

INTERN AND TUTOR MANUAL FOR THE PRE-REGISTRATION EXPERIENCE OF PHARMACIST INTERNS

2020

Academic Pharmacist Interns
Community Pharmacist Interns
Hospital Pharmacist Interns
Manufacturing Pharmacist Interns



**South African
Pharmacy Council**
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1. Introduction

The practical training year is extremely important to the pharmacy graduate. The pre-registration programme, developed by the South African Pharmacy Council (henceforth 'SAPC' or 'Council'), lays the foundation for the internship year and provides the pharmacy graduate with an opportunity to gain practical experience and knowledge in a practice setting. It is also the year in which the tutor nurtures and guides the intern towards adopting a specific approach and attitude towards the practice of the pharmacy profession.

Internship for pharmacy graduates extends over a **minimum period of 12 months**, or a period of not less than 12 months in the aggregate, as determined in the Pharmacy Act, 53 of 1974 (the Act). In terms of the Act, **internship can only commence after registration with Council**. Prior to registration of the intern, Council must approve the tutor as well as the pharmacy or institution as a training site. At the end of the internship period, the intern should have had exposure to the practice of pharmacy and be able to practise as a competent professional.

The pre-registration programme is based on a set of exit level outcomes (ELO) which describe the knowledge, skills and attitudes required of an entry-level pharmacist. During the year the intern should gain the technical skills to augment the knowledge they acquired during their undergraduate study period.

This manual is designed to assist interns, in a structured manner, in their preparation for a career as professional pharmacists and equip them to:

- (a) apply legal and ethical principles in their activities;
- (b) demonstrate a holistic approach to and accept responsibility for professional actions;
- (c) obtain knowledge and expertise in conducting a patient-orientated health service;
- (d) develop communication skills to enable them to interact with patients and members of a healthcare team;
- (e) gain knowledge of the general aspects of healthcare, with particular emphasis on the South African situation, and the role of the pharmacist in the promotion of health and prevention of illness;
- (f) make sound decisions relating to drug-related problems;
- (g) apply the principles of pharmaceutical care to achieve definite therapeutic outcomes for the health and quality of life of a patient;
- (h) plan and manage personal programmes in terms of workflow and tasks;
- (i) apply knowledge of products used in pharmacist-initiated care and maintain the same diligence required for the dispensing of prescribed medicines; and
- (j) manage personnel and work as part of a team, both within the pharmacy and with members of a healthcare team.

The objectives of this manual are to:

- (a) clarify requirements for the pre-registration year;
- (b) emphasise the responsibilities and the role of both the intern and the tutor;
- (c) provide a timetable with the most important dates for the year;

- (d) explain the manner of assessment of the progress and performance of the intern;
- (e) inform interns of the relevant application forms and online procedures that are required during internship; and
- (f) provide information regarding the various professional organisations and other pertinent information.

The fifth year of the education and training of a pharmacist is of such a hands-on nature that the responsibility for training lies, to a large extent, with the tutor. Council endeavours to assist both the intern and the tutor through this manual, which offers a structured training programme and methods of assessment to measure the progress of the pharmacist intern.

2. Guidelines for the pre-registration year

This manual is a guide for pharmacist interns and tutors to ensure a successful pre-registration experience. Its aim is to explain the purpose and the contents of the internship programme, the role of the tutor and the intern, as well as the assessment of an intern's performance.

In terms of the programme for the pre-registration year, the following should be noted:

- the practical training site should allow an **introduction (orientation) period** of two weeks for the intern;
- Council will organise an **information session (intern/tutor workshop)** which must be attended by both tutors and interns. The workshops will take place in each province between February and May 2020. Interns and tutors must RSVP online on Council's website (www.sapc.za.org) for the event. Please note that **all registered active interns and their tutors should attend the workshops annually** as guidelines, assessment criteria and timetables may change;
- the list of **competency standards (CS)** should be used as a guideline for training (refer to Annexure A);
- **progress reports** (see Section 3.3) on the skills and knowledge obtained by the intern, as well as their personal development, must be submitted **during the year** as reflected online;
- **online submission of a continuing professional development (CPD) portfolio is required** (see Section 3.2);
- the intern should attend at least **two continuing education** sessions;
- the tutor is responsible for confirming that the practical training of an intern was conducted to their satisfaction at the **end of the internship**;
- all interns must successfully complete **the pre-registration examination** (see section 3.1); and
- to **qualify to write a pre-registration examination for the first time**, interns must be in their **sixth (6th) month** of internship, and must have submitted at least six CPD entries and be competent in a minimum of three. Additionally, interns must have had three progress reports submitted by the tutor (i.e. the 12 weeks personal and professional development report, and the 24 weeks personal and professional development report and sectoral experience checklist).

It is strongly recommended that exposure to other sectors of pharmacy takes place during the internship period. For example, community pharmacy interns may be exposed to hospital pharmacy and vice versa. Interns should also be exposed to different aspects within the practical training facility. Pharmacist interns should thus spend time on a rotational basis in various areas of the approved hospital, community or manufacturing pharmacy where they are placed. The approved tutor remains responsible for the training of the intern during such rotations.

2.1 GENERAL REQUIREMENTS AND CONDITIONS FOR INTERNSHIP

The period of internship for all sectors extends over a period of **at least 12 months**. Leave may be taken in accordance with the Basic Conditions of Employment Act, 75 of 1997. Allowance is made for sick leave and other types of leave as applicable. Legislation pertaining to the internship is found in the Pharmacy Act, 53 of 1974, and in the *Regulations relating to pharmacy education and training* and the *Regulations relating to the registration of persons and the maintenance of registers*.

No person may commence internship unless:

- they are duly registered with the SAPC as a pharmacist intern;
- a contract has been entered into between the tutor and the prospective pharmacist intern at the pharmacy or institution registered as a provider of a qualification in pharmacy (academic institution) at which the internship will take place; and
- the tutor and the practical training premises have been approved by the SAPC.

2.2 PROFESSIONAL CONDUCT

The intern must always act in accordance with all relevant legislation and the *Code of Conduct for pharmacists* which is available on the SAPC website at www.sapc.za.org under 'Rules'. This code should be used to support the intern (and all pharmacists) in the challenging task of providing good healthcare and fulfilling their professional roles as well as providing a framework to help guide professional judgement.

2.3 THE ROLE OF THE TUTOR

One of the most important responsibilities of the tutor is to be a **role model** and **mentor** in all aspects of practice, with emphasis on the values and attributes of a pharmacist. Pharmacists should not only be competent to perform certain functions and tasks but be able to perform these tasks with a specific attitude and set of values. Tutors must take particular care to observe the requirements of the Act, including the applicable rules and regulations, the code of conduct of the profession, and other applicable legislation.

In being aware of the responsibility to educate and train the new graduate in an appropriate and responsible manner, the tutor should supply the required equipment, materials, programmes, access to information systems and literature as necessary. Tutors are mandated to comply with the CPD requirements as outlined in the *Regulations relating to continuing professional development* and attend the intern/tutor workshops conducted by Council. It should be kept in mind that the intern will be in possession of theoretical knowledge and will require assistance in the application thereof. Continuing professional development (CPD) will assist in ensuring that tutors practise competently and in a manner that will provide an effective role model for the intern.

Furthermore, the tutor should be available to assist the intern in the performance of day-to-day tasks and to provide guidance in the development of an independent, responsible decision-maker on matters affecting the health of the public. Pharmacists in each practice setting are required to accept responsibility for their self-development and assessment of continued competence throughout their

professional working lives. This requires systematic maintenance and development of skills, attitudes and behaviours, broadening of knowledge while maintaining proficiency, providing quality service and/or products, responding to patient needs, and keeping abreast of changes in the profession.

The ultimate responsibility for passing the competency evaluation lies with the pharmacist intern. The tutor should, however, also realise that a specific standard should be maintained. The assessments that must be conducted throughout the year are thus of importance as a measure of the progress being made by the intern.

The benefits of being a tutor include:

- supporting the future of the pharmacy profession;
- diversifying skills;
- strengthening pharmacy practice;
- maintaining knowledge; and
- the potential for future recruitment of a newly qualified pharmacist.

(a) Internship conducted in academic institutions and manufacturing pharmacies

The internship must include a period of not less than 400 hours of practical training at a community or institutional (hospital) pharmacy approved by Council for such training. The tutor at the academic institution or manufacturing pharmacy must make the necessary arrangements for and keep a record of the 400 hours of practical training. **The 400 hours of practical training must be done over periods of at least five consecutive (eight-hour) days.**

The pharmacist supervising the 400 hours of practical training must complete the Declaration of completion of 400 hours online.
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(b) Internship programme in hospital complexes (public sector hospital complexes)

Interns may be rotated in hospital complexes (i.e. where hospitals have been grouped together in healthcare complexes and/or provide healthcare services in collaboration with community healthcare centres or primary healthcare clinics) under the following conditions:

- (a) there must be at least one approved tutor responsible for the effective practical training of the pharmacist intern concerned;
- (b) an approved tutor may not delegate the supervisory function to a community service pharmacist;
- (c) facilities (hospital pharmacies) where the intern would be rotating must be approved and recorded by Council and each facility must have a pharmacist to supervise the intern;
- (d) the facility (hospital pharmacy) where such rotation would take place for purposes of practical training, the period(s) that such services would be provided, as well as the name of the pharmacist under whose supervision the intern would work, must be clearly indicated/described in the contract to be approved by Council before the internship commences; and
- (e) the rotation must be for purposes of practical training only.

2.4 CESSION OF CONTRACT

Section 15 of the *Regulations relating to education and training* contains the requirements for cession of contract between the tutor and the pharmacist intern. According to this section of the regulations, an internship contract may be ceded to another approved tutor at the same pharmacy/institution or at another approved pharmacy/institution. Such cession may occur in the event of:

- (a) the death of the tutor, the sequestration of their estate, their conviction of a serious offence, their suspension or the removal of their name from the register of pharmacists;
- (b) the discontinuation of practise of the tutor or the resignation of the tutor from the pharmacy or institution approved for an internship;
- (c) the closure of the pharmacy or institution;
- (d) mutual consent between the tutor and the pharmacist intern for a reason which is acceptable to the registrar; or
- (e) any other reason that Council may deem fit.

Only the period of internship undertaken by an intern under the initially registered tutor and the newly registered tutor will be recognised by Council.

A pharmacist intern who intends to cede a contract to another tutor must, **at least seven days before such cession, submit the applicable documents to Council**. These documents include:

- (a) the application for cession of contract of internship;
- (b) the applicable cession fee; and
- (c) the tutor application (if not approved).

Cession of an internship contract may only occur once the prospective new tutor has been approved by Council as a tutor. Any periods that an intern spends in a pharmacy which was not approved for purposes of training will not be recognised by Council as part of the internship period. The applicable forms, which must be completed in the case of a cession of contract, are available on the SAPC website (www.sapc.za.org) under Intern Applications.

2.5 REMOVAL OF NAME FROM THE REGISTER

In terms of **Section 11 of the *Regulations relating to registration of a person and maintenance of registers***, the Registrar may remove from the register of pharmacist interns the name of a pharmacist intern who:

- has completed their internship to the satisfaction of the Council;
- has not completed their internship to the satisfaction of the Council;
- has discontinued their internship with the consent of the Council;
- no longer complies with the requirements and conditions for registration as a pharmacist intern; or
- is deceased.

A person whose name has been removed from the register will be notified thereof, and any registration certificate issued shall be deemed to be cancelled.

2.6 RESTORATION OF NAME TO THE REGISTER

A pharmacist intern whose name has been removed from the register may have their name restored to the register by submitting to the Registrar:

- a duly completed application form for restoration of their name to the register;
- acceptable documentary evidence that they comply with the conditions under which they may be registered as a pharmacist intern; and
- acceptable documentary evidence from a tutor to the effect that they have resumed their internship.

2.7 REGISTRATION AS A PHARMACIST IN SOUTH AFRICA

To practise as a pharmacist in the Republic of South Africa, registration as a pharmacist with the SAPC is required. It is an offence to practise as a pharmacist if you are not registered as such. All persons who wish to register as a pharmacist for the first time are obliged to perform one year of pharmaceutical community service in a gazetted public sector institution. This requirement was implemented with effect from 20 November 2000. Further information regarding community service may be obtained from the Department of Health (DOH).

All pharmacist interns will be required to have passed the pre-registration evaluation before registering as pharmacists for purposes of performing pharmaceutical community service.

Once a pharmacist intern has submitted the documents and the fees referred to below, they will be registered as a pharmacist and issued with a registration certificate. They will, however, only be able to practise as a pharmacist for purposes of performing pharmaceutical community service and for a maximum period of two years. The SAPC will revoke the conditions of registration referred to above once the pharmacist has submitted a report from the relevant health authority that they have satisfactorily completed the period of pharmaceutical community service in terms of the Pharmacy Act. No additional fee will be levied for revoking the conditions of registration.

Application for registration as a pharmacist for purposes of performing pharmaceutical community service could be delayed if Council does not receive all the required documents as well as the prescribed fees timeously.

The contract entered into between the employer and the pharmacist intern should not necessarily be terminated after 12 months from the date of commencement, especially if the pharmacist intern has not successfully completed the pre-registration evaluation. The reason for this is that a pharmacist intern who has not successfully completed the pre-registration evaluation will require the same environment to successfully complete their CPD portfolio and/or the pre-registration examination.

Please note that, unless approved by the Registrar, once the intern has successfully completed all the components of the pre-registration evaluation and the tutor has signed off the intern, the intern may no longer practise as a pharmacist intern, a pharmacist's assistant or as a pharmacist until registered for community service . According to Chapter 2 of the Pharmacy Act, 53 of 1974, no person shall be entitled to provide the services which form part of the services specially pertaining to the scope of practice of a pharmacist or assist therewith, unless he or she is duly registered in one of the categories prescribed in terms of this Act. Noncompliance with this regulation is a contravention of the Pharmacy Act.

Registration as a community service pharmacist (CSP) will be effected when all the documentation listed below, correctly certified and completed fully, and the prescribed fees have been received by Council:

- all assessment forms, i.e. progress reports (12, 24, 36 and 45 weeks) and summary of outcomes achieved;
- declaration of completion of 400 hours of practical training (academic interns and interns in manufacturing pharmacy only);
- application form for registration as a pharmacist for the purpose of performing pharmaceutical community service;
- certified copy of the intern's qualification in pharmacy (BPharm degree certificate), or confirmation that the intern holds a qualification in pharmacy, submitted directly to Council by a provider of a qualification in pharmacy;
- certified copy of a master's degree certificate in the study approved by Council, or other documentary evidence acceptable to the Registrar, that the intern has satisfied the requirements of the institution for the awarding of at least a master's degree (academic interns only);
- certified copy of identity document or passport;
- documentary evidence of the name of the public health facility or complex of health facilities where the applicant has been placed to perform pharmaceutical community service and the date on which community service will commence (copy of a letter of appointment/employment);
- a work permit to work as a pharmacist obtained from the Department of Home Affairs (non-South Africans only); and
- registration fee and annual fee.

PLEASE NOTE:

The registration date for persons who are eligible to register as pharmacists for purposes of performing pharmaceutical community service, i.e. those who have completed their internship, is as follows:

- The date on which community service will commence is **the date** indicated on the letter of appointment or placement received from the relevant health authority.
- In cases where all the relevant documentation/fees have not been received before this date, **the date on which Council received the last document or fee required** for purposes of registration in terms of the *Regulations relating to the registration of persons and the maintenance of registers*.
- A pharmacist intern will not be eligible for registration as a pharmacist before a period of at least 12 months has elapsed from the date of registration as a pharmacist intern.

COPIES OF ALL FORMS THAT MAY BE REQUIRED DURING THE INTERNSHIP ARE AVAILABLE ON COUNCIL'S WEBSITE.

All declarations must be signed by a Commissioner of Oaths.

