

ANNUAL REPORT

2024



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 ABSA Bank Limited Nedbank Limited
Independent Auditors	MGI RAS Incorporated Chartered Accountants (SA) Registered Auditor
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PRESENTATION TO THE MINISTER: ANNUAL REPORT 2024

Minister of Health

It is our pleasure to submit the Annual Report on the activities of the South African Pharmacy Council for the period 1 January 2024 - 31 December 2024, in terms of the Pharmacy Act, 53 of 1974.



Mr MD Phasha
PRESIDENT



Mr VM Tlala
REGISTRAR/CEO

FOREWORD BY THE PRESIDENT OF COUNCIL



MOGOLOGOLO PHASHA
PRESIDENT

The 2024 reporting year marked the beginning of a new Council term. With newly appointed members, many serving for the first time, the South African Pharmacy Council (SAPC) entered this period with a renewed focus on strengthening governance, reinforcing regulatory agility, and aligning pharmacy practice with national health priorities.

This year has brought transformative shifts to the country's healthcare system. Most notably, the signing of the National Health Insurance (NHI) Bill into law has set the course for a more integrated and equitable healthcare future. For the pharmacy profession, this signals an expanded role in primary healthcare delivery, medicine accessibility, and public health interventions. The SAPC has already begun detailed work to ensure the profession is well-positioned to support and integrate with NHI structures and objectives.

We also observed leadership changes in the health portfolio. The Council thanks Dr Joe Phaahla for his service and stewardship during his tenure as Minister of Health. We welcome back Dr Aaron Motsoaledi and eagerly anticipate collaborating with him to enhance the role of pharmacy within the evolving healthcare landscape.

Pharmacists and pharmacy support personnel continued to play a vital role within the healthcare system. In 2024, this included increased participation in vaccination programmes, the management of non-communicable diseases, expanded primary care services in community pharmacy settings, and ongoing support in underserved areas. These developments reflect the profession's growing contribution to universal health coverage and its capacity to meet patients where they are.

The pharmaceutical sector continues to face persistent challenges at a national level, including the availability of medicines, uneven distribution of services, workforce shortages, and the need for more resilient supply chains. SAPC remains committed to collaborating

with the National Department of Health and all relevant stakeholders to address these structural barriers and ensure safe, accessible pharmaceutical services for everyone.

From a regulatory perspective, the Council concentrated on developing capacity for future demands. Key milestones included the phased implementation of the Continuing Professional Development (CPD) system, the refinement of competency standards for pharmacy support personnel, and enhanced quality assurance for pharmacy education and training providers. These initiatives aim to foster a competent, ethical, and future-ready workforce.

Internationally, SAPC actively participated in the work of the International Pharmaceutical Federation (FIP), contributing to global discussions on regulatory innovation, workforce development, and digital transformation. South Africa's presence on this platform underscores our commitment to global standards and collaboration.

As we conclude this year, SAPC remains dedicated to its dual mandate: protecting the public and advancing the pharmacy profession. We extend our heartfelt gratitude to all stakeholders, government partners, health professionals, academia, employers, community members, and regulatory peers for your ongoing engagement and support. Together, we are cultivating a pharmacy profession that is capable, credible, and prepared to serve a transforming health system.

MD Phasha
PRESIDENT

REGISTRAR/CEO'S 2024

OVERVIEW

In 2024, the South African Pharmacy Council (SAPC) remained steadfast in executing its mandate to protect the public and ensure high standards in pharmaceutical practice through regulatory oversight, quality assurance, and stakeholder engagement. It was a year of strategic impact, marked by strengthened governance, key regulatory milestones, enhanced professional development, and growing global collaboration.

GOVERNANCE AND REGULATORY LEADERSHIP

We continued to uphold sound governance principles aligned with the King IV Code, ensuring responsible leadership, strategic oversight, and ethical stewardship. The Council's Committees and professional departments played a critical role in delivering our strategic objectives while reinforcing our position as the authoritative voice in pharmacy regulation.

I am pleased to report that SAPC received an unqualified audit opinion for the 2024 financial year, an affirmation of our commitment to good governance, sound financial management, and compliance with applicable laws and regulations. This outcome reflects the diligent efforts of Council and the Secretariat in maintaining transparency and accountability in all operations.

REGULATORY AND LEGAL MILESTONES

Throughout the year, we finalised and published several key amendments to regulations governing pharmacy practice, registration, and education. Notably, the long-anticipated regulatory amendment related to pharmacy technicians was concluded, marking an important step forward in recognising and regulating this critical mid-level professional category.

In 2024, we published several Board Notices for stakeholder consultation and implemented four, addressing areas such as oncology services, reference standards, prohibited pharmacy sales, and CPD grace periods. These included:

- Board Notice 674 of 2024: Introduced minimum standards for the provision of oncology services in pharmacies, enabling safe and specialised pharmaceutical support for cancer patients.
- Board Notice 652 of 2024: Revised the Good Pharmacy Practice (GPP) standards on reference sources, ensuring access to current and authoritative pharmaceutical information.
- Board Notice 653 of 2024: Outlined criteria for the accreditation of courses for foreign-qualified persons seeking registration in South Africa.
- Board Notice 587 of 2024: Clarified products that may not be sold in a pharmacy, reinforcing ethical and professional boundaries.
- Board Notice 706 of 2024: Provided a grace period for compliance with Continuing Professional Development (CPD) requirements, supporting professional learning.
- Board Notice 697 of 2024: Detailed fees payable to the Council for 2025, promoting financial transparency.

These updates reflect our ongoing efforts to modernise the regulatory framework and ensure it is responsive to the changing healthcare and pharmaceutical landscape.

ENHANCING STANDARDS IN EDUCATION AND TRAINING

Significant work was undertaken to advance the quality of pharmaceutical education. Council finalised competency standards for specialist pharmacists, revised guidelines for foreign-qualified applicants, and enhanced the EISA process for Pharmacy Support

Personnel (PSP). Regular accreditation and monitoring visits and updated programme criteria further ensured that education providers remain aligned with the needs of the profession.

PROFESSIONAL DEVELOPMENT AND CPD COMPLIANCE

The Council prioritised ongoing professional development, with 94.06% of pharmacists achieving compliance with CPD requirements. We introduced initiatives to support interns and tutors, including workshops, improved registration processes, and tools aimed at facilitating successful internship completion and integration into professional practice.

STRENGTHENING INSPECTION AND ENFORCEMENT

A total of 2 612 pharmacy inspections were conducted in 2024, ensuring continued compliance with Good Pharmacy Practice (GPP). SAPC strengthened its collaboration with the Office of Health Standards Compliance (OHSC) and implemented review mechanisms for the deregistration and restoration of non-compliant pharmacies. The process for approving and grading pharmacy premises remained an important mechanism for maintaining service quality and protecting the public.

STAKEHOLDER ENGAGEMENT AND COMMUNICATION

In 2024, we strengthened our stakeholder engagement efforts through public campaigns, media engagements, and improved service channels. SAPC's social media presence surpassed 30 000 followers, with increased engagement across platforms and CRM channels.

Pharmacy Month 2024 was commemorated under the theme "Let's Talk About Vaccines", focusing on raising public awareness about immunisation and the pharmacist's role in preventive healthcare. The campaign aimed to combat vaccine hesitancy and promote the accessibility of pharmacists as trusted healthcare professionals within communities.

Global Engagement: SAPC at FIP 2024

The Council participated in the International Pharmaceutical Federation (FIP) Congress, engaging with global peers on matters of regulatory innovation, universal health coverage, and digital transformation. These international insights and partnerships continue to guide our strategic direction and enrich the South African pharmacy profession with global best practices.

Legal Services and Professional Conduct Oversight

Our Legal and Professional Conduct functions were instrumental in safeguarding professional standards and public trust. In 2024, the Legal Services team responded to over 120 legal inquiries, issued 53 Section 26 certificates, and ensured compliance through litigation support and contract oversight. More than 1 000 professional conduct cases were processed, reinforcing ethical practice across the profession.

Conclusion

SAPC's performance in 2024 reflects a proactive and resilient regulatory authority, one that is future-focused, collaborative, and committed to public protection and professional excellence. I extend my sincere gratitude to Council members, pharmacy professionals, our partners, and the dedicated SAPC team for their unwavering support and contributions throughout the year.

Together, we will continue to build a profession that is ethical, innovative, and aligned with South Africa's health priorities.



Vincent Tlala
REGISTRAR/CEO

ACCESSIBLE QUALITY PHARMACEUTICAL SERVICES FOR ALL

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This 2024 Annual Report of the South African Pharmacy Council (SAPC) presents the financial and performance information of the SAPC over the 2024 financial year.

The annual report presents reporting information that fulfils reporting requirements in line with the King IV Code governance principles (Principles 1-16).

REPORTING PERIOD

The information contained herein relates to the work of the SAPC for the period 1 January 2024 - 31 December 2024.

AVAILABILITY OF REPORT

Electronic copies of this report 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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PART A: GENERAL INFORMATION



ORGANISATIONAL PURPOSE

COUNCIL'S ROLE & RESPONSIBILITIES

The South African Pharmacy Council (hereinafter referred to as "SAPC"/"Council") is an independent statutory health professional council established in terms of the Pharmacy Act, 53 of 1974, to regulate the pharmacy profession, which includes pharmacists, pharmacy support personnel and pharmacies in both the public and private sector. The SAPC is vested with statutory powers of peer review and embraces as its objectives those outlined in the Pharmacy Act.

The SAPC 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 Council members' responsibilities and are embedded in the South African Pharmacy Council Charter and the Code of Good Conduct for Council Members, together with key policies of the Council. Council members are required to familiarise themselves with both the objectives of Council as outlined in the Pharmacy Act and their responsibilities as outlined in the South African Pharmacy Council Charter.

VISION

Accessible quality pharmaceutical services for all.

CORE VALUES

PEOPLE FIRST

We shall protect and empower people, treat everyone equally and be inclusive in our approach.

ACCESSIBILITY

We shall be accessible and transparent.

AGILITY AND INNOVATION

We shall adapt to change, be flexible and relevant.

COLLABORATION

We shall collaborate with stakeholders.

INTEGRITY

We shall be ethical, accountable and honest in conducting our business.

OBJECTIVES AND FUNCTIONS OF COUNCIL

In terms of the Pharmacy Act and incorporated into the Council's Strategic Plan 2024 - 2028, the 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 persons 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.

MISSION

The South African Pharmacy Council exists to promote universal health coverage through patient-centric pharmaceutical services.

This will be achieved by:

- protecting the rights and safety of the public;
- developing, enhancing and upholding acceptable norms and standards in pharmacy;
- safe-guarding and enhancing public health;
- promoting the dignity of the profession by ensuring ethical practice and conduct;
- ensuring ongoing competency of pharmacy professionals;
- creating an enabling environment to foster the adoption of technology and innovation; and
- create an enabling environment for proactiveness and responsiveness to emerging developments and challenges in pharmaceutical care.



Council 2024 - 2028

COMPOSITION OF THE COUNCIL

The 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) members are voted in by registered pharmacists and sixteen (16) are appointed by the Minister of Health.

2024 was the first year of the five-year term of office for the current Council, as elected/appointed in 2023.

The Council is supported by additional expertise in the form of the Audit and Risk Committee and the Remuneration and Reimbursement Committee, which are composed of a majority of independent experts.

Council Members 2024

Mr Mogologolo David Phasha	President
Ms Mapaseka Steve Letsike	Vice-President
Ms Tlou Mavis Shivambu	Treasurer
Prof. Natalie Schellack	Chairperson: Education Committee
Dr Rajatheran Moodley	Chairperson: Practice Committee
Mr Vusi Cornelias Dlamini	Chairperson: CPD Committee
Ms Christina Aletta Venter	Chairperson: Pre-registration Committee
Mr Tshidiso Justino Ntshabele	Chairperson: Health Committee
Mr David Nathan Bayever	Chairperson: Committee of Preliminary Investigation
Prof. Petrus De Wet Wolmarans	Chairperson: Committee of Informal Inquiries
Ms Khadija Jamaloodien	National Department of Health Representative
Ms Sheena Eleanore Ainsbury	
Mr Chris Pieter Botha	
Prof. Thirumala Govender	
Ms Mosenyehi Leah Kokong	
Dr NomaChina Theopatra Kubashe	
Mr Nhlanhla Given Mafarafara	
Ms Letty Mahlangu	
Mr Thabang Owen Malatji	
Mr Nakedi Desmond Marumo	
Ms Charlotte Motshale Moatlhodi	
Ms Zuleika Goolam Rhemtula	
Ms Tabisa Pearl Sihya	
Ms Bonolo Ambrocia Teki	
Prof. Ilse Truter	

CORE FUNCTIONS



Vincent Tlala
Registrar/CEO

REGISTRAR/CHIEF EXECUTIVE OFFICER

The Registrar, as accounting officer with delegated overall control of the Office of the Registrar, is responsible for:

- (a) Fulfilling the role and responsibilities as prescribed in terms of the Pharmacy Act;
- (b) Ensuring effective communication with all stakeholders, including the Minister of Health, Department of Health, pharmaceutical industry, voluntary professional organisations and the public, in conveying Council policy and resolutions;
- (c) The implementation of Council policies;
- (d) Ensuring cooperation, coordination and quality assurance of all activities at the Office of the Registrar;
- (e) The supervision of Council spending according to relevant policies;
- (f) Implementation of all strategic and operational plans, resolutions, policies, and procedures of Council; and
- (g) Provide secretarial services to the Council.



Mojo Mokoena
Chief Operating Officer

CHIEF OPERATING OFFICER

- (a) Ensure effective communication with all stakeholders;
- (b) Ensure cooperation, coordination, and quality assurance of all activities in the Office of the Registrar;
- (c) Administration of the Office of the Registrar;
- (d) Implement Corporate Social Investment (CSI) policies (outreach programmes);
- (e) Coordination of all Committees of Council;
- (f) Coordination of functions and effective management between different departments, including strategic management;
- (g) Maintains public relations;
- (h) Constant monitoring of expenditure against budget; and
- (i) Provide secretarial services to the Executive Committee of Council and the task teams of Council.



Sandiso Ntsomi
Chief Financial Officer

CHIEF FINANCIAL OFFICER

- (a) Monitor and control income and expenditure;
- (b) Effective application of purchasing and tendering processes;
- (c) Effective administration of the SAPC personnel pension fund and medical scheme contributions, payment of salaries, and insurance;
- (d) Effective maintenance of contracts, assets, property, equipment and security of all assets;
- (e) Compliance with statutory requirements for taxation, pension funds and returns;
- (f) Planning and control of the SAPC budget in terms of SAPC procurement and financial policies;
- (g) Assist the Registrar with risk management; and
- (h) Provide secretarial services to the Pension Fund Board of Trustees and the Audit and Risk Committee (ARC).



Debbie Hoffmann
Company Secretary & Legal Services

COMPANY SECRETARY & LEGAL SERVICES

- (a) Provide professional legal services, and administration to Council, the Registrar, the Office of the Registrar, the profession, and the public;
- (b) Provide advisory services on all legal enquiries;
- (c) Provide coordination and support in terms of litigation against and by the Council;
- (d) Execute the functions of the Company Secretary and ensure legislative compliance of the Council, the Registrar, and the Office of the Registrar;
- (e) Provide guidance and advice on matters pertaining to corporate governance;
- (f) Responsible for drafting the legislation and publishing legislation for the Council; and
- (g) Manage legal contracts and administration.



Hlone Masiza
Senior Manager: Education

EDUCATION DEPARTMENT

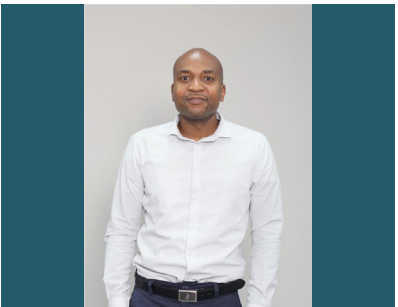
- (a) Develop and review good pharmacy education standards (GPE);
- (b) Development and review of accreditation criteria for registered providers and courses;
- (c) Development and review of accreditation and monitoring tools (questionnaires and applicable application forms) for providers and learning programmes;
- (d) Develop policies that direct the activities of Education;
- (e) Develop and review qualification curriculum outlines for all qualifications;
- (f) Develop and review the Code of Conduct for evaluators and verifiers;
- (g) Develop and review guidelines, manuals, and criteria documents for the interpretation and implementation of standards as well as the application of tools (e.g., work-based learning manuals);
- (h) Develop specification documents for online systems and continuously review these processes as part of quality assurance;
- (i) Manage the monitoring and compliance process for pharmacy education (appoint and train a panel of evaluators, perform monitoring visits, evaluate and produce reports, and give feedback);
- (j) Regularly validate the processes, systems and procedures through performance assessment and the identification of stumbling blocks; and
- (k) Serve as secretariat for the Education Committee and its task teams.



Kamohelo Malaku
Senior Manager: Pre-registration

PRE-REGISTRATION DEPARTMENT

- (a) Develop, review, and manage the internship process (ensure compliance with registration requirements, Tutor/Intern workshops, 4th-year students empowerment workshops, assessment requirements (examinations and progress reports);
- (b) Develop, review, and manage the traineeship process (ensure compliance with registration requirements, pharmacy support personnel (PSP) information empowerment workshops, assessment requirements - examinations 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 pre-registration;
- (e) Develop and review the Code of Conduct for invigilators, examiners and moderators;
- (f) Develop and review guidelines, manuals and criteria documents for the interpretation and implementation of standards as well as the application of tools (e.g., internship manuals);
- (g) Develop specification documents for online systems and continuously review these processes as part of quality assurance;
- (h) Regularly validate processes, systems and procedures through performance assessment and the identification of stumbling blocks; and
- (i) Serve as secretariat for the Pre-registration Committee and its task teams.



Mokoadi Mogano
Senior Manager: CPD & Registrations

CONTINUING PROFESSIONAL DEVELOPMENT & REGISTRATIONS DEPARTMENT

- (a) Develop and review standards for CPD and Registrations;
- (b) Development and review of accreditation criteria for persons;
- (c) Develop policies that direct the activities of CPD and Registrations;
- (d) Development and review of accreditation tools (questionnaires and applicable application forms) for registered persons;
- (e) Develop and review the Code of Conduct for assessors and moderators;
- (f) Develop and review guidelines, manuals and criteria documents for the interpretation and implementation of standards as well as the application of tools (e.g., internship manuals);
- (g) Develop specification documents for online systems and continuously review these processes as part of quality assurance;
- (h) Manage the monitoring and compliance process for CPD and Registrations (appoint and train assessors and moderators for CPD, perform participation data analysis, evaluate and produce reports, and give feedback);
- (i) Manage and maintain the accreditation of all registered persons (students, interns, pharmacy support personnel, pharmacists, specialists, supplementary trainings, assessors and moderators);
- (j) Regularly validate processes, systems and procedures through performance assessment and the identification of stumbling blocks; and
- (k) Serve as secretariat for the CPD Committee, Health Committee, and relevant task teams.



Ziyanda Mfuku
Senior Manager: Practice

PRACTICE DEPARTMENT

- (a) Develop and review standards of Good Pharmacy Practice (GPP);
- (b) Development and review of licencing criteria for pharmacies;
- (c) Development and review of accreditation and monitoring tools (questionnaires and applicable forms) for pharmacies;
- (d) Develop and review scopes of practice for all SAPC registered persons;
- (e) Develop policies that direct the activities of Practice;
- (f) Develop and review Ethical Rules;
- (g) Develop and review the Code of Conduct for registered persons;
- (h) Develop and review guidelines, manuals and criteria documents for the interpretation and implementation of standards as well as the application of the tools (e.g., inspection tools);
- (i) Develop specification documents for online systems and continuously review these processes as part of quality assurance;
- (j) Manage the monitoring and compliance process for pharmacy practice (appoint and train inspectors, perform inspections, evaluate and produce reports, and give feedback);
- (k) Manage the processing of licences and recording of pharmacies, permits, automated dispensing units, remote automated dispensing units, internal changes, another business in a pharmacy, registration of PHC, satellite pharmacies in the public sector, mobile units, and the approval of premises for the purpose of training applications;
- (l) Regularly validate processes, systems, and procedures through performance assessment and the identification of stumbling blocks; and
- (m) Serve as secretariat for the Practice Committee and its task teams.

PROFESSIONAL CONDUCT DEPARTMENT

- (a) Enforce compliance with all pharmacy legislation, and in particular the Rules relating to acts or omissions in respect of which Council may take disciplinary steps and the Rules relating to the Code of Conduct for pharmacists and other persons registered in terms of the Pharmacy Act, and standards;
- (b) Receive and process complaints from members of the profession and the public;
- (c) Investigate complaints against registered persons and facilities in terms of Section 39 of the Pharmacy Act and the Regulations relating to the code of inquiries in terms of Chapter V of the Pharmacy Act;
- (d) Support registered persons to maintain their capability, competency and suitability to practice;
- (e) Review and revise legislation, policies and systems related to professional conduct;
- (f) Develop and review the standards of enforcement of legislative provisions;
- (g) Provide advisory services on all legal enquiries related to professional conduct matters; and
- (h) Serve as secretariat for the Registrar's Review Panel, the Committees of Preliminary Investigation, Informal Inquiries and Formal Inquiries.



Nhlamulo Nkanyane
Senior Manager:
Professional Conduct



Elmarie Venter
Senior Manager: CSR

COMMUNICATION & STAKEHOLDER RELATIONS DEPARTMENT

- (a) Develop, implement and review internal communication (including staff briefings);
- (b) Develop, implement and review the SAPC Corporate Communication Strategy (including awareness campaigns, social media, print media, electronic media and presentations);
- (c) Web content management;
- (d) Develop, implement and review advertising and marketing initiatives;
- (e) Manage corporate identity;
- (f) Manage the library and e-document management system (Council agendas and minutes);
- (g) Develop, implement and enhance stakeholder relations (surveys and opinion polls);
- (h) Develop, implement and enhance media relations;
- (i) Undertake road shows, exhibitions, career days, conferences and campaigns;
- (j) Coordinate proactive and reactive media interviews, press releases and press conferences;
- (k) Managing customer services which includes incoming calls, updating addresses and contact details on the Register, creating dashboard cases received on desktop mail and faxes, and receiving complaints; and
- (l) Manage the Logistics Unit which includes mail, emails, printing of approval or accreditation certificates and letters, e-archiving and hardcopy archiving, and shredding processes.



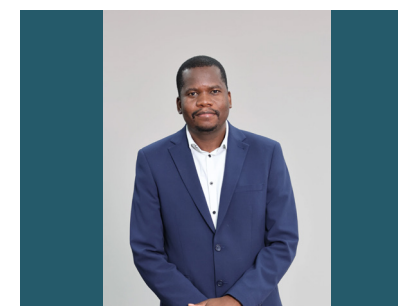
John Mashishi
Senior Manager: Human
Resources

HUMAN RESOURCES DEPARTMENT

- (a) Ensure fair recruitment and selection processes that remove unfair discrimination by ensuring that the employment patterns stabilise the operations in the various departments, and supporting Employment Equity and Affirmative Action;
- (b) Provide training and development that intends to improve competency levels;
- (c) Ensure compliance with all labour laws and occupational health and safety requirements;
- (d) Ensure a labour relations platform and develop policies and conditions that seek to help employment relations work better;
- (e) Provide payroll administration that ensures that the sum of financial records of salaries of employees, bonuses, withholdings, and deductions are carried out timely and accurately;
- (f) Ensure the development of systems and modules that enhance best HR practice relating to the retention and remuneration of employees; and
- (g) Secretariat for the Bargaining Council and the Remuneration and Reimbursement Committee (REMCO).

INFORMATION TECHNOLOGY DEPARTMENT

- (a) Align IT objectives and programmes to Council objectives and strategies;
- (b) Align IT risk management with enterprise-wide risk management;
- (c) Optimise costs of services through a mix of internal and external resources;
- (d) Evaluate the overall operations of computing and IT functions and recommend enhancements;
- (e) Oversee the development, design, and implementation of new applications and changes to existing computer systems and software packages; and
- (f) Serve as secretariat for the Information and Communications Technology (ICT) Steering Task Team.



Bonginkosi Mkhathshwa
Senior Manager: IT



PART B: PERFORMANCE INFORMATION

STRATEGIC OBJECTIVE 1

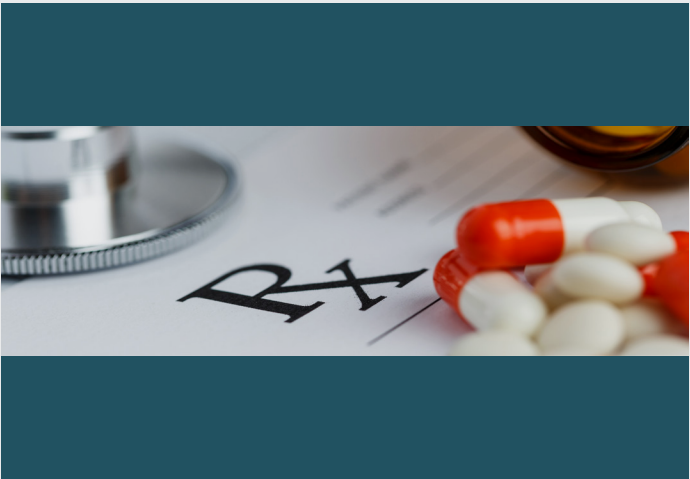
ASSIST IN THE PROMOTION OF HEALTH OF THE POPULATION OF THE REPUBLIC OF SOUTH AFRICA.

