
# ANNUAL REPORT

2025

"Accessible quality pharmaceutical services for all"

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<br>Arcadia<br>Pretoria<br>0083 |
| **Business Address** | 591 Belvedere Street<br>Arcadia<br>Pretoria<br>0083 |
| **Postal Address** | Private Bag X40040<br>Arcadia<br>Pretoria<br>0007 |
| **Bankers** | Standard Bank of South Africa |
| **Independent Auditors** | MGI RAS Incorporated<br>Chartered Accountants (SA)<br>Registered Auditor |
| **ISBN** | 978-1-83491-835-8 |

# PRESENTATION TO THE MINISTER

Minister of Health

It is our pleasure to submit the Annual Report on the activities of the South African Pharmacy Council for the period 01 January 2025 – 31 December 2025, in terms of the Pharmacy Act, 53 of 1974.

**MR MD PHASHA**
**PRESIDENT**

**MR VM TLALA**
**REGISTRAR/CEO**

# TABLE OF CONTENTS

# Foreword by the PRESIDENT

As we reflect on the 2025 financial year, we do so against the backdrop of a healthcare system navigating both significant challenges and important opportunities for transformation. South Africa's healthcare sector continued to face mounting pressures, including limited access to medicines, rising healthcare costs, infrastructure constraints, workforce shortages, and ongoing debates over the implementation of National Health Insurance (NHI). These developments have once again highlighted the indispensable role of pharmacists and the broader pharmaceutical sector in safeguarding public health and advancing equitable access to healthcare.

Throughout the year, the pharmacy profession remained resilient and steadfast in its commitment to serving communities across the country. Pharmacists continued to be among the most accessible healthcare professionals, providing essential healthcare services, ensuring continuity of medicine supply, supporting preventative healthcare initiatives, and strengthening patient-centred care in both urban and rural settings.

The South African healthcare environment during the year under review was characterised by increasing concern regarding medicine shortages, pharmaceutical supply chain vulnerabilities, and the affordability of healthcare services. Reports across the sector pointed to ongoing challenges in procurement systems, medicine stock availability, and the global reliance on imported pharmaceutical ingredients. These realities underscored the urgent need for stronger healthcare system resilience, improved pharmaceutical regulation, enhanced local manufacturing capacity, and sustainable supply chain management.

At the same time, South Africa continued important national conversations around Universal Health Coverage (UHC) and the future implementation of NHI. While these discussions generated differing perspectives across society, they collectively reinforced a shared national objective: ensuring that every South African has access to quality, affordable, and equitable healthcare services. In this evolving healthcare landscape, the roles of pharmacists and pharmacy support personnel will remain critical in advancing patient safety, improving access to medicines, and strengthening primary healthcare delivery.

One of the most significant developments affecting the pharmacy profession during the year under review was the Supreme Court of Appeal (SCA) judgment in the Pharmacist-Initiated Management of Antiretroviral Therapy (PIMART) matter. The judgment marked an important milestone for the profession and reaffirmed the evolving role of pharmacists within South Africa's healthcare system. The outcome provides greater clarity regarding the scope of practice and supports ongoing efforts to expand patient access to essential healthcare services, particularly in the management and treatment of HIV/AIDS.

The advancement of PIMART reflects the growing recognition of pharmacists as integral members of multidisciplinary healthcare teams and demonstrates the important contribution pharmacists can make toward improving access to care, reducing pressure on healthcare facilities, and supporting national public health priorities. Importantly, this development aligns with broader healthcare objectives aimed at strengthening primary healthcare, advancing universal health coverage, and improving healthcare accessibility for underserved communities. As a Council, we remain committed to ensuring that such advancements are implemented responsibly and ethically, within the framework of patient safety and professional accountability.

Council also noted the growing importance of digital transformation in healthcare and pharmacy regulation. The rapid advancement of healthcare technologies, digital communication platforms, data management systems, and telehealth solutions continues to reshape healthcare delivery and professional practice. These developments present both opportunities and responsibilities for regulators to ensure that innovation remains aligned with ethical practice standards, patient protection, and equitable access to healthcare services.

Despite the many challenges faced this year, the profession demonstrated remarkable dedication, adaptability and professionalism. Council commends pharmacists, pharmacy support personnel, educators, students, healthcare institutions, and all stakeholders who continued to serve the people of South Africa with integrity and compassion under often demanding circumstances.

During the 2025 financial year, the South African Pharmacy Council remained committed to its legislative mandate to protect the public and guide the pharmacy profession in the interest of safe and effective pharmaceutical care. Council continued to strengthen regulatory oversight, promote good pharmacy practice, support education and training standards, and engage stakeholders on matters affecting the profession and the broader healthcare system.

As we look ahead to 2026, Council is particularly encouraged by the upcoming 4th National Pharmacy Conference, which will serve as an important platform for dialogue, innovation, collaboration and reflection on the future of pharmacy in South Africa. The conference will bring together healthcare professionals, regulators, academics, industry leaders, policymakers, and other stakeholders to collectively engage on the evolving role of pharmacy within a rapidly transforming healthcare environment. We look forward to robust discussions that will shape the profession, strengthen partnerships, and advance patient-centred pharmaceutical care for the benefit of all South Africans.

As we move forward, collaboration will remain essential. The future sustainability of healthcare in South Africa will require stronger partnerships between government, healthcare professionals, regulators, academia, industry and communities. The pharmacy profession has a critical role to play in shaping a healthcare system that is innovative, inclusive, patient-centred and responsive to the healthcare needs of all South Africans.

On behalf of Council, I extend my sincere appreciation to the Registrar, Council members, committees, SAPC staff, stakeholders, and the entire pharmacy fraternity for their continued commitment and contribution throughout the year. Your dedication continues to strengthen the profession and uphold the trust the public we serve places in us.

Together, we will continue advancing the profession of pharmacy and contributing meaningfully towards a healthier South Africa.

Mr Mogologolo Pasha
President
South African Pharmacy Council

# REGISTRAR/CEO's
# 2025 Overview

The 2025 financial year marked operational growth, strengthened governance, and continued organisational improvement for the South African Pharmacy Council (SAPC). Throughout the year, Council remained focused on delivering on its regulatory mandate through effective governance, enhanced service delivery, strengthened communication and improved stakeholder support across the pharmacy sector.

During the year under review, the SAPC continued to strengthen its operational systems and processes to improve efficiency and accessibility for registered persons and stakeholders. Focus areas included enhancing digital services, improving turnaround times for regulatory processes, and increasing engagement with pharmacy professionals, interns, tutors, and training institutions. These improvements formed part of Council's broader commitment to building a modern and responsive regulatory authority capable of adapting to the evolving healthcare environment.

The Office of the Registrar continued to prioritise stakeholder education and support through a series of virtual workshops, webinars and online engagements conducted throughout 2025. These sessions focused on internship training, continuing professional development (CPD), pre-registration examination preparation, and External Integrated Summative Assessment (EISA) support for Pharmacist's Assistants. The workshops were hosted on Microsoft Teams and streamed live on the SAPC YouTube channel to improve accessibility and participation nationwide.

Throughout the year, I continued to engage with stakeholders through live broadcast interviews, public engagements at conferences, webinars, workshops, and sector discussions/forums, aimed at strengthening collaboration and advancing the pharmacy profession. These engagements highlighted the important role of pharmacists in strengthening primary healthcare, improving medicine safety and supporting patient-centred healthcare delivery in South Africa. Attention was given to developments relating to Pharmacist-Initiated Management of Antiretroviral Therapy (PIMART), following the Supreme Court of Appeal judgement, and the implications for the evolving role of pharmacists within the healthcare system.

Operationally, Council maintained a strong focus on governance, accountability, compliance and financial sustainability. Council committees and management structures continued to provide strategic oversight to ensure effective implementation of the SAPC mandate and alignment with legislative and governance requirements.

I am pleased to report that Council once again achieved an unqualified audit outcome for the 2025 financial year, reflecting sound financial management, strengthened internal controls and continued commitment to good governance and accountability.

During the year, Council also implemented key regulatory updates through the 2025 Board Notices, which were formally approved and operationalised. These notices played an important role in strengthening regulatory clarity, improving compliance standards, and ensuring alignment between legislative requirements and pharmacy practice. Their implementation supported the continued transformation and modernisation of the regulatory framework governing the profession.

Council also continued to strengthen collaboration with higher education institutions, professional bodies, government stakeholders and industry partners to support the advancement of pharmacy education, training and professional practice.

Preparations also commenced for the 4th National Pharmacy Conference scheduled for 2026, which will provide an important opportunity for engagement on the future of pharmacy, innovation, regulation, technology and healthcare transformation. The conference is expected to further strengthen professional collaboration and help shape the future direction of pharmacy in South Africa.

As Registrar/CEO, I wish to express my sincere appreciation to the President and members of Council, Council committees, management, staff, pharmacy professionals, academic institutions and all stakeholders for their continued support throughout the 2025 financial year. The achievements of the year reflect the collective dedication to advancing the pharmacy profession and strengthening healthcare delivery in South Africa.

The SAPC remains committed to building an efficient, innovative and responsive regulatory authority that supports professional excellence and contributes meaningfully towards improved health outcomes for all South Africans.

Mr Vincent Tlala
Registrar/Chief Executive Officer (CEO)
South African Pharmacy Council

# STATISTICS AT A GLANCE

### Assessors and Moderators
388 total
7 registered in 2025

### Specialist Pharmacists
7 total
0 registered in 2025

### Pharmacy Students
5 238 total
1 152 registered in 2025

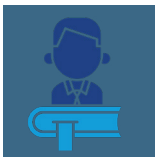
### Tutors
4 406 total
1 206 registered in 2025

### Community Service Pharmacists
836 total
817 registered in 2025

### Responsible Pharmacists
5 191 total
1 487 registered in 2025

### Pharmacist's Assistants (Basic and Post-Basic)
22 793 total
3 038 registered in 2025

### Community Pharmacies
4 148 total



### Pharmacist's Assistant Learners (Basic and Post-Basic)
3 593 total
1 081 registered in 2025

### Institutional Pharmacies
945 total

### Pharmacy Technician
394 total
9 registered in 2025

### Wholesale Pharmacies
179 total

### Pharmacy Technician Trainees
1 total
1 registered in 2025

### Manufacturing Pharmacies
312 total

### Pharmacists After Community Service
18 242 total

**Practising**
17 028

**Non-practising**
1 214

### Consultant Pharmacies
5 total

# ABOUT
# The Annual Report

This 2025 Annual Report of the South African Pharmacy Council (SAPC) presents the financial and performance information of the SAPC over the 2025 financial year.

The annual report presents reporting information that fulfils reporting requirements in line with the King IV Report on Corporate Governance for South Africa, 2016, governance principles (Principles 1-17).

# REPORT LAYOUT

The report is divided into six main subcategories, namely:

- Part A: General Overview
- Part B: Performance Information
- Part C: Governance and Risk Management
- Part D: Stakeholder Relations
- Part E: Financial Management

## REPORTING PERIOD

The information contained herein relates to the work of the SAPC for the period 01 January 2025 – 31 December 2025.

## AVAILABILITY OF REPORT

Electronic copies of this report and the audited Annual Financial Statements are available on the SAPC website on the following link:
https://www.sapc.za.org/Publications

ISBN: 978-1-83491-835-8
Full name: Annual Report of the South African Pharmacy Council, 2025

# PART A: GENERAL INFORMATION

## 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.

### 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.

### 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:
  - pharmaceutical education and training;
  - 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;
  - the practice of the various categories of persons required to be registered in terms of the Pharmacy Act;
  - the professional conduct required of persons registered in terms of the Pharmacy Act; and
  - 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.

## 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.

2025 was the second year of the five (5)-year term of office for the current Council, as elected/appointed from 01 January 2024.

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.

# SOUTH AFRICAN PHARMACY COUNCIL
## 2024-2028

| | |
|---|---|
| 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 Motshele Moatlhodi | |
| Ms Zuleika Goolam Rhemtula | |
| Ms Tabisa Pearl Sihiya | |
| Ms Bonolo Ambrocia Teki | |
| Prof. Ilse Truter | |

# OFFICE OF THE REGISTRAR

## Vincent Tlala (Registrar/CEO)

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) Providing secretarial services to the Council.

## Mojo Mokoena (Chief Operating Officer)

(a) Ensures effective communication with all stakeholders;
(b) Ensures cooperation, coordination, and quality assurance of all activities in the Office of the Registrar;
(c) Administration of the Office of the Registrar;
(d) Implements 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) Provides secretarial services to the Executive Committee and the task teams of Council.

## Sandiso Ntsomi (Chief Financial Officer)

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

## Debbie Hoffmann (Company Secretary & Legal Services)

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

## Mokoadi Mogano (Senior Manager: Education)

(a) Develops and reviews good pharmacy education standards (GPE);
(b) Develops and reviews accreditation criteria for registered providers and courses;
(c) Develops and reviews accreditation and monitoring tools (questionnaires and applicable application forms) for providers and learning programmes;
(d) Develops policies that direct the activities of education;
(e) Develops and reviews qualification curriculum outlines for all qualifications;
(f) Develops and reviews the Code of Conduct for evaluators and verifiers;
(g) Develops and reviews 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) Develops specification documents for online systems and continuously reviews these processes as part of quality assurance;
(i) Manages 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 validates the processes, systems and procedures through performance assessment and the identification of stumbling blocks; and
(k) Serves as secretariat for the Education Committee and its task teams.

## Kamohelo Malaku (Senior Manager: Pre-registration)

(a) Develops, reviews, and manages the internship process (ensures compliance with registration requirements, Tutor/Intern workshops, 4th-year students empowerment workshops, assessment requirements - examinations and progress reports);
(b) Develops, reviews, and manages the traineeship process (ensures compliance with registration requirements, pharmacy support personnel (PSP) information empowerment workshops, assessment requirements - examinations and progress reports);
(c) Develops and reviews accreditation criteria for foreign-qualified persons, including professional examinations;
(d) Develops policies that direct the activities of pre-registration;
(e) Develops and reviews the Code of Conduct for invigilators, examiners and moderators;
(f) Develops and reviews guidelines, manuals and criteria documents for the interpretation and implementation of standards as well as the application of tools (e.g., internship manuals);
(g) Develops specification documents for online systems and continuously reviews these processes as part of quality assurance;
(h) Regularly validates processes, systems and procedures through performance assessment and the identification of stumbling blocks; and
(i) Serves as secretariat for the Pre-registration Committee and its task teams.

## Mulalo Phungo (Senior Manager: Continuing Professional Development & Registrations)

(a) Develops and reviews standards for CPD and Registrations;
(b) Develops and reviews accreditation criteria for persons;
(c) Develops policies that direct the activities of CPD and Registrations;
(d) Develops and reviews accreditation tools (questionnaires and applicable application forms) for registered persons;
(e) Develops and reviews the Code of Conduct for assessors and moderators;
(f) Develops and reviews guidelines, manuals and criteria documents for the interpretation and implementation of standards as well as the application of tools (e.g., internship manuals);
(g) Develops specification documents for online systems and continuously reviews these processes as part of quality assurance;
(h) Manages 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) Manages and maintains the accreditation of all registered persons (students, interns, pharmacy support personnel, pharmacists, specialists, supplementary trainings, assessors and moderators);
(j) Regularly validates processes, systems and procedures through performance assessment and the identification of stumbling blocks; and
(k) Serves as secretariat for the CPD Committee, Health Committee, and relevant task teams.

## Ziyanda Mfuku (Senior Manager: Practice Department)

(a) Develops and reviews standards of Good Pharmacy Practice (GPP);
(b) Develops and reviews licencing criteria for pharmacies;
(c) Develops and reviews accreditation and monitoring tools (questionnaires and applicable forms) for pharmacies;
(d) Develops and reviews scopes of practice for all SAPC registered persons;
(e) Develops policies that direct the activities of practice;
(f) Develops and reviews the Ethical Rules;
(g) Develops and reviews the Code of Conduct for registered persons;
(h) Develops and reviews 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) Develops specification documents for online systems and continuously reviews these processes as part of quality assurance;
(j) Manages the monitoring and compliance process for pharmacy practice (appoint and train Inspection Officers, perform inspections, evaluate and produce reports, and give feedback);
(k) Manages 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 validates processes, systems, and procedures through performance assessment and the identification of stumbling blocks; and
(m) Serves as secretariat for the Practice Committee and its task teams.

## Nhlamulo Nkanyane (Senior Manager: Professional Conduct)

(a) Enforces 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) Receives and processes complaints from members of the profession and the public;
(c) Investigates 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) Supports registered persons to maintain their capability, competency and suitability to practice;
(e) Reviews and revises legislation, policies and systems related to professional conduct;
(f) Develops and reviews the standards of enforcement of legislative provisions;
(g) Provides advisory services on all legal enquiries related to professional conduct matters; and
(h) Serves as secretariat for the Registrar's Review Panel, the Committees of Preliminary Investigation, Informal Inquiries and Formal Inquiries.

## Madimetja Mashishi (Senior Manager: Communication & Stakeholder Relations)

(a) Develops, implements and reviews internal communication (including staff briefings);
(b) Develops, implements and reviews the SAPC Corporate Communication Strategy (including awareness campaigns, social media, print media, electronic media and presentations);
(c) Web content management;
(d) Develops, implements and reviews advertising and marketing initiatives;
(e) Manages corporate identity;
(f) Manages the library and e-document management system (Council agendas and minutes);
(g) Develops, implements and enhances stakeholder relations;
(h) Develops, implements and enhances media relations;
(i) Undertakes road shows, exhibitions, career days, conferences and campaigns;
(j) Coordinates proactive and reactive media interviews, press releases and press conferences;
(k) Manages 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) Manages 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)

(a) Ensures 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) Provides training and development that intends to improve competency levels;
(c) Ensures compliance with all labour laws and occupational health and safety requirements;
(d) Ensures a labour relations platform and develop policies and conditions that seek to help employment relations work better;
(e) Provides 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) Ensures the development of systems and modules that enhance best HR practice relating to the retention and remuneration of employees; and
(g) Serves as secretariat for the Bargaining Council and the Remuneration and Reimbursement Committee (REMCO).

## Bonginkosi Mkhatshwa (Senior Manager: Information & Communications Technology)

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

# 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 employees 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 pharmacy, in both the public and private sectors, of pharmacists (including specialist pharmacists), pharmacy students, Pharmacist Interns and all categories of pharmacy support personnel (PSP), 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, Council's website, telephonic enquiries, or by means of any other form of communication, as well as attending various stakeholder engagements, Committee and Council meetings. Legal enquiries may cover any variety of questions that the pharmacy stakeholders or the public require assistance in answering and addressing. Of particular interest and importance in 2025, 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. Over 100 legal-related enquiries were addressed during 2025 by way of formal written communication and presentations to various stakeholder groups.

**Input into proposed legislation**
The Office of the Registrar supports Council in drafting Council's input in respect of 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 Council or the pharmacy profession. In 2025, Council assisted the Department of Health in considering the comments received from stakeholders in respect of the proposed *Regulations relating to Specialist Pharmacists*.

**Pharmacy Legislation Amendments**
*Regulations relating to the practice of pharmacy*
In July 2025, the Minister of Health published for ninety (90) days comment, the proposed amendment to Regulation 14 of the *Regulations relating to the practice of pharmacy* (GNR 6441, GG 53025, published on 18 July 2025), which regulation amendment seeks to provide clarity in respect of supervision of pharmacy support personnel in respect of the supervision ratio of PSP to a pharmacist, and the limitations on such supervision.

*Determination of amounts for the purposes of certain provisions of the Pharmacy Act*
In August 2025, the Minister of Health published the Determination of amounts for the purposes of certain provisions of the Pharmacy Act, 53 of 1974 (GNR 6537, GG 53210, published on 22 August 2025), which Notice details the amounts payable to Council in terms of Sections 40(1), 40(3), 45 and 50 of the Pharmacy Act. The last time such amounts were published was in 1999.