3. Pre-registration evaluation

Persons who wish to register as pharmacists in South Africa are required to complete the pre-registration evaluation to ensure that they are competent to enter practice as generalist pharmacists prior to registration as pharmacists. The pre-registration evaluation for pharmacist interns consists of four components:

- (1) a pre-registration examination written on the online platform;
- (2) a portfolio submitted on the CPD system;
- (3) progress reports submitted online by the tutor; and
- (4) completion of 365 days of practical training.

Competence and exit level outcomes for the BPharm qualification

The evaluation of competence is based on the exit level outcomes (ELOs) developed for the pharmacy profession. **These ELOs form the basis of the BPharm curriculum registered with the South African Qualifications Authority (SAQA) and contain all the knowledge, skills and attitudes required by the entry-level pharmacist.** Although it is not always directly evident how the combination of knowledge, skills and attitudes contribute to the demonstration of competence, extensive knowledge of the principles of pharmacy is essential to enable the pharmacist to apply their skills in effectively dealing with the demands of pharmacy practice in the various sectors of the profession.

The following ELOs describe the essential knowledge and skills:

- ELO 1: Integrate and apply foundational scientific principles and knowledge to pharmaceutical sciences
- ELO 2: Apply integrated knowledge of product development and formulation in the compounding, manufacturing, distribution and dispensing of pharmaceutical products
- ELO 3: Compound, manipulate and prepare medication in compliance with Good Pharmacy Practice (GPP) rules, Good Manufacturing Practice (GMP) and/or Good Clinical Practice (GCP) guidelines
- ELO 4: Manage the manufacture, packaging and registration of pharmaceutical products in compliance with GMP and GCP
- ELO 5: Manage the logistics of the selection, procurement, storage, distribution and disposal of pharmaceutical products
- ELO 6: Dispense medication and ensure optimal pharmaceutical care for the patient in compliance with GPP and, where applicable, GCP
- ELO 7: Apply a pharmaceutical care management approach to ensure rational medicine use
- ELO 8: Initiate and/or modify therapy, where appropriate, within the scope of practice of a pharmacist and in accordance with GPP and GCP, where applicable
- ELO 9: Promote public health
- ELO 10: Integrate and apply management principles in the practice of pharmacy
- ELO 11: Participate in research

The associated assessment criteria for the exit level outcomes are:

ELO 1: Integrate and apply foundational scientific principles and knowledge to pharmaceutical sciences

- 1.1 Physical, chemical and biological principles are integrated and applied in the development, formulation, compounding, manufacturing, drug supply management and dispensing of pharmaceutical products.
- 1.2 Anatomical, physiological, biochemical and pathophysiological principles and knowledge are integrated and applied in the initiation and/or modification of therapy and provision of pharmaceutical care.
- 1.3 Social and behavioural principles and knowledge are integrated and applied in the initiation of therapy and provision of pharmaceutical care.

ELO 2: Apply integrated knowledge of product development and formulation in the compounding, manufacturing, distribution and dispensing of pharmaceutical products

- 2.1 Physicochemical and biopharmaceutical principles are applied in the formulation and development of pharmaceutical products.
- 2.2 Physical, chemical and biological principles are applied in the manufacturing, compounding and quality assurance of pharmaceutical products.
- 2.3 Physicochemical and biopharmaceutical principles are applied in compounding and dispensing of pharmaceutical products.
- 2.4 Pharmaceutical product integrity is maintained during storage and distribution according to GPP.

ELO 3: Compound, manipulate and prepare medication in compliance with Good Pharmacy Practice (GPP) rules, Good Manufacturing Practice (GMP) and/or Good Clinical Practice (GCP) guidelines

- 3.1 Standard operating procedures (SOPs) are generated and implemented in compliance with GPP.
- 3.2 Pharmaceutical preparations are compounded in accordance with GMP.
- 3.3 Sterile admixtures are produced in accordance with aseptic techniques and principles of GMP and GPP.
- 3.4 Records are generated for each of the preparations produced according to organisational procedures and legal requirements.

ELO 4: Manage the manufacture, packaging and registration of pharmaceutical products in compliance with GMP and GCP

- 4.1 Medicines registration dossiers for pharmaceutical products using the supplied data and documentation are compiled in accordance with the current relevant legislation.
- 4.2 Master production documentation for the manufacture of pharmaceutical products is interpreted in terms of GMP.
- 4.3 The GMP requirements for generation and reconciliation of batch manufacturing documents are described.
- 4.4 Dosage forms are manufactured on a laboratory scale according to plan and standard operating procedures.
 - Range of dosage forms includes, but is not limited to: solid, liquid, semi-solid, sterile and non-sterile.
- 4.5 Packaging labelling and package inserts are contextualised according to the product, GMP and the current relevant legislation.
- 4.6 A quality management system (QMS) is critically evaluated in accordance with GMP.

- Range of aspects of QMS includes but not limited to: quality assurance (QA) and quality control procedures, in-process controls, validation, qualification and Good Laboratory Practice (GLP).

ELO 5: Manage the logistics of the selection, procurement, storage, distribution and disposal of pharmaceutical products

- 5.1 The selection of medicines and related products is managed according to rational scientific and evidence-based principles and patient needs.
 - Range of selection criteria includes, but is not limited to: morbidity, pharmacoepidemiological data, quality medicine products, bioavailability, therapeutic equivalence, generic equivalence and pharmacoeconomic data and availability.
- 5.2 The quantity of medicines needed is identified according to standard methods.
 - Range of methods includes, but is not limited to: patient morbidity, standard treatment guidelines and the adjusted consumption method.
- 5.3 The procurement of medicines and related products is managed according to organisational policies and procedures.
 - Range of procurement criteria includes, but is not limited to: vendor qualification, reliability and cost-effectiveness.
- 5.4 Pharmacoeconomic knowledge, principles, models and theories are applied in the provision of cost-effective therapy and pharmaceutical services.
- 5.5 The storage and distribution of medicines and related products is managed according to GPP, Good Distribution Practice (GDP) and Good Wholesaling Practice (GWP).
 - Range of storage and distribution considerations includes, but is not limited to: storage conditions, security, pest control and storage space.
- 5.6 Disposal of expired and unwanted pharmaceutical products is managed according to current relevant legislation and guidelines.

ELO 6: Dispense medication and ensure optimal pharmaceutical care for the patient in compliance with GPP and, where applicable, GCP

- 6.1 The prescription is evaluated in terms of the appropriateness of the prescribed medication according to GPP.
 - Range of evaluation criteria includes, but is not limited to: > indications, dosage, safety, possible contraindications, interactions, treatment duplication, legal and economic implications.
- 6.2 Medicines are prepared and labelled in accordance with GPP and current legislative requirements.
- 6.3 Appropriate drug information sources and information systems are accessed and the relevant information communicated to the patient and/or carer in order to optimise therapeutic outcomes.
- 6.4 A pharmaceutical care plan, including design, implementation and monitoring, is developed in collaboration with other healthcare professionals and the patient.
- 6.5 Records are kept in accordance with the GPP and current legislative requirements.

ELO 7: Apply a pharmaceutical care management approach to ensure rational medicine use

- 7.1 The philosophy and principles of pharmaceutical care are demonstrated in terms of optimising therapeutic outcomes for a specific patient.
- 7.2 A pharmaceutical care management approach is applied in collaboration with other healthcare professionals and the patient.

7.3 Rational drug use is facilitated by applying pharmaceutical care, medicine utilisation reviews and the principles of pharmacoconomics.

7.4 Pharmacovigilance is practised and adverse drug events are reported.

ELO 8: Initiate and/or modify therapy, where appropriate, within the scope of practice of a pharmacist and in accordance with GPP and GCP, where applicable

8.1 Relevant clinical information and history is obtained from the patient.

8.2 Appropriate advice, including referral, and/or medicines are supplied for specific symptoms according to GPP and principles of pharmaceutical care.

8.3 In the case of possible medicine interactions, or any other possible contraindications, appropriate modification of therapy is suggested in consultation with the prescriber.

8.4 Appropriate records are kept and therapeutic outcomes monitored in accordance with GPP and principles of pharmaceutical care.

ELO 9: Promote public health

9.1 Advice on health promotion, disease prevention and disease management is provided in terms of the use of medicinal and non-medicinal options.

9.2 Tools are designed to inform the public on healthcare and lifestyles, health promotion, disease prevention, disease management and medicine usage, in addition to enabling the recognition and management of risk factors.

9.3 Promotive health services are offered in terms of current health policy, epidemiological information and current legislative requirements.

9.4 The public is assisted in recognising and managing health risk factors in terms of medication and disease states.

9.5 Screening tests are used to assist in counselling, therapeutic intervention, referral and early detection of disease.

9.6 Appropriate records are kept and therapeutic outcomes monitored in accordance with GPP and pharmaceutical care principles.

ELO 10: Integrate and apply management principles in the practice of pharmacy

10.1 Basic financial management principles are applied in the practice of pharmacy.

10.2 Human resource management principles are applied in the practice of pharmacy.

10.3 Strategic management principles are applied in the practice of pharmacy.

10.4 Marketing management and change management principles are applied in the practice of pharmacy.

10.5 Logistics management principles are applied throughout the medicines supply chain.

10.6 Relationships with patients, caregivers and other healthcare professionals and workers are managed in accordance with professional practice standards.

10.7 Risk management principles are applied in the practice of pharmacy.

10.8 Quality improvement principles and strategies are continuously applied.

ELO 11: Participate in research

11.1 The principles of quantitative and qualitative research are explained.

11.2 A research proposal is formulated.

- Range of formulation requirements includes, but is not limited to: delineating the problem selecting the research methodology, conducting literature review and structure.

11.3 Research is conducted ethically in accordance with established research methodology practice.

- Range of research conducted includes, but is not limited to: gathering and processing, capturing, and interpreting information.

11.4 Findings and conclusions are presented in oral and written formats in accordance with established research practice.

The following competency standards (CS) were published by Council in 2018 in line with the current BPharm qualification and the 2012 FIP global competency framework to encompass the changes and developments in all sectors of pharmacy and practice, including new technologies, work processes, changes in legislation and international trends, primarily to ensure public safety. These competency standards will be used in the pre-registration examination and portfolio to evaluate the competency of interns. The competency framework consists of six domains and a number of competencies as indicated in Table 1:

Table 1: Summary of domains and competencies

DOMAINS	COMPETENCIES
1. Public health	1.1 Promotion of health and wellness 1.2 Medicines information 1.3 Professional and health advocacy 1.4 Health economics 1.5 Epidemic and disaster management 1.6 Primary healthcare
2. Safe and rational use of medicines and medical devices	2.1 Patient consultation 2.2 Patient counselling 2.3 Patient medicine review and management 2.4 Medicines and medical devices safety 2.5 Therapeutic outcome monitoring 2.6 Pharmacist initiated therapy 2.7 Pharmacovigilance 2.8 Clinical trials
3. Supply of medicines and medical devices	3.1 Medicine production according to GxP 3.2 Supply chain management 3.3 Formulary development 3.4 Medicine dispensing 3.5 Medicine compounding 3.6 Medicine disposal/destruction
4. Organisation and management skills	4.1 Human resources management 4.2 Financial management 4.3 Pharmaceutical infrastructure management 4.4 Quality assurance 4.5 Change management 4.6 Policy development
5. Professional and personal practice	5.1 Patient-centred care 5.2 Professional practice 5.3 Ethical and legal practice 5.4 Continuing professional development 5.5 Leadership 5.6 Decision-making 5.7 Collaborative practice 5.8 Self-management 5.9 Communication
6. Education, research and critical analysis	6.1 Education and training policy 6.2 Provision of education and training 6.3 Practice embedded education or workplace education 6.4 Gap analysis 6.5 Critical analysis

	6.6	Research
	6.7	Supervision of other researchers
	6.8	Collaborative research

3.1 WRITTEN PRE-REGISTRATION EXAMINATION

The pre-registration examination will be conducted online three times in 2020, i.e. in March, July and October as indicated in the schedule below.

Council will conduct workshops in May 2020 to guide and assist interns with preparing for the examination. The practice examination paper is available on the secure site of the Council website.

Pharmacist interns attempting the pre-registration examination for the first time will only be allowed to sit for the examination **after completing the first six months of their internship, submitting at least six CPD entries online and being competent in at least three entries. Moreover, three progress reports must have been submitted by the tutor (i.e. the 12 weeks personal and professional development report, and the 24 weeks personal and professional development report and sectoral experience checklist). Interns attempting the exam for the second time must be competent in all six CPD entries to be allowed to sit for the examination.** Interns registered for nine (9) months or more must submit six (6) CPD entries and be competent in all six CPD entries; their tutor must submit four progress reports **(i.e. the 12 weeks personal and professional development report, the 24 weeks personal and professional development report and sectoral experience checklist, and the 36 weeks personal and professional development report)** to be eligible to write the examination.

Interns are required to **book online** to write the examination. The booking must be done on the SAPC website (www.sapc.za.org) on the secure site for registered people. On booking, interns are required to select the venue where they will be writing the examination. The examination booking must be completed at least **four weeks prior to the examination date**. A late booking fee, as determined by Council, will be charged for bookings submitted less than four weeks and up to 14 days before the examination date. Bookings submitted less than 14 days before the examination date will not be accepted.

No fee will be charged for the **first and second attempt** at the examination. Interns will, however, be charged a fee for a third and any subsequent attempts at the examination. The applicable fees are published by Council each year and are available on the Council website.

A pharmacist intern may attempt an examination on any of the scheduled dates. If the intern fails the examination, he/she may rewrite it on the next available examination date.

The pre-registration examination dates* for 2020 are:

05 March
18 July
22 October

* THESE DATES ARE SUBJECT TO CHANGE. Please refer to www.sapc.za.org


(a) Policy for conducting examinations

The following policy applies when conducting Council examinations:


- **The invigilator is officially in control of the examination** and must be obeyed on all matters pertaining to the examination.
- Candidates must **present in the examination venue at least an hour before the examination and must be seated 30 minutes before the examination.**
- **Only candidates whose names appear on the official list of candidates who booked to write the examination** in that venue or who produce the written / electronic confirmation of the examination booking in that venue will be admitted to that examination venue.
- Each candidate must produce proof of their identity such as an **identity document, a valid passport or a driver's license.**
- **Cellular phones, tablets and other electronic gadgets may not be used** during any examination.
- Candidates must **log on to the secure site** of the SAPC website using their login details to access the examination paper.
- Candidates are allowed **15 minutes to read through the paper.**
- Candidates must ensure that their question paper for the examination is correct.
- All questions are the same for that examination but are randomised. Therefore, the **order of questions will not be the same between candidates.**
- There are **four (4) answer options per question.** There is **only one correct answer per question.**
- The candidate must **use the mouse to select an answer option.** The selected option is then the candidate's answer for the question and is auto-saved by the system.
- **Clicking the "Submit" button completes the examination** and candidates cannot go back to the examination questions.
- Candidates will not be allowed to exceed the time limit. If the allocated examination time lapses without the candidate answering all the questions, the completed **answers are automatically submitted** even if the candidate has not clicked the "submit" button.
- **Only textbooks will be allowed** in the examination room and **candidates may share these through the invigilator.** Personal notes are allowed but may not be shared between candidates. Previous examination papers are **not allowed** in the examination room.
- If a candidate attempts to obtain information from another person by any means during the examination, or if any irregularities occur, the invigilator must report this to Council in writing.
- **Candidates may not leave the examination venue during the examination without supervision.**

(b) Format of the examination

- (i) The examination will be conducted as an **open book** examination using the SAPC online platform.

	The approach to an open-book examination differs greatly from the traditional closed book examination. The closed book examination assesses the ability to remember the information from the (closed) book, whereas the open book examination primarily assesses the application of information from the book to different situations.
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- (ii) The examination will be **one paper** comprising of general practice and calculation type questions and a minimum of **120 multiple choice questions (MCQ)**.
- (iii) The **general practice questions** will amount to not >70% of the paper and **calculations** will amount to not <30% of the paper.
- (iv) The paper will be written over **4½ hours**. **The calculation section will be written over 2 hours and the general section over 2½ hours. There will be a 15-minute break between the sections.**
- (v) Each MCQ consists of a stem describing a problem or practice scenario and will have four answer options, one of which will be the most correct/appropriate answer.