Strategic Objective 1 is derived from the overall fundamental function of the SAPC, to protect the public by carrying out its regulatory functions as enshrined in the Pharmacy Act. The performance and achievements of Strategic Objective 1 are provided in this report in Part D: “Stakeholder Relations”, where the details are provided as to the magnitude of such engagement, from international, national and provincial engagement to individual engagement with registered persons and providers of education and training.

In pursuit of Strategic Objective 1, the Office of the Registrar rolled out a year-long social media driven health communication campaign

on the backdrop of National and Global Health days. This campaign has also been rolled out as an internal communication campaign to ensure that the SAPC staff were educated on various health conditions, warning signs and how to seek help.

STRATEGIC OBJECTIVE 2



ADVISE THE MINISTER OF HEALTH OR ANY OTHER PERSON ON ANY MATTER RELATING TO PHARMACY.

As the national regulator of pharmacies and pharmacy owners in all sectors of the pharmacy profession, in both the public and private sectors, of pharmacists (including specialist pharmacists), pharmacy students, Pharmacist Interns and all categories of pharmacy support personnel, the SAPC is strategically positioned to advise the Minister of Health and any other person on any matter related to pharmacy and the pharmacy profession. This is achieved in an inclusive and objective manner, which includes international benchmarking, current and emerging local trends and issues in pharmacy, as well as day-to-day pharmacy matters.

LEGAL ENQUIRIES

In terms of providing legal support to the profession, the Office of the Registrar provided legal services to the public, the profession and stakeholders by addressing legal enquiries emanating from email communication, SAPC’s website, telephonic enquiries, or by means of any other form of communication. Legal enquiries may cover any variety of questions that the pharmacy stakeholders or the public require assistance with in answering and addressing. Of particular interest and importance in 2024 the legal enquiries included issues pertaining to the validity of electronic prescriptions, particularly with regards to schedule 6 prescriptions, change in the ownership of pharmacies, particularly with regards to the change in membership or shareholding of the juristic owner, and issues pertaining to the importation of APIs by Compounding Pharmacies. The Office of the Registrar formally addressed over 120 legal-related enquiries during 2024 by way of formal written communication and presentations to various stakeholder groups.

INPUT INTO PROPOSED LEGISLATION

The Office of the Registrar supports the SAPC in drafting input pertaining to legal notices that are published for comment, be it to the Minister of Health or other external stakeholders, when such proposed legislation has or may have an impact on the SAPC or the pharmacy profession. In 2024, the Office of the Registrar provided comments in respect of the proposed amendments or new legislation relating to the proposed Guideline for Good Medicine Compounding Practice, by the South African Health Products Regulatory Authority (SAHPRA).

RECOMMENDATIONS FOR THE ISSU- ING 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.”

The SAPC evaluates and makes recommendations on these applications to the Director-General to issue these permits. A total of 165 Section 22A(15) permits for PCDT pharmacists and 98 for immunisation were recommended and issued online in 2024.

The SAPC also participated in the renewal of facility permits for the COVID-19 vaccination programme. The SAPC was appointed to curate all pharmacies that are uploaded on

the Master Facility List (MFL). A total of 5 283 renewal COVID-19 facility permits have been issued to date.

The Task Team for Section 22A(15) permits and designation of organisations to render health services in terms of Section 56(6)(d) of the Nursing Act, 33 of 2005, comprising of the National Department of Health (NDoH), South African Nursing Council (SANC) and SAPC met and finalised the Guideline for the issuing of permits to professional nurses in terms of Section 22A(15) of the Medicines and Related Substances Act, 101 of 1965.

STRATEGIC OBJECTIVE 3

PROMOTE THE PROVISION OF PHARMACEUTICAL CARE WHICH COMPLIES WITH UNIVERSAL NORMS AND VALUES IN BOTH THE PUBLIC AND THE PRIVATE SECTORS, WITH THE GOAL OF ACHIEVING DEFINITE THERAPEUTIC OUTCOMES FOR THE HEALTH AND QUALITY OF LIFE OF A PATIENT.



In order to promote the provision of pharmaceutical care which complies with universal norms and values to achieve therapeutic outcomes, the SAPC has identified the need to develop and implement competency standards for all categories of registered persons. Competency standards in pharmacy are defined as the knowledge, skills and attitudes which include all the different tasks of a registered person, in their scope of practice.

COMPETENCY STANDARDS FOR SPECIALISTS IN PHARMACY

The Office of the Registrar finalised the development of the competency standards for specialists in pharmacy which includes Radiopharmacy, Industrial Pharmacy, Clinical Pharmacy and Public Health Pharmacy and Management Services. The purpose of the competency standards is to set out the competencies required for pharmacists to become specialists in pharmacy and whose specialisation will be registrable with the SAPC. All competency standards are available to stakeholders on the SAPC website.

STRATEGIC OBJECTIVE 4

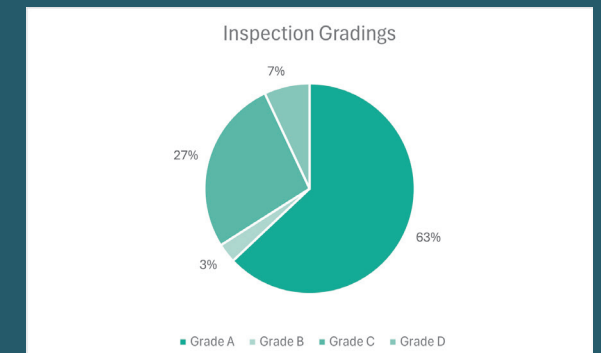
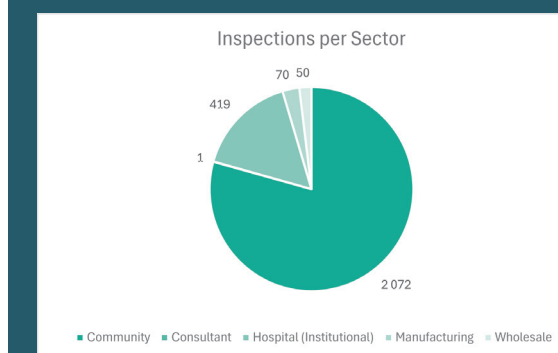
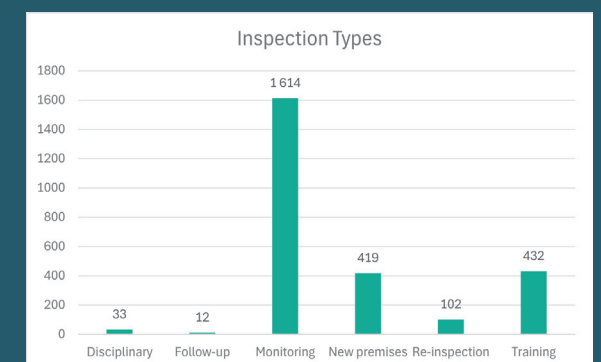
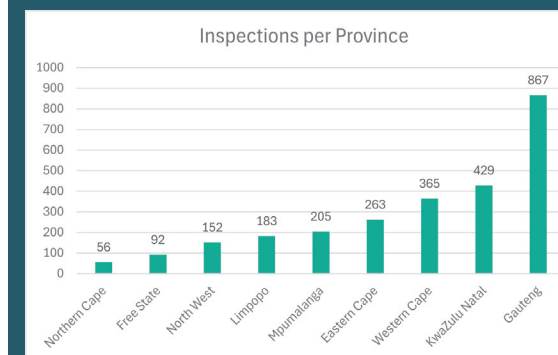
UPHOLD AND SAFEGUARD THE RIGHTS OF THE GENERAL PUBLIC TO UNIVERSALLY ACCEPTABLE STANDARDS OF PHARMACY PRACTICE IN BOTH THE PUBLIC AND PRIVATE SECTOR.

In tandem with promoting the provision of pharmaceutical healthcare which complies with universal norms and values, the SAPC is required to uphold and safeguard the rights of the general public to universally acceptable standards of pharmacy practice. This is achieved through the on-going inspections of pharmacies.

PHARMACY PREMISES INSPECTIONS

In terms of Section 22(6) of the Pharmacy Act, the SAPC has the right to inspect pharmacy premises. This is done on an ongoing basis. A total of 2 612 inspections were conducted in 2024. These included monitoring, training, disciplinary and new pharmacy inspections. Out of the 2 612 inspections, 1 671 were Grade A, 70 were Grade B, 690 were Grade C and 180 were Grade D.

The tables below depict the number of inspections per province, the number of inspections per sector and per type, together with a pictorial view of the grades obtained following these inspections on the classification of inspection findings and the inspection cycles that follow such inspection findings/gradings.



OF 2 395 PHARMACIES INSPECTED
IN 2024 RECEIVED A GRADE A

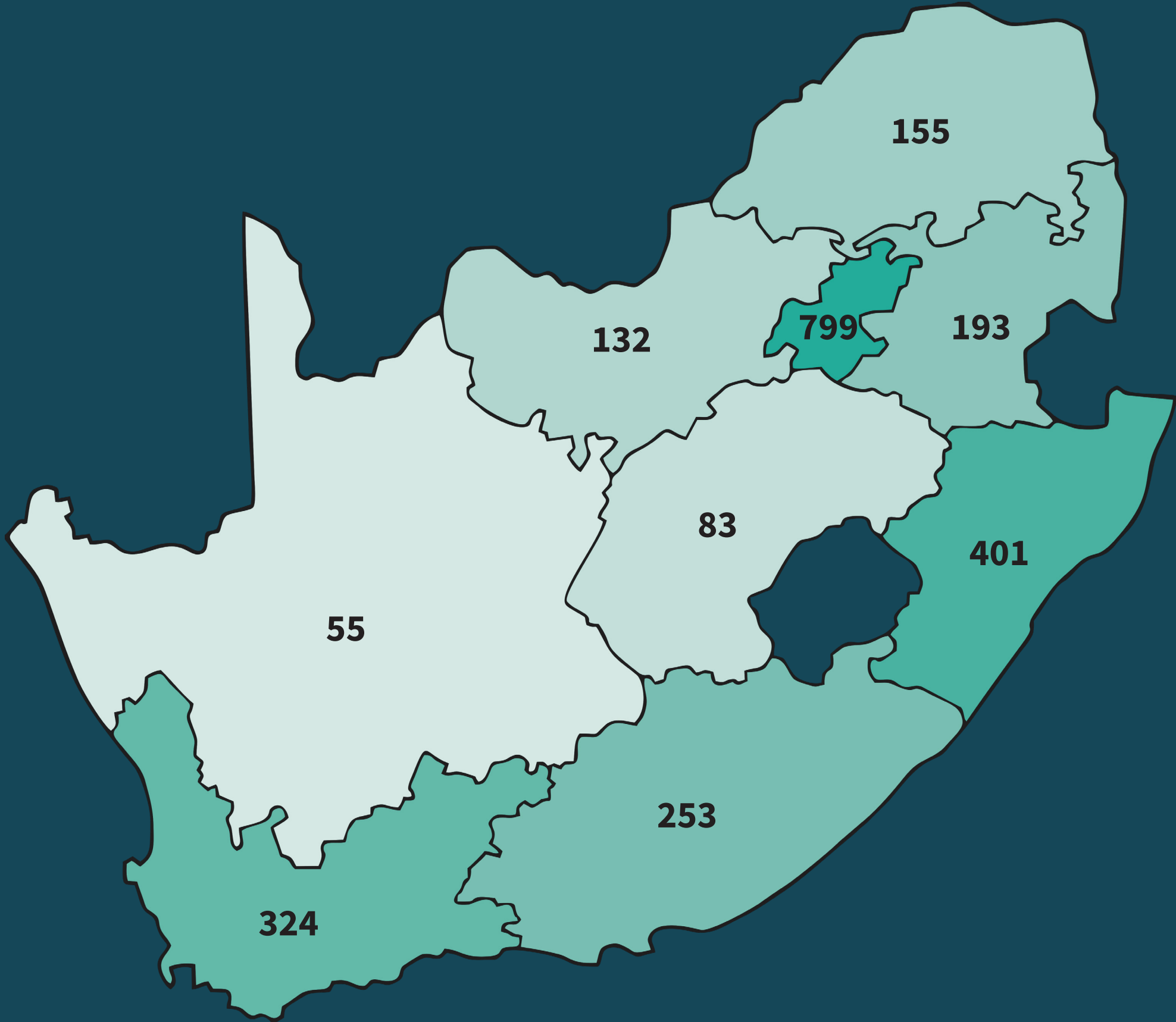
1 517

OF PHARMACIES INSPECTED IN
2024 RECEIVED A GRADE A

63%

INSPECTIONS PER PROVINCE

Province	Grade A	Grade B	Grade C	Grade D
Eastern Cape	168	10	60	15
Free State	69	0	12	2
Gauteng	536	14	191	58
KwaZulu Natal	217	12	158	14
Limpopo	65	2	66	22
Mpumalanga	95	11	69	18
North West	83	6	31	12
Northern Cape	39	3	10	3
Western Cape	245	2	58	19
Grand Total	1 517	60	655	163



PREMISES APPROVAL FOR THE TRAINING OF PHARMACIST INTERNS AND PHARMACY SUPPORT PERSONNEL

For a pharmacy to be approved for the purposes of training Pharmacist Interns and pharmacy support personnel (learners), such pharmacies must obtain a minimum of a Grade B inspection, where there are minor shortcomings. In total, 651 premises have been approved for the training of Pharmacist Interns and pharmacy support personnel.

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/recordings due to non-compliance with the Rules relating to good pharmacy practice 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 held ten (10) meetings in 2024 and it was resolved by Council that out of over 5 400 pharmacies registered at the beginning of 2024, 208 pharmacies be removed from the register of Council based on the recommendations of the panel.

LEGAL SUPPORT

In conducting the business of the SAPC, and to ensure universally acceptable standards of pharmacy, which include local and international legal benchmarking, it is necessary for the SAPC 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, legal support services were provided by way of legal opinions where such matters were of direct or indirect relevance to pharmacy and pharmacy services. These included issues relating to:

- (a) Concerns pertaining to the Compounding Regulation Amendment in terms of the General Regulations under the Medicines and Related Substances Act, 101 of 1965, as well as the proposed Guideline for Good Medicine Compounding Practice, published by SAHPRA for public comment;
- (b) The appointment of deputy chairpersons for Committees of Council; and
- (c) The scope of practice of a pharmacist outside of the traditional pharmacy practice environment.

Three (3) external legal opinions were obtained relating to:

- (a) SAPC’s obligation/responsibility to announce monitoring inspections;
- (b) Conducting of a disciplinary inspection subsequent to a pharmacy obtaining a Grade A monitoring inspection wherein the guidelines state that a pharmacy that obtained a Grade A for an inspection will only be inspected every three (3) years; and
- (c) The scope of practice of a pharmacist outside of the traditional pharmacy practice environment.



STRATEGIC
OBJECTIVE 5

TO PROMOTE UNIVERSAL NORMS AND VALUES IN PHARMACY THERE IS A NEED TO ESTABLISH, DEVELOP, MAINTAIN AND CONTROL UNIVERSAL STANDARDS.

5.1 Establish, develop, maintain and control universally acceptable standards in pharmaceutical education and training.

ACCREDITATION CRITERIA FOR REGISTERED PROVIDERS AND COURSES

The Criteria to accredit a course to be completed by foreign-qualified persons prior to writing the professional examinations were published for comment in Board Notice 653 of 2024 on 30 August 2024, with the closing date for comments being 30 September 2024. The Criteria will be finalised in 2025. To guide providers in the development of the learning material for the training of foreign qualified persons who would like to be registered in South Africa. This course will familiarise the foreign-qualified persons with the South African pharmacy environment, including legislation related to pharmacy.

DEVELOP AND REVIEW QUALIFICATIONS FOR ALL CATEGORIES OF PHARMACY PERSONNEL

In 2024, the SAPC approved guidelines for work-based learning (WBL) for implementation to expose students to real-life work experience as part of the formal educational qualification. During the period in the workplace, the student should be provided with the opportunity to apply theoretical knowledge and practical skills acquired during the academic programme to workplace activities.

MANAGE THE MONITORING AND COMPLIANCE PROCESS FOR PHARMACY EDUCATION

The following monitoring visits of providers in pharmacy education were conducted in 2024:

Name of Institution	HEI/SDP	Dates of Visit
Sefako Makgatho Health Sciences University	HEI	07/08 March and 30 September to 04 October 2024
S Buys Academy (Pty) Ltd	SDP	07-09 and 21-22 May 2024
Pharmacy Training and Development Project - Sefako Makgatho Health Sciences University (PTDP-SMU)	SDP	21 May - 03 June 2024 (excl. 29 May 2024) and 26-27 September 2024
Health Science Academy (Pty) Ltd	SDP	09-13 September 2024 and 03-04 December 2024

5.2 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.

In terms of Section 13(1) of the Pharmacy Act, a person may not practise the scope of practice of a pharmacist, pharmacy student, Pharmacist Intern or a Pharmacist’s Assistant unless they are registered with the SAPC.

DEVELOPMENT AND REVIEW OF ACCREDITATION FOR PERSONS

Criteria for registration of a tutor

The Office of the Registrar developed the criteria for the registration of a tutor in 2024. The need for criteria emanated from the amendments to the Education, Practice and Registration regulations published in 2024, which define a tutor as a pharmacist registered as such with the SAPC. Registration as a tutor will replace the current process of approval of a tutor. Once approved, the criteria will be published for stakeholder comments.

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. Section 26 certificates are predominately 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 SAPC. 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 Office of the Registrar provided fifty-three (53) Certificates of Registration/Non-registration issued in terms of Section 26 of the Pharmacy Act.

53

SECTION 26 CERTIFICATES ISSUED IN 2024



REVIEW OF THE PROCESS FOR THE EVALUATION OF FOREIGN QUALIFICATIONS

The SAPC approved the reviewed process for evaluating foreign curricula to include four (4) subject matter specialists (pharmacology, pharmacy practice, pharmaceuticals, and pharmaceutical chemistry) so as to allow for the in-depth evaluation of different foreign curricula for the four (4) disciplines of the BPharm qualification. Four (4) foreign curricula were evaluated in 2024 and none of these were found to be equivalent to the South African BPharm degree.

FOREIGN CURRICULA REVIEWED

University Name	Curriculum Year
Andhra University, India	2018 - 2022
Parul University, India	2016 - 2020
B. N. B. Swaminarayan Pharmacy College, Salvav (affiliated to Gujarat Technological University), India	2017 - 2021
Zhengzhou University of Industrial Technology, China	2017 - 2021

CANDIDATES WITH QUALIFICATIONS OBTAINED OUTSIDE SOUTH AFRICA

Applications for recognition of foreign qualifications

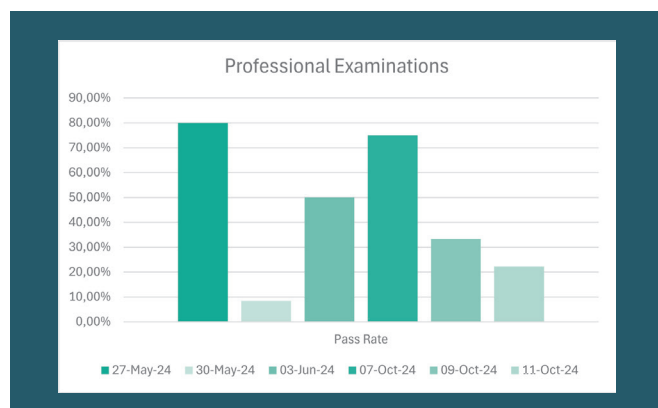
The Guidelines for persons who hold qualifications in pharmacy obtained outside the republic (2024), which outlines all the application and registration requirements, were updated to include the revised fees and latest Council resolutions.

In 2024, SAPC approved eight (8) applications for recognition of foreign pharmacist qualifications and one (1) application for recognition of foreign Pharmacy Technician qualification. Two (2) applications were declined as their curricula were deemed not to be equivalent to the South African BPharm curriculum.

Professional Examination

Candidates with qualifications in pharmacy obtained outside of 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 (Pharmacy Technician) are required to register as trainees, undergo traineeship under an approved tutor in an approved premises, and complete a module in pharmacy law and ethics through an approved provider.

Professional examinations for 2024 were held online/remotely with integrated proctoring software in May/June and October 2024. To prepare the candidates for the online remote examinations, the Office of the Registrar conducted a workshop in April 2024 for candidates to explain the examination procedures, demonstrate access and how to navigate the examination platform as well as provide an overview of the examination.



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 in 2024. The guidelines and checklist outline the registration process for pharmacists and offer guidance on preparing for the professional examinations.

TRAINEESHIP PROCESS

ASSESSMENT AND EMPOWERMENT WORKSHOPS FOR PHARMACY SUPPORT PERSONNEL

In 2024, practice examination papers were developed to assist Pharmacy Support Personnel (PSPs) in preparing for the External Integrated Summative Assessments (EISAs). In preparation for the EISAs, the Office of the Registrar successfully conducted virtual workshops for PSPs in February, March and August 2024. The SAPC also conducted compulsory practice EISAs in March and August 2024 to provide PSPs with an opportunity to experience the proctored online remote examination conditions prior to writing the EISA.

The Office of the Registrar also developed the External Integrated Summative Assessment (EISA) Manual for Pharmacist's Assistants (Basic) which outlines the requirements for the EISA, the format of the EISA and the eligibility criteria.

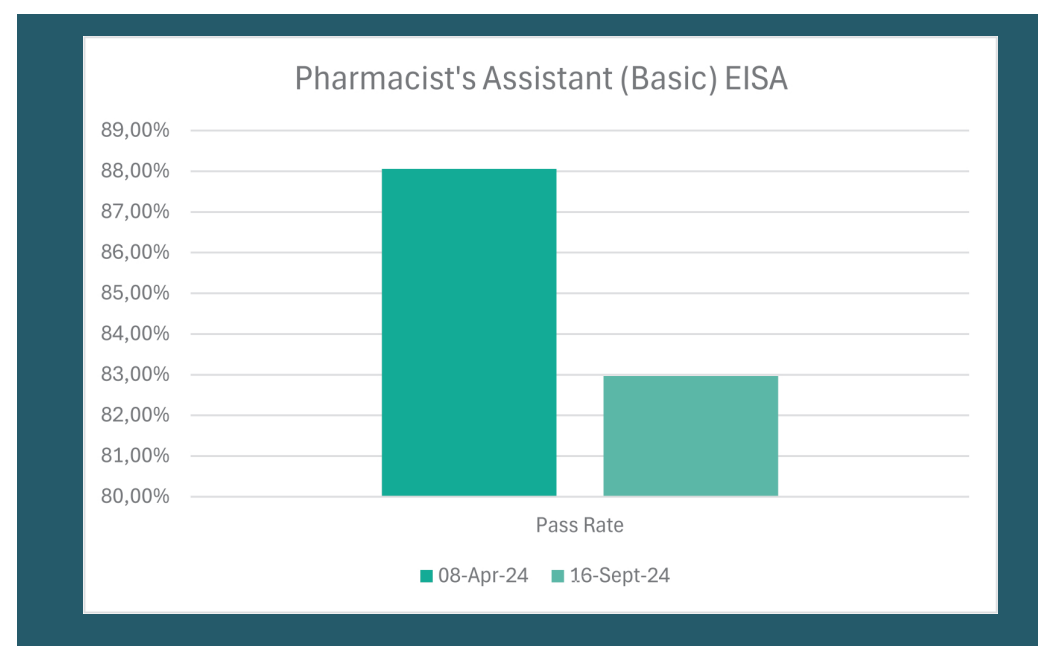
PHARMACY SUPPORT PERSONNEL: EXTERNAL INTEGRATED SUMMATIVE ASSESSMENTS

Pharmacy support personnel 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 PSP.

The SAPC conducted the first EISA for the Occupational Certificate: Pharmacist's Assistant (Basic) in April 2024. The EISA was also written by currently qualified Pharmacist's Assistants (Basic) intending to register for the new qualification. The EISA was conducted online/remotely with integrated proctoring software.

The second EISA was conducted online/remotely with integrated proctoring software in September 2024 and was written by the Pharmacist's Assistants (Learner Basic) registered for the Occupational Certificate, currently qualified Pharmacist's Assistants (Basic) and a former BPharm student who completed their first year of study.

The Office of the Registrar conducted EISA workshops virtually in February, March and August 2024 to prepare PSPs for the EISAs. Compulsory practice EISAs were conducted in March and August 2024 to provide PSPs with an opportunity to experience the proctored online remote examination conditions prior to writing the EISA.



INTERNSHIP PROCESS

PRE-REGISTRATION EVALUATION FOR INTERNS

The Intern/Tutor Manual (2024) was reviewed to incorporate:

- (a) The 2024 pre-registration evaluation schedules;
- (b) The reviewed Policy for conducting SAPC examinations i.e., security measures and invigilation of SAPC examinations through the implementation of the integrated live proctoring system; general requirements for the proctoring software; and responsibilities of Pharmacist Interns and invigilators;
- (c) Reviewed explanation of CPD cycle steps; and
- (d) The Criteria for assessment of a CPD entry and glossary of terms.

In preparation for the 2024 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 07, 13 and 28 February 2024. CPD feedback workshops were also conducted in June and August 2024 to share assessment experiences with interns, respond to interns' questions, as well as to guide interns on how to improve the quality of their entries.

