Intern/Tutor Training 2020

Intern portfolio on CPD system

South African Pharmacy Council

Outline

- CPD cycle
  - ➲ Selecting a domain
  - ➲ Selecting a competency standard
  - ➲ Pitfalls/special considerations
  - ➲ Evidence

- Assessment
  - ➲ Re-assessment

- Professionalism

Mostly aimed at interns; and also provides guidance relevant for tutors

Important Resources

- The **2020 Intern and Tutor Manual** for the pre-registration experience of pharmacist interns which includes:

  - ➲ Criteria for assessment of a CPD entry (page 29)
  - ➲ Checklist for CPD portfolio (page 33)
  - ➲ Competency standards for pharmacists (page 52)

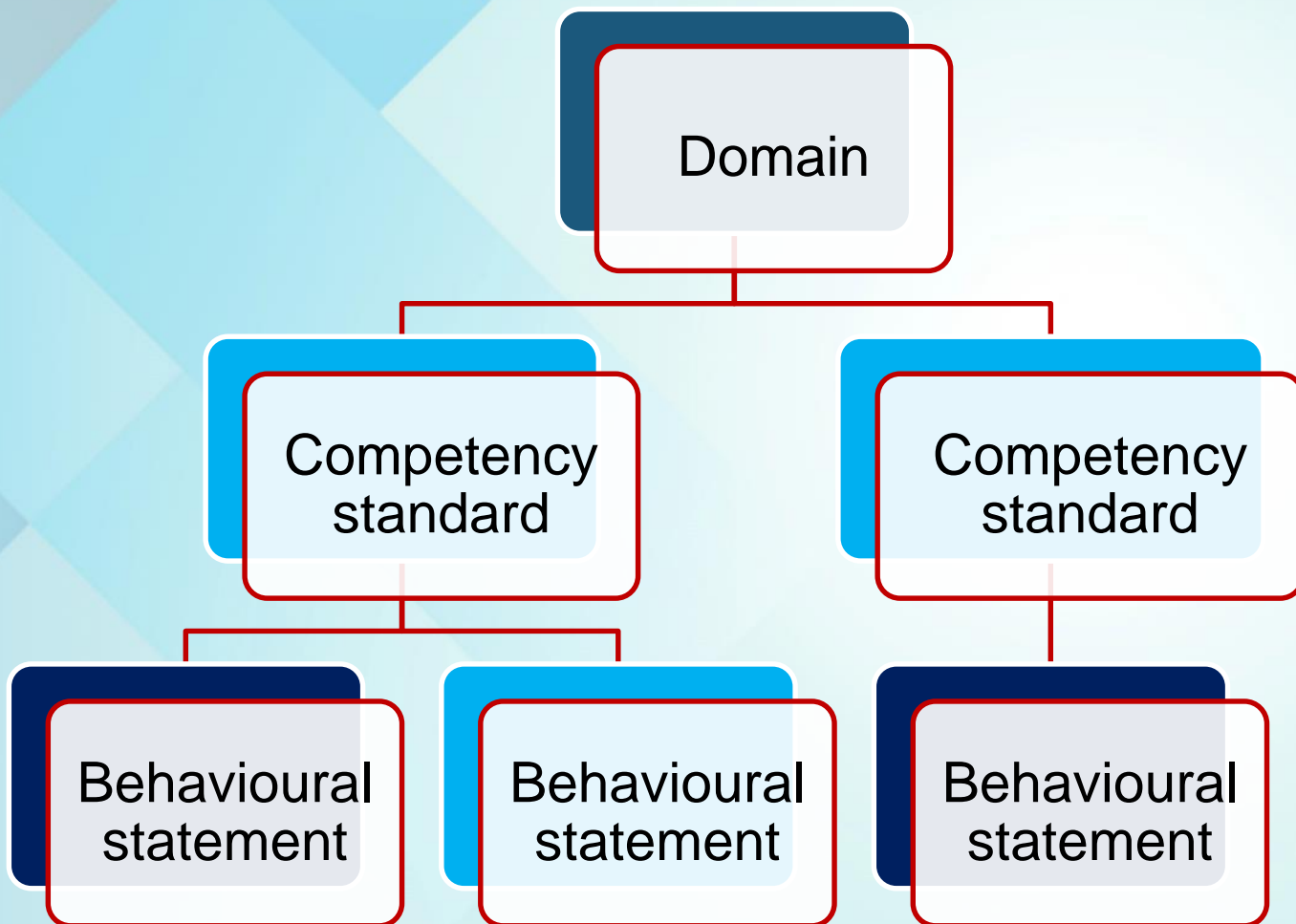- Other resources
  - ➲ Tutor
  - ➲ SAPC website