	Although the multiple-choice questions are quicker to answer than the response type questions, paging through books in open book examinations may waste time. Interns must, therefore, understand the concepts to apply to given scenarios and know which reference sources contain specific information to remain time efficient in the examination.
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- (vi) Each question will be worth **one mark** and no negative marking will be applied.
- (vii) The **pass mark** for the examination will be 50% and a subminimum of 60% will be applied to the calculation section of the paper.

(c) Exam content

- (i) The examination questions will test knowledge and problem-solving skills and will include application.
- (ii) Each exam question will be set in accordance with the competencies required for entry into practice as described in the 2018 Competency Standards for Pharmacists in South Africa approved by the SAPC.
- (iii) The 6 domains in the competency standards are broad categories linked to specific sub-categories of competency. Even though the domains and competencies are gazetted as they are, they should be read in context with the behaviours to be displayed by an entry-level pharmacist.
- (iv) Each domain is assigned a weighting and the competencies are weighted in line with the overall weight of that domain. All weighting contributes to the total for the examination. The weights assigned to domains and associated competencies are listed in Table 2.



Table 2: Domains, competencies and weighting for pre-registration examinations

DOMAINS	Weight (% of exam)	COMPETENCIES	No. of questions	Category of questions	Knowledge	Application	Problem-solving
1. Public health	15%	1.1 Promotion of health and wellness	4	General (4)	20%	60%	20%
		1.2 Medicines information	4	General (4)			
		1.3 Professional and health advocacy	2	General (2)			
		1.4 Health economics	2	Calculations (1) General (1)			
		1.5 Epidemic and disaster management	1	General (1)			
		1.6 Primary healthcare	5	General (5)			
2. Safe and rational use of medicines and medical devices	26%	2.2 Patient counselling	6	General (6)	15%	55%	30%
		2.3 Patient medicine review and management	3	General (2) Calculation (1)			
		2.4 Medicines and medical devices safety	5	Calculations (3) General (2)			
		2.5 Therapeutic outcome monitoring	3	Calculations (1) General (2)			
		2.6 Pharmacist initiated therapy	10	Calculations (5) General (5)			
		2.7 Pharmacovigilance	2	General (2)			
		2.8 Clinical trials	2	General (2)			



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DOMAINS	Weight (% of exam)	COMPETENCIES	No. of questions	Category of questions	Knowledge	Application	Problem-solving
3. Supply of medicines and medical devices	33%	3.1 Medicine production according to GxP	8	Calculations (4) General (4)	5%	65%	30%
		3.2 Supply chain management	10	Calculations (5) General (5)			
		3.3 Formulary development	1	General (1) or Calculation (1)			
		3.4 Medicine dispensing	10	Calculations (7) General (3)			
		3.5 Medicine compounding	10	Calculations (10)			
		3.6 Medicine disposal/destruction	1	General (1)			
4. Organisation and management skills	5%	4.1 Human resources management	1	General (1)	10%	80%	10%
		4.2 Financial management	1	Calculations (1) or General (1)			
		4.3 Pharmaceutical infrastructure management	1	General (1)			
		4.4 Quality assurance	2	General (2)			
		4.6 Policy development	1	General (1)			



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DOMAINS	Weight (% of exam)	COMPETENCIES	No. of questions	Category of questions	Knowledge	Application	Problem-solving
5. Professional and personal practice	17%	5.1 Patient-centred care	3	General (3)	10%	45%	45%
		5.2 Professional practice	7	General (7)			
		5.3 Ethical and legal practice	8	General (8)			
		5.5 Leadership	1	General (1)			
		5.6 Decision-making	1	General (1)			
6. Education, critical analysis and research	4%	6.5 Critical analysis	3	General (3)	5%	40%	55%
		6.6 Research	2	General (2)			
TOTAL	100%		120				

(d) Type of questions

- (i) General questions will be formatted to test general practice of pharmacy in community, institutional and manufacturing sectors.
- (ii) The type of calculation questions will be as follows:

CS 1.4: Health Economics

- Cost-benefit analysis
- Cost-effectiveness analysis
- Cost-minimisation analysis
- Cost differential between therapeutic agents
- Cost differential between branded drugs and generic equivalents
- Cost differential between dosage forms and routes of administration
- Cost differential of dosing regimen
- Cost differential of alternative treatment plans

CS 2.3: Patient medicine review and management

- Dose adjustment
- Pharmacokinetics
- Creatinine clearance

CS 2.4: Medicines and medical devices safety

- Calculate an appropriate dose
- Prepare, concentrate, or dilute compounded medications accurately
- Interpret osmolarity, isotonicity, and milliequivalents
- Prepare isotonic solutions
- Reconstitute dry powders to appropriate concentration

CS 2.5: Therapeutic outcome monitoring

- Dose adjustment
- Pharmacokinetics
- Creatinine clearance

CS 2.6: Pharmacist initiated therapy

- Amount of medication required for dispensing
- Suitability of doses
- Doses based on patient's weight
- Doses based on surface area
- Prepare, concentrate, or dilute compounded medications accurately.
- Reconstitute dry powders to appropriate concentration (including displacement volume)
- Calculation of BMI
- Calculation of peak flow reading

CS 3.1 Medicine production according to GxP

- NaCl equivalents
- Freezing point depression
- Solubility
- Master formulae
- Changing concentrations
- Trituration
- Molecular weight

- Reconciliation calculations in manufacturing operations (e.g. granulation yields; compression yields)
- Reconciliation calculations in packaging operations (i.e. packaging materials reconciliation)
- Density calculations in packaging operations (e.g. liquids packaging)
- Dilutions
- Formulations
- Isotonicity calculations

CS 3.2: Supply chain management

- Min/max order/reorder levels
- Acquisition costs
- % mark-up
- ABC analysis
- Lead-time
- Buffer/safety levels
- Distribution fees
- Patient bonus stock
- Batch supply cost analysis

CS 3.3: Formulary development

- Calculation of costs
- Cost-benefit analysis
- ABC analysis

CS 3.4: Medicine dispensing

- Amount of medication required for a prescription
- Suitability of doses
- Dosage
- Doses based on patient's weight
- Doses based on surface area
- Concentrations
- Intravenous injection doses
- Intravenous injection doses in paediatric groups
- Reconstitution for oral or parenteral use (including displacement volume)
- Rate of infusion

CS 3.5: Medicine compounding

- Master formulae
- Changing concentrations
- Solubility
- Reconstitution calculations
- Dilutions

CS 4.2: Financial management

- % mark-up
- Dispensing fee
- Budgeting

(e) Reference books

The **latest edition of any** reference may be used during the examination **except previous pre-registration examination papers**. Online references are currently not allowed, but

Council is investigating the possibility of using them in future and will inform interns accordingly when a resolution has been made.

The following references (the **latest editions**) are suggested:

- Pharmaceutical Calculations (H. C. Ansel)
- Pharmaceutical Practice (A. J. Winfield, et al)
- Calculations for Pharmaceutical Practice (A. J. Winfield & I. O. Edfiogh)
- South African Medicines Formulary (SAMF)
- Handbook - 128 -k on Injectable Drugs (“Trissel”)
- Textbook of Adverse Drug Reactions
- MIMS
- A comprehensive handbook on pharmacology
- Daily Drug Use / Talmud
- Compendium of laws and regulations
- Good Pharmacy Practice (GPP) and the related Board Notices
- Essential Drug List and Standard Treatment Guidelines – PHC, Hospital and Paediatric
- Martindale: The Extra Pharmacopoeia
- BP and BPC
- Merck Manual or equivalent
- ePharmaciae (www.pharmaciae.org.za)
- South African Pharmacy Journal

(f) **Tips for preparing for the pre-registration examination**

Below are suggested approaches for preparing for and writing the pre-registration examination:

- **Become thoroughly familiar with the competency standards (CS) and the behaviours required of an entry-level pharmacist.** Decide how you will learn about each aspect of the competency standards and what learning resources you have or need to obtain. Discuss with your tutor anything you are not sure about, including aspects of the unit standards.
- **Decide on the reference texts that you will take into the examination.** Decide on a few references you are familiar with and take only those into the examination room instead of a suitcase of books you are unfamiliar with. A good rule of thumb is to take only as many books as you can carry comfortably.
- **Familiarise yourself with the content of your selected reference books.** Examine your selected references closely. Make sure you are aware of all the various types of information in the book(s). Very often there are useful tables, etc. that you are unaware of if you haven't inspected all the different sections of the book.
- **Be familiar with the contents of your pre-registration intern manual.** Work through the manual and ensure that you have gained experience in all the activities relating to the scope of practice of a pharmacist included in the manual.
- **Read the Pharmaciae published by Council (available online at [www.sapc.za.org/Publications Pharmaciae](http://www.sapc.za.org/Publications_Pharmaciae)).**

- Many current topics of relevance to the practice of pharmacy are discussed in the *Pharmaciae*.
- **Read the *South African Pharmaceutical Journal (SAPJ)* published by the Pharmaceutical Society of South Africa.** This will create an awareness of current trends, thoughts, controversies or practices in the profession.
- **Think about what you do in practice each day.** The entire period of your internship should serve as a preparation for your pre-registration evaluation.
- **Think about the tasks you perform every day in the particular sphere of pharmacy in which you practise.** Is the way in which you practise pharmacy ethical and legal? Are you aware of the legislation governing your actions? Are your recommendations/actions best practice – if so, why? If not, why not?
- **Practise solving problems and answering queries.** As problems and queries arise every day in the pharmacy where you work, practise finding solutions on your own. Always check with your tutor or another pharmacist if you are unsure.
- **Reflect on the contents of your CPD entries.** Your CPD entries should be well-developed by the time you write the pre-registration examination. Read through your CPD entries and reflect on the various items.
- **Attempt practice papers which are available on the secure site of the Council website (www.sapc.za.org)** for you to prepare for the examination. Attempt the paper under strict examination conditions. This will allow you to assess whether you are using the correct technique and to fine-tune your strategy for the examination.
- **Calculations:** Do not memorise formulae or aids such as 'donkey triangles'. Rather understand the rationale behind the calculation and work from first principles. Practise doing calculations in the pharmacy to develop your skill in performing calculations which are required regularly. Please note that no formulae will be provided/included in the examination paper.

(g) Tips for writing the pre-registration examination:

- **Knowledge is in your head and references are for confirmation.** During an open book examination, you do not have sufficient time to look up every aspect. If you try to do so you will not have time to fully complete the examination. This is especially true if you search for the same small piece of information in more than one reference book. You must be able to understand and answer the question without using reference books for every single question. Only use the reference books if you are unsure of the answer to a question, or if you need confirmation and fine detail.
- **Allocate the available time proportionally to the various sections.** This might seem to be a very basic concept, but it is an area where candidates often fall short. Prior to the examination, calculate the time allowed per mark. Once you receive the paper quickly calculate how much time should be allocated to each section. Adhere to this guideline. If you have not completed a question within your allocated time allowance move on to the next question. You can come back to a question with which you are having difficulties. Rather complete those questions where you are confident of the answers and then spend time on questions where you will have to search for information.

- **Read the questions carefully.** Read the entire question slowly and ensure that you understand the question fully before you select your answer. Candidates often see a phrase in a question, decide that they know 'all about that' and select an answer accordingly, whereas if they had spent time reading the entire question, they would have realised their answers were irrelevant.
- **Calculations – is your answer realistic?** On completion of a calculation look critically at your answer: Is it realistic? Ensure that you bring a working calculator to the exam.
- Finally – have a good night's sleep before the examination and try to relax and enjoy the experience. Your performance will improve if your stress levels are low.

(h) Examination results

The following principles apply regarding examination results:

- The answer is auto-saved by the system as the intern clicks it.
- Once the examination has been submitted by the intern, the examination is marked electronically by the system and the results get moderated by Council's moderators to ensure the fairness of the examination.
- The results are expressed as **successful** where the intern has passed the examination or **unsuccessful** where the intern has failed the examination. The intern is deemed successful where a minimum of 50% mark is obtained for the examination and a subminimum of 60% is obtained for the calculations.
- Results are approved by Council's Pre-registration Committee, or a person to whom Council delegates the function e.g. the Registrar.
- The results are released to interns only after approval.

The examination **results are released within a month of the examination** or as determined by Council.

Interns, who have not been successful in the pre-registration evaluation (i.e. exam, CPD portfolio and progress reports) after completion of 12 months of internship, **may not be registered as community service pharmacists and therefore may not commence with community service** until they have completed the pre-registration evaluation successfully.

(i) Review of the examination results

Interns who have not been successful in the examination may apply for review of the examination by submitting a duly completed application form (www.sapc.za.org) to the SAPC within a month of the date on which the results are released. A fee for the review of the examination is published on the SAPC website.

The review is a face-to-face session at the SAPC offices and involves providing individual feedback to the intern on the areas where he/she lost marks and advising him/her on the calculation formulae and/or reference source(s) used for the best answer on the question. Feedback for the MCQ examination cannot be given on a question-by-question basis to protect the integrity of the examination questions bank.

3.2 CONTINUING PROFESSIONAL DEVELOPMENT (CPD) PORTFOLIO FOR INTERNS

A competency framework

The CPD portfolio for interns is based on the 2018 Competency Standards for Pharmacists in South Africa that describe what the newly qualified pharmacists must be capable of, at entry-level to practice within their scope to meet patient needs.

The competency framework at entry-level of practice is provided in Annexure A. The framework consists of six domains, each associated with various competencies (e.g. 1.1, 1.2, 1.3, etc) and behavioural statements (e.g. (a), (b), (c), etc) indicating how pharmacist interns working within a competency should behave at entry level of practice.

(a) How to enter CPD activities online

To enter CPD activities, visit the SAPC website www.sapc.za.org and log on to the secure members-only site with your P number, ID number and password. To access a password, follow the links provided to receive the password via SMS or email.

Once in the secure site, the annual declaration and the CPD links will be displayed on the left-hand side of the page. As its name implies, the annual declaration must be completed annually before CPD activities can be submitted. The CPD pages will not be available if the annual declaration is not completed for the current year.

Once the annual declaration is completed then you will be redirected to the CPD main page where you can enter a new CPD entry following the cycle (i.e. reflection, planning, implementation and evaluation) as described below or view already entered CPD activities to make corrections as required.



REMEMBER: BEFORE THE FIRST CPD ENTRY CAN BE SUBMITTED, THE ANNUAL DECLARATION MUST FIRST BE COMPLETED.

The CPD cycle is a process that involves four steps:

- Step 1:** **Reflection on practice** (Answers the questions - What do I need to know? What do I need to be able to do?)
- Step 2:** **Planning** (Answers the question – How can I learn?)
- Step 3:** **Implementation** (Describes the action taken)
- Step 4:** **Evaluation or reflection on learning** (Answers the questions – What have I learnt? and How is it benefiting my practice?)

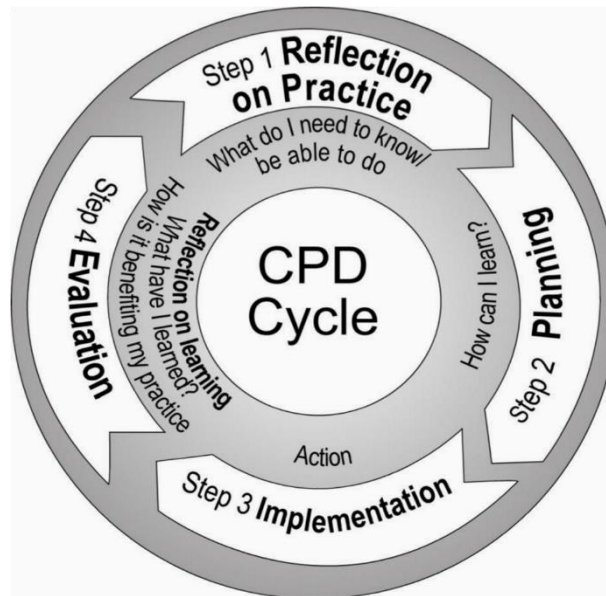


Figure 1: The CPD cycle outlining the four steps in the CPD process

The CPD cycle assists the registered person to maintain, update and develop their competencies by:

- (1) Identifying individual learning needs
- (2) Recognising the learning that may occur in the workplace
- (3) Acknowledging that people learn in a variety of ways
- (4) Planning and prioritising on how to address the learning activities
- (5) Choosing a preferred learning style to gain knowledge
- (6) Evaluating the outcome of the learning activity
- (7) Applying knowledge to the person's personal practice situation

Interns are required to complete **all four steps** of the CPD cycle for each online CPD activity. Information must be provided on each step in the CPD cycle undertaken.

