



# PHARMACY COUNCIL OF MAURITIUS

## Draft Code of Practice

Draft

# CODE OF PRACTICE FOR PHARMACISTS

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## **Part I: INTRODUCTION**

### **1. PREAMBLE**

Pharmacists play a vital role in the management of health care in different settings. They are specifically trained health professionals who are entrusted with the management of the distribution of medicines to consumers and who engage in well-defined activities to assure their safe and efficacious use. In the pharmacy profession, the health and welfare of the public should be the main philosophy underlying practice, even though it is accepted that ethical and economic factors are also important. For this principle to be consistently placed above all other considerations in the practice of pharmacy, this Code of Practice for Pharmacists has embodied the minimum standards of proper practice and professionalism for the guidance of pharmacists. These standards also serve as a reference when the Pharmacy Council of Mauritius considers cases of misconduct in a professional sense.

The code applies to all practicing pharmacists irrespective of their occupation, placement, nature of work, and years of service.

### **2. USE OF TERMS**

For the purpose of this Code of Practice-

“Act” means the Pharmacy Council Act 2015

“Authorized person” has the meaning assigned to it in the Pharmacy Act 1983

“Clinical Research Regulatory Council (CRRC)” has the meaning assigned to it in the Clinical Trials Act 2011

“Code” means the Code of Practice for pharmacists referred to in section 2 of the Act

“Counterfeit medicine”: Counterfeiting in relation to medicine includes the deliberate and fraudulent mislabeling with respect to the identity and/or source of the medicine

“Dangerous Drug” has the meaning assigned to it in the Dangerous Drugs Act 2000

“Drug” has the meaning assigned to it in the Pharmacy Act 1983

“Medicine” has the meaning assigned to it in the Pharmacy Act 1983

‘Medical device’ means any instrument, apparatus, implement, machine, appliance, implant, reagent for in vitro use, software, material or other similar or related article, intended by the manufacturer to be used, alone or in combination, for human beings, for one or more of the specific medical purpose(s) of:

- diagnosis, prevention, monitoring, treatment or alleviation of disease,
- diagnosis, monitoring, treatment, alleviation of or compensation for an injury,
- investigation, replacement, modification, or support of the anatomy or of a physiological process,
- supporting or sustaining life,
- control of conception,
- disinfection of medical devices
- providing information by means of in vitro examination of specimens derived from the human body;

and does not achieve its primary intended action by pharmacological, immunological or metabolic means, in or on the human body, but which may be assisted in its intended function by such means.

“Medical product” means any substance, device or commodity use to diagnose, treat or manage

"Pharmaceutical product" has the meaning assigned to it in the Pharmacy Act 1983

“Pharmacist” means a person registered as such under section 18, 24, or 25 of the Pharmacy Council Act 2015

“Pharmacy Board” has the meaning assigned to it in the Pharmacy Act 1983

“Premises’ means the registered premises of a pharmacy as stated in the letter of authorization to operate a pharmacy issued by the Pharmacy Board

“Preparation’ has the meaning assigned to it in the Pharmacy Act 1983

“Poison” has the meaning assigned to it in the Pharmacy Act 1983

“Therapeutic Substance” has the meaning assigned to it in the Pharmacy Act 1983

### **3. Scope of the Code of Practice**

For the purpose of Section 27.1(b) of the Act, any pharmacist found guilty of a breach of the Code by the Council after due inquiry as prescribed in the Act, shall be deemed to be in the opinion of the Council guilty of disreputable or disgraceful conduct in a professional sense, and shall be liable to such disciplinary action as the Council deems appropriate under the provisions of the Act.

## **Part TWO: CODE OF PRACTICE**

The Code of Conduct sets out the fundamental duties which apply to pharmacists. It is not intended to be an exhaustive enumeration of the professional matters, the breach of which may result in disciplinary proceedings being instituted by the Council. The information provided should be read with all applicable legislation [including, but not limited to, the Pharmacy Act, The Dangerous Drugs Act and the Pharmacy Council Act.]

The Council, when investigating a complaint, shall take into consideration the circumstances of an individual case and shall not be bound by those matters that are expressly mentioned in the Code. In circumstances when the subject matter of a complaint does not appear to come within the scope or precise wording of any of the categories set forth in the Code, the Council shall be considered the judge upon the facts brought before it.

