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

2026

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

Accessible quality pharmaceutical services for all

South African Pharmacy Council
www.sapc.za.org

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Foreword by the Registrar

Dear Pharmacist Interns,

On behalf of the South African Pharmacy Council (SAPC), I wish to congratulate you on successfully completing your Bachelor of Pharmacy (BPharm) degree and welcome you to your internship.

The internship aims to provide graduates with an opportunity to put into practice the knowledge and skills they have acquired during their years of study.

We implore you to take this opportunity to learn and develop as future pharmacists. We trust that you will receive support and guidance from your tutor, the pharmacy where you are working and the profession at large.

As part of your internship, you need to meet specific requirements to be deemed competent and released from the internship. This manual will assist you in preparing for these evaluations. Take the time to carefully read through its contents and engage with the SAPC during the workshops we will conduct throughout the year. You may also contact the Office of the Registrar with any questions you may have.

If there is one piece of advice that I could offer to sustain you and ensure that you are successful throughout your professional career, it is LOVE. Love for the profession, love to learn new things, love for your peers and co-workers, love for your patients and, ultimately, love for humanity and life.

I wish you well for this year and encourage you to prepare timeously for the evaluations. I hope your internship year is a fruitful experience.

VM Tlala
Registrar/CEO

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 Pharmacist 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 twelve (12) months**, or a period of not less than twelve (12) months in the aggregate, as determined in the Pharmacy Act, 53 of 1974 (hereafter "the Act"). In terms of the Act, an **internship can only commence after registration with Council**. Prior to registration of the Pharmacist 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 Pharmacist 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 (ELOs) that describe the knowledge, skills and attitudes required of an entry-level pharmacist. During the year, the Pharmacist Intern should develop the technical skills to augment the knowledge acquired during their undergraduate studies.

This manual is designed to assist Pharmacist 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 a 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, maintaining 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;

explain the manner of assessment of the progress and performance of the intern;

(d) inform interns of the relevant application forms and online procedures that are required during the internship; and

(e) provide information regarding the various professional organisations and other pertinent information.

The fifth (5th) year of a pharmacist's education and training is highly hands-on, with the responsibility for training largely resting with the tutor. Council aims to assist both the intern and the tutor through this manual, which provides a structured training programme and methods of assessment to measure the progress of the Pharmacist Intern.

The scope of practice of a Pharmacist Intern is outlined in regulations 5 and 6 of the *Regulations relating to the practice of pharmacy:* Amendment Regulations 2024, (GNR 4733) published on 19 April 2024.

- In terms of Regulation 5: A Pharmacist Intern may, for the purposes of education and training, provide or perform all the services or acts pertaining to the scope of practice of a pharmacist, under the direct personal supervision of a pharmacist in a pharmacy.

- In terms of Regulation 6: A Pharmacist Intern may provide or perform all the services or acts pertaining to the scope of practice of a pharmacist's assistant registered in the category (Pharmacy Technician), under the direct personal supervision of a pharmacist in a pharmacy.

Guidelines for the pre-registration

This manual is a guide for Pharmacist Interns and Tutors to ensure a successful pre-registration experience. The aim of the manual 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. Figure 1 provides an overview of the pre-registration application, registration, and assessment procedures. Further details are found in later sections of the manual.

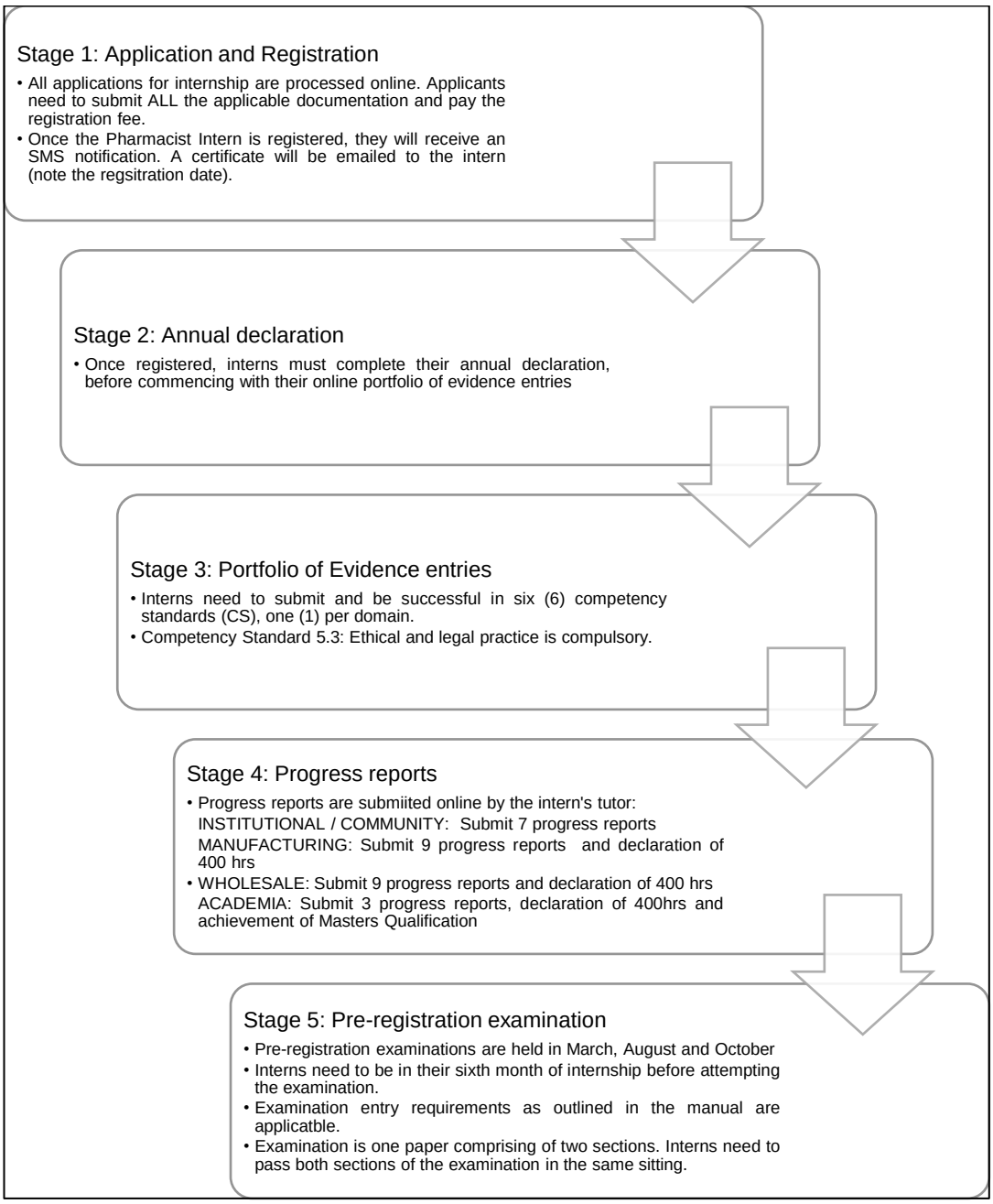


Figure 1: Outline of the application, registration and assessment of the pre-registration programme

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 (2) weeks for the intern;
- Council will organise **information sessions (Intern/Tutor Workshops and Intern/Tutor Portfolio of Evidence Feedback Sessions),** which must be attended by both tutors and interns. The workshops will take place between February and August 2026. Interns and tutors must confirm their attendance (RSVP) online on Council's website (www.sapc.za.org) for the events. 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 B);
- **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 portfolio of evidence is required** (see Section 3.2);
- 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 (6) Portfolio of Evidence entries and be successful in a minimum of three (3). Additionally, interns must have had three (3) progress reports submitted by the tutor (i.e. the 12-week personal and professional development report, the 24-week personal and professional development report and the sectoral experience checklist).

It is strongly recommended that exposure to other categories of pharmacy take place during the internship period. For example, community pharmacy interns may be exposed to hospital pharmacy and vice versa. Pharmacist 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, manufacturing or wholesale 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 internship period for all categories of pharmacy extends over a period of **at least twelve (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 applicable types of leave. 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*.

Should the intern be absent from work for an extended period of time (i.e. leave outside of the allowable leave stipulated in the employment contract, such as maternity leave), they are to notify the SAPC of their leave dates, and their internship period will, as a result, be extended accordingly.

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 Pharmacist 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 health care 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 tutor's most important responsibilities is to serve as a **role model** and **mentor** in all aspects of practice, with a focus on the values and attributes of a pharmacist. Pharmacists should not only be competent in performing specific functions and tasks, but also in doing so with the right attitude and set of values. Tutors must be diligent in adhering to the requirements of the Act, including relevant rules and regulations, the Code of Conduct, and other applicable legislation.

Recognising the responsibility to educate and train the new graduate appropriately, the tutor should provide the necessary equipment, materials, programs, and access to information systems and literature.

Tutors are mandated to comply with the Continuing Professional Development (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 Pharmacist Intern will be in possession of theoretical knowledge and will require assistance in the application thereof.

Additionally, the tutor should be available to assist the Pharmacist Intern with day-to-day tasks and provide guidance in developing independent, responsible decision-

making on matters affecting public health. Pharmacists in each practice setting must take responsibility for their self-development and ongoing assessment of competence throughout their careers. This involves systematically maintaining and developing skills, attitudes, and behaviours, broadening knowledge while ensuring proficiency, providing quality service/products, responding to patient needs, and staying current with 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.