Section 40(1) of the Pharmacy Act addresses certain procedures in respect of the conduct of inquiries under Chapter V of the Pharmacy Act, inter alia failure to appear or produce records at a disciplinary inquiry pursuant to a summons issued. Section 40(3) entitles Council to make a cost order against a Respondent

in any disciplinary matter, which cost order may now be to a maximum of R49 885,00. Sanctions pertaining to fines payable in terms of Section 45 of the Pharmacy Act, may be charged at a maximum of R49 885,00 per charge. Section 50 provides a general provision that any person who contravenes the provisions of the Pharmacy Act, may now be liable for a penalty not exceeding R49 885,00.

**Legislation Drafting**
The Office of the Registrar is responsible for the drafting of legislation for the Council, as well as where relevant, the input to comments on published legislation of the Council. In 2025, the Office of the Registrar prepared for submission to the Minister of Health for publication for comments the proposed amendments to the *Rules relating to acts or omissions in respect of which Council may take disciplinary steps* in terms the Pharmacy Act. The Council awaits publication of the Rules for comment.

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

Council evaluates and makes recommendations on these applications to the Director-General in order to issue these permits. A total of ninety-nine (99) Section 22A(15) permits for Primary Care Drug Therapy (PCDT) pharmacists and forty (40) for immunisation were recommended and issued online.

# 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 specialisations will be registrable with Council.

These competency standards were developed in anticipation that the *Regulations for specialists in pharmacy* will be enacted as part of the process to legalise the registration of specialists in pharmacy. The *Regulations relating to specialisations in pharmacy* were promulgated by the Minister of Health for wider consultation in January 2025, with a ninety (90)-day comment period.

The Office of the Registrar, in collaboration with the National Department of Health, considered comments received from the Stakeholders for approval by the Minister.

# 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**

*Council Inspection Officers*

In 2025, the Office of the Registrar held three (3) meetings, as well as an Inspection Officer' Lekgotla, which was held over two (2) days on 23/24 October 2025. During these meetings, updates on the SAPC Inspection Application functionality, Council resolutions and Council expectations from Inspection Officers were discussed. Thirty-seven (37) Inspection Officers were appointed for 2025, with seven (7) being new appointments.

A list of Council Inspection Officers was updated, and the list is available on the SAPC website for easy access by the profession.

*Pharmacy Inspection Tool (Inspection questionnaires) and grading of pharmacies*

The Inspection Officers continue to conduct inspections using the mobile Inspection App on Android devices or the web version on laptops, whilst the Office of the Registrar ensures the stability of the mobile App and makes necessary updates when required. The inspection questionnaires were updated for the 2025 inspections and Council has approved updates to the questionnaire for the 2026 cycle in line with decisions taken by Council during 2025 which affect the inspection of pharmacies. Responsible Pharmacists submitted self-inspections by 01 March 2025.

The Office of the Registrar held a meeting with the Office of Health Standards Compliance (OHSC) assisting them to finalise the inspection questionnaire for persons holding dispensing licences.

*Inspection of pharmacies*

In terms of Section 22(6) of the Pharmacy Act, Council has the right to inspect pharmacy premises. This is done on an ongoing basis. A total of 2 858 inspections were conducted in 2025. These included monitoring, training, disciplinary and new pharmacy inspections. Out of the 2 858 inspections conducted, 1 783 were Grade A, 65 were Grade B, 767 were Grade C and 243 were Grade D.

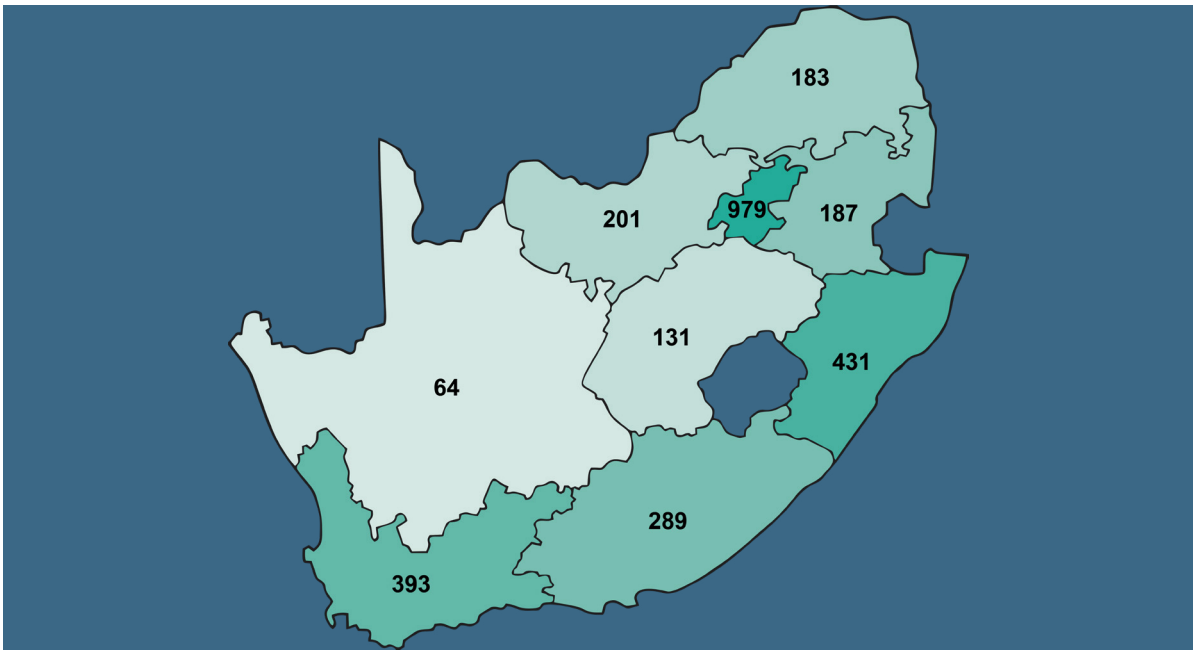
The figures below depict the number of inspections per province, the number of inspections per sector and per type, together with a pictorial view of the grades obtained following these inspections on the classification of inspection findings and the inspection cycles that follow such inspection findings/gradings.

**Legal Support**

In conducting the business of Council, it is necessary for the Council, Committees of Council or the Office of the Registrar to ensure that the actions of the organisation are carried out in a manner that is lawful and duly authorised, procedurally fair and reasonable. In this regard, legal support services were provided to the Office of the Registrar and Council by way of two (2) formal legal opinions drafted as a result of a request of Council, Committees and/or the Office of the Registrar. In 2025, the following issues were addressed by way of legal opinion:

(a) The legality of Council developing, and implementing its own training for tutors; and
(b) The implications of group insurance in respect of malpractice insurance cover as required in terms of the *Rules relating to good pharmacy practice*.

## Inspections per Province




## Inspections per Sector

**Community**
**2 214**

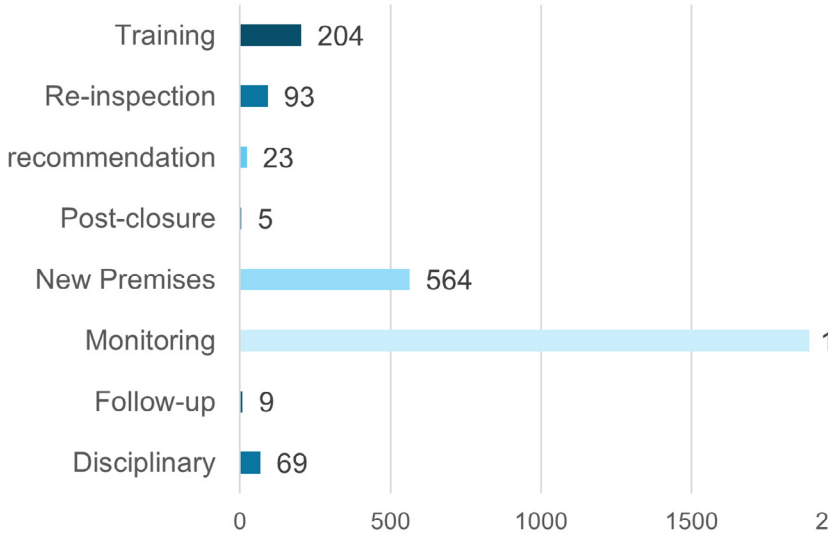
**Hospital (Institutional)**
**401**

**Wholesale**
**97**

**Consultant**
**0**

**Manufacturing**
**146**

## Inspection Types



**Litigation**

*Pharmacist-Initiated Management of Antiretroviral Therapy (PIMART)*

In February 2022, the South African Pharmacy Council was served with a Notice of Motion in the Gauteng Division of the High Court. The application pertains to the Board Notice published for implementation in respect of PIMART. The matter was heard on 23 May 2023, and judgement in favour of Council was handed down on 14 August 2023. The applicant, being the Independent Practitioner Association Foundation (IPAF), however, applied for leave to appeal, which leave to appeal was granted on 13 September 2023 to the Supreme Court of Appeal. The appeal was heard by the Supreme Court of Appeal in November 2024. In October 2025 the Supreme Court of Appeal handed down a unanimous judgement in favour of the Council, dismissing the Appellant's appeal with costs. The SCA addressed and provided judgment on four (4) issues relating to the striking out of additional affidavits filed by the Applicant by the court a quo, IPAF having the legal standing to bring the application on behalf of their members, whether the publication of the PIMART Board Notice for comment was procedurally fair, and whether the introduction of PIMART was reasonable and rational in terms of the Promotion of Just Administration Act. In considering procedural fairness and rationality, the SCA determined that:

(a) the publication of the PIMART Board Notice for comment for sixty (60) days, was procedurally fair and that Council acted correctly in terms of Section 49(4) of the Pharmacy Act in the publication and time frames for comment by stakeholders;
(b) the implementation of PIMART is rationally connected to the objective of improving access to HIV first-line treatment in South Africa;
(c) medical practitioners do not have exclusive rights to care for people with HIV, which requires a collaborative effort from all healthcare professionals; and
(d) the fact that PIMART was not opened up to all pharmacists, but provides a limitation that pharmacists are required to undergo supplementary training and obtain Section 22A(15) permits.

*Removal of Pharmacy*

In February 2025, an Application was served on Council out of the High Court, KwaZulu-Natal Local Division (Durban) in respect of the reinstatement of a pharmacy to the register of Council, subsequent to the removal of the pharmacy in terms of the Guidelines for the removal of pharmacies and the pharmacy lodging an appeal in terms of Regulation 78 of the *Regulations relating to the registration of persons and maintenance of registers*. The matter was settled subject to compliance with certain registration conditions.

**Pharmacy licence matters**

The Registrar has constituted a panel to review pharmacy licence matters, including the removal of pharmacies, restoration of pharmacies; and the review and approval of trading titles in order to look at the criteria of trading titles and any other matters affecting the licencing of pharmacies. The Review Panel is constituted of the Chief Operating Officer (COO), Company Secretary, all Senior Managers: Professional Affairs, the Professional Conduct Senior Manager, the Professional Conduct Manager and the Practice Department Managers, and Manager Revenue. A representative of the Licencing Unit in the National Department of Health also attends this meeting.

The panel recommends the removals for the consideration of the Practice Committee and the restorations have been delegated to the Registrar for approval. The panel processes removal of pharmacies in terms of the 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 has held thirty (30) meetings in 2025, with recommendations of pharmacies to be removed serving at the Practice Committee. Council resolved that 203 pharmacies be removed from the register of Council. Fifty-one (51) restoration requests have been received and have been considered by the panel, with forty-four (44) being recommended for approval and seven (7) being declined and submitted to the Registrar as delegated by the Practice Committee.

# 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**

*Criteria to accredit a course to be completed by a foreign-qualified pharmacist*

The Criteria to accredit a course to be completed by foreign-qualified persons prior to writing the professional examinations were published for implementation in Board Notice 815 of 2025 on 04 August 2025. The purpose of the criteria is to guide prospective providers on the requirements for designing and developing learning programmes for foreign-qualified pharmacists, and to guide evaluators on the criteria to be applied when evaluating these learning materials.

*Criteria to accredit a course to be completed by foreign-qualified Pharmacy Technicians*

The Office of the Registrar developed the Criteria to accredit a course to be completed by a foreign-qualified Pharmacy Technician. The purpose of the criteria is to guide prospective providers on the requirements for designing and developing learning programmes for foreign-qualified Pharmacy Technicians, and to guide evaluators on the criteria to be applied when evaluating these learning materials. The criteria were published in Board Notice 806 of 2025 on 04 July 2025 for comment for a period of thirty (30) days. The criteria await finalisation by Council.

**Develop and Review Qualifications for All Categories of Pharmacy Personnel**

*Re-alignment of the occupational qualifications*

The Council, together with the Health and Welfare Sector Education and Training Authority (HWSETA), is in the process of realigning the Occupational Qualifications, including the Occupational Certificate: Pharmacist's Assistant (Basic), the Occupational Certificate: Pharmacist's Assistant (Post-Basic), and the Occupational Certificate: Pharmacy Technician. The purpose of the realignment of the qualifications is to ensure that the nomenclature used in the qualifications is consistent with that used in the Occupational Certificates, in line with the requirements of the Quality Council for Trades and Occupations (QCTO), who is the custodian of qualifications on the Occupational Qualifications Sub-framework. The realignment process may require a review of qualifications based on the scoping exercise to be undertaken by the SAPC and the HWSETA in 2026.

**Manage the Monitoring and Compliance Process for Pharmacy Education**

*Training of evaluators of the Primary Care Drug Therapy (PCDT)*

The Office of the Registrar facilitated the training of the evaluators of the Primary Care Drug Therapy course which included the procurement and appointment of trainers, the review of the training material developed by the trainers and the development of the training report for input by the evaluators. The two-day training was conducted on 1/2 July 2025. The purpose of the training was to equip the Primary Care Drug Therapy (PCDT) course evaluators with the knowledge, skills, and tools needed to conduct a consistent, fair, and high-quality evaluation of a PCDT course. These courses may be offered by a Higher Education institution and must be provided in accordance with applicable legislation, Board Notice 384 of 2023, and the *Rules relating to Good Pharmacy Practice* published in terms of Section 35A of the Pharmacy Act. The workshop was attended by fifteen (15) participants twelve (12) practising pharmacists who had successfully completed the PCDT course and three (3) medical practitioners).

*A template or tool for the evaluation of Primary Care Drug Therapy (PCDT) courses*

The Office of the Registrar developed a template/tool for evaluating Primary Care Drug Therapy (PCDT) courses in accordance with Board Notice 384 of 2023. The template or tool was developed to ensure a comprehensive, consistent assessment of the courses' depth and quality. The criteria within the template or tool are organised into the following sections: organisational arrangements; staffing; entrance criteria; details of the course to be provided; mode of delivery and study materials; the practical component and portfolio; assessments; processes and procedures; facilities, equipment, and consumables. The template or tool is further structured into three (3) core sections that focus on distinct aspects of the evaluation: outcomes and associated assessment criteria; portfolio evaluation; and facilities, equipment, and consumables.

*Accreditation/monitoring visits*

Visits to two (2) higher education institutions and five (5) skills development providers were conducted in 2025, with two (2) additional visits conducted to investigate complaints received by Council and are listed below in Table 1.

*Table 1: Accreditation/Monitoring Visits*

| Name of Institution | HEI/SDP | Date(s) of Visit | Visit Type |
|---|---|---|---|
| S Buys Academy Pretoria - Occupational Certificate (Basic and Post-Basic) | SDP | 7/8 April 2025 | Accreditation |
| S Buys Academy Cape Town - Occupational Certificate (Basic and Post-Basic) | SDP | 23 April 2025 | Accreditation |
| Health Sciences Academy Cape Town - National Certificate and Further Education and Training Certificate | SDP | 13 May 2025 | Accreditation/ Monitoring |
| S Buys Academy Durban - Occupational Certificate (Basic and Post-Basic) | SDP | 29 May 2025 | Accreditation |
| University of Limpopo - Bachelor of Pharmacy | HEI | 19-23 May 2025 | Monitoring |
| Rhodes University - Bachelor of Pharmacy | HEI | 25-29 August 2025 | Monitoring |
| Pharmacy Training & Development Projects - Sefako Makgatho Health Sciences University - Occupational Certificate (Basic and Post-Basic) | SDP | 10-11 September 2025 | Special Monitoring |
| Pharmacy Healthcare Academy - National Certificate and Further Education and Training Certificate | SDP | 2, 3 & 6 October 2025 | Monitoring |
| Sefako Makgatho Health Sciences University - Occupational Certificate (Basic and Post-Basic) | HEI | 28-29 October 2025 | Accreditation |
| Health Sciences Academy Pretoria - National Certificate and Further Education and Training Certificate | SDP | 10-11 November 2025 | Monitoring |
| Health Sciences Academy Pretoria - Occupational Certificate (Basic and Post-Basic) | SDP | 17-21 November 2025 | Accreditation |
| S Buys Academy - Carletonville - Occupational Certificate (Basic and Post-Basic) | SDP | 25 November 2025 | Special Monitoring |

**Develop and Review of Good Pharmacy Education Standards (GPE)**

*Guidelines for work-based learning*

Council developed the Guidelines for Work-Based Learning (WBL). The guidelines aim to standardise work-based learning across all accredited providers, ensuring consistent and adequate workplace exposure for learners and students to develop the required skills. Council incorporated the WBL requirements for the remaining qualifications that were previously excluded from the guidelines due to pending legislation, which was updated in 2024. The guidelines were approved by Council in July 2025.

**Develop and Review Curriculum outlines for all qualifications**

*Integrated curriculum outline for Bachelor of Pharmacy (BPharm) learning programmes*

The Office of the Registrar facilitated the development of the curriculum outline following the publication of the Bachelor of Pharmacy qualification standard. The purpose of the curriculum outline is to guide prospective providers on the minimum learning areas that should be covered in their learning programmes, while at the same time allowing for a level of institutional variations based on institutional strengths. The curriculum outline is also intended to ensure that students who complete the qualification from different institutions have a similar base level of knowledge, skills, and competencies required for practice as pharmacists in South Africa.

Council published the integrated curriculum outline for a thirty (30)-day comment period in Board Notice 807 of 2025 in July 2025.

Stakeholders, including universities, professional bodies, and interested individuals, submitted input that was considered by the Education Committee and the Council. In reviewing the amended curriculum outline, Council ensured that it is consistent and supports accreditation processes. The curriculum outline was approved by Council in October 2025 and was published for implementation in Board Notice 866 of 2025 on 10 December 2025.

### 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 Criteria for Persons**

*Criteria for registration of a tutor*

The Office of the Registrar developed the criteria for the registration of tutors. The need for registration criteria emanated from the amendments to the Education, Practice and Registration Regulations published in 2024, which defines a tutor as a pharmacist registered as such with Council. The Registration of a tutor process will replace the current process for approval of a tutor. The Office of the Registrar conducted an international benchmarking exercise in developing the draft criteria for the registration of tutors. Finalisation of the Criteria for the registration of tutors will be completed in early 2026.

The CPD Committee in its special meeting in April 2025, discussed the matter and challenges, and resolved to review the criteria to align with the published Education, Practice and Registration regulations.

The reviewed criteria were presented and discussed at the CPD Committee in June 2025 and approved by Council in July 2025 for wider consultation for a sixty (60)-day comment period. The Criteria were published for comment in Board Notice 825 of 2025 on 22 August 2025. The Criteria will be implemented once the comments are received and have been consolidated for discussion by the CPD Committee and approval by Council.

**Maintenance of Registers**

*Tutor registration transition process*

The Office of the Registrar conducted a project as part of the maintenance of registers to ensure the efficient implementation of the process to convert 3 562 approved tutors to registered status tutors.