The Code sets down the professional responsibility of pharmacists in all activities described under the term “practice of pharmacy” in the Act.

The pharmacist in the execution of his duties shall ensure that the professional standards laid down below are complied with.

### **1: PROFESSIONAL RESPONSIBILITY**

#### **1.1 Responsibility for Standards of Professional Practice**

1.1.1 A pharmacist when providing any professional service or intervention must do so on the basis of accurate and current information for which they are qualified in their area of competence and within their scope of practice. The pharmacist shall keep abreast of the progress of professional knowledge in order to maintain a high standard of competence relative to the discharge of his professional service to his clients.

*The Professional Standards Are:*

##### **(a) Health and Safety of Patient or Clients**

- (i) Pharmacists must have specialized and updated knowledge about medicines, health related products, medicinal and complimentary therapies and are expected to use this knowledge and their experience to benefit their patients or clients.
- (ii) Pharmacists are aware of the limitations of their knowledge, skills and facilities and refer patients to appropriate health care professionals when they are unable to meet the needs of their patients or clients.
- (iii) Pharmacists supply only duly registered prescription and nonprescription medicines and health related products obtained from properly licensed outlets that are safe, effective and of good quality.

## **(b) Professional Relationship With Patient or Clients**

- (i) Pharmacists respect the professional relationship with the patient or clients and act with honesty, integrity and compassion.
- (ii) Pharmacists maintain proper professional boundaries in relationships with each patient, taking special care when dealing with vulnerable individuals
- (iii) Pharmacists respect the cultural needs and unique lifestyle of patients
- (iv) (iii) Pharmacists determine the patient needs, values and desired outcomes and are always ready to advocate for the basic rights of their patients
- (iv) Pharmacists seek to involve their patients or clients in the decisions regarding their health

## **(c) Autonomy, Values and Dignity of Patient or Clients**

- (i) Pharmacists listen compassionately to patients and their carers and seek to understand the patient's values and health goals.
- (ii) Pharmacists provide their patients or clients with evidence-based and understandable information needed to make informed decisions about the patients' health and discuss that information with them.
- (iii) Pharmacists are committed to each patient or client regardless of national or ethnic origin, physical or mental disability, political affiliation, race, religion, gender, sexual orientation, socio-economic status, age or health condition..
- (iv) Pharmacists respect the right of competent patients to accept or reject care or other professional services.
- (v) Pharmacists respect the dignity of patients or clients with diminished competence and seek to involve them, to an appropriate extent, in decisions regarding their health.

## **(d) Respect and Protect the Patient's or Client's Right of Confidentiality**

- (i) Seek only information that is necessary to make informed decisions about the patient's health and the treatment alternatives that align with the patient's treatment goals, unless otherwise authorized by law.
- (ii) Pharmacists keep confidential all information acquired in the course of professional practice.
- (iii) Protect each patient's privacy during any consultation
- (iv) Pharmacists may disclose prescription information for ethical reasons (e.g. scientific research) only if the information will not identify the patient or client.
- (v) Confidential information is disclosed only in cases where the patient or client (or the patient's or client's agent) provides consent, where the law demands or where disclosure will protect the patient or clients or others from harm.

## **(e) Respect the Rights of Patients or Clients to Receive Pharmacy Services**

- (i) Pharmacists will take reasonable steps to ensure that prescribed medicines or services are provided from suitable sources and the patient's or client's care is not jeopardized when they are unable to provide such medicines or services to their patients or clients.
- (ii) Pharmacists will arrange the condition of their practice so that the care of their patients will not be jeopardized when they will not provide certain pharmacy services

because of moral or religious reasons. Pharmacists will inform their employer or the relevant pharmacy authorities of their constraints upon taking employment.

(iii) Pharmacists have a duty, through communication and co-ordination, to ensure the continuity of care of patients or clients during pharmacy relocation or closure, industrial action, natural disasters or emergencies where continuity of care may be problematic.

(iv) Pharmacists will not abandon the professional relationship with their patient in situations where the patient is unable to pay. Such patients may be referred to appropriate institutions, including the Ministry of Health, the Ministry of Social Security and charities for assistance.