Tutors are to note the following additional requirements for interns completing their internship in academic, manufacturing, wholesale or public hospital complexes:

(a) Internship conducted in academic institutions, manufacturing and wholesale pharmacies

The internship must include a period of not less than four hundred (400) hours of practical training at a community or institutional (hospital) pharmacy approved by Council for such training. The tutor at the academic institution, manufacturing or wholesale pharmacy must make the necessary arrangements for and keep a record of the four hundred (400) hours of practical training. **The four hundred (400) hours of practical training must be done over periods of at least five (5) consecutive (eight-hour) days.**

The pharmacist supervising the four hundred (400) hours of practical training must complete the *Declaration of completion of four hundred (400) hours,* as well as the *400 Hours – Sectoral progress* report online.

(b) Internship programme in hospital complexes (public sector hospital complexes)

Interns may be rotated in hospital complexes (i.e. where hospitals have been grouped 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 (CSP);
(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 the rotation for practical training will take place, the duration of the service provision, and the supervising pharmacist must be clearly outlined in the contract, which must be approved by Council before the internship begins; 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 the 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 a 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 practice 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 wishing to cede a contract to another tutor **must submit an online application, along with the required documents, to the Council at least seven (7) days prior to the cession**. The documents must include:

(a) a new contract for the practical training of a Pharmacist Intern;
(b) a delegation form (if actual practical training is delegated to a pharmacist other than the prospective tutor); and
(c) applicable cession fee.

Cession of an internship contract may only occur once the prospective new tutor has been approved by Council as a tutor. The prospective new tutor must apply online for approval as a tutor (if not approved). Any periods that an intern spends in a pharmacy that was not approved for purposes of training will not be recognised by Council as part of the internship period. The intern must apply online for the cessation of the contract and submit the required supporting documents.

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 Council;
- has not completed their internship to the satisfaction of Council;
- has discontinued their internship with the consent of 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 null and void.

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 the 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 COMPLETION OF INTERNSHIP AND REGISTRATION AS A PHARMACIST IN SOUTH AFRICA

All Pharmacist Interns will be required to have passed the pre-registration evaluation before registering as pharmacists for purposes of performing pharmaceutical community service. Pharmacist Interns will only be released from internship once they have met the following pre-registration evaluation requirements:

1. successful in the pre-registration examination;
2. successful in six (6) Portfolio of Evidence entries;
3. completed 365 practical training days; and
4. the tutor has submitted all required progress reports, which are favourable.

The progress reports, as well as additional requirements, differ according to the sector of registration as outlined in Table 1.

Table 1: Progress reports and additional requirements per sector of internship

COMMUNITY AND INSTITUTIONAL	MANUFACTURING	WHOLESALE	ACADEMIC
Seven (7) progress reports	Nine (9) progress reports Declaration of 400hrs	Nine (9) progress reports Declaration of 400hrs	Three (3) progress reports Declaration of 400hrs Achievement of Master's Qualification
The intern will be deemed competent if all submitted progress reports are favourable			

The contract entered into between the employer and the Pharmacist Intern should not necessarily be terminated after twelve (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 Portfolio of Evidence entries 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 on 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.**

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).

Registration as a Community Service Pharmacist (CSP) will be processed once all the documentation listed in Table 2 are received. Interns are to ensure that the application is completed fully, the documentation are correctly certified, and the prescribed fees have been received by Council:

Table 2: Documentation required for registration as a CSP

• Online application 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 the qualification in Pharmacy
• Certified copy of Identity Document or passport
• Documentary evidence of the name of the public health facility or complex of health facilities or a private health facility 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)
• Placement allocation letter from the National Department of Health
• Registration fee and annual fee
• A work permit to work as a pharmacist obtained from the Department of Home Affairs (Non-South Africans only) and/or an endorsement certificate from the Department of Health Foreign Workforce Management Programme.

Once a Pharmacist Intern has submitted the documents and fees referred to above, they will be registered as a pharmacist and issued with a registration certificate. However, they will only be permitted to practise as a pharmacist for the purpose of performing pharmaceutical community service, for a maximum of two (2) years. Registration for the pharmaceutical community service may be delayed if Council does not receive all the required documents and fees on time. The SAPC will revoke the registration conditions referred to above once the pharmacist has submitted a report from the relevant health authority confirming the satisfactory completion of the pharmaceutical community service in terms of the Pharmacy Act. No additional fee will be charged for revoking the registration conditions.

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 twelve (12) months has elapsed from the date of registration as a Pharmacist Intern.

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.
NB: CSP placements are managed by the Department of Health – The SAPC does not place interns for their community service.

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:

			
Pre-registration examination written on the online platform	Portfolio of evidence submitted on the CPD online system or registration app	Progress reports submitted online by the tutor	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 from an entry-level pharmacist.** Although it is not always directly evident how the combination of knowledge, skills and attitudes contributes 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 provided in Appendix A.

The following competency standards (CS) were published by Council in 2018 in line with the current BPharm qualification and the 2012 International Pharmaceutical Federation/Fédération Internationale Pharmaceutique (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/patient safety. These competency standards will be used in the pre-registration examination and the portfolio to evaluate the competency of interns. The competency framework consists of six (6) domains and a number of competencies as indicated in Table 3:

Table 3: 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 PRE-REGISTRATION EXAMINATION

The pre-registration examination will be conducted online on three (3) occasions in 2026, i.e. in March, August and October as indicated in the schedule. The examinations will be written either remotely and/or at a designated venue.

3.1.1 Pre-registration examination workshops

Council will conduct virtual workshops in May 2026 to guide and assist interns with preparing for the examination. The workshop presentations will be available on the SAPC website following the workshops.

3.1.2 Pre-registration examination entrance requirements

Interns need to meet specific requirements before they can sit for the examination, as referred to in Table 4.

Table 4: Requirements for interns to sit for the pre-registration examination

6 months	Interns must be in their sixth (6th) month of internship and must have; • submitted at least six (6) Portfolio of Evidence entries online and be successful in at least three (3) entries; and • completed the practice examination. The tutor must have submitted three (3) progress reports (i.e. the 12-week personal and professional development report, the 24-week personal and professional development report and the sectoral experience checklist).
9 months	Interns in their ninth (9th) month or more must have: • submitted and be successful in all six (6) Portfolio of Evidence entries; and • completed the practice examination The tutor must have submitted four (4) progress reports (i.e. the 12-week personal and professional development report, the 24-week personal and professional development report, the sectoral experience checklist, and the 36-week personal and professional development report).
Reattempt the examination	Interns attempting the examination for the second time (or subsequent attempts) must be successful in all six (6) Portfolio of Evidence entries to be allowed to sit for re-examination. The tutor must have submitted the relevant progress reports according to the intern's date of registration.

3.1.3 Practice pre-registration examination

It is COMPULSORY for all interns to participate in the practice examination before they attempt the pre-registration examination. The purpose of the practice examinations is to provide interns with an opportunity to experience the online examination conditions prior to writing the examination. The practice examination is conducted before each of the pre-registration examinations, the dates for the practice examination are provided in Table 5. The pre-registration practice examination will not contribute towards the intern's pre-registration assessments.

The practice paper will be written over four and a half ($4^1/_2$) hours. **The calculation section will be written over two (2) hours, and the general section over ($2^1/_2$) hours. There will be a 15-minute break between the sections.**

Practice examination papers are available on the secure site of the SAPC website.

3.1.4 Pre-registration examination

Interns are required to **book online** to write the examination. The booking must be made on the secure site for registered persons on the SAPC website (**www.sapc.za.org**). On booking, interns are required to select the venue from which they will be writing the examination. The examination booking must be submitted at least **four (4) weeks prior to the examination date**. A late booking fee of **R1 383.00**, as determined by Council, will be charged for bookings submitted less than four (4) weeks and up to fourteen (14) days before the examination date. Bookings submitted less than fourteen (14) days before the examination date will not be accepted.

No fee will be charged for the **first (1st) and second (2nd) attempts** at the examination. Interns will, however, be charged a fee of **R2 800.00** for a third (3rd) 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 (Table 5). If the intern fails the examination, he/she may rewrite it on the next available examination date.

Table 5: Pre-registration examination dates for 2026

PRACTICE EXAMINATION	PRE-REGISTRATION EXAMINATION
27 January (Tuesday)	03/04 March (Tuesday/Wednesday)
02 June (Tuesday)	04/05 August (Tuesday/Wednesday)
08 September (Tuesday)	20/21 October (Tuesday/Wednesday)
* THESE DATES ARE SUBJECT TO CHANGE. Please refer to www.sapc.za.org/Intern_Overview	

(a) Policy for conducting Council examinations

(i) The following policy applies in relation to security measures and the invigilation of Council examinations:

- To improve the security of remote examinations, Council approved the implementation of live proctoring, i.e. live invigilation of candidates remotely via video and audio for examinations.

- The following parameters are monitored on proctoring:

  - ✓ physiological face biometry, i.e. face recognition, number of faces in the camera.
  - ✓ Identity verification, i.e. continuous face recognition, comparison with the original photo.
  - ✓ Voice and noise detection.
  - ✓ Invigilators/proctors observe in real-time and will communicate with interns via chat, audio and/or video.

- The invigilator is in control of the examination and can be contacted on all matters pertaining to the examination, e.g. via the chat functionality for interns writing remotely or raising hands for interns writing at a designated venue.

- Interns must test their laptop and/or desktop for compatibility with the proctoring software prior to the examination using the following link: https://octoproctor.com/check

- Interns are only permitted to use one screen, such as a laptop or a desktop computer, to write the examination. The examination platform will not allow the connection of a second screen.

- Interns will be required to **share the entire screen of the laptop/desktop.** Multiple tabs can only be opened from the **shared screen**.

- Interns will be required to connect their smartphones via a QR code for a better view of their workspace and examination room. The smartphone must be placed at an appropriate angle, covering the full view of the workspace and examination room.

(ii) The following policy applies when conducting Council examinations remotely:

- The remote invigilator is officially in control of the examination and can be contacted via the chat functionality on all matters pertaining to the examination.

