% in progress) and 5(iii) (60% in progress).

2021 Performance against Operational Plan

In pursuit of the strategic objectives set in the five-year Strategic Plan, Council determines and approves annual milestones through an Operational Plan approved at the first meeting of Council each year.

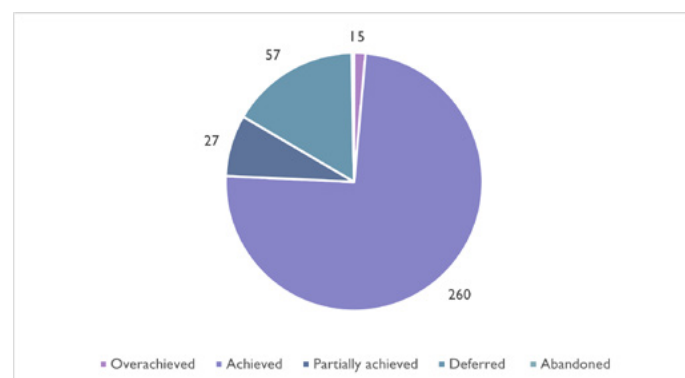


Figure 9: 2021 Operational Plan Targets Achievement Status

In 2021, as depicted in Figure 9, Council set three hundred and fifty (350) strategic activities/targets to be achieved across the eleven (11) programme areas – the overall achievement rate for the year under review is 83,4% (i.e., 292 indicators were either achieved, overachieved, or partially achieved). The total achievement rate of 83,4% is made up of 260 performance targets (74,3%) with a status of “achieved”, 27 (7,7%) that are “partially achieved”, and five (1,4%) that are “overachieved”. Fifty-seven (57) targets (16,3%) were deferred to the following year, while one task (the printing of physical identification cards) was abandoned as Council implemented a registration mobile app and a digital identification card.

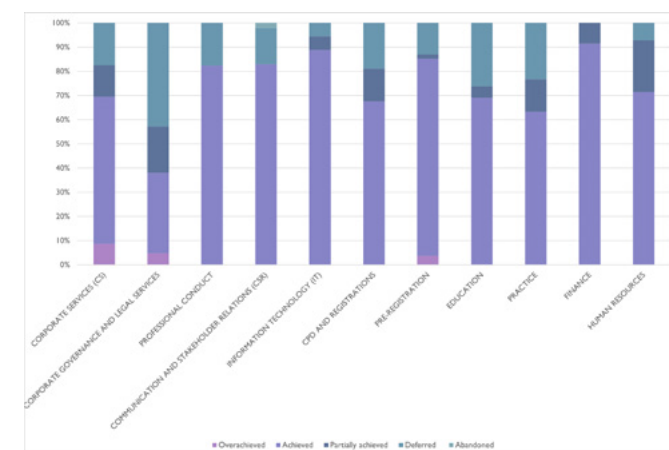


Figure 10: Operational Plan Achievement Status by Department/Programme

As shown in Figure 10, programmes/departments with high achievement rates (inclusive of partially achieved targets) include Finance (100%), Information Technology (94,4%), Human Resources (92,9%) and Pre-Registration (87,0%). The following programmes also had achievement rates above 80%: Communication and Stakeholder Relations (83,0%), Corporate Services (82,6%), and Professional Conduct (82,4%).

The 57 deferred targets were primarily due to various factors, including factors outside of Council's control. For instance, the publication of regulations are subject to a ministerial public participation process and, thus, complexities in the process may delay the enactment of new regulations. Furthermore, the COVID-19 pandemic and associated Disaster Management Act regulations have resulted in the deferment of the 4th National Pharmacy Conference. Emergency/unplanned operational requirements, such as the need to facilitate vaccine site application evaluations and approvals for the COVID-19 vaccine also had an impact on certain performance targets' deferment.

Conclusion

As detailed in the above paragraphs, despite having to defer 16,3% of the performance targets to 2022, Council has delivered on strategic plan imperatives faster than expected as indicated by the 70,7% strategic plan achievement rate in Year 3 (2021). This is 10,7% higher than the expected cumulative achievement rate of 60% - at 20% average annual achievement rate. Nevertheless, certain deferred target, especially the 4th National Pharmacy Conference has been deferred to a date outside the current strategic plan period – i.e. 2025. However, the Office of the Registrar remains resolute in its quest to ensure the complete achievement of the 2019-2023 strategic objectives in the remaining two years of the current Council term.

Executive Committee of Council

Total number of meetings	Number of ordinary meetings	Number of special meetings	Total number of meeting days
6	3	3	6

Table 4: Executive Committee Meetings in 2021

Total number of Committee members	11
Required attendance of quorum	6
Average number of attendees per meeting	8,5
Committee's overall attendance percentage	77%

Table 5: Summary of EXCO Membership Attendance

	8 February	15 April	20 May	18 June	9 September	25 November
	Special	Ordinary	Special	Special	Ordinary	Ordinary
Total number of attendees per meeting	6	11	10	8	7	9

Table 6: EXCO Meeting Attendance 2021



Ms Debbie Hoffmann (Company Secretary & Legal Services)

Company Secretary & Legal Services

Strategic Focus Area

- (a) Assist in the promotion of the health of the population of the Republic of South Africa.
- (b) Advise the Minister of Health or any other person on any matter relating to pharmacy.
- (c) Establish, develop, maintain and control universally acceptable standards of professional conduct required of persons to be registered in terms of the Pharmacy Act.
- (d) Establish, develop, maintain and control universally acceptable standards in pharmaceutical education and training.
- (e) Establish, develop, maintain and control universally acceptable standards of control over persons registered in terms of the Pharmacy Act by investigating in accordance with the Act, complaints or accusations relating to the conduct of registered persons.
- (f) Promote transparency to the profession and the general public.
- (g) Improve internal efficiency and effectiveness.

Core Functions

The Company Secretary and Legal Services Department, as a part of Corporate Services and reporting to the Registrar/CEO, was established in September 2020. The 2021 year was the first year that the unit was fully functional in terms of the core functions of the unit, allowing the unit to concentrate on issues of corporate governance, reporting and providing legal support to the Office of the Registrar. 2021 was therefore a year that saw the need to formalise standard operating procedures for the unit and those relevant across the whole organisation; the establishment of standardised record keeping, strengthening governance compliance and the delegation of functions; and the drafting of a policy review strategy for the organisation. In addition, the unit also focused on the established legal functions and providing legal support to the organisation; including legislation drafting, legal enquiries and opinions, issuing formal certificates pertaining to proof of registration and good standing, and contract management. In terms of stakeholder engagement, the Company Secretary and Legal Services engaged with external stakeholders through legal enquiries and supported the Office of the Registrar and the organisation in establishing formal memoranda of agreements with various external stakeholders. The very nature of the support role of legal services also requires that the unit has extensive internal stakeholder engagement.

The core functions of the Company Secretary and Legal Services are thus also aligned with the Strategic Objectives of the Council for the period 2018 – 2023.



Figure 11: Composition of the Office of Company Secretary & Legal Services

2021 Performance Review

Legislation Drafting

It is the responsibility of Council, through various Committees of Council and the departments within the Office of the Registrar, to set standards in pharmacy practice and education and training. In terms of Section 35A of the Pharmacy Act, the Council may make various rules in terms of pharmacy practice. In addition to the role and functions of Council, it is also critical for Council to engage with stakeholders in a formal manner by publishing Board Notices for comment and implementation. Board Notices that are published for comment are, as a general rule, published for sixty (60) days as required in terms of Section 49 of the Pharmacy Act.

The Company Secretary and Legal Services Department is responsible for the receipt and collation of comments received from stakeholders when Board Notices are published for comment. Comments are then reviewed within the delegated structures of Council, be it through task teams and/or Committees. Once all the comments have been reviewed, Council will be required to publish such matter for implementation.

In this respect, the Company Secretary and Legal Services Department facilitated the publication of the following Board Notices for comment and was responsible for the collation of the comments received:

- (a) Board Notice 17/2021, published on 22 March 2021, Pharmacist who provides Pharmacist-Initiated Management of Antiretroviral Therapy, to which six (6) stakeholders provided comments
- (b) Board Notice 71/2021, published on 9 July 2021, Rules relating to good pharmacy practice, minimum standards for sexual and reproductive health, to which nine (9) stakeholders provided comments
- (c) Board Notice 72/2021, published on 9 July 2021, the Qualification Standard for Bachelor of Pharmacy, to which one (1) stakeholder provided comment
- (d) Board Notice 74/2021, published on 9 July 2021, the Competency Standards for Pharmacy Support Personnel, to which one (1) stakeholder provided comment
- (e) Board Notice 102/2021, published on 13 August 2021, Primary Care Drug Therapy Pharmacists, to which fourteen (14) stakeholders provided comments
- (f) Board Notice 180/2021, published on 17 December 2021, Pharmacists providing family planning services, to which four (4) stakeholders provided comments¹

The Company Secretary and Legal Services facilitated the publication of the following Board Notices for implementation:

- (a) Board Notice 69/2021, published on 9 July 2021, Services for which a pharmacist may levy a fee
- (b) Board Notice 70/2021, published on 9 July 2021, Rules relating to good pharmacy practice, minimum standard for the disposal and destruction of medicines and the minimum standard for another practice or business in a pharmacy, or a pharmacy in another business
- (c) Board Notice 73/2021, published on 9 July 2021, the South African Pharmacy Council Manual in terms of Section 14 of the Promotion of Access to Information Act
- (d) Board Notice 83/2021, published on 30 July 2021, Additional fees payable to Council, which Board Notice was corrected in terms of Board Notice 134/2021, published on 22 October 2021
- (e) Board Notice 101/2021, published on 13 August 2021, Pharmacists who provide Pharmacist-Initiated Management of Antiretroviral Therapy
- (f) Board Notice 133/2021, published on 22 October

¹ The comment period for Board Notice 180/2021 ran into 2022, and as such, not all comments were received during the reporting period of 2021.

- (g) 2021, Fees payable to Council by providers
Board Notice 185/2021, published on 17 December 2021, Fees payable to Council for 2022

In addition to the publication of Board Notices, the Company Secretary and Legal Services assisted in drafting the Council's input to the Minister of Health in terms of the proposed Regulations relating to the Certificate of Need for Health Establishments and Health Agencies (GNR 528, published on 15 June 2021, in Government Gazette 44714). The proposed regulations pertain to the issuing of a certificate of need to a health establishment or health agency in terms of Section 36 of the National Health Act, 61 of 2003.

Legal Enquiries and Legal Opinions

In terms of providing legal support to the profession, the Company Secretary and Legal Services Department provided legal services to the public, the profession and stakeholders by addressing legal enquiries emanating from email communication, Council's website, telephonic enquiries, or by means of any other form of communication, as well as attending various stakeholder engagements initiated by various departments, Committees, Council and the Office of the Registrar. Legal enquiries may cover any variety of questions that the pharmacy stakeholders or the public as a whole require assistance in answering and addressing. Of particular interest and importance in 2021, legal enquiries included issues pertaining to the ownership of pharmacies, the marketing of medicines, the correct and legal distribution of veterinary medicines, the scheduling of COVID-19 vaccines and the dispensing of unregistered medicines such as ivermectin. The Company Secretary and Legal Services Department formally addressed over 100 legal-related enquiries during 2021.

In conducting the business of Council, it is necessary for the Council, Committees of Council or the Office of the Registrar to ensure that the actions of the organisation are carried out in a manner that is lawful and duly authorised, procedurally fair and reasonable. In this regard, the Company Secretary and Legal Services Department provided legal support to the Office of the Registrar and Council by way of six (6) formal legal opinions drafted as a result of the request of Council and/or the Office of the Registrar. These included issues relating to:

- (a) External storage areas relating to the storage of COVID-19 vaccines being stored at a place other than in the pharmacy;
- (b) Storage and distribution of COVID-19 vaccines;
- (c) Employers having access to employee information, particularly in terms of employee compliance with the requirements of continuing professional development;
- (d) Access to COVID-19 vaccines for pharmacists;
- (e) The role and functions of the South African Pharmacy Council vis-à-vis the South African Health Products Regulatory Authority in terms of licencing; and
- (f) Who may trade as a pharmacist.

In addition to the legal opinions provided, the Company Secretary and Legal Services Department provided formal legal input in respect of the dispute pertaining to Pharmacist-Initiated Management of Antiretroviral Therapy, the payment of data allowances to employees, the registration of the Information Officer and Deputy Information Officer for Council in terms of the Protection of Personal Information Act, 4 of 2013, and the legal interpretation of the judgement of Alliance of Natural Health Products in South Africa (ANHPSA) and the Minister of Health and the South African Health Products Regulatory Authority (SAHPRA), where Council will continue to keep a noting brief on the matter.

Certificates of Good Standing

Certificates of Good Standing are applied for by persons registered with Council who wish to apply for registration in another country. The purpose of the Certificate of Good Standing is to provide confirmation that such person is registered or was registered with Council and, where relevant, the reason for their deregistration, confirmation of qualifications obtained by the registered person, proof of any additional training such as internship, and proof that the registered person has no disciplinary conduct matters pending against them. The Company Secretary and Legal Services Department issued ninety (90) Certificates of Good Standing to applicants during 2021, which applicants were entirely pharmacists, and which includes South African Citizens and non-South African Citizens who have qualified in South Africa.

2017	2018	2019	2020	2021
52	68	82	78	90

Table 7: Yearly Comparison Related to the Issuing of Certificates of Good Standing

The comparative year-on-year statistics show that there is a potential increase in the number of pharmacists that may be leaving South Africa.

Section 26 Certificates

Section 26 of the Pharmacy Act provides that a certificate issued by the Registrar is proof of registration or non-registration of a person or a pharmacy. In May 2003, legislation changed to allow any person to own a pharmacy, to obtain a pharmacy licence from the Director-General: Health and to have such pharmacy licence recorded with Council. Pharmacies that were registered with Council prior to May 2003 were deemed to be licenced pharmacies. However, such pharmacies were not in possession of any licence or recording certificates. As a result, pharmacies deemed to be licenced prior to May 2003 have been encouraged to apply for a Section 26 Certificate as proof of such registration. Section 26 Certificates are also issued to various law enforcement agencies as documented evidence that persons who are subject to criminal and other types of investigations are registered or are not registered with the Council. In such instances, Section 26 Certificates are issued to support potential charges of persons practising the scope of practice of a pharmacist without being registered. The Company Secretary and Legal Services Department provided fifty-eight (58) Certificates of Registration/Non-registration issued in terms of Section 26 of the Pharmacy Act, of which fourteen (14) were requested by various law enforcement agencies, such as the South African Police Services (SAPS) and SAHPRA.

2017	2018	2019	2020	2021
18	41	169	31	58

Table 8: Yearly Comparison Related to the Issuing of Section 26 Certificates

Section 37 Applications

In terms of Section 37 of the Pharmacy Act, a pharmacy may continue to be operated by an executor of a deceased estate, or a trustee or liquidator of a liquidated/sequestered estate for a period of twelve (12) months, or until the change of ownership can be affected in terms of Section 22 of the Pharmacy Act. It is however, imperative that such pharmacy always has a registered responsible pharmacist. As part of creating awareness around the reporting of deceased estates and pharmacy ownership, Inspection Officers were encouraged to alert the Company Secretary and Legal Services Department of such pharmacies when conducting various inspections, as these matters are often not reported to Council by the responsible pharmacists or the executors of such estates. In 2021, the Company Secretary and Legal Services Department facilitated five (5) applications from executors in terms of Section 37.

Contracts and Service Level Agreements

The Company Secretary and Legal Services Department, in ensuring that the Council is bound to, as well as being sufficiently legally covered in terms of its contractual relationship with service providers, saw to the drafting/editing of eight (8) new or the updating of existing contracts. These included contracts for CPD assessors and moderators, pre-registration examination examiners and moderators, professional examination examiners and moderators, inspectors and evaluators of learning programmes.

Various Service Level Agreements (SLAs) with service providers were reviewed in 2021, including continued SLAs with Mezobytes, E2 and Business Connexion. New Service Level Agreements and contracts were reviewed in respect of a new service provider for Council's Employee Wellness Programme and for a network vulnerability assessment.

The year 2021 saw a concerted drive by the Council, through the Office of the Registrar, to formalise stakeholder relations with various external bodies and organisations. This has resulted in the signing of a number of Memoranda of Agreement (MoA) between the Council and various stakeholders. The Company Secretary and Legal Services Department drafted and/or assisted in the drafting of five (5) signed MoAs, two (2) with the Health and Welfare SETA, and one each with SAHPRA, North-West University and QCTO. Currently, the Office of the Registrar is working to finalise two (2) outstanding MoAs with the Office of Health Standards Compliance and the Council for Medical Schemes.

Internal Audit – Legal Services

The focus area of Legal Services was subjected to an independent internal audit during 2021. In terms of the audit, the unit had two findings against it, being:

- Delays in approving Board Notices within timeframes, where the finding was that of a medium impact. The Company Secretary undertook to ensure that there is training for all departments involved in the process on the required activities and timeframes within the relevant SOPs for producing Board Notices for publication, making use of a diary system in the process on the required activities and timeframes, and, if need be, consider amending unrealistic timeframes.
- No Standard Setting Procedure Guideline document. The Company Secretary undertook to develop such guideline document and develop SOPs if need be.

Corporate Governance

Compliance

In terms of the Promotion of Access to Information Act, 2 of 2000 (PAIA), the Registrar is the Information Officer of Council. In addition, the Registrar has delegated the responsibility of the Deputy Information Officer to the Company Secretary. In terms of Section 18(1) of PAIA, read together with regulation 6, Council received two (2) PAIA applications, of which one (1) application was denied as the applicant failed to show just reason for the request of the information, which information further pertained to a third party. The second application resulted in the applicant receiving part of the information requested. The information which was denied to the applicant was information that is expressly excluded in terms of PAIA, pertaining to the recording of meetings.

Council has submitted its annual report in April 2021 in terms of Section 32 of PAIA. In July 2021, the Council published its PAIA Manual as required in terms of Section 14 of PAIA.

In 2021, the Office of the Registrar introduced a centralised process of providing data for purposes of research. The Council is frequently requested to share data of registered persons and pharmacies for the purposes of conducting research in pharmacy and pharmacy related matters. For researchers to be allowed access to such data they are required to provide details of the data requested, purpose/s for which the data will be used, and confirmation that the research has been approved by the relevant Ethics Committee of the academic institution where the research is being conducted. Researchers who request data are advised that:

- (i) the data may only be used for the identified research project;
- (ii) only the researcher may use the data and it may not be given to a third party or sold;
- (iii) the data must be protected from unauthorised distribution at all times;
- (iv) communication to the data subjects must explain the reasons for the communication and allow for an opt out from receiving further communication; and
- (v) the outcome of the research must be shared with Council.

In terms of providing data for research purposes, the Office of the Registrar has provided data to six (6) researchers in 2021.

In terms of Section 5 of the Promotion of Administrative Justice Act, 3 of 2000, the Council received two requests for reasons in terms of their actions:

- (a) The Independent Community Pharmacy Association (ICPA) requested from Council reasons for the administrative actions of the Council in respect of why the Council has implemented an annual registration fee for owners of pharmacy(ies) as contained in Board Notice 188 of 2019 for the first time, and how the R2 161 (per pharmacy) fee for pharmacy owners was determined.
- (b) The Independent Practitioners Association Foundation of South Africa (IPAF) requested from Council reasons for the administrative actions of the Council in respect of “implementing the amendments to the Pharmacy Act, 1974 with the increase in scope of practice of pharmacists to allow for ‘Pharmacists who provide Pharmacist-Initiated Management of Antiretroviral Therapy (PIMART) services in South Africa’”, under Board Notice 101 of 2021.

On 22 June 2020, the President of South Africa issued a proclamation regarding the commencement of certain sections of the Protection of Personal Information Act (POPIA), which would take effect on 1 July 2020. Section 114(1) of POPIA provided for a grace period of one (1) year to be fully compliant with POPIA, being 1 July 2021. In terms of POPIA compliance, the Council was unable to register its Information Officer and Deputy Information Officer due to system failures of the Information Regulator. However, the Information Regulator has extended the deadline for such applications. The importance of such registration is to give effect to the fact that the enforcement of the Promotion of Access to Information Act now resides under the Information Regulator and not the South African Human Rights Commission. The planning and development of policies in terms of POPIA to a large extent remains incomplete due to the need for review of existing policies that may have an impact on the POPIA policies.

Policy Review

The resolution of Council to review policies at least once during a term of office was set aside in 2021 by the Audit and Risk Committee, whereby in terms of best practice, policies should be reviewed at least every three (3) years, with an exception

in terms of Information Technology (IT) policies that should be reviewed more frequently due to the constant changes and developments in terms of Information and Communications Technology (ICT). In order to ensure that Council follows a regulated review of policies it is necessary for Council to develop and implement a robust strategy for the development, implementation and review of policies. Until such a time as such strategy has been developed, the Company Secretary and Legal Services Department undertook the following processes in 2021:

- (i) The formal creation of a Policy Register for the organisation, which identifies active policies and the department or unit responsible for the policy. In some cases, it has been identified that there is a need to change the policy owner in line with the revised organogram of the organisation; and
- (ii) Policies that needed to be amended in 2021 were also revised for corrections and aligned with related policies and the organisational structure.

The Company Secretary and Legal Services Department provided support in the drafting and approval of the following amendments to existing policies:

- (a) Health and Safety Policy – with specific reference to the inclusion of a COVID-19 Response Plan;
- (b) Interim Working from Home Policy; and
- (c) Tender and Procurement Policy – with specific reference to the composition of the Tender Committee when considering tenders relating to the External and Internal Independent Auditors.

The Company Secretary and Legal Services Department provided support in the drafting and pending approval of the following new policies:

- (a) Granting of Extra Time for Council Examinations Policy;
- (b) Hospitalisation and Bereavement Policy;
- (c) Bank Signatories;
- (d) CPD Appeals Policy;
- (e) Development, Implementation and Review of Policies Strategy; and
- (f) Council’s Fraud Prevention Plan.

Delegation of Authority

In terms of Principle 8 of the King IV Code, 2016, Council should ensure that its arrangements for delegation within its own structures promote expertise and independent judgement to assist with ensuring that Council effectively discharges its duties. Council’s committees are established in terms of Section 4(o) of the Pharmacy Act. In establishing its committees Council has taken cognisance of the requirements for the organisation to have certain oversight functions that lend itself to good governance.

The delegation to committees established in terms of regulations or the objects of Council provided in terms of Section 3 of the Pharmacy Act, are provided in detailed Terms of Reference for each committee; these include the Executive Committee (EXCO), Education Committee, Practice Committee, the Pre-registration Committee, CPD Committee, Health Committee and the Committee of Preliminary Investigation, the Committee of Informal Inquiry and the Committee of Formal Inquiry. The delegation to committees with oversight roles are contained in the various Charters for such committees, these include the Audit and Risk Committee (ARC) and the Remuneration and Reimbursement Committee (REMCO).

In 2021, the Company Secretary and Legal Services Department continued to manage the terms of reference in respect of the relevant committees of Council and the terms of reference of

the task teams of Council, as well as the task teams established under the various committees of Council. The purpose of this function is to ensure the accurate monitoring of the delegation of the functions of Council in terms of Section 4(o) of the Pharmacy Act.

The Audit Charter was reviewed for purposes of changing the name of the committee to the Audit and Risk Committee, in line with the core functions of the Committee. The REMCO Charter was amended to ensure that the membership of REMCO is in line with the recommended principles of the King IV Code.

Record keeping of meetings

In terms of the principles of Corporate Governance and legal principles of administrative law, Council and Committee members must exercise their discretion in making decisions or providing recommendations to Council. This should be done within the framework of the Pharmacy Act and the relevant regulations.

The Council committees, appointed in terms of Section 4(o) of the Act, consider and discuss matters relevant to their portfolios as provided in various regulations, and provide recommendations to Council for consideration. Council makes decisions in terms of its general functions as contained in Section 4 of the Pharmacy Act, in consideration of the recommendations provided by various committees. In order for Council to be transparent to both the profession and public in achieving its objectives, performing its functions and exercising its powers, Council resolutions are published as a standard feature in each edition of the *e-Pharmaciae*.

For purposes of corporate governance, the attendance registers for 2021 Council and committee meetings are represented under each departmental report.

The Company Secretary and Legal Services Department implemented Standard Operating Procedures for all agendas for Council and Committee meetings, and the production of the minutes for all such meetings. Council and EXCO minutes are prepared as a first draft by the Company Secretary with input from all the Heads of Departments in respect of their matters. All committee minutes are screened by the Company Secretary, together with language editing, before distribution of these minutes to the relevant committees.

Corporate Governance training

The first meeting of Council each year is identified for purposes of reporting in terms of Corporate Governance, as well as the necessary training of Council members. At its meeting in February 2021, Council considered the review of the organisation's strategic planning, the Management Report for 2020, and noted the Operational Plans for 2021. In terms of training, Dr Janette Minnaar-van Veijeren from ProEthics provided insight and training into the issue of "Dealing with Conflict of Interests".

The Company Secretary was further involved with the orientation of the Audit and Risk Committee due to the start of the term of office of the independent members of the Audit and Risk Committee.

Staff training on corporate governance is conducted as part of employee orientation, and all new employees employed in 2021 underwent such training. However, the Company Secretary has identified the need to formalise staff training on corporate governance, and to recommend to the Human Resources Department the need for staff orientation when persons within the organisation have been promoted, as the focus of the original training may be different now that the person has been promoted or changed positions within the organisation.