The Office of the Registrar successfully conducted two (2) pre-registration examination workshops on 07 and 09 May 2024 to prepare Pharmacist Interns for the pre-registration examinations. The workshops were held virtually using Microsoft Teams Live Event and were also streamed on SAPC's YouTube channel. The workshop presentations were made available on the SAPC website for interns to review after the workshop. Overall, the workshops were well attended with 270 logins on Teams and 1 896 views on YouTube.

The fourth-year student information workshops were conducted per university in 2024. The objective of these workshops was to prepare BPharm students for internship and to outline the online application process. The sessions were held face-to-face and virtually on Microsoft Teams.

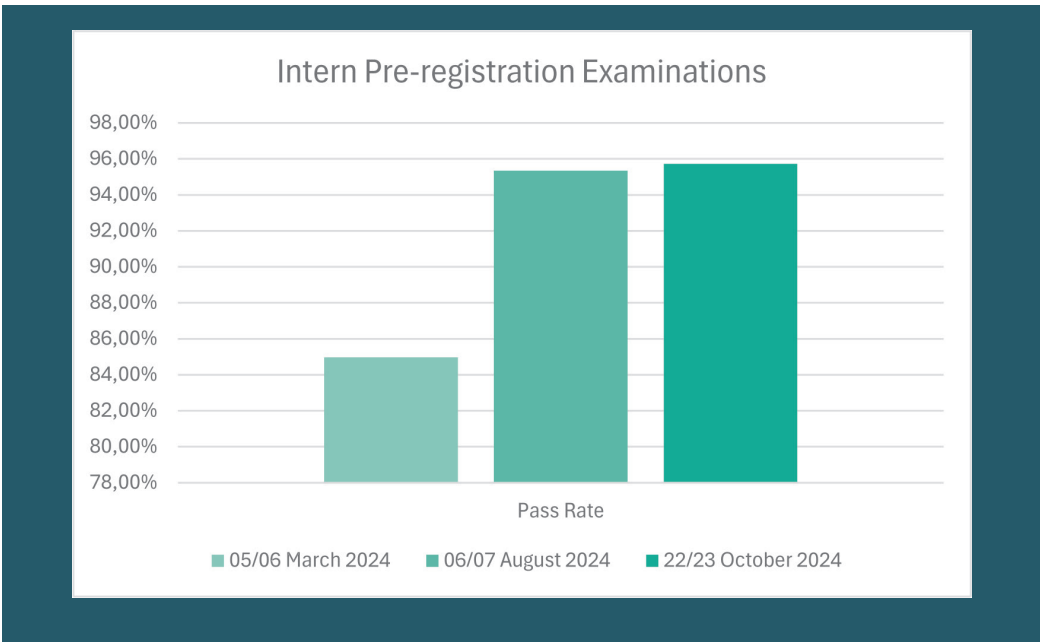
The Intern and Tutor Manual (2024), which outlines all the essential information for Pharmacist Interns to successfully navigate their internship, such as the pre-registration requirements for Pharmacist Interns, was updated with the 2024 pre-registration evaluation schedules, the latest Council decisions and the changes to the examination platform. The manual was published on the SAPC website together with the 2024 intern/tutor and pre-registration examination workshop 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.

The Office of the Registrar conducted projects as part of the maintenance of registers, including implementing a process to remove Pharmacist Interns from the register for non-payment of annual fees.

Furthermore, Pharmacist Interns registered prior to 2023 who are not yet competent in CPD due to their lack of submission of the required six (6) CPD entries or the lack of correction of the submitted CPD entries were contacted by the Office of the Registrar to establish reasons for not submitting CPD entries as required and to capacitate them where possible.

PRE-REGISTRATION EXAMINATIONS FOR INTERNS

Pre-registration examinations for 2024 were successfully conducted remotely with the integrated proctoring software in March, August and October 2024. The Office of the Registrar conducted pre-registration examination workshops virtually in May 2024 to prepare interns for the examinations. Compulsory practice examinations were conducted in January, June, July and September 2024 to provide interns with an opportunity to experience the proctored online remote examination conditions prior to writing the examination.



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 examiners and moderators of the intern pre-registration examination, professional examination and PSP EISAs were reviewed in 2024. The purpose of guidelines is to provide the examiners and moderators with the processes involved in setting the pre-registration examination questions.

The Guidelines for the registration of Bachelor of Pharmacy graduates as Pharmacist's Assistants (Post-Basic) were reviewed to align with the published regulations. The guidelines are now titled the Guidelines for the registration of Bachelor of Pharmacy graduates as Pharmacy Technicians. The guidelines provide a process for persons who have completed their Bachelor of Pharmacy degree in South Africa but are not able to find employment as pharmacist interns

The Guidelines for interns who completed 365 days but were unsuccessful in the examination to practice as Pharmacist's Assistants (Post-Basic) were reviewed to align with the published regulations. The guidelines are now titled the Guidelines for interns who completed 365 days but were unsuccessful in the examination to practice as Pharmacy Technicians. The guidelines provide a process for interns who completed 365 days but were unsuccessful in the examination and their contract have been terminated by their employer.

ACCREDITATION AND MONITORING TOOL FOR PROVIDERS AND LEARNING PROGRAMMES

The following instruments were developed:

- (a) Mapping instrument for evaluation of Master's Degree in Radiopharmacy or equivalent which is used to evaluate submitted programmes;
- (b) Mapping instrument for evaluation of PCDT supplementary training programme. This tool is aligned with the criteria for the accreditation/approval of a curriculum of a PCDT course and will be used by the applicants to map the submitted material for the ease of the evaluators in evaluating the applications; and

The online accreditation/monitoring instrument for HEI was reviewed to include safety related policies and procedures on the use of laboratories.

DEVELOP POLICIES THAT DIRECT THE ACTIVITIES OF EDUCATION

A process was developed for qualified Pharmacist's Assistants (Basic and Post-Basic) who completed their course in one sector and who would like to work in another sector as prescribed previously for those who completed the National Certificate and the Further Education Certificate. This will enable Pharmacist's Assistants to receive training and be able to work in different sectors of pharmacy, putting them on par with those who complete the Occupational Certificate.

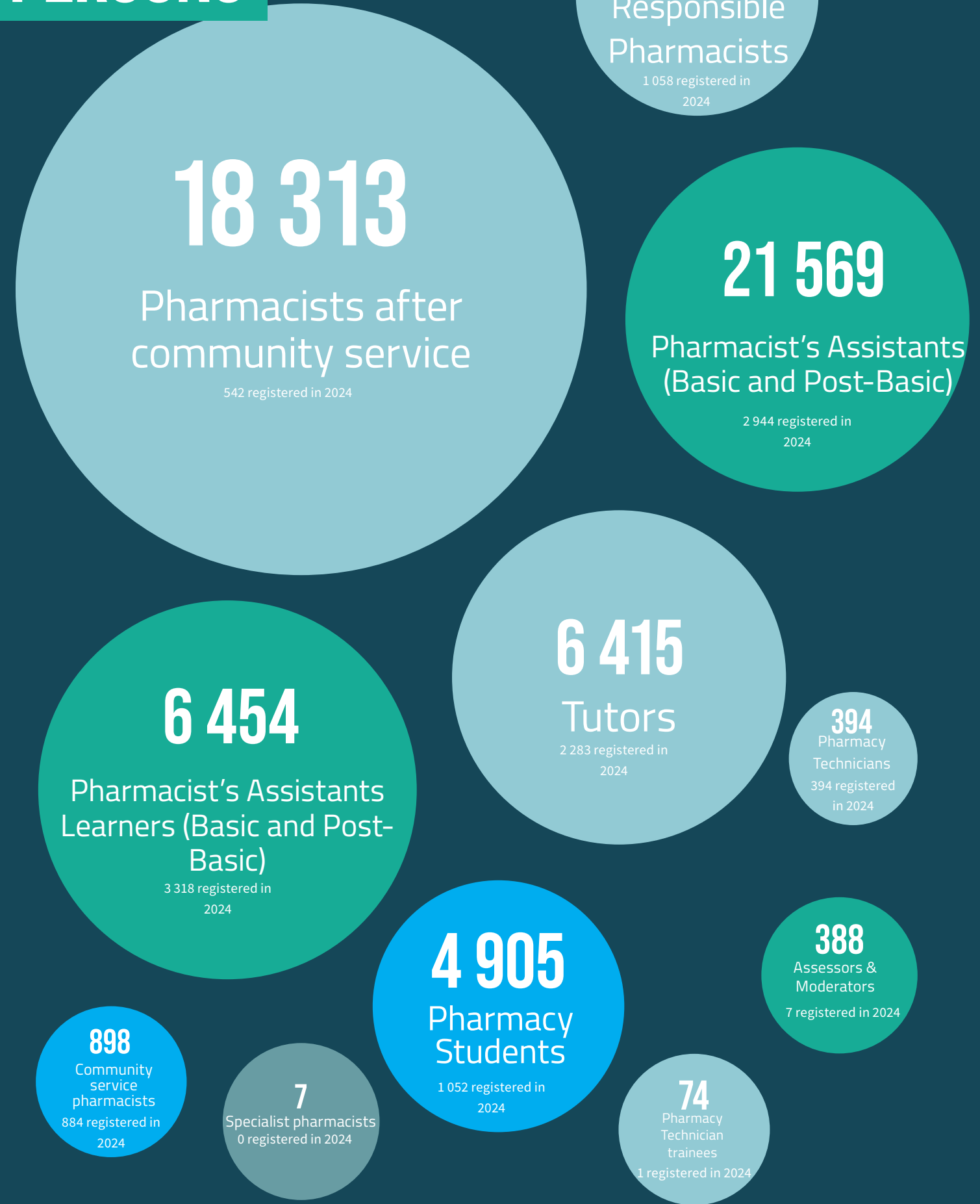
A process flow indicating the process from application to writing the professional examinations of foreign-qualified persons was developed. This assists stakeholders in understanding the criteria to accredit a course to be completed by foreign-qualified pharmacy support personnel.

SPECIALIST PHARMACISTS

There are currently two (2) categories of specialist pharmacists registered with the SAPC, namely pharmacokinetics and radiopharmacy. The SAPC approved the Criteria for the evaluation of radiopharmacy specialist applications and the Checklist for evaluation of applications for registration as a radiopharmacy specialist pharmacist.

The Regulations relating to the registration of specialist pharmacists were published in the Government Gazette (GNR.5458 published on 25 October 2024) for comment for a period of three (3) months.

TOTAL REGISTERED PERSONS



5.3 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.

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 a 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 Office of the Registrar of such pharmacies when conducting various inspections, as these matters are often not reported by the Responsible Pharmacists or the executors of such estates. In 2024, the Office of the Registrar facilitated six (6) applications from executors and liquidators in terms of Section 37.

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 (DG) may be reviewed by the SAPC 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 (GPP).

The Office of the Registrar has evaluated 1 086 GPP recommendation cases for pharmacy licence applications for the DG to issue the relevant pharmacy licences in 2024. This includes new, relocation and change of ownership licence applications. There are other processes where GPP recommendations are issued to the DG to reissue a licence, these include change in trading title, change of address without relocation, and change of name of owner (not change of ownership) and these are included in the above count.

A total of 647 licences issued by the DG were recorded by the SAPC by 31 December 2024. Although GPP recommendations were submitted to the DG, not all licences are then issued or recorded immediately with the 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, and the applicant deciding not to move forward with opening a pharmacy, amongst other reasons.

REGISTRATION OF RESPONSIBLE PHARMACISTS

Responsible Pharmacists are registered in terms of Section 22(4) of the Pharmacy Act which states that "A pharmacy shall, subject to such conditions as may be prescribed, be conducted under the continuous personal supervision of a pharmacist, in accordance with good pharmacy practice as determined in the rules made by the council." A total of 1 458 Responsible Pharmacists were registered in 2024.

5.4 Establish, develop, maintain and control universally acceptable standards of professional conduct required of persons to be registered in terms of this Act.

In 2024, as part of the support of registered persons to maintain their capability, competency, and suitability to practise, there was one (1) case that was referred to the Health Committee by the Committee of Preliminary Investigation.

5.5 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.

ENFORCE COMPLIANCE OF STANDARDS (PERFORM PROSECUTORIAL SERVICES)

The Professional Conduct Department of the Office of the Registrar is mandated in terms of the Regulations relating to the Conduct of Inquiries held in terms of Chapter V of the Pharmacy Act to investigate complaints of unprofessional conduct against pharmacists, pharmacy and pharmacy support personnel and perform prosecutorial services at the Committee of Formal Inquiry (CFI).

The Department is required in terms of Regulation 3(c)(i)(ii) of the Regulations relating to the conduct of inquiries to appoint a Pro Forma Complainant when the matter is referred to the CFI. The Pro Forma Complainant acts as a prosecutor for matters referred to CFI.

The Department is also required in terms of Regulation 27 of the Regulations relating to the conduct of inquiries to appoint a legal assessor or adviser to advise CFI on matters of law, procedure and evidence. The appointment of legal assessors was reviewed and the Criteria for the appointment of legal assessors were developed.

In terms of Section 39(4) of the Pharmacy Act, the SAPC is required to appoint assessors to assist the Committee of Formal Inquiry, which is attended to annually at the first Council meeting of each year. 2 legal assessors were appointed in 2024.

COMPLAINTS OF UNPROFESSIONAL CONDUCT

In 2024, the SAPC received 912 complaints of unprofessional conduct from members of the public. A further 266 complaints were received as a result of pharmacies receiving a Grade C inspection for the second time (or more).

Additionally, 485 tutors and/or Responsible Pharmacists were referred for disciplinary action in terms of the Regulations relating to continuing professional development, for failing to submit 6 continuous professional development entries per year.

STRATEGIC OBJECTIVE 6

PROMOTE TRANSPARENCY TO THE PROFESSION AND THE GENERAL PUBLIC (CORPORATE GOVERNANCE).

In terms of the SAPC's Strategic Plan 2024 – 2028, the SAPC has undertaken to promote transparency to the profession and the general public in line with good corporate governance principles through regular meetings by Council and relevant committees to ensure oversight on operations, publicising the activities of the SAPC in the form of annual reports and auditing financial statements. The Charter for Council Members and the Audit and Risk Committee will be continually monitored and updated to be in line with best practices in corporate governance.

Transparency entails the availability of reliable and relevant information about the financial performance, performance, governance, risk and value of the organisation. In order for the SAPC to be transparent to both the profession and the 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.

Full transparency to the pharmacy profession and the general public is provided in detail in this Report under Parts C, E and F, in terms of Governance, Stakeholder Engagement and Finance.

STRATEGIC OBJECTIVE 7

MAINTAIN AND ENHANCE THE DIGNITY OF THE PHARMACY PROFESSION.

INTERNATIONAL CONFERENCE REPORT

The International Pharmaceutical Federation (FIP) hosted it's 82nd World Congress in Cape Town in September 2024, marking the first time this event was held on sub-Saharan African soil. The Congress welcomed 3 365 attendees from all over the globe.

The SAPC facilitated the funding of 962 registrations for local pharmacy professionals for this Congress through the Health and Welfare Sector Education and Training Authority.

From the SAPC delegation, which included Council members, independent contractors (Inspection Officers, assessors, examiners, moderators, evaluators) and staff from the Office of the Registrar, eight (8) abstract presentations were submitted and six (6) local interest sessions were facilitated.



STRATEGIC OBJECTIVE 8

COORDINATE THE ACTIVITIES OF COUNCIL AND ITS COMMITTEES.

The Council is the governing body of the organisation as the custodian of the management and control of the pharmacy profession. Council meetings are public. The committees of Council and management support Council in carrying out its mandate in terms of the Pharmacy Act, the Regulations thereto, as well as the Terms of Reference for all Council's committees.

In 2024, the Council held four (4) ordinary meetings. Together with the key issues considered by the various committees of the SAPC, established in terms of Section 4(o) of the Pharmacy Act, as detailed in Part C hereunder, the Council also considered the following matters:

- (a) Litigation against the SAPC in terms of the publication of Board Notice 101 of 2021 in respect of pharmacists providing PIMART services;
- (b) Financial matters, including the publication of the annual investments of the SAPC and the budget for 2025;
- (c) Risk management; and
- (d) Human Resource matters.

The activities of the committees of Council are detailed under Part C of this Report.

STRATEGIC OBJECTIVE 9

IMPROVE INTERNAL EFFICIENCY AND EFFECTIVENESS.

DEVELOP SPECIFICATION DOCUMENTS FOR ONLINE SYSTEMS AND CONTINUOUSLY REVIEW THESE PROCESSES AS PART OF QUALITY ASSURANCE

An online application process was created for providers to register learners and for the Office to process the applications on both the register system and the Dashboard.

An online restoration process was developed for de-registered learners to apply for restoration as learners and for the Office to process the applications in the register system and the dashboard.

The final phase of the accreditation/monitoring instrument was piloted during a monitoring which was conducted between September and October 2024. This phase allows access to the Education Committee members to review and provide input on the accreditation/monitoring visit report online. Additionally, this phase enables the Education Committee to electronically send the accreditation/monitoring visit report to the university, allowing them to respond online to the findings of the accreditation/monitoring visit.

The process for Bachelor of Pharmacy students who have successfully completed their first, second, or third year of study but have since discontinued their studies was previously manual but is now fully online. These former BPharm students can now apply electronically for registration as learner basic, learner post-basic, or pharmacy technicians, depending on the level of study completed. The entire application process is conducted through the SAPC secure website, including the submission and management of all required documentation. Additionally, the completion and submission of progress reports by supervising pharmacists, which were also previously done manually, are now fully integrated into the online system.

The application process for foreign exchange students, which was previously manual, is now fully available online. Applicants can now access the SAPC secure website to register as foreign exchange students. Once their role has been created, they will be able to log in to their individual profiles, where they can view and download their registration documents directly from the system.

During the year, Council successfully implemented a comprehensive project focused on examination data persistence, redundancy, fallback, and optimisation. This initiative ensures uninterrupted exam delivery despite potential database server failures by leveraging advanced technologies such as caching of exam questions and OTPs (One-Time Passwords) and temporarily saving answers when the database is inaccessible. Data synchronisation capabilities, which occur automatically once the server is restored were also built. The cloud-based solution also integrates messaging, in-memory caching and performance optimisation, enhancing system resilience, scalability and real-time monitoring capabilities. This robust infrastructure supports thousands of candidates to complete their exams seamlessly, reinforcing the reliability and efficiency of the Council’s examination processes.

Building a resilient and secure IT infrastructure: As part of its digital transformation journey, the Council strengthened its IT infrastructure by adopting cloud computing, migrating files and telephony systems to secure cloud environments, which significantly improved operational efficiency and reduced system downtime. To further enhance cybersecurity, a cloud-based security solution was implemented, offering real-time protection against malware, viruses and cyber threats. The implemented security solution leverages advanced threat detection and response capabilities, reinforcing the protection of Council data and ensuring the resilience of the IT environment.

Specification for the online exam booking for the pharmacy support personnel examinations was reviewed to incorporate the other categories of PSP. The booking pages were also updated.

Specification for the online completion of 400 hours progress reports for academic and manufacturing Pharmacist Interns was developed to enable supervising pharmacists to submit the sectoral progress report, which report will be reviewed and submitted by tutors of the academic and manufacturing Pharmacist Interns.

Specification for online registration of BPharm graduate was reviewed to amend the registration category to Pharmacy Technician.

The current grace period for compliance with CPD requirements was reviewed. The current grace period is four (4) months, which means that pharmacists have sixteen (16) months (i.e. normal 12 months + 4 months grace period) to comply with CPD requirements. The grace period was considered for reduction inter alia to improve turnaround times for feedback to registered persons relating to their compliance or non-compliance with CPD requirements, to reduce the confusion of a registered person having to concurrently submit CPD entries for two (2) years and to ease administration. In August 2024, the Office of the Registrar published for a 30 day comment period an amendment to Rule 9(g) of the Guidance document for continuing professional development for persons registered with the South African Pharmacy Council, which currently reads, “A grace period ending on 30 April of the subsequent year of submission will be allowed” to read “A grace period ending on the last day of February (i.e., 28 or 29 February) of the subsequent year of submission will be allowed.” The stakeholder comments received were discussed by the CPD Committee and amendments will be submitted for approval and publication.

The Office of the Registrar revised the online process for application of a Section 22A(15) permit for immunisation to include a step where a pharmacist is required to record their certificate of completion of a supplementary training course prior to applying for a Section 22A(15) permit. The purpose of the revision was to align the process with the process followed for other supplementary training courses due to having approved providers to offer the supplementary training on immunisation services.

The Office of the Registrar developed an online system for progression of Bachelor of Pharmacy students for one year of study to another. This will allow university administrators to progress learners who have successfully completed a level of study to the next level of study on the SAPC register. The level of studies must be updated every year on the SAPC register for the SAPC to keep track of the number of students enrolled with universities in line with legislation and for human resource planning.

The Office of the Registrar has finalised the development of a plagiarism detection system for intern’s portfolio of evidence submission (i.e., CPD entries). The system is aimed to detect similarities between the entries submitted by current interns and those submitted by current and past interns. Confirmed cases of plagiarism will be referred to the Professional Conduct Department to institute disciplinary action against the interns involved.

The Office of the Registrar implemented phase 3 of the 3 phases of the conversion of the pharmacist secure site to Module-View-Controller (MVC). Phase 3 focuses on inspections and pharmacy related online applications. The purpose of the conversion to the MVC platform is to keep up with the latest technology which offers more security, more user support, enhanced aesthetics, amongst others. Responsible Pharmacists may submit pharmacy related applications directly on their secure site without the need for the system to direct them to the old secure website to complete their applications. The platform is now easier to navigate.

The Office of the Registrar developed an online registration process for registration of pharmacy support personnel who successfully completed the new occupational certificate qualifications which include the Basic, Post-Basic and Pharmacy Technician qualifications. The automated creation of an application case is predicated on the learner pharmacy support personnel having successfully completed the required number of training days and having successfully completed the External Integrated Summative Assessment (EISA). This is a national examination set by the SAPC and written by learners who have met the provider requirements and would like to register with the SAPC in the different categories of registered persons.

STRATEGIC OBJECTIVE 10

BUILD A PIPELINE OF HIGHLY SKILLED WORKERS TO MEET COUNCIL’S MANDATE.

Investment in the human resources of the SAPC will always remain a priority for the SAPC. In this regard, the SAPC continues to strive towards building a pipeline of highly skilled workers to meet the SAPC’s mandate, through training, implementation of performance management and retention of key personnel.

Human Capital and Development are detailed in Part D of this Report.





PART C: CORPORATE GOVERNANCE AND RISK MANAGEMENT

CORPORATE GOVERNANCE

Introduction and orientation of Council

A new term of office of the South African Pharmacy Council commenced in January 2024. In considering the appropriate orientation and training, it was identified that the new Council consists of fourteen (14) new members and eleven (11) returning members, meaning that more than a majority of the Council are new members. As part of a three (3) day Orientation and Training Workshop, Council members were provided with a high-level orientation on the role and functions of Council as well as a two (2) day facilitated Strategic Planning session in order to provide the Council with the opportunity to strategically plan for the next five (5) years. At its inaugural meeting held in January 2024, Council elected its office bearers for the next five (5) years and the Committees and Chairpersons of such committees.

All the committees received orientation and training at separate meetings in February 2024 in order to ensure that all the committees were adequately trained in order to commence their meetings and functioning at the March 2024 meeting. Orientation and training continued throughout 2024 at meetings as the need arose. This culminated in a decision to change the August 2024 committee meetings from virtual to face-to-face meetings in order to ensure that such new committees/members were engaging appropriately in meetings.



COMPLIANCE

Request for access to data

In terms of the Protection of Personal Information Act, 4 of 2013 (POPIA) read together with the Promotion of Access to Information Act, 2 of 2000 (PAIA), the Registrar is the Information Officer of the SAPC, and the Registrar has delegated the responsibility of the Deputy Information Officer to the Company Secretary. In terms of Section 55 of POPIA, the Registrar and the Company Secretary have been registered with the Information Regulator as the Information Officer and Deputy Information Officer respectively.

In terms of Section 18(1) of PAIA read together with regulation 6, Council did not receive any applications for information in 2024.

The Office of the Registrar introduced a centralised process of providing data for purposes of research. The SAPC is frequently requested to share data of registered persons and pharmacies for 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. In 2024, a number of requests for data for research by persons who are not registered with the SAPC, where such research is not directly relevant to pharmacy or where the academic institution was not an accredited provider of the SAPC. Such requests were denied.

Researchers who request data are advised that:

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

In terms of providing data for research purposes, the Office of the Registrar has provided data to ten (10) researchers in 2024, while two (2) applications were denied as the researchers were not pharmacists and/or such research was being conducted at education institutions that were not approved by the SAPC.

Annual Report

The SAPC is required to provide its Annual Report, including the financial statements, within six (6) months after the end of the financial year. The 2023 Annual Report once again provided a more organisation-focused Annual Report, which saw corporate governance reporting in terms of the SAPC's strategic objectives instead of departmental reporting. The 2023 Annual report marks the final Annual Report for the term of Council 2018 – 2023 and was published in October 2024.

Policy Review

In line with best practice, it is the policy of the SAPC to review its policies every three (3) years, with the exception of Information Technology (IT) policies which are required to be reviewed every two (2) years due to the constant changes and developments in terms of ICT. In order to ensure that the SAPC follows a regulated review of policies, it is necessary for SAPC to develop and implement a robust strategy for the development, implementation and review of policies. As 2024 was the start of a new term of Council, focus was placed on high level corporate governance policies.