- Interns must log on to the SAPC examination platform one (1) hour prior to the **examination to register and gain access to the examination.** Interns can access the examination using the latest versions of the following web browsers: Google Chrome, Microsoft Edge, Firefox or Safari.

- **Only interns whose names appear on the official list of interns who booked to write the examination will be allowed access to the examination.**

- Interns must use their SAPC login details to access the examination.

- Council will send a one-time password (OTP) to the intern's cell phone number and email address registered on their SAPC profile, for authentication and access to the examination. Interns must, therefore, check both their cell phone and email for the OTP. The OTP will be valid for ten (10) minutes.

- **Laptops and/or desktops may be used** during the examination, provided the device has a functioning camera. A cellular smartphone will be required as the second screen for a view of the examination environment.

- Interns must ensure that their laptop or desktop computer is updated to the latest version of Windows and that the date and time are synchronised to an online server in alignment with the South African Standard Time (SAST) zone.

- Interns **MUST** allow the SAPC to access their camera, location and laptop/desktop computer's entire screen when prompted by the examination platform.

- Interns are not allowed to refer to previous examination papers during the examination.

- Interns must ensure they have read and understood the examination guidelines prior to the start of the examination.

- Interns 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 interns**.

- There are **four (4) answer options per question**. There is **only one (1) correct answer per question.**

- The intern must **use the mouse or relevant function for their device to select an answer option**. The selected option is then the intern's answer to the question and is automatically saved by the system.

- **Clicking the "Submit" button completes the examination,** and the intern cannot return to the examination questions.

- Interns will not be allowed to exceed the time limit. If the allocated examination time lapses without the intern answering all the questions, the completed **answers are automatically submitted** even if the intern has not clicked the "Submit" button.

- **This is an open-book examination. Interns may use textbooks, electronic references, and specified websites**.

- If an intern is seen obtaining information from another person by any means during the examination, or if any irregularities occur, the remote invigilator must report this to Council in writing.

- **Interns are to adhere to examination etiquette and code of conduct at all times.**

- **Interns must ensure they are dressed appropriately, as the examination is invigilated using a video live stream, and the platform randomly takes photographs of interns during the examination. Videos and photographs taken will form part of a permanent record.**

(iii) The following policy applies when conducting Council examinations at designated venues:

- **The invigilator is officially in control of the examination** and must be obeyed on all matters pertaining to the examination.

- Interns must **present in the examination venue at least an hour before the examination and** must be **seated 30 minutes before the examination**.
- **Only interns whose names appear on the official list of interns 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 intern must produce proof of their identity, such as an **identity document, a valid passport or a driver's license.**

- Interns must use their SAPC login details to access the examination.

- Council will send a one-time password (OTP) to the intern's cell phone number and email address registered on their SAPC profile for authentication and

access to the examination. Interns must, therefore, check both their cell phone and email for a generated password. The OTP will be valid for 10 minutes.

- Interns **MUST** allow the SAPC to access their camera, location and laptop/desktop computer's entire screen when prompted by the examination platform.

- **This is an open-book examination. Textbooks will be allowed** in the examination room, and **interns may share these through the invigilator.** Personal notes are allowed but may not be shared between interns. Previous examination papers are **not allowed** in the examination room.

- Interns must ensure they have read and understood the examination guidelines prior to the start of the examination.

- Interns 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 interns**.

- There are **four (4) answer options per question**. There is **only one (1) correct answer per question.**

- The intern must **use the mouse to select an answer option**. The selected option is then the intern's answer to the question and is automatically saved by the system.

- **Clicking the "Submit" button completes the examination,** and interns cannot go back to the examination questions.

- Interns will not be allowed to exceed the time limit. If the allocated examination time lapses without the intern answering all the questions, the completed **answers are automatically submitted** even if the intern has not clicked the "Submit" button.

- If an intern 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.

- **Interns may not leave the examination venue during the examination without supervision.**

- **Interns are to adhere to examination etiquette and code of conduct at all times.**

- **Interns must ensure they are dressed appropriately, as the examination is invigilated using a video live stream, and the platform randomly takes photographs of interns during the examination. Videos and photographs taken will form part of a permanent record.**

(b) Examination declaration

Interns are required to complete a declaration agreeing to the Examination Code of Conduct (Table 6). Failure to abide by the code of conduct and examination rules may result in referral to the Professional Conduct Department and disciplinary action.

Table 6: Pre- and post-examination declaration

PRIOR TO THE START OF THE EXAMINATION	• I hereby declare that I am the Pharmacist Intern registered to write the pre-registration examination and agree to abide by the Examination Code of Conduct. • I am completing the examination in a suitable area with minimal anticipated distractions. • I am completing the examination at the location/place stipulated in my booking confirmation. • I have procured the minimum required data for the purpose of the examination, which is equivalent to three (3) gigabits per paper. • I am not sitting next to or in close proximity to any other Pharmacist Intern completing this examination. • I will not receive any form of assistance from any person while writing this examination. • I will not communicate (verbal/electronic/in-person) with any Pharmacist Intern/Pharmacist/Tutor/registered person during the examination. • I will only use the reference material permitted in the pre-registration examination. • I will not access any other reference material that has been prohibited, including websites. • I will not give any assistance to any person completing this examination. • I will not retain and/or share the contents of the examination via electronic, printed, written or verbal means with any person. • I will inform the South African Pharmacy Council if I am aware of any Pharmacist Intern(s) contravening the Examination Code of Conduct.
POST-EXAMINATION	• I confirm that I have completed the examination without assistance from any person and adhered to the Examination Code of Conduct. • I understand that if it is found that I have contravened the Examination Code of Conduct, the SAPC will implement disciplinary action against me in terms of Chapter V of the Pharmacy Act. • I will not/have not retained and/or shared the contents of the examination via electronic, printed, written or verbal means with any person.

In the event that the SAPC finds a Pharmacist Intern to have contravened the examination code of conduct, a case of misconduct will be opened and referred to the Committee of Preliminary Inquiry (CPI). This committee reviews the information and evidence submitted and will recommend one of the following:

(i) refer the matter to the Committee of Informal Inquiry (CII) where-
  (a) the intern may admit guilt and pay the applicable fine plus a cost order, or
  (b) the intern may appeal the charges and defend the matter before the CII.
(ii) refer the matter to the Committee of Formal Inquiry (CFI), where the intern will appear before the CFI; or
(iii) no further action may be taken if the Committee is convinced that no evidence of unprofessional conduct exists.

If an intern is found guilty by the CFI, in addition to the penalties imposed by the Committee, their name, a summary of charges and the penalties imposed will be published in a Council report.

(c) 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 that of a 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.

(ii) The examination will be **one (1) paper** comprising of general practice and calculation-type questions and a minimum of one hundred and twenty (**120) multiple-choice questions (MCQ)**.

(iii) The **general practice questions** will amount to not more than seventy percent (>70%) of the paper and **calculations** will amount to not less than thirty percent (<30%) of the paper.

(iv) The paper will be written over four and a half **($4^1/_2$) hours. With the introduction of the remote examination, the paper has been separated into two sections, written over two days**. **The calculation section will be written on the first day over two (2) hours, while the general section will be written on the second day over two and a half ($2^1/_2$) hours. The examination may revert to be written on one day, subject to Council's decision.**

(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 MCQs 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.

(vi) Each question will be worth **one (1) mark,** and no negative marking will be applied.

(vii) The **pass mark** for the examination will be fifty percent (50%) and a subminimum of sixty percent (60%) will be applied to the calculation section of the paper.

(d) 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 six (6) domains in the competency standards are broad categories linked to specific sub-categories of competency (Figure 2). 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 7.

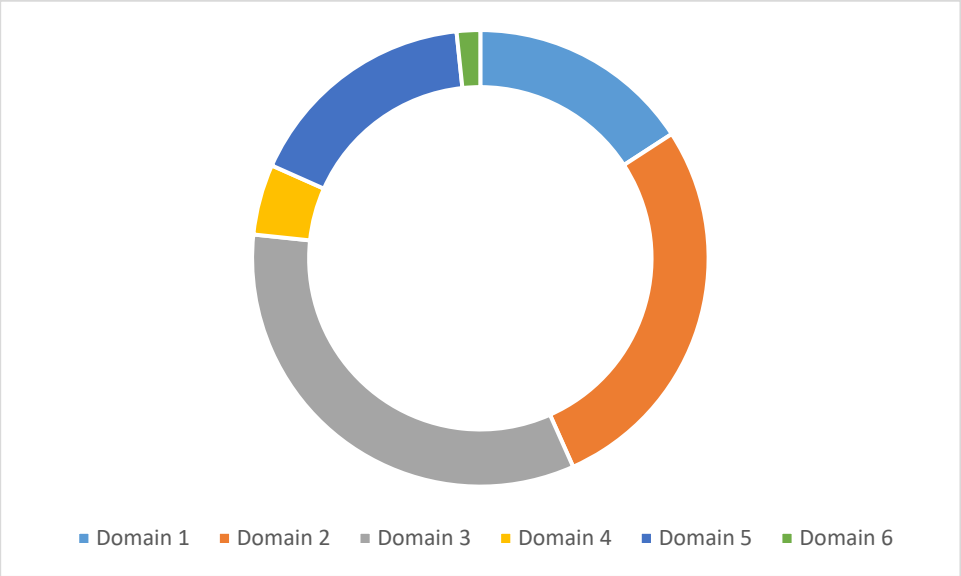


Figure 2: Distribution of questions in the pre-registration examination according to domains