Governance Internal Audit (Follow-up)

The Governance and Compliance follow-up Internal Audit was conducted in 2021. The following findings were reflected in the audit report:

- (a) Attendance Registers for Council and Committees: It was noted that consolidated attendance records are now managed by the Company Secretary and Legal Services Department. The audit report has recommended that an attendance report must be submitted annually to Council and the Committees. This will be implemented in February 2022.
- (b) Time frames for the distribution of completed minutes: This matter had already been addressed in terms of the drafting of the required SOP pertaining to the drafting and distribution of Council, EXCO and Committee minutes.
- (c) King IV Code Reporting in the Annual Report: A number of corrections to ensure that the organisation meets the requirements in respect of the King IV Code (2016) reporting were addressed in 2021. These included a detailed analysis of the reporting criteria of the relevant principles contained in the King IV Code, slight amendments to the 2020 Annual Report to include aspects of the reporting on the principles contained in the King IV Code, and a revised template for management reporting that ensures all the departments provide the necessary information to produce the correct and relevant reports for the organisation.



Ms Hlonelikhaya Masiza (Senior Manager: Education & Training)

Education & Training

Strategic Focus Area

- (a) Establish, develop, maintain and control universally acceptable standards in pharmaceutical education and training.
- (b) To provide managerial and administrative support to the Office of Council.
- (c) Coordinate the activities of Council and its committees.

Core Functions

- (a) Development and review of accreditation criteria for registered providers and courses.
- (b) Develop and review good standards of education (GPE).
- (c) Development and review of the accreditation and monitoring tool (questionnaire and applicable application forms) for providers and learning programmes.
- (d) Develop policies that direct the activities of education and training.
- (e) Develop and review guidelines, manuals and criteria documents for the interpretation and implementation of the good standard of education, as well as the application of the tool.
- (f) Develop specifications document for online systems and continuously review these processes as part of quality assurance.
- (g) Manage the monitoring and compliance process for pharmacy education (appoint and train a panel of evaluators, perform monitoring visits, evaluate and produce reports, give feedback).
- (h) Develop and review the Code of Conduct for evaluators and verifiers.
- (i) Approve/accredit providers of pharmacy education and training and approve/accredit learning programmes and courses (including qualification in pharmacy obtained outside the Republic).
- (j) Regular validation of the processes, systems and procedures through performance assessment and identification of stumbling blocks.
- (k) Stakeholder Engagement.



Figure 12: Composition of the Education & Training Department

2021 Performance Review

Development and review of accreditation criteria for registered providers and courses

The 2021 year saw a number of developments of criteria in pharmacy education and training as well as the review of accreditation criteria for registered providers and courses.

Council published the “Criteria for the accreditation of the immunisation course”. The purpose of this short course on immunisation and injection techniques is to equip pharmacists with the theoretical knowledge and practical expertise necessary to provide safe immunisation services of the highest standard. The recommended duration of the short course is approximately six (6) days. Learners should attend practical sessions and should demonstrate competence in all immunisation and injection techniques in a summative practical assessment. The training on immunisation and injection techniques will be presented by Higher Education Institutions and Skills Development providers. In addition to the criteria for the accreditation of the immunisation course for pharmacists, the “Criteria to accredit a short course for nurses in delivering immunisation services” was developed. The purpose is to strengthen the delivery of immunisation services across the life course, by equipping nurses with the theoretical knowledge and practical expertise, necessary to provide safe immunisation services of the highest standard.

The “Criteria for the accreditation of the Primary Care Drug Therapy (PCDT) course” was published during 2021. The purpose of the PCDT supplementary training is to equip pharmacists with the essential knowledge in the field of pharmacotherapy and pharmaceutical care, and to develop the pharmacist’s clinical skills in order to provide pharmacist-initiated therapy within the scope of the *Rules relating to good pharmacy practice*. It is envisaged that this supplementary training be completed on a part-time basis, over twenty-four (24) months.

Council published the “Criteria for the accreditation of the family planning course” for comments. The purpose of the supplementary training on family planning (reproductive health) is to equip pharmacists with the knowledge and expertise necessary to provide family planning services. Training of this nature would provide pharmacists with an expanded scope of practice which will enable them to provide different family planning (reproductive health) services to the public. The training on family planning (reproductive health) will be presented by Higher Education Institutions that are accredited by the Council to offer the short course. The course will take a minimum of twenty-three (23) days to complete.

The “Criteria for the accreditation of the tutor course” was also published for comments by Council. This learning programme is aimed at pharmacists who wish to act as a tutor to supervise pharmacist interns who are completing their internship, or the in-service training of pharmacy support personnel. The purpose of the qualification is to prepare and to fully equip the pharmacist with the knowledge and skills required to fulfil the role of a tutor. Providers accredited by Council will present the training programmes. It is envisaged that the training will take a minimum of twenty-two (22) days.

The “Criteria for the accreditation of a Pharmacist-Initiated Management of Antiretroviral Therapy (PIMART) course” was published for implementation in August 2021. This supplementary training is to equip pharmacists to provide PIMART services, which includes the screening and confirmatory tests, the interpretation of diagnostic and laboratory tests for diagnosis, clinical staging and assessment of an HIV infected patient or those at high risk of contracting HIV, and assess and manage the HIV-infected patients or those at high risk of contracting HIV who require Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP). The training on PIMART will be presented by Higher Education Institutions and skills development providers, a list of providers is available on the SAPC website.

There is a need for additional human resources to assist in the vaccination rollout against COVID-19. In order to meet the anticipated demand of the roll out of the COVID-19 vaccines, the Department of Health requested that students form part of the initiative to increase the human resources available for the programme. As a result, a minimum standard for a course

for students to assist with vaccination services was approved by Council and has been distributed to all universities accredited to offer the Bachelor of Pharmacy (BPharm) programme, to be taught as a standalone standard or part of the BPharm programme.

A list of accredited providers is accessible on the SAPC website.
Develop and review standards of education (GPE)

The last time the BPharm qualification was reviewed was in 2010. The review process started in 2018 where the Council on Higher Education (CHE) was involved so that the reviewed qualification could be aligned to the new format of the CHE. In November 2021, the qualification standard for the Bachelor of Pharmacy programme was recommended by the Education Committee for implementation, which recommendation is to be approved by Council.

Development and review of the accreditation and monitoring tool (questionnaire and applicable application forms) for providers and learning programmes

To replace the lengthy and time-consuming paper-based accreditation/monitoring process, the Council’s online accreditation/monitoring instrument used to submit data and information required for monitoring visits, for providers on the Higher Education Qualifications Sub-framework (HEQSF) was used for the first time by providers in 2021. The three higher education institutions that had monitoring visits in 2021 were able to submit information successfully using this instrument. There are short term changes to the accreditation/monitoring instrument to be done and the last phases of development (individual reports from the panel members, the final report to the institution, and the response to shortcomings cited in the report from the institution) shall be added in 2022.

Develop policies that direct the activities of Education

Due to the increase in the number of South African citizens, through various programmes that are choosing to obtain qualifications in pharmacy outside of South Africa, there was an identified need to develop the “Guidelines for South Africans wishing to study towards a qualification in pharmacy outside of South Africa”. The guideline document seeks to inform Provincial Department of Health or organisation(s) or person(s) on the process to undertake before sending students or departing to study a qualification in pharmacy outside South Africa, due to the fact that Council does not currently have any reciprocal agreements with institutions outside South Africa that offer a qualification in pharmacy. Of critical importance is the need for Council to evaluate such qualification prior to the commencement of studies, to ensure that the learning programmes are equivalent to the BPharm qualification approved in South Africa for the purposes of registration as a pharmacist. The guidelines were approved by Council in February 2021.

It is the responsibility of the Education Department to assist in the evaluation of all foreign qualifications that form part of the applications from persons who qualified outside of South Africa. The Office of the Registrar conducts an administrative screening on applications prior to sending the applications to evaluators of foreign qualifications to provide a report on the equivalence of the foreign qualifications against the South African Bachelor of Pharmacy degree. The Education Committee is then required to conduct quality assurance on the equivalency evaluation reports provided by the external evaluators.

Develop and review guidelines, manuals and criteria documents for the interpretation and implementation of the standard as well as the application of the tool

Due to the ongoing COVID-19 pandemic, a template for the delivery of accredited programmes by skills development

providers during COVID-19 was developed and approved. This template enables SDPs to provide Council with a breakdown of how they are providing programmes during the pandemic to ensure the presentation of the learning programmes is of the required standard.

In 2020, Council resolved that pharmacy students who have successfully completed part of the BPharm programme but who are unable to continue due to varying reasons, may apply for registration as a pharmacist's assistant with Council.

A pharmacy student who has successfully completed the first year of study at an approved provider may be registered as a Pharmacist's Assistant (Basic). In order for the student to be registered as a Pharmacist's Assistant (Basic), they are required to submit an application for such registration within two years of leaving the provider, successfully complete the external integrated summative assessment for pharmacist's assistants (basic), complete 400 hours in an approved pharmacy under the direct personal supervision of a pharmacist, and submit at least one progress report.

A pharmacy student who has successfully completed the second year of study at an approved provider may be registered as a Pharmacist's Assistant (Post-Basic). In order for the student to be registered as a Pharmacist's Assistant (Post-Basic), they are required to submit an application for such registration within two years of leaving the provider, successfully complete the external integrated summative assessment for Pharmacist's Assistants (Post-Basic), complete 400 hours in an approved pharmacy under the direct personal supervision of a pharmacist, and submit at least one progress report.

A pharmacy student who has successfully completed the second year of study at an approved provider may be registered as a pharmacy technician. In order for the student to be registered as a pharmacy technician, they are required to submit an application for such registration within two years of leaving the provider, successfully complete the external integrated summative assessment for pharmacy technicians, complete 400 hours in an approved pharmacy under the direct personal supervision of a pharmacist, and submit at least one progress report.

The requirement to apply for recognition of prior learning (RPL) within two years of leaving the approved/ accredited provider, for students who did not complete the Bachelor of Pharmacy programme, will be applicable from 1 July 2022. Any person who applies for RPL before 1 July 2022 shall not be restricted to the requirement that the application be made within two years of leaving the BPharm programme.

In order to operationalise the above decisions, a standard operating procedure (SOP) was developed to allow for the registration of former Bachelor of Pharmacy (BPharm) students (students who have not yet completed the BPharm programme and are not currently enrolled to complete the programme) as pharmacy support personnel. Through this Council is able to recognise prior learning and give the students the opportunity to remain within the pharmacy profession.

Develop specifications document for online systems and continuously review these processes as part of quality assurance

Three specification documents were finalised in 2021. The first was the specification to register former students (who did not complete BPharm) as Pharmacist's Assistants (Learner Basic or Learner Post-Basic) to create their registration process.

The second document was the specification for online accreditation/monitoring instrument (HEQSF) which will create online submissions and continuous submissions of the required information from higher education institutions and storage of such information.

The third document was the specifications for the submission of self-assessments by Higher Education Institutions (HEIs). This will create a platform where higher education institutions will continuously submit information for future visits.

Manage the monitoring and compliance process for pharmacy education (appoint and train a panel of evaluators, perform monitoring visits, evaluate and produce report, give feedback)

During 2021, a three-day training workshop was provided to the evaluators of foreign qualifications against the BPharm curricula. The workshop was held to train the new evaluators which will increase the capacity of evaluators. Currently there are nineteen (19) evaluators and two (2) verifiers.

A user guide for the online accreditation/monitoring visit instrument for Higher Education Institutions (HEIs) was developed which would be used by the higher education institutions to submit information online.

Three accreditation/monitoring visits were conducted to three higher education institutions (Sefako Makgatho Health Sciences University, Rhodes University, and the University of Limpopo), and to two skills development providers (Pharmacy Healthcare Academy and Health Sciences Academy).

A delegation of four subject matter specialists, one Council member and the staff members from the Office of the Registrar visited each higher education institution. The stay at each institution was reduced to viewing laboratories and to have those meetings that could not be held virtually. Monitoring visits to skills development providers were conducted over a two-day period. A delegation consisting of a Council member, a verifier and staff members from the Office of the Registrar visited each institution.

To ensure quality training during COVID-19, quarterly reports on the delivery of the learning programmes of accredited providers were submitted to Council. These reports were discussed by the Education Committee and guidance on the delivery of the learning programmes was provided where required or sought by providers.

Develop and review Code of Conduct for evaluators and verifiers

The Code of Conduct for evaluators of learning programmes was completed in 2021.

Regular validation of the processes, systems and procedures through performance assessment and identification of stumbling blocks

During 2021, the panel members for visits to HEQSF providers were trained on the online monitoring/accreditation instrument.

Training was also provided to the evaluators of courses (Occupational certificates) on the processes for the new qualifications for pharmacy support personnel.

A second Work-Based Learning workshop was conducted to get more input from stakeholders to be used in drafting a guidance document for work-based learning in pharmacy.

The process flow for the accreditation of the learning programmes for Pharmacist's Assistants (Occupational certificates) were approved by the Education Committee and this will guide the Office of the Registrar and the applicants on the steps that are to be taken in the evaluation process. This also illustrates the timelines for the different steps of the process.

The fee structure for the accreditation of learning programmes (Occupational certificates) was reviewed to recover costs incurred by Council.

Stakeholder Engagement

In order to ensure continued stakeholder engagement, whereby stakeholders are informed of decisions of Council and other matters relating to pharmacy education and training, the Education Department conducted various stakeholder events over 2021. Two consultative sessions/meetings were held with nine HEIs, one consultative session/meeting was held with skills development providers (SDPs), and meetings were held with various pharmacy groups allocated to the Education Department, provincial departments of health and metropolitan departments of health. Numerous letters regarding pharmacy education and training were also sent out to various stakeholders to communicate the decisions of Council to the profession.

Accreditation of short courses

The following institutions were accredited to deliver the dispensing course for authorised prescribers, in terms of Section 22C of the Medicines and Related Substances Act, 101 of 1965:

- Health Advance Institute
- S Buys Academy
- Health Science Academy

Council received learning material on immunisation and injection technique from four higher education institutions for accreditation. The Office of the Registrar is still evaluating the material for accreditation. Once accredited, the providers and course names will be published on the website.

Statistics

The Education unit is responsible for evaluating foreign curricula to determine their equivalency to the South African BPharm programme. During 2021, four foreign curricula were evaluated, of which two were deemed equivalent to the South African BPharm programme, and two were deemed not equivalent.

Due to the COVID-19 restrictions, the Office of the Registrar did not conduct onsite visits at all the universities in order to register students. However, registration of students did take place for all universities and 1 016 first-year students were registered for 2021.

The Office of the Registrar processed registered students on the register to the relevant year of study according to the class lists received from the universities. According to these statistics, there were 967 second-year students, 1 135 third-year students, and 1 112 fourth-year students in 2021.

As at 25 November 2021, there were 3 465 pharmacist's assistants (learner basic) and 2 285 pharmacist's assistants (learner post-basic) registered.

Committees (will include details relating to Task Teams that report to Committees)

Prof. Yahya Choonara chaired eight (8) Education Committee meetings during 2021, of which four (4) meetings were ordinary meetings and four (4) meetings were special Education Committee meetings. Due to the COVID-19 pandemic, all Committee meetings were virtual during 2021.

The Office of the Registrar and Prof. Ilse Truter met with the Knowledge Hub unit of the National Department of Health (NDoH) to discuss the similarities between the SAPC draft Standard for the training of pharmacy students to assist in the delivery of COVID-19 vaccines and the Knowledge Hub course presented by the NDoH. It was resolved by the Education Committee that the Office of the Registrar, together with Prof. Truter, revise the proposed standard after taking into consideration the outcome of the meeting with the Knowledge

Hub. This revised standard will then be presented to the Committee at a later date.

The Education Committee addressed a request for the Registration of a Qualification: Regulatory Affairs Officer. It was noted by the Committee that the Pharmacy Act does not stipulate Regulatory Affairs Officer as one of the cadres registerable with Council. It was also noted that the MPharm specialist qualification already includes the aspects being requested, the scope of practice for a regulatory affairs officer is already in the scope of practice of a pharmacist, and that the scope of practice of a pharmacist belongs to a pharmacist only.

With regards to the evaluation of foreign qualifications, the Education Committee has recommended to Council that the candidates whose BPharm learning programme has not been deemed equivalent to the South African BPharm curriculum may be registered in a lower category, currently pharmacist's assistant (post-basic), provided that the candidate meets certain conditions. The conditions are that the candidate sit for an assessment on the laws and regulations pertaining to the practice of pharmacy in South Africa and is deemed competent, and that the candidate completes at least six (6) months of supervised practice, in the relevant category of registration, to ensure exposure to the South African health system. A guideline delineating the minimum requirements for registration for practice in a lower category is to be developed.

The Office of the Registrar, in consultation with a radiopharmacy specialist, developed a template for the evaluation of radiopharmacy curriculum. This template was accepted by the Education Committee and is to be used until the competency standards for specialist pharmacy has been developed and approved. The Education Committee will use two national specialists to evaluate all applications, and a third international specialist to adjudicate the reports of the evaluations of curricula.

The Office of the Registrar is required to conduct an administrative screening process on applications for evaluation of foreign qualifications, prior to sending the applications to evaluators. The Education Committee is required to conduct quality assurance of the evaluation reports from the external evaluator(s) of foreign qualifications. In 2021 four applications of foreign qualifications were evaluated, of which two were deemed to be equivalent to the BPharm qualification approved/accredited in South Africa.

Total number of meetings	Number of ordinary meetings	Number of special meetings	Total number of meeting days
8	5	3	8

Table 9: Education Committee Meetings in 2021

Total number of Committee members	10
Required attendance of quorum	6
Average number of attendees per meeting	8,5
Committee's overall attendance percentage	85%

Table 10: Summary of Education Committee Membership Attendance

	16 May	20 April	7 June	5 July	16 August	23 September	2 November	17 November
	Ordinary	Special	Ordinary	Special	Ordinary	Special	Ordinary	Special
Total	9	7	10	8	7	7	10	10

Table 11: Education Committee Meeting Attendance 2021



Ms Kamohelo Malaku (Senior Manager: Pre-Registration)

Pre-Registration

Strategic Focus Area

- (a) Establish, develop, maintain and control universally acceptable standards in pharmaceutical education and training.
- (b) Establish, develop, maintain and control universally acceptable standards for the registration of a person who provides one or more or all of the services which form part of the scope of practice of the category in which such person is registered.
- (c) To provide managerial and administrative support to the Office of Council.
- (d) Coordinate the activities of Council and its Committees.

Core Functions

- (a) Develop, review and manage the traineeship process (ensure compliance to registration requirements, pharmacy support personnel (PSP) information empowerment workshops, assessment requirements for examinations, and progress reports).
- (b) Develop, review and manage the internship process (ensure compliance to registration requirements, tutor intern workshops, fourth year students empowerment workshops, assessment requirements for examinations, CPD and progress reports).
- (c) Development and review of accreditation criteria for foreign qualified persons including professional examinations.
- (d) Develop policies that direct the activities of the Pre-registration Department.
- (e) Develop and review Code of Conduct for invigilators, examiners, assessors and moderators.
- (f) Develop and review guidelines, manuals, criteria documents for the interpretation and implementation of the standard as well as the application of the tool (e.g. intern manuals).
- (g) Develop specifications document for online systems and continuously review these processes as part of quality assurance.



Figure 13: Composition of the Pre-Registration Department

2021 Performance Review

Develop, review and manage the traineeship process (ensure compliance to registration requirements, PSP information empowerment workshops, assessment requirements for examinations, and progress reports)

The standard operating procedures (SOPs) for the registration of pharmacy technician trainees were reviewed and all personnel involved in the registration process, including the Communication and Stakeholder Relations Department (CSR), were trained on the process.

The practice examination papers have been developed to assist Pharmacy Support Personnel (PSPs) in preparing for the external integrated summative assessments (EISA).

Develop, review and manage the internship process (ensure compliance to registration requirements, tutor intern workshops, 4th year students empowerment workshops, assessment requirements – exam, CPD and progress reports)

The Intern and Tutor Manual was reviewed to incorporate the 2021 pre-registration evaluation schedules and the latest Council resolutions. In preparation for the 2021 CPD assessment year, intern/tutor workshops were held virtually in order to provide information to interns and tutors on internship requirements, and to elaborate on the compilation of a CPD portfolio of evidence using the CPD online system. The workshops were held on 20, 23, 25 and 27 February, and 1 and 3 March 2021. The workshops were attended by 977 interns.

Council successfully conducted six pre-registration examination workshops in May 2021 to prepare pharmacist interns for the pre-registration examinations. The workshops were held virtually using Microsoft Teams and were also streamed on Council's YouTube and Facebook pages. The workshop presentations were made available on the SAPC website for interns to review prior to the workshop. The pre-registration exam workshops were conducted on 11, 13, 15, 17, 19 and 22 May 2021, and 791 interns attended these workshops.

A remediation workshop to prepare interns for the supplementary examination was conducted on 4 February 2021.

The Council, in collaboration with the National Department of Health (NDoH), held a workshop on 5 October 2021 to outline the process for the placement and registration of community service pharmacists (CSPs) for 2022. The workshop was successfully conducted as a live event on Microsoft Teams and streamed on Facebook and YouTube. Attendees actively participated in the sessions where their questions were fielded by the presenters. The attendee statistics are depicted in Table 12 below.

Platform	Logins or views
Microsoft Teams	618
Facebook views	590
YouTube views	1 092
Total	2 300

Table 12: CSP Workshop Attendee Statistics

In 2021, there were 1 112 fourth-year students registered in all providers who provide the BPharm qualifications. The Office of the Registrar conducted the fourth year student empowerment workshop on 28 and 30 September 2021 for all providers to address the objectives of pre-registration (Internship), process for students to follow when registering as an intern as well

as preparing for internship i.e. evaluation of internship pre-registration examination, CPDs, progress reports and practical training) and pre-registration workshops. (The sessions were held virtually using Microsoft Teams and were also streamed on YouTube and Facebook. The attendee statistics are depicted in Table 13 below.

Platform	28 September	30 September	Total
Microsoft Teams	525	157	682
Facebook	610	379	989
YouTube	424	138	562
Total	1 559	674	2 233

Table 13: 4th-year Student Information Session Attendee Statistics

Development and review of accreditation criteria for foreign qualified persons including professional examinations

Persons who obtained qualifications in pharmacy outside of the Republic of South Africa and who wish to be registered as pharmacists in South Africa are required to write a professional examination. The Guidelines for persons who hold qualifications in pharmacy obtained outside the republic, the Guidelines to the South African Professional Examinations for pharmacists with foreign qualifications, and the Checklist for application by candidates with foreign qualifications requiring registration as a pharmacist or pharmacy support personnel in South Africa were reviewed to incorporate the relevant Council resolutions made in 2020 i.e.;

- requirement for applicants to submit proof of practical work experience from country of origin, confirmation of citizenship status, police clearance certificate and curriculum as per reviewed specification;
- the number of attempts at the professional examination; and
- internship requirements for foreign qualified persons.

An online application process for persons who hold qualifications in pharmacy obtained outside the republic was developed and implemented during 2021. This allows applicants to submit their applications without having to deliver a printed copy of the application and all supporting documents to the Office of the Registrar, avoiding lost applications and documents going missing.

To improve the validity and reliability of the professional examination, a Professional Examination Task Team was established to review and approve professional examination questions prior to the exam being written. The task team was trained on multiple-choice question (MCQ) standard setting.

Develop policies that direct the activities of pre-registration

The Pre-Registration Committee reviewed the Policy for Examinations Conducted by the South African Pharmacy Council to include the pharmacy support personnel External Integrated Summative Assessment (EISA), the pre-registration restoration examination for pharmacists who have been removed, either voluntarily or involuntarily from the register for a period of more than 60 months, the procedure for conducting of online remote examinations and precautionary measures for conducting council examinations during COVID-19. The policy was approved by Council in October 2021.

Several requests for extra time when writing Council examinations have been received by the Office of the Registrar. These requests have varying reasons and consistency in

approving/denying such requests is required, therefore the Committee has drafted, and is in the process of finalising the Policy on Extra Time for Council Examinations to ensure that such applications are reviewed in a consistent manner.

Develop and review the Code of Conduct for invigilators, examiners, assessors and moderators

The contract for independent contractors, which includes the relevant Codes of Conduct, was reviewed in 2021 and signed by all examiners and moderators.

The guidelines, which include the Code of Conduct for Invigilators, were updated for each examination and communicated to the invigilators. Training is also conducted for invigilators prior to each examination.

Develop and review guidelines, manuals, criteria documents for the interpretation and implementation of the standard as well as the application of the tool (e.g. intern manuals)

The Guidelines for examiners and moderators of the intern pre-registration examination, professional examination and PSP EISAs were reviewed in 2021.

The Intern and Tutor Manual was reviewed to incorporate the 2021 pre-registration evaluation schedules and the latest Council decisions.

The Guidelines for persons who hold qualifications in pharmacy obtained outside the republic and the Guidelines to the South African Professional Examinations for pharmacists with foreign qualifications were reviewed in 2021.

The Criteria for evaluation of radiopharmacy specialist applications was developed and approved by Council in October 2021.

Develop specifications document for online systems and continuously review these processes as part of quality assurance

Since Council examinations have been written remotely (online), it has become apparent that better channels of communication between the candidates and the invigilators were required. For this reason, the specification for the online chat functionality between invigilators and the exam candidates, as well as the push notification for the online examination platform were developed.