The Office of the Registrar implemented a process to designate Responsible Pharmacists (RP) and Tutors who do not comply with CPD requirements as non-compliant, and to remove their registration as an RP and/or tutor. Letters were issued to this group of pharmacists, informing them of the intention to change their designation and to remove their registration as RP and/or tutor. This was carried out as part of the review process for managing CPD non-compliant RPs and tutors, which was discussed by the CPD Committee in March 2025 and approved by Council in May 2025.

**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 Council. In such instances, Section 26 Certificates are issued to support potential charges of persons practising the scope of practice of a pharmacist without being registered. The Office of the Registrar provided forty-one (41) Certificates of Registration/Non-registration issued in terms of Section 26 of the Pharmacy Act in 2025.

*Table 2: Five-year, year on year comparison related to the issuing of Section 26 Certificates*

| 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|
| 58 | 52 | 88 | 53 | 41 |

**Review of the Process for the Evaluation of Foreign Qualifications**

*Applications for recognition of foreign qualifications*

The Guidelines for persons who hold qualifications in pharmacy obtained outside the republic (2025), which outlines all the application and registration requirements, were updated to include the revised fees and latest Council resolutions.

In 2025, Council approved eight (8) applications for recognition of foreign pharmacist qualifications which were evaluated by the Pre-registration Committee.

*Professional Examination*

Upon approval by the Committee, candidates with qualifications in pharmacy obtained outside South Africa are required to write and pass the professional examination before they can be registered as Pharmacist Interns to undergo internship and comply with the applicable pre-registration requirements. Candidates who apply for registration as Pharmacy Technicians are required to register as trainees, undergo traineeship under a registered tutor in approved premises, and complete a module in pharmacy law and ethics through an approved provider.

Professional examinations for 2025 were held online/remotely with integrated proctoring software in May and October 2025. To prepare candidates for the online remote examinations, Council conducted a workshop in May 2025 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.

Council appointed examiners and moderators from the universities approved by Council to provide the Bachelor of Pharmacy programme, for their expertise in pharmacology, pharmaceutics, pharmaceutical chemistry and pharmacy practice, law and ethics to set professional examination papers in their respective subjects for 2025.

The Guidelines for examiners and moderators of the professional examinations were reviewed to incorporate examinations scheduled for 2025.

**Assessment and Empowerment Workshops for Pharmacy Support Personnel**

*Develop, review and manage the traineeship process*

The practice examination papers have been developed to assist Pharmacy Support Personnel (PSPs) in preparing for the External Integrated Summative Assessments (EISAs).

In preparation for the 2025 EISAs, Council successfully conducted EISA workshops virtually in January, July and October 2025 to prepare PSPs for the EISA. Council further conducted compulsory practice EISAs in February, July, September and October 2025 to provide PSPs with an opportunity to experience the proctored online remote examination conditions prior to writing the EISA.

Council updated 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. The manual together with the EISA workshop presentations and practice papers were published on the SAPC website.

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

Pharmacy support personnel (PSP) 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 Guidelines for examiners and moderators of the PSP EISAs were reviewed to incorporate the schedule for setting examination questions for 2025.

As resolved by Council, the EISA is to be written by currently qualified Pharmacist's Assistants (Basic) intending to register for the new qualification and the Occupational Certificate: Pharmacist's Assistant (Basic).

The EISA was conducted online/remotely with integrated proctoring software in April, September and December 2025 and was written by the Pharmacist's Assistant (Learner Basic) registered for the Occupational Certificate, currently qualified Pharmacist's Assistant (Basic) and a former BPharm student who completed their first year of study.

**Develop and Review Guidelines, Manuals, Criteria Documents for the Interpretation and Implementation of the Standard as well as the Application of the Tool (e.g. Intern Manuals)**

The Guidelines for examiners and moderators of the intern pre-registration examination, professional examination and PSP EISAs were reviewed in 2025. The purpose of the guidelines is to provide the examiners and moderators with the processes involved in setting the pre-registration examination questions.

**Develop Policies that Direct the Activities of Education**

*Criteria for providers to offer accredited learning programmes at multiple sites*

The Office of the Registrar has embarked on a process to review the criteria for providers to offer accredited learning programmes at multiple sites as directed by the Education Committee. The criteria were intended to extend providers' reach into other areas, enabling learners living far from towns and cities to access accredited qualifications. The implementation of the current policy, however, allowed the provider not to offer all components of the programmes at multiple sites, which may result in learners needing to travel long distances to complete components that are not offered at the multiple sites. This necessitated the review of the criteria, which is intended to be finalised in 2026. Providers have been encouraged to offer all components of their accredited learning programmes across their multiple sites to avoid disadvantaging learners who do not reside in cities and towns.

**SAPC Re-recognition by SAQA as a Professional Body**

In 2024, the Office of the Registrar facilitated the application process with the South African Qualifications Authority (SAQA) for the re-recognition of the South African Pharmacy Council as a Professional Body. The South African Pharmacy Council received formal re-recognition as a professional body by the South African Qualifications Authority during 2025, affirming its national mandate to regulate the registration, education, training and professional designations of pharmacists and pharmacy support personnel. The re-recognition, effective from 20 March 2025 to 19 March 2030, confirms SAPC's continued authority to quality-assure professional designations within the National Qualifications Framework and supports alignment with national standards for professional mobility, progression and public protection.

**Pharmacy Internship**

The Intern and Tutor Manual (2025), 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 2025 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 2025 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. Letters were issued to Pharmacist Interns who did not meet the requirements for internship, informing them of the intention to remove them from the register of Pharmacist Interns.

*Pre-registration Examinations for Interns*

Pre-registration examinations for 2025 were successfully conducted remotely with the integrated proctoring software in March, August and October 2025. Council conducted pre-registration examination workshops virtually in May 2025 to prepare interns for the examinations. Council further conducted compulsory practice examinations in January, June and September 2025 to provide interns with an opportunity to experience the proctored online remote examination conditions prior to writing the examination.

*Develop, review and manage the internship*

The Intern and Tutor Manual (2025) was reviewed to incorporate:

(a) the 2025 pre-registration evaluation schedules;
(b) the reviewed Policy for conducting Council examinations i.e. security measures and invigilation of Council examinations through the implementation of the integrated live proctoring; general requirements for the

proctoring software; and responsibilities of Pharmacist Interns and invigilators;
(c) reviewed explanation of the Portfolio of Evidence steps; and
(d) the Criteria for assessment of a Portfolio of Evidence entry and glossary of terms.

In preparation for the 2025 Portfolio of Evidence 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 Portfolio of Evidence entry using the CPD online system. The workshops were held on 06, 07 and 20 February and 20 and 26 June 2025. Intern/Tutor feedback workshops were also conducted in June and July 2025 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.

Council successfully conducted two (2) pre-registration examination workshops on 06 and 10 May 2025 to prepare Pharmacist Interns for the pre-registration examinations. The workshops were held virtually using Microsoft Teams Live Event and were also streamed on Council'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 182 logins on Teams as well as 1 587 views on YouTube.

The fourth-year student information workshops were conducted per university in 2025 and are listed in the table below. 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.

*Table 3: Fourth-Year Student Information Workshops*

| Name of Institution | Date of Workshop | Number of Attendees |
|---|---|---|
| Nelson Mandela University | 26 September 2025 | 59 |
| Rhodes University | 16 July 2025 | 61 |
| North West University | 14-15 May 2025 | 140 |
| University of KwaZulu-Natal | 29 August 2025 | Not noted |
| University of Witwatersrand | 12 August 2025 | 68 |
| University of Limpopo | 29 October 2025 | 70 |

**Specialist Pharmacists**
Currently, there were two (2) categories of specialist pharmacists registered with Council, namely pharmacokinetics and radiopharmacy. Council approved the Criteria for the evaluation of radiopharmacy specialist applications and the checklist for evaluation of applications for registration as a radiopharmacy specialist pharmacist. During 2025, Council published for implementation the Competency Standards for Clinical Pharmacist's under Board Notice 752 of 2025, the Competency Standards for Radiopharmacists under Board Notice 753 of 2025, the Competency Standards for Pharmacist's in Public Health under Board Notice 756 of 2025, and the Competency Standards for Industrial Pharmacist's under Board Notice 782 of 2025. Council further published the Specialist Qualifications (Clinical Pharmacist, Radiopharmacist, Industrial Pharmacist, Public Health Pharmacist) in Board Notice 814 of 2025 published on 04 August 2025.

**Manage the monitoring and compliance process for CPD and registrations**
The Office of the Registrar monitored participation and compliance with CPD requirements by pharmacists and produced CPD compliance statistics for the CPD Committee every three (3) months. The CPD Committee utilises the statistics to inform its decisions relating to CPD. The Office of the Registrar finalised the CPD Compliance statistics for 2024 at the end of the CPD compliance grace period in 2025.

### 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/sequestrated estate for a period of 12 (twelve) months, or until the change of ownership can be affected in terms of Section 22 of the Pharmacy Act. It is however imperative that such pharmacy always has a registered Responsible Pharmacist. As part of creating awareness around the reporting of deceased estates and pharmacy ownership, Inspection Officers were encouraged to alert the Office of the Registrar of such pharmacies when conducting various inspections, as these matters are often not reported to Council by the Responsible Pharmacists or the executors of such estates. In 2025, the Office of the Registrar facilitated three (3) 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 may be reviewed by the Council for purposes of determining whether such application complies with the requirements for ownership, with specific emphasis being placed on the determination of compliance with the *Rules relating to good pharmacy practice*.

Council evaluated 1 525 GPP recommendation cases for pharmacy licence applications for the Director-General: Health (DG) to issue the relevant pharmacy licences in 2025. 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.

Pre-May 2003 surveys have been reopened, and owners have to pay for the submission. A total of eighteen (18) applications for verification of pre-May 2003 pharmacies were completed.

A total of 845 licences issued by the DG were recorded by Council in 2025. Although GPP recommendations were submitted to the NDoH, not all licences are then issued or recorded immediately with SAPC. The variance in recommendations and recordings may be a result of various factors, such as the NDoH not issuing the licence, the application for licence process not being finalised within the same year, and the applicant deciding not to move forward with opening a pharmacy, amongst other reasons. The NDoH process of withdrawal of licences issued that have never been collected and subsequently recorded, and the notification for withdrawal sent to SAPC is ongoing.


A new process of renewal of pharmacy licence recordings for manufacturing and wholesale pharmacies has been initiated. SAHPRA reissues a licence in terms of Section 22C of the Medicines Act every five (5) years, which licence is submitted to the DG to reissue the pharmacy licence. A total of twenty-six (26) applications have been received, with sixteen (16) being processed and completed.

*Issuing and recording licences to pre-May 2003 pharmacies*
Section 22(9) of the Pharmacy Act provides that any pharmacy that was registered as at 30 April 2003 is deemed to be licensed. Such pharmacies have been referred to as pre-May 2003 pharmacies.

The owners of pre-May 2003 pharmacies previously submitted the survey at no cost until 30 June 2023, but since then the survey has been closed and any owners who have not previously submitted the survey will have to submit the survey at the full cost of the licence and recording. The new survey with fees has been opened for any owners who wish to apply. A total of sixteen (16) surveys have been evaluated in 2025.

**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 1 487 Responsible Pharmacists were registered in 2025.

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

**Support registered persons to maintain their capability, competency, and suitability to practice**
In 2025, one (1) case was referred to the Health Committee by the Disciplinary Committees of Council to support the registered persons capability, competency, and suitability to continue practising their scope of practice.

**Develop and review the standards of enforcement legislation provisions**
The Office of the Registrar reviewed the *Rules relating to acts or omissions in respect of which Council may take disciplinary steps* (referred to as the "Ethical Rules"). On 14/15 May 2025, the Ethical Rules were approved by Council and referred to the National Department of Health for publication.

## 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)**
Council 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, pharmacies and pharmacy support personnel, and to perform prosecutorial services at the Committee of Formal Inquiry (CFI).

The Office of the Registrar 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 prosecutor for matters referred to CFI.

The Office of the Registrar 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 is attended to annually at the first Council meeting of each year.

**Complaints of Unprofessional Conduct**
*Receipt and process complaints from members of the profession and the public*
Council investigated general complaints received from the members of the public, fronting of Responsible Pharmacists, and second time Grade C pharmacies.
- 746 complaints from the members from the public were recorded in 2025.
- 257 complaints were lodged as a result of Grade C inspections.

# 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 of 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**
Council sent a delegation to the International Pharmaceutical Federation (FIP) 83rd World Congress in Copenhagen in 2025. A report from this delegation made various recommendations in relation to the training of pharmacy professionals, best practices and emerging changes in the practice of pharmacy in light of international guidelines.

# 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 2025, 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 2026;
(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 specifications document for online systems and continuously review these processes as part of quality assurance**

*Application for change of sector for qualified Pharmacist's Assistants*

The Office of the Registrar developed an online application process for Qualified Pharmacist's Assistants (Basic and Post-Basic) who obtained the National Certificate: Pharmacy Assistance and the Further Education and Training Certificate: Pharmacy Assistance, to enable them to apply for authorisation to work across all pharmacy categories following the end date of the qualifications on 30 June 2024. A Pharmacist's Assistant who completed the National Certificate: Pharmacist Assistance and the Further Education and Training: Pharmacist's Assistance is restricted to work in the pharmacy category in which they have obtained their qualification, however, they could apply for authorisation to practice in another category. Due to the qualifications having come to an end, Pharmacist's Assistants who apply for a change of sector may no longer be allowed to practice in one (1) additional pharmacy category. A process needed to be derived to allow them to practice in all pharmacy categories. Pharmacist's Assistants who have completed the new qualifications, the Occupational Certificate: Pharmacist's Assistant (Basic) and (Post-Basic), are permitted to practice in all categories of pharmacy.

Applicants who completed the old qualifications are required to complete 400 hours of supervised practice across various pharmacy categories and to pass the External Integrated Summative Assessment (EISA) before being authorised to work in all pharmacy categories. Supervising pharmacists must complete progress reports as approved by Council.

*Certificate of Good Standing process*
The Office of the Registrar developed a specification for the online application for Certificates of Good Standing, in line with the goal of reducing manual applications through system controls to improve efficiency. The online application was implemented in March 2025.

The Office of the Registrar revised the specifications for the online process for applying for a Certificate of Good Standing to include other categories, such as students who have met the BPharm requirements and Pharmacist Interns who have completed their internships. The purpose of this revision was to align the process used for pharmacists applying for a Certificate of Good Standing, in response to the increasing demands from the profession for this type of application. The Office of the Registrar is also reviewing the Pharmacy Support Personnel categories for greater inclusivity.

The Office of the Registrar implemented the online application in March 2025. Although a gap was identified in the lack of certificate printing functionality. It is necessary to retain this functionality to accommodate countries that still require original, couriered documents.

The Office of the Registrar further identified challenges concerning registered persons who have voluntarily removed themselves from the Registers of Council, who are eligible to apply for the Certificate of Good Standing; however, the online system is being updated to recognise and differentiate from those who were removed from the Register due to non-payment of annual fees, without directing the applicant to a restoration process.

*Progression of Bachelor of Pharmacy Students*
The Office of the Registrar developed an online system for the progression of Bachelor of Pharmacy students from 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 reviewed the Portfolio of Evidence process to ensure that the plagiarism detection system is incorporated as part of the review of the Intern and Tutor Manual (2025), which outlines all the essential information for Pharmacist Interns to successfully navigate their internship. The submission process was outlined in the manual including the submission timelines for interns and tutors.

*Plagiarism detection system for interns' portfolio of evidence entries (i.e. CPD entries)*
The Office of the Registrar implemented a plagiarism detection system for intern's Portfolio of Evidence submission (i.e. CPD entries) in January 2025. 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 actions against interns involved.

*Conversion of the pharmacist secure site to Module-View-Controller (MVC)*
The Office of the Registrar implemented phase 3 of the three (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, and 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.

*Registration of Pharmacy Support Personnel – Occupational Certificate*
The Office of the Registrar implemented an online registration process for registration of pharmacy support personnel who successfully completed the new occupational certificate qualifications which include the

Pharmacist's Assistant (Basic and 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 exam set by the SAPC and written by learners who have met the provider requirements and who would like to register with the SAPC in the different categories of registered persons. Pharmacy Support Personnel who have successfully met the requirements for registration after successfully completing the Occupational Certificate qualifications have been progressed.

*Restoration of a pharmacist process*
The Office of the Registrar identified a gap in the process for the restoration of a pharmacist. The gap in the process was associated with the case creation step where a single case type was created irrespective of the period the pharmacist was removed from the register. This posed a challenge for the Office to track pharmacist's completion of restoration requirements which caused the Office to rely on applicants to inform it that they have fulfilled the restoration requirements and that their applications may be finalised.

The Office of the Registrar has created different case types based on the period of removal of a pharmacist and will develop an online system that checks if all restoration requirements have been met. The system will then create a restoration release case which will then be processed to finalise the restoration process. The process will be system driven rather than being human driven. The steps to finalise this plan are ongoing.

*Section 22A(15) permit for immunisation services*
The Office of the Registrar revised the online process for application for 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.

# 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

## Council Leadership

The Council has a charter for its members, which, together with 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 (4) 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 with applicable laws, including, inter alia, the King IV Code, and has adopted non-binding rules, codes, and standards to support the organisation in being ethical and a good corporate citizen. Council members, independent members 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 provides oversight of the Council's ethics governance. A monitoring report on Ethical and Legal Compliance was considered at every committee meeting.

## 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 Council, 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 respectfully.

In terms of Section 18(1) of PAIA read together with Regulation 6, Council received one (1) application for information in 2025.

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

Researchers who request data are advised that:

(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 Council.

In terms of providing data for research purposes, the Office of the Registrar has provided data to eight (8) researchers in 2025, and two (2) applications were denied as the researchers were not pharmacists and/or such research was being conducted at educational institutions that were not approved by the SAPC.

**Annual Report**
Council is required to provide its Annual Report, including the financial statements within six (6) months after the end of the financial year. The 2024 Annual Report once again provided a more organisation-focused Annual Report, which saw corporate governance reporting in terms of the Council's strategic objectives instead of departmental reporting. The 2024 Annual Report was published in July 2025, and highlights the start of the term of office of the 2024-2028 Council, as well as the landmark hosting of FIP in South Africa.

**Policy Review**
In line with best practice, it is the mandate of Council 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 Council follows a regulated review of policies it is necessary for Council to develop and implement a robust strategy for the development, implementation and review of policies. In continuance of 2024, focus in 2025 was provided on high level Corporate Governance policies.

The following policies were developed or reviewed during 2025:
(a) Fraud and Corruption Policy;
(b) IT Back Up Policy;
(c) IT User Policy;
(d) Media and Spokesperson Policy;
(e) IT Software & Systems Configuration Policy;
(f) Social Media Policy; and
(g) Whistleblowing Policy.

The following new policies were drafted in 2025:
(a) Management of Conflict of Interest Policy;
(b) Crisis Communication Policy;
(c) Digital Transformation Strategy;
(d) SAPC Examination Policy; and
(e) Supply Chain Management Policy.

## Corporate Governance Training

The February Council each year is identified for purposes of reporting in terms of Corporate Governance as well as the necessary training of Council members. At its meeting in February 2025, Council members and independent committee members underwent training with the Institute of Directors South Africa, participating in the "Snapshot: Roles and Responsibilities of Directors and the Board" training. In addition, Council and independent committee members received User Awareness training from Armata.

The Professional Conduct Department and members of the disciplinary committees received committee training, especially aimed at Formal Inquiries, from Werksmans Attorneys.

## Delegation of Authority

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

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

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

The contracts for independent contractors, which include the relevant Codes of Conduct and confidentiality clauses, were reviewed in 2025 and signed by all examiners, moderators and the Registrar.

