

	DOCUMENT NAME	DOCUMENT NUMBER
	MEDICINES ARE DISPENSED BY LICENSED HEALTH CARE PROVIDERS	

VERSION	1	
COMPILED BY		DATE 07/2025
AUTHORIZED BY		
NEXT REVISION DATE		07/2027

Standard: 2.3.1.1

Criterion: 2.3.1.1.6 – The practice ensures that medication is dispensed in accordance with legislation, and to minimise the risk of user harm.

Assessment Type: Observation

Risk Rating: Vital Measure

Legislation Reference: Medicines and Related Substances Act 101 of 1965 – General Regulations, Section 14(4)

1. PURPOSE & SCOPE

To ensure that all medicines are dispensed by legally authorised and appropriately licensed health care professionals, in full compliance with the legislative framework.

This SOP applies to all personnel involved in the dispensing of medicines at the health care practice.

2. RESPONSIBILITIES

<u>Job description of person responsible</u>	<u>Duties</u>

3. LEGAL REFERENCE AND REQUIREMENTS

Under Section 14(4) of the **General Regulations** made in terms of the **Medicines and Related Substances Act**, only the following persons may dispense medicine:

- A pharmacist registered with the South African Pharmacy Council.
- A medical practitioner, dentist, or other health professional who holds a valid dispensing license issued by the Director-General of Health.

4. PROCEDURE

Key Requirements

1. Verification of License

- The dispensing practitioner must hold a **valid dispensing license**.
- A **copy of the license** should be readily available on file or displayed in the consulting room.

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2. Authorized Personnel

- Only individuals with a **valid dispensing license** are permitted to dispense medication.
- **Support staff (e.g., administrative, nursing assistants)** may **not dispense** unless licensed.

3. Documentation

- Records must reflect **who dispensed** each medication.
- Patient records or dispensing logs should include the **name and professional designation** of the dispensing provider.



Procedure

1. Confirm that the medicine is being dispensed by a **licensed professional** (doctor, nurse, pharmacist).
2. Check the **validity of the dispensing license**.
3. Ensure **compliance with labelling and documentation procedures**.
4. Confirm that the person dispensing the medicine signs or initials the record.

5. INTERNAL SUPPORTING DOCUMENTATION

Document	Number	Retention period	Location

6. ATTACHMENT

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Observation Checklist for Compliance Audit

Observation Item	Yes (1)	No (0)	N/A	Comments
Medicine was dispensed by a licensed health care provider				
A valid dispensing license is available and verifiable				
License corresponds to the individual dispensing medication				
Dispensing log includes the name/designation of the provider				
No support staff were involved in dispensing				



Compliance Summary

- **Total Score:** ____ / 5
- **Compliance %:** $(\text{Total} \div 5) \times 100 = \text{____} \%$

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Receipt Acknowledgement for this SOP

I have read and been informed about the content, requirements, and expectations of this policy for this practice. I understand that if I have questions, at any time, regarding this policy, I will consult with my immediate supervisor or my Human Resources staff members. Please read the policy/procedure carefully to ensure that you understand the policy/procedure before signing this document.

Employee Signature	Employee Printed Name	DATE	Employee Signature	Employee Printed Name	DATE