Previously, research proposals submitted by academic pharmacist interns were received manually or via email by the Office of the Registrar. In order to ensure these are correctly recorded and received, the specification for the online submission of research proposals and achieved masters degrees by academic pharmacist interns has been developed.

In an effort to support Council's aim of "going-green" and becoming paperless, the previously manual process of application by foreign qualified persons has been reviewed. The specification for the online application for foreign qualified persons has been developed to limit the number of manual applications received.

Pharmacy Internship

The Intern and Tutor Manual (2021), which outlines all the essential information for pharmacist interns to successfully navigate their internship such as the pre-registration requirements for pharmacist interns, was updated with the 2021 pre-registration evaluations schedules and the latest Council decisions. The manual was published on the SAPC website together with the 2021 intern/tutor and pre-registration examination workshops presentations. Email and SMS notifications were sent to all interns, tutors, responsible pharmacists and heads of

pharmaceutical services informing them of the availability of the manual and other internship information on the website.

Pre-registration examinations for interns

The Guidelines for examiners and moderators of the intern pre-registration examinations were reviewed to incorporate examinations scheduled for 2021.

The task team appointed by Council to review and approve the pre-registration examination questions met in February, April, May, August, September and November 2021 to approve examination papers for the three examinations that were conducted by Council in 2021, and to review other matters related to pre-registration examinations.

Pre-registration examinations for 2021 were successfully conducted online/remotely in March, August and November. Council conducted pre-registration examination workshops virtually in May 2021 to prepare interns for the examinations. Council further conducted compulsory practice examinations in January, May and August 2021 to provide interns with an opportunity to experience the online remote examination conditions.

Council conducts a supplementary examination for interns who have attempted the new format of the pre-registration examination two times or more; passed one of the sections of the examination two times and failed the other section of the examination two times or more. Interns are however required to attend a compulsory remediation session arranged by the Office of the Registrar prior to writing the supplementary examination. A supplementary pre-registration examination for qualifying interns was conducted in February 2021. Council conducted a compulsory virtual remediation workshop in February 2021 to assist interns with preparations for the supplementary examinations. Interns were also required to complete a tutorial prior to attending the workshop.

Restoration Pharmacists and Pre-registration examinations for restoration of pharmacists

In terms of Board Notice 80 of 2020, pertaining to the restoration requirements and process for pharmacists who have been removed from the register, pharmacists who have been removed, either voluntarily or involuntarily, from the register for a period of more than sixty (60) months are required to write and be successful in the pre-registration examination, as one of the requirements to be restored to the register of pharmacists.

Council, in July 2020, approved the format for the pre-registration restoration examination for pharmacists who have been removed, either voluntarily or involuntarily, from the register for a period of sixty (60) months or more. The first pre-registration restoration examination was conducted online/remotely in September 2021. Two pharmacists wrote the examination and both passed.

Candidates with qualifications obtained outside South Africa

Applications for recognition of foreign qualifications

The Guidelines for persons who hold qualifications in pharmacy obtained outside the republic, which outlines all the application and registration requirements, was updated to include the revised fees and latest Council resolutions.

In 2021, Council approved 10 applications for recognition of foreign qualifications that were evaluated by the Pre-registration Committee.

Professional Examination

Upon approval by the Committee, candidates with qualifications in pharmacy obtained outside South Africa are required to write and pass the professional examination before they can be registered as pharmacist interns to undergo internship and comply with the applicable pre-registration requirements. Candidates who apply for registration as pharmacist's assistants (post-basic) are required to register as learners, undergo in-service training under an approved tutor in approved premises, and complete a module in pharmacy law and ethics through an approved provider.

Council appointed examiners and moderators from the universities approved by Council to provide the Bachelor of Pharmacy programme, for their expertise in pharmacology, pharmaceuticals, pharmaceutical chemistry and pharmacy practice, law and ethics to set professional examination papers in their respective subjects for 2021. Council established a Professional Examination Task Team to review and approve professional examination questions prior to the examination being written. The task team was trained on multiple-choice question (MCQ) standard-setting.

The Guidelines for examiners and moderators of the professional examinations were reviewed to incorporate examinations scheduled for 2021, as well as the tasks and responsibilities of the newly established Professional Examination Task Team.

Professional examinations for 2021 were scheduled for May and September/October. Due to the COVID-19 pandemic, Council received fewer applications from candidates with foreign qualifications who wish to be registered as pharmacists and/or requiring to write the professional examinations. As a result, the examinations planned for May 2021 were postponed to August 2021, and those planned for September/October could not be conducted due to no new candidates being approved to write the examinations.

The Guidelines to the South African Professional Examinations for pharmacists with foreign qualifications were updated with the 2021 professional examination schedules and the latest Council resolutions.

Pharmacy Support Personnel (PSP): External Integrated Summative Assessments (EISA) for PSPs

Council, in October 2016, resolved that PSPs who successfully complete the requirements of the Occupational Certificate learning programmes offered by an accredited skills development provider (SDP) must successfully complete an external integrated summative assessment (EISA) before they are awarded the qualification for registration with Council in the relevant category of pharmacy support personnel.

The Guidelines for examiners and moderators of the PSP EISAs were reviewed to incorporate the schedule for setting examination questions.

Although there were no EISAs conducted in 2021, the task team appointed by Council to review and approve the PSP EISA questions met in January, February, March, May, July, September and October 2021 to approve the practice examination papers as well as examination questions for the pharmacist's assistant (basic and post-basic and the pharmacy technician. The task team was able to finalise the practice papers for the pharmacist's assistants (basic and post-basic) which were approved by Council in May 2021. Furthermore, two (2) examination papers were finalised for the pharmacist's assistant (basic) and one examination paper for the pharmacist's assistant (post-basic).

The task team further developed the blueprint (i.e. a document that specifies the format for the examination, the number of questions to be set per exit level outcomes and associated assessment criteria, the level of cognition per question and the duration for the examination etc.) and the pharmacy technician practice papers and these were approved by Council in August 2021.

Specialist Pharmacists

Currently there are two categories of specialist pharmacists registered with Council, namely pharmacokinetics and radiopharmacy. Council, in October 2021, approved the Criteria for evaluation of radiopharmacy specialist applications and the checklist for evaluation of applications for registration as a radiopharmacy specialist pharmacist.

Cooperation with other quality councils

Council is the Assessment Quality Partner (AQP) to conduct the EISA for the new Occupational Certificate: Pharmacist's Assistant Basic (part qualification), Pharmacist's Assistant Post-Basic and the Pharmacy Technician qualifications, and has duly submitted the quarterly reports required by the Quality Council for Trades and Occupations (QCTO).

QCTO has approved the PSP blueprints and the practice examination papers developed by Council for the Pharmacist's Assistants (Basic and Post-Basic).

Statistics

Applications for registration were submitted online, thus resulting in improved turnaround times and data integrity. The following categories of persons were registered during 2021:

Category of persons	Count
Pharmacist Interns	909
Pharmacist's Assistant (Pharmacy Technician trainees)	10

Table 14: Number of Persons Registered in 2021

Table 15 shows an overview of the examinations, including a summary of results conducted by Council in 2021.

Category	Type of exam	No. of exams	No. of candidates	Pass rate
Interns	Pre-reg exam	3		
		5/6 March	47	68,09%
		27/28 August	576	97,22%
		16/17 November	276	88,41%
	Special Pre-reg exam	1 December	1	100%
	Practice exam	4		
		21 January	60	
		3 June	712	
		5 August	212	
		12 October	93	
	Supplementary exam	1		
		18 February	10	70%
Foreign qualified persons	Professional exams	1	10	
		2 August	3	33,33%
		4 August	8	87,5%
		6 August	3	66,67%
Restoration pharmacist (<60 months inactive)	Pre-registration restoration exam	9 September	2	100%

Table 15: Examinations Conducted by Council in 2021

Committees (will include details relating to Task Teams that report to Committees)

Pre-registration Committee	15 March 8 June 17 August 5 October (Special meeting) 3 November
Pre-registration Examination Task Team	2/3 February 20/21 April 28 May 11/12 August 2 September 30 November
PSP Examination Task Team	19/20 January 25 February 30/31 March 25/26 May 7/8 July 27/28 July 14/15 September 6/7 October
Professional Examination Task Team	13/14 April 19 April 28/30 April

Table 16: Number of Meetings Held by the Pre-registration Committee and Task Teams

Pre-registrations Committee

Dr Moliehi Matlala chaired five (5) Pre-Registration Committee meetings during 2021, four (4) of which meetings were ordinary meetings while one meeting was a special Pre-Registration Committee meetings. Due to the COVID-19 pandemic, all Committee meetings were held virtually during 2021.

The Pre-registrations Committee considered and reported on the fundamental responsibilities as provided for in the Education Regulations and reviewed the Policy for Examinations Conducted by the South African Pharmacy Council. The Committee further undertook benchmarking to inform extra time that may be granted for Council examinations and drafted the Policy on extra time for Council examinations, which is still being finalised. Due to the COVID-19 pandemic, all Committee meetings were virtual during 2021.

In addition, the Committee reviewed the intern pre-registration examination blueprint to improve on the validity and reliability of examination. The Committee further developed the examination format for interns attempting the pre-registration examination for the fifth time as well as the pre-registration restoration examination format for pharmacists who have been removed, either voluntarily or involuntarily, from the register for a period of more than sixty (60) months.

	15 March	7 June	17 August	5 October	3 November
	Ordinary	Ordinary	Ordinary	Special	Ordinary
Total number of attendees per meeting	8	7	7	5	6

Table 19: Pre-Registration Committee Meeting Attendance 2021

The implementation of the plagiarism detection system into the CPD platform for the new cohort of interns in 2022 was approved by the Committee.

The Committee approved the mock examination papers for the Pharmacist's Assistant (basic and post-basic). They further approved the Pharmacy Technician blueprint and mock examination paper for the Pharmacy Technician external integrated summative assessments.

In terms of section 4 of the Pharmacy Act, the Committee is required to evaluate applications for registration of persons who qualified outside of South Africa. In 2021, the Committee evaluated ten (10) such applications. The Committee considered the effect of the COVID-19 pandemic on conducting professional examinations and revised the schedule for the examinations based on the number of papers to be written.

The Committee developed the Criteria for the evaluation of radiopharmacy specialist applications and the checklist for evaluation of applications for registration as a radiopharmacy specialist pharmacist. They further recommended amendments to the proposed Regulations relating to the registration of specialist pharmacists to incorporate specialist pre-registration requirements.

Total number of meetings	Number of ordinary meetings	Number of special meetings	Total number of meeting days
5	4	1	5

Table 17: Pre-Registration Committee Meetings in 2021

Total number of Committee members	9
Required attendance of quorum	5
Average number of attendees per meeting	6,6
Committee's overall attendance percentage	66%

Table 18: Summary of Pre-Registration Committee Membership Attendance



Ms Ziyanda Mfuku (Senior Manager: Practice)

Practice

Strategic Focus Area

- (a) To promote the provision of pharmaceutical care which complies with universal norms and values, in both the public and the private sector, with the goal of achieving definite therapeutic outcomes for the health and quality of life of a patient.
- (b) Advise the Minister of Health or any other person on any matter relating to pharmacy.
- (c) Assist in the promotion of the health of the population of the RSA.
- (d) Establish, develop, maintain and control universally acceptable standards of the practice of the various categories of persons required to be registered in terms of this Act.
- (e) To provide managerial and administrative support to the Office of Council.
- (f) Coordinate the activities of Council and its committees.

Core Functions

- (a) Managing pharmacy premises inspections.
- (b) Recommending pharmacy licence applications .
- (c) Recommending applications for the issuing of Section 22A(15) permits.
- (d) Premises approval for the training of pharmacist interns and pharmacy support personnel.
- (e) Issuing and recording licenses to pre-May 2003 pharmacies.
- (f) Maintaining the register of pharmacies and Responsible Pharmacists.

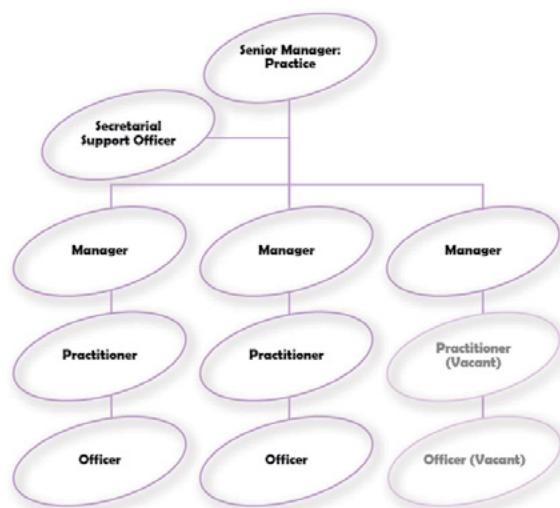


Figure 14: Composition of the Practice Department

2021 Performance Review

Pharmacy Premises Inspections

Council Inspection Officers

Inspection Officers are appointed by the Council in terms of Section 38A of the Pharmacy Act. In 2021, thirty-five (35) Inspection Officers were appointed by Council and signed Independent Contracts, including the Code of Conduct for Inspectors. In 2021, the Office of the Registrar facilitated three (3) meetings with the inspection officers, as well as an *Inspectors' Bosberaad*, which was held over two (2) days. During these meetings, updates on the SAPC Inspection Application functionality, inspection questionnaires and Council expectations from inspectors were discussed.

A list of Council inspection officers was updated to include officers appointed in 2021 and the list is available on the SAPC website for easy access by the profession.

Pharmacy Inspection Tool (Inspection questionnaires) and grading of pharmacies

The Office of the Registrar developed an Inspection App, a self-inspection questionnaire to be completed annually by Responsible Pharmacists (RPs) and an improvement plan system, which was implemented in June 2020. The newly developed inspection tool was used to conduct inspections in 2021, whilst ensuring the stability of the mobile Inspection App, and making necessary updates when required. The inspection questionnaires were updated to include BN 205 of 2019, which includes the updated list of standard operating procedures (SOPs) and the easing of the requirement to have original certificates to be displayed in a pharmacy. The draft questionnaire for primary healthcare clinics was developed and will be discussed at the task team that reviews standards.

Inspection of pharmacies

In terms of Section 22(6) of the Pharmacy Act, the Council has the right to inspect pharmacy premises. This is done on an ongoing basis. Despite the ongoing COVID-19 pandemic, a total of 2 556 inspections were conducted by the end of December 2021. These included monitoring, training, disciplinary and new pharmacy inspections. COVID-19 restrictions and the national lockdown caused a delay in conducting inspections in 2020, as a result, a number of pharmacies were not inspected in 2020. Inspections that could not be conducted in 2020 were conducted in 2021. Out of the 2 556 inspections conducted, 1 847 were Grade A, 131 Grade B, 712 Grade C and 167 Grade D pharmacies.

The Table below is the classification of inspection findings and the inspection cycles that follow such inspection findings/gradings.

Grading system	Inspection findings	Classification	Percentage score	Inspection cycle	Training approval period
Grade A	The pharmacy premises comply with most of the GPP standards	Minor deficiencies	90-100%	3 years	3 years or less
Grade B	The pharmacy premises comply with some of the GPP standards	Major deficiencies	80-89%	2 years	2 years or less
Grade C	The pharmacy premises do not comply with most of the GPP standards	Critical deficiencies	1-79%	1 year	No approval
Grade D	The pharmacy was found to be closed during an inspection	Pharmacy closed	0	Not applicable	None

Table 20: Classification of Inspection Findings

Non-negotiable criteria that impact on the gradings for pharmacies

The Council's grading system is developed to ensure that pharmacies operate efficiently and that the services offered comply with the basic principles of good pharmacy practice. As such, pharmacies that obtain a high score on some sections but acquire one or more shortcomings on the non-negotiable section will be graded C. Below are the non-negotiable criteria per section.

Section in questionnaire	Required % for non-negotiable criteria
Inspection officer details	None
Pharmacy details	None
Pharmacy staffing	90%
Registration details	50%
Premises layout	70%
Equipment	40%
Storage	50%
Control of medicines, scheduled substances and active pharmaceutical ingredients	90%
Thermolabile medicines	80%
Dispensing of prescriptions	70%
Provision of pharmaceutical care	40%
Compounding	70%
Written Standard Operating Procedures	50%
References	50%
General	30%
Promotion of health	60%
Recommendations in respect of training	None

Table 21: Non-negotiable Criteria Per Section

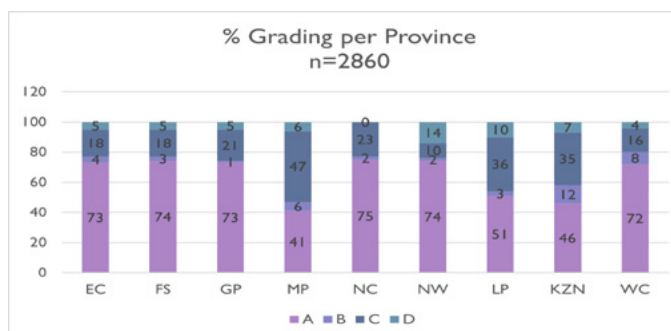


Figure 15: Inspections Per Province

Figure 15 above depicts the inspections conducted per province with the breakdown of the percentage of grading as a result of the inspections.

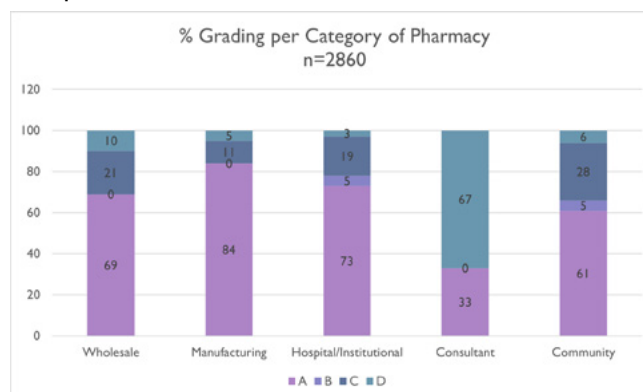


Figure 16: Inspections Per Category

Figure 16 above depicts the inspections conducted per for each category of pharmacy with the breakdown of the percentage of grading as a result of those inspections.

Licensing and recording of pharmacies

Section 22 of the Pharmacy Act, read together with Regulation 8(2) of the *Regulations relating to the ownership and licensing of pharmacies* requires that pharmacy licence applications submitted to the Director General: Health may be reviewed by the Council for purposes of determining whether such application complies with the requirements for ownership, with specific emphasis being placed on the determination of compliance with the *Rules relating to good pharmacy practice*.

Council evaluated 815 GPP recommendation cases for pharmacy licence applications in 2021, for the Director-General: Health (DG) to issue the relevant pharmacy licences. The National Department of Health (NDoH) provides Council with a list of approved and declined licences on a quarterly basis. According to Regulation 8(4) of the *Regulations relating to the ownership and licensing of pharmacies*, all licences issued must be recorded within 30 days from the date of issue, and prior to the provision of any pharmaceutical services. In May 2015, Council resolved that a report on new pharmacies in the format of recommended (GPP compliant) and recorded pharmacies, specifying the type of applications, be tabled at Practice Committee meetings for noting. This allows the Committee to see at a glance the growth of pharmacies within the country.

A total of 656 licences issued by the DG were recorded by Council by 31 December 2021. Although 815 GPP recommendations were submitted to the NDoH, not all licences are then issued or recorded immediately with SAPC. The variance in recommendations and recordings may be a result of various factors, such as the NDoH not issuing the licence, the application for licence process not being finalised within the same year, the applicant deciding not to move forward with opening a pharmacy, amongst other reasons.

GPP recommendations for the issuing of Section 22A(15) permits

Section 22A(15) of the Medicines and Related Substances Act, 101 of 1965 states that “the Director-General may, after consultation with the Pharmacy Council of South Africa as referred to in section 2 of the Pharmacy Act, 53 of 1974, issue a permit to any person or organisation performing a health service, authorising such person or organisation to acquire, possess, use or supply any specified Schedule 1, Schedule 2, Schedule 3, Schedule 4 or Schedule 5 substance, and such permit shall be subject to such conditions as the Director-General may determine.”

On receipt of such applications from the office of the Director General: health, Council evaluates and makes recommendations, with an emphasis on GPP compliance, on these applications to the Director-General in order to issue these permits. A total of twenty (20) Section 22A(15) permits for PCDT pharmacists were recommended to the DG.

Council also participated in issuing pharmacies with COVID-19 vaccination permits. The SAPC was appointed to curate all pharmacies that are recorded on the Master Facility List (MFL). A total of 4 541 COVID-19 facility permits were issued.

The system was further developed to enable the online submission of Section 22A(15) permit applications by persons. The system development supports the application and recording of the following permits, and their renewal (for those pharmacists who already have a permit)-

- PCDT
- Family planning
- Immunisation
- PIMART

Premises approval for the training of pharmacist interns and pharmacy support personnel

In order for a pharmacy to be approved for purposes of training pharmacy interns and pharmacy support personnel (learners), such pharmacies must obtain a minimum of a grade B in an inspection, where there are minor shortcomings. In total 119 premises were approved for the training of pharmacist interns and pharmacy support personnel by 31 December 2021. This includes pharmacies whose approval had expired by 31 December 2020, but the scheduled inspections had to be rolled over to 2021 due to delays caused by COVID-19.

Criteria for evaluation of another business in a pharmacy or a pharmacy in another business (Rule 1.2.2)

Following the publication of Board Notice 70 of 2021, which provided the standards for another practice or business within a pharmacy, or pharmacy within another business, the criteria for evaluation of an application for another practice or business in a pharmacy or a pharmacy in another business was developed and approved by Council. The criteria were developed to enable the Office of the Registrar to evaluate and approve applications received for another practice or business in a pharmacy or a pharmacy in another business.

Issuing and recording licences to pre-May 2003 pharmacies

Section 22 of the Pharmacy Act provided that any pharmacy was registered on 30 April 2003 are deemed to be licensed. Such pharmacies have been referred to as pre-May 2003 pharmacies.

Pre-May 2003 Pharmacy owners and Responsible pharmacists received letters from the Office of the Registrar requesting them to confirm the following:

- (a) If the physical address of the pharmacy reflecting on Council's register is correct as per the actual physical address of the pharmacy; and
- (b) If the pharmacy is still owned by the same owner as reflected on Council's register.

As a result, the Office of the Registrar received applications for pharmacy licence for some pre-May 2003 pharmacies where there was neither a change of address nor a change of ownership. The office also met with the National Department of Health (NDoH) and a software developer to finalise the process of issuing licenses in terms of Section 22 of the Pharmacy Act, online by the Director-General.

Removal of pharmacy registration/recording as a result of non-compliance with GPP

The Office of the Registrar established a Review Panel for the removal of pharmacy registration/recording due to non-compliance with the GPP in line with Board Notice 63 of 2020, titled *Guideline for the Removal of Pharmacy Registration/ Recording as a Result of Non-Compliance with Good Pharmacy Practice and Other Pharmacy Legislation*.

The Review Panel comprises of the Chief Operations Officer (COO), the Company Secretary, all Senior Managers: Professional Affairs, the Senior Manager and Manager: Professional Conduct, Practice Unit Managers as well as a manager from the Finance Department.

The review panel held four (4) meetings in 2021, where fifty-one (51) pharmacies were reviewed, and the relevant recommendations served at the Practice Committee. The Executive Committee of Council (EXCO) resolved that thirty (30) pharmacies be removed from the registers of Council.

The review panel also recommended that all applications for restoration for the pharmacies removed under this process must be reviewed by the panel before restoration.

Other processes developed

Rule 1.8 of the *Rules relating to good pharmacy practice* makes provision for a pharmacy to have an external storage area. The rule states that “any storage area, which is not physically an integral part of the premises of a pharmacy, must constitute part of a pharmacy licensed by the Department of Health and recorded with Council. Such a storage area must fall under the authority of the responsible pharmacist of the pharmacy of which it forms a part and be operated in compliance with Good Pharmacy Practice.” Therefore, such a storage area cannot exist or operate independently of a pharmacy.

In line with the above GPP provisions, the Office of the Registrar received nine (9) applications for internal changes - external storage area. The applicants indicated that they intend to provide fixed outreach vaccination services close to the external storage area to avoid transporting vaccines to and from the pharmacy daily, that is, establishing temporary outreach vaccination sites.

In July 2021, the unrest in the country resulted in the looting of pharmacies, amongst other businesses. Council noted that several pharmacies were looted, and they had to relocate to temporary locations, to allow the licenced premises to undergo refurbishments. Some of these premises may have been approved for the training of pharmacy support personnel and/or pharmacy interns, and therefore, training was affected. Consequently, the affected pharmacies were required to put contingency plans in place regarding the loss or theft of patient records and prescriptions, scheduled Council inspections, and access to pharmaceutical services for patients.

As a result of the challenges highlighted above, the Office of the Registrar issued a statement dated 14 July 2021, to guide owners and responsible pharmacists in dealing with the aftermath of the unrest. An application process was also developed at no fee to the applicant, to allow for relocation to a temporary site with the NDoH issuing a temporary licence. Another application was developed and approved by Council to issue pharmacy registration certificates, at no fee to pharmacy owners and pharmacy professionals whose certificates were destroyed during the looting.