### **1.1.2 General Principles**

(a) Pharmacists shall maintain the highest professional standard in their conduct, and in their professional relations with members of their own profession and other allied professions.

(b) Pharmacists keep abreast of and obey the laws, regulations, standards and policies of the profession both in letter and in spirit.

(c) Pharmacists do not condone breaches of the law, regulations, standards or policies by colleagues, co-workers or owners of a pharmacy and report, without fear, such breaches.

(d) Pharmacists accept the ethical principles of the profession and do not engage in activity that will bring discredit to the profession.

(e) Pharmacists do not abuse drugs or alcohol, do not condone the abuse of drugs or alcohol by colleagues, co-workers and other health professionals, and report, without fear, such abuse.

(f) Pharmacists do not practice under terms or conditions that interfere with or impair the proper exercise of professional judgement and skill, that cause deterioration of the quality of professional services rendered, or that require consent to unethical conduct.

(g) Pharmacists comply with price regulations that are in force for medicines and related products and do not deceive patients about the source of drugs.

(h) Pharmacists do not enter into arrangements with prescribers that could affect the prescriber's independent professional judgments in prescribing or that could interfere with the patient's right of choice of a pharmacy.

(i) Pharmacists do not accept inducements from suppliers and manufacturers that could reasonably be perceived as affecting the pharmacist's independent professional judgment.

(j) Pharmacists advertise and promote themselves only via methods which uphold the dignity and honour of the profession and which are within the boundaries of any existing regulations or guidelines

### **1.1.3 Relationship with Pharmacists and members of the allied profession.**

(a) Pharmacists respect the special competencies and responsibilities of their colleagues and other health care professionals, and of the institutions, statutory and voluntary agencies that constitute their working environment.

(b) Pharmacists foster, develop and maintain effective relationships with professional colleagues and other health care providers and co-operate with them to achieve positive medicine-related health outcomes for patients and the community.

(c) Keeping confidentiality in mind, pharmacists consult with colleagues or other health care professionals to benefit the patient. When additional knowledge and expertise are required, pharmacists refer their patients to other health care professionals or agencies.

(d) Pharmacists maintain professional relationships with colleagues and ensure patient's needs are met when supplying colleagues with transfer copies of prescriptions, inventory, etc.

**1.1.4 A Pharmacist must neither agree to practice under conditions which may compromise his professional independence, judgment or integrity, nor impose such conditions on other pharmacists.**

(a) A pharmacist must freely exercise professional judgment when carrying out the duties of a pharmacist and should not accept employment in which this freedom may be compromised.

(b) A pharmacist managing an environment in which other pharmacists are employed must ensure the professional autonomy of those pharmacists is preserved.

(c) Pharmacists may not collude with any person who is precluded in terms of the Pharmacy Act Regulations relating to the ownership and licensing of pharmacies from owning a pharmacy or have a beneficial interest in a pharmacy.

**1.2 Professional Development and Contributions To Society**

**1.2.1 Pharmacists commit themselves to the concept of Continuing Professional Development, which is defined as the process by which pharmacists continuously enhance their knowledge, skills and personal qualities throughout their professional careers.**

1.2.1.1. It encompasses a range of activities including:

- a. Continuing education
- b. Professional audit which is the study of the structure, process and outcomes of pharmacy practice
- c. Relevant pharmacy- or non-pharmacy related post-graduate education
- d. Performance appraisal, self-assessment, identification and documentation of personal development targets
- e. Active involvement in professional organizations
- f. Practice research

**1.2.2 Pharmacists participate in the enhancement of the profession of pharmacy.**

(a) Pharmacists associate with organizations that strive to improve the profession of pharmacy.

(b) Pharmacists recognize that self-regulation of the profession is a privilege and that each pharmacist has a continuing responsibility to merit this privilege and to support their professional institutions.

(c) Pharmacists contribute to the future of the profession by participating, willingly and diligently, in the education of students and candidates for registration.

(d) Pharmacists contribute to the future development of the profession by encouraging and mentoring students, pre registrants and newly registered pharmacists in their professional development. They will endeavor to foster in the



young pharmacists the character traits and professional values that are inherent to the profession.

