

Dispensing for Healthcare Professionals 2025

INTRODUCTION

This course is based on the recommended standard for the dispensing course for prescribers in terms of Act 101 of 1965 as amended, which was developed by the South African Pharmacy Council, in consultation with the other statutory health councils. Licensing with the relevant authority as a dispensing healthcare professional can only take place once the certificate is awarded.

WHO SHOULD ENROLL?

This course is targeted at healthcare professionals, who are recognised as authorised prescribers and who are required to be licensed to dispense medicines in terms of regulation 18 of Act 101 of 1965 as amended.

COURSE CONTENT

This Dispensing Course is designed to enable healthcare professionals to dispense and to ensure the quality use of medicines prescribed to the patient to improve their health status.

At the end of the course the participants will be able to:

- Identify and apply ethical, legal and therapeutic considerations in all facets of dispensing
- · evaluate prescriptions and assess the patient profile
- dispense a prescription
- manage the procurement and storage of medicines
- advise patients to ensure quality use of medicines and improve health status.

COURSE DESIGN

The Dispensing Course leads to a certificate at NQF level 6. To obtain the certificate a minimum of 30 credits must be obtained. Each credit represents about 10 notional learning hours.

Study units		Total credits
Study unit 1	Professional, ethical and legistlative principles of dispensing	5
Study unit 2	Basic pharmaceutical principles	4
Study unit 3	Basic pharmacological principles	4
Study unit 4	Good dispensing practice	7
Study unit 5	Patient counselling	3
Study unit 6	Medicine supply management	7
Total credits		30

Contact sessions: The course consists of four days of lectures and a dispensing practical workshop on the fifth day. **Distance course:** The Resource Guide as well as the online summative assessment and requirements for the portfolio of evidence will be available online. Once completed, HSA will schedule the practical exam.

Fees for the course include one assessment to be completed within six months from the date of registration. A resubmission fee will be applicable to all assessments where the learner has been found Not Yet Competent (NYC). After six months the learner will have to pay a re-registration fee to be able to continue with the course.

STUDY MATERIAL

Participants will receive a comprehensive resource guide covering all the study units and supplementary annexures containing additional information which may be required. Learners will also receive an assessment documentation guide, consisting of learning activities, multiple choice and short questions that needs to be completed.

ASSESSMENT

The assessment consists of three parts:

- Compilation of a portfolio of evidence
- Multiple choice and short questions
- · Dispensing practical exam

COURSE DATES

Gauteng

27 - 31 Jan 17 – 21 Feb 10 – 14 Mar 7 – 11 Apr

5 – 9 May 2 – 6 June

Cape Town 24 – 28 March 28 Jul – 01 Aug

17 – 21 Nov

East London 24 – 28 March

25 – 29 August

7 – 11 July 4 – 8 August 8 – 12 September 6 – 10 October

3 – 7 November 1 – 5 December

Port Elizabeth 24 – 28 Feb 15 – 19 Sept

KwaZulu-Natal 07 – 11 Apr 27 – 31 Oct

CERTIFICATION

Participants will receive a certificate should they successfully complete the assessment process. This certificate must then be submitted in terms of regulation 18 of Act 101 of 1965, as amended. The course is accredited through SAMA for 30 CPD points.

COST

Workshop based course: R 7 800.00 Distance course: R 4 850.00 The course fee includes all study material, assessments and certification. Study material will be provided as soon as full payment has been received.