Committees (will include details relating to Task Teams that report to Committees)

Ms Jackie Maiman, the Chairperson of the Practice Committee, chaired nine (9) meetings of the Practice Committee in 2021, of which four (4) were ordinary meetings and five (5) were special meetings. Due to the COVID-19 pandemic, all Committee meetings in 2021 were virtual.

During this period, the Committee developed new standards, reviewed some of the existing standards, and discussed compliance with these standards using reports from the Pharmacy Inspection Tool as a measure of compliance.

The Committee also discussed the COVID-19 vaccination programme and the looting of pharmacies, with the aim to assist the profession to continue offering quality pharmaceutical services.

The Committee reviewed reports on the *Rules relating to Good Pharmacy Practice* (GPP) recommendations for the Director-General: Health to issue pharmacy licences, and Section 22A(15) permits issued in terms of the Medicines and Related Substances Act, 101 of 1965.

Standard Setting

The Practice Committee developed several standards and guidelines to support pharmacy establishments and pharmacy professionals during the civil unrest in July 2021, to ease the burden of disruptions in the pharmaceutical industry. The

Committee also reviewed comments on standards that were previously published for comments and such standards were recommended to Council for implementation.

Delivery of pharmaceutical services using a third party

Council was made aware of a group of pharmacies making use of the online food ordering and delivery platform, Uber Eats, to order Pharmacist Initiated Therapy (PIT) medicines. These included scheduled 0, 1 and 2 medicines and various front shop products.

The Practice Committee concluded that it had to step in and give counsel to the profession about the use of third-party Apps to dispense schedule 1 and above medicines. As a basis to develop the guidance document, the Committee recommended that in addition to rule 1.5 of the GPP, the Office of the Registrar should look into the provision of section 29 of the Pharmacy Act. *The Guidance Document: The use of websites and mobile applications for the purposes of ordering, selling, and delivering medicines* was developed, approved and published on Council's website.

Several scopes of practice for purpose of good pharmacy practice standards were developed and discussed by the Supplementary Training Task Team, namely:

- (a) PIMART – published for implementation
- (b) PCDT – published for comment and comments received
- (c) Family planning – published for comment and comments received
- (d) Immunisation – published for comment and comments received

Regulations pertaining to specialist pharmacists

Council has approved four categories of specialist pharmacists: radio-pharmacists, industrial pharmacists, clinical pharmacists and public health pharmacists. The Practice Committee discussed the scopes of practice which form part of the draft *Regulations relating to specialist pharmacists* and made necessary amendments for approval by Council.

Minimum standard for sexual and reproductive health services provided by pharmacies

The purpose of this standard is to provide the minimum standard in the provision of sexual health services (reproductive health services) by pharmacists who are trained and authorised to provide such services. The services include; HIV testing, PIMART, EPC, Family Planning and Hormonal Contraception services.

The standard was published as Board Notice 71 of 2021 for comment, comments have been collated and will be discussed by the task team in 2022.

Minimum standard for pharmacies offering additional specialised pharmaceutical services

It has been noted that there are facilities offering additional services that are not catered for in the current legislation. Invitations were sent to all stakeholders that usually attend stakeholder forums held by Council. Presentations were made by representatives from radio-pharmacy, oncology and compounding pharmacy.

The Practice Committee resolved that the conditions for registration of pharmacies that offer additional pharmaceutical services but are not catered for in the current legislation be

drafted and forwarded to the Director-General: Health for consideration as conditions for registration of the current categories of pharmacies, and the Office of the Registrar resumes drafting minimum standards for the additional services.

Rule 2.35: Minimum standards for the procurement, storage and distribution of thermolabile pharmaceutical products

Council published amendments for implementation to the minimum standards as contained in the *Rules relating to good pharmacy practice*, in Board Notice 50 of 2015 (Government Gazette No: 38511) in terms of Section 35A(b)(ii) of the Pharmacy Act, 53 of 1974. However, the Office of the Registrar received several requests from stakeholders to present on different storage and distribution models.

The Practice Committee resolved that the Office of the Registrar should engage with SAHPRA on this standard. Input from SAHPRA was received and will be presented at a future task team meeting.

Rule 1.2.11.4: Calibration of scales

Council received requests from stakeholders regarding the calibration of scales. Stakeholders procure new electronic scales of which according to the manufacturer, these scales have an internal calibration function that does not require annual calibration, but only requires an external calibration every three (3) years. Rule 1.2.11.4(b) of the *Rules relating to Good Pharmacy Practice* states that, "an accurate dispensing balance with proof of annual maintenance (if compounding is performed in the pharmacy)".

The Practice Committee on 4 November 2021 resolved that the Task Team that Reviews Minimum Standards be required to review Rule 1.2.11.4(b) of the GPP.

Rule 1.2.11.5: Reference material

A report presented to the Practice Committee in 2016, highlighted that the reference materials section in the inspection questionnaire was one of the areas of "high-level of non-compliance". In July 2017, Council proposed a list of reference materials that must be accessible as hard copies or as electronic versions in all categories of pharmacies.

The Practice Committee, on 18 August 2021, resolved that the Task Team that Reviews Minimum Standards review the list proposed in 2017 and give general guidelines on the references that must be accessible, where applicable.

Total number of meetings	Number of ordinary meetings	Number of special meetings	Total number of meeting days
8	4	4	8

Table 22: Practice Committee Meetings in 2021

Total number of Committee members	11
Required attendance of quorum	6
Average number of attendees per meeting	9
Committee's overall attendance percentage	82%

Table 23: Summary of Practice Committee Membership Attendance

	29 January	17 March	16 April	9 June	7 July	18 August	7 September	4 November
	Special	Ordinary	Special	Ordinary	Special	Ordinary	Special	Ordinary
Total	8	10	9	11	8	9	8	9

Table 24: Practice Committee Meeting Attendance



Mr Mokoadi Mogano (Senior Manager: Continuing Professional Development & Registrations)

Continuing Professional Development & Registrations

Strategic Focus Area

- (a) Uphold and safeguard the rights of the general public to universally acceptable standards of pharmacy practice in both the public and private sectors
- (b) Establish, develop, maintain and control universally acceptable standards in pharmaceutical education and training
- (c) Establish, develop, maintain and control universally acceptable standards for the registration of a person who provides one or more or all of the services which form part of the scope of practice of the category in which such person is registered
- (d) To provide managerial and administrative support to the Office of Council
- (e) Coordinate the activities of Council and its committees

Core Functions

- (a) Develop and Review Standards of CPD and Registrations
- (b) Development and review of accreditation criteria for persons
- (c) Development and review of the accreditation tool (questionnaire and applicable application forms) for registered persons
- (d) Develop and review Code of Conduct for assessors and moderators
- (e) Develop and review guidelines, manuals, criteria documents for the interpretation and implementation of the standard as well as the application of the tool
- (f) Develop specifications document for online systems and continuously review these processes as part of quality assurance
- (g) Manage the monitoring and compliance process for CPD and Registrations (appoint and train assessors and moderators, perform participation data analysis, evaluate, and produce report, give feedback)
- (h) Manage and maintain the registers of persons registered, which includes pharmacists, students, interns, pharmacy support personnel, specialist pharmacists, pharmacists with permits issued in terms of S22A of the Medicines Act, assessors and moderators.
- (i) Management of registered persons who are unfit to practise for reasons other than unprofessional conduct
- (j) Regular validation of the processes, systems and procedures through performance assessment and identification of stumbling blocks



Figure 17: Composition of the CPD & Registrations Department

2021 Performance Review

Develop and Review Standards of CPD and Registrations

Competency Standards are defined as an industry-determined specification of performance, which sets out the skills, knowledge and attitudes required to operate effectively in employment.¹ In 2018 the Council started the process of developing and publishing competency standards for pharmacists, the purpose of which was to set out the skills, knowledge and attitudes that registered pharmacists having completed their qualification and is registered to practice would need to perform the legislative scope of practice for such registration. The CPD & Registrations Department, as part of maintaining and managing the registrations of persons, was identified as the department best situated to develop such competency standards for registered persons.

In 2021 the CPD & Registrations Department continued with the development and publication of competency standards for pharmacy support personnel, as well as pharmacists who have completed supplementary training for added services provided by pharmacists. The year under review saw the development of competency standards for Pharmacy Support Personnel, competency standards for pharmacists providing Primary Care Drug Therapy (PCDT) services, competency standards for a pharmacist providing immunisation services, which were all published for comment. The competency standards for a pharmacist who provides Pharmacist-Initiated Management of Antiretroviral Therapy (PIMART) Services in South Africa were published for implementation. The competency standards for a pharmacist providing family planning services were developed and are awaiting approval by Council.

Competency Standard Name	Publication Status
Competency standards for pharmacy support personnel in South Africa	Published for comment (9 July to 9 September 2021)
Competency standards for pharmacists providing Primary Care Drug Therapy (PCDT) services	Published for comment (13 August to 13 October 2021)
Competency standards for a pharmacist providing immunisation services	
Competency standards for a pharmacist who provides Pharmacist Initiated Management of Antiretroviral Therapy (PIMART) services	Published for implementation (13 August 2021)
Competency standards for a pharmacist providing family planning services	Pending publication

Table 25: Competency Standards Published in 2021

The competency standards are used to guide the development of learning programmes by prospective providers. The outcomes of such learning programmes must equip the registered person with skills, knowledge and attributes contained in the competency standards.

Development and review of accreditation criteria for persons

In terms of the *Regulations relating to supplementary training or refresher courses to be undergone or taken by persons who are registered in terms of the Pharmacy Act, 1974, and the provisions and control over such training or courses*, supplementary training is defined as, “training approved in terms of section 33 (1) of the Act which gives a registered person additional professional competency, powers or recognition in terms of the Act or any other law, and which, after successful completion thereof and

¹ As defined by UNEVOC a division of UNESCO

the payment of the prescribed registration fees, is entered in a register kept in accordance with Section 14 of the Act. In certain instances, the completion and registration of supplementary training enables the person who has completed such training to apply for and receive a permit issued by the Director General: Health in terms of Section 22A(15) of the Medicines and Related Substances Act, 101 of 1965, which allows the permit holder to acquire, possess, use or supply any specified Schedule 1, Schedule 2, Schedule 3, Schedule 4 or Schedule 5 substance, subject to such conditions as the Director General may determine.

In 2021 the CPD & Registrations Department, in line with Council's policies and processes, developed and implemented the online application process for persons to register their supplementary training and record their permits obtained from the Director-General in terms of Section 22A(55), such application processes included pharmacists who had completed supplementary training for PIMART, PCDT, Immunisation Services, and Family Planning online applications received in 2021 are as follows:

Application type	No. of applications received
PCDT permit including recording and renewal	65
Immunisation services	260
Family planning (awaiting provider accreditation)	4
PIMART (applications suspended)	9

Table 26: Applications for Registration of Supplementary Training Received in 2021

Development and review of the accreditation tool (questionnaire and applicable application forms) for registered persons

In terms of the *Regulations relating to the registration of persons and the maintenance of registers*, person who apply for registration, or apply for restoration of their registration are required to “submit to the registrar a duly completed application on a form approved and provided by the council”. In line with this provision in the regulations, the CPD & Registrations Department identified the need to develop, review and update the necessary application forms:

- Application form for the updating of personal details: This is a new application form that ensures that personal details of registered persons are updated correctly and that such information that is required to be changed in the register is legally changed/amended;
- In terms of the CPD Regulations, an application form for a pharmacist to change their designation from “non-practising” to “practising” following an involuntary change of designation to non-practising; and
- In terms of the CPD Regulations, an application form for a pharmacist to change their of designation from “non-practising” to “practising” following a voluntary change of designation to non-practising (in terms of the CPD Regulations).

The need for the review of the application form for updating personal emanated from the complaints received from some members of the profession regarding the perceived high application fees associated with updating personal details with Council. Although the fees were based on a cost recovery model, the CPD and Registrations Department proposed the reduction of fees which were accepted by Council. A new form titled “Application for updating of personal details of registered person in terms of the Pharmacy Act 53 of 1974” can be accessed on the SAPC website on https://www.sapc.za.org/Pharmacists_Applications.

The need for the applications in terms of the CPD Regulations arose in 2021, as a result of the implementation of the CPD Regulations for all pharmacists in 2020 and the emerging processes that such implementation required.

The relevant fees for these applications were approved by Council and published by way of Board Notice.

Both the applications for change of designation from non-practising to practising in terms of the regulations relating to continuing professional development (i.e., voluntary and involuntary designation) can be accessed on the SAPC website on https://www.pharmcouncil.co.za/Pharmacists_Applications.

Develop and review Code of Conduct for assessors and moderators

Assessors and moderators of Pharmacist Interns' CPD entries are required to enter into an independent contract with the Council. In terms of the contract all assessors and moderators are required to conduct themselves in terms of the Code of Conduct. The CPD & Registrations Department should from time to time review the Code of Conduct to ensure that the code remains up to date and relevant in terms of the functions of assessors and moderators. The Code of Conduct for assessors and moderators of Pharmacist Intern's CPD entries was reviewed for 2022 as part of the policy review cycle of the Council.

Develop and review guidelines, manuals, criteria documents for the interpretation and implementation of the standard as well as the application of the tool

The guidelines for assessors and moderators of CPD entries submitted by Pharmacist Interns as part of the pre-registration evaluation for 2022 were reviewed. The Intern/Tutor Manual for 2022 was also reviewed so as to ensure its currency.

Develop specifications document for online systems and continuously review these processes as part of quality assurance

In order to proceed with the development of online systems, should a unit or Department within the Office of the Registrar require the changes or system developments, there is a need to develop the specifications for such development. The following specifications were developed:

- for online applications for permits issued in terms of Section 22A of the Medicines and Related Substances Act, 101 of 1965, for persons (PIMART, PCDT, Immunisation Services, and Family Planning); and
- the specification for change of facility for community service pharmacists were developed.

The specification for voluntary erasure from the register was reviewed. The review entailed ensuring that the online application create as dashboard case for processing so that the Office of the Registrar could account for these cases.

Manage the monitoring and compliance process for CPD and Registrations (appoint and train assessors and moderators, perform participation data analysis, evaluate, and produce report, give feedback)

2021 was the second year that CPD activities by pharmacists was compulsory. The deadline for the 2020 CPD cycle was 31 December 2020, with a grace period until 30 April 2021. As such, the CPD and Registrations Department sent out email, SMS and social media reminders to all registered pharmacists to comply with the CPD requirements for the 2020 cycle. The Department also hosted virtual CPD Masterclasses in April 2021, as well as remedial sessions in June 2021. The last two CPD Masterclasses for 2021 were hosted in November and December.

Month	CPD activity type	Number of sessions held
April	CPD Masterclass	6
June	CPD remedial session	2
November & December	CPD Masterclass	2

Table 27: CPD Workshops Held in 2021

Pharmacists who were still not compliant with the requirements at the end of 30 April 2021 received calls from the Office of the Registrar to encourage them to become compliant by 30 June 2021.

Congratulatory letters were sent out to all pharmacists who were found to be compliant with the 2020 CPD requirements. Those who were not compliant were sent letters asking them to provide reasons as to why they should not be designated as non-practising on the register and/or have disciplinary action taken against them. Non-compliant Responsible Pharmacists and tutors were referred to the Professional Conduct Department for disciplinary action. Statistics regarding CPD compliance for 2021 are provided in the Statistics section below.

Manage and maintain the accreditation of all registered persons (Students, interns, pharmacy support personnel, pharmacists, specialists, PCDT, assessors and moderators)

The majority of applications for the registration of persons were submitted online during 2021, resulting in improved turnaround time and data quality. Applications such as registration of assessors/moderators, applications for a duplicate certificate, updating of personal details, change of designations from non-practising to practising as still manual applications.

Category of persons	No. registered in 2021	Total No. active
Assessors and Moderators	12	393
Pharmacy students	976	4 507
Community service pharmacists	841	863
Pharmacist's Assistants (Basic and Post-Basic)	2 178	17 916
Pharmacist's Assistant Learners (Basic and Post-Basic)	2 808	5 767
Pharmacy Technician (Post-Basic)	63	425
Pharmacy Technician trainees	13	87
Pharmacists after community service	754	768
Tutors	1 744	4 626
Responsible Pharmacists	1 012	4 475

Table 28: Registered Persons from the Different Categories of Pharmacies in 2021

Regular validation of the processes, systems and procedures through performance assessment and identification of stumbling blocks

The CPD register reporting matrix was revised to include CPD entries submitted by pharmacists who were performing community service in 2020, for better reporting on pharmacists' compliance with CPD requirements.

The reporting matrix for the improved monitoring of pharmacy interns CPD assessor and moderator performance was revised. The performance of the moderator webpages was improved.

Statistics

Descriptor	Number	Percentage
Non-compliant (no entries)	481	3,35%
Non-compliant (1-5 entries)	470	3,27%
Compliant (6 entries or more)	13 321	93,38%
Practising	14 362	100,00%

Table 29: Overall Compliance Statistics by CPD Submission Deadline

Descriptor	Number	Percentage
RP	100	20,79%
Tutor	25	5,20%
No sub-roles	356	74,01%
Total non-compliant	481	100,00%

Table 30: Non-compliant Pharmacist Statistics (No Entries)

Descriptor	Number	Percentage
RP	170	36,17%
Tutor	73	15,53%
No sub-roles	227	48,30%
Total non-compliant	470	100,00%

Table 31: Non-compliant Pharmacist Statistics (1-5 Entries)

Committees (will include details relating to Task Teams that report to Committees)

The CPD & Registrations Department attends to the secretariat functions of both the CPD Committee and the Health Committee.

The CPD Committee is established as a committee of Council in terms of the CPD Regulations and considers and reports on the fundamental responsibilities as provided for in the proposed CPD Regulations (Regulation 3):

- the promotion and awareness of the need for continuing professional development (CPD);
- the liaison with stakeholders on matters relating to CPD;
- the criteria for the appointment of assessors for the purpose of assessing the participation and recording of CPD activities;
- the establishment, development and maintenance of the requirements and tools relating to participation in and the recording of CPD activities;
- the setting of criteria for the assessment of compliance with the requirements for CPD;
- the adjudicating of requests for deferment and or exemption from the requirements for compliance with CPD;
- the assessment of compliance with the requirements and criteria relating to participation and recording of CPD activities;
- the implementation of quality assurance of processes relating to CPD; and
- the setting of standards for the approval of CPD providers, CPD courses and activities.

In terms of Section 4 of the Act, the CPD Committee further considers and reports on all matters concerning registrations of persons and recording of organisations.

The CPD Committee considers and reports on matters related to Human Resources in Pharmacy as delegated by Council.

Mr Ayanda Soka chaired seven CPD Committee meetings during 2021, four (4) of which meetings held in March, June, August and November 2021 were ordinary meetings, whereas three (3) meetings were special CPD Committee meetings held in July and October. The July special meeting discussed the *Competency standards for a pharmacist providing immunisation services* which were then recommended for approval to Council for publication for comment. The urgent finalisation of the competency standards was essential to increase pharmacist vaccinators at the height of the COVID-19 pandemic and to assist the National Department of Health to meet its vaccination targets. The meeting also discussed CPD participation by pharmacists for the 2020 year and made recommendations to Council. The recommendations included the designation of pharmacists (non-tutor and non-Responsible Pharmacist) with zero entries to non-practising, as well as the requirement for pharmacists (non-tutor and non-Responsible Pharmacist) who submitted between one (1) and five (5) CPD entries to provide reasons why they should not be designated as non-practising and that CPD non-compliant Responsible Pharmacists and tutor be referred for disciplinary action to be instituted against them.

The October meeting discussed the *Competency standards for a pharmacist providing family planning services* which were then recommended for approval to Council for publication for comment. The Committee also discussed the reasons submitted by pharmacists for non-compliance to CPD requirements.

Due to the COVID-19 pandemic, all Committee meetings were held virtually during 2021.

The CPD Committee in 2021 focused on finalising the *Competency standards for Pharmacy Support Personnel*, the *Competency standards for pharmacists providing primary care drug therapy (PCDT)*, and the *Competency standards for a pharmacist providing immunisation services*, for comment. The *Competency standards for a pharmacist who provides Pharmacist Initiated Management of Antiretroviral Therapy (PIMART) services in South Africa* were finalised for implementation. The Committee also developed the *Competency standards for a pharmacist providing family planning services*, which standards await the approval by Council.

Total number of meetings	Number of ordinary meetings	Number of special meetings	Total number of meeting days
6	4	2	6

Table 32: CPD Committee Meetings in 2021

Total number of Committee members	6
Required attendance of quorum	4
Average number of attendees per meeting	4,6
Committee's overall attendance percentage	78%

Table 33: Summary of CPD Committee Membership Attendance

	18 March	10 June	7 July	19 August	5 October	5 November
	Ordinary	Ordinary	Special	Ordinary	Special	Ordinary
Total number of attendees per meeting	5	5	4	5	4	5

Table 34: CPD Meeting Attendance 2021

The Health Committee is established in terms of the *Regulations relating to the management of a person registered in terms of the Pharmacy Act, 1974, unfit to practise for reasons other than unprofessional conduct.*

The Health Committee shall assume the responsibilities as provided for in the Health Committee Regulations:

- receive from the Registrar information and/or an allegation of a person who is registered in terms of the Act, who may be unfit to practice, and conduct such inquiries as may be necessary;
- where necessary and/or possible engage with the respondent and agree to mutually acceptable arrangements pending an assessment of the Respondent;
- conduct a health assessment of the respondent in terms of Regulation 3 of the Health Committee Regulations;
- the evaluation of health examiners' reports where necessary;
- provide a finding in terms of the health assessment and determine the further management of the respondent, which could include limitations on the respondent's ability to practice, temporary suspension from practice pending an investigation by the Health Committee;
- conduct an investigation in terms of Regulation 15 of the Health Committee Regulations and make a finding as a result of such investigation; and
- monitor and review any conditions or limitations to practice imposed on the respondent.

In terms of Regulation 27 of the Health Committee Regulations, all proceedings and actions taken by the Health Committee must be conducted with due consideration of the respondent's right to privacy.

Ms Steve Letsike chaired four (4) ordinary Health Committee meetings held in March, June, August and November 2021 and three (3) special CPD Committee meetings held in July and October. Due to the COVID-19 pandemic, all Committee meetings were virtual during 2021 and managed eighteen (18) cases, with fourteen (14) cases being active and four (4) cases being closed.

Total number of meetings	Number of ordinary meetings	Number of special meetings	Total number of meeting days
4	4	0	6

Table 35: Health Committee Meetings in 2021

Total number of Committee members	7
Required attendance for a quorum	4
Average number of attendees per meeting	6
Committee's overall attendance percentage	86%

Table 36: Summary of Health Committee Membership Attendance

	25 March	19 April	20 April	3 June	26 August	11 November
	Ordinary			Ordinary	Ordinary	Ordinary
Total number of attendees per meeting	5	6	6	7	6	6

Table 37: Health Committee Meeting Attendance 2021



Mr Nhlamulo Nkanyane (Senior Manager: Professional Conduct)

Professional Conduct

Strategic Focus Area

- (a) Assist in the promotion of the health of the population of the Republic of South Africa.
- (b) Establish, develop, maintain and control universally acceptable standards of control over persons registered in terms of this Act by investigating in accordance with this Act, complaints or accusations relating to the conduct of registered persons.
- (c) Coordinate the activities of Council and its committees.

Core Functions

- (a) Enforce compliance with standards (perform prosecutorial services).
- (b) Support registered persons to maintain their capability, competency, and suitability to practice.
- (c) Develop and review the standards of enforcement legislation provisions.
- (d) Receive and process complaints from the public and members of the profession.
- (e) Provide advisory services on legal enquiries related to the core functions of the Professional Conduct Department.

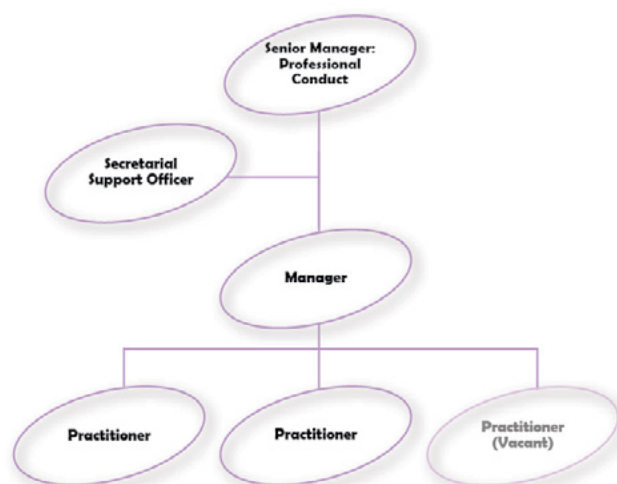


Figure 18: Composition of the Professional Conduct Department

2021 Performance Review

Enforce compliance with standards (perform prosecutorial services)

The Professional Conduct Department is responsible for investigating complaints of unprofessional conduct or misconduct against registered persons and/or premises in terms of Section 39 of the Pharmacy Act, and in terms of the *Regulations relating the conduct of inquiries in terms of Chapter V of the Pharmacy Act*.

In addition, the Department is responsible for investigating and prosecuting matters referred within the Office the Registrar regarding the noncompliance of persons or facilities with the *Rules relating to good pharmacy practice (GPP)*, as well as the *Regulations relating to continuing professional development*, and other applicable legislation. The Professional Conduct Department is also responsible for coordinating all the activities of the disciplinary committees of Council.