Table 7: 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	15,83%	1.1 Promotion of health and wellness	4	General (4)	21,05%	57,89%	21,05%
		1.2 Medicines information	4	General (4)			
		1.3 Professional and health advocacy	2	General (2)			
		1.4 Health economics	3	Calculations (1) General (2)			
		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	27,50%	2.2 Patient counselling	6	General (6)	30,30%	33,33%	36,36%
		2.3 Patient medicine review and management	5	General (2) Calculation (3)			
		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)			
	33,00%	3.1 Medicine production according to GxP	9	Calculations (6) General (3)	15,00%	17,50%	67,50%

DOMAINS	Weight (% of exam)	COMPETENCIES	No. of questions	Category of questions	Knowledge	Application	Problem-solving
3. Supply of medicines and medical devices		3.2 Supply chain management	6	Calculations (2) General (4)			
		3.3 Formulary development	1	General (1)			
		3.4 Medicine dispensing	13	Calculations (8) General (5)			
		3.5 Medicine compounding	10	Calculations (9) General (1)			
		3.6 Medicine disposal/destruction	1	General (1)			
4. Organisation and management skills	5,00%	4.1 Human resources management	1	General (1)	66,67%	16,67%	16,67%
		4.2 Financial management	1	Calculations (1) or General (1)			
		4.3 Pharmaceutical infrastructure management	1	General (1)			
		4.4 Quality assurance	1	General (1)			
		4.5 Change management	1	General (1)			
		4.6 Policy development	1	General (1)			

DOMAINS	Weight (% of exam)	COMPETENCIES	No. of questions	Category of questions	Knowledge	Application	Problem-solving

5. Professional and personal practice	17,00%	5.1 Patient-centred care	3	General (3)	25,00%	70,00%	5,00%
		5.2 Professional practice	7	General (7)			
		5.3 Ethical and legal practice	8	General (8)			
		5.4 Leadership	1	General (1)			
		5.5 Decision-making	1	General (1)			
6. Education, critical analysis and research	1,76%	6.5 Critical analysis	1	General (1)	50,00%	50,00%	
		6.6 Research	1	General (1)			
TOTAL	100%		120				

(e) Type of questions

(i) General questions will be formatted to test the general practice of pharmacy in community, institutional, wholesale and manufacturing sectors.

(ii) The types of calculation questions that may be included in the pre-registration examinations are provided in Table 8.

Table 8: Types of calculation questions for the pre-registration examination

DOMAIN 1	**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
DOMAIN 2	**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 the 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 the patient's weight • Doses based on surface area • Prepare, concentrate, or dilute compounded medications accurately. • Reconstitute dry powders to the appropriate concentration (including displacement volume) • Calculation of Body Mass Index (BMI) • Calculation of peak flow reading
DOMAIN 3	**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 the 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
DOMAIN 4	**CS 4.2: Financial management**	• Percentage mark-up • Dispensing fee • Budgeting

(f) Reference material

The **latest edition of any** reference, including specified online references, may be used during the examination. **No previous pre-registration examination papers may be used in the examination**.

The following reference materials (the **latest editions of textbooks, electronic copies or App**) are suggested:

- SAPC website (www.sapc.za.org) e.g. Board Notices, e-Pharmaciae (www.pharmaciae.org.za)
- Calculations for Pharmaceutical Practice and Pharmaceutical Calculations
- Electronic copies of the Pharmacy Act and associated regulations, Medicines and Related Substances Act and other relevant Acts
- A comprehensive handbook on Pharmacology
- Standard Treatment Guidelines and Essential Medicines List – Paediatric Hospital Level, Adult Hospital Level, Primary Healthcare Level
- Martindale: The Extra Pharmacopoeia

- Merck Manual (https://www.msdmanuals.com/professional) or equivalent therapeutics reference
- South African Health Regulatory Products Authority (SAHPRA) (https://www.sahpra.org.za/), e.g. PIC Guidelines, PIL list
- South African Medicines Formulary (SAMF) or equivalent
- EMGuidance (https://emguidance.com/discover)
- Drug Supply Chain Management book
- Drug interaction checker

Rules and Guidelines

- Good Pharmacy Practice (GPP)
- Guidelines for Good Wholesaling and Distribution Practices
- South African Guide to Good Manufacturing Practice (GMP)

The following electronic reference material may be accessed during the examination:

- Good Pharmacy Practice (GPP)
- South African Guide to Good Manufacturing Practice (GMP)
- Standard Treatment Guidelines and Essential Medicines List -Paediatric Hospital Level, Adult Hospital Level, Primary Healthcare Level
- National Drug Policy for South Africa, Martindale 36th Ed, The Complete Drug Reference
- Martindale 36th Ed, The Complete Drug Reference

(g) 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 anything you are not sure about with your tutor, 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 reference(s). Very often, there are useful tables, etc., that you are unaware of if you have not inspected all the different sections of the reference.

- **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, as included in the manual.

- **Read the *Pharmaciae* published by Council (available online at** www.sapc.za.org/Publications_Pharmaciae).

- Many current topics of relevance to the practice of pharmacy are discussed in the *Pharmaciae*.

- **Keep up to date with the latest research and information by reading *appropriate journal articles*.** 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 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 Portfolio of Evidence entries.** Your Portfolio of Evidence entries should be well-developed by the time you write the pre-registration examination. Read through your Portfolio of Evidence entries and reflect on the various items.

- **Attempt practice papers that 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 skills in performing calculations that are required regularly. Please note that no formulae will be provided/included in the examination paper.

- **Test your laptop and/or desktop for compatibility with the proctoring software prior to the examination using the following link:** https://octoproctor.com/check

- **Check your loadshedding schedule and arrange backup power if necessary.**

(h) 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 question. Only use the reference books if you are unsure of the answer to a question, or if you need confirmation and/or fine detail.

- **Allocate the available time proportionally to questions.** This might seem to be a very basic concept, but it is an area where interns often fall short. Prior to the examination, calculate the time allowed per mark. 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. Interns 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 likely improve if your stress levels are low.

(i) Examination results

The following principles apply regarding examination results:

- During the examination, the answer option chosen by the intern is auto saved by the system as the intern clicks it.

- Once the examination has been submitted by the intern or invigilator (in a case where the examination ends before the intern presses submit), the examination is marked electronically by the system, and the results are moderated by Council's appointed 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 fifty percent (50%) overall mark is obtained for the examination, a subminimum of sixty percent (60%) is obtained for the calculation section and a subminimum of fifty percent (50%) is obtained for the general section.

- 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 their approval.

- Interns unsuccessful in the examination will be required to re-write both sections of the examination, even if they were unsuccessful in only one (1) section of the paper

The examination **results are released within eight (8) weeks of the examination** or as determined by Council.

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

(j) 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 (available at 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 question bank.

NB!!! The examination review does not constitute a remark of the examination, as the examination is marked electronically and the results are moderated and approved by the Committee prior to release.

(k) Re-examination

Interns who are unsuccessful in the pre-registration examination may re-attempt the examination, provided they meet the necessary requirements. **The pre-registration examination is one (1) paper; therefore, interns will be required to re-write both sections of the examination even if they were unsuccessful in only one (1) section of the paper.**

Interns may have a maximum of seven (7) attempts at the pre-registration examination. The format of subsequent examinations following the third (3rd) attempt, including the supplementary examination, as determined by Council, will be communicated to affected interns.

Interns unsuccessful after the seventh (7th) attempt will be subject to a mandatory two-year (2) cooling-off period. During this period, the intern will be required to work as a Pharmacy Technician under the direct supervision of a pharmacist. The following requirements must be met prior to re-attempting the examination after the cooling-off period:

- the intern must submit and be successful in six (6) Portfolio of Evidence entries per annum;
- the supervising pharmacist must submit a progress report(s) which will be individualised per intern, every three (3) months; and
- the intern must provide evidence of remediation.

3.2 PORTFOLIO OF EVIDENCE ENTRIES SUBMITTED BY INTERNS

A competency framework

The portfolio of evidence for Pharmacist Interns is based on the 2018 *Competency Standards for Pharmacists in South Africa,* which describes what newly qualified pharmacists must be capable of at entry level in order to practise within their scope to meet patient needs.

The competency framework at the entry level of practice is provided in Annexure B. The framework consists of six (6) domains, each associated with various competency standards (e.g. 1.1, 1.2, 1.3, etc.) and behavioural statements (e.g. (a), (b), (c), etc.) indicating how Pharmacist Interns should behave when performing entry-level competencies in pharmacy practice.

(a) How to submit Portfolio of Evidence entries online

To submit Portfolio of Evidence entries, visit the SAPC website at www.sapc.za.org and log on to the secure site for registered persons with your P-number, ID number and password. To access or reset your password, follow the prompts and links on the login page. You will receive a new password via SMS or email.

Once on the secure site, the Annual Declaration and Continuing Professional Development (CPD) links will be displayed on the web page. The annual declaration must be completed annually prior to the submission of Portfolio of Evidence entries. The Portfolio of Evidence submission pages will not be accessible if the Annual Declaration is not completed for the current year.

Once the Annual Declaration is completed, you will be redirected to the CPD main page where you can enter a new Portfolio of Evidence entry by following the 4-step CPD cycle (i.e. reflection, planning, implementation and evaluation) as described below. You will also be able to view previously captured Portfolio of Evidence entries and make corrections as required.

	REMEMBER: BEFORE THE FIRST PORTFOLIO OF EVIDENCE ENTRY CAN BE SUBMITTED, THE ANNUAL DECLARATION MUST FIRST BE COMPLETED.

The CPD cycle is a process that involves four (4) steps, which are outlined in Figure 3.