### **1.2.3 Pharmacists contribute to the health care system and to societal health needs.**

- (a) Pharmacists support positive changes in the health care system by actively influencing and participating in health policy development, review and revision.
- (b) Pharmacists support cost-effective therapies and the prudent use of health care resources.
- (d) Pharmacists participate in programs to educate the public about keeping healthy and preventing disease.
- (e) Pharmacists incorporate practices that prevent the growth and transmission of pathogens
- (f) Pharmacists foster the advancement of knowledge by supporting appropriate research projects, wherever possible.
- (g) Pharmacists act as stewards for the environment by promoting the safe disposal of drugs and related products.
- (h) Incorporate technologies and systems into practice that improve effectiveness and efficiency in the delivery of healthcare.

### **1.3 Relationship With Other Pharmacists and Members of The Allied Profession**

1.3.1 In his practice, a pharmacist shall not by words or deed or by inference thereof discredit or disparage the professional integrity, or judgment, or skill of another pharmacist or of a member of an allied profession.

1.3.2 In dispensing a prescription, a pharmacist shall not attempt to secure for himself the care of the patient whose prescription had been dispensed.

1.3.3 In conformity with his own sense of responsibility, a pharmacist shall refer a patient or client to members of other allied professions when, in the opinion of the pharmacist, the interest of the patient or client, is better served by members of that profession.

1.3.4 Pharmacists will not refuse to process a prescription that has been partly filled by another pharmacy.

1.3.5 Pharmacists shall challenge the judgment of colleagues and other health or social care professionals if they have reason to believe that their decisions could compromise the safety or care of others.

### **1.4 Drug Administration**

#### **A. General Guidelines**

1.4.1 Pharmacists have a professional responsibility to exercise control over all the activities that are linked with the ordering, transport, storage, compounding, dispensing, labelling, disposal and recall of pharmaceutical products and other medical products.

1.4.2 Pharmacists will purchase properly registered medicines and other medical products from licensed sources only.

1.4.3 Pharmacists will exercise control on their stocks and will be aware of individual drug consumptions to avoid losses due to expired products.

1.4.4 Medicines may only be sold/supplied to persons who are appropriately authorised to be in possession of such medicines.

1.4.5 Pharmacists will ensure that drugs are safely stored under physical conditions that comply with the manufacturer's recommendations.

1.4.6 The purchase, possession, sale, supply or dispensing of an unregistered medicinal product, except where specifically permitted by the Ministry of Health, or of a counterfeit medicine is considered by Council to be unprofessional conduct, and subject to disciplinary action by Council.

## **B. Counterfeit or stolen medicines**

1.4.7. Pharmacists must report to the Pharmacy Board or other competent authority any instance where they suspect that they have been offered or supplied with counterfeit medicines.

## **C. Re-Use of medicines**

1.4.8 A pharmacist shall not re-dispense a medicine, previously returned to the pharmacy by another patient, which had been in that patient's possession.

## **D. Medicines to be kept in original containers**

1.4.9 Medicinal products should not be accepted other than in their original outer packaging and should not be removed from a manufacturer's blister or foil pack in order to create a bulk dispensing pack. They may, however, be removed at the time of dispensing for an individual patient at the pharmacist's discretion to assist patient compliance.

1.4.10 Pharmacists shall keep branded products bearing the same name and having the same ingredients but sourced from different manufacturers in their respective original containers. Mixing brands of the same molecule selling at different prices in one single container is considered by Council to be unprofessional conduct.

## **E. Medicine Misuse**

1.4.11 Pharmacists must exercise professional judgment to prevent the supply of unnecessary and excessive quantities of medicines and other products, particularly those that are liable to be misused or abused.

1.4.12 Pharmacists must be aware to the risks of dependency in health care professionals and patients and they should refuse to dispense those medicines when circumstances warrant such refusal.

1.4.13 The products which are abused are subject to change and pharmacists should keep abreast of local and national trends.

1.4.14 Pharmacists will comply with the conditions set in the Dangerous Drugs Act for the maximum duration of treatment for schedule 2 and schedule 3 preparations, and for the period of validity of prescriptions as from the date of their issue.