Matters investigated by the Department range from accusations of unprofessional conduct to matters of noncompliance with legislative requirements.

Receive and process complaints from the public and members of the profession

In the year 2021, issues addressed by the Professional Conduct Department included pharmacies operating without pharmacists, the failure to register a Responsible Pharmacist for a pharmacy, the consecutive Grade C grading of pharmacies, high profile cases relating to COVID-19, and Continuing Professional Development (CPD) noncompliance complaints. These matters were referred to the relevant Committees of Council as indicated below. In addition, the Registrar's Complaints Review Panel (RCRP) was convened and the prosecution of several serious cases of unprofessional conduct at the CFI took place.

The Professional Conduct Department received 504 complaints and 278 internal handover of pharmacies which failed to comply with Good Pharmacy Practice and also in terms of the *Guidelines for the removal of pharmacies* for the period under review. In July 2021, the Professional Conduct Department received 357 complaints from the CPD and Registrations Department which related to the failure to submit the required CPD activities by Responsible Pharmacists and tutors. This was a result of the introduction of the compulsory requirement for all pharmacists to submit CPD activities in 2020 and was, therefore, the first time that Responsible Pharmacists and tutors were investigated and prosecuted for their non-compliance with CPD regulations in the 2020 cycle.

The Professional Conduct Department was able to process 759 complaints in total, which complaints were referred to the respective disciplinary committees as per the details below.

Support registered persons to maintain their capability, competency, and suitability to practice

The Professional Conduct Department, in terms of Regulation 6 of the *Regulations relating to continuing professional development*, is required to investigate and prosecute Responsible Pharmacists and tutors for failure to comply with submission of CPD activities. These categories of persons cannot be designated as non-practising and, therefore, the only form of recourse for non-compliance is through Chapter V of the Pharmacy Act.

The Professional Conduct Department, through recommendations from the disciplinary committees, supports registered persons, where necessary, by referring them to the Health Committee when the nature of the alleged misconduct or unprofessional conduct may arise as a result of their ongoing fitness to practice. In 2021, two (2) cases were referred to the Health Committee by the disciplinary committees.

Develop and review the standards of enforcement legislation provisions

The Professional Conduct Department works closely with the Practice Department in identifying areas of pharmacy practice that are showing increased trends of non-compliance. This may result in input in the development of pharmacy practice standards. In addition, the Professional Conduct Department provides input in the development and review of existing and new standards in terms of professional enforcement of such standards.

Provide advisory services on legal enquiries related to the core functions of the Professional Conduct Department

The Professional Conduct Department provides legal advice to the public and members of the profession regarding any enquiries related to unprofessional conduct. Any formal legal queries may be redirected to the Company Secretary and Legal Services Department.

Committees (will include details relating to Task Teams that report to Committees)

The disciplinary committees as established in the *Regulations relating to the conduct of inquiries held in terms of Chapter V of the Pharmacy Act* play a critical role in the professional conduct process, as the regulations prescribe in detail the delegation of functions to such committees. In terms of the regulations, the Registrar has authority to review a matter and determine if there is prima facie evidence to proceed with the investigation. Once this has been established the matters lie exclusively with the disciplinary committees, being the Committee of Preliminary Investigation (CPI), the Committee of Informal Inquiries (CII) and the Committee of Formal Inquiries (CFI).

A pro forma complainant is defined as the person appointed in terms of Regulation 4(3)(b)(i) or 4(3)(c)(i) by the Committee of Preliminary Investigation to represent the actual complainant and to present the complaint to the committee concerned at an informal inquiry or a formal inquiry¹. Legislation permits for a pro forma complainant at both the CII and the CFI.

The nature of CII hearings, being that of peer review, has resulted in the Office of the Registrar identifying the need to make use of pharmacists employed in the Office of the Registrar as pro forma complainants in CII matters.

As the nature of hearings at in terms of the CII are more legal in nature and that Respondents are permitted legal representation, and as all the professional staff of the Department are required to hold a legal qualification, the Professional Conduct Department are appointed as a Pro Forma Complainant by the CPI for purposes of conducting prosecuting matters at the CII

Registrar's Complaints Review Panel (RCRP)

The Registrar/CEO has established an internal panel, The Registrar's Complaints Review Panel. Consisting of the Registrar/CEO, the COO, the staff of the Professional Conduct Department, the Senior Managers from Education and Training, Pre-Registrations, Practice and CPD and Registrations, as well as the Company Secretary.

The role of the Registrar's Complaints Review Panel is to discharge the functions of the Registrar in terms of Regulation 3 of the *Regulations relating to investigations under Chapter V of the Pharmacy Act*.

Should the panel determine that there is no prima facie evidence of unprofessional or misconduct against a Respondent, no further action will be taken on the matter. In the event that the panel determines that there is prima facie evidence of unprofessional or misconduct, the matter is referred to the CPI for further review. In 2021, the Registrar/CEO convened three (3) meetings of the RCRP and finalised 220 cases. A summary of the cases reviewed by the panel are presented in the table below:

1 *Regulations relating to the conduct of inquiries held in terms of Chapter V of the Pharmacy Act*

Meeting dates	Total number of cases	No further action	Held over for further investigation	CII	CFI	Health Committee
8 October	65	61	3	0	0	1
8 November	90	83	7	0	0	0
15 November	65	53	11	0	0	1
Total	220	197	21	0	0	2

Table 38: Recommendations of the RCRP

Committee of Preliminary Investigation (CPI)

The Committee of Preliminary Investigation is established in terms of Chapter 2 of the *Regulations relating to the conduct of inquiries in terms of the Pharmacy Act*. Mr Jan du Toit chaired five CPI meetings during 2021, three (3) of which meetings were ordinary meetings, while two (2) meetings were special CPI meetings, culminating in a total of 11 meetings days. Due to the COVID-19 pandemic, all Committee meetings were held virtually during 2021. The CPI in 2021 reviewed 759 complaints and recommended that 426 cases be referred to the Committee of Informal Inquiry (CII), while 32 cases were referred to the Committee of Formal Inquiry (CFI).

The two special CPI meetings were identified to address matters pertaining to Responsible Pharmacists and tutors who contravened the Continuing Professional Development Regulations by failing to submit the required six (6) CPD activities for the year 2020.

The summary of the outcomes of the matters reviewed by the CPI are detailed in the table below:

Meeting	Total number of cases	No further action	Held over for further investigation	CII	CFI	Health Committee
9/10 March and 7 April	135	68	18	37	12	0
22/23 June and 6 July	144	53	35	40	16	0
15 September	118	8	2	108	0	0
20/21 October	122	60	27	31	4	0
1/2 December	240	28	2	210	0	0
Total	759	217	84	426	32	0

Table 39: Recommendations of the CPI

A yearly analysis of the total of CPI case numbers is provided hereunder:

2014	2015	2016	2017	2018	2019	2020	2021
224	299	407	269	373	390	498	759

Table 40: Yearly Analysis of the Total of CPI Case Numbers

Total number of meetings	Number of ordinary meetings	Number of special meetings	Total number of meeting days
5	3	2	11

Table 41: Committee of Preliminary Investigation Meetings in 2021

Total number of Committee members	6
Required attendance of quorum	4
Average number of attendees per meeting	4,7
Committee's overall attendance percentage	79%

Table 42: Summary of Committee of Preliminary Investigation Membership Attendance

	9 March	10 March	7 April	22 June	23 June	6 July	15 September	20 October	21 October	1 December	2 December
	Ordinary			Ordinary			Special	Ordinary		Special	
Total number of attendees per meeting	5	5	5	5	5	4	5	4	5	4	5

Table 43: Committee of Preliminary Investigation Meeting Attendance 2021

Committee of Informal Inquiry

Dr Mariet Eksteen chaired three (3) CII meetings during 2021. Due to the COVID-19 pandemic, all Committee meetings were held virtually during 2021. In total, CII reviewed 185 cases.

The table below depicts a summary of the number of cases that were reviewed by way of appearances by the Respondents and the number of cases that were concluded by way of consent orders. In total, an amount of R457 000 was invoiced for fines payable by Respondents and an amount of R554 694 was invoiced for cost orders against Respondents.

Meeting	Total number of cases	Appearances	Consent orders	CFI referrals	
23/24 February	38	13	25	0	R108 000,00 R120 894,82 (co)
20/21 July	29	7	22	0	R145 000,00 R88 893,25 (co)
16/17 November	107	10	97	0	R204 500,00 R344 905,81 (co)
Total	174	30	144	0	R457 000,00 R554 693,88 (co)

Table 44: Findings of the CII

A yearly analysis of the total of CII case numbers concluded by CII is provided hereunder:

2014	2015	2016	2017	2018	2019	2020	2021
83	87	95	63	71	55	80	174

Table 45: Yearly Analysis of the Total Number of Concluded CII Cases

The nature of the contraventions reviewed by CII that resulted in fines are summarised as follows:

	Contraventions	Frequency of occurrence
(i)	CPD non-compliance	69
(ii)	Dispensing errors	51
(iii)	Ethical Rule 10 (bringing the profession into disrepute)	11
(iv)	Failure to supervise PSP	7
(v)	Incorrect labelling	6
(vi)	Failure to consider the wellbeing of the patient	5
(vii)	Relocation of a pharmacy without informing Council	5
(viii)	Substitution of medication on a prescription without the consent of the patient	5
(ix)	GPP shortcomings	4
(x)	Dispensing expired medicine	4
(xi)	Dispensing without a valid prescription	4
(xii)	Breach of confidentiality	3
(xiii)	Failure to furnish advice to a patient or caregiver when dispensing medicine	2
(xiv)	Allowing unregistered persons to perform the acts pertaining to the scope of practice of a pharmacist	2
(xv)	Incorrect advertising	2
(xvi)	Sale of unregistered medical devices	2
(xvii)	Incomplete or absent schedule 6 register	1
(xviii)	PSP practising outside scope of practice	1
(xix)	Failure to deliver medicine on agreed time	1
(xx)	Exporting medicine without the required licence	1
(xxi)	Medical Aid fraud	1

Table 46: Nature of CII Contraventions

Total number of meetings	Number of ordinary meetings	Number of special meetings	Total number of meeting days
3	3	0	6

Table 47: Committee of Informal Inquiries Meetings in 2021

Total number of Committee members	5
Required attendance of quorum	3
Average number of attendees per meeting	4,8
Committee's overall attendance percentage	97%

Table 48: Summary of Committee of Informal Inquiries Membership Attendance

	23 February	24 February	20 July	21 July	16 November	17 November
	Ordinary		Ordinary		Ordinary	
Total number of attendees per meeting	5	5	5	4	5	5

Table 49: Committee of Informal Inquiries Meeting Attendance 2021

Committee of Formal Inquiries

The members of the CFI are not fixed as with the other committees of Council. Council resolved that all members of Council can be selected for the CFI as per the nature of the matters appearing before the CFI. This ensures that for each CFI matter, the committee members are familiar with the nature of the alleged transgressions and can provide expert input to such matters. In addition, in terms of Section 39(4) of the Pharmacy Act, read together with the *Regulations relating to the conduct of inquiries held in terms of Chapter V of the Pharmacy Act*, annually the Council approves a panel of legal assessors who will assist the CFI. Unfortunately, in the year 2021 the team of legal assessors experienced a great loss in the passing of Ms Ina Kruger who had been a legal assessor of Council for a number of years.

In 2021 the CFI finalised sixteen (16) matters. The CFI found twelve (12) respondents guilty, three (3) respondents were found not guilty, and one (1) matter was withdrawn. The value of the fines imposed to the respondents found guilty by CFI amounted to R173 000 and the Cost orders amounted to R153 421,32. Due to the ongoing COVID-19 pandemic, all CFI meetings were conducted virtually.

2014	2015	2016	2017	2018	2019	2020	2021
10	11	6	11	10	25	2	16

Table 50: Yearly Analysis of the Total Number of CFI Cases Concluded

The nature of the contraventions reviewed by the CFI can be summarised as follows:

	Contraventions	Frequency of occurrence
(i)	GPP shortcomings	7
(ii)	Allowing unregistered persons to practice the scope of practice of a pharmacist	3
(iii)	No pharmacist on the premises	3
(iv)	Expired medicines in stock	2
(v)	Dispensing without prescriptions	1
(vi)	Dispensing error	1
(vii)	Relocation of pharmacy without informing Council	1
(viii)	Ethical Rule 10 (Medical Aid fraud)	1

Table 51: Nature of CFI Contraventions



Mr Clement Maqenzhe (Senior Manager: Information Technology)

Information Technology

Strategic Focus Area

- (a) To provide managerial and administrative human resource support to the Office of Council.
- (b) Coordinate the activities of Council and its committees.
- (c) Improve internal efficiency and effectiveness.

Core functions

- (a) Upgrade IT infrastructure, software and hardware in line with current technology.
- (b) Improve ICT Governance.
- (c) Enhance the ability of staff members to work offsite in the processing of applications and customer requests.
- (d) Review and develop service level agreements (SLA) to ensure the quality of vendor services.
- (e) Digitalise most manual processes/Digital Transformation.
- (f) Develop Systems architecture.
- (g) Implement Business Continuity Plan.
- (h) Enhance Cyber Security.
- (i) Reduce the number of service providers by taking some of the responsibilities internally.

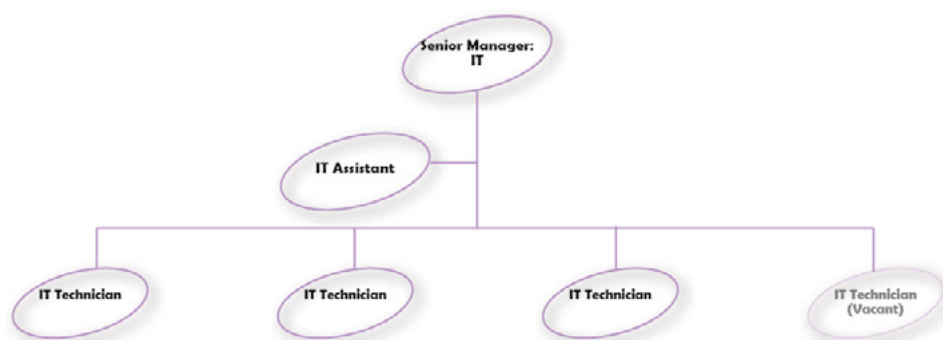


Figure 19: Composition of the Information Technology Department

2021 Performance Review

The Office of the Registrar continued to adapt seamlessly to remote working in 2021. The IT environment was resolute, operating during the COVID-19 pandemic and adapting to the new normal. The Department's task was to enable remote and hybrid operations, enabling virtual reality and making sure that Council continues to engage and collaborate at all levels.

Upgrade IT infrastructure, software and hardware in line with current technology

A solid IT infrastructure creates effective, efficient processes, and a productive workflow for Council. By unifying and automating essential business processes, SAPC increased operational efficiency and improved service delivery.

In order to maintain compliance and assurance, Council renewed its software licenses, including Microsoft Volume Licences & subscriptions, Symantec, Track-It, Adobe, etc. Additionally, the office purchased over 28 computing hardware devices as part of continued hardware refreshment to ensure optimal performance.

Improve ICT Governance

By implementing a governance framework, Council can ensure that IT investments are aligned with SAPC's strategic objectives and help streamline processes and the management of data more effectively.

A draft ICT governance framework and charter was developed and approved by Council, for implementation in 2022. This framework establishes the levels of oversight for IT and outlines the roles and responsibilities of the steering committee members.

Enhance the ability of staff members to work offsite in the processing of applications and customer requests

A reliable computer network allows mobility for employees, giving them the comfort to work from places of their residence or outside of the office, and still be able to access necessary resources on their work computers.

The IT Department successfully implemented Office 365 for all employees and provided a secure VPN connection, which allows employees to connect to the network from anywhere in the country. This was especially important due to the limit of movement which was a result of the government imposed lockdown restrictions.

Our task was to enable remote and hybrid operations, enabling virtual reality and making sure that Council continues to engage and collaborate at all levels.

Review and develop service level agreements (SLA) to ensure the quality of vendor services

Several IT services are outsourced to specialist vendors and their Service Level Agreements are renewed annually. To ensure that the arrangements remain fit-for-purpose, a review of the services provided is conducted as part of the annual renewal process. The review assesses whether the service is still relevant, whether the supplier continues to meet our needs, and whether there are any changes to SAPC's requirements that should be reflected in the service agreement. The review also provides an opportunity to assess the performance of the supplier and to identify any areas where improvements could be made.

Digitalise most manual processes/Digital Transformation

Because process improvement is an ongoing activity, application enhancement is an important area of focus for IT. The Department acquired and implemented a new IT helpdesk system (Track-It) which enables users to log IT queries or send service requests, and seamlessly track their status from allocation to resolution. A total of 4 924 queries logged were resolved in 2021.

Administration, finance and CRM systems continued to be enhanced to improve efficiency and productivity by fine-tuning existing processes and introducing new developments.

Develop Systems architecture

The virtual local area network (VLAN) was created on the network segment to isolate the IT network components. This is important for two reasons: first, to maintain security and protect the company's data from being accessed by unauthorized individuals; and second, to optimize the use of the network resources.

The computing devices at the Office of the Registrar were connected on a flat network which becomes a security risk and poses support and maintenance challenges. The implementation of VLANs allowed network segregation into smaller network segments that can be grouped according to users, functions, devices, etc.

Business Continuity Planning

The new IT Governance Framework and its Charter were approved by Council and the steering committee members were subsequently appointed. The structure will ensure that ICT investments support the overall objectives of Council and align the ICT strategy with Council's strategy. The inaugural meeting was held on 22 July 2021 with the Chief Financial Officer as chair of the meeting.

The data replication site for IT systems is implemented and running at our secondary office in Hatfield. A replication process means that systems running and data stored at the Arcadia office will be reproduced at the secondary site which will then improve the availability of systems and data under any circumstances.

The IT Department conducted two recovery trials from the replication site in 2021, the objective was to ensure that the information technology systems will be restored in case of an actual malfunction. These trials were successful.

Enhance Cyber Security

In early 2021, there was a sharp rise in email phishing globally, a concern which needed immediate attention and action, which was taken. Security improvements were implemented immediately, including the implementation of Advanced Threat Protection (ATP) for Office 365.

In the wake of notable increases in the risk of cyber-attacks, the SAPC, through the IT Department, took both investigative and preventative measures to detect and identify security gaps across its ICT value chain, which included applications, data centres, and network connectivity. A penetration and vulnerability assessment was carried out to identify areas of weakness and to implement proper mitigation and remedial solutions.

The IT Department conducted two recovery trials from the replication site in 2021, with the objective of ensuring that the information technology systems will be restored in case of an actual malfunction.

Part C:

Stakeholder Engagement





Ms Elmari Venter (Senior Manager: Communication & Stakeholder Relations)

Communication & Stakeholder Relations

Strategic Focus Area

- (a) Assist in the promotion of the health of the population of the Republic of South Africa.
- (b) Advise the Minister of Health or any other person on any matter relating to pharmacy.
- (c) Promote transparency to the profession and the general public.
- (d) Provide managerial and administration support to the Office of the Registrar.

Core Functions

- (a) Corporate Communication.
- (b) Public & Media Relations.
- (c) Corporate Social Investment.
- (d) Social Media.
- (e) Digital Media.
- (f) Stakeholder relations & engagement.
- (g) Customer Care Contact Centre attending to incoming calls, emails, creating and processing manual cases on dashboard, walk-in submission of collection of and payments.
- (h) Logistics Centre attending to courier process, returned mail, scanning incoming documents, opening files, printing, outgoing mail, archiving, shredding.
- (i) Publications.
- (j) Language Support.
- (k) Website (Web Content Management and web development).
- (l) Corporate Identity.

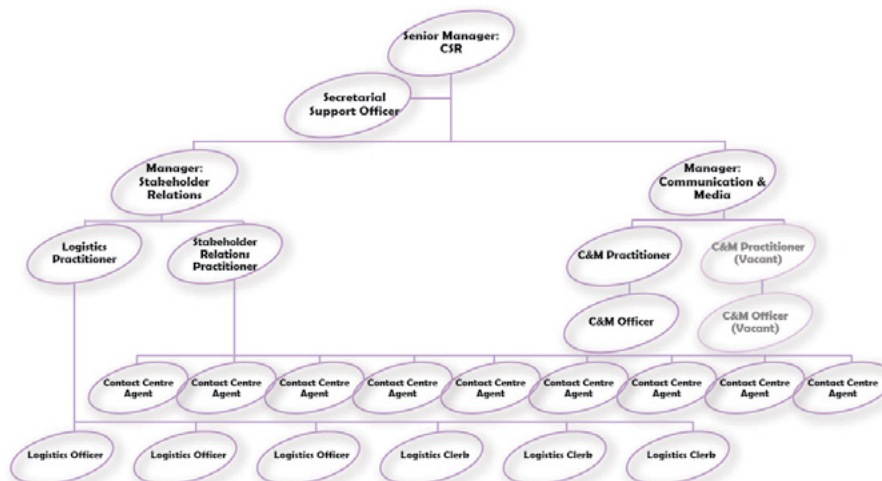


Figure 20: Composition of the Communication & Stakeholder Relations Department

2021 Performance Review

Communication

Internal Communication

During 2021 the CSR Department executed 257 intranet, poster campaigns and email e-Notes in order to communicate key information to Council staff members to support operational objectives. In the period under review, WhatsApp was also implemented as an internal communication vehicle. This internal communication channel will support the Intranet SharePoint app in ensuring that Council staff may communicate and collaborate across devices. These two channels allow the Office of the Registrar to amplify internal communication messages and reach employees through a medium that is easy to access, i.e., their smartphone. Further to this, the department facilitated the 2021 annual general staff teambuilding event.

Corporate Communication

The Communication and Stakeholder Relations (CSR) Department undertook various corporate communication activities comprising stakeholder communication, internal communication campaigns, and supported stakeholder engagement initiatives of the organisation, including workshops with the profession. Stakeholder communication efforts comprised of sixty-two (62) e-Note and SMS campaigns on various operational and professional matters. These included guidance on navigating the dispensing of ivermectin for COVID-19 given the various changes implemented by the South African Health Products Regulatory Authority (SAHPRA), the vaccination of pharmacists against COVID-19, and various efforts aimed at improving operation success, such as encouraging CPD compliance and supporting the revenue generation/fee collection efforts of the Office of the Registrar.

In support of the profession, and to improve engagement with our primary stakeholders, registered persons, CSR supported and coordinated sixteen (16) workshops and masterclasses aimed at pharmacists and pharmacist interns and tutors. These enabled increased compliance with CPD and pre-registration requirements for both pharmacists and interns.

To assist with ensuring compliance with Continuing Professional Development (CPD) requirements by pharmacists, CSR, together with the CPD & Registrations Department, developed a communication programme encompassing social media, direct email and SMS communication, and a CPD blog, and has been maintaining and rolling out the programme since 2020. In 2021, the CPD blog has been maintained and its content offering improved through the addition of new articles, recorded masterclasses and tutorials. The department also developed and published various products aimed at encouraging CPD compliance, including video tutorials and CPD Expert Podcasts wherein pharmacists with high CPD submission rates are interviewed to share their “secrets” to success. This has resulted in better CPD compliance.

From 2020, the Office of the Registrar implemented a Foreign-Qualified Persons Portal to ensure that foreign-qualified persons have access to a comprehensive information source and to ensure the satisfaction of this stakeholder group. This portal was maintained in 2021 and its currency and relevance were ensured.

In pursuit of Strategic Objective I (Assist in the promotion of the health of the population of the Republic of South Africa), the Office of the Registrar has rolled out a year-long social media driven health communication campaign on the backdrop of National and Global Health Days as recognised by the National Department of Health and the World Health Organisation. This campaign has also been rolled out as an internal communication

campaign to ensure that Council staff are educated on various health conditions, the warning signs and how to seek help.

Public and Media Relations

In 2021, public and media relations efforts comprised five (5) press statements/media releases, opinion pieces, media replies, social media campaigns and one crisis communication effort (during the July 2021 civil unrest). Pharmacy Month was also supported through a media communication effort.

Council and its activities were the subject of 142 media coverage items. These included thirty-three (33) news item mentions, sixty-seven (67) online news articles, twenty-three (23) print media articles, one (1) thought leadership piece, and eighteen (18) broadcast interviews. In addition to these, the Office of the Registrar provided media comment and replies to media queries on fourteen (14) occasions. The President of Council, Registrar, and the Chief Operating Officer (COO), attended to media interviews on matters such as the impact of the 2021 July civil unrest on pharmacy and pharmaceutical services, Pharmacy Month 2021, and Pharmacist-Initiated Management of Antiretroviral Therapy (PIMART).

Social & Digital Media

Council is actively engaging stakeholders through the four most popular social networking platforms (Facebook, Twitter, LinkedIn and Instagram) and the world's leading video network, YouTube. The CSR Department has managed to increase the combined social media audience of the SAPC by 47,5%, from 10 058 followers in 2020 to 14 840 in 2021. The total post impressions across social media platforms (including YouTube views) were at 726 210 in 2021, and YouTube videos total watch time was 2 300 hours (494% increase on the 2020 statistics of 387 hours). In addition to rolling out awareness and education campaigns, social media was also used to provide stakeholder support and to resolve service queries and requests. During the year, 2 990 queries and service requests were fulfilled through social media channels (Facebook, LinkedIn, Instagram and Twitter).