The following policies were reviewed and approved by Council in 2024:

- (a) Social Media Policy;
- (b) Media and Spokesperson Policy;
- (c) Performance Management Policy;
- (d) Recruitment and Selection Policy;
- (e) Confidentiality Policy;
- (f) Council Meeting Policy;
- (g) Information System Security Policy; and
- (h) Medical Aid Policy.

SAPC COMMITTEES

Section 4 of the Pharmacy Act provides the general powers of the SAPC necessary for the organisation to achieve the objects for which it has been established and the purpose of achieving such objects. Section 4(o) specifically provides for the power of the SAPC to appoint committees. The Council shall have the power to appoint any committee it may deem necessary to delegate any of its powers to any such committee and to prescribe the conditions of such delegation, including the power to subdelegate any delegated power to any member of its staff or officer dully appointed in terms of the Pharmacy Act.

The Council committees consider and discuss matters relevant tot heir portfolios as provided for 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.

The Council, at its first meeting each year, elects the chairpersons and members of the Executive Committee, the Education, Pre-registration, Practice, Continuing Professional Development and Health Committees, as well as the Committees of Preliminary Investigations and Informal Inquiries. Chairpersons and committee members of the Appointments Committee, the Audit and Risk Committee, the Remuneration and Reimbursement Committee, and the Bargaining Council are elected for a period of three (3) and five (5) years as per the various committee charters.

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 confines of the Pharmacy Act and associated regulations.

The details which follow provide the composition and the work of each committee and their various task teams for 2024.

EXECUTIVE COMMITTEE (EXCO)

The Executive Committee for 2024 comprised the following members:

Mr Mogologolo David Phasha	President
Ms Mmapaseka Steve Letsike	Vice-President
Ms Tlou Mavis Shivambu	Treasurer
Prof. Natalie Schellack	Chairperson: Education Committee
Dr Rajatheran Moodley	Chairperson: Practice Committee
Mr Vusi Cornelias Dlamini	Chairperson: CPD Committee
Ms Christina Aletta Venter	Chairperson: Pre-registration Committee
Mr Tshidiso Justinos Ntshabele	Chairperson: Health Committee
Mr David Nathan Bayever	Chairperson: Committee of Preliminary Investigation
Prof. Petrus De Wet Wolmarans	Chairperson: Committee of Informal Inquiry
Ms Khadija Jamaloodien	National Department of Health Representative

EXCO assumes the following fundamental responsibilities as provided in terms of Regulation 13 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 (GNR. 215 of 3 February 1978) (“Regulations relating to office-bearers”):

- (a) matters which, in the opinion of the President, require urgent attention;
- (b) matters relating to registers, staff and the administration of the Council office and finances;
- (c) matters which fall within the terms of reference of other committees that require urgent attention; and
- (d) matters which fall outside the terms of reference of other committees of the Council.

Such acts performed by EXCO or any decision taken by EXCO shall be of force and effect unless they are set aside by Council at the next Council meeting.

In terms of Section 49(2) of the Pharmacy Act, the Minister of Health, if it is deemed to be in the public interest, in consultation with EXCO, and without the recommendation of Council, may:

- (a) make regulations relating to any of the matters referred to in Section 49(1);
- (b) amend or repeal any existing regulations; and
- (c) amend or repeal any existing rules made in terms of the Pharmacy Act.

In terms of governance, the attendance record for the Executive Committee is presented as follows:



EXCO, under the chairpersonship of the President of Council, held three (3) ordinary meetings and three (3) special meetings in 2024, and addressed the following issues:

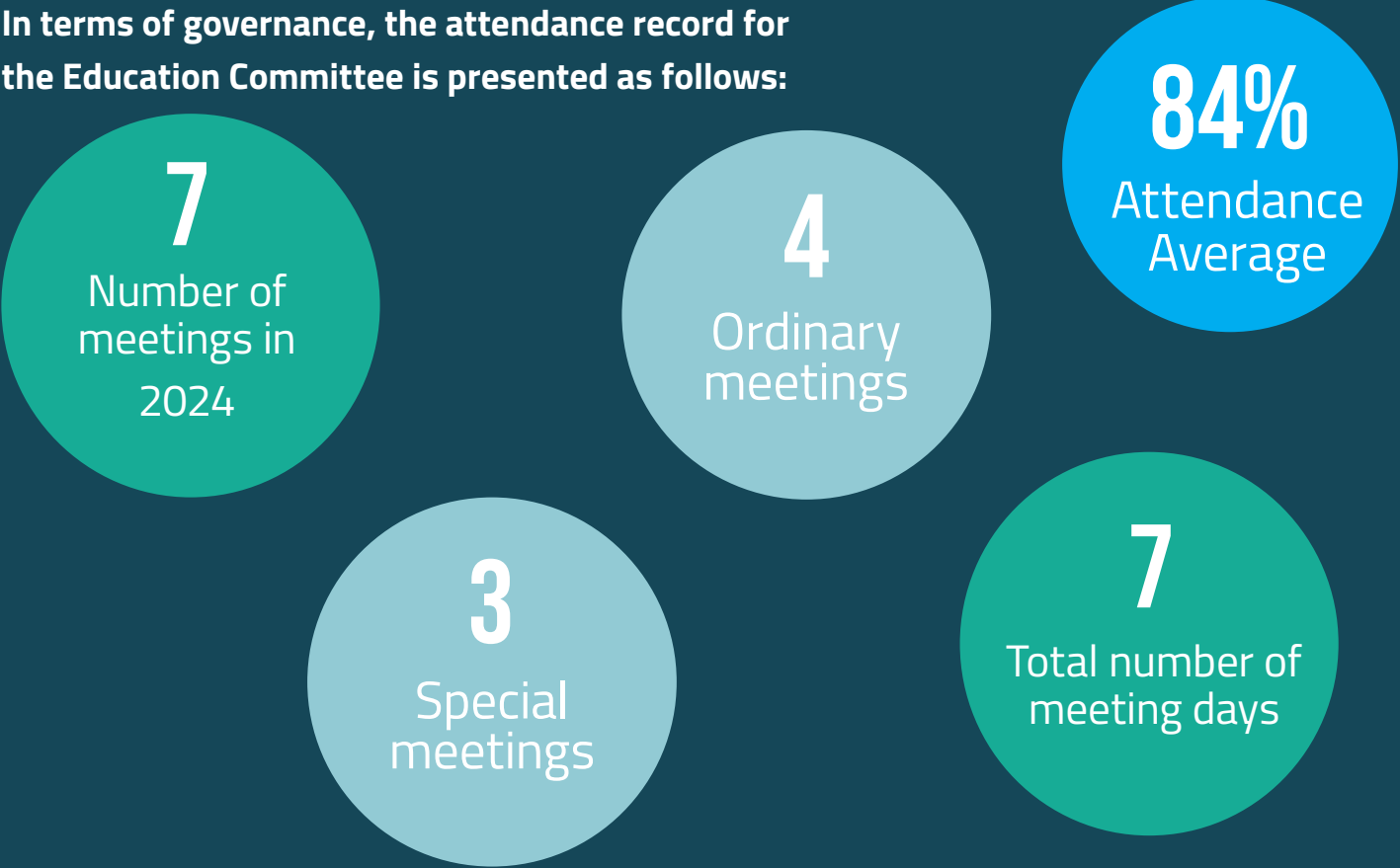
- (a) The financial reports for each quarter, including income and expenditure progression and year-on-year comparisons;
- (b) The risk reports for each quarter, with particular emphasis ono the Strategic Risk, completed risk controls, slow progress on risk management and missed targets;
- (c) Matters relating to the administration of the SAPC Pension Fund;
- (d) Human Resources matters;
- (e) Recommendations from the Tender Committee; and
- (f) An incident reported in the media involving students at Sefako Makgatho Health Sciences University who were admitted to various hospitals around the university after experiencing unpleasant eyesight-related symptoms during a practical session in a chemical laboratory.

EDUCATION COMMITTEE

The Education Committee for 2024 comprised of the following members:

- Prof. Natalie SchellackChairperson
- Prof. Thirumala Govender
- Dr NomaChina Theopatra Kubashe
- Mr Nhlanhla Given Mafarafara
- Ms Charlotte Motshele Moatlhodi
- Ms Tabisa Pearl Sihiya
- Prof. Ilse Truter
- Ms Christina Aletta Venter
- Prof. Petrus De Wet Wolmarans

In terms of governance, the attendance record for the Education Committee is presented as follows:



In 2024, the EducatiOn Committee, under the chairpersonship of Prof. N Schellack, held seven (7) meetings, of which four (4) were ordinary meetings, one (1) was an orientation meeting, and two (2) were special meetings. The Education Committee, in terms of its Terms of Reference and the Delegation of Authority Policy, considered the following matters of importance.

The Education Committee approved the evaluation of three (3) Master’s degree programmes in Radiopharmacy offered in South Africa.

Four (4) foreign Bachelor of Pharmacy curricula were evaluated and found to be not equivalent to the South African Bachelor of Pharmacy (BPharm) degree.

The Education Committee approved the criteria for accrediting a course to be completed by foreign-qualified pharmacists and recommended that the criteria be published for public comment for a period of 30 days. The proposed process flow, including the accreditation criteria, was also approved.

The Education Committee resolved that accredited Skills Development Providers for Occupational Certificates be required to deliver all four (4) topics of KM-01 as part of the Laws and Ethics module for foreign-qualified persons.

The Committee approved the process to develop the criteria for accrediting a course to be completed by foreign-qualified pharmacy support personnel.

The mapping instrument for evaluating the Primary Care Drug Therapy (PCDT) supplementary training programme was approved for implementation.

The accreditation and monitoring instrument for Higher Education Institutions (HEIs) was revised and approved.

Following public comment, the Guidelines for Work-Based Learning were revised and approved.

The Exit Level Outcomes (ELOs) and Associated Assessment Criteria (AAC) for the Bachelor of Pharmacy qualification were approved.

The Education Committee also approved that Pharmacist’s Assistants who have obtained the National Certificate: Pharmacy Assistance and the Further Education and Training Certificate: Pharmacy Assistance must complete 400 hours of supervised practice across various pharmacy sectors and pass the External Integrated Summative Assessment (EISA) before being authorised to work across all categories of pharmacy. This aligns with the requirements previously applied to BPharm students.

The Education Committee approved two applications for the short course titled “Dispensing Course for Healthcare Professionals.”

Pharmacy Training and Development Project: Sefako Makgatho Health Sciences University received provisional accreditation to offer the Occupational Certificate: Pharmacist’s Assistant (Basic and Post-Basic) programmes.

S Buys Academy Pty (Ltd) and Pharmacy Training and Development Project: Sefako Makgatho Health Sciences University were visited to monitor the delivery of the National Certificate: Pharmacist Assistance and Further Education and Training Certificate: Pharmacist Assistance learning programmes and their accreditation status was retained.

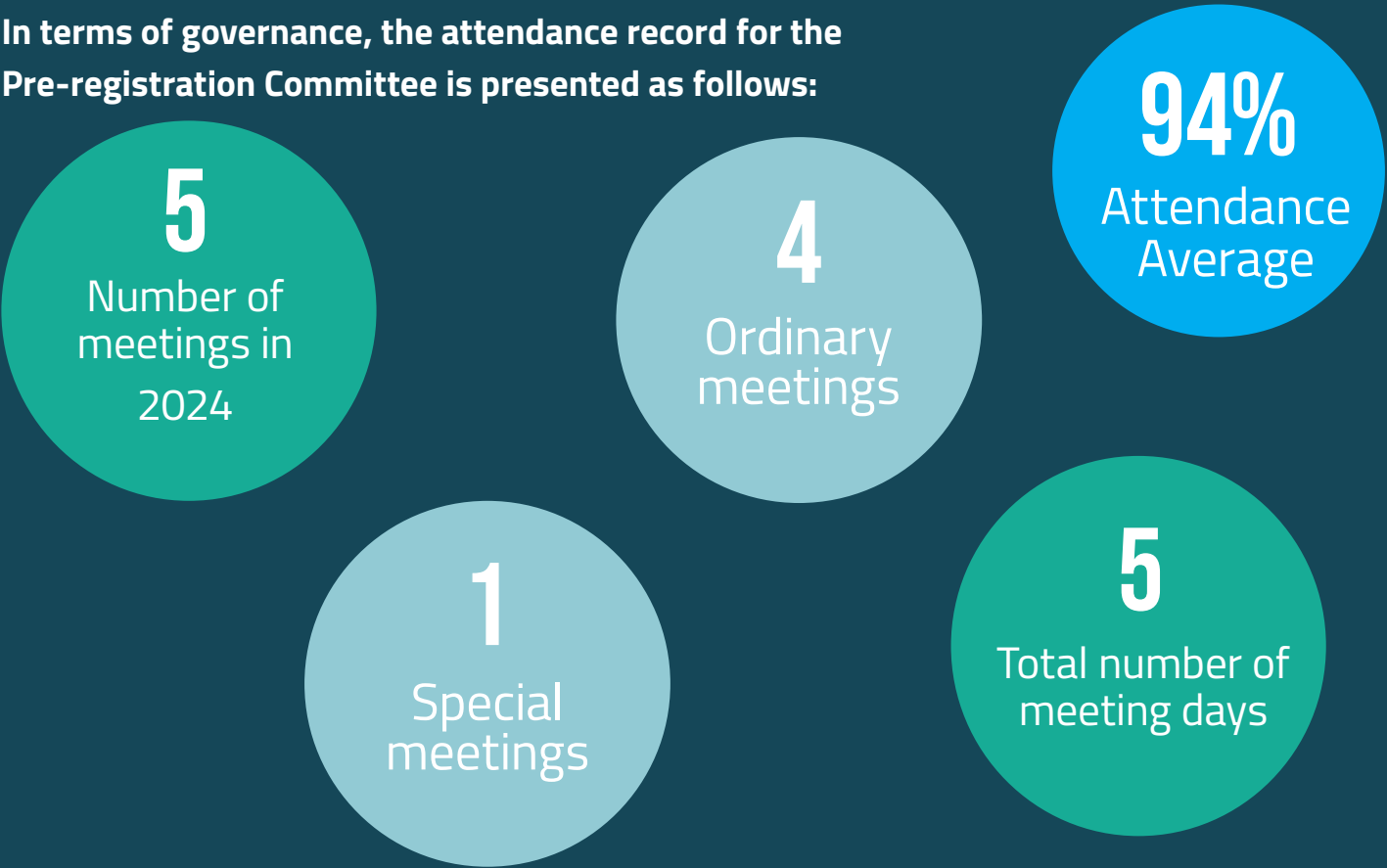
Following an unpleasant eyesight-related incident involving third year BPharm students at Sefako Makgatho Health Sciences University, Council visited the university twice and resolved that the university be provisionally accredited to offer the BPharm programme.

PRE-REGISTRATION COMMITTEE

The Pre-registration Committee for 2024 comprised of the following members:

- Ms Christina Aletta VenterChairperson
- Ms Sheena Eleanore Ainsbury
- Ms Mosenyehi Leah Kokong
- Dr NomaChina Theopatra Kubashe
- Mr Nhlanhla Given Mafarafara
- Ms Letty Mahlangu
- Mr Thabang Owen Malatji
- Prof. Natalie Schellack
- Ms Bonolo Ambrocia Teki
- Prof. Petrus De Wet Wolmarans

In terms of governance, the attendance record for the Pre-registration Committee is presented as follows:



In 2024, the Pre-registration Committee, under the chairpersonship of Ms CA Venter, held four (4) ordinary meetings and one (1) orientation meeting. The Pre-registration Committee, in terms of its Terms of Reference and the Delegation of Authority Policy, considered the following matters of importance:

Recognition of foreign qualifications

The Pre-registration Committee approved eight (8) applications from candidates with foreign qualifications who wish to be registered as pharmacists, and one (1) application from a candidate with foreign qualifications who wished to be registered as a Pharmacy Technician.

One (1) candidate whose curriculum was deemed not equivalent to the South African BPharm curriculum, although the qualification was a BPharm degree, was approved to practice the scope of practice of a Pharmacist’s Assistant (Pharmacy Technician) under the direct personal supervision of a pharmacist in a pharmacy. The Committee further suggested that the candidate be required to complete a programme for foreign-qualified Bachelor of Pharmacy (BPharm) graduates once there is an accredited provider for the programme, and if successful in the programme, be permitted to write the professional examination.

The Committee declined applications from two (2) candidates whose curriculum were deemed not equivalent to the South African BPharm curriculum. The evaluators of the curriculum indicated that the candidates’ curriculum suggested it was a technical programme and not a Bachelor of Pharmacy programme. The South African Qualifications Authority (SAQA) evaluated the programme to be at NQF level 7 whilst the South African BPharm programme is at NQF level 8.

The Committee reviewed the previous resolutions of Council relating to the registration requirements for foreign-qualified persons who wish to be registered as Pharmacy Technicians, to align them to the amended Regulations relating to the registration of persons and the maintenance of registers: Amendment 2024.

The Committee reviewed a request from a candidate to be exempted from the requirement of internship and only required to write the pre-registration examination. The Committee declined the request as a minimum requirement for a six (6) month internship is important to familiarise foreign-qualified persons with and ensure exposure to healthcare conditions and medicines within the South African framework.

The Committee reviewed the preliminary examination results for the professional examinations written in May and October 2024, as well as the moderator’s report and recommendations for questions to either be removed or retained in the examination paper prior to finalisation and release of results. The Committee further approved the reviewed Professional Examination blueprint.

Pre-registration examination for Pharmacist Interns

The Committee reviewed the pre-registration examination results for March, August and October 2024, and the moderators’ reports.

The Committee deliberated on the intern CPD submission for eligibility to the August and October 2024 pre-registration examinations and was concerned by the low number of interns eligible to write the examinations, as well as the considerable number of interns registered from 2023 who were struggling to complete and be competent in the required CPD entries.

The Committee reviewed a request from an academic intern seeking a concession regarding the practical training requirements for the academic internship. The Committee referred this matter to the Health Committee.

The Office of the Registrar drafted a Policy for Special Examinations which defines the requirements and conditions under which a special examination may be granted, as well as the process for applying for a special examination. This policy will be finalised in 2025.

Pre-registration Examination for Pharmacy Support Personnel

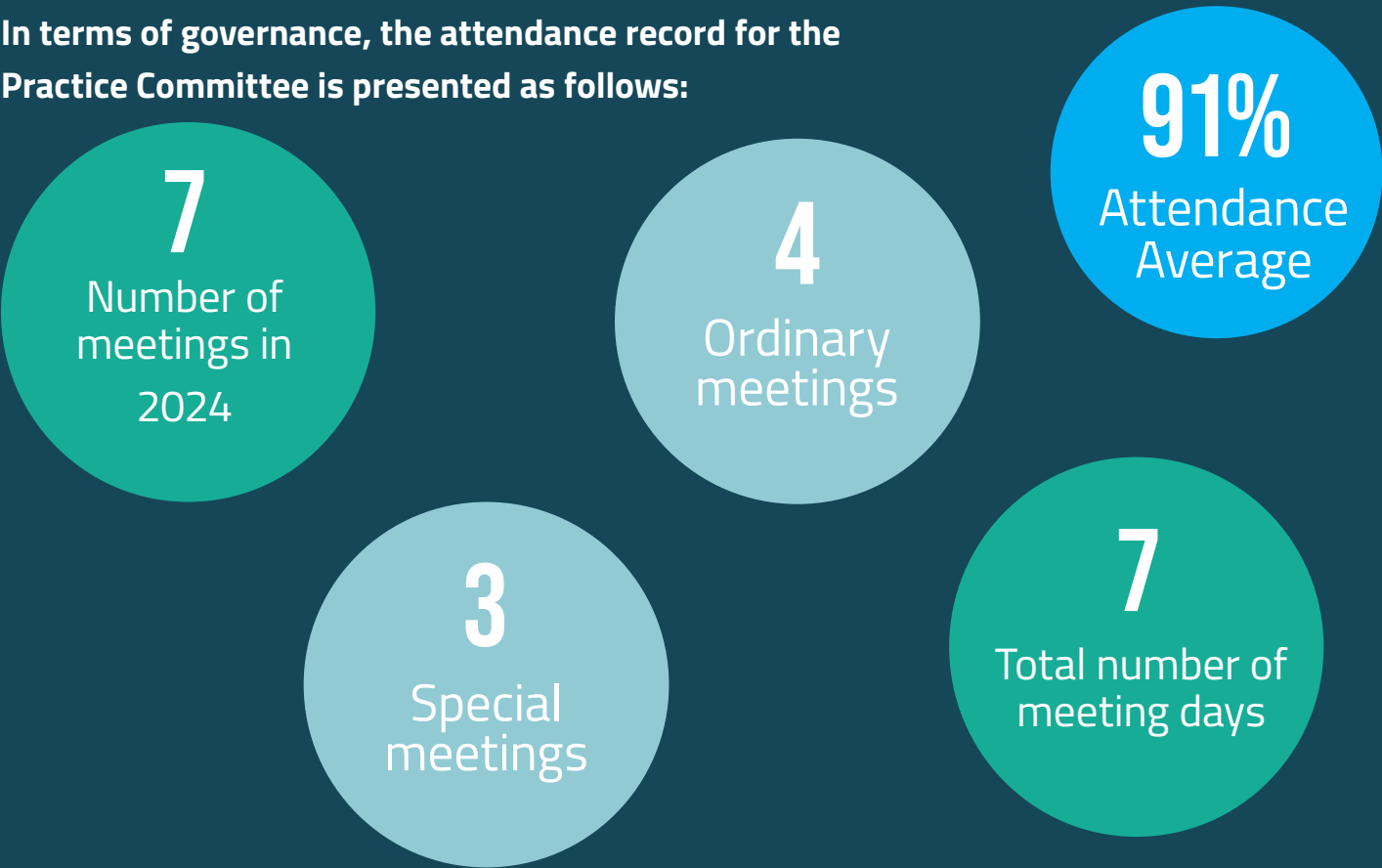
The Committee reviewed the results of the EISAs conducted in April and September 2024, and the moderators’ reports.

PRACTICE COMMITTEE

The Practice Committee for 2024 comprised of the following members:

- Dr Rajatheran MoodleyChairperson
- Ms Sheena Eleanore Ainsbury
- Mr David Nathan Bayever
- Mr Chris Pieter Botha
- Mr Vusi Cornelias Dlamini
- Ms Khadija Jamaloodien
- Ms Letty Mahlangu
- Mr Thabang Owen Malatji
- Ms Tabisa Pearl Sihya
- Prof. Ilse Truter
- Prof. Petrus De Wet Wolmarans

In terms of governance, the attendance record for the Practice Committee is presented as follows:



In 2024, the Practice Committee, under the chairpersonship of Dr R Moodley, held seven (7) meetings, of which four (4) were ordinary, one (1) was an orientation meeting, and two (2) were special meetings. The Committee, in terms of its Terms of Reference and the Delegation of Authority Policy, considered the following matters of importance:

Community pharmacies offering courier services

One of the issues discussed was the increase in courier services being offered by community pharmacies. The Committee explored the implications of this trend, particularly in relation to accessibility, the integrity of the medicine supply chain, and patient safety. Members discussed whether current regulations sufficiently covered the responsibilities of pharmacists when medicines are delivered via third parties, and whether guidance was needed to ensure that patients still received adequate counselling.

The task team that develops standards for the Practice Committee will be drafting a new standard following benchmarking by the Office of the Registrar.

Pick-up points not located within pharmacies

The Committee has also observed the growing practice of establishing pick-up points for medicines in non-pharmacy locations. The Committee raised concerns about the absence of direct pharmacist oversight at these sites and the potential risks to medicine security, patient confidentiality, and continuity of care. This sparked a broader conversation about how such innovations in service delivery could be balanced with regulatory requirements and professional accountability.

The task team that reviews standards will further discuss this matter.

Announcing of Monitoring inspections

Monitoring inspections pre-COVID were not announced to either the owner or the Responsible Pharmacist prior to being conducted. However, due to the pandemic, the approach had to be changed because the pharmacy may have been closed, and therefore inspection officers would not be able to go on with the inspection.

A concern was raised on ‘staging’ of inspections and the temporary appointment of Responsible Pharmacists for purposes of an inspection; and whether the intention of the law and the mandate of Council is being fulfilled for pharmacies to remain compliant at all times and protecting the public. The Committee noted that Section 35A of the Pharmacy Act allows for Council to conduct unannounced inspections.

the decision taken by Council on 18/19 May 2022 that monitoring inspections are not announced prior to being conducted is upheld in alignment with the following legislative provisions-

- (i) Section 22(6) of the Pharmacy Act that, “Council shall have the right to inspect premises in which the business of a pharmacy is carried on in terms of this Act, and the registrar shall provide the Director-General and the person who made the application in terms of subsection (1) with a written report of the findings of its inspection if it has been found that the inspected premises are not suitable for the business of a pharmacy”;
- (ii) Section 35A(d) that “the council shall be entitled to investigate and inspect the practice and the conduct of the business of a pharmacy”; and Section 38A(1) states that “any officer appointed in terms of this Act who is required or authorised to perform any duty on behalf of the Council and any person appointed by virtue of the provisions of section 49 (1) (/) (v) to make any inspection, may enter any pharmacy at any time reasonable for the proper performance of such duty or the making of such inspection”;
- (iii) Section 38A that “Any officer appointed in terms of this Act who is required or authorized to perform any duty on behalf of the council and any person appointed by virtue of the provisions of section 49 (1) (l) (v) to make any inspection, may enter any pharmacy at any time reasonable for the proper performance of such duty or the making of such inspection.”;

Pharmacists allegedly being compelled to dispense specific medicine brands over other brands

Another area of concern was that of pharmacists allegedly being compelled by employers to dispense certain brands of medicine over others, sometimes contrary to clinical judgment or patient preference. The Committee debated the ethical and professional dilemmas posed by such coercion and considered possible interventions, including awareness campaigns and reporting mechanisms to protect pharmacists’ professional autonomy.