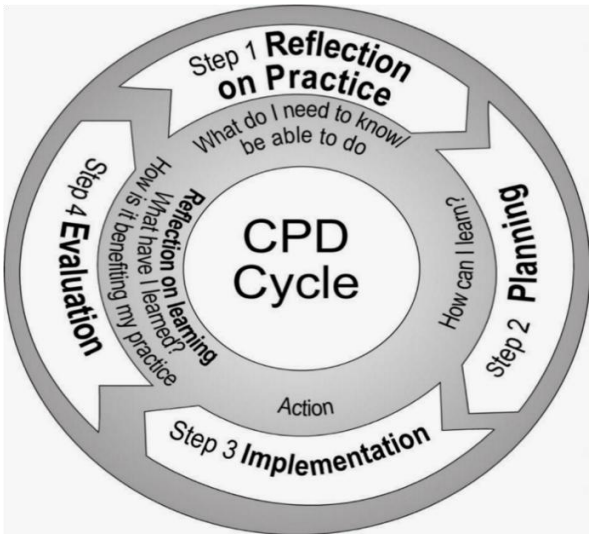


Figure 3: The CPD cycle outlining the four steps in the CPD process

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?)

Explanation of CPD cycle steps

The CPD submission must tell a story.

Reflection on practice

i. A key part of CPD is the identification of learning needs through reflection on practice.
ii. Pharmacist Interns are required to identify their learning needs relevant to their roles.
iii. Pharmacist Interns are required to provide a clear learning need, which includes a learning trigger and the goal to be realised.
iv. The CPD submission must be personal and be written in the first person using the pronoun "I".

Planning

i. Pharmacist Interns must plan according to their identified learning needs.
ii. Planning is thinking ahead about how, where, why and what I am going to utilise to achieve my learning needs.
iii. Pharmacist Interns must provide a detailed plan with reasons for the selection of the specific plan **AND** indicate resources to be used in detail.
iv. The plan must be structured according to behavioural statements.

Implementation

i. Pharmacist Interns are required to record learning events/activities undertaken.
ii. Pharmacist Interns are required to clearly describe what the activity undertaken was, where it was undertaken, when it was undertaken, how it was performed, **AND** reference should be made to the evidence **AND** be linked to at least 75% of the behavioural statements.
iii. The evidence must be valid, current, authentic, sufficient (to show at least 75% of the behavioural statements were performed), annotated **AND** linked to the description.

Evaluation – Reflection on learning

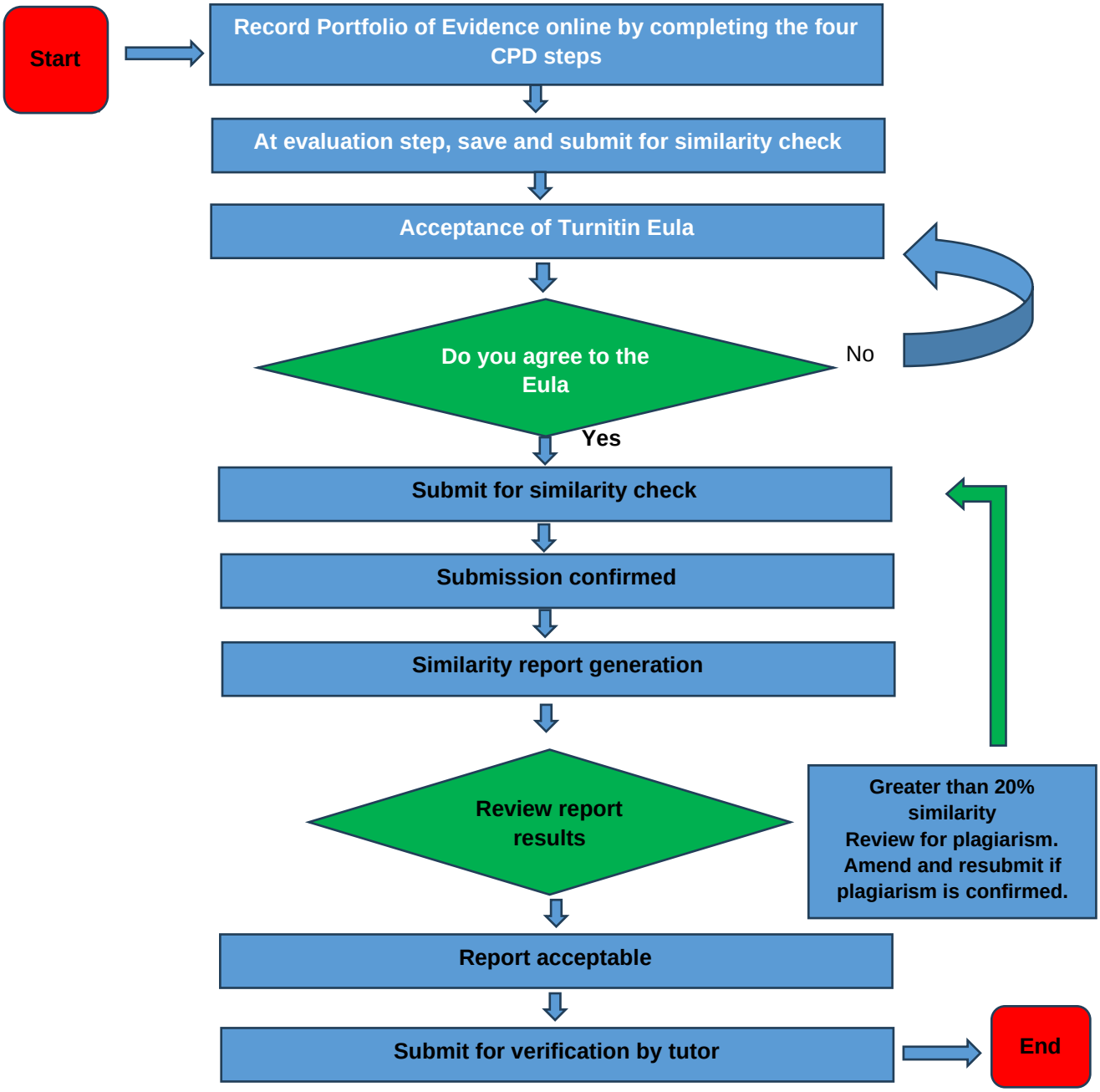
i. Pharmacist Interns must assess:
   (a) What was learnt
   (b) How the learning influenced the way of practice
   (c) Application by means of practical/actual examples
   (d) Identifying a future learning need (examples need to be specific).

Pharmacist Interns are required to complete ***all four (4) steps*** of the CPD cycle for each online Portfolio of Evidence entry. Information must be provided at each step.

	**INTERNS SHOULD NOTE THAT EACH PORTFOLIO OF EVIDENCE ENTRY SUBMITTED WILL BE SUBJECT TO THE PLAGIARISM DETECTION PRIOR TO SUBMISSION FOR TUTOR VERIFICATION.**

The South African Pharmacy Council has included the plagiarism detection system for Portfolio of Evidence submissions. The system checks for similarities between Portfolio of Evidence entries submitted by interns against the existing database of Portfolio of Evidence entries submitted by current and past interns. The maximum acceptable similarity score is 20%. If the similarity score is greater than 20%, the entry must be reviewed to confirm plagiarism and amended if plagiarism is confirmed. The Office of the Registrar will provide a demonstration of how the system will function during intern and tutor workshops in 2026.

Process for submission of a Portfolio of Evidence entry for similarity check



(b) Requirements for the Portfolio of Evidence for interns

(i) Interns must submit **six (6) Portfolio of Evidence entries** (one from each domain), and all steps of the CPD cycle (Figure 3) must be completed.
(ii) Interns must select one (1) competency standard from domains 1, 2, 3, 4 and 6 and fulfil all or at least seventy-five percent (75%) of the behaviours associated with that competency standard.
(iii) **Interns must complete Competency Standard 5.3 (Ethical and Legal Practice) from Domain 5 and fulfil at least** seventy-five percent (75%) **of the behaviours associated with the competency standard. (Compulsory Competency Standard).**
(iv) **Competency Standard 6.3 (Practice embedded education or workplace education) is recommended only for academic interns**
(v) Entries, together with suitable evidence, must be submitted online.
(vi) Interns must be successful in all six (6) Portfolio of Evidence entries submitted.
(vii) **A fee of R327,00 as determined by Council is charged on submission of the tenth (10th) and subsequent Portfolio of Evidence entries (i.e. no charge for n + 50% of submissions).**
(viii) Interns and tutors must adhere to the submission timelines.

Council will conduct virtual Intern/Tutor Workshops in February/March 2026 to guide and assist interns with the completion of Portfolio of Evidence entries prior to submission. Council will also conduct Intern/Tutor Portfolio of Evidence Feedback Sessions in June and August. Interns may record Portfolio of Evidence entries, but not submit them until they have attended the Intern/Tutor Workshop, where clarity on the content required will be provided to interns and tutors. The workshop presentations will be available on the SAPC website following the workshops.

The deadlines for submission of Portfolio of Evidence entries are indicated in Table 9. Results will be released monthly from the submission deadline onward, after they are assessed and moderated. Interns must plan accordingly and must adhere to submission deadlines.Portfolio of Evidence entries submitted after the deadline will only be assessed and released in the subsequent period.