Competency Framework

Take a few minutes to familiarise yourself with the competency framework
(refer to your Manual, Annexure A)
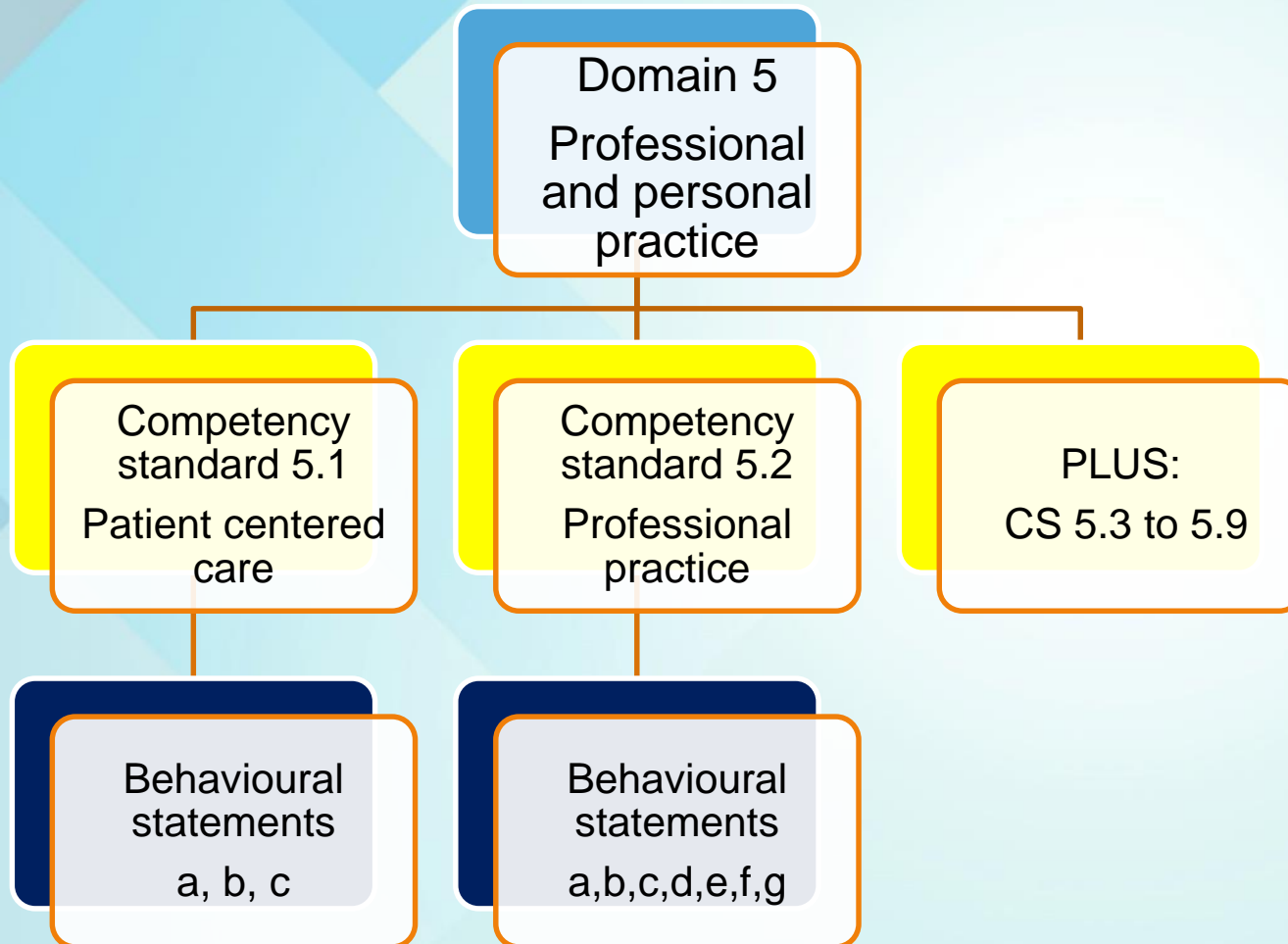
Competency framework

Six Domains

Domains are organised clusters of competencies

1. Public health

2. Safe and rational use of medicines and medical devices

3. Supply of medicines and medical devices

4. Organisational and management skills

5. Professional and personal practice

6. Education, critical analysis and research

Competency framework example

```
                    Domain 5
              Professional and personal
                     practice
```

- **Competency standard 5.1** — Patient centered care
  - **Behavioural statements** a, b, c
- **Competency standard 5.2** — Professional practice
  - **Behavioural statements** a, b, c, d, e, f, g
- **PLUS:** CS 5.3 to 5.9

Competency Standard (CS)

- Previously, since 2006: **Competence standards** to assess competence
- Replaced in 2018: **Competency standards for pharmacists**

  ⮑ The competency framework consists of six domains and several competencies suitable for the South African context

  ⮑ Developed in line with current practice, exit level outcomes (ELO) for revised BPharm qualification, and international trends

  ⮑ The competency standards have been developed with behavioural statements* linked to each competency

  ⮑ also called "subsections" in the Manual

Competency Standard (CS)

Council has aligned the CPD system with the competency standards for implementation in 2020

So that's for me …
I'm an intern registered in 2020

What about me?
I registered in 2019

Interns registered in or before 2019 will use previous format in 2020,
Transition to new format in 2021

Competency Standards (CS)

Take note of how each CS is structured

- ► Part of a domain
- ► How does domain apply to you?
- ► Introduction to domain
- ► Competencies
- ► Behavioural statements
- ► Entry level ← For interns
- ► Intermediate practice
- ► Advanced practice ← Later
- ► Assessment tick box

Structure of the Competency Standards

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:

COMPETENCIES

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

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.

Continuing Professional Development

▶ CPD

Continuing Professional Development (CPD)

► Definition: the process by which registered persons maintain and enhance their competence throughout their professional careers

► Encompasses a range of activities including continuing education and supplementary training

► CPD enables registered persons to develop in their area of practice and demonstrate competence
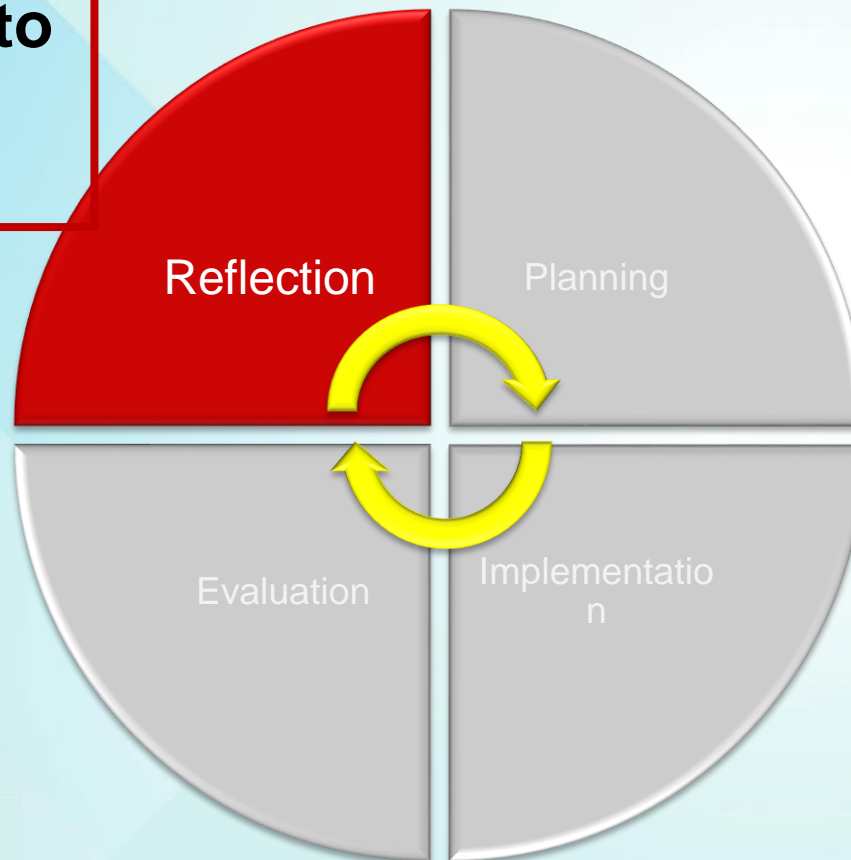
CPD is a   cyclical activity

Continuing Professional Development (CPD) Cycle

First step: Reflection

What do I need to know/learn to do?