In considering the protection of the public, pharmacists are reminded of Rule 1.1 of the Code of conduct for pharmacists, and other registered persons, which states that “A pharmacist’s prime concern in the performance of his/her professional duties must be for the wellbeing of both the patient and other members of the public.” This was the conclusion of the Committee.

The requirement for pharmacist’s contact details to be displayed and possible related security risks

The issue of displaying the contact details of Responsible Pharmacists also surfaced during the year, prompted by concerns about increasing security risks. While transparency and accountability are essential, Committee members acknowledged that displaying personal contact details in public domains could expose pharmacists to harassment or other threats.

The Committee considered that when a pharmacy does not operate for 24 hours, the GPP requirements do not state that the pharmacist must attend to the patient at the pharmacy after-hours/at night, but they should be able to assist the patient telephonically or refer the patient to a nearby healthcare facility. In this instance the Responsible Pharmacists must verify that the contact details displayed for a facility that provides a 24-hour pharmaceutical service are that of a facility that is available to the public for after-hours pharmaceutical services.

Fronting of Responsible Pharmacists

One particularly troubling issue discussed was the practice of “fronting” Responsible Pharmacists, where individuals are appointed in title only, for purposes of licencing a pharmacy but is not necessarily continuously supervising the pharmacy. The Committee examined how this undermines professional responsibility and could compromise patient safety. This prompted that the fronting of Responsible Pharmacists be included in the amendments to Rules relating to acts or omissions in respect of which the council may take disciplinary steps, as being misconduct or unprofessional conduct.

Electronic transmission of prescriptions

Lastly, the Committee reflected on the implications of electronic prescription transmission. While digital innovations can enhance efficiency, concerns have been raised about the authenticity of prescriptions, cybersecurity, and whether pharmacists are sufficiently prepared to navigate this shift. The Committee underscored the importance of updating guidelines and training to ensure that pharmacists are well equipped to manage electronic prescriptions responsibly. Digitalisation of prescriptions needs to provide the profession with the assurance that they are the only dispensers that have access to a particular script for them to protect the public

The Committee resolved that the South African Health Products Regulatory Authority must be consulted on various electronic prescribing platforms, as the provision for electronic prescriptions is in terms of Regulation 33 of the General Regulations published in terms of the Medicines and Related Substances Act, 101 of 1965. The task team that reviews standards will provide more input to the Committee.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD) COMMITTEE

The Continuing Professional Development (CPD) Committee for 2024 comprised of the following members:

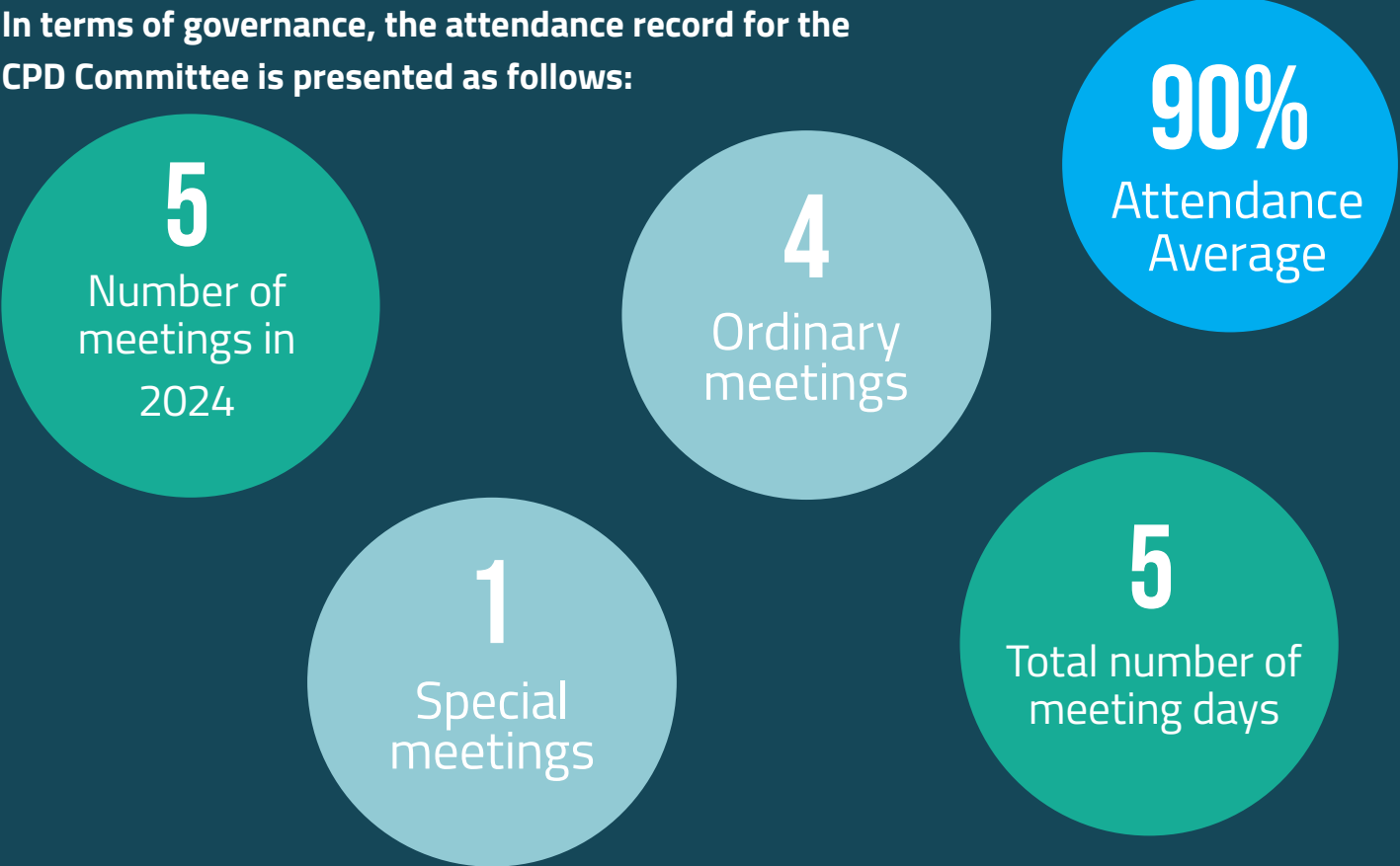
- Mr Vusi Cornelias DlaminiChairperson
- Ms Sheena Eleanore Ainsbury
- Ms Mosenyehi Leah Kokong
- Dr Rajatheran Moodley
- Ms Zuleika Goolam Rhemtula
- Ms Bonolo Ambrocia Teki

HEALTH COMMITTEE

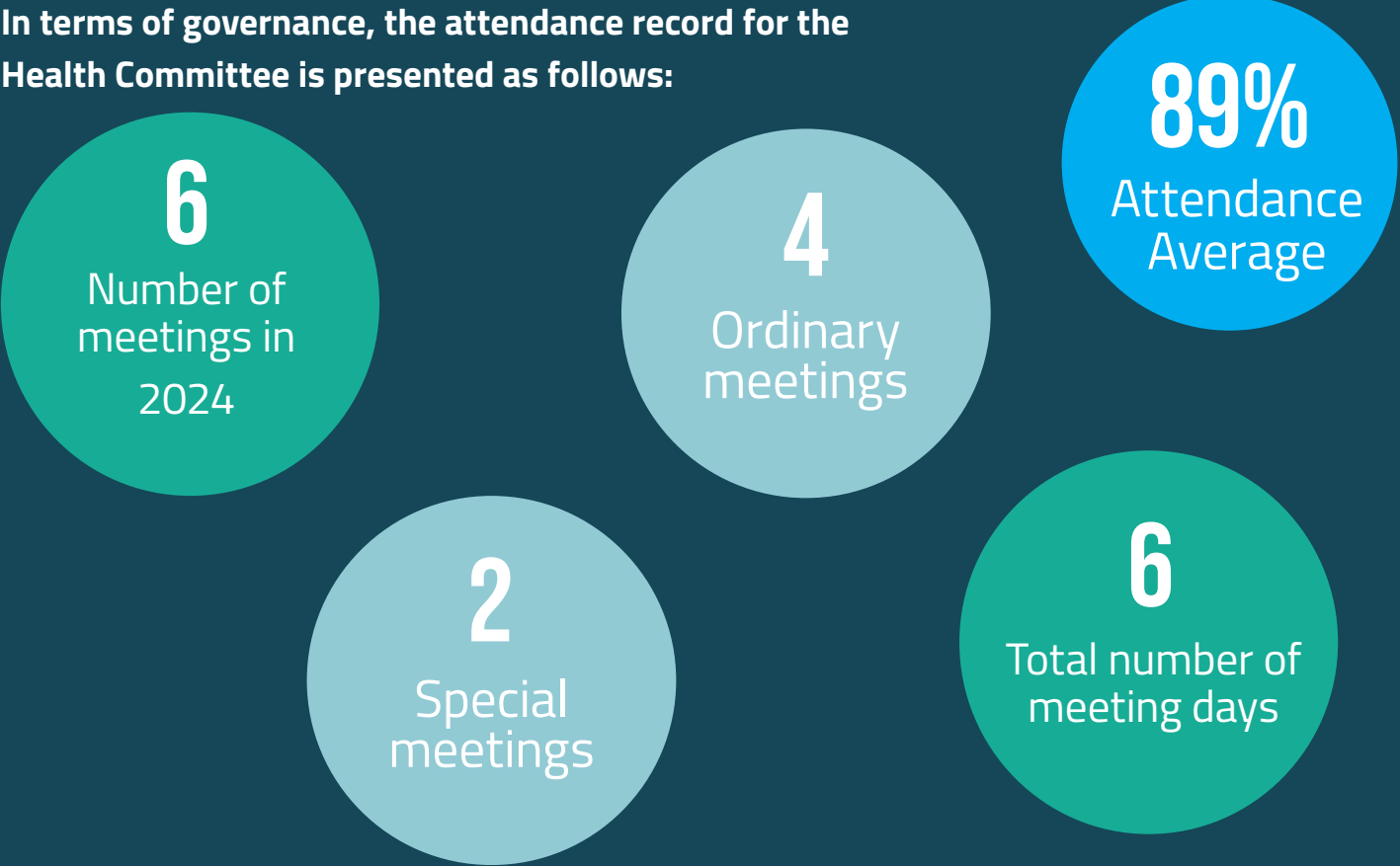
The Health Committee for 2024 comprised of the following members:

- Mr Tshidiso Justinos NtshabeleChairperson
- Mr Chris Pieter Botha
- Ms Mmapaseka Steve Letsike
- Mr Nhlanhla Given Mafarafara
- Prof. Natalie Schellack
- Ms Bonolo Ambrocia Teki

In terms of governance, the attendance record for the CPD Committee is presented as follows:



In terms of governance, the attendance record for the Health Committee is presented as follows:



In 2024, the CPD Committee, under the chairpersonship of Mr VC Dlamini, held five (5) meetings, of which four (4) were ordinary and one (1) was an orientation meeting. The Committee, in terms of its Terms of Reference and the Delegation of Authority Policy, considered the following matters of importance:

The Committee monitored the CPD submission and compliance of pharmacists to 2023 and 2024 CPD requirements.

The Committee adjudicated nine (9) requests for deferment from compliance with 2022 and 2023 CPD requirements and three (3) appeals against changes in designation from practising to non-practising pharmacists.

The Committee considered the four (4) competency standards for specialists in pharmacy which include for radiopharmacy, clinical pharmacy, industrial pharmacy, and public health and management pharmacy.



In 2024, the Health Committee under the chairpersonship of Mr TJ Ntshabele, held six (6) meetings, of which four (4) were ordinary meetings and two (2) were special meetings. The Health Committee is established to consider cases relating to the management of persons who may be unfit to practice for reasons other than unprofessional conduct.

In 2024, the Health Committee supported ten (10) members of the profession. Seven (7) cases were recommended for closure, four (4) of which were due to members being deemed fit to practise, and three (3) due to member declining support or being uncontactable.

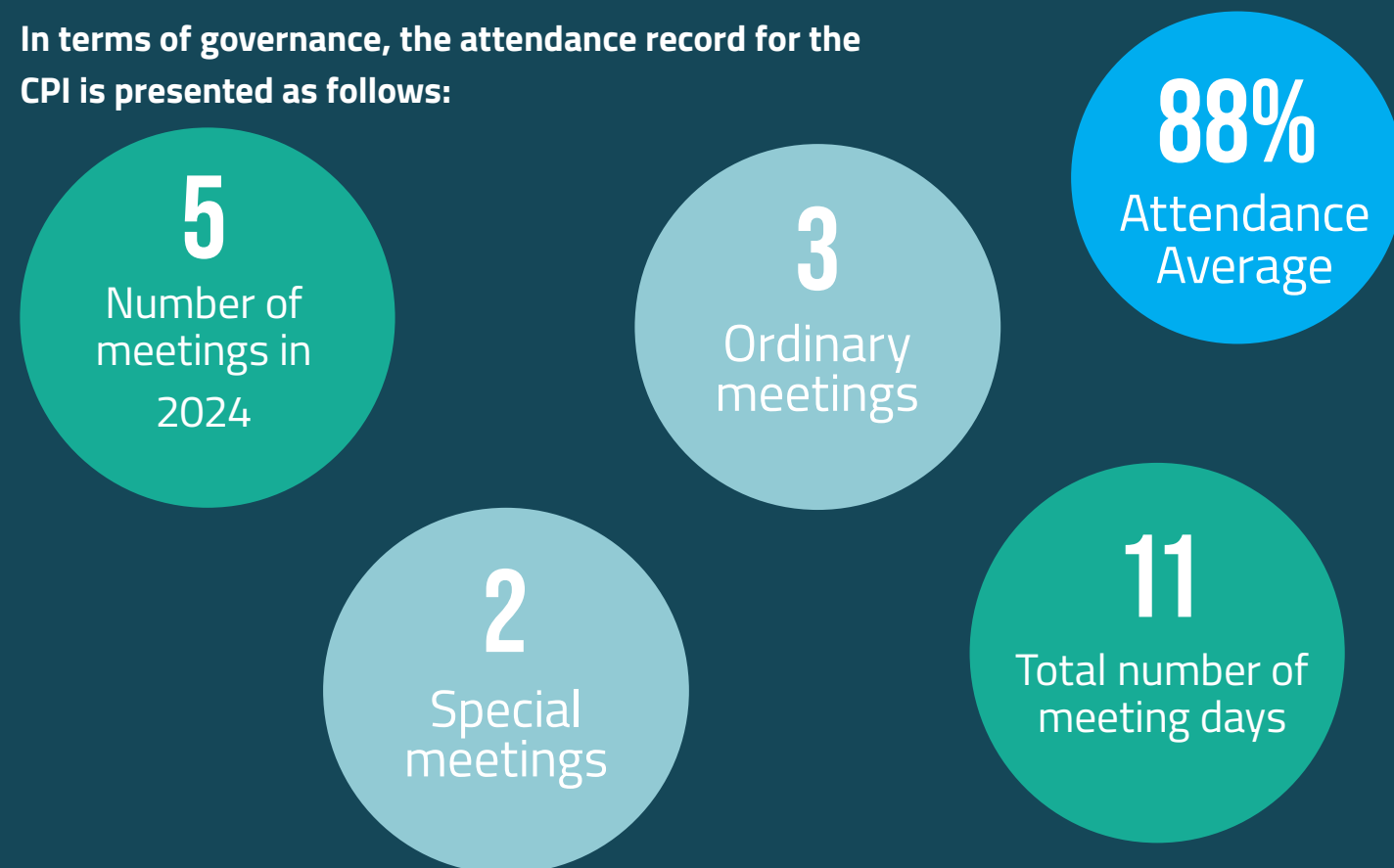
DISCIPLINARY COMMITTEES

COMMITTEE OF PRELIMINARY INVESTIGATION (CPI)

The Committee of Preliminary Investigation for 2024 comprised of the following members:

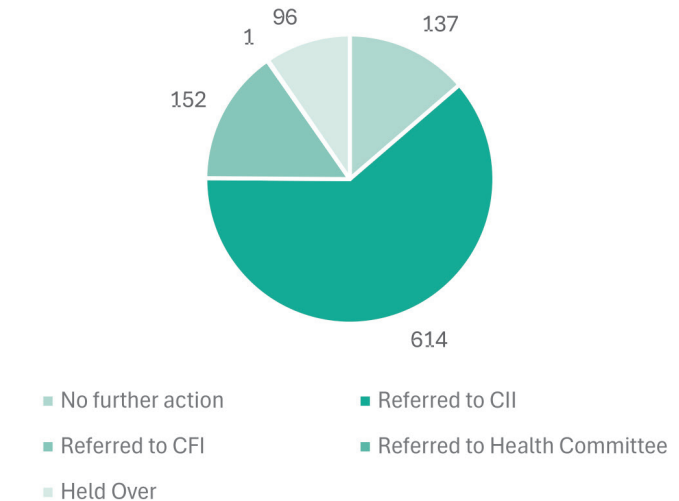
Mr David Nathan Bayever Chairperson
 Ms Mmapaseka Steve Letsike
 Ms Charlotte Motshale Moatlhodi
 Dr Rajatheran Moodley
 Mr Tshidiso Justinos Ntshabele
 Ms Tlou Mavis Shivambu

In terms of governance, the attendance record for the CPI is presented as follows:

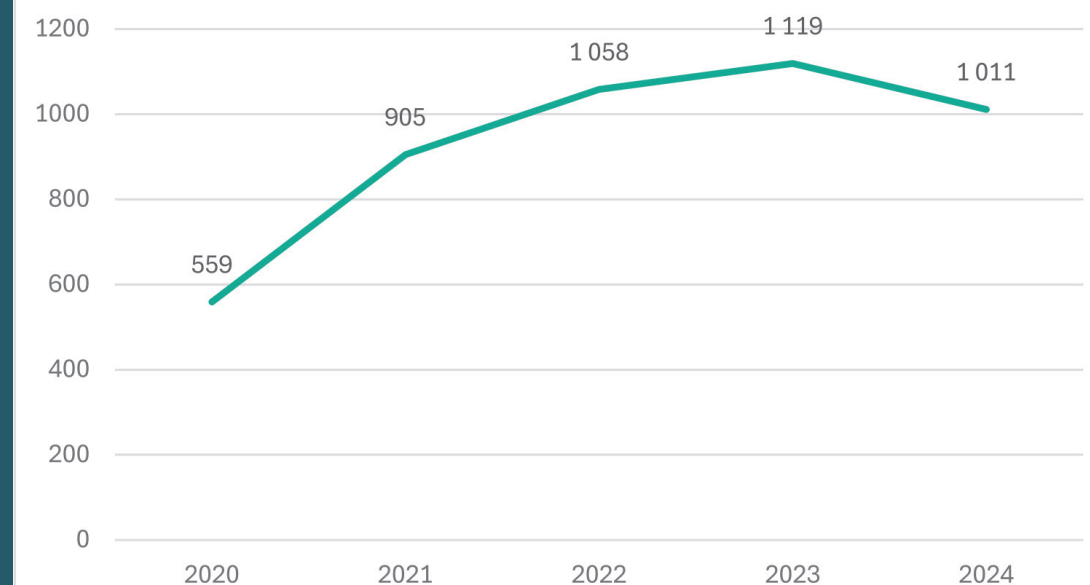


In 2024, the Committee of Preliminary Investigation, under the chairpersonship of Mr DN Bayever, held five (5) meetings, of which three (3) were ordinary meetings, one (1) was an orientation meeting, and one (1) was a special meeting. The Committee reviewed 1 011 complaints.

CPI Matters



CPI Matters per Year

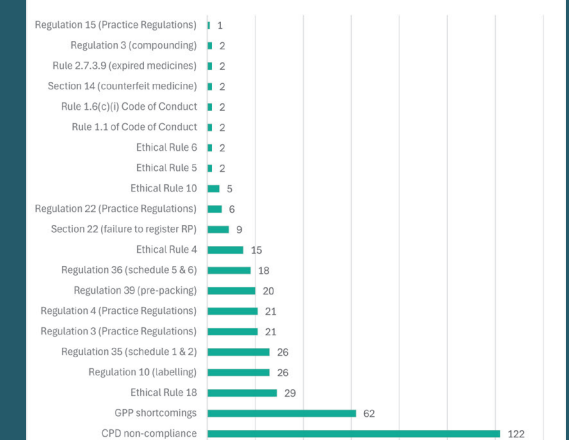


COMMITTEE OF INFORMAL INVESTIGATION (CII)

The Committee of Informal Inquiry for 2024 comprised of the following members:

Prof. Petrus De Wet Wolmarans Chairperson
 Mr Nakedi Desmond Marumo
 Dr NomaChina Theopatra Kubashe
 Prof. Natalie Schellack
 Prof. Ilse Truter

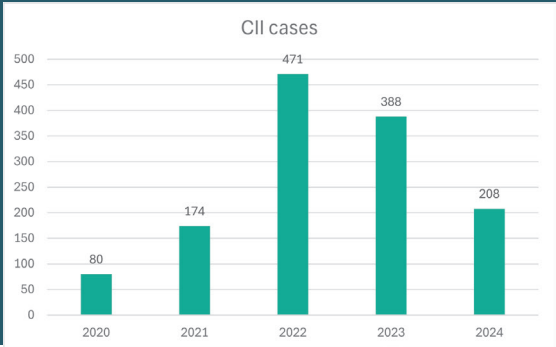
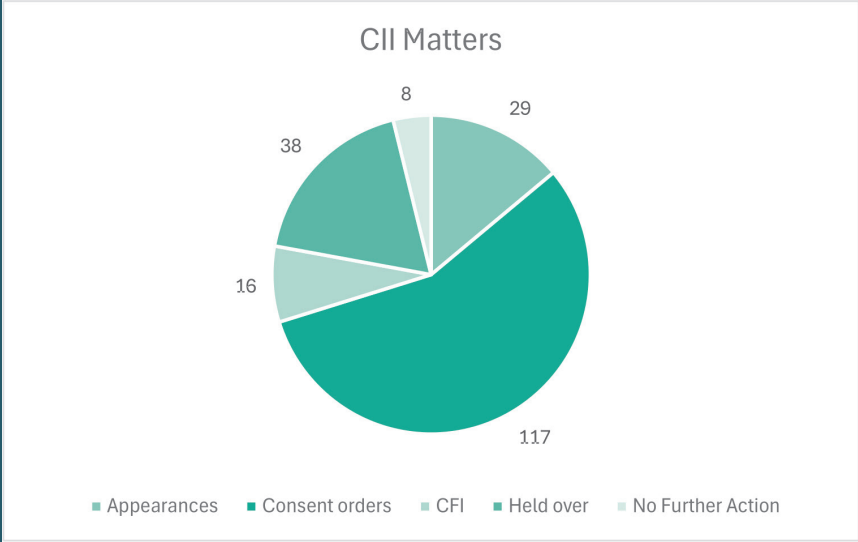
Charges reviewed by CII



In terms of governance, the attendance record for the CII is presented as follows:



In 2024, the Committee of Informal Inquiry, under the chairpersonship of Prof. PDW Wolmarans, held three (3) meetings, of which two (2) were ordinary meetings and one (1) was an orientation meeting. The CII reviewed 208 cases which brought in R1 206 500,00 in fines and R490 690,74 in cost orders.



COMMITTEE OF FORMAML INVESTIGATION (CFI)

By Council resolution, all Council members are available to sit as a member of a Committee of Formal Inquiry, excluding members of the Committee of Preliminary Investigation, or members of the Committee of Informal Inquiry if the matter was heard by the Committee of Informal Inquiry. All CFI hearings have three (3) Council members and an external legal assessor to constitute the committee for the matters placed on the roll per sitting of a CFI.