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

The Office of the Registrar reviewed the Code of Conduct for Assessors and Moderators of Portfolio of Evidence entries for Pharmacist Interns. The code of conduct governs the relationships between assessors/moderators and Council, colleagues and staff members, and the pharmacy profession. It further covers the conduct of assessors/moderators and the performance of their duties.

The Office of the Registrar reviewed the ratios for Assessors and Moderators in line with the Guidelines for Assessors and Moderators of Portfolio of Evidence entries submitted by Pharmacist Interns as part of the pre-registration evaluation. The review is essential to enhance the quality of assessments, promote consistency, and ensure that interns receive timely feedback and fair evaluations. Three (3) assessors and one (1) moderator were appointed to align with the required assessor to interns and moderator to assessor (1:50 & 1:3).

**Contracts and Service Level Agreements**

Contract management refers to the organised process of handling legally binding agreements throughout their entire lifecycle, - from drafting and negotiation to execution, renewal, or termination. It encompasses a variety of tasks designed to ensure all parties fulfil their obligations, reduce potential risks, and maximise the benefits of the agreement. Strong contract management supports organisational objectives, enhances performance, and helps prevent problems such as unexpected costs or compliance issues. The Office of the Registrar, in ensuring sound contractual management, saw to the consideration of seventeen (17) Service Level Agreements, which included the review of four (4) existing contracts, and the consideration of thirteen (13) new contracts. The Office of the Registrar also attended to the review of the Independent Contracts in respect of Examiners and Moderators for Examinations, as well as the CPD Assessors and Moderators.

The new Service Level Agreements with service providers included CourierIT, Resilient Innovations, ATG Digital, MGI Ras (External Auditors), TENET, Tourvest, Sambe Services, CIPC, Simeka, iConnect, Tswelopele Technologies and Ngubane Inc (Internal Auditors). Revised Service Level Agreements include Scarab, E2, ProctorEdu Inc and Afrocentric IP. One (1) contract was terminated during 2025, being Business Connexions, and one (1) service provider was provided with a breach of contract notice. All IT-related service level agreements were reviewed to include provisions relating to access to and tampering with Council's IT infrastructure and hardware as well as termination of contract clauses.

Continuing from the 2022 drive by Council, through the Office of the Registrar, to formalise stakeholder relations with various external bodies and organisations, the Council has commenced engagements with the South African Nursing Council (SANC) and the Health Professions Council of South Africa (HPCSA) in order to sign Memorandum of Agreements (MOAs) covering areas of mutual interest including but not limited to expansion of scopes of practice/task shifting.

# Council Self-Evaluation

In terms of Section 3 of the Charter of the South African Pharmacy Council, the evaluation of the Council, its committees and the individual Council members should be performed biannually (every second year). Council self-evaluations are conducted in order to improved Council performance and effectiveness and forms the basis for identifying future training needs and, where necessary, explain why a re-appointment may not be appropriate. In February 2025, the Council underwent a Self-Evaluation, which evaluation can be summarised as follows:

*Table 4: Overall Results of Council Self-Evaluation*

| | |
|---|---|
| **Number of returns** | **18/25** |
| **Overall average** | **4,12** |

*Table 5: Summary of Focus Areas of Council Self-Evaluation*

| | |
|---|---|
| **Strategic Planning & Policy (5 questions)** | **4,06** |
| **Meetings of Council (9 questions)** | **4,19** |
| **Training and Resources (2 questions)** | **4,14** |
| **Oversight of Council committees (4 questions)** | **4,50** |
| **Oversight of the Office of the Registrar (3 questions)** | **3,63** |
| **Budget & Finance (2 questions)** | **5** |
| **Communication with the National Department of Health (2 questions)** | **3,33** |

# 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 to their portfolios as provided for in various terms of reference or 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, 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 2025.

**Record keeping of meetings**

The Council committees, appointed in terms of Section 4(o) of the Act, consider and discuss matters relevant to their portfolios as provided in various regulations, and provide recommendations to Council for consideration. Council makes decisions in terms of its general functions as contained in Section 4 of the Pharmacy Act, in consideration of the recommendations provided by various committees. In order for Council to be transparent to both the profession and 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.

## Council

### Number of meetings

Four (4) Ordinary Meetings

### Total number of meeting days

Nine (9)

### Attendance Average

87%

## Executive Committee

### Number of meetings

Three (3) Ordinary Meetings
Two (2) Special Meetings

### Total number of meeting days

Five (5)

### Attendance Average

91%

The EXCO held a total of five (5) meetings in 2025, comprising two (2) special meetings and three (3) ordinary meetings. During the ordinary meetings, the committee addressed the following matters:

- Financial matters, which included:
  - Human resource-related matters
- Corporate governance and legal services matters
- Corporate services matters
- Other urgent Professional Affairs Committee matters

## Education Committee

### Number of meetings

Four (4) Ordinary Meetings
Eleven (11) Special Meetings

### Total number of meeting days

Fifteen (15)

### Attendance Average

86%

The Education Committee for 2025 comprised of the following members:

| | |
|---|---|
| Prof. N Schellack | Chairperson |
| Prof. T Govender | |
| Dr NT Kubashe | |
| Mr NG Mafarafara | |
| Ms CM Moatlhodi | |
| Ms TP Sihiya | |
| Prof. I Truter | |
| Ms CA Venter | |
| Prof. PDW Wolmarans | |

The Education Committee consisted of ten (10) members. At least six (6) present members were needed for each meeting to form a quorum. A total of fifteen (15) meetings were held in the 2025 calendar year. The Committee had four (4) ordinary meetings and eleven (11) special meetings. Of these, two (2) ordinary meetings were held in person (face-to-face), while the other thirteen (13) meetings were conducted as audio-virtual (online) meetings.

The Education Committee provisionally accredited three (3) providers, Health Sciences Academy (i.e. Pretoria and Cape Town), Sefako Makgatho Health Sciences University, and S Buys Academy (i.e., Pretoria, Cape Town, and Durban) to offer the Occupational Certificate (Basic and Post-Basic) programmes. The Committee accredited two (2) providers, Health Advance Institute and the Public Health Institute of South Africa, to offer the Dispensing Course for Healthcare Professionals. The Education Committee accredited two (2) courses for supplementary training: Health Sciences Academy's Immunisation and Injection Technique and North-West University's Primary Care Drug Therapy.
Two (2) monitoring visits for HEIs were conducted at the University of Limpopo and Rhodes University, both of which achieved provisional accreditation. Tshwane University of Technology was granted full accreditation following the 2022 visit. Nelson Mandela University and the University of the Witwatersrand retained their provisional accreditation status from the 2023 visit.

The Education Committee approved the Criteria to accredit a short course to be completed by foreign-qualified Pharmacy Technicians for comment. The Education Committee approved the following standards for implementation:
- Specialist Qualifications
- Guidelines for Work-Based Learning
- Criteria to accredit a short course to be completed by foreign qualified pharmacists
- Bachelor of Pharmacy Integrated Curriculum Outline and credit allocation

The list of subject matter specialists for conducting monitoring visits to HEIs was approved for 2025 and 2026.

In February 2025, the Council on Higher Education (CHE) published the "Draft Revised Higher Education Qualifications Sub-Framework", where the primary change in the revised document among others is that the 240-credit Diploma has not been retained as a qualification type, and instead, it has been integrated into the 360-credit Diploma, with 120 of the total credits allocated to work-integrated learning". As a result, a moratorium was placed on applications for accreditation of the Diploma in Pharmacy Technical Support until the Council on Higher Education publishes the revised Higher Education Qualifications Sub-Framework (HEQSF) for implementation and HEIs are allowed to apply for accreditation to offer the Higher Certificate: Pharmacy Support. The Office of the Registrar will collaborate with the Council on Higher Education to review the Diploma in Pharmacy Technical Support to align with the revised Higher Education Qualification Sub-Framework once the final Higher Education Qualification Sub-Framework is published.

# Pre-registration Committee

## Number of meetings

Four (4) Ordinary Meetings

## Total number of meeting days

Four (4)

## Attendance Average

93%

The Pre-Registrations Committee held four (4) meetings in 2025, all of which were ordinary meetings, with Ms CA Venter as the Chairperson. The Committee discussed and made recommendations on the following items.

The Pre-registration Committee for 2025 comprised of the following members:
Ms CA Venter Chairperson
Ms SE Ainsbury
Ms ML Kokong
Dr NT Kubashe
Mr NG Mafarafara
Ms L Mahlangu
Mr TO Malatji
Prof. N Schellack
Ms BA Teki
Prof. PDW Wolmarans

**Recognition of foreign qualifications**
The Pre-registration Committee evaluates applications from candidates with foreign qualifications who wish to be registered with Council as pharmacists. As resolved by Council on 17/18 of May 2023, the process for managing applications and curricula for foreign-qualified candidates is depicted in Table 6 below.

*Table 6: Process to Manage Foreign-Qualified Applications*

| Committee Name | Characteristic of application (these inform type of evaluation) | Type of evaluation |
|---|---|---|
| Pre-registration Committee | The application meets/does not meet the requirement of Regulation 17 and the curriculum was previously approved by Council. | Evaluation of application to determine that it meets the requirements for admission to the professional exam. |
| | The application meets the requirements of Regulation 17 and the curriculum was never evaluated by Council. | Desktop evaluation for similarities to SA qualification using the Checklist for foreign-qualified persons. |
| Education Committee | The applicant does not meet the requirements of Regulation 17, and the curriculum was never evaluated by Council. | Comprehensive evaluation of curriculum to determine whether such qualifications are equivalent to SA qualifications using the Reviewed Mapping instrument for the evaluation of foreign qualification (BPharm or equivalent). |

The Pre-registration Committee approved eight (8) applications from candidates with foreign qualifications who wish to be registered as Pharmacists.

The Committee reviewed the preliminary examination results for the professional examinations written in May 2025 as well as the moderator's report and recommended for questions to either be removed or retained in the examination paper prior to finalisation and release of results.

**Pre-registration examination for Pharmacist Interns**
The Committee reviewed the pre-registration examination results for March and August 2025, the preliminary results for October 2025, and the moderators' reports.
The Committee deliberated on the Intern Portfolio of Evidence submission for eligibility to the August and October 2025 pre-registration examination and was concerned about the low number of interns eligible to write the examinations as well as a considerable number of interns registered from 2024 still struggling to complete and be competent in the required Portfolio of Evidence entries.

The Committee suggested the following for consideration by the Office of the Registrar:
(a) investigating the correlation between workshop attendance and interns' success in both the Portfolio of Evidence entries and the examination;
(b) dividing workshop presentations on YouTube into multiple shorter segments while maintaining content quality to enhance engagement;
(c) conducting a survey of tutors to identify challenges in mentoring interns, assess their understanding of their responsibilities and determine whether additional support is needed;
(d) engaging professional associations to facilitate workshops on behalf of Council; and
(e) establishing a structured mechanism for tutors to report challenges they face in mentoring interns and seek guidance from Council when necessary.

The Committee further discussed the low attendance at Intern workshops and suggested the following to reduce administrative burden to the Office of the Registrar:
(a) record sessions and share the link on online platforms (e.g., YouTube, Council website, podcast);
(b) retain recordings of workshops and circulate links in subsequent years unless significant updates are required;
(c) explore collaboration with other stakeholders, i.e., professional associations and universities, to support workshops;
(d) develop survey tools and analytics to monitor engagement with recorded content; and
(e) limit live workshops to instances where there are substantial updates to guidelines, regulations or other critical content.

The Committee approved the Examination Booking Declaration to be signed by candidates when booking for the examinations, stating that technical issues outside of Council's control are their responsibility and includes specific disclaimers related to system requirements, network stability, and software updates.

The Pre-registration Committee discussed the technical challenges experienced by interns during the examination and recommended that Council consider:
(a) reviewing and strengthening the Information Technology organisational structure;
(b) reviewing the Information Technology funding model to ensure adequate investment in infrastructure, staffing and digital resilience;
(c) exploring automation and system upgrades across all Council functions, not just examinations;
(d) broadening automation across Council functions to improve efficiency and resilience beyond examinations;
(e) establishing a dedicated Information Technology point of contact, available 24/7, to address Information Technology-related issues; and
(f) establishing a fully constituted Information Technology Committee to oversee technology governance.

**Pre-registration Examination for Pharmacy Support Personnel**
The Committee reviewed the results of the EISA conducted in April and September 2025, the preliminary results for the October 2025 EISA, and the moderators' reports.

# Practice Committee

## Number of meetings

Four (4) Ordinary Meetings
Two (2) Special Meetings

## Total number of meeting days

Six (6)

## Attendance Average

83%

The Practice Committee for 2025 comprised of the following members:

| | |
|---|---|
| Dr R Moodley | Chairperson |
| Ms SE Ainsbury | |
| Mr DN Bayever | |
| Mr CP Botha | |
| Mr VC Dlamini | |
| Ms K Jamaloodien | |
| Ms L Mahlangu | |
| Mr TO Malatji | |
| Ms TP Sihiya | |
| Prof. I Truter | |
| Prof. PDW Wolmarans | |

The Practice Committee held six (6) meetings in 2025, of which four (4) were ordinary meetings and two (2) were special meetings. The Practice Committee developed new standards, reviewed existing standards and discussed compliance with these standards using reports from an inspection tool as a measure of compliance. The highlights of matters addressed by the Committee during 2025 included but are not limited to-

**Amendments to the Minimum standards for pharmacy premises, facilities, and equipment: reference sources**
The Committee updated the Minimum Standards for Pharmacy Premises, Facilities, and Equipment: Reference Sources, considering the Task Team and Council's concerns about the costs of required reference materials, particularly textbooks in both hard-copy and digital formats. The Committee resolved that these resources are essential to maintaining the dignity of the profession and compliance with Good Pharmacy Practice.

**Facilities from which a pharmacist may practice their scope of practice**
The Committee discussed facilities other than pharmacies where pharmacists may exercise their scope of practice. They considered the facilities in South Africa where pharmacists already offer their services, as well as international benchmarking of the different positions pharmacists hold and the facilities in which they practice. It was resolved that pharmacists are permitted to offer acts or services related to their scope of practice outside of a pharmacy, except for the selling of medicines (as defined in the Medicines and Related Substances Act, 101 of 1965), which must be done at an authorised facility.

**Use of Trading Titles, Brand Names and Logos**
The Office of the Registrar, through inspections, noticed a trend of pharmacy owners using unapproved trading titles, brand names, and logos on their pharmacy premises for display, advertising, labelling, and packaging.

Common issues included the use of trading names not approved by Council, the use of franchise or corporate brand names that are not legally associated with the registered pharmacy, and displaying only the franchise or brand name without the approved trading title.

**Contact details of pharmacists**
The Inspection Officers of Council raised concerns that during inspections they found pharmacies with contact details of the pharmacist not displayed, where the affected Responsible Pharmacists cited security concerns, where they or their colleagues were called in to the pharmacy at night on the pretence that patients needed emergency pharmaceutical services, only to be robbed.

The Practice Committee considered that the GPP requirements do not stipulate that a pharmacist must attend to patients at the pharmacy after hours or at night; however, for pharmacies that do not operate on a 24-hour basis, pharmacists should still be able to provide pharmaceutical services or, where necessary, refer patients to a nearby healthcare facility.

**Minimum standard for substances with the potential to be overused, misused or abused**
The Practice Committee continued work to strengthen regulatory oversight of medicines with potential for overuse, misuse, and abuse. This is a historic item where in previously the deliberations on developing a Minimum Standard were reviewed, including previous consultations with SAHPRA, sector stakeholders, and the Task Team for the Development of Standards.

The Task Team for the Development of Standards established inspection and enforcement gaps by Council's Inspection Officers and pharmacists. The gaps include excessive quantities of medicines/substances with the potential to be overused, misused, or abused supplied to patients; inadequate detection of abnormal supply patterns by Responsible Pharmacists; limited review of sales records during inspections; and insufficient tools and training for Inspection Officers. The need for the Practice Committee to review terminology such as "Over the Counter" and "Self-Medication" was also identified, as these may undermine public confidence and the pharmacist's role in patient care.

## Continuing Professional Development Committee

### Number of meetings

Four (4) Ordinary Meetings
One (1) Special Meeting

### Total number of meeting days

Five (5)

### Attendance Average

97%

The Continuing Professional Development (CPD) Committee for 2025 comprised of the following members:

| | |
|---|---|
| Mr VC Dlamini | Chairperson |
| Ms SE Ainsbury | |
| Ms ML Kokong | |
| Dr R Moodley | |
| Ms ZG Rhemtula | |
| Ms BA Teki | |

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

The Committee adjudicated on one (1) request for deferment from compliance with CPD requirements.

The Committee considered all four (4) competency standards for specialists in pharmacy, which include Radiopharmacy, Clinical Pharmacy, Industrial Pharmacy and Public Health and Management Pharmacist. Council approved the competency standards for publication for implementation.

The Committee considered the criteria for registration of a tutor and recommended its publication for stakeholder comments. Stakeholder comments were received by the Office of the Registrar.

**Guidance document for continuing professional development for persons registered with the South African Pharmacy Council**
The CPD Committee reviewed the grace period for compliance with CPD requirements. The current CPD grace period is four (4) months, which means that pharmacists have sixteen (16) months (i.e. normal twelve (12) months + four (4) months grace period) to comply with the 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 the CPD requirements, to reduce the confusion of registered persons 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 thirty (30)-day comment period an amendment of Rule 9(g) of the CPD guidance document from, "A grace period ending on 30 April of the subsequent year of submission will be allowed" to "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 in November 2024 and the amendment was discussed by EXCO in November 2024. The Board Notice Guidance document for Continuing Professional Development (amendments) was published for implementation on 13 December 2024.

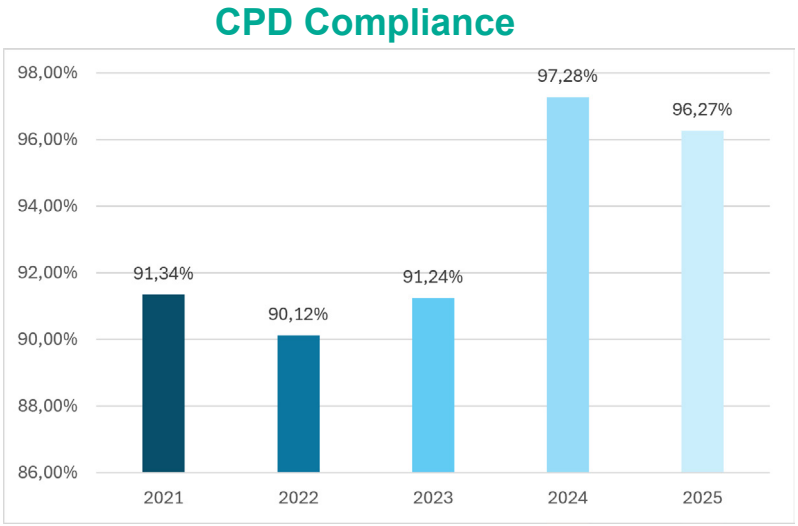
The CPD Committee discussed the matter relating to the additional grace compliance period in March 2025, and resolved to allow pharmacists an opportunity to comply with the 2024 CPD requirements by 30 April 2025.

In 2025, the CPD Committee monitored the CPD submission and compliance of pharmacists to 2024 and 2025 CPD requirements.

A summary of the 2025 CPD Compliance/Non-Compliance Pharmacist statistics is provided in Table 7. Pharmacists were allowed until 30 April 2026 to comply with the requirement to record at least six (6) required entries as per the implementation of Board Notice 706 of 2024 on the CPD grace period over a period of 24 months for the 2024 and 2025 compliance years.