Reflection

Planning

Evaluation

Implementation

Reflection

This will determine the choice of CS and behavioural statements

➢ Ask yourself
- ➲ What do I need to learn? i.e. **own** learning need
- ➲ How do I know that's what I need to learn?

Decide on an appropriate Learning Title
- ➲ Should be relevant to what you want to learn
- ➲ NB: Don't simply copy the wording of the CS

➢ Describe this learning need
- ➲ Make it a personal reflection, i.e. use the personal pronoun "I"

Reflection

CHECKLIST	YES	NO
TITLE		
Is there a title?		
Is the title short, specific and related to the outcome?		
Is the title a concise statement in my own words (not just a copy of the CS or outcome)?		
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?		

Second step: Planning

How can I learn this?

Planning

Reflection

Evaluation

Implementation
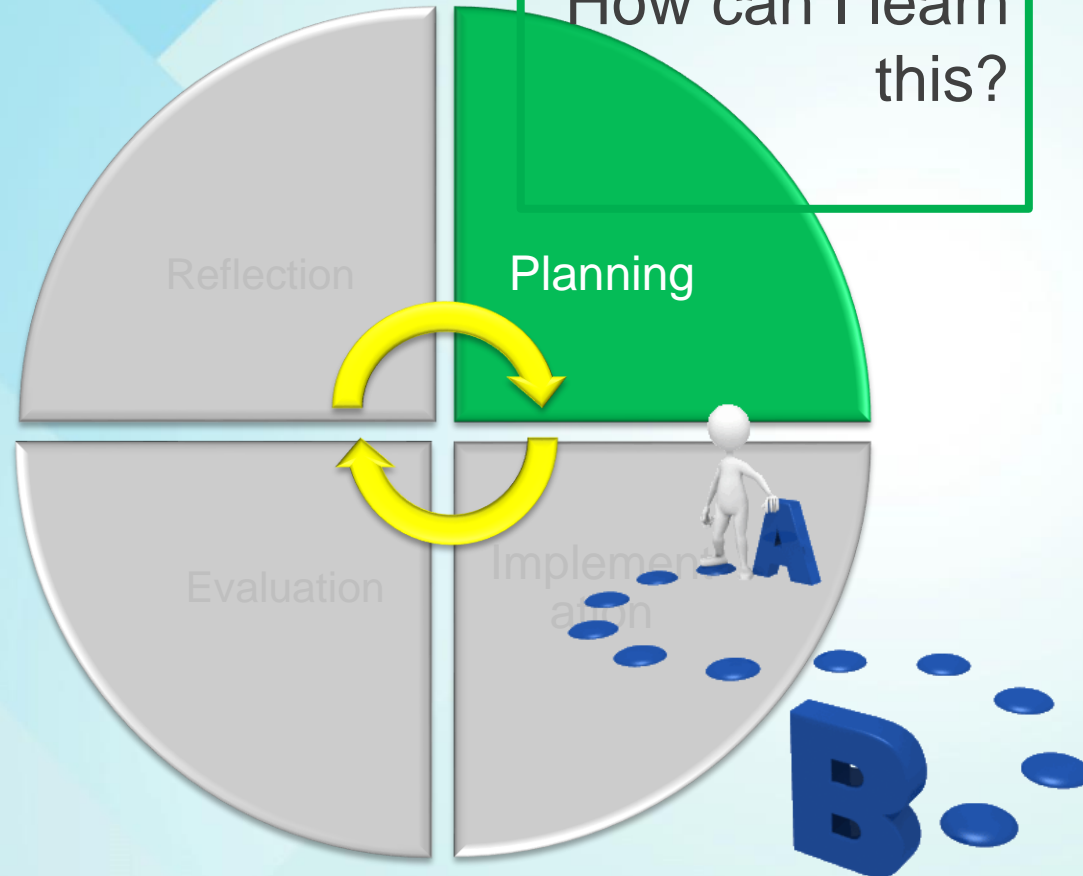
Use behavioural statements to guide your planning

Planning

➢ How, exactly, am I going to learn this?
➢ What are my options?

- Short courses, workshops, branch meeting
- Learning by doing
- Reading – journals or reference books.
- When am I going to do this?
- What evidence can I submit to support my learning activity?

Specify resources to be used

Resources must be relevant

Carefully select primary learning trigger and activity

Planning

CHECKLIST	YES	NO
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?		