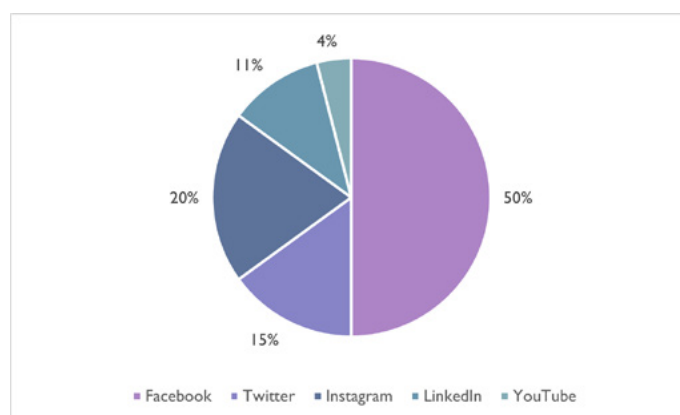


Figure 21: Social Media Audience Share

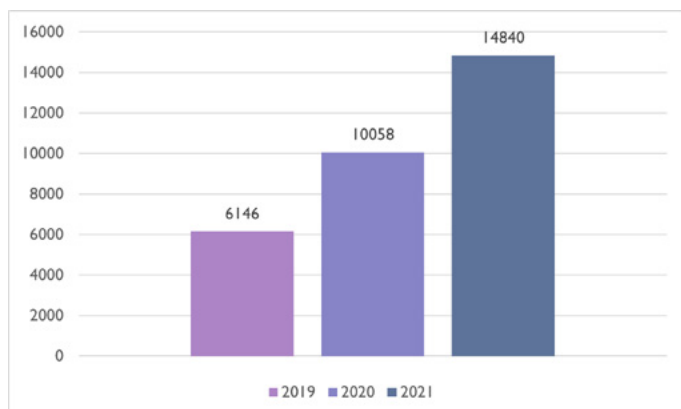


Figure 22: Annual Social Media Audience

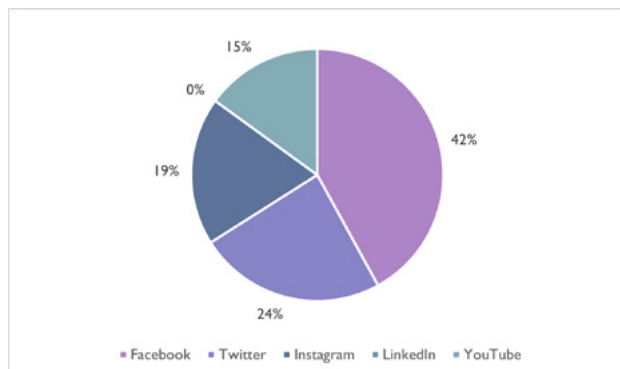


Figure 23: Impressions by Social Network

Social Media Channel	Number of queries/service requests fulfilled	
	2020	2021
Facebook	2 597	2 694
Instagram	147	99
Twitter	144	197
WhatsApp	2 477	Service discontinued
Total	5 365	2 990

Table 52: Social Media Service Queries and Requests

2021 National Pharmacy Month

The 2021 Pharmacy Month awareness campaign was rolled out in September 2021. Campaign material, encompassing posters, pamphlets and digital media banners to create awareness on the theme “Think Pharmacy”, were produced. The theme aimed to highlight the wealth of services members of the public may benefit from when visiting their local pharmacist.

The campaign material was translated from English to all the other official languages of South Africa.

Following the launch, campaigns were carried out by both the profession and the SAPC, through the Office of the Registrar. Council’s sustained social media campaign throughout September 2021 reached 70 538 people across four social media platforms. The media and digital bulk communication campaigns reached 577 000 people, this comprised three radio interviews and one media article.

Publications

Two issues of the *e-Pharmaciae* were published during 2021 (March and December 2021). The *e-Pharmaciae* serves as

the official mouthpiece of Council, and both issues of the *e-Pharmaciae* comprised updates on Council decisions, operational changes, as well as legislative amendments affecting the profession.

The 2020 Annual Report was published. To ensure that the SAPC complies with the country’s reporting laws, especially the Legal Deposit Act, 54 of 1997, the Office of the Registrar acquired the International Standard Book Number (ISBN) for the 2020 Annual Report, through the National ISN Agency. This is the third SAPC Annual Report recorded with the ISN Agency and deposited in all places of Legal Deposit in the country.

Language Support

The Department provided language and document support on 195 documents, 23,4% more than during the same period last year. Services provided included the drafting of documents, language review, editing and proofreading. The Department has engaged in both grammatical and substantive editing of documents including Council and committee minutes, stakeholder communication, presentations, promotional material, standard documents and board notices.

Web Content Management

The CSR Department effected 180 updates to the SAPC website in 2021 (18,3% more updates than in 2020). The website was visited by 383 585 persons, and the website had been visited 1 367 327 times over the same period, implying that the average visitor to the website has visited the website at least 3,5 times during 2021. The SAPC website had a total of 5 787 258 page views.

Logins to the website by registered persons continued to increase. There were 779 447 logins in 2021. The logins are broken down into categories in the table below.

The updating of addresses and contact details functionality is available to each registered member on their secure online profile. The contact details are also verified when calls are received and then updated by the contact centre agent during the call if applicable.

Recorded logins by category	2019	2020	2021
Provider/ Employer Administration	14 110	11 688	17 308
SAPC - Organisations	7 199	11 648	30 566
SAPC - Registered Persons	378 830	568 214	731 573

Table 53: Logins Recorded Per Category

Web development

CSR also carried two web development projects were also carried out in-house from start to finish: Stakeholder Communication page (this page is available on the website and lists all stakeholder communication issued to the profession and other registered persons; these are available for download), and the COVID-19 VacSites Portal (www.sapc.za.org/VacSites), which provides a live, searchable vaccine sites database. The portal was not marketed or updated post 30 June 2021 as the Department of Health released a similar portal. This was in order to avoid confusion among citizens.

Management of Corporate Identity

To support and ensure consistency in branding and corporate identity, the Department has carried out a review, design and compilation of presentations and other publications aimed at both internal and external stakeholders.

Stakeholder Relations and Engagement

SAPC Registration App

The South African Pharmacy Council launched the SAPC Registration App in 2020 to simplify access to SAPC services and to enhance pharmacy professionals' service experience. An active profile represents the registered pharmacy professional with a digital registration card, which can be presented to an inspector or employer for verification.

The SAPC Registration App allows registered pharmacy professionals to easily access their secure profile from their mobile devices anywhere, anytime – minimising the hassle of having to carry a physical registration card, which may get lost.

Other functions on the SAPC Registration App allow registered pharmacy professionals to:

- Submit CPD activities;
- Amend certain personal details;
- View and manage registration; and
- View and display virtual registration card.

Stakeholder Relations (surveys and opinion polls)

The Office of the Registrar runs a continuous opinion survey through the public website. In 2021, 75,3% survey respondents rate Council's services average and beyond. While those who rated the service below average and poor were 24,7%.

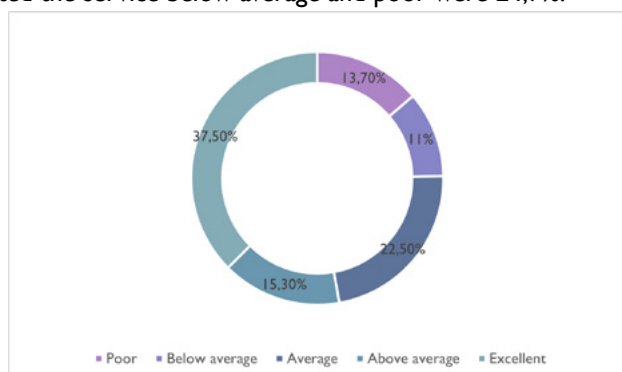


Figure 22: Overall Opinion Rating of the South African Pharmacy Council

	2019	2020	2021
Excellent/above average	60%	58,5%	52,8%
Average	24%	24%	22,5%
Poor/below average	16%	17,6%	24,7%

Table 54: Service Delivery Rating Comparison 2019-2021

To improve the monitoring of interactions with stakeholders, the development of an online service delivery survey to rate the quality of interactions with Council via telephone and email is underway.

Contact Centre

Managing of Incoming calls

The operating hours of the contact centre are from 08:30 to 16:00 daily, Monday to Friday, and the purpose of the contact centre is to centralise queries and resolve them efficiently. Most calls received are from the profession and are related to applications or application processes and following up on progress/confirmation/approval of applications submitted. There is also a notable increase in finance-related queries during the periods that fees are due for certain registration categories.

	2019	2020	2021
Number of incoming calls	67 401	22 508	57 703
Service level %	85,4%	88,5%	90,3%

Table 55: Contact Centre Service Rating Comparison 2019 – 2021

The Contact Centre received 57 703 incoming calls and achieved a service level of 90,3% of all calls during 2021.

SAPC IP PBX self-help functionality

To enhance the customer service experience, the self-help functionality on VOIP-PBX when telephoning Council was introduced in 2014. Customers can interactively request Council's banking details, their login passwords to the secure site, and their individual financial statements. The table below indicates the types of activities the functionality recorded in 2021 in comparison with 2019 and 2020.

Type of transaction requests	Number of users		
	2019	2020	2021
Council's banking details	1 100	1 322	2 111
Login passwords	1 165	6	13
Financial statements	2 341	1 080	1 848

Table 56: Usage of Council's IP PBX Self-Help Functionality

Resolution and response to Customer Relation Management (CRM) email queries

All emails sent to customer@sapc.za.org are managed by a software system that keeps the record of emails received and allocates the oldest emails in the queue to the contact centre agents that are logged in on the queue to attend to email. The system allows for various reporting options to determine overall performance and the performance of individual contact centre agents.

Email Type	2020	2021
Customer Care	37 142	27 105
Finance	5 451	4 603
Web queries (implemented in April 2021)		1 688
Total number of emails	42 593	33 396

Table 57: CRM Email Report

A total number of 33 396 emails were attended to on the CRM system, as shown in the table above, with a service level of 92%.

Logistics

Management of the courier process

Council uses an external courier service provider on site at the SAPC offices in Arcadia to send out all certificates and official letters. This process is followed to ensure and track successful delivery of these documents.

For 2021, a total number of 11 495 items were couriered as shown in the monthly graph below:

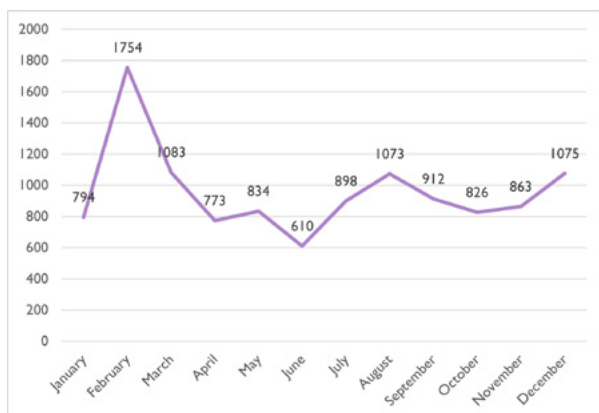


Figure 25: Courier Statistics

Manage returned mail

Undelivered or returned mail is captured and followed up with the intended recipient to update their contact details. If applicable the document/certificate is sent out again. For 2021, 531 items were resent.

Scanning of incoming documents

The Office of the Registrar is a paperless environment, so all incoming documents are scanned in and sent to the relevant destination. Certificates printed in the office are also scanned before going out by courier so that an electronic copy is available online or electronically. For 2021, 13 554 documents were scanned and uploaded.

Opening of new files and e-archiving

All persons who make applications for the first time with new P-numbers are required to send a hard copy of their application as well as apply online. In these cases, new files are opened for the purposes of archiving. This file contains the original application and certified ID copies etc. During the period of 2021, 3 839 files were opened and archived off site.

Print approval/accreditation certificates and letters

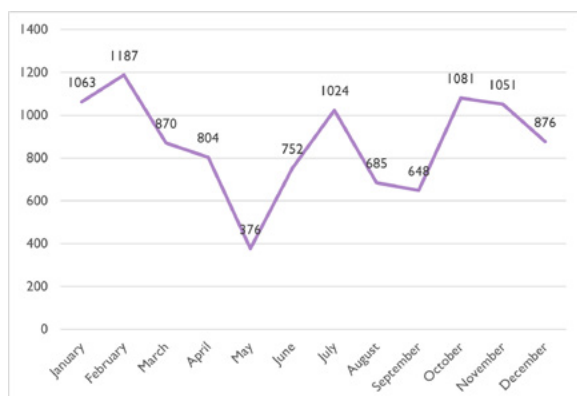


Figure 26: Printing Statistics

The printing of all certificates, documents and letters created on the dashboard is done by the Logistics Centre. There are also bulk letters (erasure) and certificates printed that are not dashboard cases (grading).

During 2021, a total of 10 417 documents were printed. These consisted of erasure letters, notice of removal letters, certificates and grading certificates.

Managing of outgoing mail (EDBN)

There are a few exceptions for letters that are not sent out by courier and which are then sent out by normal post office mail. These are captured on the Post Office EDBN portal and collected by the post office. For the year under review, 3 480 items were sent through the EDBN portal.

Instant messaging and e-messages

- SMS campaigns: A total of 298 741 SMSs were sent out during 2021.
- Bulk email campaigns: A total of 62 different bulk e-campaigns were conducted during 2021 to communicate with SAPC stakeholders.

Stakeholder Engagement

In support of the profession, and to improve engagement with primary stakeholders, being registered persons, CSR has supported and coordinated the hosting of 16 workshops and masterclasses aimed at pharmacists and Pharmacist Interns and their tutors, which enabled increased compliance with CPD and pre-registration requirements.

In collaboration with the National Department of Health, the Office of the Registrar also hosted a virtual Community Service Placement (CSP) Workshop for current Pharmacist Interns. The aim of this joint workshop was to equip current Pharmacist Interns with awareness and know-how of how to successfully comply with the CSP placement requirements.

The Department also participated in four (4) sessions of the Stakeholder Forum. The purpose of these meetings is to communicate Council decisions, engage with stakeholders on matters of professional interest and to discuss various matters concerning pharmacy practice in the times of COVID-19, especially as it relates to matters such as the role of pharmacists in providing access to ivermectin for off-label use. The meetings were attended by representatives of different professional associations, representatives from group pharmacies, province representatives, heads of pharmacy schools and skills development providers.

Further to this, to encourage stakeholder participation in the legislative review process, the Department carried out awareness campaigns when legislative proposals were published for comment through the Government Gazette. These comprised of direct stakeholder communication (via e-Note), website updates and social media efforts.

Education: In order to ensure continued stakeholder engagement, whereby stakeholders are informed of decisions of Council and other matters relating to pharmacy education and training, the Education unit conducted various stakeholder events over 2021. Two consultative sessions/meetings were held with nine HEIs, one consultative session/meeting was held with Skills Development Providers (SDPs), and meetings were held with various pharmacy groups allocated to the Education Department and provincial departments of health and metropolitan departments of health. Numerous letters were also sent out to various stakeholders to communicate the decisions of Council regarding education and training with the profession.

Pre-Reg: As part of the annual stakeholder engagement, the Pre-Registration Department held a number of meetings with various groups. The following matters were discussed with these groups:

- (a) Pharmacies, recordings, RP and annual fees;
- (b) Premises approval for training, tutors, learners, interns and trainees;
- (c) Inspections, inspection results and expectations; and
- (d) Other relevant Council decisions.

Practice: Four (4) stakeholder forum meetings were held in 2021 aimed at communicating with various stakeholders the latest decisions of Council and identifying matters affecting the practice of pharmacy in South Africa. Matters relating to the looting of pharmacies and the dispensing of ivermectin for the treatment of COVID-19 were discussed in collaboration with SAHPRA. Two of the meetings were held in collaboration with the National Department of Health to address the COVID-19 vaccination programme.

The Practice Department also held meetings with provinces and groups. In these meetings, operational matters in practice, pre-registration, CPD and registrations, and education were addressed.

CPD: The CPD Department held meetings with provincial stakeholders, namely, the Northern Cape, North-West Province and the Western Cape. An additional meeting was held with the Western Cape Office of the MEC represented by the Western Cape Head of the Health Department and his delegates.

Meetings were also held with various pharmacy groups.

Professional Conduct: The Professional Conduct Department met with the Government Employees Medical Scheme (GEMS) on 16 April 2021 and 30 June 2021, respectively. The aim of the meetings was to discuss how GEMS can assist Council in the prosecution of medical aid fraud complaints and ensure that witnesses are available when required at the CFI hearings.

On 26 August 2021 and 5 November 2021, the Professional Conduct Department met with Medscheme to discuss how medical aid schemes ought to lodge complaints to the Council and how Council will provide progress on the reported complaints.

The Professional Conduct Department has ongoing engagement with the South African Health Products Regulatory Authority (SAHPRA) through email where cases require collaborative investigation. On 2 August 2021 a collaborative investigation was conducted with SAHPRA and the HAWKS. The outcome of the collaborative investigation was presented at CPI on 20/21 October 2021 where CPI recommended that a fine be imposed against the pharmacist, and it be recommended to the Department of Health that the COVID-19 vaccination permit held by the pharmacy be revoked.

On 10 September 2021 a meeting was held with Col. LT Mabasa from the HAWKS to discuss the issue of unregistered premises offering pharmaceutical services and premises offering medical services which are making patients pay for the COVID-19 vaccine.

Part D: Human Resources Management





Mr John Mashishi (Senior Manager: Human Resources)

Human Resources

Strategic Focus Area

- (a) To provide managerial and administrative human resource support to the Office of Council.
- (b) Coordinate the activities of Council and its committees.
- (c) Improve internal efficiency and effectiveness.

Core Functions

The Human Resources Department is responsible for:

- (a) The management of all activities relating to the planning, organising, coordinating, and providing guidance in establishing, developing, and maintaining good and acceptable Human Resource (HR) practices.
- (b) The recruitment and selection processes, appointment, and contract management of employees.
- (c) The provision of training and development of employees of Council which intends to improve competency levels through skills programmes to bring a marked improvement on the functioning of the individuals and departments.
- (d) The effective administration of payroll for all employees of Council.
- (e) The effective management of labour relations.
- (f) The management of the human resources budgeting process.
- (g) The development of systems and modules that enhance best HR practices relating to the retention and remuneration of employees and projects.
- (h) Providing secretarial and advisory services to the varied human resources committees.

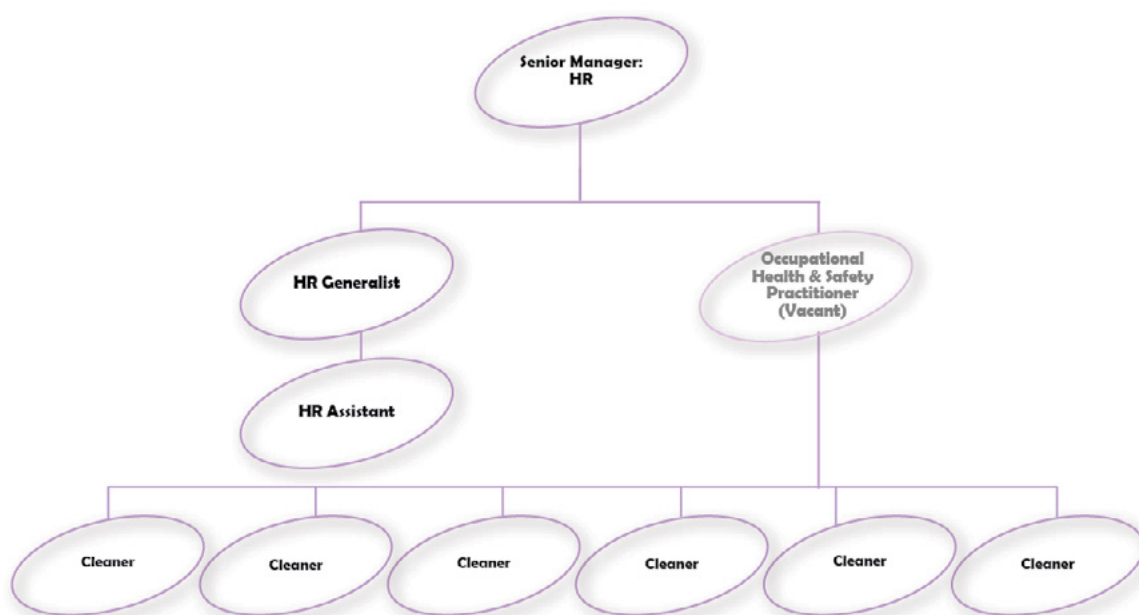


Figure 27: Composition of the Human Resources Department

2021 Performance Review

Recruitment, Retention and Termination

Several appointments, which reflect a marked improvement on the workplace transformation, were realised in 2021 to ensure that the work of Council is adequately carried out. A new Registrar/CEO was appointed following the retirement of the previous incumbent. A new Chief Operating Officer, Senior Manager: CPD and Registrations, Senior Manager: Professional Conduct, Manager: Professional Conduct, Manager: Professional Affairs, and Professional Conduct Practitioner were appointed.

The attrition rate is relatively low despite a few terminations in respect of incumbents at varied departments, e.g., Manager: Professional Affairs, Profession Conduct Practitioner, Chief Finance Officer and Supply Chain Management Officer, some of which we managed to replace.

Employee Training and Development

The workplace skills training and development outlined in 2021 covered 12 training interventions. These training interventions were budgeted for and were to take place in 2020, however, due to the interruptions caused by COVID-19, they were deferred to 2021.

Course description	No. of employees	Departments	Costing
Basic Project Management	18	Professional Affairs	R29 900,00
English Business Writing	20	Professional Affairs	R29 900,00
Adobe Design Master	2	CSR	R46 646,89
Work-life balance	10	Professional Affairs	R28 629,25
Time management	22	Professional Affairs & CSR	R37 950,00
CRISC	1	IT	R33 235,00
Comptia A+	2	IT	R31 023,55
POPI Act	3	HR	R5 850,00
Mental Health Awareness	All staff	All departments	R21 797,10
Total			R264 931,79

Table 58: 2021 Training Interventions

Professional development programmes that were partly financed by Council in 2021 are detailed in the table below:

Qualification Description	50% of fees
Bachelor of Commerce Honours: Logistics	R11 619,50
Post Graduate Diploma: Business Administration	R30 568,50
Higher Certificate in Marketing	R5 317,50
Bachelor of Law	R2 599,00
Bachelor of Commerce, Financial Accounting	R3 424,00
Bachelor of Arts: Psychology	R15 605,00
Masters in Business Leadership	R43 309,00
Certificate in HIV/AIDS counselling & management	R11 450,00
MPharm Postgraduate Programme	R12 956,52
Compliance Management	R12 956,52
Masters in Business Administration	R25 651,50
	R172 768,52

Table 59: 2021 Professional Development Programmes

Employee Wellness

The interactions that have taken place up to the end of October 2021, reveal that the staff engagement rate which includes all programme components is 22%. The demographic details from all cases captured reflect that the participants are mostly female (82%), African (82%), single (54%), and between the ages of 31 and 40 years old (54%).

Under self-referral, 100% (22 cases, excluding managerial engagement) were captured. The highest presenting problems categorised were psychological issues (14 cases), with stress/anxiety as the main reason for access (5 cases).

It was concluded that more stress and anxiety awareness and wellness days should be conducted in 2022 to assist employees in coping.

Occupational health and safety

The employer, through management and the Occupational Health and Safety Committee, established that provision should be made to ensure a safe work environment for employees and any person coming to the premises of Council by ensuring that:

- There is a comprehensive COVID-19 response plan known and adhered to by everyone.
- The Occupational Health and Safety policy is reviewed to reflect on COVID-19 and the vaccination of staff.
- Organise workplace vaccination for employees, including their immediate family members.
- Staff members who are not vaccinated are encouraged to vaccinate for Council to reach herd immunity.

Employment statistics

- The staff structure of Council has 123 positions, 106 of these positions are filled and 17 are vacant. Positions will be filled gradually, dependent on affordability.
- There is a fair representation as far as Employment Equity is concerned. There is a need to consider accommodating candidates from the Coloured and Indian groups. This will further enhance transformation.

See the table on the next page for ease of reference.

Occupational Levels	Male: A	Male: C	Male: I	Male: W	Female: A	Female: C	Female: I	Female: W	Foreign National: Male	Foreign National: Female	TOTAL
Top Management	1	0	0	0	1	0	0	0	1	0	3
Senior Management	3	0	0	0	3	0	0	2	0	0	8
Professionally qualified, experienced specialists and mid-management	6	1	0	0	10	0	1	2	0	0	20
Skilled technical and academically qualified workers, junior management, supervisors, foremen, superintendents	5	0	0	0	12	0	0	3	0	0	20
Semi-skilled and discretionary decision making	9	0	0	0	28	2	1	1	0	0	41
Unskilled and defined decision making	4	0	0	0	5	0	0	0	0	0	9
TOTAL PERMANENT	28	1	0	0	59	2	2	8	1	0	101
Temporary Employees	0	0	0	0	0	0	0	0	0	0	0
GRAND TOTAL	28	1	0	0	59	2	2	8	1	0	101

Table 60: Employment Statistics

Remuneration and Reimbursement statistics

2020	2021
R5 593 707	R5 656 367

Table 61: Compensation of Executive Management

Committees

Remuneration and Reimbursement Committee

The committee was set up to regulate the determination of remuneration, cost of living adjustment and rewards and benefits for management employed by the South African Pharmacy Council (hereafter "Council"), the reimbursement and honorarium of Council members, to regulate the reimbursement of committee members who are not Council members. The Committee met twice (2) in 2021 to deal with the induction of Committee members, reimbursement of Council members and management, and reimbursement of Audit Committee members.