Table 9: Portfolio of Evidence entries submission deadlines for 2026

LAST DATES FOR SUBMISSION OF PORTFOLIO OF EVIDENCE ENTRIES BY INTERNS	LAST DATES FOR VERIFICATION OF PORTFOLIO OF EVIDENCE ENTRIES BY TUTORS	SAPC RELEASES RESULTS	NOTE THAT:
05-Jan-26	07-Jan-26	26-Jan-26	(a) According to Council Policy, appeals must be submitted within one (1) calendar month after the release of the results.
30-Jan-26	02-Feb-26	16-Feb-26	
03/04 March 2026 (exam dates)			(b) Entries must be submitted by 12:00 PM on the last date of submission. Entries submitted after 12:00 PM on the last date of submission will be assessed in the next submission cycle.
23-Feb-26	24-Feb-26	23-Mar-26	
30-Mar-26	31-Mar-26	27-Apr-26	
04-May-26	05-May-26	25-May-26	
01-Jun-26	02-Jun-26	22-Jun-26	
29-Jun-26	30-Jun-26	20-Jul-26	
04/05 August 2026 (exam dates)			(c) Interns are ADVISED to submit six (6) Portfolio of Evidence entries within the first six (6) months of their registration.
27-Jul-26	28-Jul-26	24-Aug-26	
31-Aug-26	01-Sept-26	21-Sept-26	
20/21 October 2026 (exam dates)			
28-Sept-26	29-Sept-26	26-Oct-26	

02-Nov-26	**03-Nov-26**	**23-Nov-26**	**(d) Entries submitted after 30 November 2026 will only be assessed in January 2027.**
30-Nov-26	**01-Dec-26**	**17-Dec-26**	
04-Jan-27	**05-Jan-27**	**22-Jan-27**	

Submission of the Portfolio of Evidence entries to qualify for admission into pre-registration exams

Please take note of the following important dates that all interns must observe in order to be eligible for admission to write the pre-registration examinations. The late Portfolio of Evidence submission deadlines were added to assist interns who may be struggling with their Portfolio of Evidence to improve their eligibility to write the next pre-registration examinations. Interns are encouraged to ensure that they submit their Portfolio of Evidence entries and succeed in them within the normal Portfolio of Evidence submission cycle, and avoid submitting Portfolio of Evidence entries after the normal Portfolio of Evidence submission deadline, as this will attract a late booking fee for the pre-registration examination.

Table 10 lists the normal and late Portfolio of Evidence submission deadlines for eligibility to write the pre-registration examinations.

Table 10: Deadlines for Portfolio of Evidence submissions to qualify for exams, 2026

Exams Dates	Normal Portfolio of Evidence submission deadline	Late Portfolio of Evidence submission deadline
03/04 March 2026	06 January 2026	30 January 2026; late booking fee for the pre-registration exam applies.
04/05 August 2026	02 June 2026	29 June 2026; late booking fee for the pre-registration exam applies.
20/21 October 2026	01 August 2026	31 August 2026; late booking fee for the pre-registration exam applies.

Please note that on submission of the tenth (10th) and subsequent Portfolio of Evidence, a fee of **R327.00**, as determined by Council will be charged. The fee is published on the Council website**.**

(c) How will an assessment be conducted?

To be deemed successful for the Portfolio of Evidence component of the pre-registration evaluation, the intern is required to submit six (6) Portfolio of Evidence entries, one (1) entry from each domain, and be successful in all six (6) Portfolio of Evidence entries. Assessment will be conducted in line with the criteria for assessment of a Portfolio of Evidence entry, which is provided in Table 11.

Table 11: Criteria for assessment of a Portfolio of Evidence entry

STEP 1: REFLECTION	*MARK RANGE	CRITERIA
Learning title	0	Direct copy of/similar to the competency standard/behavioural statements **OR** title not appropriate/not related to competency standard.
	1	Original, descriptive and related to the competency standard.
Learning need	0	Irrelevant learning need **OR** learning need not linked to the competency standard and associated behavioural statements **OR** not a learning need of the intern (e.g., learning need of patient or nurse, etc.)
	1	General description stating the role of the pharmacist in relation to the competency standard.
	2	Clear learning needs according to competency standard and associated behavioural statements **AND** one of the following: trigger scenario provided (i.e., what happened that triggered the learning need), **OR** indication of what the intern hopes to achieve after completion of the competency standard.
	3	Clear learning needs according to competency standard and associated behavioural statements **AND** both trigger scenarios provided (i.e., what happened that triggered the learning need), **AND** indication of what the intern hopes to achieve after completion of the competency standard.
Total	**4**	
Assessor Comments:		**Moderator Comments:**

STEP 2: PLANNING	*MARK RANGE	CRITERIA
Description	0	Planning not related to behavioural statements and learning need **OR** no resources provided **OR** information relating to reflection, implementation and evaluation is provided.
	1	A combination of any two (2) of the following: Planning is provided in future tense **OR** reasoning behind the use of the resources, **OR** specific details of resources used are provided **OR** linking to 75% and above of the behavioural statements.
	2	A combination of any three (3) of the following: Planning is provided in future tense **AND** the reasoning behind the use of the resources **AND** specific details of resources used are provided, **OR** linking to 75% and above of the behavioural statements.
	3	All four (4): Detailed plan provided in future tense **AND** the reasoning behind the use of the resources **AND** specific details of resources used are provided **AND** linking to 75% and above of the behavioural statements.
Total	**3**	
Assessor Comments:		**Moderator Comments:**

STEP 3: IMPLEMENTATION	*MARK RANGE	CRITERIA
Achievement date	0	Invalid achievement date (i.e., not within the internship period, or before the start date)
	1	Valid achievement date (i.e., during the internship period after completion of the activity)
Description	0	Invalid description
	1	Any one (1) of the following: Description of evidence provided and not linked 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	A combination of any two (2) of the following: Description of what, where, when, how **OR** reference made to the evidence **OR** linked to at least 75% of behavioural statements
	3	All three (3): Description of what, where, when, how, **AND** reference made to the evidence **AND** linked to at least 75% of the behavioural statements
Evidence	0	No evidence, **OR** not valid, **OR** not authentic, **OR** inappropriate/irrelevant **OR** factually incorrect **OR** confidentiality breached
	1	Valid, authentic, current, sufficient (to show at least 75% of the behavioural statements were performed), but not annotated
	2	Valid, authentic, current, sufficient (to show at least 75% of the behavioural statements were performed) **AND** a combination of any two (2) of the following: Annotated **OR** shows which behavioural statements it is satisfying **OR** how it is satisfying the behavioural statements.
	3	Valid, authentic, current, sufficient (to show at least 75% of the behavioural statements were performed), **AND** all three: Annotated **AND** shows which behavioural statements it is satisfying **AND** how it is satisfying the behavioural statement.
Total	**7**	
Assessor Comments:		**Moderator Comments:**

STEP 4: EVALUATION	*MARK RANGE	CRITERIA
Description	0	Any one of the following: what was learned in terms of competency standard **OR** influence of learning on practice **OR** example of application **OR** possible future learning need (Examples need to be specific).
	1	A combination of any two (2) of the following: Only states what was learnt in terms of competency standard **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	A combination of any three (3) of the following: what was learned in terms of CS **OR** influence of learning on practice **OR** gives an example of application **OR** possible future learning need in relation to the skills that were learnt (Examples need to be specific).
	3	All four (4): what was learnt in terms of CS **AND** how the learning influenced his/her way of practice **AND** application by means of practical/actual examples **AND** identifying a future learning need in relation to the skills that were learnt (Examples need to be specific).
Total	**3**	
Assessor Comments:		**Moderator Comments:**
GRAND TOTAL	**17**	

***MARK RANGE is weighted according to the values provided:**

0 = not yet met the requirement

1 = requirement partially met

2 = requirement 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

Glossary of terms used in the assessment grid

Resource – provision of information (section/chapter/page number of a book or article) with citations of sources of information. It also includes human resources, equipment, facilities, etc.

Annotation – provision of explanatory notes on the evidence provided, including a title to each piece of evidence, a description of how a piece of evidence satisfies the behavioural statement and legislation (show and tell).

Description – a written statement or account giving characteristics of what happened, and motives, traits, or skills to job-relevant tasks.

Behavioural statement – a statement describing a typical behaviour observed when effective performers apply.

Competency standard – a quality or characteristic of a person related to effective or superior performance. Competency consists of aspects such as attitudes, motives, traits and skills.

(e) Matters to be noted

To earn three (3) 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 capitalised.

The following terms are used as feedback following the submission of an entry:

- **Awaiting submission –** The Portfolio of Evidence entry has not yet been submitted by the intern, for a first-time submission/re-submission (if the Portfolio of Evidence entry has a release date).
- **Submitted for tutor verification** –The Portfolio of Evidence entry is with the tutor for verification. The intern can confirm this by requesting their tutor to verify the Portfolio of Evidence entry under their profile.
- **Submitted for assessment –** The Portfolio of Evidence entry is with the assessor for assessment.
- **Submitted for moderation** –The Portfolio of Evidence entry is with the moderator for moderation.
- **Submitted for compliance –** The Portfolio of Evidence entry has been assessed, moderated and is awaiting release (assessment status/outcome will indicate "not available"). Following release, if successful, it will maintain the status "submitted for compliance" (assessment status/outcome will indicate "successful"). If the Portfolio of Evidence entry is unsuccessful, it will take on the status "awaiting submission" (assessment status/outcome will be "unsuccessful"), and that Portfolio of Evidence entry will be back on the intern's dashboard for correction, and it will then follow the normal Portfolio of Evidence entry submission and assessment process.

(f) Assessment criteria for the evidence

Every Portfolio of Evidence entry must reflect individual work; no group activities are acceptable.

(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 will be deemed not valid.

(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 portfolio online. Once the intern has submitted their Portfolio of Evidence entries online, these will be allocated to their tutor to verify and submit to Council for assessment. The tutor will get an SMS notifying them that the intern has submitted Portfolio of Evidence entries and that the tutor must log in to his/her secure profile on the SAPC website to verify and submit them. If the tutor is not pleased with the authenticity of the evidence and the quality of the intern's Portfolio of Evidence entry, he/she may, after discussing with the intern, return the affected Portfolio of Evidence entry to the intern to make necessary corrections and submit it again for verification. Once the tutor is pleased with the authenticity of the evidence and quality of the intern's Portfolio of Evidence entries, he/she must submit them to Council for assessment. Tutors and interns must, therefore, pay close attention to Portfolio of Evidence submission deadlines for assessment by Council. Portfolios submitted by the intern and the tutor after the deadline will only be assessed in the next assessment period.