## **F. Records**

1.4.15 Pharmacists will keep all statutory books and registers, records, prescriptions, invoices, stock ledgers in their pharmacies for the time period required by the relevant laws.

## **G. Sale of samples and products meant for demonstration purposes**

1.4.16 The sale of medicine samples and of medicines contained in packs other than the normal sellable packs is considered unprofessional by the Council and may entail disciplinary proceedings.

## **H. Compliance with pharmacy laws and regulations**

1.4.17 Pharmacists will comply with prescription and labelling requirements set in the Pharmacy Act and the Dangerous Drugs Act and in their respective regulations when dispensing drugs to patients.

## **I Discretionary powers of pharmacist**

1.4.18 Pharmacists shall delay the execution of a prescription and refer the matter immediately to the original prescriber or to such appropriate person if they consider that the authorised person has made an evident error or overlooked something which may endanger the life or health of the patient.

## **1.5 Delegation of Duties**

### **1.5.1 Overall responsibility of the pharmacist**

1.5.1.1. The pharmacist is responsible for all interventions and activities carried out in his pharmacy whether by himself or by staff so delegated by him.

1.5.1.2. Pharmacists shall maintain suitably qualified and experienced human resources to ensure that the law governing the practice of pharmacy and the operation of pharmacies is complied with and patient health needs are met

### **1.5.2. Employment of Unqualified or Non-registered Persons**

The employment of any person not qualified or registered under the Pharmacy Council Act, and the permitting of such unqualified or nonregistered person to perform any task, which would otherwise require the supervision of a pharmacist, or which requires the professional discretion or skill of a pharmacist, is in the opinion of the Council in its nature unsafe and fraudulent.

In the event where a person other than a pharmacist is required to perform any act that requires the supervision of a pharmacist, the pharmacist in charge of the pharmacy shall be available for immediate consultation and shall be in full control of the person and the act performed.

### **1.5.3 Supervision and Responsibility**

1.5.3.1 The pharmacist will attend the pharmacy between such hours as are prescribed in his arrangement or contract with the owner of the pharmacy. Any act or intervention that specifically require the physical presence of the pharmacist and his immediate supervision cannot be performed in his absence.

1.5.3.2 Pharmacists will take reasonable steps to inform the Pharmacy Board and the Council about their times of attendance and will ensure that the pharmacy either closes or refrain from dispensing any prescription-only product including therapeutic preparations, poisons, and Dangerous Drugs during their absence.

1.5.3.3 The pharmacist shall ensure that the supporting staff to whom tasks are delegated, have the competencies necessary for the efficient and effective undertaking of these tasks and that all information provided to patients, other members of the public and other health professionals is accurate and given in a manner designed to ensure that it is understood.

1.5.3.4 Pharmacist shall not delegate responsibility requiring professional judgment except to another registered pharmacist.

### **1.6 Pharmaceutical Research**

In the scientific application of pharmaceutical research carried out on human beings it is the duty of the pharmacist to uphold the sanctity of human life.

1.6.1 A pharmacist shall not be a party to any research on human beings unless the research proposal has been approved by the appropriate ethics committee.

1.6.2 The pharmacist can combine scientific research with professional care, the objective being the acquisition of new knowledge, only to the extent that the research is justified by its potential value for the patient.

1.6.3 A pharmacist shall use great caution in divulging discoveries through non-professional channels.

1.6.4 The results of any research on human subjects should not be suppressed whether adverse or favourable.

1.6.5 Pharmacists participating in research at hospital level shall comply with Current Good Clinical Practice guidelines and with the protocol approved by the Clinical Research Regulatory Council (CRRC).

### **1.7 Continuing Profesional Development (CPD)**

1.7.1 Pharmacists shall strive to keep abreast of new knowledge and advancement relevant to their practice by actively engaging themselves in continuous study throughout their professional life in order to merit the confidence in their professional competence and justify the monopoly that the profession enjoys over the sale of medicines.

1.7.2 Pharmacists will follow only CPD programmes that have been approved by the Council

1.7.3 All Pharmacists, irrespective of their occupation, placement, and modes of operation are required to comply with the minimum CPD points determined by the council to be eligible for the renewal of their registration at the beginning of each year.