*Table 7: 2025 CPD Compliance/Non-Compliance Statistics*

| Registration roles/sub-roles | Practising and registered active | | CPD Compliant (6 or more entries) | | CPD non-compliant (0-5 entries) | |
|---|---|---|---|---|---|---|
| Pharmacists (without other roles) | 10 176 | 57,65% | 9 760 | 95,91% | 416 | 4,09% |
| Responsible Pharmacists | 3 485 | 19,74% | 3 312 | 95,04% | 173 | 4,96% |
| Tutors | 2 235 | 12,66% | 2 191 | 98,03% | 44 | 1,97% |
| RP and Tutor | 1 755 | 9,94% | 1 730 | 98,58% | 25 | 1,45% |
| **Total** | **17 651** | **100%** | **16 993** | **96,27%** | **658** | **3,73%** |




## Health Committee

### Number of meetings

Four (4) Ordinary Meetings

### Total number of meeting days

Four (4)

### Attendance Average

95%

The Health Committee for 2025 comprised of the following members:

| | |
|---|---|
| Mr TJ Ntshabele | Chairperson |
| Mr CP Botha | |
| Ms MS Letsike | |
| Mr NG Mafarafara | |
| Prof. N Schellack | |
| Ms BA Teki | |

The Health Committee supported eight (8) members of the profession. Two (2) cases were closed as they were deemed fit to practice. One (1) case could not proceed because the member was not yet eligible for admission as a respondent of the Health Committee based on the information submitted. The matter was referred to the relevant Committee of Council. The remaining five (5) cases are ongoing.

# Committee of Preliminary Investigation (CPI)

## Number of meetings

Four (4) Ordinary Meetings

## Total number of meeting days

Eight (8)
(4 x 2-day meetings)

## Attendance Average

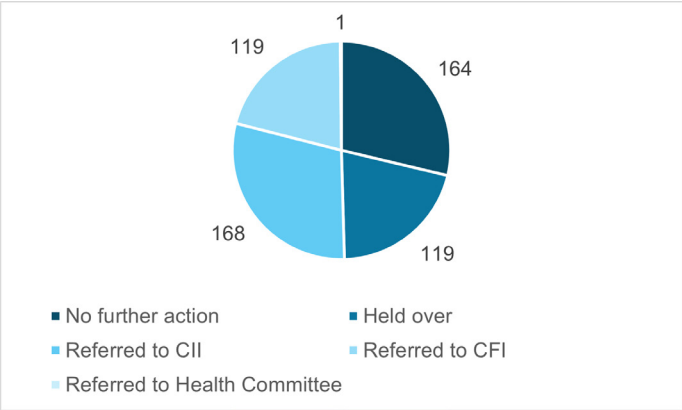
81%

In 2025, the Committee of Preliminary Investigation held two (2) Microsoft Teams virtual meetings and two (2) face-to-face meetings. The meetings were chaired by Mr DN Bayever. The CPI committee held four (4) meetings and reviewed 571 complaints.

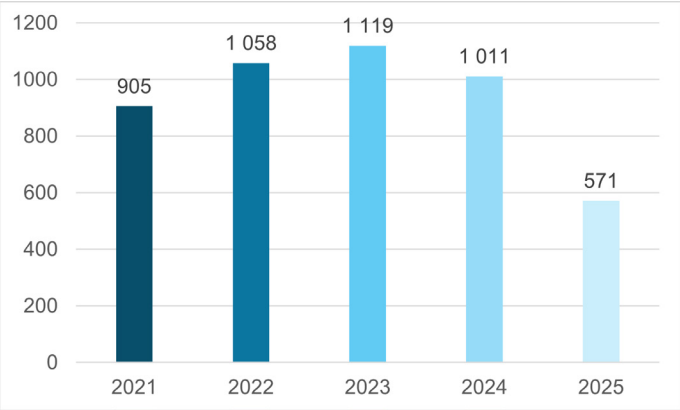
The Committee of Preliminary Investigation for 2025 comprised of the following members:

| | |
|---|---|
| Mr DN Bayever | Chairperson |
| Ms MS Letsike | |
| Ms CM Moatlhodi | |
| Dr R Moodley | |
| Mr TJ Ntshabele | |
| Ms TM Shivambu | |

### CPI Matters




### CPI Matters per Year




# Committee of Informal Inquiry (CII)

## Number of meetings

Three (3) Ordinary Meetings

## Total number of meeting days

Six (6)
(3 x 2-day meetings)

## Attendance Average

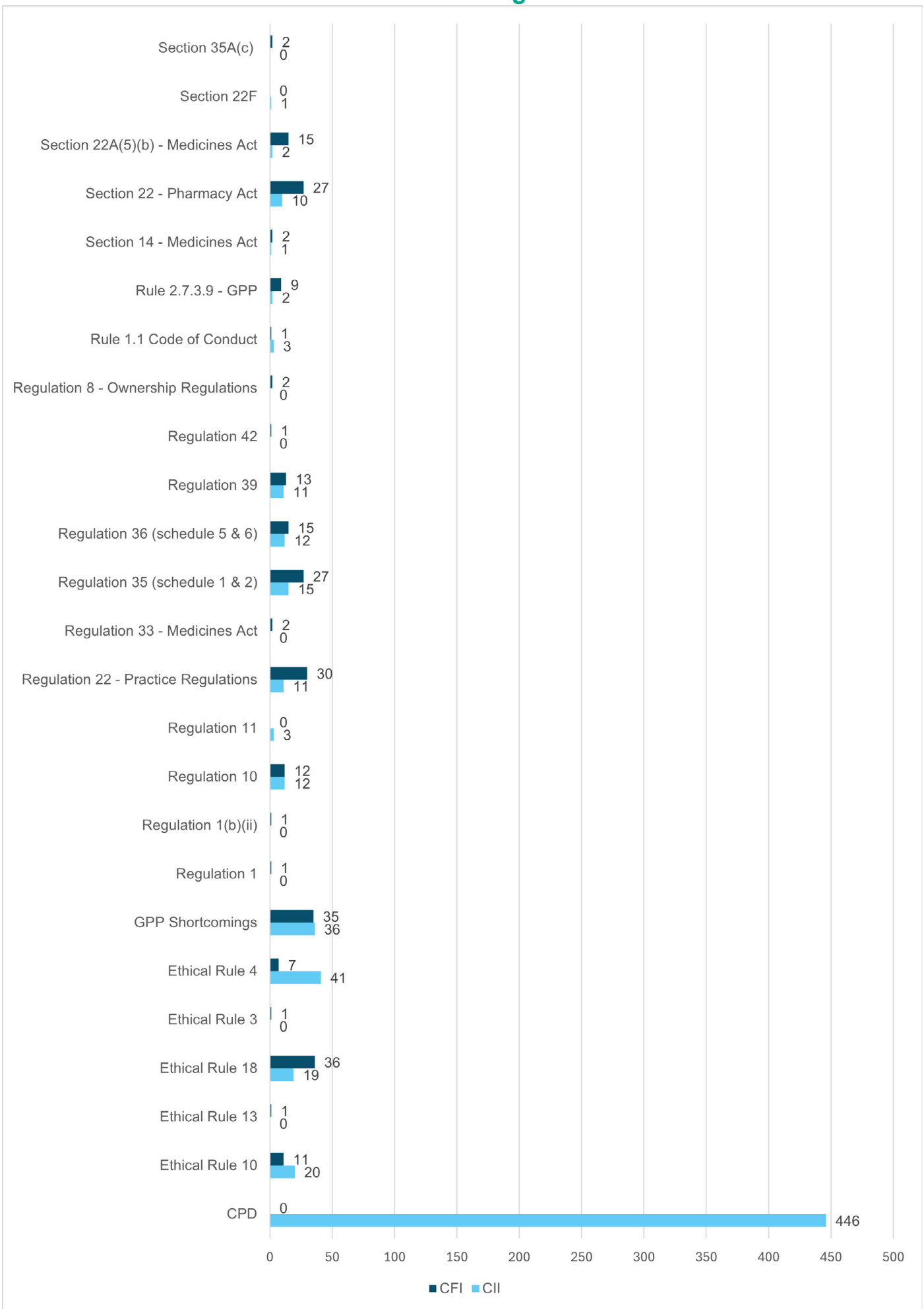
93%

In 2025, the Committee of Informal Inquiry held three (3) meetings, which were chaired by Prof. PDW Wolmarans, and the Committee reviewed 617 cases.

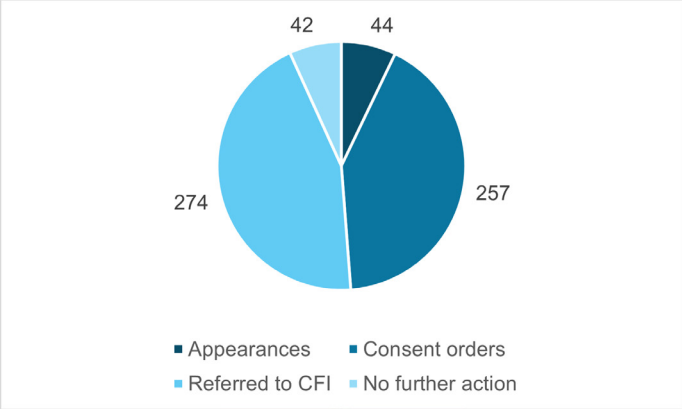
The Committee of Informal Inquiry for 2025 comprised of the following members:

| | |
|---|---|
| Prof. PDW Wolmarans | Chairperson |
| Mr ND Marumo | |
| Dr NT Kubashe | |
| Prof. N Schellack | |
| Prof. I Truter | |

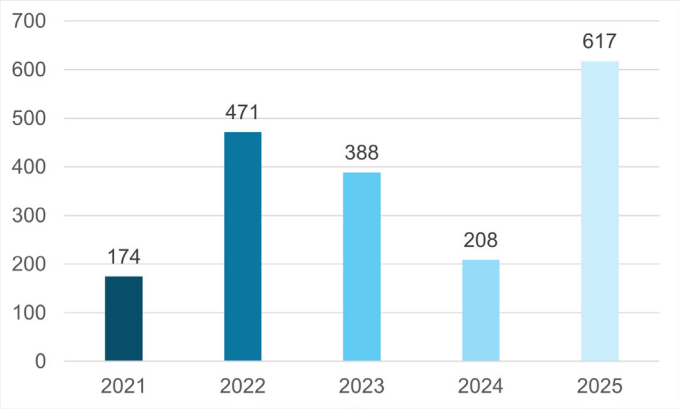
## CII/CFI Charges



## CII Matters




## CII Matters per Year




# Committee of Formal Inquiry (CFI)

### Number of meetings

Ten (10) Ordinary Meetings

### Total number of meeting days

Ten (10)

### Attendance Average

100%

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 the year 2025, the CFI was assisted by the following Council members and Legal Assessors:

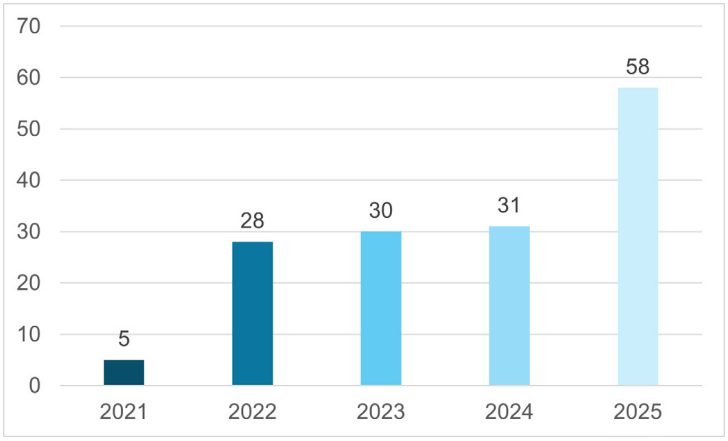
| | |
|---|---|
| Ms CA Venter | Council member |
| Mr CP Botha | Council Member |
| Ms SE Ainsbury | Council member |
| Ms ZG Rhemtula | Council member |
| Prof. PDW Wolmarans | Council Member |
| Mr NG Mafarafara | Council Member |
| Ms L Mahlangu | Council Member |
| Ms ML Kokong | Council Member |
| Ms B Teki | Council Member |
| Ms T Sihiya | Council Member |
| Mr DK Siwela | Legal Assessor |
| Mr NL Nyathela | Legal Assessor |

In 2025, the CFI held ten (10) meetings and finalised fifty-eight (58) cases.

**Administrative Appeals of the Committee of Formal Inquiry**
In 2025, Council received three (3) administrative appeals related to matters heard by the Committee of Formal Inquiry. Two (2) appellants challenged the sanctions of removal from practising as a pharmacist for a period of three (3) years, and the other appellant challenged the implementation of Section 13(4) of the Pharmacy Act, in that the Respondent was declared not to have any direct or indirect beneficial interest in the ownership of a pharmacy.

The three (3) administrative appeals were finalised as follows:
(i) in respect of the two (2) appellants, the Committee reversed the removal and imposed fines and cost orders; and
(ii) in respect of the other appellant, the Committee upheld the Committee of Formal Inquiry sanction.

## CFI Matters per Year




# Remuneration and Reimbursement Committee (REMCO)

### Number of meetings

Two (2) Ordinary Meetings
One (1) Special Meeting

### Total number of meeting days

Three (3)

### Attendance Average

87%

REMCO is established in line with the principles of the King V 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 two (2) ordinary meetings and one (1) special meeting in 2025.

The Remuneration and Reimbursement Committee (REMCO) for 2025 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 Motshele Moatlhodi | Council member |

# Appointments Committee

The Appointments Committee for 2025 comprised of the following members:

| | |
|---|---|
| Mr MD Phasha | President |
| Ms MS Letsike | Vice-President |
| Ms TM Shivambu | Treasurer |
| Mr VM 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 2025.

# Bargaining Council

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.

The Bargaining Council held three (3) ordinary meetings and one (1) special meeting, during which issues such as the 2026 COLA for non-management employees and other matters of mutual interest were addressed.

In 2025, the Bargaining Council comprised of the following Council members and Employer members:

| | |
|---|---|
| Ms MS Letsike | Chairperson (Vice-President) |
| Ms TM Shivambu | Treasurer |
| Ms TP Sihiya | Council member |
| Mr VM Tlala | Registrar/CEO |

# Trustees Committee

The pension fund held three (3) ordinary meetings during 2025. The management board monitored the investment and growth of the employees' pension fund. The implementation of the two-pot system was monitored. The board considered the introduction of an alternative investment option over and above the default option after taking into account the age profile of the SAPC staff. All pension fund contributions have been made on time and in full each month.

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 Kubheka
Mr KMH Maloka
Mr TB Ngobeni
Ms D Hoffmann (Alternate)

**Principal Officer**
Mr SG Ntsomi

**Administrator**
Sanlam Employee Benefits

# Tender Committee

The Tender Committee held one (1) meeting during the current financial year to appoint a Conference/Event Management Company for the 4th National Pharmacy Conference.

# Risk Management

In terms of Principle 11 of the King IV Code, the governing body should govern risk in a way that supports the organisation in setting and achieving its strategic objectives. Therefore, the following shall be disclosed in relation to risk:

(a) An overview of the arrangement for governing and managing risk;
  (i) Council has the ultimate responsibility for the control and oversight of organisation's risk management, and it has delegated to management the design and implementation of an effective risk management environment.
  (ii) 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.
  (iii) 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.
  (iv) 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 regular basis (every three (3) years).

(b) Key areas of focus during 2025, including objectives, the key risks that the organisation faces, as well as undue, unexpected or unusual risk and risks taken outside of the risk tolerance levels included:
  (i) The annual management risk identification workshop was held on 19/20 November 2024. The draft Risk Register resulting from the workshop was reviewed by the ARC on 20 January 2025. The ARC recommended the Risk Register to Council on 11/13 February 2025 for approval.
  (ii) The Strategic Risk Register for the year 2025 was approved at a Council meeting of 11/13 February 2025 with the following top risks-
    a. Cyber attacks and infiltration of networks;
  (iii) The following risks were monitored and reported on as top strategic risks despite the assessed low residual risk because they have high inherent risk rating due to the severity of the impact in the absence of or failure in the existing controls and they have critical additional risk mitigation measures proposed for implementation in the current financial year that the Office of the Registrar will be monitoring and reporting on-
    a. Disruption of services to the public and the profession;
    b. Collusion/Bribery between or of employees, independent contractors, service providers, customers and Council members;
    c. Inadequate monitoring of compliance with legislative standards for pharmacy practice and education; and
    d. Inadequate monitoring of compliance with registration requirements for persons and organisations
  (iv) The Operational Risk Register for the year 2025 was approved at a Council meeting of 11/13 February 2025 with the following top risks-
    a. Facilities operating as a pharmacies whilst not registered with Council;
    b. Pharmacists and interns submitting Continuing Professional Development/Portfolio of Evidence entries that are not valid and authentic respectively; and
    c. Inadequacies in investigating complaints of unprofessional conduct.

**Internal Audit**

In terms of Principle 15 of the King IV Code, the governing body should ensure that assurance services and functions enable an effective control environment, and that these support the integrity of information for internal decision making.

The Internal Audit Function derives its mandate from the Internal Audit Charter. The Internal Audit Charter is reviewed and recommended for approval to the Council by the Audit and Risk Committee (ARC) annually. The Internal Audit Function reports directly to the ARC. A Risk-Based Three-Year Rolling Strategic Internal Audit Plan and the 2025 Internal Audit Operational Plan was approved by the ARC and carried out for the 2025 financial year.

During the year under review, the Internal Audit Function was outsourced to an independent audit firm, Ngubane Management Consultants (Pty) Ltd (hereinafter referred to as "Ngubane"). Ngubane reported on the adequacy and effectiveness of internal controls. Internal controls were considered partially adequate and partially effective, with the majority of internal audit reviews completed scoring high to moderate risk ratings implying that findings raised therein could have a material impact on the control environment. During the year under review, six (6) audit reviews were completed as per the approved 2025 Internal Audit Operational Plan:

*Table 8: Internal Audit*

| No. | Name of the audit | Audit conclusion on the control environment |
|---|---|---|
| 1. | Professional Affairs - Pharmacy Education and Training | Needs improvement - partially adequate and effective |
| 2. | Professional Affairs - Pharmacy Practice | Needs improvement - partially adequate and effective |
| 3. | Professional Affairs - Pre-registration and Examination | Good - adequate and effective |
| 4. | Professional Affairs - Continuing Professional Development and Registrations | Good - adequate and effective |
| 5. | Supply Chain Management | In progress |
| 6. | Professional Conduct | In progress |
| 7. | Follow-up on internal and external audit findings raised in 2024 financial year | 73% Resolved<br>19,23% Not resolved<br>7,69% Not yet due for implementation |

## Audit and Risk Committee

### Number of meetings

Three (3) Ordinary Meetings
Two (2) Special Meeting

### Total number of meeting days

Five (5)

### Attendance Average

90%

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 2025 comprised of the following members:

| | |
|---|---|
| Mr F Docrat | Chairperson to May 2025 (Independent member) |
| Dr DS Dlamini | Chairperson from May 2025 (Independent member) |
| Ms SB Dlungwane | Independent member from May 2025 |
| Ms MT Mosweu | Independent member |
| Ms L Noge-Tungamirai | Independent member |
| Mr CP Botha | Council member |
| Mr ND Marumo | Council member |

The ARC held a total of five (5) meetings during 2025, of which two (2) were special meetings and three (3) were ordinary meetings. The Committee dealt with the following matters:

(a) Review of quarterly financial performance;
(b) Approval of the risk register and quarterly monitoring of progress report;
(c) Review and approval of Annual Financial Statements;
(d) Consideration of new policies and review of existing policies;
(e) Review of internal audit reports as per the audit plan;
(f) Approval of the internal audit plan for 2026;
(g) Monitoring of IT governance and activities through the ICT Task Team; and
(h) Monitoring of compliance with laws and regulations.

# Report of the Audit and Risk Committee

We are pleased to present our report for the financial year ended 31 December 2025.