(b) Requirements for the CPD portfolio for interns

- (i) Interns must submit **six CPD entries** (one from each domain), all steps of the CPD cycle (Figure 1) must be completed.
- (ii) Interns must select one competency standard from each domain and fulfil at least 75% of the behaviours associated with that competency standard.
- (iii) Entries, together with suitable evidence, must be submitted online.
- (iv) Interns must be competent in all six entries submitted. All six entries must be assessed for the intern to be declared competent.
- (v) A fee determined by Council is charged on submission of the 10th and subsequent CPDs (i.e. no charge for n + 50% of submissions).
- (vi) Interns and tutors must adhere to the submission timelines.

Interns may record CPD entries but not submit until they have attended the intern/tutor workshop where clarity on the content required will be provided to interns and tutors. Interns are required to attend the intern/tutor workshops in order to get guidance on completion of CPD activities prior to submission.

The deadlines for submission of CPD entries are indicated in Table 3. **Results will be released every two months from the submission deadline**, after they are assessed and moderated. Interns must plan accordingly and must adhere to submission deadlines as CPDs submitted after the deadline will only be assessed and released in the subsequent period.

Table 3: CPD submission deadlines for 2020

LAST DATES FOR SUBMISSION OF CPD ENTRIES	<u>NOTE THAT</u>	
13 January 2020	(a) According to Council Policy, appeals must be submitted within one calendar month after the release of the results.	
30 April 2020		
19 June 2020		(b) There will be no CPD assessments in December. Entries submitted after 12 October 2020 will only be assessed in January 2021.
17 August 2020		
12 October 2020		(c) Entries submitted after the deadline will be assessed in the next assessment cycle.
11 January 2021		



Please note that on submission of the 10th and subsequent CPDs, a fee determined by Council, will be charged. The fee is published on the Council website for Fees payable in 2020.

(c) How will an assessment be conducted?

To be deemed competent for the CPD component of the pre-registration evaluation, the intern is required to submit 6 CPD entries and be successful in all six CPD entries.

To determine successful completion of an entry, interns should ask themselves the following questions (not limited) when compiling their CPD entries:

- What did I do?
- What was I trying to achieve?
- What went well and why?
- What did not go well and why?
- How did I do it?
- Why did I do what I did?
- Why did I do it this way?
- How did it affect me?
- How did it affect others?
- What were the consequences?
- What could I have done differently and how?
- Could I learn something from this?

The answers to the above would assist the intern to focus on the purpose of the CPD entry.

The entry must be personal and be written in the first person using the pronoun "I". The entry must set the scene and tell a story.



Under implementation (Step 3), the evidence must be relevant for that particular competency standard with a reference to each behavioural statement. A link must also be shown between the evidence provided and the demonstration of competence. A reference to each piece of evidence must be provided.

An intern must also show how they will maintain this competence in the future. Learning needs and/or the need for further exposure to an aspect of practice should also be discussed.

(d) Matters to be considered during assessment

Domain 1

Emphasis must be on the promotion of community health and the provision of information and advice to communities and NOT to individuals.

Domain 4

Emphasis must be on management of human resources management, financial management, pharmaceutical infrastructure management etc.

Domain 6

Emphasis must be on the education and training on issues that will improve pharmaceutical care.



Table 4: Criteria for assessment of a CPD entry

Weight: 0 = not yet met the requirement; 1 or 2 = requirement partially met; 3 = requirement fully met.

NOTE that where the total weight is 1, then 0 = not yet met the requirement and 1 = requirement fully met.

STEP 1: REFLECTION	MARK RANGE	CRITERIA
Learning title	0	Direct copy of the outcome/behaviour OR similar to the outcome/behaviour OR competency standard title OR title not appropriate
	1	Original, descriptive and related to the case/scenario presented (i.e. related to the learning need)
Learning need	0	Irrelevant learning need OR learning need not linked to the outcome/behaviour OR not learning need of intern (e.g. learning need of patient or nurse, etc)
	1	General description stating the role of the pharmacist in relation to the outcome.
	2	Clear learning need (i.e. what happened that triggered the learning need), but does not state what he/she hopes to achieve
	3	Clear learning need (i.e. what happened that triggered the learning need), AND indication of what the intern hopes to achieve after completion of the outcome.
Total	4	
Assessor Comments:		Moderator Comments:

STEP 2: PLANNING	MARK RANGE	CRITERIA
Start date	0	Invalid date (i.e. not within internship period)
	1	Valid start date (i.e. within the internship period)
Description	0	Only a description of what happened OR planning not related to learning need OR the learning need is provided
	1	Planning is provided (without resources to be consulted) but NO reasoning behind the planning provided OR planning + resource but no reasoning
	2	Planning is provided (no resources included) AND reasoning behind the planning is provided
	3	Detailed plan provided (resources included), structured according to outcomes/behaviours AND the reasoning behind the planning is included
Total	4	
Assessor Comments:		Moderator Comments:

STEP 3: IMPLEMENTATION	MARK RANGE	CRITERIA
Achievement date	0	Invalid achievement date (i.e. not within internship period, or before the start date)
	1	Valid achievement date (i.e. during the internship period)
Description	0	Invalid description
	1	Only description of evidence provided and not linking to the outcomes/behaviours OR description of "how" only OR description of "where" only OR description of "what" only OR description of "when" only
	2	Description of what, where, when, how AND either reference made to the evidence OR link to the outcomes/behaviours
	3	Description of what, where, when, how, AND reference made to the evidence AND link to the outcomes/behaviours



Evidence	0	No evidence, OR not valid OR inappropriate/irrelevant OR factually incorrect OR confidentiality breached
	1	Valid and 1 of current, sufficient (i.e. annotated to show at least 75% of subsections/behaviours), linked to description
	2	Valid and 2 of current, sufficient (i.e. annotated to show at least 75% of subsections/behaviours), linked to description
	3	Valid, current, sufficient (i.e. annotated to show at least 75% of subsections/behaviours), linked to description
Total	7	
Assessor Comments:		Moderator Comments:

STEP 4: EVALUATION	MARK RANGE	CRITERIA
Description	0	Description of what has happened only OR what was learnt is vague
	1	Only states what was learnt OR gives what the influence on practice was OR gives an example of application OR identifies a possible future learning need. (examples need to be specific)
	2	Combination of any two of the following: what was learned, influence of learning on practice, example of application, possible future learning need. (examples need to be specific)
	3	What was learnt AND how the learning influenced his/her way of practice AND application by means of practical/actual examples AND identifying a future learning need. (examples need to be specific)
Total	3	
Assessor Comments:		Moderator Comments:
GRAND TOTAL	18	



(e) General - Matters to be noted

To earn three marks for description in each step of the cycle (reflection, planning, implementation and evaluation), all criteria indicated per step of the cycle must be met and the appropriate professional communication styles must be used, for example:

- no spelling or grammatical errors;
- entries must be properly punctuated; and
- trade names must be capitalized.

(f) Assessment criteria for the evidence

(i) Valid Evidence

Evidence must be valid, current, authentic and sufficient. It is the responsibility of the assessor to ensure that sufficient and appropriate evidence has been presented to make an accurate judgement about an intern's competence.

The following guidelines should be used in determining whether evidence is considered valid:

- Evidence must pertain to the outcome being addressed.
- If there are factual errors or calculation errors in the evidence submitted, the evidence should be deemed not valid.
- Further allocation of marks for evidence is summarised below:

0	3
<ul style="list-style-type: none"> • No evidence • Confidentiality breached • No annotation 	<ul style="list-style-type: none"> • Valid • Current • Authentic • Sufficient

(ii) Current Evidence

Pharmacist interns are required to have exposure to all the standards required for entry-level pharmacists during the internship period. Only evidence collected **during** the internship period is regarded as current evidence. Activities undertaken during the intern's undergraduate studies are **not** deemed to be current.

(iii) Authentic Evidence

Council has implemented a system for a tutor of an intern to authenticate the intern's CPD portfolio online. Once the intern has submitted the CPD entries online, these will be allocated to their tutor to verify and submit them to Council for assessment. The tutor will get an SMS notification, that the intern has submitted CPD entries and that the tutor must login to his/her secure profile on the SAPC website to verify and submit them. If the tutor is not happy with the quality of the intern CPD entry, he/she may, after discussing with the intern, return the affected CPD entry to the intern to make necessary corrections and submit again for verification. Once the tutor is happy with the quality of the intern's CPD entries, he/she must submit them to Council for assessment. Tutors and interns must, therefore, pay close attention to CPD submission deadlines for assessment by Council. CPDs submitted by the intern and the tutor after the deadline will only be assessed in the next assessment period.



In the case of work which has been done jointly (e.g. research), interns must submit individual reports and include a declaration describing the role they played.

(iv) Sufficient Evidence

To be regarded as sufficient, the intern must provide clear evidence for all the subsections of an outcome where the outcome has three or fewer subsections. In the case of an outcome that contains four or more subsections, the pharmacist intern must submit evidence that covers at least 75% of the subsections of an outcome. For example, in the case of Domain 1, an intern would have to submit evidence for all subsections of competencies 1.6 which has three subsections (1.6(a) to (c)). But for competency 2.1 which has eight subsections (2.1(a) to (h)) they would only have to submit evidence for a minimum of six subsections of the competency.

The same piece of evidence cannot be used for more than one competency (i.e. for every competency there should be a piece of evidence which is annotated appropriately).

Please note that images, the entire Act, the entire GPP, etc., are NOT regarded as sufficient evidence. Please do not upload the entire Act if your CPD entry only focuses on one aspect of the Act.

(g) Releasing results

The following principles are applied in releasing results for CPD entries:

- The results of candidates will be expressed as to whether the candidate is '**competent**' or '**not yet competent**'.
- Results are approved by Council or a person to whom Council delegates this function.
- **Results will be released in bulk** to candidates only after their CPD entries, submitted by the deadline, have been assessed and approved.



COUNCIL CANNOT RELEASE INDIVIDUAL RESULTS FOR INTERNS AND/OR TUTORS WHO MISS THE SUBMISSION DEADLINES. ENTRIES SUBMITTED AFTER THE DEADLINE WILL BE ASSESSED AND RELEASED IN THE PERIOD MARKED BY THE SUBSEQUENT SUBMISSION DEADLINE.

(h) Main reasons why interns fail their CPD entries

- It is not clear to the assessor WHAT it is that the intern did and/or WHAT unannotated evidence means.
- Competency Standard 2.6 is based on pharmacist-initiated therapy – if a prescription forms part of the evidence, it is **not** regarded as pharmacist initiated anymore and the intern will be penalised and fail.
- The intern did not provide sufficient evidence for all the subsections (a, b, c, etc.) of the outcome (as per Annexure A).
- If an intern waits until the last submission deadline of the year and submits all six entries at once, there may be a simple/common mistake in all six entries that could result in the intern failing **all** six entries. The intern will have to wait until February of the following



year to be re-evaluated. In this scenario, neither Council nor the assessor will be held responsible if the internship year is extended.

- An intern did not refer to *this* user manual and the CPD guidelines on the SAPC website (www.sapc.za.org) before completing the CPD entry.
- The intern’s CPD entry did not relate to exposure to competency standards **DURING** the internship period.
- The evidence was not collected **DURING** the internship year.
- The intern included evidence obtained during their undergraduate years.

Interns may use the following checklist to assist them with preparing an adequate CPD portfolio-

Table 5: Checklist for CPD portfolio

CHECKLIST		
	YES	NO
BEFORE STARTING		
Am I clear what needs to be covered in each of the four phases of the CPD cycle?		
Have I made a note of the due dates for CPD submissions?		
CHOICE OF COMPETENCY STANDARD		
Have I carefully read all the behavioural statements for the Competency Standard (CS) before choosing one?		
Have I read all the subsections of the standard before making the choice?		
Is my evidence sufficiently covering 75% of the sub-sections for the standard I have selected?		
At the end of September, have I submitted 6 competencies?		
TITLE		
Is there a title?		
Is the title short, specific and related to the standard?		
Is the title a concise statement in my own words (not just a copy of the CS)?		
REFLECTION		
Have I clearly stated what I need to know or learn ?		
Have I stated my learning need in the first person, e.g. “I need to know/learn ...”?		
Have I stated why I have identified this learning need for myself and not just stated that it is a required outcome?		
Have I made sure not to include details of planning and implementation here?		
PLANNING		
Have I clearly stated how I am going to learn?		
Have I identified which resources I will be using?		
Have I explained how I will be using the resources?		
Have I made sure NOT to just write what I intend to do (which is implementation)?		
Have I written this in the future tense?		



IMPLEMENTATION		
Have I described exactly what I did?		
Have I included where, when, what and how ?		
Have I written this in the past tense?		
Have I referred to the labels of my evidence (i.e. the standard subsections) in the text?		
Have I checked that what I did matches my learning need?		
Have I checked that what I did addresses all the subsections of the standard?		
EVIDENCE		
Have I checked that I have sufficient evidence i.e. have I covered at least 75% of the subsections of the standard?		
Have I annotated my evidence so that it is clear why I have included each piece?		
Have I annotated my evidence with the subsections , and does this match the subsections mentioned under Implementation?		
Is my evidence clear i.e. readable, not loaded upside down, etc.?		
Is my evidence properly verified i.e. is there a printed name, designation, P number, signature and date for both me and my tutor or, where applicable, supervising pharmacist?		
Have I made sure that all patient identifying details (such as name, surname, ID number) have been hidden?		
EVALUATION		
Have I clearly stated what I learnt from the action described under Implementation?		
Have I checked that my learning matches my learning need and is relevant to the standard?		
Have I clearly described how this learning has impacted on the way I practice?		
Have I given a specific example of how I applied this learning i.e. something I did after the action described? Have I remembered that I don't have to provide evidence for this, but just have to describe it?		
Have I clearly noted my future learning needs?		
BEFORE PRESSING "SUBMIT FOR VERIFICATION BY TUTOR"		
Have I remembered to include everything that is required in all sections?		



(i) **Reanalysis (reassessment) of CPD entries/results and appeal for CPD entries submitted by pharmacist interns**

Candidates may lodge appeals against evaluations conducted by Council within one calendar month of the date of the notification of the results in terms of Council's Appeal Policy.

Any candidate may request a reanalysis (reassessment) of their CPD entry in the manner described below:

- The candidate must lodge a request within one calendar month of the date of the notification of the results.
- The request must be in writing and must be submitted to the Registrar together with a non-refundable fee as determined by Council.
- The Registrar will forward the request for a re-mark to the moderator that was appointed for CPDs.
- Once the result of the re-mark has been received by Council and approved by the Registrar, it will be communicated to the candidate within 14 days of receipt of the result.
- Should the candidate not be satisfied with the reassessment/reanalysis, they may initiate the appeals process in terms of Council's Appeal Policy.

(j) **Irregularities**

The CPD entry submitted must reflect the work done personally by the intern. **The submission will be subject to plagiarism software.**

In the event of evidence of a candidate's dishonesty, or other irregularities in the conduct of a candidate, the results of the candidate will be withheld, and the matter referred to the Registrar of Council for appropriate action to be taken. The appropriate action initiated by the Registrar may include referral to the Committee of Preliminary Investigation (CPI).