Third step: Implementation

Reflection

Planning

Evaluation
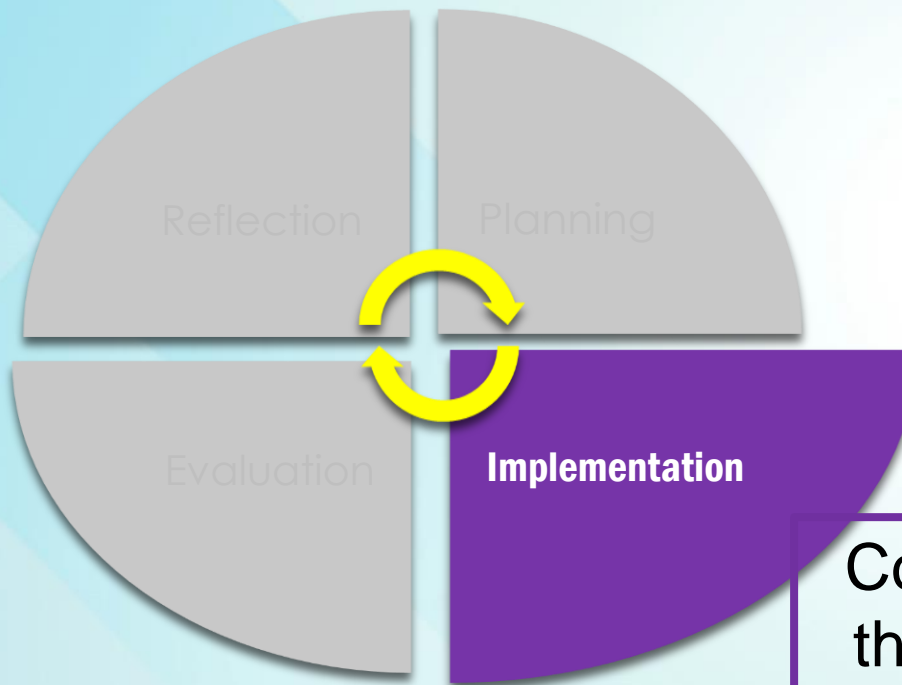
Implementation

Completing the activity, What have I done?

Implementation

➢ Describe what you did actually

⊃ Provide the context
- what, when, where, how

⊃ Link to the evidence

⊃ Remember to include ALL the behavioural statements of the chosen outcome

Tell the story. Keep it personal, use "I"

EVIDENCE

More about this later!

Implementation

CHECKLIST	YES	NO
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 behavioural statements) in the text?		
Have I checked that what I did matches my learning need?		
Have I checked that what I did addresses all the behavioural statements of the outcome?		

Implementation must be supported by Evidence!

Evidence

CHECKLIST	YES	NO
EVIDENCE		
Have I checked that I have **sufficient** evidence i.e. have I covered at least 75% of the subsections of the outcome?		
Have I **annotated** my evidence so that it is clear why I have included each piece?		
Have I **annotated** my evidence with the **behavioural statements**, and does this match the behavioural statements 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?		

Show Me The Evidence
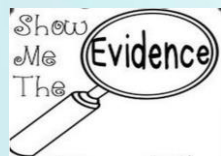
Still more about this later!

Fourth step: Evaluation

Reflection

Planning

Evaluation

Implementatio
n
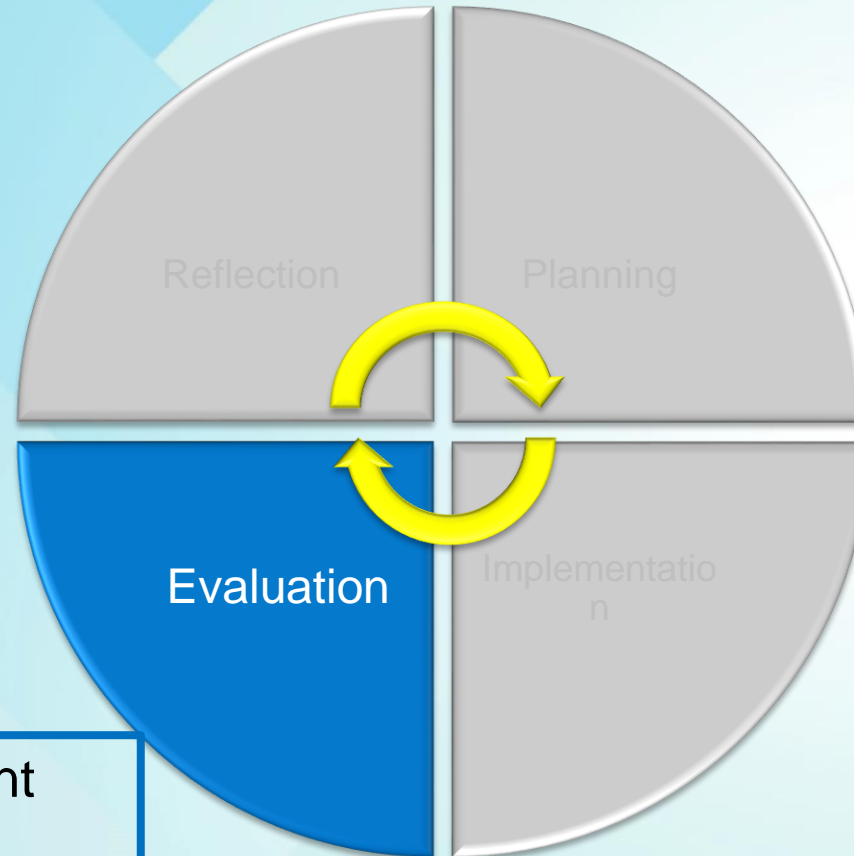
What have I learnt
and how have I
applied my learning?

Evaluation

FOCUS HERE IS

⮕ Learning outcome i.e. what have you learnt – related to evidence?

⮕ Application i.e. how have you subsequently used your acquired knowledge

⮕ Impact i.e. how has your acquired knowledge changed your practice

⮕ Identification of further learning needs

- NOT "What I did"

NB: Provide examples to substantiate this

Evaluation

CHECKLIST	YES	NO
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 CS?		
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?		

CPD Cycle

Each phase of the cycle must be completed for **every CPD entry**

Reflection

Planning

Evaluation

Implementation

Stepwise approach to completing CPD entries

7. Check for feedback

6. Tutor verifies and submits online

5. Enter and submit **online for tutor verification**

4. Start CPD cycle

3. Read all behavioural statements

2. Select a Competency

1. Select domain

Complete annual declaration first!