### Purpose of the annual report

This annual report, in summary form, captures the activities of the Audit and Risk Committee (the Committee) for the financial year 2025, detailing how the Committee has performed, met its terms of reference, and executed its oversight function.

### Audit and Risk Committee members and attendance

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

The Committee held three regular meetings and two special meetings during the 2025 financial year. The Committee reported to Council after each meeting.
The names of the members and attendance at meetings are recorded in the table below:

| Name of member | Number of meetings attended during 2025 |
|---|---|
| Mr F Docrat (Chairperson: January – May 2025) | 2 |
| Dr DS Dlamini (Chairperson: September – December 2025) | 4 |
| Ms L Noge-Tungamirai | 5 |
| Ms TM Mosweu | 4 |
| Mr CP Botha | 5 |
| Mr ND Marumo | 5 |
| Ms SB Dlungwane (Appointed: 1 August 2025) | 2 |

### 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 the Council's financial reporting process and internal control systems. It supports and appraises the audit efforts of the external auditors and the internal audit function and provides an open avenue of communication between the external auditors and the internal audit function. The Committee ensures that effective internal audit arrangements are in place, reviews the work programmes and findings of internal and external audits, and reviews the 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 the Council. Compliance with a number of 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 Ngubane Management Consultants (Pty) Ltd, with MGI RAS 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 Audit and Risk Committee is satisfied that the internal audit function is operating effectively and that it has addressed the risks pertinent to the entity and its audits.

The auditors assured the Committee of their independence and ethical conduct in discharging their functions. Both internal and external auditors confirmed that there are no disagreements with management.

The Audit and Risk Committee has met with the external auditors to ensure that there are no unresolved issues.

**Effectiveness of internal control**

The system of internal controls applied by the entity over financial and risk management is effective and transparent. In line with the Charter requirements, Internal Audit provides the Audit and Risk Committee and management with assurance that the internal controls are appropriate and effective. This is achieved through the risk management process, as well as by identifying corrective actions and suggested enhancements to the controls and processes.

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)
(d) 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 to identify, evaluate, and manage 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 to the Committee effectively discharging its responsibilities.

**Dr Dumisani Dlamini**

Chairperson of the Audit and Risk Committee

# IT Governance and Performance

IT governance is vital for the SAPC because it ensures that IT investments deliver value, support strategic priorities and reduce operational and security risks. To support this, the SAPC has put in place a framework of IT policies, processes and governance structures that align its technology activities with the broader Council's strategic plan. This framework also strengthens decision-making and accountability while helping to manage ICT-related risks responsibly.

IT Audits and Risks: the IT audit and risk management function plays a critical role in tackling issues linked to cyber threats, IT security, compliance, and the effective use of technology. In fulfilling this role, an internal cybersecurity governance audit was conducted in September 2024 while an external audit focusing on internal IT controls was performed in March 2025. A finding made by the internal auditors concerning the lack of a Cybersecurity strategy, IT Governance Framework, and the Information Systems Security Policy where gaps were identified. In 2025, the Cybersecurity strategy was developed and the IT Governance Framework was reviewed and approved by Council while the Information System Security Policy was reviewed by ARC and is still to be submitted to Council for approval.

The findings made concerning the IT internal controls were pertaining to access management, user account management and password management. These findings were addressed by implementing controls such as multifactor authentication and Single Sign On (SSO) identified critical systems. SSO was implemented on the payroll application and Virtual Private Area (VPN), while multifactor authentication was implemented on the Register system. Furthermore, the optimisation of the system used for access management in the data centres is currently being implemented.

The SAPC conducts a risk assessment yearly to identify and develop a corporate risk register with operational and strategic risks. These include cybersecurity and ICT security risks. The ICT strategic and operational risks identified are as follows:

*Table 9: ICT Strategic and Operational Risks*

| List of Risks | Progress Update |
|---|---|
| Disruption of services to the public and the profession | A time and productivity tool that supports work from home was implemented. The IT infrastructure plan was developed and Phase 1 of the plan is complete. The network reconfiguration and the server infrastructure upgrade was completed. The audio-visual equipment for one of the Council boardrooms has been upgraded. Phase 2 of the cloud migration plan is 80% complete. The migration of Sage 300 Accpac and BPM to the cloud has been deferred to the 2026 financial year. The business continuity plan has been reviewed. |
| Cyber attacks and infiltration of networks | The Cybersecurity strategy was approved by Council on 23 July 2025. The data governance tool called Microsoft Purview has been implemented. |
| Disruption in IT operations due to systems unavailability & obsolete technology | The IT infrastructure plan was developed and Phase 1 of the plan is complete. The network reconfiguration and the server infrastructure upgrade was completed. The audio-visual equipment for one of the Council boardrooms has been upgraded. Phase 2 of the cloud migration plan is 80% complete. The migration of Sage 300 Accpac and BPM to the cloud has been deferred to the 2026 financial year. The business continuity plan has been reviewed. |
| Unauthorised access to information and computer systems | The digital transformation strategy has been approved by Council. The Cybersecurity Strategy was approved by Council on 23 July 2025. |

**ICT Steering Task Team**

*ICT Infrastructure*

The Digital Transformation Strategy aligned to Council's Strategic Plan (2024-2028) was approved by Council. One of the key pillars of the digital strategy is to build a resilient ICT infrastructure for Council. The IT infrastructure plan aligned to the digital transformation strategy was developed. Phase 1 of the IT infrastructure involves the network infrastructure upgrade and reconfiguration to support high availability, server replacement, and audio and visual equipment upgrade. The cloud migration plan aligning digital transformation strategy was developed.

An assessment of the network infrastructure was conducted and the network reconfiguration was completed. A total number of four (4) access switches were procured as was the core switch. Furthermore, a total number of twenty-one (21) access points were procured and installed to improve the performance of the network. This approach has brought stability and improved the network performance to support the exams. The audio and visual equipment for one of the boardrooms was upgraded.

Sage 300 People was migrated to the cloud while Sage 300 Accpac and BPM are planned to be migrated in 2026. The old server infrastructure has been refreshed for the purpose of improving the performance and the stability of the Register system. An overall uptime of 95% for the ICT infrastructure was achieved this year. The Council's employee laptops have been successfully replaced in line with the approved replacement plan, ensuring that staff have access to up-to-date, reliable devices to support their work efficiently.

The Office of the Registrar conducted a review of the Service Level Agreements (SLAs) for infrastructure-related services and Disaster Recovery (DR) services. During the review, the migration of certain servers to the cloud was considered, resulting in a reduction of the total contract value with the Council. Consequently, the overall value of the SLAs for both infrastructure and DR services has been adjusted downward to reflect the reduced on-premises infrastructure requirements. This review ensures that the Council's contracts remain aligned with its current operational environment and cloud adoption strategy.

*IT software and applications*

The Digital Transformation Strategy serves as a blueprint for driving digitalisation as it was approved by Council. Phase 1 of the Digital Transformation strategy was planned to be implemented this year, which involves building Business Intelligence (BI) capabilities, implementation of Customer Relationship Management (CRM) system, optimisation of the dashboard system and the optimisation of three (3) applications on the Register system. An incremental approach was adopted for building BI capabilities that seeks to assist management in making informed decisions and making Council a data driven organisation. Phase 1 of the BI project was to pilot with the Office of the Chief Financial Officer, Office of the Registrar and the Office of the Chief Operating Officer. Phase 1 of the BI project was completed in November 2025.

Proposals for the CRM solution were sourced from various service providers through the tender process. The next process is to take the proposals to the various evaluation committees for the appointment of the suitable service provider that can be appointed for the implementation of the CRM application. This project has been deferred to be completed within the next financial year. The optimisation of the dashboard system was completed in November 2025. The optimisation of the Dashboard system is for the purpose of reducing the turnaround times for attending to and resolving cases logged by the pharmacy profession and to keep the customers updated about the status of the cases.

*Cybersecurity and IT Security*

The Cybersecurity Strategy was developed and approved by Council in July 2025. The strategy involves four (4) horizons for implementation. Multiple IT security assessments were completed during the reporting period, including two (2) penetration tests, automated vulnerability scans, and Microsoft security reviews. Remediation plans were developed and actioned to address identified risks. The first public-facing penetration test was completed in February 2025, followed by the final internal-facing test in November 2025.

Cybersecurity capability was strengthened through organisation-wide phishing simulations and targeted digital security training for staff. Ongoing awareness was supported by "Tech Tuesday" communications, providing regular updates on emerging cybersecurity risks. Comprehensive patching was maintained across all servers and endpoints to mitigate vulnerabilities. Enhanced data-protection controls, including device encryption, remote wipe functionality, and location tracking, were deployed to ensure the security of Council information in the event of device loss or compromise.

Comprehensive quarterly desktop computer audits were completed during the period 2025. Intune was fully configured to streamline device management, with strengthened security policies applied across both desktop and mobile devices.

*Disaster Recovery*
The Disaster Recovery Plan has been strengthened and fully implemented to ensure the Council can sustain critical services during unforeseen disruptions, including natural disasters, cyber incidents, system failures, and public health emergencies. The plan is designed to enable rapid recovery and the swift restoration of services to both the public and the pharmacy profession. In alignment with the 2024 IT Operational Plan, disaster recovery (DR) tests were scheduled for 31 March 2025 and 30 November 2025.

The first DR test was completed successfully on 15 August 2025, highlighting the need to further optimise network infrastructure to support seamless recovery. A subsequent DR test took place in December 2025. Backup and restoration testing throughout the financial year achieved an approximate 95% success rate. The contract for DR and backups services has been renewed for the next twelve (12) months.

# Social Responsibility

The Wozanibone Secondary School Outreach Programme forms part of the Council's ongoing commitment to social upliftment through its Corporate Social Investment (CSI) initiatives. Over the years, Council has prioritised initiatives that promote education, health awareness, and youth empowerment, values that align with its broader mandate of protecting the public and advancing the pharmacy profession.

The Wozanibone Outreach Programme was initially planned for September as part of Pharmacy Month 2025, a nationwide campaign observed annually to celebrate the pharmacy profession. The year's theme, "Think Health, Think Pharmacy – One Profession, Many Roles," highlights the vital contributions of pharmacy professionals to the healthcare system, from improving access to medicines and vaccinations to advancing primary health care. Each year, pharmacists and pharmacy support personnel take part in initiatives that raise awareness of health issues and uplift underserved communities across the country.

Although the outreach was postponed to October to accommodate the school's schedule, the SAPC ensured that the spirit of Pharmacy Month continued beyond September through this meaningful community initiative. During the outreach, SAPC staff dedicated time, resources, and professional expertise to enrich the school environment. Learners received stationery, food parcels, and hygiene packs donated by SAPC staff members to support both their academic journey and personal well-being.

In addition, SAPC employees spent the day painting and refurbishing classrooms, helping to create a more inspiring and conducive learning environment. This initiative embodies the SAPC's core values of putting People First, Accessibility, Transparency, Agility and Innovation, Integrity, and Collaboration. It reinforces Council's commitment to ensuring that the pharmacy profession is not only about regulation but also about contributing positively to the communities it serves.

# PART D: HUMAN CAPITAL AND DEVELOPMENT

## Recruitment, Retention and Terminations

Several positions were filled during the review period, including internships in Finance, Supply Chain, and Information Technology; the role of Manager: Facilities; Occupational Health and Safety Practitioner; Logistics Clerk; Senior Manager: Communication and Stakeholder Relations; Senior Manager: CPD and Registration; and Manager: Professional Affairs.

The Council saw the departure of three (3) employees in 2025: the Senior Manager: Communication and Stakeholder Relations, the Senior Manager: Pharmacy Education, and a Logistics Clerk.

## Employee training and development

Council supported fifteen (15) professional development initiatives undertaken by employees:
1 X PhD in Pharmacy
1 X Doctor of Business Leadership
2 X Master of Pharmacy
1 X Master of Philosopy in Strategic Communication
1 X Bachelor of Commerce Accounting
1 X Bachelor of Commerce in Business Informatics Hons
1 X Bachelor of Commerce in Information Technology
2 X Bachelor of Laws (LLB)
1 X Higher Certificate in Management

The costs for assistance with further studies amounted to R193 996,75.

Furthermore, skills training to enhance employees' competence in various areas was carried out in accordance with the workplace skills plan. In summary, seven (7) skills interventions were implemented in 2025, costing R310 436,00.

## Employee Wellness

An employee assistance programme was offered through a service run by Workforce Healthcare. Employees experiencing psychosocial challenges (with manager referral available) can contact the service provider for support. The Office also held a Wellness Day on 21 November 2025, featuring talks on Gender-Based Violence and Femicide (GBVF), as well as health screenings sponsored by Old Mutual, Bestmed, and Bonitas. Additionally, a bootcamp was organised to assess staff fitness levels and promote participation in physical activity.

# 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 staff structure of the Council consists of 125 positions; 111 warm bodies for the reporting period, while fourteen (14) positions remain vacant. Positions are filled gradually due to budget constraints.

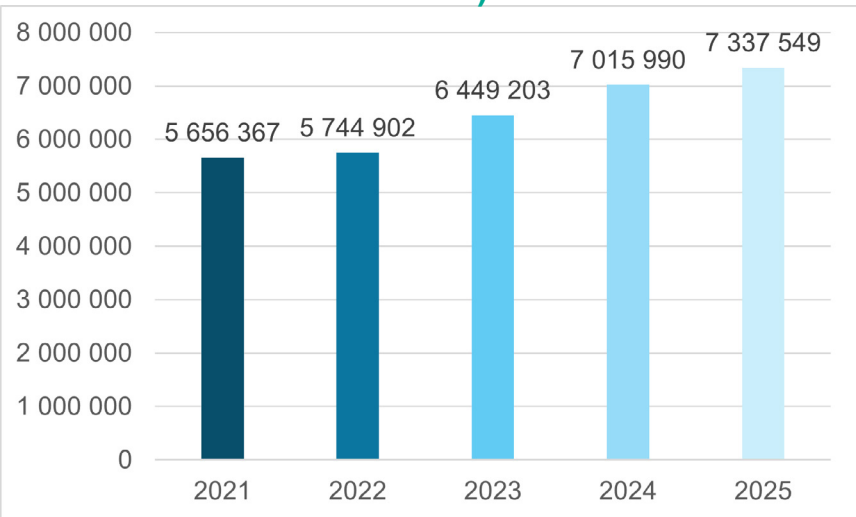
*Table 10: Workforce Profile*

**WORKFORCE PROFILE**
The total number of employees (including employees with disabilities) in each of the following occupational levels: Note: A=Africans, C=Coloureds, I=Indians and W=Whites

| 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 | 5 | 0 | 0 | 0 | 3 | 0 | 0 | 1 | 0 | 0 | 9 |
| Professionally qualified and experienced specialists and mid-management | 7 | 1 | 0 | 0 | 10 | 0 | 2 | 1 | 0 | 0 | 21 |
| Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents | 7 | 0 | 0 | 0 | 19 | 0 | 1 | 4 | 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 | 4 | 0 | 0 | 0 | 0 | 0 | 8 |
| TOTAL PERMANENT | 34 | 1 | 0 | 0 | 65 | 2 | 3 | 6 | 0 | 0 | 109 |
| Temporary employees | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| GRAND TOTAL | 35 | 1 | 0 | 0 | 68 | 2 | 3 | 6 | 0 | 0 | 112 |

# Remuneration and Reimbursement Statistics

**Remuneration and Reimbursement Statistics (Rand values) (C-Suite and Board)**



# Facilities Management

Facilities Management supported the Council's strategic goals by creating a safe working environment, ensuring compliance with the OHS Act, improving building operations, and safeguarding the ongoing function of critical infrastructure and essential services.

The Facilities Management Division, established under the Human Resources Department, is responsible for maintaining the safety, functionality, and operational continuity of all the Council's buildings, equipment, and infrastructure. The division manages maintenance services, building operations, security systems, cleaning, waste management, contractor oversight, and environmental health and safety matters.

Facilities Management ensured that both the Arcadia and Hatfield offices remained compliant, operational, well-maintained, and suitable for a safe and productive working environment for employees, contractors, Council members, and visitors.

The Facilities Management division successfully executed the 2025 Facilities Operations Plan, fulfilling all planned activities. The following results were realised:

**Security and Access Control**

(a) Implemented the Physical Security and Access Control Policy, enhancing governance, standardising security procedures, and improving the overall safety of Council premises.
(b) Maintained 24/7 on-site security presence, access control, and armed response.
(c) Maintained continuous CCTV operation and installed new cameras.
(d) Implemented digital real-time registers and kept precise digital attendance records.
(e) Security was enhanced by installing walk-through metal detectors and baggage scanners to strengthen access screening and improve overall safety.

**Cleaning, Hygiene and Pest Control**

(a) Provided daily office cleaning services using verified checklists and monitoring.
(b) Carried out monthly deep cleans of all bathrooms in both buildings.
(c) Ensured weekly servicing and collection of sanitary SHE bins to maintain compliance and workplace hygiene.
(d) Implemented monthly pest control and fumigation, achieving a pest-free workplace.

**Garden and Outdoor Maintenance**

Maintained gardens, landscaping, and indoor plant care to ensure a tidy and inviting environment for staff and visitors.

**Water, Fire Safety and Utilities**

(a) Serviced water dispensers, including annual filter replacements.
(b) Completed annual servicing and certification of fire extinguishers, fire hose reels, and fire hydrants.
(c) Conducted annual inspections and testing of smoke detectors and fire detection systems.

**HVAC and Mechanical Equipment**

(a) Carried out quarterly servicing of the HVAC system to maintain stable indoor climate control.
(b) Performed annual servicing of the backup generator, ensuring its continued availability during power outages.

**Lighting Systems**

(a) Carried out monthly inspections and replacements of internal lighting.
(b) Performed routine maintenance and replaced external lighting to ensure perimeter safety.

**Compliance and Contractor Oversight**

(a) Performed monthly inspections and maintained OHS risk registers for all facilities.
(b) Ensured contractor compliance through safety files, COIDA verification, and inductions before work commenced.

**Building Improvement Projects**

(a) Installed bird-proofing in multiple areas to reduce health and nuisance risks.
(b) Completed installation of SANS 1253-compliant fire doors, ensuring legal compliance and fire safety integrity.
(c) Completed the essential repairs for the Hatfield office, including waterproofing and drainage.

## Occupational Health and Safety

The Council strengthened its Occupational Health and Safety systems during the 2025 reporting period, achieving over 98% compliance as verified through internal audits and external inspections.

**OHS Governance and Legal Compliance**

(a) Appointment of Section 16(2) managers and trained OHS Representatives for each floor.
(b) Functional SHE Committee, chaired by the Facilities Manager, meeting quarterly to oversee safety performance.
(c) Regular internal OHS audits and site inspections to ensure compliance with legislation.

**OHS Training and Awareness**

(a) Delivered Legal Liability training to management and staff.
(b) Delivered fire safety, evacuation, and first-aid training; appointed First Aiders, Fire Marshals, and Evacuation Marshals.
(c) Issued monthly safety awareness notices to reinforce hazard reporting, safe behaviour, and emergency procedures.

**Preventive Systems and Controls**

(a) Performed routine hazard identification inspections and implemented corrective actions.
(b) Kept fire detection and alarm systems fully operational; carried out scheduled fire drills.
(c) Carried out ergonomic workstation assessments and replaced faulty equipment as required.
(d) Enforced strict contractor compliance through COIDA verification, safety files, and site inductions.
(e) Established a structured system for reporting incidents and near-misses to facilitate investigation and prevention.

**Continuous Improvement**

(a) Reviewed OHS manuals, procedures, and risk assessments to ensure alignment with best practices.
(b) Implemented recommendations from external audits, enhancing compliance to over 98%.
(c) Improved employee engagement and safety culture through continuous communication and participation in the OHS Committee.