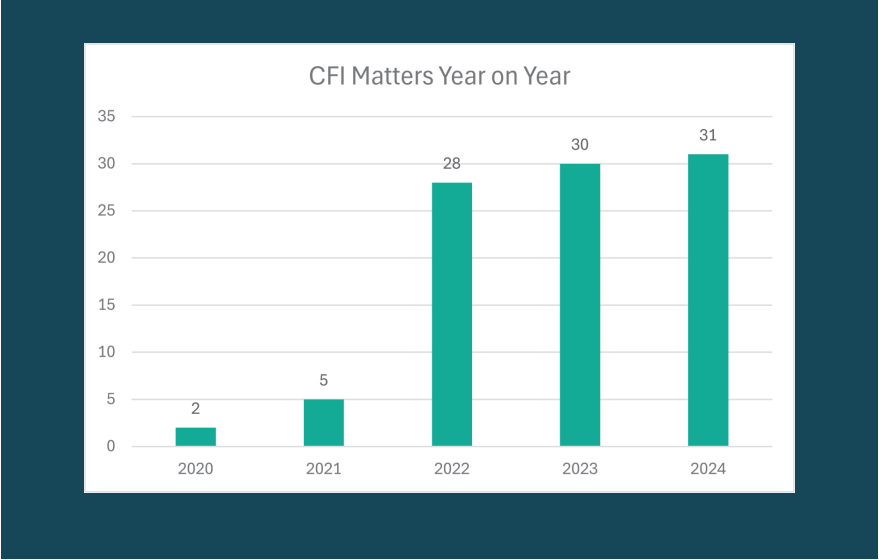
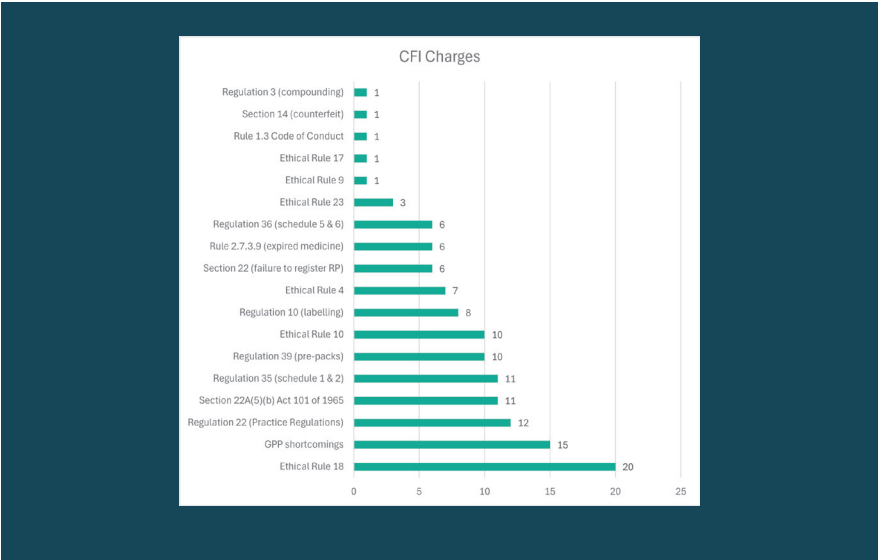
Council, in terms of Regulation 3(c)(i)(ii) of the Regulations relating to the conduct of inquiries, ought to appoint a Pro Forma Complainant when the matter is referred to the CFI. In terms of the Delegation of Authority Policy, the Office of the Registrar is permitted to appoint the Pro Forma Complainant, who acts as a prosecutor for matters referred to CFI.

Council, in terms of Regulation 27 of the Regulations relating to the conduct of inquiries, is required to appoint a legal assessor or advisor to advise the CFI on matters of law, procedure, and evidence.

In 2024, the following Council members sat at various CFI hearings, duly assisted by the below-mentioned legal assessors:

Ms SE Ainsbury	Council member
Mr CP Botha	Council member
Ms ML Kokong	Council member
Mr NG Mafarafara	Council member
Mr NL Nyathela	Legal assessor
Ms ZG Rhemtula	Council member
Mr DK Siwela	Legal assessor
Ms B Teki	Council member
Ms CA Venter	Council member
Prof. PDW Wolmarans	Council member

The CFI held four (4) meetings in 2024, during which 31 cases were finalised.



APPOINTMENTS COMMITTEE

The Appointments Committee for 2024 comprised of the following members:

Mr Mogologolo David Phasha	President
Ms Mmapaseka Steve Letsike	Vice-President
Ms Tlou Mavis Shivambu	Treasurer
Mr Vincent Mpoye Tlala	Registrar (ex officio)

The Appointments Committee is established to consider, and where necessary, to advise Council on the appointment of the Executive Management, i.e., the Registrar/CEO, the COO and the CFO. In addition, the Committee is further required to appoint independent committee members of the Audit and Risk Committee and the Remuneration and Reimbursement Committee.

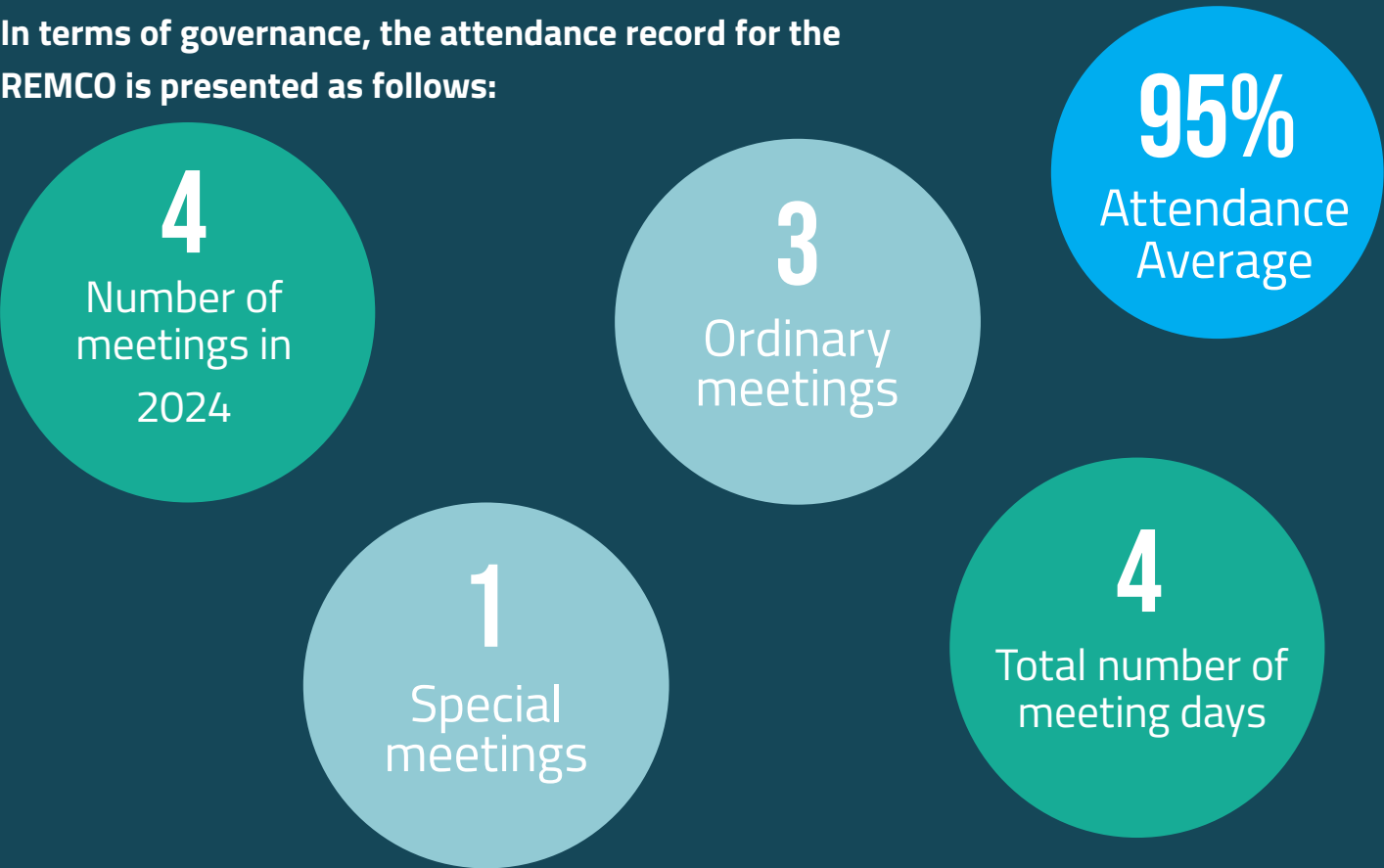
There were no Executive Management or independent committee member appointments made during 2024.

REMUNERATION AND REIMBURSEMENT COMMITTEE

The Remuneration and Reimbursement Committee (REMCO) for 2024 comprised of the following members:

Mr C Raath	Chairperson (External member)
Mr S Radebe	External member
Adv. MJ Ralefatane	External member
Ms Letty Mahlangu	Council member
Ms Charlotte Motshela Moatlhodi	Council member

In terms of governance, the attendance record for the REMCO is presented as follows:



REMCO is established in line with the principles of the King IV Code and is identified as a Committee of Council in terms of Section 4(o) of the Pharmacy Act. It was set up to regulate the determination of remuneration, cost-of-living-adjustment, and rewards and benefits for management employed by the SAPC, the reimbursement and honorarium of Council members, and to regulate the reimbursement of committee members who are not Council members.

REMCO had three (3) ordinary meetings and one (1) special meeting in 2024 and addressed several matters including induction and orientation of members to the workings of REMCO and empowering them in dealing with remuneration principles, medical aid policy, revision of the REMCO charter, revision of human resources policies and the cost-of-living adjustment (COLA) for the management category.

BARGAINING COUNCIL

In 2024, the Bargaining Council comprised of the following Council members and Employer members:

Ms Mmapaseka Steve Letsike	Chairperson (Vice-President)
Ms Tlou Mavis Shivambu	Treasurer
Ms Tabisa Pearl Sihiya	Council member
Mr Vincent Mpoye Tlala	Registrar/CEO

The Bargaining Council was established to deal with matters of mutual interest between the employer and employees (parties), such as conditions of employment, employment policies, salary negotiations, etc.

In 2024, the Bargaining Council under the chairpersonship of Ms MS Letsike, held three (3) ordinary meetings and three (3) special meetings. The Bargaining Council, in terms of the Collective Agreement and the Delegation of Authority Policy, considered the medical aid policy, 2025 cost-of-living adjustment for non-management employees, as well as other matters of mutual interest.

TRUSTEES COMMITTEE

During the reporting period, the Trustees Committee comprised of the following Trustees and Office Bearers:

Employer representatives

Mr MD Phasha (Chairperson)
Mr VM Tlala (Deputy Chairperson)
Ms TM Shivambu
Mr ND Marumo (Alternate)

Employee representatives

Mr SP Kubeka
Mr KMH Maloka
Mr TB Ngobeni
Ms D Hoffmann (Alternate)

Principal Officer

Mr SG Ntsomi

Administrator

Sanlam Employee Benefits

The Pension Fund held three (3) ordinary meetings during 2024. The standalone Pension Fund was deregistered in 2024 and the board of trustees ceased to exist with the deregistration of the standalone Fund. New employer and employee representatives were appointed in the current year into the management board. The management board monitored the investment and growth of the employees Pension Fund. The two-pot system was implemented in 2024 with no challenges encountered by Council or the employees.

AUDIT AND RISK COMMITTEE

The Audit and Risk Committee consisted 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. The Audit and Risk Committee for 2024 comprised of the following members:

Mr Faizal Docrat	Chairperson (External member)
Dr Dumisani Sipho Dlamini	External member
Ms Mpho Theodora Mosweu	External member
Ms Letlhogolonolo Noge-Tungamirai	External member
Mr Chris Pieter Botha	Council member
Mr Nakedi Desmond Marumo	Council member

The ARC held a total of four (4) meetings during 2024, of which one (1) was a special meeting and three (3) were ordinary meetings. The Committee dealt with the following matters:

- (a) Review of financial performance quarterly;
- (b) Approval of the risk register and quarterly monitoring of progress report;
- (c) Review and approval of Annual Financial Statements;
- (d) Review of new and old policies;
- (e) Review of internal audit reports as per the audit plan;
- (f) Approval of the internal audit plan for 2025;
- (g) Monitoring of IT governance and activities through the ICT Task Team; and
- (h) Monitoring of compliance with laws and regulations.

AD HOC COMMITTEES

TENDER COMMITTEE

The Tender Committee held a total of four (4) ordinary meetings during 2024. The Committee dealt with the appointment of service providers as per the Procurement and Tender Policy for the following services:

- (a) IP based telephone system;
- (b) Door-to-door courier services;
- (c) External auditors; and
- (d) Internal auditors.

ADJUDICATING COMMITTEE

The Adjudicating Committee held a total of two (2) ordinary meetings in 2024. The Committee dealt with the appointment of service providers as per the Procurement and Tender Policy for the following services:

- (a) IP based telephone system;
- (b) Door-to-door courier services;
- (c) External auditors; and
- (d) Internal auditors.

RISK MANAGEMENT

Council has the ultimate responsibility for the control and oversight of the SAPC’s risk management, and it has delegated to management the implementation and execution of effective risk management. The Audit and Risk Committee (ARC) assists the Council in discharging its risk governance oversight responsibilities. The Council governs risks in a way that supports the organisation in setting and achieving its strategic objectives.

In line with the Policy on Risk Management, risks are managed through the systematic identification, analysis, and evaluation of actual and potential risks and the development and implementation of measures to counter those risks. Risk Management is essentially made up of four (4) stages – risk identification, risk analysis, risk evaluation and risk treatment. The Policy on Risk Management is reviewed and recommended by the Audit and Risk Committee to the Council for approval on a regular basis (every 3 years).

The annual enterprise-wide risk identification and assessment workshop was held in January 2024. The draft Risk Register resulting from the workshop was reviewed by the Audit and Risk Committee and presented to Council in February 2024 for input and approval.

The Strategic Risk Register for the year 2024 was approved by Council with the following top risks-

- (a) Cyber attacks and infiltration of networks; and
- (b) Inadequate monitoring of compliance with legislative standards for pharmacy practice and education.

The Operational Risk Register for the year 2024 was approved by Council with the following top risks-

- (a) Facilities operating as pharmacies when de-registered with Council;
- (b) Poor integrity of the data in the Register system; and
- (c) Pharmacist Interns submitting CPD activities that are not authentic.

A mid-year review of enterprise-wide risks resulted in the elevation of the risk of disruption of services to the public and the profession to the organisation’s top risks owing to the outcomes of an internal audit review that highlighted significant weaknesses in business continuity and disaster recovery strategies and plans.

In order to mitigate the threat of disruption of services to the public and the profession, the Office of the Registrar has engaged business continuity experts to assist in the development of a comprehensive business continuity plan that entailed a thorough business impact analysis of all core and support functions of the Office of the Registrar to insulate the operations of the office from disruptions that will hamper service delivery to the public and the profession. Furthermore, the Office of the Registrar has accelerated migration that aims to ensure that identified business-critical systems and data are migrated to the cloud with the necessary safeguards to preserve the integrity of the systems and data and to prevent unauthorised access.

AUDIT & RISK COMMITTEE REPORT

Report of the Audit and Risk Committee

We are pleased to present our report for the financial year ended 31 December 2024.

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 2024, 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, one special meeting and induction and orientation meeting during 2024 financial year. The Committee reported to Council after each meeting.

The names of the members and attendance at meetings is recorded in table below:

Name of Member	Number of Meetings Attended during 2024
Mr F Docrat (Chairperson)	5
Ms L Noge-Tungamirai	5
Ms TM Mosweu	5
Dr DS Dlamini	5
Mr CP Botha	5
Mr ND Marumo	5

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 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:

- Regular review and monitoring of the corporate risk registers, with appropriate challenge to the proposed controls and risk scoring.
- Receive reports on progress against internal and external audit plans.
- Approve the external audit engagement letter and audit strategy/work plan.
- Approve the internal audit annual work plan and fee.
- Review Annual Financial Statements.
- Review of legal and ethical compliance.
- Review financial and governance policies in line with best practice.
- Assess the Committee’s annual performance in line with its terms of reference.
- Evaluate the effectiveness of the internal audit function.
- Review of financial reporting.

Internal and external auditors

The internal audit function during the year under review was undertaken by Rain Chartered Accountants, with MGI RAS Incorporated 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 2024 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 for the foreseeable 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, 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.



Mr Faizal Docrat
Chairperson of the Audit and Risk Committee
16 April 2025

IT GOVERNANCE AND PERFORMANCE

The SAPC's IT governance involves a set of IT processes, policies, and governance structures that ensures the SAPC's IT supports and aligns with its overall business objectives and strategies. It ensures that IT investments and operations deliver value, minimise risk, and align with the SAPC's strategic goals. It also provides a framework to guide IT decision-making and accountability, ensuring that IT-related risks are managed appropriately.

POLICIES

The Council resolved on 11 and 12 May 2021 that IT policies be reviewed every two (2) years due to rapid changes in the IT space, in line with general practice. The Information Systems Security Policy was renewed in 2024, while the Privacy App Policy was developed to meet App Store requirements for the inspection app and other future applications. The Privacy App Policy and the Information Systems Security Policy were reviewed.

IT AUDITS AND RISKS

The IT audit and risk management layer is essential for addressing challenges related to cyber threats, IT security, compliance, and the efficient deployment of technology. In fulfilling this role, an internal cybersecurity governance audit was conducted in September 2024. An audit finding related to an inadequate cybersecurity strategy was issued due to gaps identified in the Information Systems Security Policy and the ICT Governance Framework. The proposed action plan to address the finding includes the review and approval of the ICT Governance Framework, the Information Systems Security Policy, and the development of a Cybersecurity Strategy covering all areas and processes lacking cybersecurity governance.

The Office of the Registrar has created a risk management tool (SAPC Risk Register) to manage all risks, including IT-related risks. This platform is vital for continuously monitoring IT-related risks, as specified in the SAPC Risk Register. Penetration testing has been identified as one of the control improvements for mitigating various IT risks. The first penetration test was conducted in February 2024 and the second test was completed in November 2024.

ICT INFRASTRUCTURE

The SAPC has taken a strategic approach to modernise and build a resilient ICT infrastructure. The Council's ICT infrastructure includes a collection of servers, computers, storage, software, networks, PABX, data centres, and services that support and enable SAPC's information and communication technology operations. During 2024, an average of 98% server uptime was achieved. An assessment of the server and storage infrastructure has been conducted and the network assessment has also been completed. Below is the feedback report on each ICT infrastructure component:

Network infrastructure (WAN, LAN and WiFi)

The assessment of the Lan and WiFi infrastructure has been conducted to optimise network stability and performance. The WAN (internet or data line) infrastructure assessment has already been completed. The proposal and recommendation for upgrading the internet line by standardising the lines to 1Gbps has been implemented. The bandwidth for the iConnect internet line has been increased from 300Mbps to 1Gbps, and the Telkom internet line is also providing 1Gbps.

Server and storage infrastructure

In September 2024, the warranty for the current server infrastructure was extended by one (1) year, and the storage capacity for the servers increased. A hybrid approach has been adopted to reduce the number of on-premises servers. The migration of the file server to SharePoint Online was completed in 2024.

The PABX server is now hosted on the cloud, replacing several on-premises PABX servers, while all security-related servers will be replaced with Microsoft Defender. Where feasible, critical system servers such as the Register System, Dashboard and Sage System will be migrated to the cloud in the next financial year. The migration to Microsoft 365 has increased the storage capacity of the on-premises server infrastructure. The email archiving feature has been implemented with a permanent retention period, which has significantly increased storage requirements for employees' emails. An investigation into acquiring cloud storage services for storing register system documents is imminent to mitigate the risks associated with the database.

Telephony Infrastructure (PABX)

SAPC has taken a strategic approach to sustainability by adopting the hosting of the PABX solution in a cloud environment. The softphone solution has also been rolled out across the SAPC to enable mobility for answering calls. The telephone handsets were returned to the previous service provider. The 3CX application has been deployed on computers and mobile phones, providing mobility and flexibility for answering work-related calls, thereby improving operational efficiency. The migration and implementation of the PABX solution were completed in September 2024. This solution includes backup and disaster recovery services to ensure the quick recovery and restoration of full PABX services following any disruption caused by incidents or disasters.

ENABLING ENVIRONMENT FOR REMOTE WORK

The Office of the Registrar has implemented systems to support the Work from Home Policy. A reliable and secure APN and VPN have been established to ensure seamless connectivity for remote work. Additionally, the Mobile Device Management (MDM) tool, Intune, has been configured to remotely manage and secure Council employees' devices, apps and data. This solution helps safeguard SAPC resources while offering employees the flexibility to work from various devices, including smartphones, tablets and laptops. Furthermore, the Watchdog platform has been deployed to track work hours and manage productivity, particularly for remote employees.

IT ASSETS (HARDWARE)

The 2024 IT equipment replacement plan was reviewed and implemented. Laptops with specifications aligned to the nature of work performed by SAPC employees were procured to replace the old laptops. The warranty for the servers was extended by an additional one (1) year to ensure continuous support, minimise downtime and protect the SAPC’s critical server infrastructure.

DIGITAL TRANSFORMATION

Enhancing internal efficiencies and effectiveness is a key strategic objective of the SAPC. To achieve this goal, the SAPC identified digital transformation as one of the primary enablers. In response to the evolving digital landscape, the SAPC embarked on a comprehensive digital transformation journey. This initiative focused on modernising business operations, automation of business processes, and enhancing the experience for all stakeholders, including pharmacists, Pharmacy Technicians and the public.

As a result of this transformation, the digital signature solution was implemented to enable the secure digital signing of documents on an online platform, reducing paper-based processes and associated costs. The solution is used for signing invoices, memos, application forms, and other documents. The platform ensures that all signed documents are legally binding and comply with relevant electronic signature laws, making it easier to manage agreements, reduce paperwork, and expedite approval processes securely and efficiently.

Controls such as indexing, patch management, load balancing, and continuous monitoring have been implemented to optimise the performance of the Register database. These controls enable faster data querying and retrieval from the Register database. The SAPC has also adopted a ‘going green’ approach, as the IT Department, in conjunction with the HIR Department, is in the process of scanning physical personnel documents to store them on a centralised platform, where they can be easily retrieved when required.

IT Security

The SAPC has taken a strategic direction toward building a digitally resilient infrastructure to address cyber threats, mitigate risks, effectively respond, and quickly recover from events that could disrupt key business activities, processes, and access to critical technology. Threat intelligence, penetration testing, proactive network and patch management, endpoint monitoring, data encryption, phishing simulations, cybersecurity training, incident response planning, endpoint security, risk assessments, and vulnerability management are integral components of the program to build proactive cybersecurity. The ICT Task Team has already proposed and endorsed the NIST framework and the CIS Top 18 as guidelines for building a digitally resilient and proactive cybersecurity posture.

Several IT security assessments, including two (2) penetration tests, automated vulnerability assessments, and Microsoft IT security assessments, were conducted during this period. Remediation action plans were developed and implemented to address some of the findings. The first public-facing penetration test was conducted in February 2024, while the final internal-facing penetration test took place in November 2024.

A comprehensive assessment of the SAPC’s server infrastructure was conducted by Microsoft and the remedial action plan report has been completed. Phishing simulations were performed, and digital cybersecurity training was provided to the SAPC employees. Tech Tuesdays, featuring cybersecurity news, were shared with employees via emails and videos. The latest patches were deployed on both computers and servers to ensure they are not vulnerable to cyber threats. Tools to safeguard data stored on computers were deployed, including data encryption, remote wipe, and location tracking in the event a device is lost.

The desktop computer audit was conducted during 2024. Intune has been configured for device management, with policies implemented to enhance the security of the computers including mobile devices. A testing server environment has also been established to provide a safe, controlled space to validate new features, test for vulnerabilities, ensure system performance, and mitigate the risks of testing new changes in the production environment.

DISASTER RECOVERY

The Disaster Recovery Plan has been optimised and implemented to ensure that the SAPC’s critical operations continue uninterrupted in the event of an unexpected disruption, such as a natural disaster, cyberattack, system failure, or public health crisis. The plan is designed to enable the SAPC to quickly recover and restore full functionality to serve the public and the pharmacy profession. The disaster recover (DR) test dates as outlined in the IT operational plan for 2024, were set for 30 June 2024 and 30 November 2024.

The first DR was successfully conducted on 20 September 2024. The key takeaway from this test was the need to optimise the overall network infrastructure to ensure a successful recovery with no disruptions. The follow-up DR test, aimed at verifying and identifying areas for improvement in the DR plan, was conducted in November 2024. Backups and restore tests were also successfully completed in 2024 with a success rate of approximately 95% during this period. The project to back up Microsoft 365 data is currently in progress, ensuring that SAPC data can be restored whenever necessary.

IT HELPDESK REPORT

Central to IT support at SAPC is the IT service desk, which efficiently coordinated all IT support requests. The IT Helpdesk processed a substantial number of calls, with a commendable closure rate, highlighting the responsiveness and efficiency of the support system. A total of 6 611 tickets were logged in the Track-It Helpdesk system, of which 6 576 were resolved and closed in 2024.



PART D:
HUMAN CAPITAL AND
DEVELOPMENT



PEOPLE
MANAGEMENT

RECRUITMENT, RETENTION AND TERMINATIONS

Several positions were filled in 2024, and this includes Communication and Media Interns; Senior Manager: Information Technology; Human Resources Officer; Human Resources Practitioner and Manager: Communication and Media.

Unfortunately, the SAPC lost several staff members including the Senior Manager: Information Technology, Manager: Communication and Media, Occupational Health and Safety Practitioner and Human Resources Practitioner, who all left due to personal reasons and the pursuance of other career interests.

EMPLOYEE TRAINING AND DEVELOPMENT

The SAPC supported eleven (11) professional development initiatives by employees (Bachelor of Commerce Accounting, Bachelor of Arts in Psychology, PhD in Pharmacy, Masters in Pharmacy, Post Graduate Diploma in Accounting Science, Master of Technology in Public Strategic Communication, Bachelor of Law, Advanced Diploma in Human Resources Development and Diploma in Human Resources Management) and the costs associated with assistance for further studies amount to R155 156,95. Furthermore, skills training to enhance the competence of employees in varied areas was conducted in terms of the workplace skills plan. The Skills Development Training Committee convened to reprioritise the training needs as identified by employees and supported by HoDs.