(k) **Courses and providers of continuing professional development**

Information on **continuing education courses/lectures/seminars** can be obtained from professional pharmacy societies and accredited providers. The *Pharmaciae* and Council's website also publish information on various courses. It is strongly recommended that tutors select the courses for interns and allow them time off to attend. It would be ideal if the tutor and the intern could attend the courses together, especially those that are directly relevant to the internship programme.

The tutor could furnish the intern with additional information on the course subject prior to the commencement of the course. For example, a programme for the weeks preceding a continuing education course on **asthma** could contain some of the following:

- **Dispensing procedures and practice**
 - review the specific routines or precautions followed during the dispensing of asthma preparations, refills, etc.



- **Clinical aspects**
 - allergic asthmatic conditions
 - asthma in children
 - control of asthma

(The intern would be expected to review the drugs involved, indications for use, dosage, side-effects, contraindications and patient counselling on general lifestyles.)

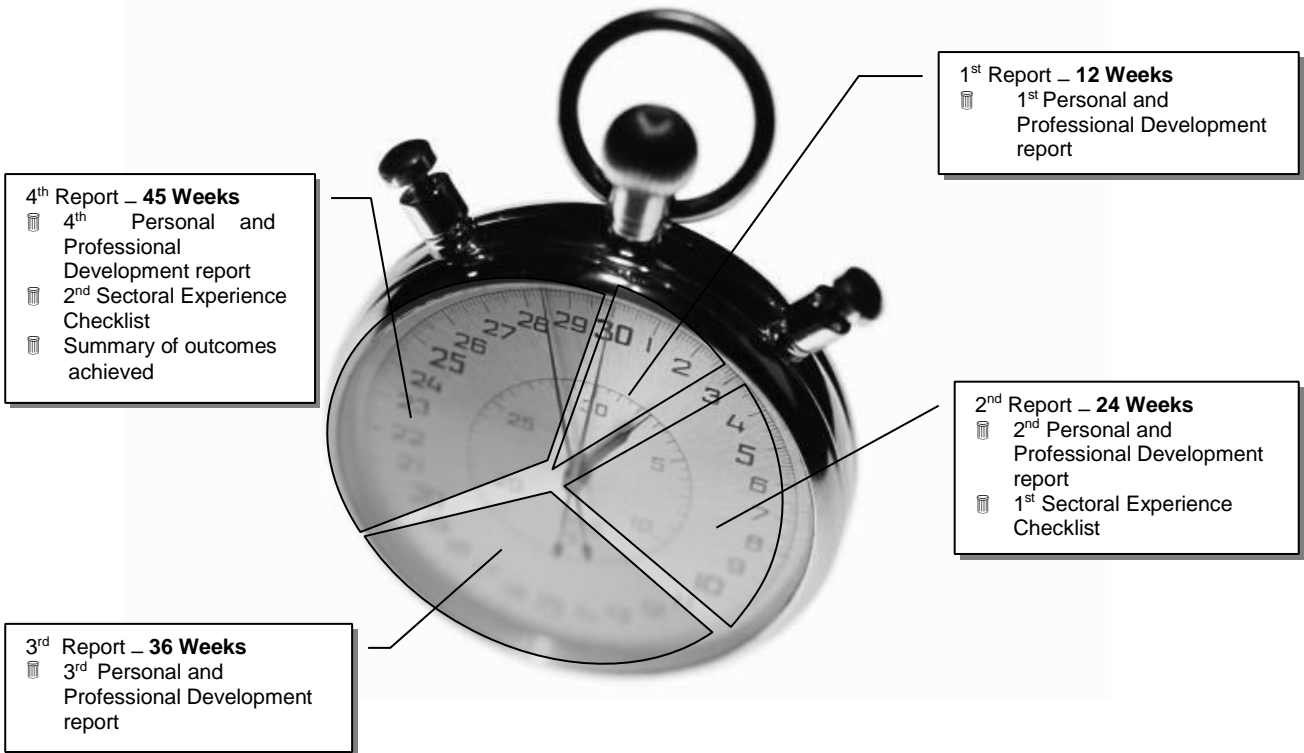
- **Treatment of condition**
asthma preparations available for use at the discretion of the pharmacist
- **Communication with patients, health professionals and the public**
 - counselling where needed
 - recommendations for the prevention and control of asthma attacks
- **Application of the legislation**
 - scheduling of asthma preparations
 - labelling requirements
- **Good pharmacy practice and good manufacturing practice**
discuss the importance of expiry dates of asthma preparations, aspects in the manufacturing of asthma preparations and pharmacoeconomic aspects of the various products
- **Drug information**
assist the intern in accumulating information on the condition and correct usage of preparations and how to **communicate** information to a patient.



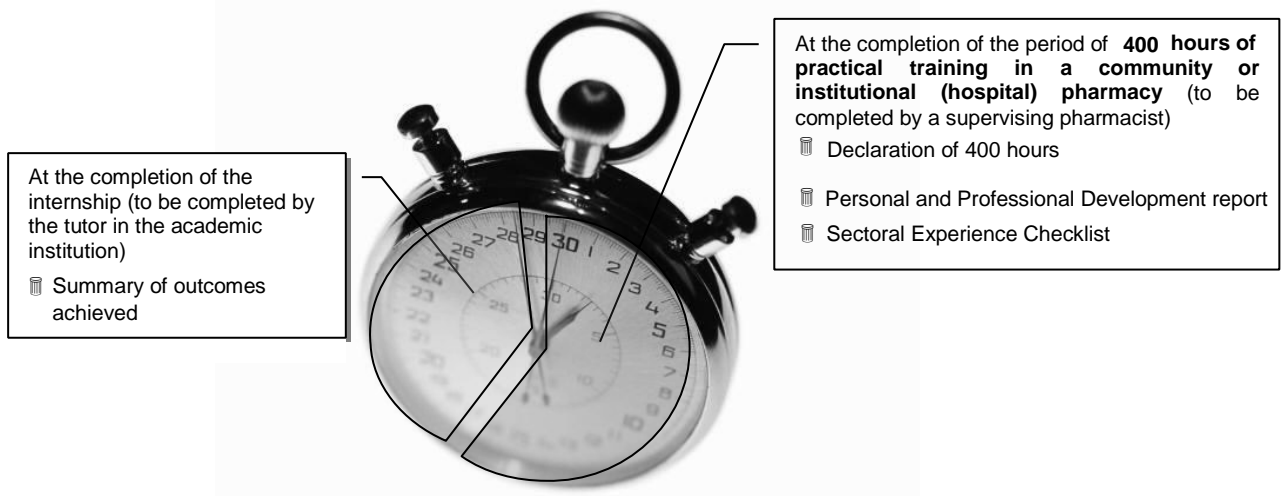
3.3 PROGRESS REPORTS

The following diagrams reflect the time periods for the submission of assessment reports on the progress of the intern during the internship.

COMMUNITY, HOSPITAL, AND MANUFACTURING PHARMACIST INTERNS



ACADEMIC AND MANUFACTURING PHARMACIST INTERNS





Tutors must complete and submit progress reports for interns online. Progress reports can be accessed by the tutor on the secure site of the SAPC website under the *Education* tab.

(a) **Assessment of the intern by the tutor**

The assessment of the intern takes place on a systematic and regular basis and should involve positive reinforcement on appropriate performance and constructive criticism on the performance that could improve. The intern should receive accurate feedback on their performance as reflected in daily and less regular assessments. Where appropriate, the intern must provide evidence that they have achieved the required standard.

The assessment of the performance of interns in **community and hospital pharmacies** takes place on the following occasions and in the following manner:

- on a day-to-day basis by the tutor in the execution of daily duties and activities and which is not necessarily recorded;
- the professional development of the pharmacist intern is assessed at 12, 24, 36 and 45 weeks of the programme;
- a sectoral experience checklist completed at 24 and 45 weeks of the programme to assess the level of competence of the intern within the sector;
- an assessment of the outcomes achieved by the intern at 45 weeks of the programme; and
- the intern can view and comment on the tutor's assessment regarding their performance once the assessment has been submitted by the tutor.

The assessment of the performance of **interns in academic institutions and in manufacturing pharmacies** takes place on the following occasions and in the following manner:

- on a day-to-day basis by the tutor at the academic institution in the execution of daily duties and activities and which is not necessarily recorded;
- at the completion of the period not less than 400 hours of practical training at a community or institutional (hospital) pharmacy, the supervising pharmacist submits a declaration of 400 hours completed by the pharmacist intern;
- the supervising pharmacist assesses the professional development of the pharmacist intern at the completion of the period of not less than 400 hours of practical training at a community or institutional (hospital) pharmacy;
- the supervising pharmacist completes a sectoral experience checklist at the completion of the period of not less than 400 hours of practical training at a community or institutional (hospital) pharmacy to assess the level of competency of the intern within the sector;
- the tutor at an academic institution and manufacturing pharmacy provides an assessment of the outcomes of the internship completed at the end of the internship period; and
- the intern can view and comment on the tutor's assessment regarding their performance once the assessment has been submitted by the tutor.



(b) Guidelines for tutor assessments (applicable to progress reports)

Background

The purpose of this section is to provide the tutor and the intern with guidelines that may be used in the assessment of the competence of a pharmacist intern. The assessment of competence is concerned with establishing whether the intern can meet the specified standards of performance required of an entry-level pharmacist in a consistent manner, and demonstrates evidence of knowledge, skills and attitudes at the required levels of competence.

In simple terms, an assessment is the process of gathering and judging evidence to determine the current level of performance against a given set of competence standards. It assesses what a person can do, not only what they know, and is measured against the requirements of the practice situation, not against a curriculum. Judgements are made on ability-based outcomes, including thinking and communication, ethical values and principles, and self-learning abilities and habits.

Assessment decisions are simply a matter of judgement as to whether or not evidence presented is sufficient to show that standards of performance have been met, and can continue to be met in the practice situation.

The process of assessment

An assessment of performance during the course of a pharmacist intern's normal work provides the most natural form of evidence. Because of this, it is generally the best method of assessing competence. Where such an assessment is not possible, simulated activities can be used as an alternative or supporting method of assessment. These activities could take the form of role plays or demonstrations carried out separately or in support of the assessment.

It is important to bear in mind that in the assessment process there are no pass or fail marks. The pharmacist intern needs only to demonstrate to the satisfaction of the tutor, that they are either competent or not yet competent. Assessments are carried out against criteria detailed in the manual for pharmacist interns and are not linked to a particular learning curriculum.

In the assessment of the intern, the tutor can make use of the following guidelines to determine how an intern is proceeding with a particular task:

- test **knowledge** (do they know what they are doing);
- test **competence** (are they able to perform the tasks and how well);
- test **efficiency** (can they be relied upon to perform a task accurately and safely within a reasonable time);
- determine if skills, knowledge and values can be used and **transferred** to different circumstances; and
- assess the performance within the **context of the competencies** required of a pharmacist at entry-level.

An integrated approach to assessment aimed at assessing knowledge, understanding, problem solving, technical skills, attitudes and ethics should be used. Assessment processes should be aimed at enabling the tutor to evaluate the performance of the pharmacist intern in a number of areas:

- **Technical** – knowledge of pharmacy, problem-solving, the application of theoretical concepts to practical problems.



- **Organisational** – ability to plan, attention to detail, ability to meet deadlines.
- **Communication** – clarity of written communications, ability to work within a team, effectiveness of oral communications.
- **Attitudes** – initiative, willingness to accept responsibility, ability to follow instructions.

Assessment activities should be:

- **flexible** in providing for the special needs of both the pharmacist intern and the environment;
- **valid** in that they assess only the outcomes required;
- **reliable** insofar that the assessment reflects the pharmacist intern's outcomes, regardless of how and where the assessment is carried out; and
- **transparent** in that all of the processes used, and their outcomes, are clear to both those assessing and those being assessed.

The methods used to assess evidence should allow for judgements to be made on the performance of the pharmacist intern against the criteria specified in the assessment forms in this pre-registration manual. The assessments should also assist in the provision of feedback to the intern. Furthermore, assessments will identify areas that require further experience or training before the pharmacist intern can be deemed to be competent.

Objective assessment against clear assessment criteria, followed by accurate and honest feedback, is a vital tool in learning gained by means of the assessment process.

Methods of assessment

Competence is focused on the performance of a role or set of tasks. The tasks are integrated and the ability to demonstrate the tasks as an outcome of a required competence would indicate the effective performance levels of the person. Performance in a competence-based approach may be assessed by four major forms of assessment:

- direct observation
- tests of practical or technical skills
- simulations
- questioning

The evidence of the competence of a person is demonstrated by the possession of a relevant set of attributes such as knowledge, skills and attitudes making up a particular competence.

The amount of **knowledge** needed is that amount necessary for a person to perform a task competently. It includes the ability to make rational decisions and judgements about the task. The knowledge to be assessed should be the core or essential knowledge that has been derived from a task analysis and is necessary to perform the task competently.

Methods of assessing knowledge:

- case studies
- reports
- evidence of prior learning
- oral questioning



- simulations

Attitudes determine how a person applies the knowledge and performs the tasks required of a particular competence. Attitudes which are important in a particular situation will depend on the circumstances of that particular situation and the following list, although not complete, is an indication of the types of attitudes that may be required of a person involved in the provision of pharmaceutical care and services:

- a desire for lifelong learning
- respect for the convenience, comfort and beliefs of patients
- a desire to share knowledge and skills
- an eagerness to overcome difficulties
- a willingness to share in the whole range of community activities
- a desire to be of service to the community and individuals within the community
- a desire to cooperate with other members of the healthcare team within the community

Methods of assessing attitudes:

- direct observation of work activities
- evidence from prior achievements
- oral questioning
- self-evaluations and reports
- simulations

The ability to apply knowledge in the work environment is an indication of the acquired skills that a person may possess. The purpose of assessing skills is thus to determine whether a person can use the knowledge to actually perform a particular task rather than describing what should be done.

Skills are only effectively assessed by observing the performance of a person and making a judgement based on standardised observation criteria. Skills are not limited to the ability to manually perform a task but include the ability to integrate both knowledge and attitudes of a variety of tasks that may form part of a whole competence.

Methods of assessing skills:

- direct observation of work activities
- skills or work sample tests
- projects or assignments
- log books
- records of achievements or portfolios

Knowledge and understanding can also be conceived as inherent in performance, and any observation of performance is likely to provide evidence of knowledge and understanding as well as skills. Performance assessments can thus be seen as an integrated activity.

Assessments can be carried out by using one or a mix of the methods described above. Tutors should try wherever possible not to limit themselves to any single method or methods when alternatives might be equally effective. Methods used to assess the competency of an intern may include:

- direct observation of work activities in the pharmacy
- evaluation of the case studies completed by the pharmacist intern



- evaluation of the record of daily events maintained by the intern during the pre-registration period.

Suggestions on the assessment and feedback process

The following suggestions are provided to assist in the feedback process following an assessment:

- Where possible, provide positive feedback and make positive suggestions.
- Identify areas for improvement, for instance, pharmaceutical knowledge.
- Allow for regular time to discuss the training/progress or assessments of the intern.
- Ask for the opinion of the intern on their performance.
- Avoid being too generous and try to establish an honest, fair and realistic level.
- Avoid letting one dominant positive/negative aspect overshadow the other less dominant characteristics.



4. Forms required during internship

The following forms, which may be required during the pre-registration year, are available on the SAPC website (www.sapc.za.org):

- Application for cession of contract of internship in terms of the Pharmacy Act, 53 of 1974 (to be completed online)
- Declaration of completion of 400 hours of practical training by interns in academic institutions or interns in manufacturing pharmacies in terms of the Pharmacy Act, 53 of 1974 (to be completed by the supervising pharmacist online)
- Progress reports which must be completed by the tutor online
- Application for registration as a pharmacist with a qualification in pharmacy obtained within the Republic in terms of the Pharmacy Act, 53 of 1974, as amended (to be completed online)

Please note that the relevant information, including application forms and details of the allocation process relating to the performance of pharmaceutical community service, will be forwarded to you by the Department of Health (DoH).