## 1.8 Relationship with the Pharmaceutical Industry

The pharmacist and the pharmaceutical industry have a common interest in the promotion and care of the health of the public. Although the closest cooperation between the pharmacist and the pharmaceutical industry is encouraged:

1.8.1 A pharmacist shall avoid a situation, whereby he, by accepting any financial or material inducement, would compromise his professional judgement on the choice of drug for his patient or client.

1.8.2 A pharmacist shall not participate in the promotion of a drug which involves the supply of such drug without discrimination to his patient or client or which by-passes his professional function.

1.8.3 To sustain public confidence in the profession, a pharmacist shall not only choose but also be seen to be choosing the drug which, in his professional judgement and having due regard to economy and rational drug use, will best serve the interest of his patient or client.

1.8.4 Pharmacists will require of the industry that they produce and present evidence-based information that have been peer-reviewed and published in reputable medical journals.

1.8.5 Pharmacists will report to the relevant authorities any initiative, promotion, or intervention from the industry that appear unethical or illegal to them. Such actions include, but are not limited to:-

- a. Selective distribution of drugs to a number of pharmacies only
- b. Dumping of drugs about to expire at low prices
- c. Promotion of off-label indications for any drug
- d. Refusal to acknowledge pharmacovigilance issues
- e. Presentation of drugs in a form that make them unsuitable for some categories of patients namely infants and elderly persons
- f. Prolonged unavailability of a commonly used drug
- g. Sudden and wild increases in drug prices
- h. Distribution of inaccurate and misleading information on drugs
- i. Outrageous bonus schemes aiming at promoting any medicine at all costs

## 1.9 Professional appearance and nature of pharmacy

**Principle:** A pharmacist offering services directly to the public must do so in or from pharmacy premises that comply with the provisions of the Pharmacy Act Regulations No. 10 of 1985 and with any of its subsequent amendments. The premises must reflect the professional character of pharmacy,

In adhering to this principle the pharmacist must ensure that his pharmacy has sufficient facilities and equipment to comply with all relevant regulations.

Pharmacists will ensure that no part of their pharmacy is used for any purpose other than that of a pharmacy and that no part thereof is sublet

### **1.9.1 Illegal arrangements**

Pharmacists will ensure that the provisions of section 40 of the Pharmacy Act are strictly enforced.

Pharmacists will not allow any direct access to medical practitioners' surgery from any part of the pharmacy and will ensure that patients exiting a doctor's consultation room are not forced to go through the pharmacy.

## **2: ABUSE OF PROFESSIONAL PRIVILEGES AND SKILLS**

### **2.1 Abuse of Privileges Conferred by Law**

The law confers upon the pharmacist certain privileges pertaining to the import, storage, distribution, sale, supply, export, manufacture and generally dealing in drugs. All those transactions are governed by law.

Pharmacists as the legal custodian of those activities have a legal and moral obligation to comply with the relevant laws and regulations and to ensure that national health authorities and the public in general perceive the profession through their competence, skills and moral rectitude as being worthy of their monopoly.

#### **2.1.1 Sale of pharmaceutical products**

2.1.1.1. Pharmacists will ensure that they offer for sale only items that are intended for medical, scientific, hygienic, cosmetic, and industrial purpose as set in section 17 of the Pharmacy Act and in any subsequent amendment to that section.

2.1.1.2 Pharmacists shall not sell or offer for sale any article that may appear offensive, indecent or dangerous to health.

2.1.1.3 The sale or supply of medical devices and drugs including drugs of dependence shall only be made in the course of *bona fide* treatment. No drugs should be sold or supplied in order to achieve the pharmacist's own or any other person's gratification.

2.1.1.4 A pharmacist shall not sell or supply any drug or medical device where he has any reason to doubt its safety, quality or its therapeutic value, and shall not condone or assist in the dispensing promotion, or distribution of such drugs or devices. It is unethical for a pharmacist to sell or supply any unregistered product unless with approval.

2.1.1.5 A pharmacist shall take into due consideration the needs and welfare of his patient or client and shall not sell or supply drugs, medical devices or health products which are unnecessary or likely to be misused or abused or in such amounts which are excessive.