The integration of Facilities Management into the Human Resources Department has greatly enhanced the Council's capacity to offer a safe, functional, compliant, and efficient working environment. The achievements in 2025 showcase strong governance, operational discipline, and proactive management of facilities, infrastructure, and occupational health and safety.

# PART E: STAKEHOLDER RELATIONS

## National Departments

Engagements with the National Department of Health focused on the licensing of pharmacies, and enhancements to GPP evaluation pages on the online system. Further meetings with SAHPRA focused on falsified and substandard medicines, the WHO benchmarking, compounding pharmacies and medicines in unregistered facilities. Other matters discussed with the National Department of Health included the publication of the specialist regulations for comment, pharmacy erasures due to non-compliance with GPP and owner requests, and issuing Section 22A(15) permits and supporting designations under Section 56(6) of the Nursing Act.

## Provincial Departments, Pharmacy Groups and Associations

Engagements with MECs across provinces centred on supporting the 4th National Pharmacy Conference to be held in 2026.

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.

## Statutory Bodies and Other Organisations

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 2025. Meetings were held with QCTO in May, July, September and November 2025 to discuss the evaluation reports from QCTO.

QCTO has approved the PSP Examination blueprints for the Pharmacist's Assistant (Basic), Pharmacist's Assistant (Post-Basic) and the Pharmacy Technician. The practice examination papers for the Pharmacist's Assistant (Basic and Post-Basic) and Pharmacy Technician were also approved by QCTO. QCTO further approved Council as an Assessment Accredited Provider to conduct EISAs.
The following mandatory meetings/engagements were conducted with QCTO prior to the EISA:
(a) Instrument validation - 24 March, 11 September and 10 November 2025
(b) Assessment bilateral meeting – 28 November 2024

QCTO and the SAPC held quarterly meetings in May, June, August and November 2025 to discuss matters related to the Memorandum of Understanding.

## Providers

Meetings were held with the Heads of the nine (9) pharmacy schools in April 2025 and July 2025. Prof. J Steenekamp was appointed as the Chairperson of the Heads of Schools Committee for the period 2025 – 2026. During which matters relating to pharmacy education were discussed, including the interns pre-registration examinations results, portfolio of evidence entries submitted by interns, sector mobility for qualified Pharmacist's Assistants, and progress on the development of the new Bachelor of Pharmacy curriculum. A significant outcome of the July 2025 meeting was the agreement that pharmacy schools intend to submit their revised learning materials for accreditation by 2028, with full implementation of the new Bachelor of Pharmacy curriculum planned for 2029.

In addition, one consultative meeting was held with Skills Development Providers on 08 May 2025, where discussions focused on EISA scheduling, learner placement challenges across sectors, Recognition of Prior Learning processes, and the development of an online application mechanism to support qualified Pharmacist's Assistants seeking authorisation to work in all pharmacy categories.

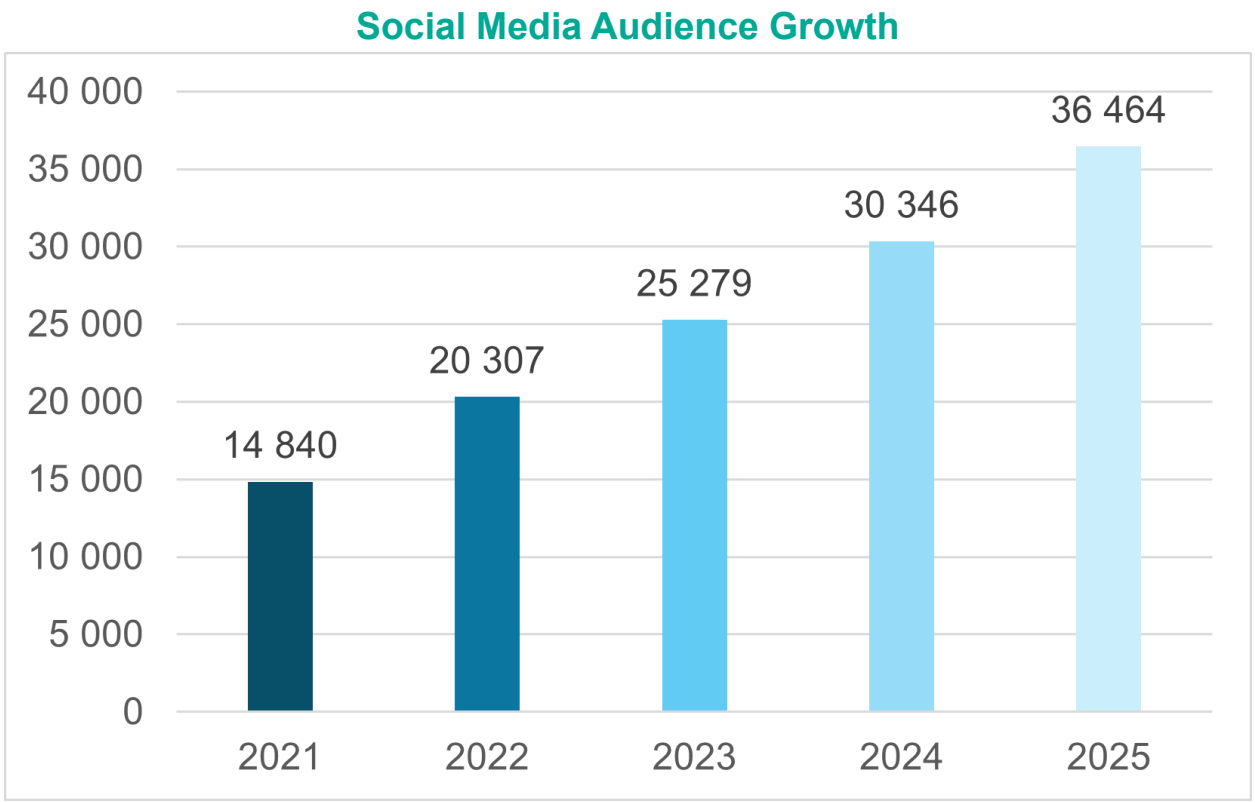
## Public and Media

In the 2025 reporting period, public and media relations efforts comprised three (3) media statements, one (1) thought leadership piece, one (1) media briefing, and twenty-two (22) media engagements.

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 2025 Pharmacy Month campaign: "Think Health, Think Pharmacy" and further facilitated the translation of the 2025 National Pharmacy Month Poster, Pamphlet and social media messages in all official languages, as well as two Khoi-San languages. The campaign was rolled out throughout September 2025, with the profession encouraged to engage in outreach activities within their communities.

## Social and Digital Media

Council is actively engaging stakeholders across the top six (6) most popular social networking platforms (Facebook, X, Instagram, LinkedIn, WhatsApp and TikTok) and the world's largest video-sharing platform, YouTube. Council managed to increase the combined social media audience of the SAPC by 19,8% (6 001), from 30 346 followers in 2024 to 36 464 in 2025.



# Publications

The Pharmaciae serves as the official mouthpiece of Council. Unfortunately, due to service provider issues, the Pharmaciae was not published in 2025.

The 2024 Annual Report was compiled and published. To ensure that the SAPC complies with the country's reporting laws, especially the Legal Deposit Act, 54 of 1997, the Office of the Registrar acquired an International Standard Book Number (ISBN) for the 2024 Annual Report, through the National ISN Agency. This is the seventh SAPC Annual Report recorded with the ISN Agency and deposited in all places of Legal Deposit in the country.


# 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 2025.

# International Community

The International Pharmaceutical Federation (FIP) hosted it's 83rd World Congress in Copenhagen in September 2025. The SAPC was represented by the Registrar, President and a Senior Manager from the Professional Affairs Cluster.

# 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.

## Bid Committees

The Tender and Procurement Policy provide a framework for governing procurement processes, ensuring transparency, fairness, equity, value for money, and sustainability in supply chain management. The policy was reviewed during the current year, with substantial changes, including renaming it to the Supply Chain Management (SCM) Policy, extending and renaming bid committees, and revising the delegation of authority. In line with the policy, the Adjudicating Committee and the Tender Committee presided over purchases exceeding R50 000,00 and R500 000,00, respectively. In terms of the reviewed policy, which became effective on 01 August 2025, the Bid Evaluation Committee (BEC) and the Bid Adjudication Committee (BAC) oversaw purchases ranging from R250 001 to R500 000.

During the year under review, the whole financial management division was reviewed by independent auditors and controls were found to be adequate. The Adjudicating Committee held twelve (12) meetings, the Tender Committee held one (1) meeting, and BEC held eight (8) meetings, while BAC met six (6) times during the current financial year.

## 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, oversees the implementation and execution of the Remuneration Policy to achieve the set objectives.

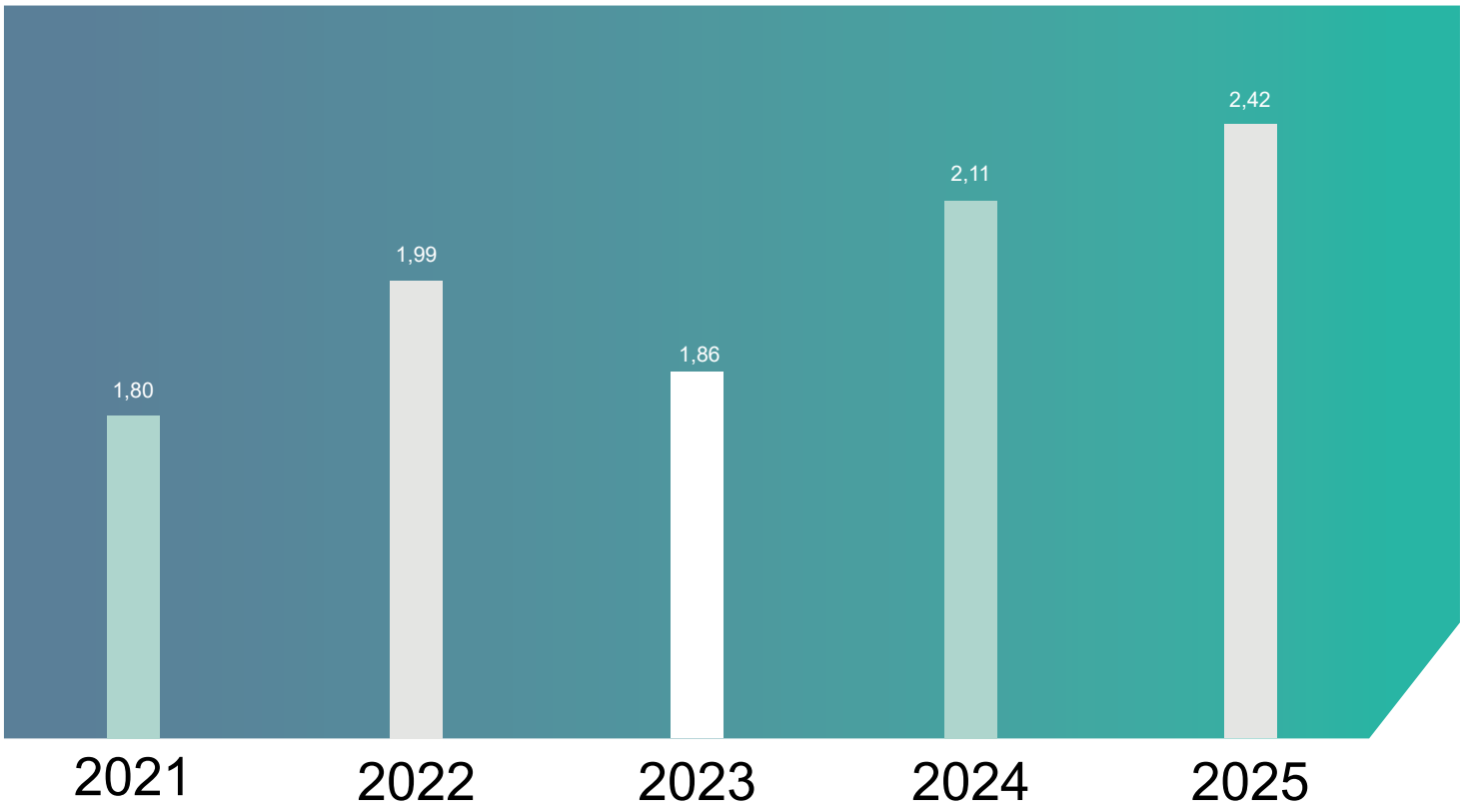
## Financial Performance Indicators

*Table 11: Financial Performance Indicators*

| Description | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|
| Current assets | R 80 985 758 | R 104 116 211 | R 112 065 770 | R 130 011 168 | R 163 288 735 |
| Current liabilities | R 44 970 937 | R 52 405 084 | R60 334 521 | R 61 726 109 | R 67 561 374 |
| **Liquidity ration** | **1,80** | **1,99** | **1,86** | **2,11** | **2,42** |
| Revenue & Income | R 114 339 054 | R 123 912 573 | R 136 009 172 | R 153 169 199 | R168 659 707 |
| Expenditure | R 97 112 762 | R 110 860 268 | R 125 540 590 | R 139 680 109 | R 144 524 113 |
| **Surplus for the year** | **R 17 226 292** | **R 13 052 304** | **R 10 468 582** | **R 13 489 090** | **R 24 135 594** |

# Statement of Financial Position

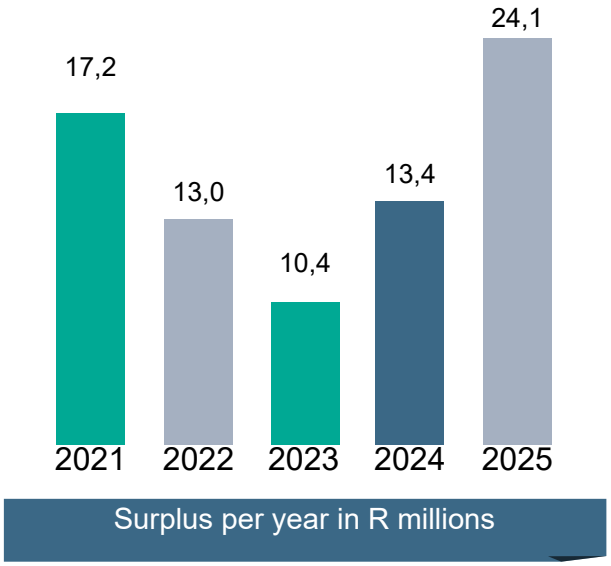
Assets increased by 17,33%, primarily due to a rise in current assets. Total equity and liabilities increased in line with assets, primarily due to the current year's surplus. The liquidity ratio increased by 14,75%, from 2,11 in the prior year to 2,42 as at 31 December 2025.




# Statement of Comprehensive Income

Council is a not-for-profit organisation, and its funding is mainly from membership fees from the pharmacy profession, such as annual, registration, and restoration fees. Other sources of income are sponsorships/donations for specific once-off projects. Revenue and income increased by 10,11%, mainly due to a reversal of the bad debt provision.

During the year under review, expenditure increased by 3,47%. The surplus for the year has increased by 78,93%, from R13 489 090,00 to R24 135 594,00, mainly due to the reversal of the bad debt provision.




# 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 16-17 October 2024 and approved at the EXCO meeting on 27 November 2025. 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 Tender and Procurement policy was reviewed during the current year, with substantial changes, including renaming it to the Supply Chain Management (SCM) Policy, extending and renaming bid committees, and revising the delegation of authority.

In line with the policy, the Adjudicating Committee and the Tender Committee presided over purchases exceeding R50 000,00 and R500 000,00 respectively. In terms of the reviewed policy, which became effective on 01 August 2025, the Bid Evaluation Committee (BEC) and the Bid Adjudication Committee (BAC) oversaw purchases ranging from R250 001,00 to R500 000,00.

Financial Statements for the year ended 31 December 2025

South African Pharmacy Council
www.sapc.za.org

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 14 May 2026

# South African Pharmacy Council

Annual Financial Statements for the year ended 31 December 2025

## 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<br>Arcadia<br>Pretoria<br>0083 |
| **Business Address** | 591 Belvedere Street<br>Arcadia<br>Pretoria<br>0083 |
| **Postal Address** | Private Bag X40040<br>Arcadia<br>Pretoria<br>0007 |
| **Bankers** | Standard Bank of South Africa<br>Investec Bank Limited<br>ABSA Bank Limited<br>Nedbank Limited<br>Investec Bank Limited<br>ABSA Bank Limited<br>Nedbank Limited |
| **Independent Auditors** | MGI RAS Incorporated<br>Chartered Accountants (SA)<br>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:<br>Sandiso Ntsomi CA (SA)<br>Chief Financial Officer |

# South African Pharmacy Council

Annual Financial Statements for the year ended 31 December 2025

## Council Members' Responsibilities and Approval

The council members 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 council members 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 council members 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 council members 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 entity.

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 council members 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 3 to 5.

The annual financial statements as set out on pages 8 to 24 were approved by the Council on 14 May 2026 and were signed on their behalf by:

Mr MD Phasha (President)

Ms TM Shivambu (Treasurer)

Mr VM Tlala (Registrar)

# INDEPENDENT AUDITOR'S REPORT

To the South African Pharmacy Council

## Report on the audit of the financial statements

### Opinion

We have audited the annual financial statements of South African Pharmacy Council as set out on pages 8 to 24, which comprise the statement of financial position as at 31 December 2025, 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 2025, 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

### Trade and other receivables

We draw attention to note 4 of the annual financial statements which describes impairment provision (trade receivables). Our opinion is not modified in respect of this matter:

As disclosed in note 4 to the annual financial statements, material impairments amounting to R12 426 644 (2024: R29 656 794) were incurred as a result of the provision for doubtful debt.

## Other Information

The Councillors are 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 annual financial statements and our auditor's report thereon.

Our opinion on the annual 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 annual financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the annual 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 do receive and review 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 Annual Financial Statements

Management is responsible for the preparation and fair presentation of the annual financial statements in accordance with International Financial Reporting Standard for Small and Medium-sized Entities and the requirements of 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 Annual Financial Statements

Our objectives are to obtain reasonable assurance about whether the annual financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with 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**
Engament Director
Registered Auditor
Date: 15 May 2026

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 2025

## Council Members' Report

The council members present their report for the year ended 31 December 2025.