For more information about community service, please access the contact details from the website www.doh.gov.za.

Note: If the employer has agreed to pay for any applicant's registration fee, it still remains the responsibility of the applicant to ensure that payment is made on time. If not, the registration date or the pre-registration period will be affected.

The applicant must ensure that their courier address is up to date as the certificate for registration as a pharmacist on completion of pharmaceutical community service is sent to the courier address available on Council's register.



5. South African Pharmacy Council

The South African Pharmacy Council is an independent statutory body created because of the recognition of the pharmacy profession by the legislature in South Africa as a particular occupational group. The Council has been vested with statutory powers of peer review and is responsible for funding itself.

Objects of Council	
The objects in terms of the Pharmacy Act, 53 of 1974 are:	
1.	To assist in the promotion of the health of the population of the Republic
2.	To advise the Minister or any other person on any matter relating to pharmacy
3.	To 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
4.	To uphold and safeguard the rights of the general public to universally acceptable standards of pharmacy practice in both the public and private sectors
5.	To establish, develop, maintain and control universally acceptable standards: <ul style="list-style-type: none">• in pharmaceutical education and training• 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• of practice of the various categories of persons required to be registered in terms of this Act• of professional conduct required of persons to be registered in terms of this Act• of control over persons registered in terms of this Act, by investigating in accordance with the Act, complaints or accusations relating to the conduct of registered persons
6.	Promote transparency to the profession and the general public (Corporate governance)
7.	Maintain and enhance the dignity of the pharmacy profession
8.	Coordinate the activities of Council and its Committees
9.	Improve internal efficiency and effectiveness
10.	Build a pipeline of highly skilled workers to meet Council's mandate

Vision of South African Pharmacy Council

"Accessible quality pharmaceutical services for all"

Council's Mission Statement

The mission statement of SAPC is:

We exist to:

- protect the public by improving health outcomes
- assist in promoting access to sustainable quality pharmacy services by embracing the use of innovation and technology



- ensure quality pharmaceutical services by developing, enhancing and upholding universally acceptable education and practice standards through stakeholder engagement
- promote the dignity of the profession through professional ethics and conduct, and ongoing competency

Council's Core Values

The core values of SAPC, illustrated by the acronym P.A.P.I are:

People first	-	we care, we serve, we collaborate, we belong to the community
Accountability	-	we are responsible and answerable for our actions
Professionalism	-	we will develop our staff to perform their work with expertise, dedication, care and act in a competent and excellent manner at all times
Integrity	-	we will be ethical, transparent and honest in conducting our business

Functioning of Council

The functioning of the Council can be described by giving a brief analysis of the different committees and the structure of the administration of Council. The Council meets at least three times per annum.

COUNCIL COMMITTEES

Executive Committee

The Executive Committee deals with matters which, in the opinion of the President, require urgent attention and any act performed or decision taken by the Executive Committee is of force and effect unless it is set aside or amended by the Council at its next meeting.

The Executive Committee deals with matters relating to conditions of employment, finance and any other matter which falls outside the terms of reference of other committees. The Executive Committee also deals with any matter which requires urgent attention.

Pre-registration Committee

The Pre-registration Committee considers all matters relating to the establishment, development, maintenance and control of universally acceptable standards for pre-registration of persons, including the evaluation of foreign pharmacy qualifications, pre-registration evaluation and exemptions from examinations. It may also deal with other matters delegated to it by the Council from time to time.

Education Committee

The Education Committee considers all matters relating to the establishment, development, maintenance and control of universally acceptable standards in pharmaceutical education and training, including the approval of providers of education and training and the evaluation of educational qualifications. It may also deal with other matters delegated to it by the Council from time to time.

Practice Committee

The Practice Committee considers all matters relating to the establishment, development, maintenance and control of universally acceptable standards of the practice of the various categories of persons required to be registered in terms of the Act, as well as the promotion of pharmaceutical care which complies with universal



norms and values, both in the public and the private sector, the registration of pharmacies, as well as the issuing of permits in terms of the Act or medicine related legislation. It may also deal with other matters delegated to it by the Council from time to time.

Committee of Preliminary Investigation

The Committee of Preliminary Investigation (CPI) conducts investigations in terms of Chapter II of the *Regulations relating to the conduct of inquiries held in terms of Chapter V of the Act*.

Committee of Informal Inquiry

The Committee of Informal Inquiry (CII) conducts informal inquiries in terms of Chapter III of the *Regulations relating to the conduct of inquiries held in terms of Chapter V of the Act*.

Committee of Formal Inquiry

The Committee of Formal Inquiry (CFI) conducts formal inquiries in terms of Chapter IV of the *Regulations relating to the conduct of inquiries held in terms of Chapter V of the Act*.

Health Committee

The Health Committee, appointed by Council in terms of the *Regulations relating to the management of a person unfit to practise for reasons other than unprofessional conduct*, considers allegations or information received by the Registrar that a person registered in terms of the Act may be unfit to practise.

CPD Committee

The CPD Committee is appointed by Council in terms of section 4(0) of the Act. In the Code of Conduct: *A pharmacist must keep abreast of professional knowledge to maintain a high standard of competency relative to his/her sphere of activity.*



6. Pharmacy Professional Organisations and Others

A list of pharmaceutical and other organisations has been compiled to assist the intern in becoming acquainted with the various professional bodies and heads of pharmaceutical services in various provinces that interact with the pharmacy profession.

The information has been compiled by the various organisations. Please note that this is not a complete list of pharmaceutical organisations in South Africa.

The intern is encouraged to contact these organisations for further information regarding membership or services offered.

Organisations

CONTACT DETAILS OF PHARMACY PROFESSIONAL ORGANISATIONS	
Pharmaceutical Society of South Africa (PSSA)	PO Box 75769 LYNNWOOD RIDGE, 0040 Tel 012 470 9550 Fax 012 470 9556 Email: pssa@pharmail.co.za Web: pssa.org.za
South African Progressive Pharmacists Association (SAPPA)	Cell: 083 6311019
Independent Community Pharmacist Association (ICPA)	Tel: 031 461 3700 Cell: 082 450 4472 Web: www.icpa.co.za Mr S Moodley
Pharmaceutical Industry Association of South Africa (PIASA)	PO Box 12123 VORNA VALLEY, 1686. Tel 011-8055100 Fax 011-805 5105 Email: info@piasa.co.za Web: www.piasa.co.za
National Association of Pharmaceutical Manufacturers (NAPM)	PO Box 32361 KYLAMI, 1684 Tel: 011 312 6966 Fax: 086 529 4245 Web: www.napm.co.za
National Association of Pharmaceutical Wholesalers (NAPW)	PO Box 3069 HOUGHTON, 2041 Tel: 011 4420331 Email: napw@mweb.co.za
National Department of Health	Private Bag X828 PRETORIA, 0001 Tel 012-395 9306 Web: www.health.gov.za



7. Department of Health and the National Drug Policy



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Mission of the Department of Health

To improve health status through the prevention of illnesses and the promotion of healthy lifestyles and to consistently improve the healthcare delivery system by focusing on access, equity, efficiency, quality and sustainability.

Aims

The development of the National Health System (NHS) is one of the priorities of the Department of Health and has the following aims:

- unify the fragmented health services into a comprehensive and integrated system
- reduce disparities and inequities in health service delivery and health outcomes
- extend access to an improved health service.

The NHS will contribute to the reduction of morbidity and mortality, and the improvement of the general wellbeing of all South Africans, particularly women and children.

Structures

To provide equitable, accessible and appropriate health services requires a proper organisational and institutional framework, and thus part of the restructuring of the health system involved the division of health functions between the national and provincial departments of health.

The Department of Health includes, inter alia, the Directorates of Medicines Administration and Pharmaceutical Services, which are responsible for the pharmaceutical services provided for by the state hospitals and clinics. This responsibility is delegated further to the provincial pharmaceutical services in each of the nine provinces and they are responsible for the provision of pharmaceutical services within their own provinces.

The guiding principles for the reconstruction and development of the health sector are to:

- unify fragmented health services at all levels into a comprehensive and integrated NHS
- promote equity, accessibility and utilisation of health services
- extend the availability and ensure the appropriateness of health services
- develop health promotion activities



- develop the human resources available to the health sector
- foster community participation across the health sector
- improve planning in the health sector and the monitoring of health status and health services

The National Drug Policy

As part of the national health policy, the Department of Health has committed itself to a National Drug Policy (NDP), which was released by the Minister of Health in February 1996.

Some important issues addressed by the NDP are summarised below.

The pharmaceutical sector, as an integral part of the health sector, will be able to ensure equitable access to medicines that are appropriately selected and meet real health needs through the implementation of the National Drug Policy.

The cornerstone of the process is the selection of essential drugs and rationalising the use and expenditure of drugs from a published Essential Drug List (EDL).

Drug costs are relatively high in South Africa due to the pricing structure that presently applies. A pricing committee was appointed to develop a new pricing policy that will ensure affordability to both the state and the private medicine user.

Several pricing measures and cost-saving mechanisms have been considered, which include removing the profit motive on medicines at the level of distributor and health providers and introducing in its place a system of distribution and professional fees.

Objectives

1. Health objectives

- to ensure the availability and accessibility of essential drugs to all citizens
- to ensure the safety, efficacy and quality of drugs
- to ensure good dispensing and prescribing practices
- to promote the rational use of drugs by prescribers, dispensers and patients through the provision of the necessary training, education and information
- to promote the concept of individual responsibility for health, preventative care and informed decision-making

2. Economic objectives

- to lower the cost of drugs to both the public and private sectors
- to promote the cost-effective and rational use of drugs
- to establish a complementary partnership between government bodies and private providers in the pharmaceutical sector
- to optimise the use of scarce resources through cooperation with international and regional agencies

3. National development objectives

- to improve the knowledge, efficiency and management skills of pharmaceutical personnel
- to re-orientate medical, paramedical and pharmaceutical education towards the principles underlying the National Drug Policy



- to support the development of the local pharmaceutical industry and the local production of essential drugs
- to promote the acquisition, documentation and sharing of knowledge and experience through the establishment of advisory groups in rational drug use, pharmacoeconomics and other areas of the pharmaceutical sector

4. The role of the pharmacist

The NDP clearly spells out the role of the pharmacist. The pharmacist has a special role in the National Health Policy and the National Drug Policy, especially in quality assurance and the safe and effective administration of drugs. Pharmacists will be in a strong position to promote the rational use of drugs through their extensive knowledge.

- Community pharmacists have a central community educational role in patient instruction and in the correct use of drugs.
- Pharmacists will be involved in a multi-disciplinary approach to the rational use of drugs, and greater cooperation within the health team will facilitate consensus regarding the choice of drugs and protocols.
- Pharmacists will also play a critical role in primary healthcare and preventative health services.
- Pharmacies will be required to have available scientific sources of reference, and require access to additional essential information from a central drug information system.
- The policy will also aim at expanding and standardising the training of pharmacist's assistants. Pharmacist's assistants will be prepared for certain tasks in hospital pharmacies under the supervision of pharmacists, and for managing drug supply in primary care clinics under the indirect supervision of a district pharmacist.

The NDP developed for South Africa covers a wide range of activities that contribute to the effective production, supply, storage, distribution and use of medicines, ensuring that the people of South Africa receive the drugs that they need at a cost that they, and the system as a whole, can afford.

8. Heads of Pharmaceutical Services

NAME & SURNAME	POSTAL ADDRESS	CONTACT DETAILS	PROVINCE	E-MAIL ADDRESS
Ms NB Molongoana	PO Box 227 Bloemfontein 9300	Tel.051 411 0502 Fax.051 430 2208	FREE STATE	molongoanb@fshealth.gov.za
Mr V Dlamini	19 Rudling Rd Pelham Pietermaritzburg 3201	Tel. 033 846 7267 Fax.033 846 7280	KWAZULU-NATAL	Vusi.dlamini@kznhealth.gov.za
Mr T Mphaka	PO Box 3220 Mmabatho 2735	Tel. 018 384 8124 Fax.018 384 8157	NORTH WEST	tmphaka@nwpq.gov.za
Ms LL Mahlangu	Suite MW 481 Private Bag X1838 MIDDELBURG 1050	Tel. 013 766 3166 Fax. 086 667 7081	MPUMALANGA	lettym@mpuhealth.gov.za
Mr R Setshedi	PO Box 619 Ladanna 0704	Tel.015 290 9115 Fax.015 291 3806	LIMPOPO	robert.setshedi@gmail.com
Ms Mmabatho Ndwandwe	52 Taylor Street Grosvenor lodge King Williams Town 5600	Tel. 040 608 0854	EASTERN CAPE	mmabatho.ndwandwe@echealth.gov.za
Ms H Hayes	PO Box 2060 Cape Town 8000	Tel.021 483 4567 Fax: 021 483 3886	WESTERN CAPE	helen.hayes@westerncape.gov.za
Mr G Mentoer	16 Fabricia Way Kimberley 8301	Tel.053 830 2700 Fax.053 832 1567	NORTHERN CAPE	gmentoer@ncpg.gov.za
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COMPETENCY STANDARDS FOR CPD

Pharmacists in each field of practice need to accept responsibility for the self-assessment and maintenance of their competence throughout their professional lives. Pharmacists are thus encouraged to identify their own learning needs in the context of their practice setting. They should plan how these needs will be met and then assess the impact of what has been achieved on their day-to-day practice.

The continuing professional development of a pharmacist is thus a cyclical process. The first step is to review and reflect on one's practice as a pharmacist. This review should include an assessment of one's knowledge, skills and attitudes. The second step is to plan what learning activities you can undertake or other steps that you need to take to address the gaps in knowledge and skills identified. In this process, areas in your practice as a pharmacist, which could be improved, can also be identified and addressed. Learning activities which could be undertaken include both informal and formal activities such as distance education, work shadowing, study groups, coaching, attendance of formal lectures, conferences and workgroups, special projects and assignments, computer-aided learning and the reading of articles/journals. The third step is to undertake in your practice environment, the actions that you have identified as being important in the learning process. Learning activities undertaken and changes made to your practice must be documented in your portfolio. The fourth step is to reflect on and assess the impact that has been made by these efforts both on your development as a person and as a pharmacist, as well as the impact which has been made on your practice of the profession.

Competency standards were developed as a tool to help professionals assess their own learning needs. Gaps in knowledge, skills, attitudes and values are identified by comparing personal knowledge, skills, attitudes and values with those required by the competency standards. Competency standards have also been structured to assist with identifying areas, within current or future practice, that may require modification and/or improvement in knowledge, skills, attitudes and values.

As pharmacists practise in a variety of practice settings, each professional must evaluate whether or not a specific competency standard applies to their practice. The 2018 competency standards for pharmacists take into consideration various processes of development and are applicable when a person is registered as a pharmacist and able to practise independently. The competency standards have been developed with three levels of behavioural statements linked to each competency in order to guide pharmacists in progressing from one level of practice to another. The three levels are: (a) Entry-level into practice: generally recognised as the first three years of practice (b) Intermediate practice: generally recognised as between three and seven years of practice (c) Advanced practice: generally recognised as more than seven years of practice.

A competency framework consisting of six domains and a number of competencies suitable for the South African context, was developed. A domain represents an organised cluster of competencies within a framework and the domains, with associated competencies, are summarised in Table 1. The behavioural statements indicating how individuals working within a competency should behave in practice have also been drafted. It is expected that a pharmacist at a higher level of practice, in addition to the behaviours associated with that level, must also exhibit the behaviours from the lower level(s) of practice.