(iv) Sufficient Evidence

For evidence of a competency standard with three (3) or fewer behavioural statements to be regarded as sufficient, the intern must provide clear evidence for all behavioural statements for the specific competency standard. In the case of a competency standard that contains four (4) or more behavioural statements, the Pharmacist Intern must submit evidence that covers at least 75% of the behavioural statements of a competency standard. For example, in the case of Domain 1, an intern would have to submit evidence for all behavioural statements of Competency Standard 1.6, which has three (3) behavioural statements (1.6(a) to (c)). However, for Competency Standard 2.1, which has eight (8) behavioural statements (2.1(a) to (h)), they would only have to submit evidence for a minimum of six (6) behavioural statements of the competency standards.

The same piece of evidence may not be used for more than one (1) competency standard (i.e. for every competency standard, there should be 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 Portfolio of Evidence entry only focuses on one (1) aspect of the Act.

(g) Releasing results

The following principles are applied in releasing results for Portfolio of Evidence entries:

- The results of interns will be expressed as to whether the intern is "successful" or "unsuccessful".
- Results are approved by Council or a person to whom Council delegates this function.
- **Results will be released in bulk** to interns only after their Portfolio of Evidence entries, submitted by the deadline, have been assessed and/or moderated and approved.

COUNCIL WILL NOT RELEASE INDIVIDUAL RESULTS FOR INTERNS AND/OR TUTORS WHO MISS THE SUBMISSION DEADLINES. ENTRIES SUBMITTED AFTER THE DEADLINE WILL BE ASSESSED AND RELEASED

	ON THE SUBSEQUENT SUBMISSION DEADLINE. THIS ALSO APPLIES TO RE-SUBMISSIONS.

(h) Most common reasons interns become unsuccessful in their Portfolio of Evidence entries

- It is not clear to the assessor WHAT it is that the intern did and/or WHAT the unannotated evidence is referring to.
- The intern did not provide sufficient evidence for all the behavioural statement subsections (a, b, c, etc.) of the competency standard (as per Annexure B).
- Competency Standard 2.6 is based on Pharmacist-Initiated Therapy (PIT) – if a prescription forms part of the evidence, it is **not** regarded as Pharmacist-Initiated Therapy and the submission will be unsuccessful.
- Competency Standard 4.6 - interns have not correctly differentiated between SOPs and policies – by applying the following definitions:
- A policy is a set of guidelines, rules or ideas that outline an organisation's plan for tackling certain issues, and it is used as a basis for making decisions. It is created to achieve specific objectives, maintain order, standardise practices, promote consistency, manage risks, provide a basis for accountability and transparency, as well as ensure compliance with laws, regulations, and ethical standards. A policy is communicated to relevant stakeholders to ensure awareness and adherence, and it may undergo periodic review and updates to remain relevant and effective. A policy does not provide a method or procedure for carrying out a task.
- A standard operating procedure (SOP) is a set of written instructions that an organisation prepares to guide employees in executing routine operations. It describes the step-by-step repeatable process that must be followed to properly perform a routine task, and it should be followed the exact same way every time to guarantee that the organisation remains consistent and in compliance with policies, regulations, and standards. Like a policy, a standard operating procedure needs to be reviewed and updated regularly to adapt to the changes in the industry and the organisation.
- For guidance, the intern should refer to the following list of applicable policies:
  (a) National Drug Policy (Chapter 7 of this manual)
  (b) Sanitation policy
  (c) Health safety policy
  (d) Security policy
  (e) Post-exposure policy
  (f) HIV and AIDS policy
- If an intern waits until the last submission deadline of the year and submits all six (6) entries at once, there may be a simple/common mistake in all six entries that could result in the intern being unsuccessful in **all** six (6) entries. The intern will have to wait until February of the following year to be re-evaluated. Neither Council nor the assessor will be held responsible if the internship year is extended.
- An intern did not refer to *this* manual and the Portfolio of Evidence guidelines on the SAPC website (www.sapc.za.org) before completing the Portfolio of Evidence entry.

- The intern's Portfolio of Evidence entry did not relate to exposure to competency standards **DURING** the internship period.
- The evidence was not collected **DURING** the internship year; for example, the intern included evidence obtained during their years of undergraduate studies.

The checklist provided in Table 12 is to assist interns in preparing their Portfolio of Evidence entries.

Table 12: Checklist for portfolio of entry

CHECKLIST		
	YES	**NO**
BEFORE STARTING		
Am I clear on 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 Portfolio of Evidence submissions?		
CHOICE OF COMPETENCY STANDARD		
Have I carefully read all the behavioural statements associated with a Competency Standard (CS) before choosing it?		
Have I read all the behavioural statements of the competency standard before making the choice?		
Is my evidence sufficiently covering 75% of the behavioural statements for the competency standard I have selected?		
At the end of six (6) months as a registered intern, have I submitted 6 entries from each domain?		
TITLE		
Is there a title?		
Is the title short, specific and related to the competency 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/s 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?		

CHECKLIST		
	YES	**NO**
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/s?		
Have I checked that what I did is sufficient to address all or at least 75% of the behavioural statements of the competency standard?		
EVIDENCE		
Have I checked that I have **sufficient** evidence, i.e. have I covered at least 75% of the behavioural statements of the competency standard?		
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.?		
Have I made sure that all patient-identifying details (such as name, surname, and 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/s and is relevant to the competency standard?		
Have I clearly described how this learning has impacted the way I practise?		
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 do not have to provide evidence for this, but only describe it?		
Have I clearly noted my future learning needs?		
SIMILARITY CHECK		
Have I remembered to include everything that is required in all sections?		
Have I ensured that the Portfolio of Evidence submitted is my own work		
TUTOR VERIFICATION		
Have I checked the Portfolio of Evidence entry similarity report?		
Have I updated my entry, where applicable, for a similarity score above 20%?		

(i) Reassessment of Portfolio of Evidence entries/results and appeal for Portfolio of Evidence entries submitted by Pharmacist Interns

Interns may lodge appeals against evaluations conducted by Council within one (1) calendar month of the date of the notification of results in terms of Council's Appeal Policy.

Any intern may request a reassessment of their Portfolio of Evidence entry in the manner described below:

- The intern must lodge a request within one (1) 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 of **R326,00** as determined by Council.
- The Registrar will forward the request for a re-mark to the moderator who was appointed for the Portfolio of Evidence.
- 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 fourteen (14) days of receipt of the result.
- Should the intern not be satisfied with the reassessment/reanalysis, they may initiate an appeal process in terms of Council's Appeal Policy.

(j) Irregularities

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

In the event of evidence of an intern's dishonesty or other irregularities in the conduct of an intern, the results of the intern will be withheld, and the matter will be 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) Consultation with assessors/moderators

An intern may only have contact with an assessor/moderator when an intern has been unsuccessful after the submission of the same Portfolio of Evidence entry on two (2) or more occasions.

The following conditions apply to communication between interns and assessors/moderators:

(i) communication between the intern and assessor/moderator will be facilitated by the Office of the Registrar;
(ii) the intern may only use the e-mail address provided and will not be allowed to call, SMS and/or WhatsApp any assessor/moderator; and
(iii) the intern will only communicate with the assessor/moderator within the agreed-upon times.

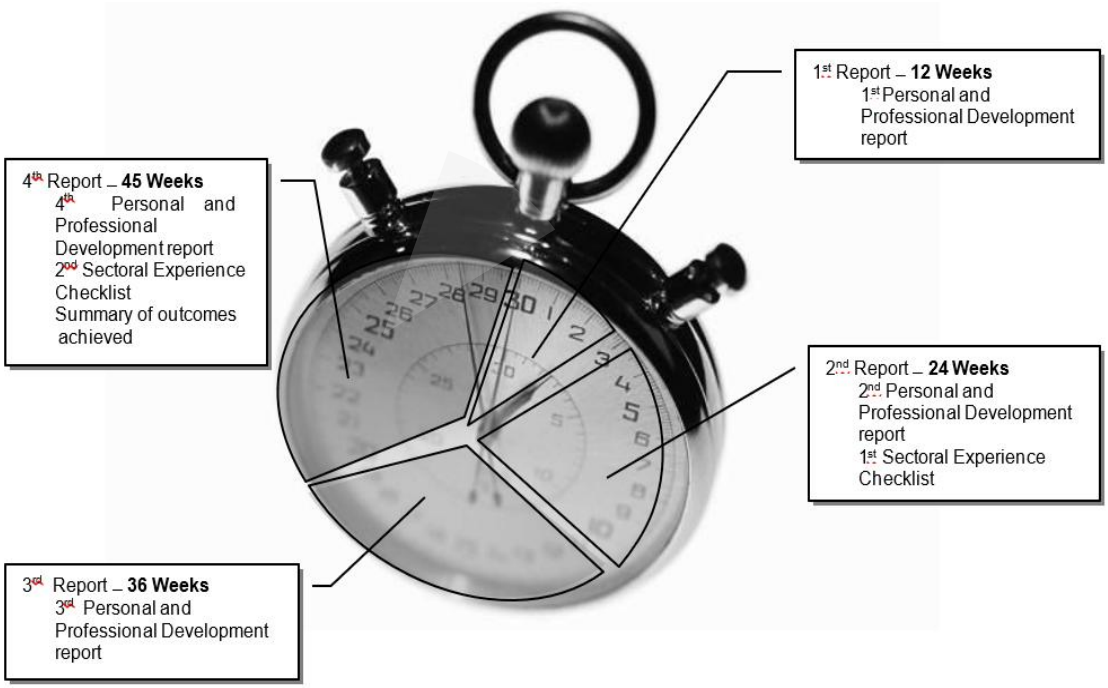
The intern shall not put any pressure on the staff of the Office of the Registrar, assessors and moderators in respect of the marking of Portfolio of Evidence entries, and may not threaten the staff of the Office of the Registrar, assessors/moderators for the marking Portfolio of Evidence entries.