2.1.1.6 A pharmacist who solicits patients or clients to purchase drugs, medical devices or health products commits a discreditable act.

## **2.1.2 Dangerous Drugs**

In the sale, supply or dealing with Schedule 2 and 3 Dangerous Drugs substances, a pharmacist shall abstain from abusing the privileges conferred to them under the Dangerous Drugs Act. The pharmacist shall comply with the storage and records of transactions pertaining to psychotropic substances under the Dangerous Drugs Act regulations.

**However pharmacists should ensure that they hold minimum stocks of schedule 2 dangerous drugs (narcotics) that are used as major pain killers. It is not acceptable for pharmacists to refuse to deal with schedule II dangerous drugs on the account that control requirements are too strict**

## **2.1.3 Sale of Poisons and Dangerous Drugs**

2.1.3.1 Pharmacists shall ensure that poisons and other potentially dangerous preparations or substances will be handled and dispensed by suitably qualified persons under conditions that guarantee their safety and that of the patients.

2.1.3.2 Pharmacists shall take reasonable precautions and measures to ascertain that poisons and other prescription-only preparations are in fact sold or supplied and delivered to bone fide authorised persons and for authorised purposes. The pharmacist shall remain especially alert to complacent or fake prescriptions. Such occurrences shall be notified forthwith to the Supervising officer of the Ministry of Health..

## **2.1.4 Accountability**

It is a privilege for a pharmacist to be a legal custodian of poisons, psychotropic substances and dangerous drugs. By conferring this privilege upon him, not only is he held accountable for such substances as required by law, but, from a moral and ethical point of view, he is expected to exercise professional accountability,

Concurrent with this, the Council is also of the opinion that a company owning a pharmacy is equally bound to exercise the same degree of accountability as required of a pharmacist. This responsibility is trusted upon a body corporate in return for licensing it to carry on a business of keeping, retailing, dispensing and compounding of poisons, dangerous drugs and therapeutic substances.

## **2.1.5 Covering**

A pharmacist shall not allow any other person to use his licence to cover any dealing in poisons, psychotropic substances or dangerous drugs. All transaction of poisons, psychotropic substances and dangerous drugs shall be bona fide conducted by the pharmacist or under his immediate personal supervision as provided under the existing legislation.

## 2.1.6 Quality of Pharmaceutical Products

Pharmacists will not sell any pharmaceutical product which –

- (i) is adulterated or impure;
- (ii) does not conform to a prescription or to specified standards;
- (iii) is not of good quality and not in a perfect state of preservation for medicinal use
- (iv) is expired or will expire before the treatment is completed
- (v) contains any ingredients that may injuriously affect its quality.
- (vi) Is banned for use in the state of Mauritius

## 2.1.7 Compounded medicines

2.1.7.1 Pharmacists will not compound any preparation in their pharmacy unless:-

- a. The pharmacy holds all the facilities and equipment required for the activity to take place in safe and hygienic conditions
- b. The formulation is derived from a recognized pharmacopoeia or is prescribed by a medical practitioner
- c. The pharmacy has all the ingredients needed in the formulation in the required quantities.
- d. The preparation is carried out by the pharmacist in person or under his direct supervision

Pharmacists are advised to restrict compounding activities to those requiring simple processing such as mixing and dilution.

2.1.7.2 The pharmacist will keep a proper record of the preparation in a compounding book. The record will include:-

- a. The date
- b. The name of the prescriber, if applicable
- c. The name of the patient
- d. The full formula of the preparation and its source – prescription or pharmacopoeia,
- e. The batch number and expiry date of every component or ingredient,
- f. The mode of preparation,
- g. The name of the pharmacist,
- h. The batch number and the expiry date of the preparation
- i. The price claimed

2.7.1.3 The preparation will be suitably labelled

## 2.2 Abuse of Privileges Conferred by Custom

A good professional practice depends upon the maintenance of trust between pharmacists and their patients or clients, and the understanding of both parties that proper professional relationship be strictly observed. The pharmacist shall exercise great care and discretion in order not to injure this crucial relationship.



### **2.2.1 Abuse of Confidence**

A pharmacist shall not improperly disclose information which he obtains in confidence from or about a patient or client unless there is a legal need of the disclosure.