Table 1: Summary of domains and competencies

DOMAINS	COMPETENCIES
1. Public health	1.1 Promotion of health and wellness 1.2 Medicines information 1.3 Professional and health advocacy 1.4 Health economics 1.5 Epidemic and disaster management 1.6 Primary healthcare
2. Safe and rational use of medicines and medical devices	2.1 Patient consultation 2.2 Patient counselling 2.3 Patient medicine review and management 2.4 Medicines and medical devices safety 2.5 Therapeutic outcome monitoring 2.6 Pharmacist initiated therapy 2.7 Pharmacovigilance 2.8 Clinical trials
3. Supply of medicines and medical devices	3.1 Medicine production according to GxP 3.2 Supply chain management 3.3 Formulary development 3.4 Medicine dispensing 3.5 Medicine compounding 3.6 Medicine disposal/destruction
4. Organisation and management skills	4.1 Human resources management 4.2 Financial management 4.3 Pharmaceutical infrastructure management 4.4 Quality assurance 4.5 Change management 4.6 Policy development
5. Professional and personal practice	5.1 Patient-centred care 5.2 Professional practice 5.3 Ethical and legal practice 5.4 Continuing professional development 5.5 Leadership 5.6 Decision-making 5.7 Collaborative practice 5.8 Self-management 5.9 Communication
6. Education, research and critical analysis	6.1 Education and training policy 6.2 Provision of education and training 6.3 Practice embedded education or workplace education 6.4 Gap analysis 6.5 Critical analysis 6.6 Research 6.7 Supervision of other researchers 6.8 Collaborative research

The following competencies are only applicable to entry-level pharmacists.

1. **DOMAIN 1: PUBLIC HEALTH**

Does this domain apply to me?

The domain applies to all pharmacists whose practice includes promotion of health and wellness through the provision of healthcare information and education to the public and other members of the healthcare team

INTRODUCTION

Domain 1 covers public health and includes competencies that are required in both the public and private healthcare sectors to promote health and wellness through the provision of healthcare information and education to the public and other members of the healthcare team.

The provision of medicines and healthcare information and education forms an integral part of the scope of practice of a pharmacist. The availability of specialised pharmaceutical knowledge at all levels of care, including primary healthcare (PHC), is an important component for the delivery of effective and efficient pharmaceutical services.

The domain covers competencies that are required to promote health, promote and monitor adherence and apply pharmacoeconomic principles.

The public health domain competencies are:

1.1 Promotion of health and wellness

A person who has achieved this standard is able to demonstrate the following behaviours:

- (a) Provide advice on health promotion.
- (b) Provide advice on disease prevention and control.
- (c) Provide advice on healthy lifestyles.
- (d) Participate in public health campaigns.

Assessment (Tick appropriate box)

Does this standard form part of my current practice of pharmacy?

Yes No

IF YES, on the basis of the evidence I have identified I can do this.

1.2 Medicines information

A person who has achieved this standard is able to demonstrate the following behaviours:

- (a) Participating in pharmaceutical and therapeutics committees.
- (b) Participating in antimicrobial stewardship
- (c) Applying principles of palliative care for the management of patients with life-limiting conditions
- (d) Identifying and using medicine information centres and relevant evidence-based sources of information for medicines

Assessment (Tick appropriate box)

Does this standard form part of my current practice of pharmacy?

Yes No

IF YES, on the basis of the evidence I have identified I can do this.

1.3 Professional and health advocacy

A person who has achieved this standard is able to demonstrate the following behaviours:

- (a) Participating as a pharmacist within a healthcare team.
- (b) Applying health policy and procedures in practice.

Assessment (Tick appropriate box)

Does this standard form part of my current practice of pharmacy?

Yes No

IF YES, on the basis of the evidence I have identified I can do this.

1.4 Pharmacoeconomics

A person who has achieved this standard is able to demonstrate the following behaviours:

- (a) Monitoring and encourage adherence to formularies and guidelines.
- (b) Applying developed interventions to ensure cost-effective use of medicines.
- (c) Participating in collecting pharmaceutical data to determine if pharmaceutical use is in accordance with the burden of disease.

Assessment (Tick appropriate box)

Does this standard form part of my current practice of pharmacy?

Yes No

IF YES, on the basis of the evidence I have identified I can do this.

1.5 Epidemics and disaster management

A person who has achieved this standard is able to demonstrate the following behaviours:

- (a) Assisting in the implementation of the outbreak/disaster plan.
- (b) Identifying disease trends in your pharmacy practice setting (patient-based).
- (c) Identifying threats for outbreak/disaster in your pharmacy practice setting (patient-based).
- (d) Assisting in managing outbreaks/disasters.

Assessment (Tick appropriate box)

Does this standard form part of my current practice of pharmacy?

Yes No

IF YES, on the basis of the evidence I have identified I can do this.

1.6 Primary healthcare

<p>A person who has achieved this standard is able to demonstrate the following behaviours:</p> <p>(a) Engage in lifestyle changes, in a multidisciplinary setting, that may prevent communicable and non-communicable diseases and/or improve therapeutic outcomes.</p> <p>(b) Participate in screening and disease prevention programmes and campaigns.</p> <p>(c) Advise patients on self-care and adherence to treatment regimens.</p>
<p>Assessment (Tick appropriate box)</p> <p>Does this standard form part of my current practice of pharmacy?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>IF YES, on the basis of the evidence I have identified I can do this.</p>

<p>Assessment (Tick appropriate box) - In general, does Domain 1 form part of my current practice of pharmacy?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>IF YES,</p> <p><input type="checkbox"/> I have assessed my competency in this domain and can provide evidence in all of the elements.</p> <p><input type="checkbox"/> I have assessed my competency in this domain and will undertake CPD in the standard that I currently cannot provide evidence for, in order to meet all the requirements of this standard.</p>



2. **DOMAIN 2: SAFE AND RATIONAL USE OF MEDICINES AND MEDICAL DEVICES**

Does this domain apply to me?

The domain applies to all pharmacists who play a role in ensuring the safe and rational use of medicines to improve patient health outcomes

INTRODUCTION

Domain 2 covers the rational use of medicines, a concept adopted by the World Health Organisation (WHO), which advocates that patients receive medicines and medical devices that are:

- appropriate to their clinical needs;
- in doses that meet individual requirements;
- for an adequate period of time; and
- cost-effective for the patient and community.

Participation of the pharmacist in the promotion of rational use of medicines will contribute to improved access to quality medicines and other pharmaceutical services.

Pharmacists have a professional obligation to the public to ensure an adequate and reliable supply of safe, cost-effective medicines and medical devices of acceptable quality as prescribed in the National Drug Policy (1996). Patients must be educated in respect of the correct use of medical devices that meet all regulatory, safety and performance requirements.

Patients and healthcare workers are encouraged to report all medicine safety-related complaints, and pharmacists should monitor, record and process such complaints.

In the domain of safe and rational use of medicines and medical devices, effective verbal and non-verbal methods of communication with patients and other healthcare professionals, are essential competencies. Pharmacists require these competencies to improve patient health outcomes and to build and maintain professional working relationships within a healthcare team. This domain also encompasses activities such as pharmacist initiated therapy (PIT), medicine utilisation reviews and use evaluations, and monitoring of therapeutic outcomes.

CAPABILITY AND OUTCOMES

A person who has achieved this domain is capable of ensuring the safe and rational use of medicines and medical devices.

The safe and rational use of medicines and medical devices domain covers the following competency standards:



2.1 Patient consultation

A person who has achieved this standard is able to demonstrate the following behaviours:
(a) Undertaking consultations, in an appropriate setting, with minimal interruption, while maintaining verbal, auditory and personal privacy. (b) Using appropriate communication and questioning techniques to gather relevant patient information on allopathic, complementary and alternative medicines and therapy use. (c) Consulting with a patient and/or caregiver to determine health needs in a culturally sensitive manner. (d) Identifying the need for further information and/or referral to an appropriate healthcare provider/resource. (e) Where appropriate and after obtaining patient consent, using diagnostic aids and/or tests. (f) Where applicable, examining patient records to obtain patient medication and disease history. (g) Maintaining the confidentiality of patient information in line with legislative requirements. (h) Keeping and maintaining appropriate records.
Assessment (Tick appropriate box) Does this standard form part of my current practice of pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES , on the basis of the evidence I have identified I can do this.

2.2 Patient counselling

A person who has achieved this standard is able to demonstrate the following behaviours:
(a) Establishing existing understanding and knowledge of health conditions, medicines use for a patient and the need for counselling. (b) Counselling patients on the safe and rational use of medicines and medical devices (including selection, use, contraindications, storage, and side effects). (c) Listening effectively, using active and reflective listening techniques. (d) Using an appropriate counselling plan based on patient needs and ensuring the safe and effective use of medicine. (e) Maximising opportunities for counselling and the provision of information and advice to patients. (f) Communicating in a manner that demonstrates sensitivity to alternative customs and approaches to healthcare. (g) Using language, including verbal and nonverbal cues, that the patient is likely to understand. (h) Where appropriate, using instructional aids. (i) Obtaining feedback from the patient to confirm their understanding of the information provided during the counselling process.
Assessment (Tick appropriate box) Does this standard form part of my current practice of pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES , on the basis of the evidence I have identified I can do this.

2.3 Patient medicine review and management

A person who has achieved this standard is able to demonstrate the following behaviours:
<ul style="list-style-type: none"> (a) Confirming patient adherence to a medicine regimen or treatment plan. (b) Assisting with medicine utilisation reviews. (c) Liaising with the prescriber or other healthcare professionals to ensure the optimal use of medicines. (d) Using appropriate protocols to ensure cost-effective use of medicines and medical devices. (e) Identifying patients requiring additional monitoring.
Assessment (Tick appropriate box) Does this standard form part of my current practice of pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES , on the basis of the evidence I have identified I can do this.

2.4 Medicine and medical device safety

A person who has achieved this standard is able to demonstrate the following behaviours:
<ul style="list-style-type: none"> (a) Reporting dispensing errors, side and adverse effects. (b) Keeping abreast of emerging medicine safety information. (c) Participating in the prevention and resolution of medication errors. (d) Identifying medicines, and medical devices with quality issues and reporting according to applicable policies. (e) Identifying medicines and medical devices that are a high risk in respect of medication errors or that exhibit increased safety risks and taking steps to minimise and mitigate the risk. (f) Storing medicines and medical devices in a safe, secure, organised and systematic manner.
Assessment (Tick appropriate box) Does this standard form part of my current practice of pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES , on the basis of the evidence I have identified I can do this.

2.5 Therapeutic outcome monitoring

A person who has achieved this standard is able to demonstrate the following behaviours:
<ul style="list-style-type: none"> (a) Monitoring therapeutic outcomes. (b) Consulting with other healthcare professionals to optimise therapeutic outcomes.
Assessment (Tick appropriate box) Does this standard form part of my current practice of pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES , on the basis of the evidence I have identified I can do this.

2.6 Pharmacist initiated therapy (PIT)

A person who has achieved this standard is able to demonstrate the following behaviours:
<ul style="list-style-type: none"> (a) Assessing and treating a patient based on objective and subjective signs and symptoms as guided by relevant legislation and within the scope of practice. (b) Discussing the use of appropriate medicines and obtaining consensus from the patient, taking into account patient preferences, allergies and medical history. (c) Documenting any intervention, including medicine supply, according to current legislative requirements. (d) Referring patients, when required, to an appropriate healthcare provider/resource.
Assessment (Tick appropriate box)
Does this standard form part of my current practice of pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES , on the basis of the evidence I have identified I can do this.

2.7 Pharmacovigilance

A person who has achieved this standard is able to demonstrate the following behaviours:
<ul style="list-style-type: none"> (a) Monitoring, receiving, recording and reporting quality defects, adverse drug reactions and events. (b) Performing post-marketing surveillance studies.
Assessment (Tick appropriate box)
Does this standard form part of my current practice of pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES , on the basis of the evidence I have identified I can do this.

2.8 Clinical trials

A person who has achieved this standard is able to demonstrate the following behaviours:
<ul style="list-style-type: none"> (a) Applying master documents (e.g. SOPs) according to GxP. (b) Compiling master documents.
Assessment (Tick appropriate box)
Does this standard form part of my current practice of pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES , on the basis of the evidence I have identified I can do this.

Assessment (Tick appropriate box) - In general, does **Domain 2 form part of my current practice of pharmacy?**

Yes

No

IF YES,

- I have assessed my competency in this domain and can provide evidence in all of the elements.
- I have assessed my competency in this domain and will undertake CPD in the outcomes that I currently cannot provide evidence for, in order to meet all the requirements of this standard.

3. **DOMAIN 3: SUPPLY OF MEDICINES AND MEDICAL DEVICES.**

Does this domain apply to me?

The domain applies to all pharmacists who are involved the supply of medicines and medical devices, from production processes to delivery of pharmaceutical services to patients including disposal of unused, expired and obsolete medicines and medical devices.

INTRODUCTION

Domain 3 includes competencies required to address the supply of medicines and medical devices, from production processes to the disposal of unused, expired and obsolete medicines and medical devices. The domain encompasses the planning and management of all activities involved in sourcing, procurement, and logistics management and includes coordination and collaboration with suppliers and other healthcare professionals in delivering pharmaceutical services to patients.

The pharmacist plays a critical role in the registration and manufacturing of safe, quality and effective medicines and medical devices. Procurement of safe, quality and effective medicines and medical devices involves the identification and careful selection of suppliers who provide products manufactured in accordance with current Good Manufacturing Practice (cGMP) and relevant legislation. In addition, behavioural statements for Domain 3 pertain to packaging, storage and transport of medicines and medical devices, and the legislation applicable to manufacturing, storage and distribution of medicines and medical devices.

The procurement, storage and distribution of pharmaceutical products are a major determinant in the availability of affordable, quality, safe and effective medicines. Given the impact of procurement activities on the operation and effectiveness of health services, it is essential that these activities are managed by pharmacists capacitated to apply sound procedures and who have access to reliable stock control, consumption and distribution information in order to manage medicine supply.

The dispensing process is also incorporated in the supply of medicines domain. The process in which the pharmacist interprets and evaluates a prescription, from both legal and pharmacological perspectives, selects appropriate medicine(s), prepares, packs and labels the medicine(s), and counsels the patient on the correct use of the medicine(s), are behaviours included in Domain 3. To improve therapeutic outcomes, the supply of medicines should include behaviours encompassing patient care encounters, prescription review, and medicine utilisation review.

In addition, pharmacists are responsible for minimising pharmaceutical waste. This includes the coordination of continuous monitoring of pharmaceutical waste generation, and the destruction or disposal procedures for any unused, unwanted or expired medicine.

CAPABILITY AND OUTCOMES

A person who has achieved this domain is capable of supplying medicines and medical devices to patients to improve health outcomes.

The supply of medicines and medical devices domain covers the following competency standards:



3.1 Medicine production according to GxP

A person who has achieved this standard is able to demonstrate the following behaviours:
(a) Applying SOPs and production documentation for receiving materials. (b) Applying SOPs and production documentation for storage requirements of raw materials and finished products. (c) Applying SOPs and production documentation according to the manufacturing process. (d) Applying SOPs and production documentation to the packaging process. (e) Applying SOPs and review production documentation for final product release. (f) Reviewing and applying SOPs and production documentation in line with quality management systems. (g) Applying principles of validation. (h) Applying section 15 of Act 101 to compile medicine registration dossiers.
Assessment (Tick appropriate box) Does this standard form part of my current practice of pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES , on the basis of the evidence I have identified I can do this.

3.2 Supply chain management

A person who has achieved this standard is able to demonstrate the following behaviours:
(a) Monitoring and reporting stock requirements and shortages. (b) Advising consumers/carers of reasons for the delay in the supply of medicines and medical devices and implementing the contingency plans to ensure continuity of care. (c) Using the tools to monitor and review stock levels. (d) Supplying suitable alternative medicines and medical devices in emergency and life-threatening situations. (e) Procuring medicines and medical devices in line with approved procurement/supply chain management policies and procedures appropriate to the practice setting. (f) Distributing medicines and medical devices in line with approved protocols and policies developed in accordance with GxP. (g) Supplying unregistered medicines in accordance with relevant legislation. (h) Implementing an effective stock management and rotation system, including systems for forecasting patient needs and demands and contingency plans for shortages and discontinuations.
Assessment (Tick appropriate box) Does this standard form part of my current practice of pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES , on the basis of the evidence I have identified I can do this.