REGISTRATION

Please send completed application forms to: Health Science Academy

Knowledge Park, 173 Mary Street

The Willows, Lynnwood Ridge Pretoria, 0040

PO Box 75324, Lynnwood Ridge, 0040

Tel: 087 821 1109 Fax: 086 502 5191 E-mail: hsaenquiries@healthscience.co.za



Application Form for Healthcare Professional Dispensing Course												
Title												
Surname												
First name/s												
Race		African White India						Coloured				
Gender		Male	Male Female						I			
Identity number												
		Work:	H			Home	:	1 I		I		
Address for correspondence												
Contact numbers		Home:		Cell:	Cell:							
		Work:	Fax:	Fax:								
E-mail address												
HP/SANC/MP number												
Date of course (mark o	Gauteng 27 - 31 Jan 2025 17 - 21 Feb 2025 10 - 14 Mar 2025 7 - 11 Apr 2025 5 - 9 May 2025 2 - 6 June 2025 7 - 11 July 2025 4 - 8 August 2025 8 - 12 September 2025 6 - 10 October 2025 3 - 7 November 2025 1 - 5 December 2025					Cape Town 24 – 28 March 2025 28 Jul – 01 Aug 2025 17 – 21 Nov 2025 East London 24 – 28 March 2025 25 – 29 August 2025 Port Elizabeth 24 – 28 Feb 2025 15 – 19 Sept 2025 KwaZulu-Natal 07 – 11 Apr 2025 27 – 31 Oct 2025						
How did you hear abou	·		lemy?									
Word of mouth	Advertis	sement Internet			For	mer stud	ent	Other (please specify)				
Documents to be attached							1	HSA official				
Copy of identity document Copy of current SANC/HPCSA license to practice												
Copy of current S	ANC/HPCS	A license to	o practice									

Course fees and payment details											
Course fees for 2025								R 7 800.00 (Contact)			
Send invoice to (mark one)							R 4 750.00 (Distance)			nce)	
Learner	Company										
Name and surname				Name							
Tel				Tel							
Fax	Fax										
E-mail address				E-mail address							
				VAT numb	er if appli	cable					
Learners are responsible for the full course fee before the start thereof											
Payment method (mark one)											
Bank deposit Attach a copy of the deposit slip,	: use vour full name.	ID numbe	er or HSA nu	mber as the pav	ment refere	nce					
Health Science Academy											
Bank	First National B	ank									
Branch code	252045 (Lynnw	ood)									
Account name	Health Science	Acader	my								
Account number	50631131815										
Credit card A credit card payment can only be made when the owner of the card is present in person											
Credit card number											
	Master Card		Visa		Diners	Club		Ame	Amex		
Credit card budget accou	unt (mark applicabl	e)									
6 months 12 months 18 months							S				
Expiry date			Last	CVV numb		d					
Last 3 digits on back of card Card holder surname and initials Card holder's signature											
Documents to be attached								HSA official			1
Proof of payment											
Signed agreement											
 Please complete the application form and sign the agreement below. Submit the application by fax or email with the application fee of R500.00 (included in the course fee, but not refundable in case of cancellation) HSA will notify you if your application was successful. Once the application is approved, the full course fee is immediately payable to HSA. If not attached to this application, please send a copy of the proof of payment with your name and contact details to Health Science Academy, marked for the attention of 'Dispensing course payment'. All personal information will only be used for internal or legal purposes. 											
	OUT THESE DO	-	-					-			
Health Science Academy reserves the right to make changes to courses without prior notification.											



I, the undersigned______declare that this application constitutes a binding agreement upon the terms set out herein between myself and Health Science Academy.

I understand that it is my responsibility to notify Health Science Academy within 30 days if there have been any changes in my personal information.

I agree to the above terms and conditions, including payments due, that govern my application and agree to be bound by them.

In the case of being assessed Not Yet Competent, I understand that I will need to be re-assessed until I am deemed competent. Re-assessment fees will be payable at the current Health Science Academy rate. Re-registration fees are applicable after 10 months.

The fees are not refundable. If I do not attempt the assessment for any reason within the allotted time period other than illness (supported by a doctor's certificate), a re-registration fee will be applicable.

HSA undertakes to collect and process your personal information in accordance with the requirements of the Protection of Personal Information Act, 4 of 2013.

Signature of applicant

Date

Witness

Witness