SAPC Bargaining Council

The Bargaining Council was established to deal with matters of mutual interest between the Employer and Labour, such as conditions of employment, employment policies, salary negotiations, etc. In the year under review, three (3) meetings were held to deal with amongst other things the conclusion of the collective agreement and constitution of SAPC Bargaining Council and salary negotiations for 2022.

Part E:

Financial Management





Mr Sandiso Ntsomi, CA (SA) (Chief Financial Officer)

Finance

Strategic Focus Area

- (a) Promote transparency to the profession and the general public (Corporate governance).
- (b) Coordinate the activities of Council and its committees.
- (c) Improve internal efficiency and effectiveness.

Core Functions

- (a) Monitor and control over income and expenditure.
- (b) Effective application of purchasing and tendering processes.
- (c) Effective administration of South African Pharmacy Council Pension Fund and medical scheme contributions, payment of salaries and insurances.
- (d) Effective maintenance of contracts, assets, property, equipment and security of all assets.
- (e) Compliance with statutory taxation, pension fund and returns.
- (f) Planning and control of the budget in terms of procurement and financial policies.
- (g) Provide secretarial services to Trustees and Audit and Risk Committees.

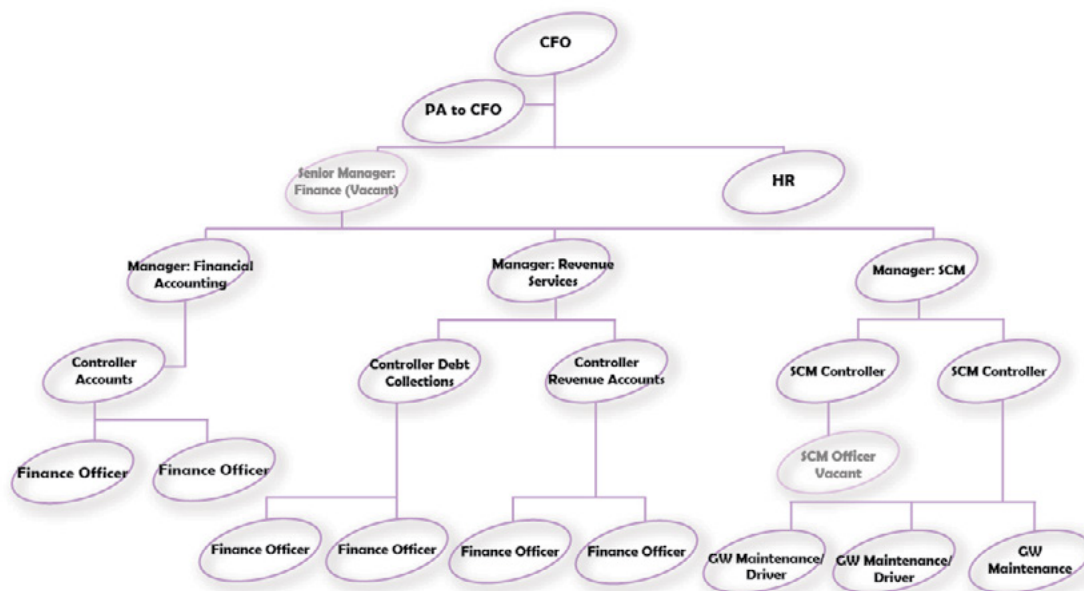


Figure 25: Composition of the Finance Department

2021 Performance Review

Provision of managerial and administrative support for the sustainability of Council as a going concern

Financial performance indicators

Description	2017	2018	2019	2020	2021
Current assets (R)	40 022 342	45 104 401	55 931 930	65 569 389	80 895 758
Current liabilities (R)	40 834 459	44 894 886	49 557 509	48 413 580	44 970 937
Liquidity ratio	0,98	1,00	1,13	1,35	1,80
Income (R)	82 531 919	82 528 777	98 404 568	107 159 411	114 339 054
Expenditure (R)	74 168 392	78 558 277	93 466 007	98 821 865	97 112 762
Surplus for the year (R)	8 363 527	3 970 500	4 938 561	8 337 546	17 226 292

Table 62: Financial Performance Indicators

Statement of Financial position

Assets grew by over 14,45% mainly because of an increase in current assets. Current assets were made of accounts receivable, cash on hand, and short-term deposits whose growth was attributed to the surplus for the year and an increase in retained earnings.

Total equity and liabilities grew in line with assets due to the surplus for the year. The liquidity ratio increased by 33,33%, from 1,35 in the prior year to 1,80 on 31 December 2021 due to increased revenue and cost savings.



Figure 29: Yearly Change in the Liquidity Ratio

Statement of Comprehensive income

Council is a not-for-profit organisation, and its funding is mainly made up of membership fees from the pharmacy profession, such as annual fees, registration fees and restoration fees. Other sources of income are sponsorships/donations for specific once-off projects. Income grew by 6,70% mainly due to an increase in the registration of persons and annual fees.

During the year under review expenditure declined by 1,73%. Total comprehensive income increased by 106,61%, from R8 337 546 to R17 226 292. This increase is mainly as a result of increased income and cost savings.

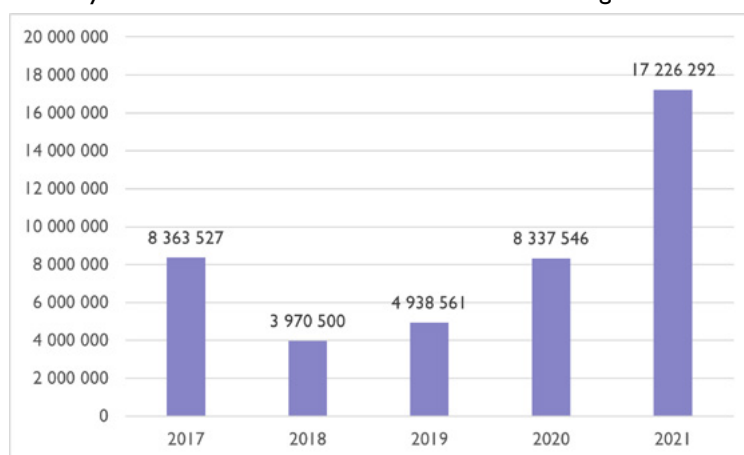


Figure 27: Yearly Surplus/(Deficit)

Planning and budgetary control

Council's budget is guided by the five-year strategic plan. The budget for the year under review was approved at the 14/15 October 2020 Council meeting. Budget performance reports were presented to management, the Executive Committee, the Audit and Risk Committee, and Council. At various Council committee meetings respective budget performance reports formed part of the agenda.

Supply chain management

Council has adopted a proactive stance towards black economic empowerment. The procurement policies of Council are in support of government policy for the general good in addressing past imbalances. The list of prospective suppliers was updated. The Adjudicating Committee and the Tender Committee presided over purchases above the value of R50 000 and R500 000, respectively. During the year under review the whole financial management division, including procurement processes, was reviewed by independent auditors and all controls were found to be adequate.

Internal audit

During the year under review, the internal audit function was outsourced to an independent audit firm, Sondlo Chartered Accountants (Sondlo). Sondlo attended all Audit and Risk Committee meetings and reported on the adequacy of internal controls.

A risk-based internal audit plan for three years ending 31 December 2023 was approved and audits carried out. Internal controls were considered adequate, with moderate improvements recommended in some areas. During the year under review six (6) full audit reviews were completed and five (5) internal audit findings follow-up reviews were undertaken:

No.	Full Audit Reviews	Follow-up Reviews
1.	Professional Affairs: Education & Training	Human Resources
2.	Professional Affairs: Pharmacy Practice	Governance and Compliance
3.	Professional Affairs: Pre-registration & Examination	Information Technology
4.	Professional Affairs: CPD & Registration	Communication & Stakeholder Relations
5.	Legal Services	Financial Management
6.	Professional Conduct	

Table 63: Internal Audit Reviews

Risk Governance

Council governs risk in a way that supports the organisation in setting and achieving its strategic objectives. In line with the Council Policy on risk management, risks are managed through the systematic analysis of actual and potential risks and the development and implementation of measures to counter those risks. Risk management is essentially made up of three stages – risk identification, risk analysis and risk control.

The annual management risk identification workshop was held on 26 January 2021. The draft Risk Register resulting from the workshop was presented to Council members during the strategic session/ workshop on 17 February 2021 for input and approval. The Audit and Risk Committee assists the Council in carrying out its risk governance responsibilities. Top risks identified are highlighted in this report.

Top Risks

An updated risk register was maintained during the year. Identified risks are not an indication of what management is doing wrong, rather they indicate the things that could go wrong which would have an impact on the achievement of objectives. The following were the top risks and control improvements to mitigate the risks:

- (a) Litigation due to the nature of functions of the organisation in the ordinary course of business-
 - develop and implement the filing index for the organisation; and
 - train staff, Council members and independent contractors on the role and functions of Council.
- (b) Disruption of services as a result of inadequate Business Continuity Plans-
 - investigate viable Disaster Recovery Plan (DRP) solution/s; and
 - implement the Work from Home (WFH) policy.
- (c) Over reliance on third party Information Technology service providers-
 - review terms of Service Level Agreements on renewal.
- (d) Damage and theft of company assets and harm to personnel-
 - improve the CCTV system storage/retention capacity;
 - procure secure storage for firearms and electronic equipment;
 - investigate the procurement of walk-through metal detectors;
 - procure an electronic laptop scanner; and
 - obtain advice on securing the back-up power generators to prevent unauthorised access.

Committees

Audit and Risk Committee

The Audit and Risk Committee (ARC) is established in terms of Section 4(o) of the Pharmacy Act, recognising the requirement for an audit committee in terms of Principle 8 of the King IV Code. The Committee derives its functions and delegation of authority in terms of the Audit and Risk Committee Charter. The Committee consists of six (6) members appointed in terms of the Audit and Risk Committee Charter, four (4) independent members drawn from outside the Council, and two (2) members of Council. In terms of the ARC Charter, and the term of office of ARC members, 2021 saw the inauguration of a new Committee. The training and inauguration of the new committee was held in March 2021. In addition, Ms M Sikhosana, in her first year as the chairperson of ARC chaired five (5) ARC meetings during 2021, of which three (3) were ordinary meetings and two (2) were special meetings.

The Committee had oversight of financial and risk management reporting and carried out its oversight responsibilities by ensuring risk-based internal audits were planned and carried out.

The Committee assisted Council in fulfilling its oversight responsibility by serving as an independent and objective party to monitor and strengthen the objectivity and credibility of financial reporting processes and internal control systems.

The Committee appraised the internal and external assurance functions and provided a channel of communication between the auditors and executive management.

In line with the required corporate governance reporting requirements the Report of the Audit and Risk Committee is included in the Annual Report on page 69.

Adjudicating and Tender Committees

The Tender and Procurement Policy provides the framework to govern the procurement processes to ensure transparency, fairness, equity, value for money and sustainability of the supply chain management function.

In line with the policy the Adjudicating Committee and Tender Committee presided on purchases above the value of R50 000 and R500 000, respectively. During the year under review the whole financial management division, including procurement processes, was reviewed by independent auditors and all controls were found to be adequate.

Pension Fund Board

The South African Pharmacy Council Pension (the Fund) is a post-employment defined contribution benefit plan, established on 1 July 1977, operated as a separate legal entity in terms of the Pension Funds Act, 24 of 1956. The Pension Fund Board has oversight of operations of the Fund. At the time of the report, the trustees are in the process of closing down the Fund and members had been transferred to the Sanlam Umbrella Fund so as to save on administration expenses.

The benefits payable to employees, due to retirement and withdrawals from the pension, are contributions made by members to the pension, as well as investment returns net of operational expenses. Council's contribution to the plan is charged to the income statement when incurred. The actuarial risk that benefits will be less than expected and the investment risk that assets invested will be insufficient to meet expected benefits is borne by employees.

The Fund governance information during the reporting period and up to the date of this report was as follows:

Employer representatives

Mr MD Phasha (Chairperson)

Mr TD Moralo

Mr VM Tlala (from 17 February 2021)

Ms MS Letsike (Alternate)

Employee representatives

Mr NJ Mashishi

Ms MM Mokoena

Mr D Nkuna

Ms F Ngoveni (Alternate)

Principal Officer

Mr V Himbotwe (resigned 30 November 2021)

Administrator

Sanlam Employee Benefits

Valuator

Ms L Langner

Auditors:

Geyser & du Plessis

Report of the Audit and Risk Committee

We are pleased to present our report for the financial year ended 31 December 2021.

Purpose of the annual report

This annual report captures in summary form the activities of the Audit and Risk Committee (the Committee) for the financial year 2021, accounting how the Committee has performed, met its terms of reference, key priorities and executed its oversight function.

Audit and Risk Committee members and attendance

The Committee meets at least three times per annum in accordance with its terms of reference.

The Committee held three regular meetings and two special meetings during the 2021 financial year. The Committee reported to Council after each meeting. The names of the members and attendance at meetings is recorded in the table below.

Name of member	Number of meetings attended during 2021
Ms Masesi Sikhosana (Chairperson)	4
Mr Faizal Docrat	5
Ms Letlhogonolo Noge-Tungamirai	5
Mr Samuel Kubushi	5
Mr Shadrack Shuping	2
Ms Christina Venter	4

Table 64: Audit and Risk Committee Attendance 2021

Audit and Risk Committee responsibility

The responsibilities of the Committee are set out in its terms of reference. The Committee assists Council in fulfilling its oversight responsibility by serving as an independent and objective party to oversee the establishment and maintenance of an effective system of internal control within Council. The Committee monitors and strengthens the objectivity and credibility of Council's financial reporting process and internal control systems. It supports and appraises the audit efforts of the external auditors and the internal audit function and provides an open avenue of communication between the external auditors and the internal audit function. The Committee ensures that there are effective internal audit arrangements in place, reviews the work programmes and findings of internal and external audits, and reviews Council's corporate governance and risk management measures.

The Audit and Risk Committee reports that it has complied with its responsibility arising from the International Financial Reporting Standards appropriate to Council. Compliance with a number of the key responsibilities is evidenced by the following actions:

- (a) Regular review and monitoring of the corporate risk registers, with appropriate challenge to the proposed controls and risk scoring.
- (b) Receive reports on progress against internal and external audit plans.
- (c) Agree the external audit annual fee and work plan.
- (d) Agree the internal audit annual work plan and fee.
- (e) Review of legal and ethical compliance.
- (f) Review financial and governance policies in line with best practice.
- (g) Assess the Committee's annual performance in line with its terms of reference.
- (h) Review of financial reporting.

Internal and external auditors

The internal audit function during the year under review was undertaken by Sondlo Chartered Accountants, with MNB Chartered Accountants serving as the external auditors.

The internal auditors attended all Committee meetings and the external auditors attended by invitation or when items needed to be presented. The auditors assured the Committee of their independence and ethical conduct in the discharge of their functions.

Effectiveness of internal control

The internal control system is effective, as the reports from the internal auditors and the Audit Report on the 2021 annual financial statements from the external auditors record no material non-compliance with prescribed policies and procedures. The unqualified audit achieved for the year is evidence of the efficiency and effectiveness of internal controls.

Evaluation of financial statements

The Committee has:

- (a) reviewed the audited annual financial statements;
- (b) reviewed external audit management letter and management responses; and
- (c) reviewed significant adjustments resulting from the audit.

Going concern basis of accounting

The Committee is satisfied that Council is in a sound financial position to continue operations in the near future and, accordingly, the financial statements are prepared on a going concern basis.

Risk management

Management has implemented internal control processes for identifying, evaluating and managing significant risks to the achievement of Council's objectives. The Committee is satisfied that the measures are effective in mitigating the identified risks.

Irregularities and supply chain management

There were no reports of suspicious actions relating to irregularities or non-adherence to supply chain management policies.

The Committee concurs and accepts the external audit conclusions on the annual financial statements, and is of the opinion that the audited financial statements be accepted and read together with the external audit report.

We thank management for their dedication and support, and for making the environment conducive for the Committee to effectively discharge its responsibilities.



Ms ME Sikhosana
Chairperson of the Audit and Risk Committee

Financial Statements for the year ended 31 December 2021



These financial statements were prepared by:

Sandiso Ntsomi, CA(SA)

Chief Financial Officer

These financial statements have been audited in compliance with the applicable requirements of the Pharmacy Act, 53 of 1974.

South African Pharmacy Council
Annual Financial Statements for the year ended 31 December 2021

General Information

Country of Incorporation and Domicile	South Africa
Nature of Business and Principal Activities	Pharmacy industry regulator
Registered Office	591 Belvedere Street Arcadia Pretoria 0083
Business Address	591 Belvedere Street Arcadia Pretoria 0083
Postal Address	Private Bag X40040 Arcadia Pretoria 0007
Bankers	Standard Bank of South Africa Investec Bank Limited
Independent Auditors	MNB Chartered Accountants Incorporation Chartered Accountants (SA) Registered Auditor
Level of assurance	These financial statements have been audited in compliance with the applicable requirements of the Pharmacy Act, 53 of 1974 and IFRS for SMEs.
Preparer	The financial statements were internally compiled by: Sandiso Ntsomi, CA(SA) Chief Financial Officer

South African Pharmacy Council

Annual Financial Statements for the year ended 31 December 2021

Councillors' Responsibilities and Approval

The Registrar shall keep true and accurate records of all income and expenditure as required by the Pharmacy Act, 53 of 1974, and is responsible for the content and integrity of the financial statements and related financial information included in this report. It is the councillors' responsibility to ensure that the financial statements fairly present the state of affairs of the period then ended, in conformity with the International Financial Reporting Standard for Small and Medium-sized Entities. The external auditors are engaged to express an independent opinion on the financial statements.

The councillors acknowledge that they are ultimately responsible for the system of internal financial control established by the company and place considerable importance on maintaining a strong control environment. To enable the councillors to meet these responsibilities, the council sets standards for internal control aimed at reducing the risk of error or loss in a cost effective manner. The standards include the proper delegation of responsibilities within a clearly defined framework, effective accounting procedures and adequate segregation of duties to ensure an acceptable level of risk. These controls are monitored throughout the council and all employees are required to maintain the highest ethical standards in ensuring the council's business is conducted in a manner that in all reasonable circumstances is above reproach.

The focus of risk management in the council is on identifying, assessing, managing and monitoring all known forms of risk across the council. While operating risk cannot be fully eliminated, the council endeavours to minimise it by ensuring that appropriate infrastructure, controls, systems and ethical behaviour are applied and managed within predetermined procedures and constraints.

The councillors are of the opinion, based on the information and explanations given by management that the system of internal control provides reasonable assurance that the financial records may be relied on for the preparation of the annual financial statements. However, any system of internal financial control can provide only reasonable, and not absolute, assurance against material misstatement or loss. The going-concern basis has been adopted in preparing the annual financial statements. Based on forecasts and available cash resources the directors have no reason to believe that the company will not be a going concern in the foreseeable future. The annual financial statements support the viability of the company.

The annual financial statements have been audited by the independent auditing firm, MNB Chartered Accountants Incorporation, who have been given unrestricted access to all financial records and related data, including minutes of all meetings of the shareholders, the board of directors and committees of the board. The councillors believe that all representations made to the independent auditor during the audit were valid and appropriate. The external auditors' unqualified audit report is presented on pages 74 to 75.

The annual financial statements as set out on pages 76 to 93 were approved by the board on 18 May 2022 and were signed on their behalf by:



Mr MD Phasha (President)



Mr TD Moralo (Treasurer)



Mr VM Tlala (Registrar/CEO)

Independent Auditor's Report

To the Council of the South African Pharmacy Council

Opinion

We have audited the annual financial statements of South African Pharmacy Council set out on pages 76 to 93, which comprise the statement of financial position as at 31 December 2021, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the financial statements present fairly, in all material respects, the financial position of the South African Pharmacy Council as at 31 December 2021, and its financial performance and cash flows for the year then ended in accordance with International Financial Reporting Standard for Small and Medium-sized Entities and the requirements of the Pharmacy Act 53 of 1974.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (IASs). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the financial statements section of our report. We are independent of the company in accordance with the Independent Regulatory Board for Auditors Code of Professional Conduct for Registered Auditors (IRBA Code) and other independence requirements applicable to performing audits of financial statements in South Africa. We have fulfilled our other ethical responsibilities in accordance with the IRBA Code and in accordance with other ethical requirements applicable to performing audits in South Africa. The IRBA Code is consistent with the International Ethics Standards Board for Accountants Code of Ethics for Professional Accountants (Parts A and B). We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Matter

The financial statements of the South African Pharmacy Council for the year ended 31 December 2020 were audited by another auditor who expressed an unmodified opinion on those financial statements on 11 May 2021.

Other information

The councillors are responsible for the other information. The other information comprises of the information included in the document titled "South African Pharmacy Council Annual Financial Statements for the year ended 31 December 2021", which includes Councillors Report and Detailed Income Statement. Other information does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express an audit opinion or any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the councillors for the Annual Financial Statements

The councillors are responsible for the preparation and fair presentation of the annual financial statements in accordance with International Financial Reporting Standard for Small and Medium-sized Entities and the requirements of the Pharmacy Act 53 of 1974, and for such internal control as the council determine is necessary to enable the preparation of annual financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the annual financial statements, the councillors are responsible for assessing the organisation's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the councillors either intend to liquidate the organisation or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the Annual Financial Statements

Our objectives are to obtain reasonable assurance about whether the annual financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with International Standards on Auditing will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these annual financial statements.

As part of an audit in accordance with International Standards on Auditing, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the annual financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organisation's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the councillors.
- Conclude on the appropriateness of the council's use of the going concern basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the organisation's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the annual financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the organisation to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the annual financial statements, including the disclosures, and whether the annual financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the councillors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

MNB Chartered Accountants Inc.

MNB Chartered Accountants Inc.

Engagement Partner: Wisani Shirinda

Chartered Accountant (SA), Registered Auditor

20 April 2022

38 Boerneef Street,

Vorna Valley,

Midrand,

1684

Councillors' Report

The council members have pleasure in presenting their report for the year ended 31 December 2021.

1. Review of activities

Main business and operations

The principal activity of the company is pharmacy industry regulator and there were no major changes herein during the year.

The operating results and statement of financial position of the company are fully set out in the attached financial statements and do not in our opinion require any further comment.

2. Going concern

The annual financial statements have been prepared on the basis of accounting policies applicable to a going concern. This basis presumes that funds will be available to finance future operations and that the realisation of assets and settlement of liabilities, contingent obligations and commitments will occur in the ordinary course of business.

The councillors have given due consideration to the potential impact of the COVID-19 pandemic on the company's ability to continue as a going concern. The councillors believe that the pandemic will have a temporary impact on the business activities. Notwithstanding these short-term challenges the councillors are of the view that the council has sufficient resources to continue as a going concern.

3. Events after reporting date

All events subsequent to the date of the annual financial statements and for which the applicable financial reporting framework require adjustment or disclosure have been adjusted or disclosed.

The councillors are not aware of any matter or circumstance arising since the end of the financial year to the date of this report that could have a material effect on the financial position of the company.

4. Councillors

The Council consists of only non-executives and South African citizens. The councillors in office during the year and to the date of this report are as follows:

Councillors

Mr Mogologolo David Phasha
Ms Boitumelo Nelly Molongoana
Mr Tshegofatso Daniel Moralo
Ms Khadija Jamaloodien
Prof. Yahya Essop Choonara
Ms Mmapaseka Steve Letsike
Mr Johannes Stephanus du Toit
Dr Margaritha Johanna Eksteen
Ms Jacqueline Ann Maimin
Mr Ayanda Soka
Dr Moliehi Matlala
Ms Helen Catherine Hayes
Dr (Adv.) Nazreen Shaik-Peremanov
Ms Josephine Herbert
Ms Pakama Dlwati
Prof. Sarel Francois Malan
Mr Pieter Johannes Kilian
Ms Moitsoadi Sarah Mokgatha
Prof. Natalie Schellack
Ms Tlou Mavis Shivambu
Mr Mosiuoa Shadrack Shuping
Prof. Ilse Truter
Ms Christina Aletta Venter
Dr Petrus de Wet Wolmarans

Office

President
Vice-President
Treasurer
Representative from DoH
Education Committee Chairperson
Health Committee Chairperson
CPI Chairperson
CII Chairperson
Practice Committee Chairperson
CPD Committee Chairperson
Pre-Registrations Committee Chairperson

5. Independent Auditors

MNB Chartered Accountants Incorporation were the independent auditors for the year under review.