Make sure your tutor has verified and submitted your entries by the deadlines published in intern/tutor manual

This has 4 steps:
Reflection
Planning
Implementation
Evaluation

Focus on relevance to your practice setting

Once you have chosen a competency…

➢ Check again that it is appropriate for your practice setting

➢ Read all the behavioural statements

➢ Decide how many you require

➢ Follow through

  ➲ As you complete each phase of the CPD cycle, make sure what you write is relevant to the chosen outcome
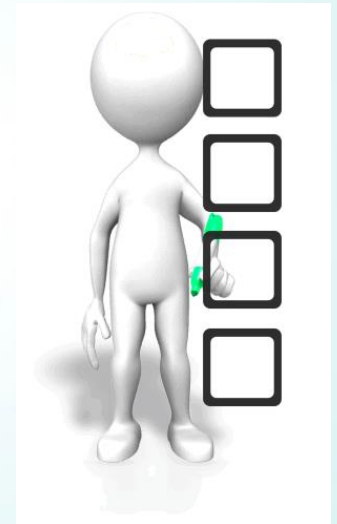
REFER TO CHECKLIST!

Requirements

► You need to submit 6 CPD entries

- ➲ One from each domain
- ➲ And be **successful in all 6** CPD entries

Each entry must be accompanied by suitable evidence

► For each Domain choose one competency

- ➲ Read all the behavioural statements carefully
- ➲ If there are ≥ 4 statements, choose at least 75%
- ➲ NB: Consult your Manual for details of the behavioural statements

VIP: Every CPD entry must reflect individual work

No group activities are acceptable

Requirements example

Must cover all 3 a,b c

Domain 5
Professional and personal practice

Choose either 5.1 or 5.2 Or one of the other CSs in Domain 5

Competency standard 5.1
Patient centered care

Competency standard 5.2
Professional practice

OR:
CS 5.3 to 5.8

Behavioural statements
a, b, c

Behavioural statements
a,b,c,d,e,f,g

Must cover at least 6 from a-g
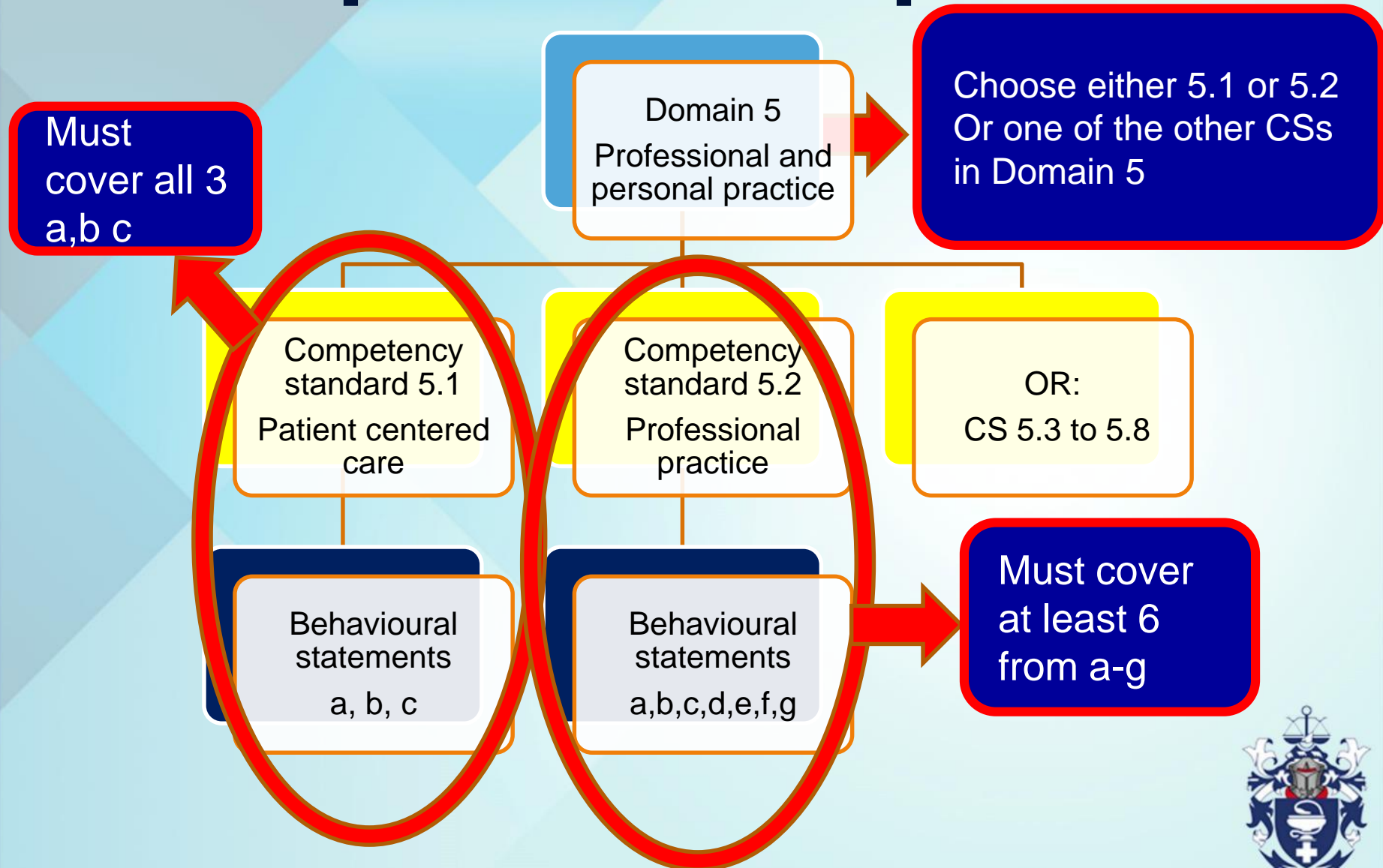
Requirements

I'm an intern in a public sector hospital. I won't be able to do Pharmacist Initiated Therapy there

You could make arrangements to do this at a nearby community pharmacy

Manufacturing and academic interns may also need to do this if their 400 hours are spent in a hospital

CPD Cycle A LITTLE DIVERSION ....

- **Let's think about**

CPD Cycle PLANNING

- I'll check with my sister what cake granny likes
- I'll search online for a recipe
- I'll check YouTube for a cake-making demo

- My sister will know
- I don't have a recipe book and its easy to Google
- I can learn from watching a video

CPD Cycle IMPLEMENTATION

What I did

- I checked the recipe before I went shopping
- I followed the steps in the recipe

CPD Cycle EVIDENCE of IMPLEMENTATION

CPD Cycle EVALUATION

I learnt that I must follow the recipe steps carefully.
Granny loved the cake – so did everyone else
So I made another cake – there are so many recipes online.
Seems I'll be the family cake-maker now
But I still need to learn how to bake cookies!