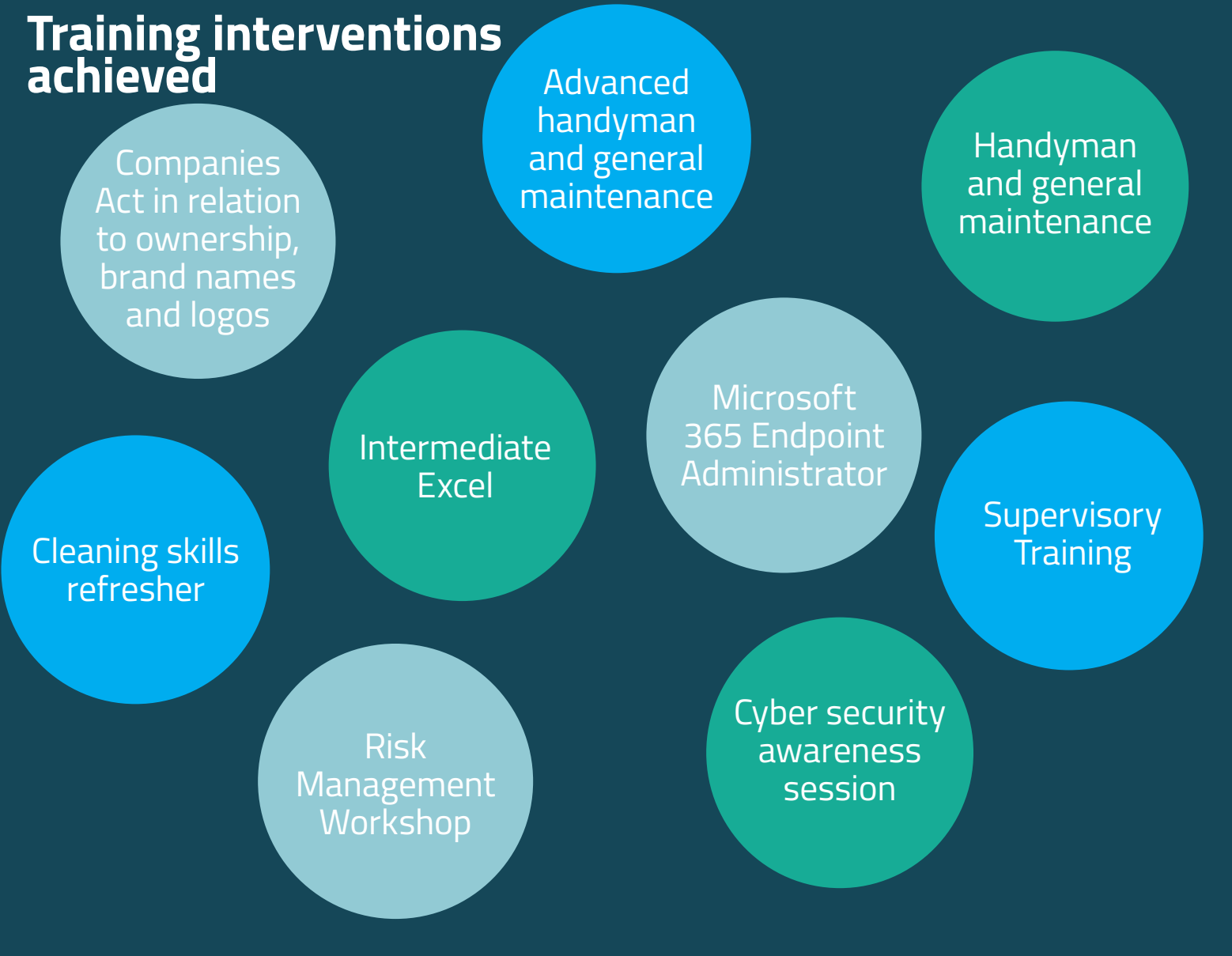
In summary, a total of nine (9) skills interventions were carried out in 2024, with six (6) interventions being deferred to 2025 due to lack of training dates, with the cost implication of R209 773,80.

CORPORATE
RESPONSIBILITY

In September 2024, Council carried out a needs analysis as part of its corporate social investment programme at Wozanibone Secondary School.



Training interventions achieved



EMPLOYEE WELLNESS

Employee assistance was provided through a programme run by Workforce Healthcare. Employees who experience psychosocial challenges (manager referral is available) reach out to the service provider for assistance. The Office of the Registrar also conducted a Wellness Day in November 2024, which was supported by talks around mental health, as well as health screenings which were supported by Old Mutual, a bootcamp to test fitness levels and to encourage employees to participate in physical exercise.

OCCUPATIONAL HEALTH AND SAFETY

The Occupational Health and Safety Committee was strengthened to ensure equitable representation and provided induction to all Committee members. Inspections were also conducted on a quarterly basis and areas of concern were addressed as and when they arose.

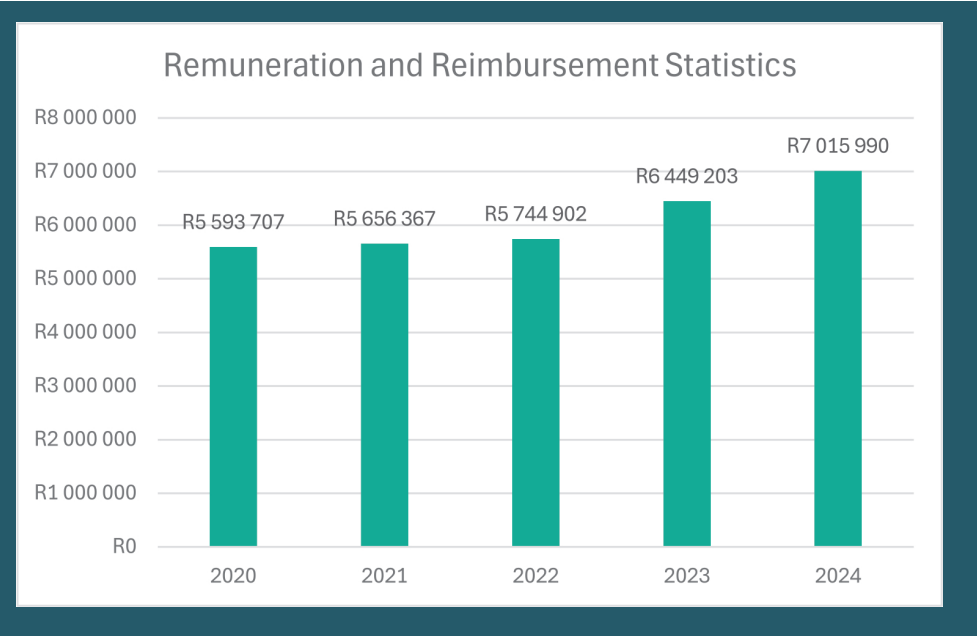
EMPLOYMENT STATISTICS

The employee structure of the SAPC has 123 positions, 109 of these were filled in 2024 and 14 remain vacant. Positions are filled incrementally due to budget constraints.

Occupational Levels	Male				Female				Foreign Nationals		Total
	A	C	I	W	A	C	I	W	Male	Female	
Top Management	2	0	0	0	1	0	0	0	0	0	3
Senior Management	3	0	0	0	4	0	0	2	0	0	9
Professionally qualified and experienced specialists and mid-management	8	1	0	0	12	0	2	1	0	0	24
Skilled technical and academically qualified workers, junior management, supervisors, forement, and superintendents	7	0	0	0	18	0	1	5	0	0	31
Semi-skilled and discretionary decision making	9	0	0	0	28	2	0	0	0	0	39
Unskilled and defined decision making	4	0	0	0	5	0	0	0	0	0	9
TOTAL PERMANENT	31	1	0	0	65	2	3	8	0	0	110
Temporary employees	2	0	0	0	3	0	0	0	0	0	5
GRAND TOTAL	33	1	0	0	68	2	3	8	0	0	115

REMUNERATION AND REIMBURSEMENT STATISTICS

Remuneration and reimbursement statistics of the C-suite and the Council.





PART E: STAKEHOLDER RELATIONS

South African
Pharmacy Council



STAKEHOLDER RELATIONS

NATIONAL DEPARTMENTS

Engagements with the National Department of Health (NDoH) focused on the issuing of permits, licenses for pre-May 2003 pharmacies, and enhancements to GPP evaluation pages. In joint meetings held with the South African Health Products Regulatory Authority (SAHPRA) and NDoH matters discussed included removal of pharmacies from the registers of SAPC, collaborative inspections and licensing of public sector depots. Further meetings with SAHPRA focused on the codeine care initiative, pharmacies offering compounding services, and medicines in unregistered facilities.

PROVINCIAL DEPARTMENTS, PHARMACY GROUPS AND ASSOCIATIONS

As part of the annual stakeholder engagement programme, the Office of the Registrar held a number of meetings with heads of pharmaceutical services (HoPS), public and private, as well as pharmacy groups and associations on the latest developments within the profession in areas of professional conduct, legislation, education and training, pre-registration, CPD and registrations, and pharmacy practice.

The issues addressed with stakeholders included the following:

- (a) Criteria for registration of Responsible Pharmacists;
- (b) Removal of pharmacies from SAPC registers;
- (c) Fronting and pharmacies who do not comply with licence conditions;
- (d) Safety of Inspection Officers;
- (e) Training of pharmacy support personnel; and
- (f) CPD compliance matters.

STATUTORY BODIES AND OTHER ORGANISATIONS

The SAPC attends quarterly meetings of the various professional bodies scheduled by the South African Qualifications Authority (SAQA), where matters regarding fees payable to SAQA and accreditation processes are discussed.

The SAPC 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 annual report as well as status reports required by the Quality Council for Trades and Occupations (QCTO) in March, June, September and December 2024. Meetings were held with the QCTO to discuss the evaluation reports.

The QCTO has approved the pharmacy support personnel examination blueprints for the Pharmacist's Assistant Basic, Pharmacist's Assistant Post-Basic and Pharmacy Technician. The practice examination papers for Pharmacist's Assistants Basic and Post-Basic were also approved by QCTO and the SAPC was approved as an Assessment Accredited Provider to conduct EISAs.

The Office of the Registrar held a meeting with the Office of Health Standards Compliance (OHSC) to discuss matters involving inspections of primary healthcare clinic (PHC) dispensaries as there may be an overlap of functions. The Office of the Registrar will collaborate with the OHSC on PHC inspections and reports will be shared between the two bodies.

PROVIDERS

Two (2) meetings were held between SAPC and Skills Development Providers (SDPs) in 2024. The first meeting took place in April and discussions centred around several key topics, including the registration and teach-out periods for the National Certificate: Pharmacist's Assistance (Basic) and Further Education and Training Certificate: Pharmacist's Assistance (Post-Basic) qualifications. It was noted that the registration end date for the National Certificate and Further Education and Training Certificate for Pharmacist's Assistants was 30 June 2023, with the last date for new enrolment set as 30 June 2024 and the final date for achievement being 30 June 2027. Guidance regarding registration during the teach-out period was also provided during the meetings. Queries regarding bridging courses for Pharmacist's Assistants, re-registration of learners who failed to complete within the specified period, and recognition of prior learning (RPL) for learners who did not complete the Bachelor of Pharmacy degree were addressed. An update on the Work-Based Learning and Development Practitioner Pilot Project was also shared with the SDPs.

Furthermore, the maximum time allowed for completing qualifications and updates on the External Integrated Summative Assessment (EISA) schedule were discussed. The process of accreditation with the QCTO was outlined for the SDPs.

The second meeting was held in September 2024. During this meeting updates on the online accreditation with the QCTO were discussed, where it was explained that SDPs will no longer apply for accreditation with the QCTO and the Office of the Registrar will be submitting applications instead. Feedback was provided on learner registrations for the National Certificate and Further Education and Training Certificate for Pharmacist's Assistants, with appeals due by 4 October 2024. The Criteria for accrediting courses for foreign-qualified pharmacists were presented, and lastly, QCTO certification fees were addressed.

The Office of the Registrar conducts regular meetings with the Heads of School Forum, which comprises heads of the nine pharmacy schools in South Africa. Several matters were discussed at the Forum in 2024, including Board Notice 544 of 2024, Bachelor of Pharmacy Curriculum Outline and Criteria for Accreditation: Exit Level Outcomes, Associated Assessment Criteria and Constructive Alignment.

PUBLIC AND MEDIA

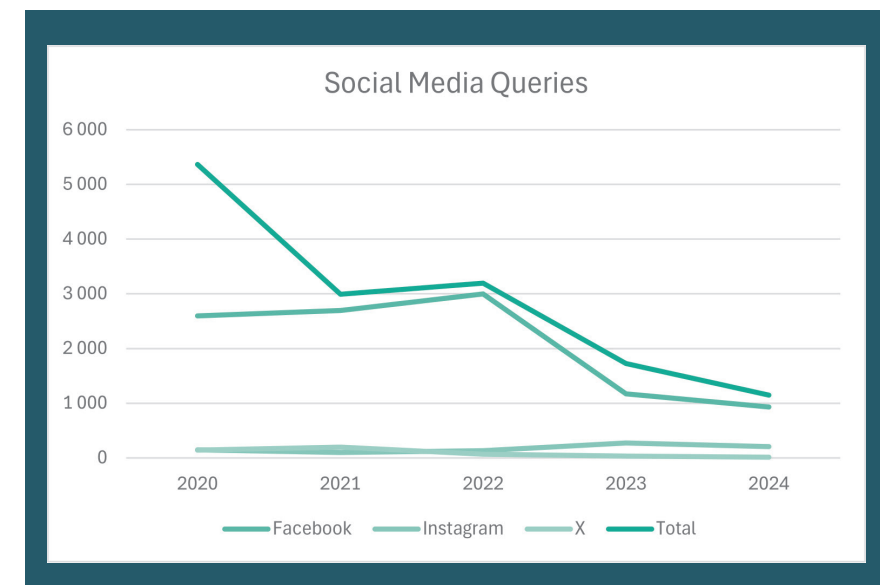
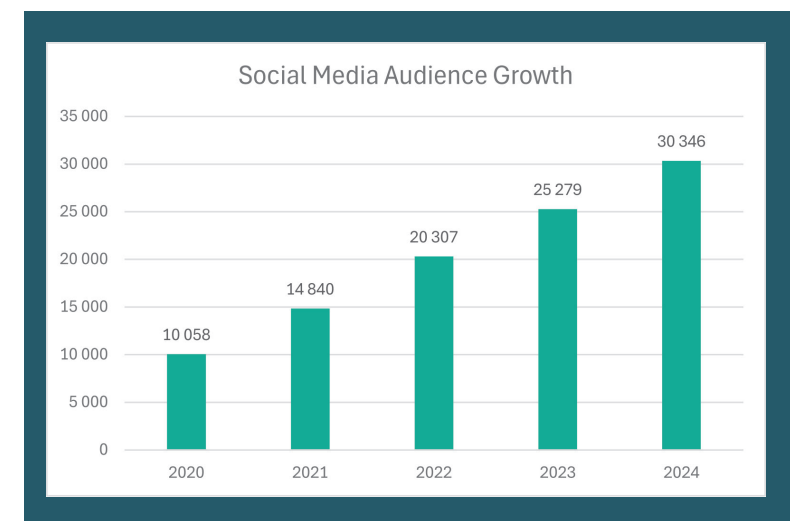
In 2024, the public and media relations efforts of the SAPC comprised two (2) media statements and twelve (12) media engagements. The Office of the Registrar provided responses to media enquiries focusing on the ban on the sale of vaping products in pharmacies, the FIP 82nd World Congress, and Pharmacy Month 2024.

The Office of the Registrar assisted the National Department of Health, Pharmaceutical Society of South Africa (PSSA), and Independent Community Pharmacy Association (ICPA) with funding the design of the 2024 Pharmacy Month campaign: "Let's talk about vaccines", and further facilitated the translation of the 2024 National Pharmacy Month Poster, pamphlet and social media messages in all official languages. The campaign was rolled out throughout September 2024, with the profession encouraged to engage in outreach activities within their communities.

SOCIAL AND DIGITAL MEDIA

The SAPC actively engages stakeholders across the top five (5) most popular social networking platforms (Facebook, X, Instagram, LinkedIn and TikTok) and the world's largest video-sharing platform, YouTube. The combined social media audience of the SAPC increased by 25% in 2024.

In addition to rolling out awareness and education campaigns, social media is used to provide stakeholder support and to resolve service queries and/or requests. During 2024, 1 148 queries and service requests were resolved through our social media channels (Facebook, Instagram and X).



PUBLICATIONS

Two (2) issues of the e-Pharmaciae were published in 2024, in April and December. The e-Pharmaciae serves as the official mouthpiece of SAPC and comprises updates on Council decisions, operational changes, legislative amendments, and guidance on compliance with good practice standards.

The South African Pharmacy Council Annual Report 2023 was published in October 2024. 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 and International Standard Book Number (ISBN) for the 2023 Annual Report through the National ISN Agency.

PHARMACIAE

eVol11 No2

December 2024

18 Must read articles for Pharmacists,
Pharmacy Support Personnel, Interns,
Students and Stakeholders



REGISTERED PERSONS

The support of the profession, and to improve engagement with our primary stakeholders (registered persons) remains a fundamental objective of the SAPC. As such, the SAPC undertook various corporate communication activities comprising stakeholder communication and other stakeholder engagement initiatives, including workshops for the profession, in 2024. Stakeholder communication efforts comprised of 100 e-note and SMS campaigns on various operational and professional matters.

In order to mitigate reputational risk, the Office of the Registrar implemented a reputation management programme based on a Reputation Management Strategy that emphasises the monitoring of risk, the management of the SAPC reputation and the implementation of reputation-building and reputation-mitigating actions within all operational areas and service points, in order to sustain positive relations with stakeholders. The strategy is supported by a reputation intelligence tool and an Organisation Stakeholder Feedback Survey which was deployed on the SAPC website in October 2024.

82nd FIP World Congress
of Pharmacy and Pharmaceutical Sciences
capetown2024.fip.org

INTERNATIONAL COMMUNITY

The International Pharmaceutical Federation (FIP) hosted its 82nd World Congress in Cape Town in September 2024, marking the first time this event was held on sub-Saharan African soil. The Congress welcomed 3 365 attendees from all over the globe.

The SAPC facilitated the funding of 962 registrations for local pharmacy professionals for this Congress through the Health and Welfare Sector Education and Training Authority.

From the SAPC delegation, which included Council members, Inspection Officers, and staff from the Office of the Registrar, eight (8) abstract presentations were submitted and six (6) local interest sessions were facilitated.



PART F: FINANCIAL MANAGEMENT

FINANCIAL MANAGEMENT

During the year under review, the Council ensured efficient and effective management of financial resources in line with best practice. The council had adequate financial resources to fund its operations and received an unqualified audit opinion.

COUNCIL LEADERSHIP

The Council has a charter for councillors, which, in addition to the Pharmacy Act 53 of 1974, stipulates its terms of reference to ensure that it leads ethically and effectively. The Council holds itself to high standards of good governance in accordance with the charter. Council members meet four times annually and are responsible for ensuring overall compliance with the administration of the Pharmacy Act, setting overall policy, preparing financial statements, monitoring executive management, and exercising control over the organisation's activities. The roles of the president and the chief executive officer are separate in accordance with good practice. The president holds a non-executive office.

ETHICS AND COMPLIANCE

The Council is committed to an exemplary standard of business ethics and transparency in all its dealings with stakeholders. The Council is committed to governing compliance within applicable laws, including inter alia 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 accordance with good corporate governance principles. The Audit and Risk Committee provide oversight of the Council's governance of ethics. A monitoring report on Ethical and Legal Compliance was considered at every committee meeting.

RESPONSIBLE CORPORATE CITIZENSHIP

The Council ensures that the organisation is and is seen to be a responsible corporate citizen. The council has embarked on initiatives to protect the environment, promote sustainability, and ensure the health and safety of both employees and the public. To protect the environment, meeting agenda documents are largely in soft format to reduce paper usage. The council has also adopted a rural school and identified sources for corporate sponsorships to address various school needs. Staff members take time to undertake community development work at the school.

STRATEGY, PERFORMANCE AND REPORTING

The 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. The Council strives to maintain a harmonious cohesion between these elements. The Council has a five-year strategic plan and is monitoring its performance. The budget for the year under review and the risk register were approved by the Council. Budget performance and risk management reports were presented to the Council and subcommittees, in line with good governance practices.

The Audit and Risk Committee oversaw financial and risk management reporting. The Audit and Risk Committee fulfilled its oversight responsibilities by ensuring that risk-based internal audits were planned and conducted. The full details of the Audit and Risk Committee’s work are included in the committee’s report.

GOVERNING STRUCTURES AND DELEGATION

The Council serves as the focal point and custodian of corporate governance in the organisation. All committees to which the Council has delegated responsibilities under the Pharmacy Act and the empowering Regulations have detailed Terms of Reference and report quarterly to the Council. Delegation to management is made through the Registrar and is governed by performance-based employment contracts.

COMPOSITION OF THE COUNCIL

The Council comprises 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, enabling it to discharge its governance role and responsibilities objectively and effectively. Of the members, nine (9) are voted by the profession and 16 are appointed by the Minister of Health. The Council is supported by additional expertise in the form of the Audit and Risk Committee and Remuneration and Reimbursement Committee, which are composed of a majority of independent experts.

COMMITTEES OF THE COUNCIL

The 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. All committees to which the Council has delegated responsibilities have terms of reference and report quarterly to the Council. Council’s committees’ reports are included separately within the Annual Report.

PERFORMANCE EVALUATIONS OF THE COUNCIL

The 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 Council’s performance and its committees is conducted every other year. The results of such evaluations are considered, and actions taken where required.

APPOINTMENTS AND DELEGATION TO MANAGEMENT

The 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 under the Pharmacy Act, the Council has delegated to the Registrar the authority to manage day-to-day operations within an approved policy framework.

RISK GOVERNANCE

The Council governs risk in a way that supports the organisation in setting and achieving its strategic objectives. In line with 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 comprised of three stages: risk identification, risk analysis, and risk control. Risk Management is included on page 54.

INFORMATION TECHNOLOGY GOVERNANCE

The Council governs Information and Technology (IT) in a way that supports the organisation in setting and achieving its strategic objectives. The Audit and Risk Committee supports the Council in fulfilling its oversight responsibilities related to IT. IT report is included on page 57.

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 Committee, oversee that the implementation and execution of the Remuneration Policy achieves the set objectives.

ASSURANCE

The Council have 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.

FINANCIAL PERFORMANCE INDICATORS

Description	2020 R	2021 R	2022 R	2023 R	2024 R
Current Assets	65 569 389	80 985 758	104 116 211	112 065 770	130 011 168
Current Liabilities	48 413 580	44 970 937	52 405 084	60 334 521	61 726 109
Liquidity Ratio	1.35	1.80	1.99	1.86	2.11
Income	107 159 411	114 339 054	123 912 573	136 009 172	153 169 199
Expenditure	98 821 865	97 112 762	110 860 268	125 540 590	139 680 111
Surplus for the Year	8 337 546	17 226 292	13 052 304	10 468 582	13 489 088

STATEMENT OF FINANCIAL POSITION

Assets increased by 9.42%, primarily due to a rise in current assets. Total equity and liabilities increased in line with assets, primarily due to the year’s surplus. The liquidity ratio increased by 13.40%, from 1.86 in the prior year to 2.11 as at 31 December 2024.



STATEMENT OF COMPREHENSIVE INCOME

Council is a not-for-profit organisation, and its funding is mainly 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 increased by 12.62% mainly due to an increase in annual fees, registration fees, evaluation fees, re-inspection fees and fines.

During the year under review, expenditure increased by 11.26%. The surplus for the year has increased by 28.85%, from R10,468,824 to R13,489,088, mainly due to an increase in income, offset by an increase in expenditure.

PLANNING AND BUDGETARY CONTROL

The council’s budget is guided by the five-year strategic plan. The budget for the year under review was tabled at the Council meeting on 18-19 October 2023 and approved at the EXCO meeting on 29 November 2023. Budget performance reports were presented to management, the Executive Committee, the Audit and Risk Committee and the Council. At various council committee meetings, the respective budget performance reports formed part of the agenda.

SUPPLY CHAIN MANAGEMENT

The council has adopted a proactive stance towards Black Economic Empowerment. The Council’s procurement policies support government policy aimed at addressing past imbalances for the general good. The list of prospective suppliers was updated. The adjudicating committee and tender committee oversaw purchases exceeding the values of R50,000 and R500,000, respectively. During the year under review, the whole financial management division was reviewed by independent auditors and controls were found to be adequate.



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.

Issued 15 May 2024

South African Pharmacy Council

Annual Financial Statements for the year ended 31 December 2024

General Information

Country of Incorporation and Domicile	South Africa
Nature of Business and Principal Activities	Pharmacy industry regulation governed by the Pharmacy Act, 53 of 1974
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 ABSA Bank Limited Nedbank Limited
Independent Auditors	MGI RAS Incorporated 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 2024

Index

The reports and statements set out below comprise the annual financial statements presented to the shareholders:

General Information

Councillors' Responsibilities and Approval

Independent Auditor's Report

Councillors' Report

Statement of Financial Position

Statement of Comprehensive Income

Statement of Changes in Equity

Statement of Cash Flows

Accounting Policies

Notes to the Financial Statements

The supplementary information presented does not form part of the annual financial statements and is unaudited:

Detailed Income Statement

South African Pharmacy Council

(Registration Number)

Annual Financial Statements for the year ended 31 December 2024

Councillors' Responsibilities and Approval

The councillors are required by the Pharmacy Act of 1974 to maintain adequate accounting records and are responsible for the content and integrity of the annual financial statements and related financial information included in this report. These financial statements have been prepared in accordance with the IFRS for SMEs® Accounting Standard as issued by the International Accounting Standards Board (IASB®) and it is their responsibility to ensure that the annual financial statements satisfy the financial reporting standards as to form and content and present fairly the statement of financial position, results of operations and business of the council, and explain the transactions and financial position of the business of the council at the end of the financial year. The annual financial statements are based upon appropriate accounting policies consistently applied throughout the entity and supported by reasonable and prudent judgements and estimates.