South African Pharmacy Council
Financial Statements for the year ended 31 December 2021

Statement of Financial Position

	Note(s)	2021	2020
Assets			
Non-Current Assets			
Property, plant and equipment	2	22,225,880	23,851,013
Investment property	3	5,000,000	5,000,000
Intangible assets	4	886,295	904,782
		28,112,175	29,755,795
Current Assets			
Trade and other receivables	5	19,637,146	18,101,981
Cash and cash equivalents	6	61,348,612	47,467,408
		80,985,758	65,569,389
Total Assets		109,097,933	95,325,184
Equity and Liabilities			
Equity			
Retained earnings		64,124,708	46,898,416
Non-Current Liabilities			
Finance lease liabilities	7	2,288	13,187
Current Liabilities			
Trade and other payables	8	44,951,427	48,388,324
Finance lease liabilities	7	19,510	25,257
		44,970,937	48,413,581
Total liabilities		44,973,225	48,426,768
Total Equity and Liabilities		109,097,933	95,325,184

South African Pharmacy Council
Financial Statements for the year ended 31 December 2021

Statement of Comprehensive Income

	Note(s)	2021	2020
Revenue	9	111,279,726	103,660,002
Other income	10	359,814	168,735
Operating expenses		(97,108,800)	(98,819,699)
Surplus for the year from continuing operations	11	14,530,740	5,009,038
Investment revenue	12	2,699,514	3,330,674
Finance costs	13	(3,962)	(2,166)
Surplus for the year		17,226,292	8,337,546
Other comprehensive income		-	-
Net surplus/ (deficit) for the year		17,226,292	8,337,546

South African Pharmacy Council
Financial Statements for the year ended 31 December 2021

Statement of Changes in Equity

	Note(s)	Retained income	Total equity
Balance at 1 January 2020		38,560,870	38,560,870
Net surplus / (deficit) for the year		8,337,546	8,337,546
Other comprehensive income		-	-
Net surplus / (deficit) for the year		8,337,546	8,337,546
Balance at 1 January 2021		46,898,416	46,898,416
Surplus/ (deficit) for the year		17,226,292	17,226,292
Other comprehensive income		-	-
Net surplus / (deficit) for the year		17,226,292	17,226,292
Balance at 31 December 2021		64,124,708	64,124,708

South African Pharmacy Council
Financial Statements for the year ended 31 December 2021

Statement of Cash Flows

	Note(s)	2021	2020
Cash flows from operating activities			
Cash receipts from customers		111,279,726	103,660,002
Cash payments to suppliers and employees		(97,925,720)	(97,925,024)
Cash generated from operations	15	13,354,006	5,734,978
Investment income		2,699,514	3,330,674
Finance costs		(3,962)	(2,166)
Net cash flows from operating activities		16,049,558	9,063,486
Cash flows used in investing activities			
Property, plant and equipment acquired	2	(1,685,322)	(1,871,005)
Intangible assets acquired	4	(772,706)	(880,998)
Proceeds on disposals of property, plant and equipment		321,698	244,041
Net cash flows used in investing activities		(2,136,329)	(2,507,962)
Cash flows (used in) / from financing activities			
Finance lease payments		(32,025)	11,035
Net cash flows (used in) / from financing activities		(32,025)	11,035
Net increase in cash and cash equivalents		13,881,204	6,566,559
Cash and cash equivalents at beginning of the year		47,467,408	40,900,849
Cash and cash equivalents at end of the year	6	61,348,612	47,467,408

Accounting Policies

I. Presentation of financial statements

The financial statements have been prepared in accordance with the International Financial Reporting Standard for Small and Medium-sized Entities, and the Pharmacy Act, 53 of 1974. The financial statements have been prepared on the historical cost basis, and incorporate the principal accounting policies set out below. They are presented in South African Rands.

These accounting policies are consistent with the previous period.

I.1 Significant judgments and sources of estimation uncertainty

In preparing the financial statements, management is required to make judgements, estimates and assumptions that affect the amounts represented in the financial statements and related disclosures. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results in the future could differ from these estimates which may be material to the financial statements.

Critical judgements in applying accounting policies

The following are the critical judgements, apart from those involving estimations, that management have made in the process of applying the council accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

Lease classification

The council is party to leasing arrangements, as a lessee. The treatment of leasing transactions in the financial statements is mainly determined by whether the lease is considered to be an operating lease or a finance lease. In making this assessment, management considers the substance of the lease, as well as the legal form, and makes a judgement about whether substantially all of the risks and rewards of ownership are transferred.

Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting period, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Useful lives of property, plant and equipment

The council reviews the estimated useful lives of property, plant and equipment when changing circumstances indicate that they may have changed since the most recent reporting date.

Impairment testing

The council reviews and tests the carrying value of property, plant and equipment and intangible assets when events or changes in circumstances suggest that the carrying amount may not be recoverable. When such indicators exist, management determine the recoverable amount by performing value in use and fair value calculations. These calculations require the use of estimates and assumptions. When it is not possible to determine the recoverable amount for an individual asset, management assesses the recoverable amount for the cash generating unit to which the asset belongs.

Investment property valuation

The council reviews the fair value of investment property at each reporting date with impairments or any changes in fair value being recognised in profit or loss. The review of fair value requires the use of estimates and assumptions.

Provisions

Provisions are inherently based on assumptions and estimates using the best information available.

Other estimates made

The council makes estimates for:

- the calculation of finance lease present values; and
- the determination of useful lives and residual values of items of property, plant and equipment.

Trade receivables, Held to maturity investments and Loans and receivables

The Council assesses its trade receivables, held to maturity investments and loans and receivables for impairment at the end of each reporting period. In determining whether an impairment loss should be recorded in profit or loss, the Council makes judgements as to whether there is observable data indicating a measurable decrease in the estimated future cash flows from a financial asset.

The impairment for trade receivables, held to maturity investments and loans and receivables is calculated on a portfolio basis, based on historical loss ratios, adjusted for national and industry-specific economic conditions and other indicators present at the reporting date that correlate with defaults on the portfolio. These annual loss ratios are applied to loan balances in the portfolio and scaled to the estimated loss emergence period.

1.2 Property, plant and equipment

Property, plant and equipment are tangible items that are held for use in the production or supply of goods or services, or for rental to others or for administrative purposes; and are expected to be used during more than one period.

Property, plant and equipment is carried at cost less accumulated depreciation and accumulated impairment losses. Cost include costs incurred initially to acquire or construct an item of property, plant and equipment and costs incurred subsequently to add to, replace part of, or service it. If a replacement cost is recognised in the carrying amount of an item of property, plant and equipment, the carrying amount of the replaced part is derecognised.

Depreciation is provided using the straight-line method to write down the cost, less estimated residual value over the useful life of the property, plant and equipment as follows:

Item	Depreciation method	Average useful life
Land	Straight line	Indefinite
Buildings	Straight line	20 years
Motor vehicles	Straight line	4 years
Furniture and fittings	Straight line	10 years
Office equipment	Straight line	5 years
IT equipment	Straight line	3 years
Cell phones & tablets (included in office equipment)	Straight line	2 years

Land is not depreciated as it is deemed to have an indefinite life.

The carrying values of property and equipment are reviewed for impairment when events or changes in circumstances indicate the carrying value may not be recovered. If any such indication exists and where the carrying values exceed the estimated recoverable amount, the assets or cash generating units are written down to their recoverable amount. The residual values and useful lives of each asset are reviewed at each financial period.

Gains and losses on disposals are determined by comparing the proceeds with the carrying amount and are recognised in profit or loss in the period.

1.3 Investment property

Investment property is property (land or a building, or part of a building, or both) held by the council to earn rentals or for capital appreciation or both, rather than for use in the production or supply of goods or services or for administrative purposes, or sale in the ordinary course of business.

Investment property is initially measured at its cost. After initial measurement, investment property whose fair value can be measured reliably without undue cost or effort is measured at fair value at each reporting date with changes in fair value recognised in profit or loss. Where council is not able to apply fair value, it classifies the investment property as property, plant and equipment and measures and presents it as such.

1.4 Intangible assets

An intangible asset is an identifiable non-monetary asset without physical substance. Intangible assets are initially recognised at cost.

All research and development costs are recognised as an expense unless they form part of the cost of another asset that meets the recognition criteria.

The amortisation period and the amortisation method for intangible assets are reviewed at each reporting date if there are indicators present that there is a change from the previous estimate. Amortisation is provided to write down the intangible assets, on a straight-line basis, as follows:

Item	Useful life
Computer software	2 to 5 years

1.5 Financial instruments

Initial measurement

The council classifies financial instruments, or their component parts, on initial recognition as a financial asset, a financial liability or an equity instrument in accordance with the substance of the contractual arrangement.

Financial instruments at amortised cost

These include loans, trade receivables and trade payables. Those debt instruments which meet the criteria in section 11.8(b) of the standard, are subsequently measured at amortised cost using the effective interest method. Debt instruments which are classified as current assets or current liabilities are measured at the undiscounted amount of the cash expected to be received or paid, unless the arrangement effectively constitutes a financing transaction.

At each reporting date, the carrying amounts of assets held in this category are reviewed to determine whether there is any objective evidence of impairment. If there is objective evidence, the recoverable amount is estimated and compared with the carrying amount. If the estimated recoverable amount is lower, the carrying amount is reduced to its estimated recoverable amount, and an impairment loss is recognised immediately in profit or loss.

Cash and cash equivalents

Cash and cash equivalents comprise cash on hand and demand deposits, and other short-term highly liquid investments that are readily convertible to a known amount of cash and are subject to an insignificant risk of changes in value. These are initially and subsequently recorded at fair value.

1.6 Leases

A lease is classified as a finance lease if it transfers substantially all the risks and rewards incidental to ownership to the lessee. A lease is classified as an operating lease if it does not transfer substantially all the risks and rewards incidental to ownership.

Finance leases - lessee

Finance leases are recognised as assets and liabilities in the statement of financial position at amounts equal to the fair value of the leased property or, if lower, the present value of the minimum lease payments. The corresponding liability to the lessor is included in the statement of financial position as a finance lease obligation.

The lease payments are apportioned between the finance charge and reduction of the outstanding liability. The finance charge is allocated to each period during the lease term so as to produce a constant periodic rate on the remaining balance of the liability.

Operating leases - lessee

Operating lease payments are recognised as an expense on a straight-line basis over the lease term except in cases where another systematic basis is representative of the time pattern of the benefit from the leased asset, even if the receipt of payments is not on that basis, or where the payments are structured to increase in line with expected general inflation.

Impairment of assets

The council assesses at each reporting date whether there is any indication that an asset may be impaired. If there is any indication that an asset may be impaired, the recoverable amount is estimated for the individual asset. If it is not possible to estimate the recoverable amount of the individual asset, the recoverable amount of the cash-generating unit to which the asset belongs is determined.

If an impairment loss subsequently reverses, the carrying amount of the asset (or group of related assets) is increased to the revised estimate of its recoverable amount, but not in excess of the amount that would have been determined had no impairment loss been recognised for the asset (or group of assets) in prior years. A reversal of impairment is recognised immediately in profit or loss.

1.8 Employee benefits

Council operates a defined contribution plan, the assets of which are held in a separate trustee-administered umbrella fund, the Sanlam Umbrella Pension Fund (the fund).

Under the defined contribution plan the council's legal or constructive obligation is limited to the amount that it agrees to contribute to the fund. Consequently, the actuarial risk that benefits will be less than expected and the investment risk that assets invested will be insufficient to meet expected benefits is borne by employees.

The benefits payable by the fund in the future, due to retirements and withdrawals from the fund, are contributions by members to the fund together with fund interest at a rate determined by the valuator with the consent of the trustees. The rate is so determined that the value of total benefits of the fund shall not exceed the value of the total assets of the fund. Council's contribution to the plan is charged to the income statement when incurred.

1.9 Provisions and contingencies

Provisions are measured at the present value of the amount expected to be required to settle the obligation using a pre-tax rate that reflects current market assessments of the time value of money and the risks specific to the obligation. The increase in the provision due to the passage of time is recognised as interest expense.

Provisions are not recognised for future operating losses. Provisions are recognised when:

- the company has an obligation at the reporting date as a result of a past event;
- it is probable that the company will be required to transfer economic benefits in settlement; and
- the amount of the obligation can be estimated reliably.

Contingent assets and contingent liabilities are not recognised.

I.10 Revenue

Revenue is measured at the fair value of the consideration received or receivable and represents the amounts receivable for goods and services provided in the normal course of business, net of trade discounts and volume rebates, and value added tax.

Interest

Interest is recognised, in profit or loss, using the effective interest rate method.

Rental Income

Rental income from operating leases (net of any commission or incentives given to the lessees) is recognised on a straight-line basis over the lease term.

I.11 Equity

An equity instrument is any contract that evidences a residual interest in the assets of an entity after deducting all of its liabilities.

South African Pharmacy Council
Financial Statements for the year ended 31 December 2021

Notes to the Annual Financial Statements

	2021			2020		
2. Property, plant and equipment						
	2021			2020		
	Cost	Accumulated Depreciation	2021 Carrying Value	Cost	Accumulated Depreciation	2020 Carrying Value
Land	8,600,000	-	8,600,000	8,600,000	-	8,600,000
Buildings	18,959,664	(9,680,884)	9,278,780	18,959,664	(8,928,601)	10,031,063
Motor vehicles	752,893	(752,887)	6	752,893	(718,418)	34,475
Furniture and fittings	4,134,886	(2,534,395)	1,600,491	4,111,487	(2,253,500)	1,857,987
Office equipment	3,224,225	(2,495,478)	728,747	2,985,363	(2,137,195)	848,168
IT equipment	7,912,141	(5,894,285)	2,017,856	8,074,028	(5,594,708)	2,479,320
Total	43,583,809	(21,357,929)	22,225,880	43,483,435	(19,632,422)	23,851,013

Reconciliation of property, plant and equipment - 2021

	Opening Balance	Additions	Disposals	Depreciation	Total
Land	8,600,000	-	-	-	8,600,000
Buildings	10,031,063	-	-	(752,283)	9,278,780
Motor vehicles	34,475	-	-	(34,469)	6
Furniture and fittings	1,857,987	46,850	(23,254)	(281,091)	1,600,491
Office equipment	848,168	261,410	(8)	(380,823)	728,747
IT equipment	2,479,320	1,377,062	(261,327)	(1,577,199)	2,017,856
Total	23,851,013	1,685,322	(284,589)	(3,025,865)	22,225,880

Reconciliation of property, plant and equipment - 2020

	Opening Balance	Additions	Disposals	Depreciation	Total
Land	8,600,000	-	-	-	8,600,000
Buildings	10,702,653	61,614	-	(733,204)	10,031,063
Motor vehicles	140,247	-	-	(105,772)	34,475
Furniture and fittings	1,842,849	92,072	-	(76,934)	1,857,987
Office equipment	1,088,829	254,323	(36,657)	(458,327)	848,168
IT equipment	3,127,470	1,462,996	(210,807)	(1,900,339)	2,479,320
Total	25,502,048	1,871,005	(247,464)	(3,274,576)	23,851,013

Net carrying amounts of leased assets

Office equipment	21,024	34,836
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Details of properties

Land and buildings, Erf 1470, situated at 591 Belvedere Street, Arcadia, Pretoria in the extent of 1 708 (one thousand seven hundred and eight) square meters.

Land and buildings, Erf/HAT 30, situated at 1019 Francis Baard Street, Hatfield, Pretoria in the extent of 2 552 (two thousand five hundred and fifty two) square meters.

South African Pharmacy Council
Financial Statements for the year ended 31 December 2021

Notes to the Annual Financial Statements

	2021			2020		
3. Investment property						
	2021			2020		
	Cost	Decrease in Value	Fair Value	Cost	Decrease in Value	Fair Value
Investment properties	6,833,322	(1,833,322)	5,000,000	6,833,322	(1,833,322)	5,000,000

Reconciliation of investment property - 2021

	Opening Balance	Additions	Fair Value Adjustment	Total
Investment properties	5,000,000	-	-	5,000,000

Reconciliation of investment property - 2020

	Opening Balance	Additions	Fair Value Adjustment	Total
Investment properties	6,200,000	-	(1,200,000)2	5,000,000

Details of investment property

Land and buildings, Portion 1 of Erf 35, situated at 1020 Arcadia Street, Hatfield, Pretoria in the extent of 1 931 (one thousand nine hundred and thirty one) square meters. The property is used as communal living for students and is earmarked in the long term for office development.

The investment property fair value was evaluated by Van Zyle Professional Associated Property Valuers. The significant assumptions used by the valuer is the highest and best use of the property which was considered to be re-development form the purposes of flats or offices and comparable market value within the area.

4. Intangible assets

	2021			2020		
	Cost	Accumulated Depreciation	Carrying Values	Cost	Accumulated Depreciation	Carrying Value
Computer software	7,354,607	(6,468,312)	886,295	6,581,901	(5,677,119)	904,782

Reconciliation of intangible assets - 2021

	Opening Balance	Additions	Depreciation	Carrying Value
Computer software	904,782	772,706	(791,193)	886,295

Reconciliation of intangible assets - 2020

	Opening Balance	Additions	Depreciation	Carrying Value
Computer software	484,634	880,998	(460,850)	904,782

South African Pharmacy Council
Financial Statements for the year ended 31 December 2021

Notes to the Annual Financial Statements

	2021	2020
5. Trade and other receivables		
Trade receivables	18,663,920	17,864,966
Deposits	95,646	117,989
Value Added Tax (VAT)	163,913	4,531
Other receivables	713,667	114,495
	19,637,146	18,101,981

Included in the trade receivables amount is a provision for doubtful debts amounting to R19 129 284 (2020: R17 261 072).

6. Cash and cash equivalents

Cash and cash equivalents consist of:

Cash on hand	1,314	122
Bank balances	21,724,218	13,288,562
Short-term deposits	39,623,080	34,178,724
	61,348,612	47,467,408

Details of bank facilities held by the Council are presented below and have an expiry date of 17 December 2022 -

- Overdraft amounting to R1 500 000 for unforeseen emergencies;
- Guarantees by Bank amounting to R50 000;
- Corporate Credit Card and/or Garage Card facility by Bank amounting to R350 000;
- Fleet management services amounting to R15 000; and
- Electronic Funds Transfer Services of R6 000 000 and R1 150 000 for Salary Run and Debit Runs respectively.

7. Finance lease liabilities

Minimum lease payment which fall due

Within one year	19,510	25,257
In second to fifth year inclusive	21,798	38,444
	21,798	38,444
Present value of minimum lease payments	21,798	38,444

Non-current liabilities	2,288	13,187
Current liabilities	19,510	25,257
	21,798	38,444

8. Trade and other payables

Trade payables	1,388,143	1,177,662
Income received in advance	39,913,123	43,070,041
Employee leave days	3,596,273	3,969,643
Other payables	53,888	170,978
	44,951,427	48,388,324

South African Pharmacy Council
Financial Statements for the year ended 31 December 2021

Notes to the Annual Financial Statements

	2021	2020
9. Revenue		
Annual fees	73,903,143	71,997,632
Evaluation, re-inspection and fines	13,105,533	12,727,866
Examination fees	359,943	303,692
Registration fees	23,911,107	18,630,812
	111,279,726	103,660,002
10. Other Income		
Insurance claim received	204,662	97,074
Other income	118,043	71,661
Profit and loss on sale of assets	37,109	-
	359,814	168,735
11. Surplus for the year from continuing operations		
Operating profit for the year is stated after accounting for the following:		
Profit/(loss) on sale of assets	37,109	(16,641)
Amortisation of intangible assets	791,193	460,850
Depreciation on property, plant and equipment	3,025,865	3,274,576
Employee costs	64,109,597	64,651,245
Research and development	90,730	121,592
12. Investment income		
Interest revenue		
Bank	2,699,514	3,330,674
13. Finance costs		
Bank	3,962	2,166
	3,962	2,166
14. Auditors' remuneration		
Fees	228,797	220,635

South African Pharmacy Council
Financial Statements for the year ended 31 December 2021

Notes to the Annual Financial Statements

	2021	2020
15. Cash generated from operations		
Profit before taxation	17,226,292	8,337,546
Adjustments for:		
Depreciation and amortisation	3,817,058	3,735,426
(Profit)/loss on sale of assets	(37,109)	16,641
Interest received	(2,699,514)	(3,330,674)
Finance costs	3,962	2,166
Impairment of Investment property	-	1,200,000
Movement in security deposits	-	-
Extraordinary items	15,379	(1,713)
Changes in working capital:		
Increase in trade and other receivables	(1,535,165)	(3,070,900)
Decrease in trade and other payables	(3,436,897)	(1,153,514)
	13,354,006	5,734,978

16. Commitments

Authorised capital expenditure

Already contracted for but not provided for

Plant, Equipment and Operational expenditure	1,254,092	3,705,500
	1,254,092	3,705,500

This committed expenditure relates to plant and equipment and will be financed by funds internally generated.

Finance leases - as lessee (expenses)

- within one year	19,510	15,672
- in second to fifth year inclusive	2,288	13,187
	21,798	28,859

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Notes to the Annual Financial Statements

	2021	2020
17. Related parties		
Relationships		
Key management personnel are those members having authority and responsibility for planning, directing and controlling the activities of the council. Key management personnel include the councillors, committee members and executive management. Executive management includes the Registrar, Chief Operations Officer and Chief Financial Officer.		
Related party balances and transactions with persons with control, joint control or significant influence over the council.		
Council and sub-committee members, in relation to attendance of meetings-		
Allowances	87,570	90,465
Meeting expenses - accommodation	546,944	813,531
Meeting expenses - member fees	475,047	509,625
Meeting expenses - locum expenses	70	132
Meeting expenses - preparation fees	169,518	209,118
Transport	48,291	228,574
Compensation of executive management	5,656,367	5,593,707

18. Going Concern

The financial statements have been prepared on the basis of accounting policies applicable to a going concern. This basis presumes that funds will be available to finance future operations and that the realisation of assets and settlement of liabilities, contingent obligations and commitments will occur in the ordinary course of business.

19. Events after reporting period

There were no adjusting events after the reporting period.

Notes to the Annual Financial Statements

2021

2020

20. Financial risk management

The council's activities expose it to a variety of financial risks including interest rate risk, credit risk and liquidity risk. The council's overall risk management programme focuses on the unpredictability of financial markets and seeks to minimise potential adverse effects on the council's financial performance.

Risk management is carried out by senior management under financial policies approved by council.

Liquidity risk

Prudent liquidity risk management includes maintaining sufficient cash and the availability of funding from an adequate amount of committed credit facilities. The council manages liquidity risk through the compilation and monitoring of cash forecasts, as well as ensuring that adequate borrowing facilities are maintained. The maturity profile of the council's financial instruments is less than 12 months.

Interest rate risk

The council's interest rate risk arises from the interest payable on operating leases. Interest rate is based on prime.

Credit risk

Credit risk consists mainly of cash deposits, cash equivalents and trade debtors. The council only deposits cash with major banks with high quality credit standing and limits exposure to any one counter party.

As at 31 December 2021, the carrying values of trade payables, cash and accrued expenses are assumed to approximate their fair values due to the short-term maturities of these financial statements.

South African Pharmacy Council

Financial Statements for the year ended 31 December 2021

Detailed Income Statement

	Note(s)	2021	2020
Revenue			
Annual fees		73,903,143	71,997,632
Evaluation, re-inspection and fines		13,105,533	12,727,866
Examination fees		359,943	303,692
Registration fees		23,911,107	18,630,812
	9	111,279,726	103,660,002
Other income			
Insurance claim received		204,662	97,074
Other income		118,043	71,661
Profit on sale of fixed assets		37,109	-
	10	359,814	168,735
Investment income			
Interest received		2,699,514	3,330,674
	12	2,699,514	3,330,674
Expenses (refer to page xx)		(97,108,800)	(98,819,699)
Surplus for the year	11	17,230,254	8,339,712
Finance costs	13	(3,962)	(2,166)
Net surplus / (deficit) for the year		17,226,292	8,337,546

South African Pharmacy Council

Financial Statements for the year ended 31 December 2021

Detailed Income Statement

	Note(s)	2021	2020
Operating expenses			
Allowances		(87,570)	(90,465)
Auditors' remuneration		(228,797)	(220,635)
Bad debts and provision for doubtful debts		(2,650,482)	(6,394,147)
Bank charges		(640,359)	(774,586)
Cleaning, health and safety		(465,131)	(395,505)
Consumables		(73,676)	(96,986)
Depreciation		(3,817,058)	(3,735,426)
Employee costs		(64,109,597)	(64,651,245)
Impairment - Investment property		-	(1,200,000)
Information technology expenses		(4,651,119)	(4,534,560)
Insurance		(791,637)	(644,192)
Internal audit and consultancy		(521,228)	(283,950)
Lease rental on operating lease		(412,734)	(399,587)
Legal expenses		(29,759)	(66,000)
Loss on sale of fixed assets		-	(16,641)
Meeting expenses - accommodation		(546,944)	(813,531)
Meeting expenses - catering		(36,537)	(153,175)
Meeting expenses - locum expenses		(70)	(132)
Meeting expenses - member fees		(475,047)	(509,625)
Meeting expenses - preparation fees		(169,518)	(209,118)
Meeting expenses - transport and travelling		(48,291)	(228,574)
Office expenses		(395,841)	(512,721)
Office transport		(40,404)	(43,306)
Pharmacy conference		-	(16,212)
Pharmacy education and training		(2,683,413)	(1,766,594)
Pharmacy inspections		(5,495,178)	(2,984,086)
Postage and courier		(1,008,158)	(1,196,915)
Printing and stationery		(580,445)	(665,287)
Public relations and promotions		(534,595)	(761,767)
Repairs and maintenance		(532,371)	(479,669)
Research and development costs		(90,730)	(121,592)
Security		(830,058)	(368,247)
Social responsibility		(26,678)	(23,227)
Telephone and fax		(4,053,955)	(3,434,124)
Travel - overseas		-	(31,986)
Utilities		(1,081,420)	(995,886)
		(97,108,800)	(98,819,699)



South African
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