Learning ➕ Application ➕ Impact ➕ Future learning needs

CPD A REAL LIFE EXAMPLE

Continuing Professional Development

1. Reflection

2. Planning

3. Implementation

4. Evaluate

Submissions

CPD Cycle REFLECTION

On 20 February 2020, while working in the dispensary, I received a prescription to dispense. My tutor asked me if I know how to check if a prescription is valid and authentic. As I was unsure, this made me realise that I need to learn this skill. After completing this outcome, I hope to be able to immediately identify any anomalies on, or important information omitted, from a prescription.

CPD Cycle REFLECTION

I checked the CS's in my manual and saw that this learning need refers to Domain 3: Supply of medicine and medical devices

I then looked at the competencies for domain 3 and decided on 3.4 Medicine dispensing
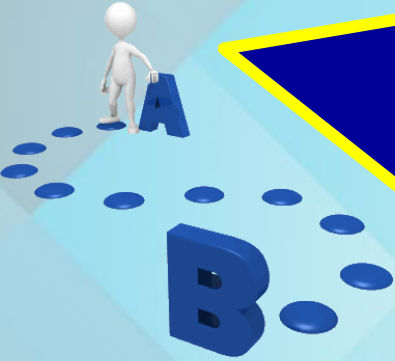
I saw that there are 9 behavioural statements.

I will need to cover at least 7 to meet 75%

I saw that the next step is to formulate a Learning Title – which is not just a copy of competency 3.4

CPD Cycle PLANNING

- Get a **current** copy of the Medicines and Related Substances *Act, 1965 (Act No. 101 of 1965)*
- Search the internet for resources on reading and evaluating a prescription
- Practice on real scripts

- Regulation 33 of the Medicines Act lists the particulars that must appear on a Rx

- I have my notes from varsity, but maybe there are more complete resources – I must check that the sources are reliable

What I plan to do ➕ Why I'm going to do it this way

CPD Cycle IMPLEMENTATION

Dr Peter Noel

MBChB

Pr No. 1406 789

Tel: 021 930 2548

Email: drnoel@mweb.co.za

23 Viking Way, Weltevreden, Cape Town

20 February 2020

Ms ███████

23 Stove Road

Weltevreden

Rx

Cefuroxime 500 mg 1 BD   x 10

Panado 2 Q6H   x 24

PNoel

MBChB

What I did

- I checked the Medicines and Related Substances Act, 1965 to know what was required for a prescription to be valid.

- I analysed the script for anomalies and to ensure that it met legal requirements.

CPD Cycle EVIDENCE of IMPLEMENTATION

- Very NB! Link each annotation to specific behavioural statement
- Annotated copy of resources used
- Also very NB: tutor verification online

EVIDENCE = annotated Rx

What else is needed?

Annotated example

Dr Peter Noel
MBChB
Pr No. 1406 789

Tel: 021 930 2548
Email: drnoel@mweb.co.za
23 Viking Way, Weltevreden, Cape Town

20 February 2020

Ms *Gladys Jacobs*
ID 740605 5311 081

23 Stove Road
Weltevreden

Rx

Cefuroxime 500 mg 1 BD   x 10
Panado 2 Q6II   x 24

PNoel
MBChB

Reconcilement with regulation 33 of Act 101

Reg	Indicated on prescription	Not on prescription
33(1)(a)	Prescription is in legible print	
33(2)(a)	Dr Noel signed the prescription in person	
33(3)(a)	Dr's name qualification and address is on prescription	MP number not on prescription Confirmed HPCSA website (see attached)
33(3)(b)	Name and address of patient is on prescription – blocked to maintain patient confidentiality	No ID number – confirmed with patient and added
33(3)(c).	Date is on prescription and patient presented prescription within 30 days of issue.	
33(3)(d)	Approved name of medicine is on prescription	
33(3)(e).	From the instructions and the strength of the medicine prescribed, it could be assumed that tablets were prescribed	
33(3)(f)	Strength and quantity of medicine is indicated. It is a S4 and S0 medicine respectively	
33(3)(g)	Not applicable	
33(3)(h)	Patient is female indicated on prescription.	Patient is 45 years old as confirmed with ID number
33(3)i.	No repeats indicated. Prescription to be issued once only	

Include annotated copy of Government gazette 41064 24 August 2017 , Regulation 33 Act 1010

CPD Cycle EVALUATION

- I learnt that although a script may seemingly fulfill all the legal requirements – it is not necessarily authentic and valid
- It is very important to check anomalies with the prescriber
- I now check every script for legal requirements but also for anomalies that might require communication with the prescriber
- I am a more vigilant intern
- I am still not quite sure, other than confirming every script with a doctor that I will always recognise a fraudulent script and so need to learn more about how this is possible

Learning ✚ Application ✚ Impact ✚ Future learning needs

Completing competency 3.4

➢ The evidence presented – to which behavioural statement is it linked?

➢ Include in Implementation and annotation

➢ What about the other behavioural statements?

➢ What evidence could you use?

Dr John Smith
MBChB
Pr. No. 1406 703
MP No. 0311247

Tel: 021 935 2549
Email: practice@mweb.co.za
23 Western Boulevard, Cape Town

Jessica Mzuko
21 Forest Drive
Cape Town
ID 981214 5133 085

24 January 2020

Rx
    Enalapril 50 mg daily x30
            Repeat x5

            J Smith
            MBChB

Contacted the doctor about Enalapril dosage

The prescription was meant to be for losartan 50 mg tablets and not enalapril

Presc

CS 3.4 g

► Which behavioural statement(s) could this evidence support?

Dr Amos Nzo
MBChB
Pr No. 1406 703
MP No. 0311247

Tel: 021 935 2549
Email: practice@mweb.co.za
23 Western Boulevard, Cape Town

Jessica Mzuko
21 Forest Drive
Cape Town
ID 981214 5133 085

24 January 2020

Rx
25% betamethasone in Epizone
Apply to the affected areas n
300g
Repeat x3

ANzo
MBChB

CS 3.4 e & f

25/100 x 300/1 = 75g
Betamethasone cream to be used

A total of 300g to be supplied

Epizone = 300-75=225g
Epizone to be used

► Which behavioural statement(s) could these support?