3.3 Formulary development

A person who has achieved this standard is able to demonstrate the following behaviour:
(a) Contributing to product selection based on systematic evidence-based evaluation criteria, e.g. suitability for intended use, quality and cost of medicines and medical devices, safety profile, reliability of source and bioequivalence.
Assessment (Tick appropriate box) Does this standard form part of my current practice of pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES , on the basis of the evidence I have identified I can do this.

3.4 Medicine dispensing

A person who has achieved this standard is able to demonstrate the following behaviours:
(a) Evaluating, interpreting and preparing the prescription in line with legislative requirements and informing patients of availability of generic medicines. (b) Maintaining, reviewing and updating patient history. (c) Performing a therapeutic review of a prescription to ensure pharmaceutical and clinical appropriateness of the treatment. (d) Applying GPP principles and ensure accurate dispensing in an organised and systematic way, and applying sequential accuracy checks to all phases of dispensing. (e) Preparing extemporaneous preparations according to GxP. (f) Performing pharmaceutical calculations accurately. (g) Consulting prescribers regarding anomalies or potential problems, e.g. incorrect doses, drug interactions. (h) Documenting and recording all interventions. (i) Using dispensing technology in line with practice-specific protocols.
Assessment (Tick appropriate box) Does this standard form part of my current practice of pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES , on the basis of the evidence I have identified I can do this.

3.5 Medicine compounding

A person who has achieved this standard is able to demonstrate the following behaviours:
(a) Applying pharmaceutical knowledge to the formulation and compounding of medicines.
Assessment (Tick appropriate box) Does this standard form part of my current practice of pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES , on the basis of the evidence I have identified I can do this.



3.6 Medicine recall, disposal and destruction

A person who has achieved this standard is able to demonstrate the following behaviours:
(a) Requesting patients to return any unused, unwanted and/or expired medicines to the pharmacy for safe disposal and implementing the protocols for any returned, unused, unwanted, expired and recalled medicines, including the assessment of the impact on patient care and required patient follow-up. (b) Quarantine any returned, damaged, expired, recalled or discontinued medicines and implementing and monitoring the safe destruction and disposal of waste material, pharmaceutical products and cytotoxic products in accordance with relevant legislation. (c) Applying the guidelines for the recall of medicines.
Assessment (Tick appropriate box) Does this standard form part of my current practice of pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES, on the basis of the evidence I have identified I can do this.

Assessment (Tick appropriate box) - In general, does Domain 3 form part of my current practice of pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES, <input type="checkbox"/> I have assessed my competency in this domain and can provide evidence in all of the elements. <input type="checkbox"/> I have assessed my competency in this domain and will undertake CPD in the outcomes that I currently cannot provide evidence for, in order to meet all the requirements of this standard.



4. **DOMAIN 4: ORGANISATION AND MANAGEMENT SKILLS**

Does this domain apply to me?

The domain applies to all pharmacists who are required to ensure the effective and efficient delivery of pharmaceutical services.

INTRODUCTION

Domain 4 includes competency standards that relate to the manner in which pharmacists apply organisational and managerial skills to ensure the effective and efficient delivery of pharmaceutical services. It includes behavioural statements relating to: the operation and maintenance of facilities and infrastructure; application of sound fiscal principles; and quality assurance to ensure sustainable pharmaceutical services that are adaptive to changing environments.

Human and financial resources are central to planning, delivering and managing pharmaceutical services. In pharmacy, the goal of human resources management is to develop and sustain an adequate supply of skilled professionals motivated to provide effective pharmaceutical services.

CAPABILITY AND OUTCOMES

A person who has achieved this domain is capable of apply organisational and managerial skills to ensure the effective and efficient delivery of pharmaceutical services.

The organisational and managerial skills domain covers the following competency standards:

4.1 Human resources management

A person who has achieved this standard is able to demonstrate the following behaviours:
(a) Contributing to the effective management of pharmacy personnel. (b) Undertaking continuing professional development. (c) Conducting self-assessments or appraisal in line with the performance management policy. (d) Adhering to basic human resources management legislation, e.g. Labour Relations Act and Basic Conditions of Employment Act.
Assessment (Tick appropriate box) Does this standard form part of my current practice of pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES , on the basis of the evidence I have identified I can do this.



4.2 Financial management

A person who has achieved this standard is able to demonstrate the following behaviours:
(a) Submitting patient prescription claims to health funders to ensure optimum use of patient benefits. (b) Working according to the approved budget. (c) Complying with all relevant legislative prescripts. (d) Performing cost-benefit analysis.
Assessment (Tick appropriate box) Does this standard form part of my current practice of pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES , on the basis of the evidence I have identified I can do this.

4.3 Pharmaceutical infrastructure management

A person who has achieved this standard is able to demonstrate the following behaviours:
(a) Identifying pharmaceutical facility and equipment needs. (b) Monitoring the suitability of pharmaceutical facilities and equipment. (c) Working according to the approved workplace procedures and policies. (d) Prioritising and organising workflow and demonstrate time management skills. (e) Maintaining the existing pharmaceutical infrastructure.
Assessment (Tick appropriate box) Does this standard form part of my current practice of pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES , on the basis of the evidence I have identified I can do this.

4.4 Quality assurance

A person who has achieved this standard is able to demonstrate the following behaviours:
(a) Participating in the update of the SOPs and attend training on SOPs. (b) Assisting with procedures and processes that ensure quality assurance is achieved. (c) Working according to the approved document management and recordkeeping systems.
Assessment (Tick appropriate box) Does this standard form part of my current practice of pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES , on the basis of the evidence I have identified I can do this.



4.5 Change management

A person who has achieved this standard is able to demonstrate the following behaviours:
(a) Participating in change management processes within the team. (b) Overcoming internal barriers and self-limiting beliefs to change by analysing the climate and the readiness for change followed by measures to improve personnel growth and contributing to organisational success and outcomes.
Assessment (Tick appropriate box) Does this standard form part of my current practice of pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES , on the basis of the evidence I have identified I can do this.

4.6 Policy development

A person who has achieved this standard is able to demonstrate the following behaviours:
(a) Apply policies. (b) Apply SOPs.
Assessment (Tick appropriate box) Does this standard form part of my current practice of pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES , on the basis of the evidence I have identified I can do this.

Assessment (Tick appropriate box) - In general, does Standard 4 form part of my current practice of pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES , <input type="checkbox"/> I have assessed my competency in this domain and can provide evidence in all of the elements. <input type="checkbox"/> I have assessed my competency in this domain and will undertake CPD in the outcomes that I currently cannot provide evidence for, in order to meet all the requirements of this domain.



5. **DOMAIN 5: PROFESSIONAL AND PERSONAL PRACTICE**

Does this standard apply to me?

The standard applies to all pharmacists who are required to deliver pharmaceutical services in a professional, legal and ethical manner.

INTRODUCTION

Domain 5 is the professional and personal practice domain and includes behavioural statements that relate to the practice of pharmacy in a professional, legal and ethical manner to deliver patient-centred pharmaceutical services in a multidisciplinary setting.

CAPABILITY AND OUTCOMES

A person who has achieved this domain is capable of delivering pharmaceutical services in a professional, legal and ethical manner.

The professional and personal practice domain covers the following competency standards:

5.1 Patient-centred care

A person who has achieved this standard is able to demonstrate the following behaviours:

- (a) Assisting patients to make informed healthcare decisions.
- (b) Ensuring patient safety and quality of care are at the centre of the pharmacy practice.
- (c) Upholding the patients' rights.

Assessment (Tick appropriate box)

Does this standard form part of my current practice of pharmacy?

Yes No

IF YES, on the basis of the evidence I have identified I can do this.

5.2 Professional practice

A person who has achieved this standard is able to demonstrate the following behaviours:

- (a) Practising in a manner that upholds professionalism.
- (b) Treating all with sensitivity, empathy, respect and dignity.
- (c) Taking responsibility for own actions and patient care.
- (d) Maintaining a consistently high standard of work.
- (e) Contributing effectively in a multidisciplinary team.
- (f) Maintaining appropriate boundaries with patients, staff and other healthcare professionals according to established ethical and professional practice guidelines.
- (g) Embracing technology and innovation that can improve patient care.

Assessment (Tick appropriate box)

Does this standard form part of my current practice of pharmacy?

Yes No

IF YES, on the basis of the evidence I have identified I can do this.

5.3 Ethical and legal practice

A person who has achieved this standard is able to demonstrate the following behaviours:

- (a) Applying the Pharmacy Act (No. 53 of 1974), the Medicines and Related Substances Act (No. 101 of 1965) and any other applicable legislation in daily practice.
- (b) Practising within the scope of practice of a pharmacist, recognising own limitations of personal competency and expertise.
- (c) Keeping abreast of legislation and applying relevant amendments accordingly.
- (d) Complying with professional indemnity requirements.
- (e) Practising and adhering to the obligations of a pharmacist in terms of the principles of the statutory Code of Conduct for Pharmacists.

Assessment (Tick appropriate box)

Does this standard form part of my current practice of pharmacy?

Yes No

IF YES, on the basis of the evidence I have identified I can do this.

5.4 Continuing professional development

A person who has achieved this standard is able to demonstrate the following behaviours:

- (a) Inculcating the principles of life-long learning into daily practice.
- (b) Taking personal responsibility for engaging in CPD to achieve professional development goals, and document CPD activities appropriately.
- (c) Critically reflecting on personal practice and skills and identifying and addressing learning needs.

Assessment (Tick appropriate box)

Does this standard form part of my current practice of pharmacy?

Yes No

IF YES, on the basis of the evidence I have identified I can do this.

5.5 Leadership

A person who has achieved this standard is able to demonstrate the following behaviours:

- (a) Building professional credibility and portray the profession in a positive light.
- (b) Providing appropriate supervision and mentoring to pharmacy support personnel.

Assessment (Tick appropriate box)

Does this standard form part of my current practice of pharmacy?

Yes No

IF YES, on the basis of the evidence I have identified I can do this.



5.6 Decision-making

A person who has achieved this standard is able to demonstrate the following behaviours:
(a) Making considered and timely evidence-based decisions incorporating consultation if required.
Assessment (Tick appropriate box) Does this standard form part of my current practice of pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES , on the basis of the evidence I have identified I can do this.

5.7 Collaborative practice

A person who has achieved this standard is able to demonstrate the following behaviours:
(a) Practising in a multidisciplinary team with cognisance of the roles and services delivered by healthcare and other related professionals.
Assessment (Tick appropriate box) Does this standard form part of my current practice of pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES , on the basis of the evidence I have identified I can do this.

5.8 Self-management

A person who has achieved this standard is able to demonstrate the following behaviours:
(a) Working in an organised and efficient manner. (b) Ensuring time and work processes are appropriately planned, prioritised and managed. (c) Taking appropriate responsibility in the workplace. (d) Ensuring punctuality and reliability.
Assessment (Tick appropriate box) Does this standard form part of my current practice of pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES , on the basis of the evidence I have identified I can do this.



5.9 Communication

A person who has achieved this standard is able to demonstrate the following behaviours:

- (a) Using appropriate language and listening skills and confirming understanding between patient and pharmacist.
- (b) Understanding and demonstrating respect, sensitivity, empathy and cultural awareness.
- (c) Conveying accurate and relevant information.
- (d) Applying problem-solving and conflict management skills.
- (e) Building trust relationships to ensure effective communication with patients, healthcare professionals and relevant staff.

Assessment (Tick appropriate box)

Does this standard form part of my current practice of pharmacy?

Yes No

IF YES, on the basis of the evidence I have identified I can do this.

Assessment (Tick appropriate box) - In general, does Domain 5 form part of my current practice of pharmacy?

Yes No

IF YES,

- I have assessed my competency in this domain and can provide evidence in all of the elements.
- I have assessed my competency in this domain and will undertake CPD in the outcomes that I currently cannot provide evidence for, in order to meet all the requirements of this domain.



6. **DOMAIN 6: EDUCATION, CRITICAL ANALYSIS AND RESEARCH**

Does this domain apply to me?

This domain applies to all pharmacists who are involved in the education and training of patients, interns, pharmacy support personnel and other healthcare practitioners.

INTRODUCTION

Domain 6 includes the behavioural statements relating to education and training, critical analysis and research.

Education is essential for the initial development of pharmacists and is required throughout a pharmacist's career to keep abreast of knowledge, skills, attitudes and values. Pharmacists should participate in the education and training of patients, interns, pharmacy support personnel and other healthcare practitioners.

Critical analysis competencies provide the link between practice and research by assisting in the identification of areas where research is required. Pharmacists should participate in practice-based research. The research may include investigations into prescribing practices, patterns of medicine usage, evaluation of medicine use, the monitoring of adverse reactions, the benefits of the pharmacist's advisory role, computerised data handling, health economics, legislation, and aspects of abuse and irrational use of medicines.

Practising pharmacists are increasingly participating in health systems and quality improvement research, which must be encouraged as a means of providing databases and information for future policy, guidelines and practice development. Such research is often conducted in collaboration with other healthcare providers.

CAPABILITY AND OUTCOMES

A person who has achieved this domain is capable of educating and training patients, interns, pharmacy support personnel and other healthcare practitioners, identifying areas of research and conducting practice-based research.

The education and training, critical analysis and research domain covers the following competency standards:

6.1 Education and training policy

A person who has achieved this standard is able to demonstrate the following behaviour:

(a) Applying national policy relating to pharmaceutical education.

Assessment (Tick appropriate box)

Does this standard form part of my current practice of pharmacy?

Yes No

IF YES, on the basis of the evidence I have identified I can do this.



6.2 Provision of education and training

A person who has achieved this standard is able to demonstrate the following behaviours:
(a) Teaching effectively according to an agreed training plan with guidance from a more experienced colleague. (b) Performing self-assessment and identifying own learnings needs. (c) Participating in developing the learning activities.
Assessment (Tick appropriate box) Does this standard form part of my current practice of pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES , on the basis of the evidence I have identified I can do this.

6.3 Practice embedded education or workplace education

A person who has achieved this standard is able to demonstrate the following behaviour:
(a) Participating in the formal education of students in a practice environment.
Assessment (Tick appropriate box) Does this standard form part of my current practice of pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES , on the basis of the evidence I have identified I can do this.

6.4 Gap analysis

A person who has achieved this standard is able to demonstrate the following behaviour:
(a) Identifying gaps in the practice of pharmacy and education using evidence-based research.
Assessment (Tick appropriate box) Does this standard form part of my current practice of pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES , on the basis of the evidence I have identified I can do this.

6.5 Critical analysis

A person who has achieved this standard is able to demonstrate the following behaviour:
(a) Critically evaluating literature in the context of the practice of pharmacy and education.
Assessment (Tick appropriate box) Does this standard form part of my current practice of pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES , on the basis of the evidence I have identified I can do this.



6.6 Research

A person who has achieved this standard is able to demonstrate the following behaviours:
(a) Describing the core features of research protocols. (b) Conducting research according to approved protocol.
Assessment (Tick appropriate box) Does this standard form part of my current practice of pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES , on the basis of the evidence I have identified I can do this.

6.7 Supervision of other researchers

A person who has achieved this standard is able to demonstrate the following behaviour:
(a) Applying research governance principles.
Assessment (Tick appropriate box) Does this standard form part of my current practice of pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES , on the basis of the evidence I have identified I can do this.

6.8 Collaborative research

A person who has achieved this standard is able to demonstrate the following behaviour:
(a) Working as a member of a research team.
Assessment (Tick appropriate box) Does this standard form part of my current practice of pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES , on the basis of the evidence I have identified I can do this.

Assessment (Tick appropriate box) - In general, does Domain 6 form part of my current practice of pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES, <input type="checkbox"/> I have assessed my competency in this domain and can provide evidence in all of the elements. <input type="checkbox"/> I have assessed my competency in this domain and will undertake CPD in the outcomes that I currently cannot provide evidence for, in order to meet all the requirements of this domain.