### 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 R14 315 519 (2024: R3 991 407) for the current financial period. Financing costs for the period amounted to R3 571 (2024: R5 676) and Investment revenue amounted to R9 824 029 (2024: R9 503 360)

The council declared a net surplus for the year of R24 135 977 (2024: R13 486 088)

### 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 council members 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 council members 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. Council Members' interest in contracts

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

## Council Members' Report

### 5. Council Members

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

| Council Members | Office |
|---|---|
| Mr Mogologolo David Phasha | President |
| Ms Mmapaseka Steve Letsike | Vice-President |
| Ms Tlou Mavis Shivambu | Treasurer |
| Ms Khadija 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 | |
| Ms Tabisa Pearl Sihiya | |
| Mr Chris Pieter Botha | |
| Ms Mosenyehi Leah Kokong | |
| Mr Nhlanhla Given Mafarafara | |
| Ms Charlotte Motshele Moatlhodi | |
| Ms Zuleika Goolam Rhemtula | |
| Mr Owen Thabang Malatji | |
| Prof. Ilse Truter | |
| Ms Tabisa Pearl Sihiya | |
| Prof. Thirumala Govender | |
| Ms Letty Mahlangu | |

### 6. Independent Auditors

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

## Statement of Financial Position

| | Note(s) | 2025 | 2024 |
|---|---|---|---|
| **Assets** | | | |
| **Non-Current Assets** | | | |
| Property, plant and equipment | 2 | 37 731 441 | 40 387 056 |
| Intangible assets | 3 | 1 840 213 | 2 504 962 |
| **Current Assets** | | | |
| Trade and other receivables | 4 | 44 864 306 | 32 409 584 |
| Cash and cash equivalents | 5 | 118 424 429 | 97 601 584 |
| | | **163 288 735** | **130 011 168** |
| **Total Assets** | | **202 860 389** | **172 903 186** |
| **Equity and Liabilities** | | | |
| **Equity** | | | |
| Retained earnings | | 135 299 015 | 111 163 421 |
| **Non-Current Liabilities** | | | |
| Finance lease liabilities | 6 | - | 13 656 |
| **Current Liabilities** | | | |
| Trade and other payables | 7 | 67 547 718 | 61 689 062 |
| Finance lease liabilities | 6 | 13 656 | 37 047 |
| | | **67 561 374** | **61 726 109** |
| **Total liabilities** | | **67 561 374** | **61 739 765** |
| **Total Equity and Liabilities** | | **202 860 389** | **172 903 186** |

## Statement of Comprehensive Income

| | Note(s) | 2025 | 2024 |
|---|---|---|---|
| Revenue | 8 | 145 362 166 | 143 379 918 |
| Other income | 9 | 13 473 512 | 285 921 |
| Operating expenses | | (144 520 542) | (139 674 430) |
| **Profit from continuing operations** | 10 | **14 315 136** | **3 991 409** |
| Investment revenue | 11 | 9 824 029 | 9 503 360 |
| Finance costs | 12 | (3 571) | (5 679) |
| **Surplus for the year** | | **24 135 594** | **13 489 090** |
| Other comprehensive income | | - | - |
| **Net surplus/ (deficit) for the year** | | **24 135 594** | **13 489 090** |

## Statement of Changes in Equity

| | Note(s) | Retained earnings | Total equity |
|---|---|---|---|
| **Balance at 1 January 2024** | | **97 674 331** | **97 674 331** |
| Adjustment due to error (note 19) | | 4 353 489 | 4 353 489 |
| **Restated Balance at 1 January 2024** | | **97 674 331** | **97 674 331** |
| Surplus/ (deficit) for the year | | 13 489 090 | 13 489 090 |
| Other comprehensive income | | - | - |
| **Net surplus / (deficit) for the year** | | **13 489 090** | **13 489 090** |
| **Balance at 31 December 2024** | | **111 163 421** | **111 163 421** |
| Surplus/ (deficit) for the year | | 24 135 594 | 24 135 594 |
| Other comprehensive income | | - | - |
| **Net surplus / (deficit) for the year** | | **24 135 594** | **24 135 594** |
| **Balance at 31 December 2025** | - | **135 299 015** | **135 299 015** |

## Statement of Cash Flows

| | Note(s) | 2025 | 2024 |
|---|---|---|---|
| **Cash flows from operating activities** | | | |
| Cash receipts from customers | | 151 300 899 | 128 275 210 |
| Cash payments to suppliers and employees | | (134 983 560) | (124 623 334) |
| Cash generated from operations | 13 | 16 317 339 | 3 651 876 |
| Investment revenue | 12 | 9 824 029 | 9 503 360 |
| Finance costs | 12 | (3 571) | (5 679) |
| **Net cash flows from operating activities** | | **26 137 797** | **13 149 557** |
| **Cash flows used in investing activities** | | | |
| Property, plant and equipment acquired | 2 | (4 451 353) | (3 772 678) |
| Intangible assets acquired | 3 | (976 063) | (735 701) |
| Proceeds on disposals of property, plant and equipment | | 154 445 | 83 047 |
| **Net cash flows used in investing activities** | | **(5 272 971)** | **(4 425 332)** |
| **Cash flows used in financing activities** | | | |
| Finance lease payments | | (41 981) | (51 052) |
| **Net cash flows used in financing activities** | | **(41 981)** | **(51 052)** |
| Net increase in cash and cash equivalents | | 20 822 845 | 8 673 173 |
| Cash and cash equivalents at beginning of the year | | 97 601 584 | 88 928 411 |
| **Cash and cash equivalents at end of the year** | 5 | **118 424 429** | **97 601 584** |

## 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.

## 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:

## 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.

## 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.

## Notes to the Annual Financial Statements

| | 2025 | 2024 |
|---|---|---|

### 2. Property, plant and equipment

| | 2025 | | | 2024 | | |
|---|---|---|---|---|---|---|
| | Cost | Accumulated Depreciation | 2025 Carrying Value | Cost | Accumulated Depreciation | 2024 Carrying Value |
| Land | 12 349 275 | - | 12 349 275 | 12 349 275 | - | 12 349 275 |
| Buildings | 32 254 662 | (15 875 938) | 16 378 724 | 31 928 575 | (13 489 498) | 18 439 077 |
| Motor vehicles | 907 532 | (774 900) | 132 632 | 907 532 | (703 470) | 204 062 |
| Furniture and fittings | 6 134 348 | (3 525 037) | 2 609 311 | 5 958 764 | (3 023 228) | 2 935 536 |
| Office equipment | 5 706 841 | (4 002 803) | 1 704 038 | 5 064 644 | (3 192 078) | 1 872 566 |
| IT equipment | 14 224 406 | (9 666 945) | 4 557 461 | 12 340 765 | (7 754 225) | 4 586 540 |
| **Total** | **71 577 064** | **(33 845 623)** | **37 731 441** | **68 549 555** | **(28 162 499)** | **40 387 056** |

**Reconciliation of property, plant and equipment - 2025**

| | Opening Balance | Additions | Disposals | Depreciation | Total |
|---|---|---|---|---|---|
| Land | 12 349 275 | | | - | 12 349 275 |
| Buildings | 18 439 077 | 326 087 | | (2 386 440) | 16 378 724 |
| Motor vehicles | 204 062 | | | (71 429) | 132 633 |
| Furniture and fittings | 2 935 536 | 193 303 | (1 406) | (518 123) | 2 609 310 |
| Office equipment | 1 872 566 | 644 948 | (345) | (813 131) | 1 704 038 |
| IT equipment | 4 586 540 | 3 287 015 | (83 493) | (3 232 601) | 4 557 461 |
| **Total** | **40 387 056** | **4 451 353** | **(85 244)** | **(7 021 724)** | **37 731 441** |

**Reconciliation of property, plant and equipment - 2024**

| | Opening balance | Reclassification | 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** |

**Net carrying amounts of leased assets**

| | | |
|---|---|---|
| Office equipment | 13 656 | 55 631 |

**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.

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.

| | 2025 | 2024 |
|---|---|---|

***Property, plant and equipment continued...***

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

| | 2025 | | | 2024 | | |
|---|---|---|---|---|---|---|
| | **Cost** | **Accumulated Depreciation** | **Carrying Value** | **Cost** | **Accumulated Depreciation** | **Carrying Value** |
| Computer software | 10 593 103 | (8 752 890) | 1 840 213 | 9 617 039 | (7 112 077) | 2 504 962 |

**Reconciliation of intangible assets - 2025**

| | **Opening Balance** | **Additions** | **Disposal** | **Amortisation** | **Carrying Value** |
|---|---|---|---|---|---|
| Computer software | 2 504 962 | 976 063 | | (1 640 812) | 1 840 213 |

**Reconciliation of intangible assets - 2024**

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

### 4. Trade and other receivables

| | | |
|---|---|---|
| Trade receivables | 42 936 340 | 30 624 276 |
| Deposits | 95 646 | 95 646 |
| Value Added Tax (VAT) | 798 033 | 898 474 |
| Other receivables | 1 034 287 | 791 188 |
| | **44 864 306** | **32 409 584** |

Included in the trade receivables amount is a provision for doubtful debts amounting to R12 426 644 (2024: R29 656 794).

### 5. Cash and cash equivalents

| | | |
|---|---|---|
| Cash and cash equivalents consist of: | | |
| Cash on hand | 5 282 | 5 684 |
| Bank balances | 32 533 336 | 22 903 364 |
| Short-term deposits | 85 885 811 | 74 692 536 |
| | **118 424 429** | **97 601 584** |

Details of bank facilities held by the Council are presented below and have an expiry date of 31 December 2026:

- 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.

## Notes to the Annual Financial Statements

| | 2025 | 2024 |
|---|---|---|

### 6. Finance lease liabilities

| | | |
|---|---|---|
| **Minimum lease payment which fall due** | | |
| Within one year | 13 656 | 37 047 |
| In second to fifth year inclusive | - | 13 656 |
| | 13 656 | 50 703 |
| **Present value of minimum lease payments** | **13 656** | **50 703** |
| | | |
| Non-current liabilities | **-** | 13 656 |
| Current liabilities | 13 656 | 37 047 |
| | **13 656** | **50 703** |

### 7. Trade and other payables

| | | |
|---|---|---|
| Trade payables | 2 283 687 | 1 997 875 |
| Income received in advance | 60 538 082 | 55 548 729 |
| Employee leave days | 4 340 764 | 3 813 766 |
| Other payables | 385 185 | 328 692 |
| | **67 547 718** | **61 689 062** |

Other payables consists of accruals and payroll related debt.

### 8. Revenue

| | | |
|---|---|---|
| Annual fees | 100 188 268 | 95 556 320 |
| Evaluation, re-inspection and fines | 16 174 933 | 16 164 826 |
| Examination fees | 1 697 851 | 395 285 |
| Registration fees | 27 301 114 | 31 263 487 |
| | **145 362 166** | **143 379 918** |

### 9. Other Income

| | | |
|---|---|---|
| Insurance claim received | 370 102 | 138 245 |
| Other income | 13 034 200 | 133 231 |
| Profit on sale of assets | 69 210 | 14 445 |
| | **13 473 512** | **285 921** |

Other income mainly consists of reversal of bad debts provision.

## Notes to the Annual Financial Statements

| | 2025 | 2024 |
|---|---|---|

### 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 | 69 210 | 14 445 |
| Amortisation of intangible assets | 1 640 812 | 1 275 828 |
| Depreciation on property, plant and equipment | 7 021 724 | 6 283 712 |
| Employee costs | 93 326 985 | 82 824 563 |
| Research and development | 90 863 | 166 159 |
| Audit fees | 207 914 | 171 783 |

### 11. Investment revenue

| | | |
|---|---|---|
| **Interest received** | | |
| Bank | 9 824 029 | 9 503 360 |

### 12. Finance costs

| | | |
|---|---|---|
| Finance leases | 3 571 | 5 679 |
| | 3 571 | 5 679 |

### 13. Cash generated from operations

| | | |
|---|---|---|
| Surplus for the year | 24 135 594 | 13 489 090 |
| **Adjustments for:** | | |
| Depreciation and amortisation | 8 662 536 | 7 559 540 |
| (Profit)/loss on sale of assets | (69 210) | (14 445) |
| Investment income | (9 824 029) | (9 503 360) |
| Finance costs | 3 571 | 5 679 |
| Extraordinary items | 4 943 | 7 084 |
| **Changes in working capital:** | | |
| Decrease/ (Increase) in trade and other receivables | (12 454 722) | (9 272 225) |
| Increase/ (Decrease) in trade and other payables | 5 858 656 | 1 380 513 |
| | **16 317 339** | **3 651 876** |

## Notes to the Annual Financial Statements

| | 2025 | 2024 |
|---|---|---|

### 14. Commitments

| | | |
|---|---|---|
| **Operational Expenditure** | | |
| **Already contracted for but not provided for** | | |
| - within one year | 6 970 201 | 2 985 977 |
| - in second to fifth year inclusive | 3 227 746 | 5 508 508 |
| | 10 197 947 | 8 494 485 |

| | | |
|---|---|---|
| **Finance leases - as lessee (expenses)** | | |
| - within one year | 13 656 | 37 047 |
| - in second to fifth year inclusive | - | 13 656 |
| | **13 656** | **50 703** |

### 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 council members, independent 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 | 106 936 | 93 802 |
| Meeting expenses- accommodation | 2 652 704 | 1 016 148 |
| Meeting expenses- member fees | 1 393 570 | 1 674 154 |
| Meeting expenses- locum expenses | 60 640 | 77 069 |
| Meeting expenses- preparation fees | 1 028 402 | 690 163 |
| Transport | 530 666 | 453 251 |
| | | |
| Compensation of executive management | 7 337 549 | 7 015 990 |

### 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.

## Notes to the Annual Financial Statements

| | 2025 | 2024 |
|---|---|---|

### 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.

## Notes to the Annual Financial Statements

| | 2025 | 2024 |
|---|---|---|

***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 | 163 288 735 | 130 011 168 |
| Reconciliation to statement of financial position | | |
| Trade and other receivables | 44 864 306 | 32 409 584 |
| Cash | 118 424 429 | 97 601 584 |
| | **163 288 735** | **130 011 168** |
| **Financial liabilities** | | |
| Financial liabilities measured at amortised cost | 67 561 374 | 61 739 765 |
| Reconciliation to statement of financial position | | |
| Trade and other payables | 67 547 718 | 61 689 062 |
| Finance lease liabilities | 13 656 | 50 703 |
| | 67 561 374 | 61 739 765 |

# South African Pharmacy Council

Financial Statements for the year ended 31 December 2025

## Detailed Income Statement

| | Note(s) | 2025 | 2024 |
|---|---|---|---|
| **Revenue** | | | |
| Annual fees | | 100 188 268 | 95 556 320 |
| Evaluation, re-inspection and fines | | 16 174 933 | 16 164 826 |
| Examination fees | | 1 697 851 | 395 285 |
| Registration fees | | 27 301 114 | 31 263 487 |
| | 8 | 145 362 166 | 143 379 918 |
| **Other Income** | | | |
| Insurance claim received | | 370 102 | 138 245 |
| Other income | | 13 034 200 | 133 231 |
| Profit on sale of fixed assets | | 69 210 | 14 445 |
| | 9 | **13 473 512** | **285 921** |
| **Investment income** | | | |
| Interest received | | 9 824 029 | 9 503 360 |
| | 11 | **9 824 029** | **9 503 360** |
| | | | |
| **Expenses (refer to page26)** | | **(144 520 542)** | **(139 674 430)** |
| **Surplus for the year** | 11 | **24 139 165** | **13 494 769** |
| Interest Paid - Bank Overdraft | 13 | (3 571) | (5 679) |
| **Net surplus / (deficit) for the year** | | **24 135 594** | **13 489 090** |

## Detailed Income Statement

| | Note(s) | 2025 | 2024 |
|---|---|---|---|
| **Operating expenses** | | | |
| Allowances | | (106 936) | (93 802) |
| Auditors' remuneration | | (207 914) | (171 783) |
| Bank charges | | (635 407) | (642 065) |
| Cleaning, health and safety | | (390 492) | (394 687) |
| Consumables | | (177 998) | (208 832) |
| Depreciation and Amortisation | | (8 662 536) | (7 559 540) |
| Employee costs | | (93 326 985) | (82 824 563) |
| Information technology expenses | | (7 322 536) | (6 307 627) |
| Insurance | | (1 029 601) | (1 004 982) |
| Internal audit and consultancy | | (479 803) | (557 557) |
| Lease rental on operating lease | | (161 994) | (216 090) |
| Legal expenses | | (892 065) | (1 354 257) |
| Meeting expenses- accommodation | | (2 652 704) | (1 016 148) |
| Meeting expenses- catering | | (704 680) | (454 337) |
| Meeting expenses- locum expenses | | (60 640) | (77 069) |
| Meeting expenses- member fees | | (1 393 570) | (1 674 154) |
| Meeting expenses- preparation fees | | (1 028 402) | (690 163) |
| Meeting expenses- transport and travelling | | (530 666) | (453 251) |
| Office expenses | | (1 531 395) | (1 058 560) |
| Office transport | | (110 112) | (74 745) |
| Pharmacy conference | | (256 443) | (110 475) |
| Pharmacy education and training | | (4 190 856) | (3 456 827) |
| Pharmacy inspections | | (6 589 993) | (5 703 624) |
| Postage and courier | | (1 304 055) | (1 233 293) |
| Printing and stationery | | (757 481) | (479 167) |
| Provision for doubtful debts | | - | (10 891 836) |
| Public relations and promotions | | (1 049 807) | (1 161 831) |
| Repairs and maintenance | | (1 168 308) | (1 804 017) |
| Research and development costs | | (90 863) | (166 159) |
| Security | | (1 448 694) | (1 021 291) |
| Social responsibility | | (33 817) | (2 139) |
| Telephone and fax | | (3 660 373) | (3 605 209) |
| Travel - overseas | | (910 129) | (1 882 698) |
| Utilities | | (1 653 287) | (1 321 652) |
| | | **(144 520 542)** | **(139 674 430)** |

# Abbreviations and Acronyms

| | |
|---|---|
| API | Active Pharmaceutical Ingredient |
| ARC | Audit & Risk Committee |
| BI | Business Intelligence |
| CCTV | Closed Circuite Television |
| CEO | Chief Executive Officer |
| CFI | Committee of Formal Inquiry |
| CFO | Chief Financial Officer |
| CHE | Council for Higher Education |
| COIDA | Compensation for Occupational Injuries and Diseases Act |
| COO | Chief Operating Officer |
| CPD | Continuing Professional Development |
| CRM | Customer Relationship Management |
| CSI | Corporate Social Investment |
| DG | Director-General |
| DR | Disaster Recovery |
| EISA | External Integrated Summative Assessment |
| EXCO | Executive Committee |
| FIP | International Pharmaceutical Federation |
| GBVF | Gender Based Violence & Femicide |
| GPE | Good Pharmacy Education Standards |
| GPP | Rules relating to Good Pharmacy Practice |
| HEI | Higher Education Institution |
| HEQSF | Higher Education Qualification Sub-Framework |
| HIV/AIDS | Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome |
| HPCSA | Health Professions Council of South Africa |
| HR | Human Resources |
| HVAC | Heating, Ventilation and Air Conditioning |
| HWSETA | Health and Welfare Sector Education and Training Authority |
| ICPA | Independent Community Pharmacy Association |
| ICT | Information & Communications Technology |
| IPAF | Independent Practitioner Association Foundation |
| ISBN | International Standard Book Number |
| IT | Information Technology |
| MOA | Memorandum of Agreement |
| MVC | Module-View-Controller |
| NDoH | National Department of Health |
| NHI | National Health Insurance |
| OHS | Occupational Health and Safety |
| OHSC | Office of Health Standards Compliance |
| PAIA | Promotion of Access to Information Act |
| PHC | Primary Healthcare Clinic |
| PIMART | Pharmacist-Initiated Management of AntiRetroviral Therapy |
| POPIA | Protection of Personal Information Act |
| PSP | Pharmacy Support Personnel |
| PSSA | Pharmaceutical Society of South Africa |

| | |
|---|---|
| QCTO | Quality Council for Trades & Occupations |
| REMCO | Remuneration & Reimbursement Committee |
| SAHPRA | South African Health Products Regulatory Authority |
| SANC | South African Nursing Council |
| SAPC | South African Pharmacy Council |
| SAQA | South African Qualifications Authority |
| SCA | Supreme Court of Appeal |
| SDP | Skills Development Provider |
| SHE | Sanitary Hygiene Equipment |
| SLA | Service Level Agreement |
| SSO | Single Sign On |
| UHC | Universal Health Coverage |
| VPN | Virtual Private Network |
| WBL | Work-Based Learning |

# Legal References

Compensation for Occupational Injuries and Diseases Act, 130 of 1993
King IV Code on Corporate Governance (2016)
Legal Deposits Act, 54 of 1997
Medicine and Related Substances Act, 101 of 1965
Occupational Health and Safety Act, 85 of 1993
Pension Funds Act, 24 of 1956
Pharmacy Act, 53 of 1974
Promotion of Access to Information Act, 2 of 2000
Protection of Personal Information Act, 4 of 2013

# List of Tables

# THE END

2025

SAPC Building
591 Belvedere Street, Arcadia, 0083
Private Bag X40040, Arcadia, 0007
Tel: 0861 7272 00 OR 0861 SAPC 00
Email: customercare@sapc.za.org
Website: www.sapc.za.org