Annotation

What it is

► Mechanism to give meaning to evidence

► Justifies why evidence included

► Must be planned and meaningful

► Must provide links to behavioural statements

What it isn't

► Merely labels

► Single words next to parts of evidence

► Scribbles on evidence

► Lacking links to behavioural statements
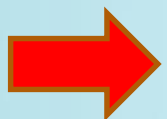
➡ Must tell a story!
And the story is "What have I done to show behaviour"

Exercise on annotation of evidence

Which domain? Which competency?

Exercise on annotation of evidence

Linked to which behavioural statement(s)?

Current

EVIDENCE

► CPD entry must relate to exposure to CSs DURING the internship period

► Evidence must therefore be collected DURING the internship

► Don't include anything from your undergraduate years

Valid

EVIDENCE

► Evidence must pertain to the specific competency being addressed

► If factual and/or calculation errors occur in the evidence

- Deemed NOT valid

NB: If evidence is not valid, the other 3 criteria do not count

Authentic

EVIDENCE

► This means that the evidence must be verified by your tutor

- Name (printed) and signature
- Designation and P number
- Date

► You as the intern must also sign the evidence (with other details as above)

► Original documents must be authenticated; don't simply attach pre-printed stickers of tutor details

This is the original work of my intern - Alex Jay (P9999). Authenticated by tutor Jodi Kay (P4545) on the 8th of February 2020.

Jkay
Tutor

AJay
Intern

Sufficient

EVIDENCE

► If there are ≥ 4, then the evidence submitted must cover at least 75% of the behavioural statements

Make sure you have enough evidence

NB: Focus on the QUALITY not only on the QUANTITY of evidence

► The same piece of evidence can't be used for more than one CS

Evidence

► NB: Tutor authentication

- Name (printed), signature, P number, designation

- Must also be included if another person has authenticated evidence

► All pieces of evidence must be described in terms of :

- "Why did I include this?"

- In text and annotations on evidence

► Tutor verification

- Make sure your tutor verifies your entries

- Make it your responsibility to check

Evidence

Photos	Pages from SAMF	Delivery notes
Add date stamp! Meaningless UNLESS authenticated AND you identify yourself Can be anyone in the photo!	Reference name, edition, page number, etc What does this show? That you can use a scanner or photocopier?	What does this show? Stock was delivered, but received by whom? Signatures not annotated are meaningless

Evidence

► No highly glossy photos

► Not uploaded upside down

► Put all evidence in one document

► Annotate, annotate, annotate!

  • For e.g. Link to subsections, identify own signature

Evidence for specific situations

► Think about typical situations

► What kind of evidence would be needed?

► This exercise is to get you thinking … not all examples will be provided

What kind of evidence?

If I'm providing information to a patient…

**Prescription
+?
+?**

But if I'm providing evidence to a group…

**Attendance register
Presentation
Reference materials used
Feedback**

► Attendance register - + presenter name, date, venue

  ➢ Only one presenter

► Feedback on presentation – should reflect knowledge and understanding of audience after the presentation

What kind of evidence?

I'm consulting with a patient

Patient history Rx, request from patient, blue copy, label, reference material used

But what if I'm consulting with a doctor?

Reason for consultation eg. Rx, Reference material used

► References – scientific, not Wikipedia

- Must also be annotated

- Include page, edition eg for SAMF

What kind of evidence?

Sometimes I attend a meeting …

Agenda
Attendance register
Minutes of meeting
Most VIP: own contribution to meeting

What kind of evidence?

I will also be working with data …

Reason for data collection
e.g. screening report
Data analysis

Evidence … summary

► Evidence is proof of **what I did**

  ➤ NOT reading an article

  ➤ NOT theoretical scenario

  ➤ NOT witnessing someone else

► Must convince the assessor that

  I performed the activity

► Must be professional

  ➤ Neat, clear

  ➤ Not a note scribbled on a Rx!

Feedback from assessors

► What can you expect?

- **Comments, dated**

- Positive = acknowledgement of being on

  the right track

- Negative - with specific pointers wrt. to what you did wrong and how to improve

- Especially wrt. Evidence annotation

- Comments = guidelines for next entries, even if attached to entry assessed as Competent

Assessment

► Done (mostly) on a scale of 0 to 3

► To earn 3 marks, **ALL** requirements must be met

  • Follow Assessment Criteria for each of the

  4 phases of the CPD cycle

► In addition, you must have use an

► appropriately professional communication style

  • Free of spelling and grammatical errors

  • Properly punctuated

  • Trade names capitalised

REMEMBER: spelling and grammar are not

auto-corrected!

Check everything carefully before submitting

0: Not yet met
1 or 2: Partially met
3: Fully met

Check Manual pg 29-30 for full details of how 0, 1, 2 or 3 marks allocated

ASSESSMENT of Reflection

0	3
• Learning title absent or simply a copy of CS or outcome	• Appropriate descriptive title; linked to outcome • 1 mark maximum
• No clear learning need identified	• Clear learning need identified

ASSESSMENT of Planning

0	3
• Absent or inappropriate	• Includes what is planned AND why specific choices made • Appropriate primary learning channel chosen

ASSESSMENT of Implementation

0	3
• Absent or inappropriate • No supporting documentation (evidence)	• Describes context • Clearly states what was done and what has been learnt • Makes reference to attached evidence

ASSESSMENT of Evidence

0	3
• No/insufficient evidence • Evidence not valid for outcome • Confidentiality breached • Authentication absent/incomplete	• Sufficient evidence which is current and valid • Linked to subsections • Appropriately annotated • Properly authenticated

COMPETENT OR NOT COMPETENT

ASSESSMENT of Evaluation

0	3

• Completely inappropriate
• For e.g
   • Only focussing on implementation
	• Discusses what you have learnt in terms of
	   • Impact
	   • Subsequent application
	   • Future learning needs