The councillors acknowledge that they are ultimately responsible for the system of internal financial control established by the entity 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 entity and all employees are required to maintain the highest ethical standards in ensuring the entity's business is conducted in a manner that in all reasonable circumstances is above reproach.

The focus of risk management in the entity is on identifying, assessing, managing and monitoring all known forms of risk across the entity. While operating risk cannot be fully eliminated, the entity 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 Councillors have no reason to believe that the entity 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, MGI RAS Incorporated, who have been given unrestricted access to all financial records and related data, including minutes of all meetings of the Council and committees of the Council. 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 55 to 56.

The annual financial statements as set out on pages 68 to 95 were approved by the board on 15 May 2024 and were signed on their behalf by:



Mr MD Phasha (President)



Mr VM Tlala (Registrar)



Ms TM Shivambu (Treasurer)

INDEPENDENT AUDITOR'S REPORT

To the Council of South African Pharmacy Council

Report on the audit of the financial statements

Opinion

We have audited the financial statements of South African Pharmacy Council in respect set out on pages 77 to 93 which comprise the statement of financial position as at 31 December 2024, 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 material accounting policy information.

In our opinion, the annual financial statement presents fairly, in all material respects, the financial position of South African Pharmacy Council as at 31 December 2024, and its financial performance and its cash flows for the year then ended in accordance with the International Financial Reporting Standard for Small and Medium-sized Entities (IFRS for SMEs) and the requirements of the Pharmacy Act 53 of 1974.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (ISAs). 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 SAPC 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 also fulfilled our other ethical responsibilities in accordance with requirements of the IRBA Code. The IRBA Code is consistent with the corresponding sections of the International Ethics Standards Board for Accountants' *International Code of Ethics for Professional Accountants (including International Independence Standards)*. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of matters

We draw attention to the matter below. Our opinion is not modified in respect of this matter.

Restatement of corresponding figures

As disclosed in note 19 to the financial statements, the corresponding figures for 31 December 2023 were restated as a result of an error in the financial statements of the SAPC at, and for the year ended, 31 December 2024.

Other matter

We draw attention to the matter below. Our opinion is not modified in respect of this matter.

Prior period financial statements audited by a predecessor auditor

The financial statements of the previous year were audited by a predecessor auditor on 3 June 2024. The predecessor auditor expressed an unmodified opinion on the financial statements.

Other Information

Management is responsible for the other information. The other information comprises the information normally included in certain parts of the SAPC annual report. The 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 had not yet received the other information prior to the date of this auditor's report. When we receive and read this information, if we conclude that there is a material misstatement therein, we are required to communicate the matter to those charged with governance and request that the other information be corrected. If the other information is not corrected, we may have to retract this auditor's report and re-issue an amended report as appropriate. However, if it is corrected this will not be necessary.

Responsibilities of Management and the Council for the Financial Statements

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

In preparing the financial statements, management is responsible for assessing the entity'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 management or the Council either intend to liquidate the or to cease operations, or have no realistic alternative but to do so.

The Council is responsible for overseeing the SAPC's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the 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 ISAs 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 financial statements.

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

- Identify and assess the risks of material misstatement of the 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 company’s internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of management’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 entity’s ability to continue as a going concern. If we conclude that material uncertainty exists, we are required to draw attention in our auditor’s report to the related disclosures in the 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 company to cease to continue as a going concern.
- Evaluate the overall presentation, structure, and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Council 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.

MGI RAS INC
Patrick Kubai CA(SA) RA
Director
Registered Auditor
Date: 29 May 2025

Unit 9 Central Office Park
13 Esdoring Street
Highveld Technopark
Centurion, 0169

South African Pharmacy Council

Annual Financial Statements for the year ended 31 December 2024

Councillors' Report

The councillors present their report for the year ended 31 December 2024.

1. Review of financial results and activities

Main business and operations

The principal activity of the entity is pharmacy industry regulation governed by the Pharmacy Act, 53 of 1974 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.

Profit from continuing operations before finance costs and investment revenue amounted to R3 991 407 (2023: R2 102 710) for the current financial period. Financing costs for the period amounted to R5 676 (2023: R6 330) and Investment revenue amounted to R9 503 360 (2023: R8 372 196)

The council declared a net surplus for the year of R13 489 088 (2023: R10 468 576)

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 believe that the company has adequate financial resources to continue in operation for the foreseeable future and accordingly the annual financial statements have been prepared on a going concern basis.

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' interest in contracts

To our knowledge none of the councillors or prescribed officers had any interest in contracts entered into during the year under review.

South African Pharmacy Council

Annual Financial Statements for the year ended 31 December 2024

Councillors' Report

5. Councillors

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

Councillors	Office
Mr Mogologolo David Phasha	President
Ms Mmapaseka Steve Letsike	Vice-President
Ms Tlou Mavis Shivambu	Treasurer
Ms Kahdija Jamaloodien	National Department of Health Representative
Prof. Natalie Schellack	Chairperson: Education Committee
Mr Tshidiso Justinos Ntshabele	Chairperson: Health Committee
Mr David Nathan Bayever	Chairperson: Committee of Preliminary Investigation (CPI)
Prof. Petrus de Wet Wolmarans	Chairperson: Committee of Informal Inquiries (CII)
Dr Rajatheran Moodley	Chairperson: Practice Committee
Mr Vusi Cornelias Dlamini	Chairperson: CPD and Registration Committee
Ms Christina Aletta Venter	Chairperson: Pre-Registration Committee
Ms Sheena Eleanore Ainsbury	
Mr Nakedi Desmond Marumo	
Ms Bonolo Ambrocia Teki	
Dr NomaChina Theopatra Kubashe	
Mr Chris Pieter Botha	
Ms Mosenyehi Leah Kokong	
Mr Nhlanhla Given Mafarafara	
Ms Charlotte Motshele Moatlhodi	
Mr Owen Thabang Malatji	
Prof. Ilse Truter	
Ms Tabisa Pearl Sihiya	
Prof. Thirumala Govender	
Ms Letty Mahlangu	
Ms Zuleika Goolam Rhemtula	

6. Independent Auditors

MGI RAS Incorporated were the independent auditors for the year under review.

South African Pharmacy Council

Financial Statements for the year ended 31 December 2024

Statement of Financial Position

	Note(s)	2024	2023 Restated
Assets			
Non-Current Assets			
Property, plant and equipment	2	40,387,056	42,902,293
Investment property		-	-
Intangible assets	3	2,504,962	3,045,090
		42,892,018	45,947,383
Current Assets			
Trade and other receivables	4	32,409,584	23,137,359
Cash and cash equivalents	5	97,601,584	88,928,411
		130,011,168	112,065,770
Total Assets		172,903,186	158,013,153
Equity and Liabilities			
Equity			
Retained earnings		111,163,421	97,674,333
Non-Current Liabilities			
Finance lease liabilities	6	13,656	4,299
Current Liabilities			
Trade and other payables	7	61,689,062	60,308,549
Finance lease liabilities	6	37,047	25,972
		61,726,109	60,334,521
Total liabilities		61,739,765	60,338,820
Total Equity and Liabilities		172,903,186	158,013,153

South African Pharmacy Council

Financial Statements for the year ended 31 December 2024

Statement of Comprehensive Income

	Note(s)	2024	2023
Revenue	8	143,379,918	127,440,760
Other income	9	285,921	196,216
Operating expenses		(139,674,432)	(125,534,260)
Profit from continuing operations	10	3,991,407	2,102,716
Investment revenue	11	9,503,360	8,372,196
Finance costs	12	(5,679)	(6,330)
Surplus for the year		13,489,088	10,468,582
Other comprehensive income		-	-
Net surplus/ (deficit) for the year		13,489,088	10,468,582

South African Pharmacy Council

Financial Statements for the year ended 31 December 2024

Statement of Changes in Equity

	Note(s)	Retained earnings	Total equity
Balance at 1 January 2023		82,852,262	82,852,262
Adustment due to error (note 19)		4,353,489	4,353,489
Restated Balance at 1 January 2023		87,205,751	87,205,751
Surplus/ (deficit) for the year		10,468,582	10,468,582
Other comprehensive income		-	-
Net surplus / (deficit) for the year		10,468,582	10,468,582
Balance at 31 December 2023		97,674,333	97,674,333
Surplus/ (deficit) for the year		13,489,088	13,489,088
Other comprehensive income		-	-
Net surplus / (deficit) for the year		13,489,088	13,489,088
Balance at 31 December 2024	-	111,163,421	111,163,421

South African Pharmacy Council

Financial Statements for the year ended 31 December 2024

Statement of Cash Flows

	Note(s)	2024	2023
Cash flows from operating activities			
Cash receipts from customers		128,275,210	127,440,760
Cash payments to suppliers and employees		(124,623,334)	(116,323,136)
Cash generated from operations	13	3,651,876	11,117,624
Investment revenue	12	9,503,360	8,372,196
Finance costs	12	(5,679)	(6,330)
Net cash flows from operating activities		13,149,557	19,483,490
Cash flows used in investing activities			
Investment property transferred		-	4,200,000
Property, plant and equipment acquired	2	(3,772,678)	(19,662,889)
Intangible assets acquired	3	(735,701)	(435,010)
Proceeds on disposals of property, plant and equipment		83,047	57,339
Net cash flows used in investing activities		(4,425,332)	(15,840,560)
Cash flows used in financing activities			
Finance lease payments		(51,052)	(62,631)
Net cash flows used in financing activities		(51,052)	(62,631)
Net increase in cash and cash equivalents		8,673,173	3,580,298
Cash and cash equivalents at beginning of the year		88,928,411	85,348,113
Cash and cash equivalents at end of the year	5	97,601,584	88,928,411

South African Pharmacy Council

Financial Statements for the year ended 31 December 2024

Accounting Policies

1. 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.

1.1 Significant judgements 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.

South African Pharmacy Council

Financial Statements for the year ended 31 December 2024

Accounting Policies

Presentation of financial statements continued...

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. The fair value of investment property is determined using a valuation expert based on the market value of comparable properties.

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.

Leased asset is amortized/depreciated from the lease commencement date (the date the lessee begins to make payments) to the end of the lease's term. In some cases, it may be from the commencement date to the end of the useful life of the asset.

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. Depreciation commences when the asset is ready for use for it's intended and ceases when the asset is disposed or retired. All assets are depreciated to a nil residual value. Depreciation rates are as follows:

South African Pharmacy Council

Financial Statements for the year ended 31 December 2024

Accounting Policies

Presentation of financial statements continued...

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 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

1.4 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. At initial recognition, council measures a financial asset or a financial liability at its fair value plus or minus, in the case of a financial asset or a financial liability not at fair value through profit or loss, transaction costs that are directly attributable to the acquisition or issue of the financial asset or the financial liability.

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.

Accounting Policies

Presentation of financial statements continued...

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.

1.5 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 of 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.

1.6 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.

1.7 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 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.

Accounting Policies

Presentation of financial statements continued...

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.

1.8 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 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 but disclosed, unless the possibility of an outflow of economic resources is remote.

1.9 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.

The council derives revenue from it's registered members in the following categories:

- Annual fees
- Evaluations, re-inspections and fines
- Examinations
- Registration fees.

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.

1.10 Equity

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

1.11 Related Parties

A related party is a person or an entity with the ability to control or jointly control the other party, or exercise significant influence over the other party, or vice versa, or an entity that is subject to common control, or joint control.

South African Pharmacy Council

Financial Statements for the year ended 31 December 2024

Accounting Policies

Presentation of financial statements continued...

Management are those persons responsible for planning, directing and controlling the activities of the Group, including those charged with the governance of the entity in accordance with legislation, in instances where they are required to perform such functions.

The entity is exempt from disclosure requirements in relation to related party transactions if that transaction occurs within normal supplier and/or client/recipient relationships on terms and conditions no more or less favourable than those which it is reasonable to expect the entity to have adopted if dealing with that individual entity or person in the same circumstances and terms and conditions are within the normal operating parameters established by that reporting entity’s legal mandate.

Where the entity is exempt from the disclosures in accordance with the above, the entity discloses narrative information about the nature of the transactions and the related outstanding balances, to enable users of the Annual Financial Statements to understand the effect of related party transactions on its Annual Financial Statements.

1.12 Other income

Other income is recognised when it is probable that future economic benefits will flow to the entity and when the amount can be measured reliably. Other income consists of insurance proceeds, training refunds, profit on sale of assets and other income.

South African Pharmacy Council

Financial Statements for the year ended 31 December 2024

Notes to the Annual Financial Statements

	2024	2023
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2. Property, plant and equipment

	2024			2023		
	Cost	Accumulated Depreciation	2024 Carrying Value	Cost	Accumulated Depreciation	2023 Carrying Value
Land	12,349,275	-	12,349,275	12,349,275	-	12,349,275
Buildings	31,928,575	(13,489,498)	18,439,077	30,818,624	(11,209,891)	19,608,733
Motor vehicles	907,532	(703,470)	204,062	907,532	(631,833)	275,699
Furniture and fittings	5,958,764	(3,023,228)	2,935,536	5,843,341	(2,655,061)	3,188,280
Office equipment	5,064,644	(3,192,078)	1,872,566	4,641,957	(2,586,277)	2,055,680
IT equipment	12,340,765	(7,754,225)	4,586,540	11,966,358	(6,541,732)	5,424,626
Total	68,549,555	(28,162,499)	40,387,056	66,527,087	(23,624,794)	42,902,293

Reconciliation of property, plant and equipment - 2024

	Opening Balance	Additions	Disposals	Depreciation	Total
Land	12,349,275			-	12,349,275
Buildings	19,608,733	1,171,119	(440)	(2,340,335)	18,439,077
Motor vehicles	275,699			(71,637)	204,062
Furniture and fittings	3,188,280	250,612	(7,232)	(496,123)	2,935,537
Office equipment	2,055,680	554,917	(1,912)	(736,120)	1,872,565
IT equipment	5,424,626	1,860,429	(59,018)	(2,639,497)	4,586,540
Total	42,902,293	3,837,077	(68,602)	(6,283,712)	40,387,056

Additions include R64 399 relating to Finance Lease

Reconciliation of property, plant and equipment - 2023

	Opening balance	Reclassification	Additions	Disposals	Depreciation	Total
Land	8,600,000	3,749,275	-	-	-	12,349,275
Buildings	9,376,594	450,725	10,848,082		(1,066,668)	19,608,733
Motor vehicles	317,458	-			(41,759)	275,699
Furniture and fittings	2,435,395	-	1,135,403	(9,606)	(372,912)	3,188,280
Office equipment	2,015,571		630,665	(70,691)	(519,865)	2,055,680
IT equipment	4,815,764	-	2,848,739	(234,141)	(2,005,736)	5,424,626
Total	27,560,782	4,200,000	15,462,889	(314,438)	(4,006,940)	42,902,293

The Land and Buildings, Portion 1 of ERF 34 held as investment property was transferred into Property, Plant and Equipment due to change of use (owner occupation) at fair value and effective on the 1 January 2023.

Net carrying amounts of leased assets

Office equipment	55,631	26,043
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Details of properties

Land and buildings, Erf 1470, situated at 591 Belvedere Street, Arcadia, Pretoria in the extent of 1708 (one thousand seven hundred and eight) square meters.

South African Pharmacy Council

Financial Statements for the year ended 31 December 2024

Notes to the Annual Financial Statements

	2024	2023
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Property, plant and equipment continued...

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.

Land and buildings, Portion 1 of Erf 35, situated at 1020 Arcadia Street, Hatfield, Pretoria in the extent of 1931 (one thousand nine hundred and thirty one) square meters.

3. Intangible assets

	2024			2023		
	Cost	Accumulated Depreciation	Carrying Value	Cost	Accumulated Depreciation	Carrying Value
Computer software	9,617,039	(7,112,077)	2,504,962	8,917,913	(5,872,823)	3,045,090

Reconciliation of intangible assets - 2024

	Opening Balance	Disposal	Additions	Amortisation	Carrying Value
Computer software	3,045,090	(1)	735,701	(1,275,828)	2,504,962

Reconciliation of intangible assets - 2023

	Opening Balance	Reclassification	Additions	Amortisation	Carrying Value
Computer software	3,741,602	(79,304)	435,010	(1,052,218)	3,045,090

4. Trade and other receivables

Trade receivables	30,624,276	21,783,676
Deposits	95,646	95,646
Value Added Tax (VAT)	898,474	498,273
Other receivables	791,188	759,764
	32,409,584	23,137,359

Included in the trade receivables amount is a provision for doubtful debts amounting to R29 656 794 (2023: R20 618 509).

South African Pharmacy Council

Financial Statements for the year ended 31 December 2024

Notes to the Annual Financial Statements

	2024	2023
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5. Cash and cash equivalents

Cash and cash equivalents consist of:

Cash on hand	5,684	7,279
Bank balances	22,903,364	22,995,689
Short-term deposits	74,692,536	65,925,443
	97,601,584	88,928,411

Details of bank facilities held by the Council are presented below and have an expiry date of 31 December 2025:

- Overdraft amounting to R1 500 000 for unforeseen emergencies;
- Corporate Credit Card, Travel 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.

6. Finance lease liabilities

Minimum lease payment which fall due

Within one year	37,047	25,972
In second to fifth year inclusive	13,656	4,299
	50,703	30,271
Present value of minimum lease payments	50,703	30,271

Non-current liabilities	13,656	4,299
Current liabilities	37,047	25,972
	50,703	30,271

7. Trade and other payables

Trade payables	1,997,875	1,541,096
Income received in advance	55,548,729	50,775,297
Employee leave days	3,813,766	3,551,529
Other payables	328,692	4,440,627
	61,689,062	60,308,549

Other payables consists of accruals and payroll related debt.

8. Revenue

Annual fees	95,556,320	86,247,317
Evaluation, re-inspection and fines	16,164,826	13,863,492
Examination fees	395,285	459,419
Registration fees	31,263,487	26,870,532
	143,379,918	127,440,760

South African Pharmacy Council

Financial Statements for the year ended 31 December 2024

Notes to the Annual Financial Statements

	2024	2023
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9. Other Income

Insurance claim received	138,245	47,620
Other income	133,231	148,596
Profit on sale of assets	14,445	-
	285,921	196,216

Other income mainly consists of seta refunds.

10. 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	14,445	(257,099)
Amortisation of intangible assets	1,275,828	1,052,218
Depreciation on property, plant and equipment	6,283,712	4,006,940
Employee costs	82,824,563	78,694,887
Research and development	166,159	165,454
Audit fees	171,783	305,351

11. Investment revenue

Interest received		
Bank	9,503,360	8,372,196

12. Finance costs

Finance leases	5,679	6,330
	5,679	6,330

13. Cash generated from operations

Surplus for the year	13,489,088	10,468,582
Adjustments for:		
Depreciation and amortisation	7,559,540	5,059,158
(Profit)/loss on sale of assets	(14,445)	257,099
Investment income	(9,503,360)	(8,372,196)
Finance costs	5,679	6,330
Extraordinary items	7,086	118,060
Changes in working capital:		
Decrease/ (Increase) in trade and other receivables	(9,272,225)	(4,369,261)
Increase/ (Decrease) in trade and other payables	1,380,513	7,949,852
	3,651,876	11,117,624

South African Pharmacy Council

Financial Statements for the year ended 31 December 2024

Notes to the Annual Financial Statements

	2024	2023
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14. Commitments

Operational Expenditure		
Already contracted for but not provided for		
- within one year	2,985,977	2,969,727
- in second to fifth year inclusive	5,508,508	1,525,351
	8,494,485	4,495,078

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

Finance leases - as lessee (expenses)		
- within one year	37,047	25,972
- in second to fifth year inclusive	13,656	4,299
	50,703	30,271

15. 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 Operation 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	93,802	96,538
Meeting expenses- accommodation	1,016,148	1,430,913
Meeting expenses- member fees	1,674,154	1,406,293
Meeting expenses- locum expenses	77,069	337
Meeting expenses- preparation fees	690,163	637,027
Transport	453,251	288,358
Compensation of executive management	7,015,990	6,449,203

16. 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.

17. Events after reporting period

There were no adjusting events after the reporting period.

South African Pharmacy Council

Financial Statements for the year ended 31 December 2024

Notes to the Annual Financial Statements

	2024	2023
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18. 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.

South African Pharmacy Council

Financial Statements for the year ended 31 December 2024

Notes to the Annual Financial Statements

	2024	2023
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Financial risk management continued...

Fair value of financial instruments

The carrying amount of the financial assets and liabilities reported in the statement of financial position are considered to approximate their fair value as at 31 December 2024.

Categories of financial instruments

Financial assets

Financial assets measured at amortised cost	130,011,168	112,065,770
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Reconciliation to statement of financial position

Trade and other receivables	32,409,584	23,137,359
Cash	97,601,584	88,928,411
	130,011,168	112,065,770

Financial liabilities

Financial liabilities measured at amortised cost	61,739,765	60,338,820
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Reconciliation to statement of financial position

Trade and other payables	61,689,062	60,308,549
Finance lease liabilities	50,703	30,271
	61,739,765	60,338,820

19. Prior period errors

Fixed assets accumulated depreciation

During the process of reviewing assets useful lives, Council identified errors whereby certain assets depreciation was calculated using the wrong method and assets stopped depreciating before the end of useful life. The error has been corrected through retrospective restatement of the comparative figures in the current reporting period’s of the financial statements. The carrying value of fixed assets and retained earnings was increased due to adjustment of accumulated depreciation.

Increase in carrying value of the following assets:	
Intangible Assets	1,466,778
Buildings	290,794
Motor vehicles	162,812
Computer Equipment	1,137,155
Furniture and Fittings	494,632
Office equipment	801,318
Retained earnings increase	(4,353,489)

South African Pharmacy Council

Financial Statements for the year ended 31 December 2024

Detailed Income Statement

	Note(s)	2024	2023
Revenue			
Annual fees		95,556,320	86,247,317
Evaluation, re-inspection and fines		16,164,826	13,863,492
Examination fees		395,285	459,419
Registration fees		31,263,487	26,870,532
	8	143,379,918	127,440,760
Other Income			
Insurance claim received		138,245	47,620
Other income		133,231	148,596
Profit on sale of fixed assets		14,445	-
	9	285,921	196,216
Investment income			
Interest received		9,503,360	8,372,196
	11	9,503,360	8,372,196
Expenses (refer to page26)			
		(139,674,432)	(125,534,260)
Surplus for the year	11	13,494,767	10,474,912
Interest Paid - Bank Overdraft	13	(5,679)	(6,330)
Net surplus / (deficit) for the year		13,489,088	10,468,582

The supplementary information presented does not form part of the annual financial statements and is unaudited

South African Pharmacy Council

Financial Statements for the year ended 31 December 2024

Detailed Income Statement

	Note(s)	2024	2023
Operating expenses			
Allowances		(93,802)	(96,538)
Auditors' remuneration		(171,783)	(305,351)
Bank charges		(642,067)	(671,601)
Cleaning, health and safety		(394,687)	(354,812)
Consumables		(208,832)	(318,386)
Council elections		-	(51,763)
Depreciation and Amortisation		(7,559,540)	(5,059,158)
Employee costs		(82,824,563)	(78,694,887)
Information technology expenses		(6,307,627)	(6,456,904)
Insurance		(1,004,982)	(830,113)
Internal audit and consultancy		(557,557)	(497,030)
Lease rental on operating lease		(216,090)	(372,621)
Legal expenses		(1,354,257)	(736,862)
Loss on sale of fixed assets		-	(257,099)
Meeting expenses- accommodation		(1,016,148)	(1,430,913)
Meeting expenses- catering		(454,337)	(399,327)
Meeting expenses- locum expenses		(77,069)	(337)
Meeting expenses- member fees		(1,674,154)	(1,406,293)
Meeting expenses- preparation fees		(690,163)	(637,027)
Meeting expenses- transport and travelling		(453,251)	(288,358)
Office expenses		(1,058,560)	(1,266,325)
Office transport		(74,745)	(52,933)
Pharmacy conference		(110,475)	-
Pharmacy education and training		(3,456,827)	(2,935,042)
Pharmacy inspections		(5,703,624)	(4,819,860)
Postage and courier		(1,233,293)	(1,365,046)
Printing and stationery		(479,167)	(564,806)
Provision for doubtful debts		(10,891,836)	(4,141,899)
Public relations and promotions		(1,161,831)	(629,046)
Repairs and maintenance		(1,804,017)	(3,761,693)
Research and development costs		(166,159)	(165,454)
Security		(1,021,291)	(1,469,168)
Social responsibility		(2,139)	(46,871)
Telephone and fax		(3,605,209)	(3,314,772)
Travel - overseas		(1,882,698)	(784,581)
Utilities		(1,321,652)	(1,351,384)
		(139,674,432)	(125,534,260)

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