Failure to use proper communication channels, communication outside the agreed times and putting pressure on and/or threatening the Office of the Registrar, assessor/moderator for marking of Portfolio of Evidence entries, which conduct amounts to harassment of the Office of the Registrar, assessor/moderator, will result in disciplinary action for unprofessional conduct in terms of Rule 10 of the *Rules relating to acts and omissions for which the Council may take disciplinary action* (Ethical Rules).

3.3 PROGRESS REPORTS

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

COMMUNITY, HOSPITAL, MANUFACTURING AND WHOLESALE PHARMACIST INTERNS



ACADEMIC, MANUFACTURING AND WHOLESALE PHARMACIST INTERNS

⚠	**Tutors must complete/review 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 *My Profile →Tutor/Supervising Pharmacist → Progress report***

(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 of appropriate performance and constructive criticism of 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, which is not necessarily recorded;
- the professional development of the Pharmacist Intern is assessed at twelve (12), twenty-four (24), thirty-six (36) and forty-five (45) weeks of the programme;
- a sectoral experience checklist completed at twenty-four (24) and forty-five (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 forty-five (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, manufacturing and wholesale 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 – which is not necessarily recorded;
- at the completion of a period not less than four hundred (400) hours of practical training at a community or institutional (hospital) pharmacy, the supervising pharmacist submits a declaration of four hundred (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 four hundred (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 four hundred (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, manufacturing and wholesale 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 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 the 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 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 the 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 several areas:

- **technical** – knowledge of pharmacy, problem-solving, and the application of theoretical concepts to practical problems;
- **organisational** – the ability to plan, attention to detail, ability to meet deadlines;
- **communication** – clarity of written communications, ability to work within a team, the effectiveness of oral communications; and
- **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 as 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; and
- 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 the 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; and
- simulations.

Attitudes determine how a person applies knowledge and performs the tasks required of a particular competence. Attitudes that 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; and
- 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; and
- 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 perform a particular task rather than merely describe 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;
- logbooks; and
- 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; and
- 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.

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 and interns in wholesale pharmacy in terms of the Pharmacy Act, 53 of 1974 (to be completed by the supervising pharmacist online)
- Progress reports, which must be completed/reviewed 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 https://icspinfo.dhmis.org/.

Note: If the employer has agreed to pay for any applicant's registration fee, it 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.

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: • 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 the 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; and
- 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.A.C.I., are:

People First	-	we shall protect and empower people, treat everyone equally and be inclusive in our approach.
Accessibility	-	we shall be accessible and transparent.
Agility and Innovation	-	we shall adapt to change, be flexible and relevant.
Collaboration	-	we shall collaborate with stakeholders.
Integrity	-	we shall be ethical, accountable 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 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 the 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*.

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 was provided by the various organisations listed below. 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.

CONTACT DETAILS OF PHARMACY PROFESSIONAL ORGANISATIONS	
Generic and Biosimilar Medicines of Southern Africa (GBM)	Box 32361 Kyalami,1684 Web: https://gbmsa.org/
Independent Community Pharmacist Association (ICPA)	Unit 3, Mews 2 Rosmead Centre 67 Rosmead Avenue, Kenilworth Cape Town, 7708 Web: www.icpa.co.za
Innovative Pharmaceutical Association South Africa (IPASA)	Ballyoaks Office Park Building D 1st Floor, 35 Ballyclare Drive Bryanston, 2191 Email: info@ipasa.co.za Web: https://ipasa.co.za/
National Association of Pharmaceutical Wholesalers (NAPW)	PO Box 3069 Houghton, 2041 Email: napw@mweb.co.za
National Department of Health	Private Bag X828 Pretoria, 0001 Tel 012-395 9306 Web: www.health.gov.za
Pharmaceutical Society of South Africa (PSSA)	PO Box 75769 Lynnwood Ridge, 0040 Tel 012 470 9550 Email: info@pssa.org.za Web: www.pssa.org.za
South African Association of Community Pharmacists (SAACP)	PO Box 95123 Grant Park Johannesburg, 2051 Tell: 011 728 6668 / 012 348 1000 Email: execdir@saacp.co.za Web: www.pssa.org.za / www.saacp.org.za
South African Health Products Regulatory Authority (SAHPRA)	Private Bag X828 Pretoria, 0001 Tel: 012 501 0300 Email: enquiries@sahpra.org.za Web: www.sahpra.org.za
Southern African Pharmaceutical Regulatory Affairs Association (SAPRAA)	PO Box 2909 Randburg, 2125 Email: info@sapraa.org.za Web: http://sapraa.org.za
South African Society of Clinical Pharmacy (SASOCP)	Web: www.sasocp.co.za/

Department of Health and the National Drug Policy

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 well-being 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 by 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 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 levels of the 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 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 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.

Heads of Pharmaceutical Services

PROVINCE	NAME & SURNAME	POSTAL ADDRESS	CONTACT DETAILS	E-MAIL ADDRESS
FREE STATE	**Ms NB Molongoana**	PO Box 227 Bloemfontein 9300	Tel.051 411 0502 Fax.051 430 2208	molongoanb@fshealth.gov.za
KWAZULU-NATAL	**Mr V Dlamini**	19 Rudling Rd Pelham Pietermaritzburg 3201	Tel. 033 846 7267 Fax.033 846 7280	Vusi.dlamini@kznhealth.gov.za
NORTH WEST	**Ms M Mediro**	PO Box 3220 Mmabatho 2735	Tel. 018 384 4973 Fax.018 384 8157	mbmediro@nwpg.gov.za
MPUMALANGA	**Ms LL Mahlangu**	Suite MW 481 Private Bag X1838 Middelburg 1050	Tel. 013 766 3166 Fax. 086 667 7081	lettym@mpuhealth.gov.za
LIMPOPO	**Mr R Setshedi**	PO Box 619 Ladanna 0704	Tel.015 290 9115 Fax.015 291 3806	robert.setshedi@gmail.com
EASTERN CAPE	**Mr A Soka**	52 Taylor Street Grosvenor Lodge King Williams Town 5600	Tel. 040 608 0854	ayanda.soka@gmail.com
WESTERN CAPE	**Ms S Ainsbury**	PO Box 2060 Cape Town 8000	Tel.021 483 4567 Fax: 021 483 3886	sheena.ainsbury@westerncape.gov.za
NORTHERN CAPE	**Mr G Mentoor**	16 Fabricia Way Kimberley 8301	Tel.053 830 2700 Fax.053 832 1567	gmentoor@ncpg.gov.za
GAUTENG	**Ms Z Rhemtula**	PO Box 085 Marshalltown 2015	Tel. 011 298 2326 Fax. 086 663 4152	Zuleika.Rhemtula@gauteng.gov.za

ANNEXURE A: ASSOCIATED ASSESSMENT CRITERIA FOR THE EXIT-LEVEL OUTCOMES

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 the 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 the 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 the 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 is 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 is 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 pharmacoeconomics.

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 are 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 are 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 a 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.

ANNEXURE B: COMPETENCY STANDARDS FOR PHARMACISTS

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 that 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 (3) 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 the 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 encouraging 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

A person who has achieved this standard is able to demonstrate the following behaviours:
(a) Engage in lifestyle changes, in a multidisciplinary setting, that may prevent communicable and non-communicable diseases and/or improve therapeutic outcomes. (b) Participate in screening and disease prevention programmes and campaigns. (c) Advise patients on self-care and adherence to treatment regimens.
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 1** 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 standard that I currently cannot provide evidence for, in order to meet all the requirements of this standard.

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, examine 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** ☐ **No** ☐
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 used 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** ☐ **No** ☐
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:
(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 the 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** ☐ **No** ☐
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:
(a) Reporting dispensing errors, side effects 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** ☐ **No** ☐
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:
(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** ☐ **No** ☐
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:
(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** ☐ **No** ☐
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:
(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** ☐ **No** ☐
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:
(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** ☐ **No** ☐
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 in 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 the packaging, storage and transport of medicines and medical devices, and the legislation applicable to the manufacturing, storage and distribution of medicines and medical devices.

The procurement, storage and distribution of pharmaceutical products are major determinants 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 reviewing 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** ☐ **No** ☐
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 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** ☐ **No** ☐
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** ☐ **No** ☐
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 the availability of generic medicines. (b) Maintaining, reviewing and updating patient history. (c) Performing a therapeutic review of a prescription to ensure the pharmaceutical and clinical appropriateness of the treatment. (d) Applying GPP principles and ensuring 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** ☐ **No** ☐
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** ☐ **No** ☐
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 implement and monitor 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** ☐ **No** ☐
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** ☐ **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.

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 applying 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 appraisals in line with the performance management policy. (d) Adhering to basic human resources management legislation, e.g. the 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** ☐ **No** ☐
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** ☐ **No** ☐
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 demonstrating 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** ☐ **No** ☐
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 attending 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** ☐ **No** ☐
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 contribute to organisational success and outcomes.
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.

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** ☐ **No** ☐
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** ☐ **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.

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 their 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 one's 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 documenting 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 portraying 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** ☐ **No** ☐
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** ☐ **No** ☐
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** ☐ **No** ☐
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 their own learning needs. (c) Participating in developing the learning activities.
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.

6.3 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** ☐ **No** ☐
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** ☐ **No** ☐
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** ☐ **No** ☐
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** ☐ **No** ☐
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** ☐ **No** ☐
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** ☐ **No** ☐
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** ☐ **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.