SUCCESS
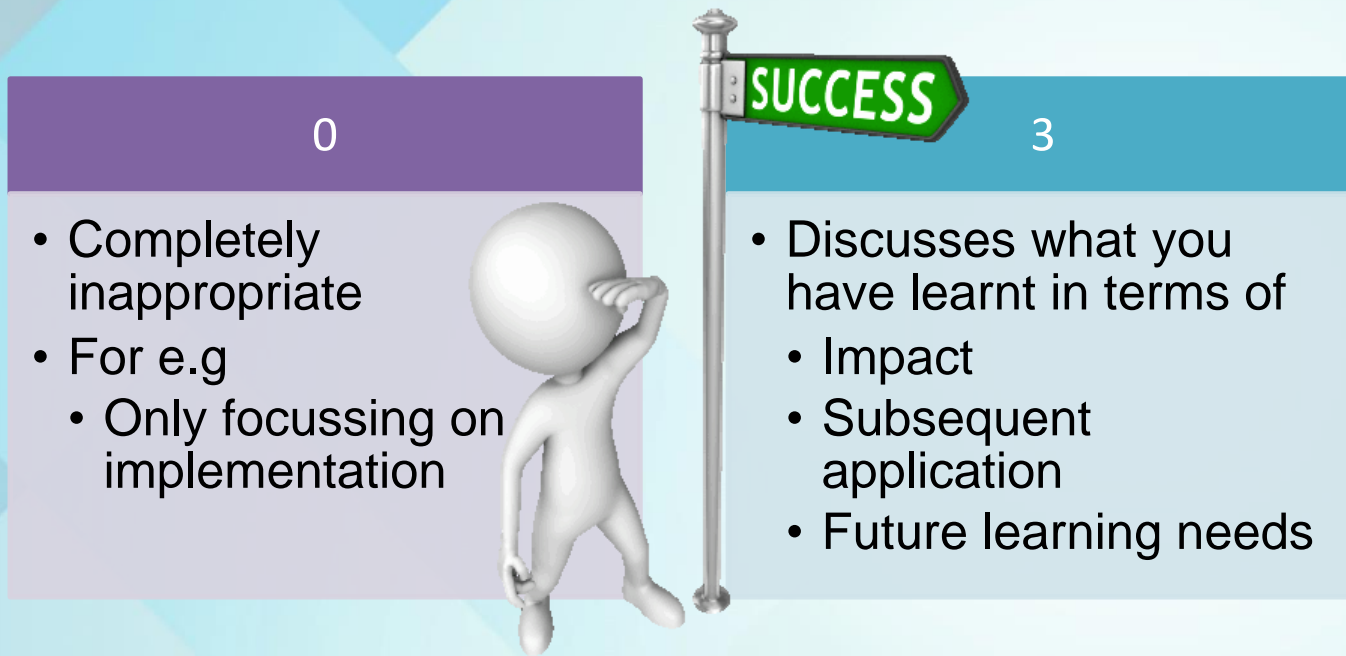
Re-assessment

► You are allowed to resubmit for re-assessment of your CPD entries

► On resubmitting –

- fix an entry that is there

- don't start a new one unless assessor recommends this

- If necessary, remove incorrect evidence

► See Guidelines for

- Conditions

- Application procedure

- Timeline

To minimise need for **resubmission**:
- Submit early
- Submit regularly on a monthly basis

Re-assessment

► To prevent need for resubmission, make sure to follow your assessor's recommendations

► Re-submitted CPD entries are sent to the same assessor

  • Don't simply re-submit without attending to the reasons for the entry being deemed "not yet competent"

► You are allowed to submit 9 CPD entries

  • i.e. 6 + 50% re-submissions

► A fee is levied if 10 or more entries are submitted

Professionalism

► Plagiarism

► Obviously your CPD entries must reflect your own work

- Any irregularities will be referred to the SAPC legal department

- Penalties

  ➢ Expect them to be applied

  ➢ Expect them to be severe

CPD submissions are more than "just another hurdle", they are an opportunity for you to further develop your professionalism

Confidentiality

► Must be maintained at all times

- Rxs, trailer labels, S6 registers

Make sure the name is completely obscured Untidy scribbles are not effective

MW Jansee
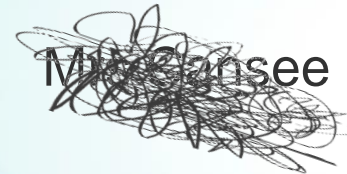
► Automatically Not yet competent if confidentiality breached

► Confidentiality applies only to patients

➢ Not doctors, hospitals or other facilities

Role of the tutor

NB: You have to have at least 4 CPD online entries before you can be registered as a tutor Also, remember all pharmacists must now submit CPDs

Role model

- Implies an obligation to be competent and practise professionally yourself

Mentor

- Opportunity for self-development through training
- Can use this for your own CPD entries

Tutor authentication

► Best = descriptive note, not just generic statement

► Make sure all elements of authentication are present

► Most VIP:

  ➢ When intern completes an entry, you must verify it online

  ➢ Either accept – will release entry to Council

  ➢ Or suggest to intern how to improve

  ➢ Then verify and release

This is the original work of my intern - Alex Jay. I personally witnessed him contacting the prescriber as he describes it.

JKay
Jody Kay
P4545
20 March 2020

AJay
Alex Jay
P99999

Role of the tutor

► Ultimate responsibility for completion of internship requirements lies with intern

► You have a responsibility to familiarise yourself with all the internship requirements and to timeously complete reports

► You play a vital role as no intern is likely to succeed without a tutor who is

 ➢ Competent

 ➢ Gives guidance

 ➢ Interactive

 ➢ Empathetic

 ➢ Supportive

 ➢ Etc. …..

Most NB:
Grow with your intern!
Enjoy the journey!

Think about Domain 6: This includes education So tutors can use this opportunity to complete their own CPDs

THANK YOU!

CONTACT US

☎ **086 172 7200**

✉ **customercare@sapc.za.org**

@OfficialSAPC

🖥 **www.sapc.za.org**

🏢 **591 Belvedere Street,**

Arcadia, Pretoria

ANY QUESTIONS?