### **2.2.2 Undue Influence**

A pharmacist may not exert improper influence upon a patient to receive any monetary, return or benefit.

## **3: CONDUCT DEROGATORY TO THE REPUTATION OF THE PROFESSION**

### **3.1 Respect for Human Life**

The utmost respect for human life should be maintained even under threat, and no use should be made of any professional knowledge contrary to the laws of humanity. The pharmacist may exercise conscientious. The Council believes that pharmacists' right of conscientious objection should be reasonably accommodated, provided that the patient is informed of the service, the patient is redirected to an alternative source, the refusal does not cause an unreasonable burden to the patient, and the reasons for the refusal are based on the core values of the profession.

### **3.2 Personal Behaviour**

A pharmacist is expected at all times to observe proper standards of personal behaviour and decency not only in his professional activities but at all times to uphold the high public reputation of the profession.

#### **3.2.1 Personal Misuse of Alcohol or Drugs**

A pharmacist who performs any professional duty while in a state of intoxication by alcohol or under the influence of drugs commits a discreditable act and jeopardizes the safety of patients. No pharmacist shall practice in such a state. Drug abuse by a pharmacist is professionally discreditable.

#### **3.2.2 Dishonesty.**

A pharmacist shall be liable to disciplinary proceedings if he is convicted of criminal deception, forgery, fraud, theft or of any other offence involving dishonesty. Pharmacists will be honest in dealings with patients, other pharmacists, pharmacy dispensers, health professionals, suppliers and any others encountered in business dealings related to the practice of their profession or the operation of a pharmacy.

A pharmacist shall not sell or supply with prior knowledge any drug or medical device which is defective or is incapable of serving the purpose it is intended for or is falsely or fraudulently labelled or presented.

A pharmacist shall not act for improper motives. A pharmacist's motive is considered improper if he sells or supplies any drug or medical device purely for his financial or

material benefit, or if such act is motivated by his acceptance of an improper inducement from the supplier of the drug or medical device.

Pharmacists shall be accurate and transparent in the fees that are charged; they will consider the ability of the patient to pay and, where appropriate, discuss options with the patient

Fee-splitting or any form of kick back arrangements as an inducement to refer patients or clients to other members of the allied profession may be regarded as unethical. A pharmacist shall not recommend a particular member of the allied profession or a medical practice unless so requested by his patient or client seeking medical advice.

### **3.2.3 Indecency and Violence**

Any conviction for assault or indecency is derogatory to the dignity of the profession and thus regarded as a serious breach of conduct and will be viewed with particular gravity if the offence is committed in the course of a pharmacist's professional duties or against his patients or colleagues.

### **3.3 Conflict of Interest**

The pharmacist shall avoid any situation in which there is a conflict of interest with the patient.

## **4: ADVERTISING CANVASSING AND RELATED PROFESSIONAL OFFENCES**

No person shall advertise any pharmaceutical product intended for human or veterinary use except in such technical or professional publications, as may be approved by the Pharmacy Board.

Publicity covers all forms of announcements or information addressed to the general public or health care professionals concerning the goods and services offered by pharmacists or pharmacies.

All forms of communication are covered and include, for example, editorial and advertisements in print, electronic, radio and television media, as well as leaflets, flyers, notices, signs, packaging material, labels, public address systems and electronic mail.

Pharmacists may, in the public interest, provide information about available services in or from a pharmacy. Publicity must not claim or imply any superiority over the service provided by other pharmacists or pharmacies, must be dignified and must not bring the profession into disrepute. This approach will impress upon the public that medicines are not normal commodities of trade and that a pharmacist, in addition to supplying medicines, provides skilled and informed advice and counselling on pharmaceutical matters and health care.

The Council recognises that the profession has a duty to disseminate information about advances in pharmaceutical sciences and therapeutics provided it is done in an ethical manner.

#### **4.1 Touting**

Pharmacist will refrain from inducing or forcing patients to enter their pharmacies by any physical means or through the use of public canvassers that direct patients coming out from the surgeries of nearby medical practitioners to their pharmacy

The practice of collecting prescriptions directly from a doctor's consultation room by a pharmacist with a view of forcing a patient to use the services of his pharmacy is considered highly unethical by the Council.

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