Intern/Tutor Feedback Session 2025

Wednesday, 04 June 2025 18h00 – 21h00

Overview

- **Why do we have this session?**

- **Structure of the presentation**

- **Common mistakes and omissions:**
  - ➢ Link to Pharmacist Intern portfolio on CPD System
  - ➢ Doing things better

- **Problematic Competency Standards:**
  - ➢ Link to Pharmacist Intern portfolio on CPD System
  - ➢ Doing things better

- The way forward

- **Q & A**

Generic issues

Specific issues

Why do we have this session?

- **February/March Intern/Tutor Training Session is content heavy:**
  - ➢ Difficult to see relevance before actual involvement with CPD entries.

- **All interns are now:**
  - ➢ Familiar with system, format and requirements of Competency Standards (CSs); and
  - ➢ Have received feedback from assessors.

- **Assessors and moderators are now:**
  - ➢ Able to share experiences.
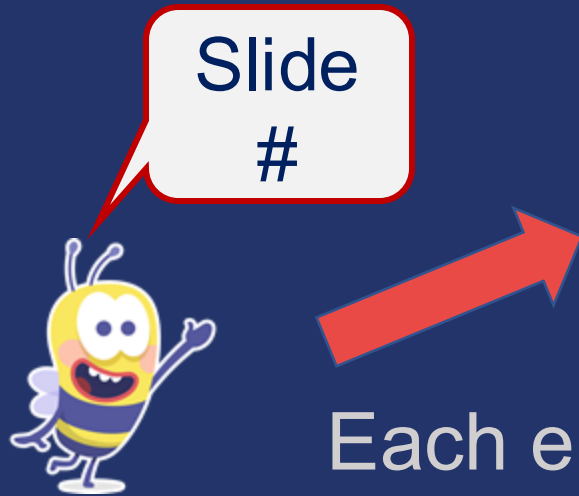
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How are you feeling?

Link to February and March Intern/Tutor Workshops

Slide #

Intern Workshops 2025
Intern portfolio on CPD system February 2025.

Each error is cross-linked by slide number to the February/March Intern/Tutor workshop presentation.

Mistakes and solutions

- Description of common error/s.

- Guidelines and suggestions:
  - ➢ avoiding and/or
  - ➢ fixing errors.

Role of the tutor

- Where appropriate, specific messages for tutors are included.

Please provide feedback on …

Slides #84-86

Mistakes and omissions

Generic issues

- Let's look at each of the CPD phases:
  - ➢ Identify common errors

- Important: Make sure information is entered against the correct CPD phase

Slide #11

Reflection | Planning | Evaluation | Implementation

Reflection Title:

Wrong:

- Title not related to CS

- Title is a copy of the wording of the CS

- Not descriptive of the planned activity

- Only address one behavioural statement in their title

- Title is too long

Right:

- Make sure your title reflects the CS

- Create a title in your own words

- Include description of activity in your title

- Keep title concise

Ask yourself
Is it original, descriptive and related to the competency standard?

Reflection

- Incorrect CS chosen
- No justification for the chosen activity
  - ➢ No learning trigger
  - ➢ Authenticity of the learning trigger was questionable
  - ➢ The focus was the theory of the subject matter of the CPD or the content or recipient of activity.
  - ➢ E.g. 4.6. Don't focus on the S6 prescription, rather the ethical and legal practices of applying the ACTs and other aspects within the CS 4.6.
- No mention of the intended application of new learning – what do you need to learn

- Make sure chosen CS is the correct one for your learning need
- Include trigger incident:
  - ➢ What happened that caused you to identify your learning need?
- Focus on the competency and behavioural statements:
  - ➢ State learning need in terms of the skills needed for the CS;
- Say what you will do with what you have learnt

OVERALL REFLECTION WAS DONE WELL

Ask yourself
What do I need to know? What do I need to be able to do?

Planning

- Not based/linked to BS

- Planning is written in the present or past tense

- How will you achieve the skill you described in the reflection section as per your learning need and trigger. Don't only provide information on the resources.

- Resources mentioned but without details e.g. page numbers.

- Rationale for using resources not included

- Use BS to guide planning.

- Add chapter/section/page numbers where appropriate.

- Planning should be written in the future tense.

- Planning is not only **what** you are going to do, but **why** you are using chosen resources.

Planning

- Planning is too general in description, superficial and insufficient

  - struggles with differentiating between planning and implementation – often resulting in duplication or all planning is in the implementation phase

  - Planning not talking to implementation

- Planning should be descriptive of the activity and not be a general description.

Ask yourself

Future tense? The reasoning behind the resources, specific details of resources and linking to 75% and above to B.S.

Implementation: Not supported by evidence

- Text says what was done, but no evidence to support this

- Evidence provided with no description

- No link to evidence in the Implementation discussion

- No link to B.S. in the Implementation discussion;

- For example,

  "I applied the SOP" in Implementation + Evidence shows an unannotated SOP.

Ask yourself?

what, where, when, how, AND reference to the evidence AND linked to at least 75% of B.S.

- Provide evidence for all resources mentioned in planning and implementation

- Include links to evidence in the Implementation discussion

- Include links to B.S. in the implementation discussion

- Remember: Just a copy of the SOP does not provide evidence of application

- **NB completion date** must be the date **after** the completion of the activity e.g. after the counselling exercise or the public health campaign

Evidence

- Blanket evidence:
  - For complete CS;
  - For more than one BS;
- Less than 75% of BS covered- insufficient evidence
- Using the same evidence in multiple C.S.
- Patient confidentiality breached

IMPORTANT

Consider each behavioural statement as a standalone activity

- Provide evidence for each separate behavioural statement (BS)
- Err on the side of caution
  - Rather add more pieces of evidence
  - Can still achieve **Requirement Met** even if one piece of evidence is rejected
  - **75% of BS must be provided if there are 4 or more BS in a competency standard**

CS with the following number of BS	The number of evidence needed that is of good quality, valid, sufficient and authentic for these CS
4	3
5	4
6	5
7	5
8	6
9	7

Evidence: Annotation errors

✗ Insufficient/no annotation

✗ Annotation is messy/unclear

✗ Ambiguous labelling of evidence

✗ Evidence:

- ➤ Annotated as relevant to multiple BS
- ➤ Lack of linkage to BS
- ➤ No highlights as to which part of the uploaded document is relevant
- ➤ Ensure you show application of evidence e.g. 4.6. Show **HOW** the evidence was applied for SOP and policy

- Make sure each piece of evidence is linked to a specific BS.
- Ensure annotation is detailed and neat.
- Show how evidence meets the requirements of each BS.
- Avoid using a., b., c., etc. as evidence labels, refer to specific BS instead.
- Link separate piece/s of evidence for each BS.
- Clearly show which part of uploaded evidence is relevant.
- Include title, date, verification (for e.g. attendance registers).
- Pay attention to confidentiality

Evidence: inappropriate

- Long and unannotated excerpts from reference material
- Invalid evidence
- Evidence not authentic
- Evidence:
  - Is not legible/blurry
  - Uploaded incorrectly
  - Arranged in an illogical manner
  - Submitted in multiple documents

- Most important to annotate/link the relevance of uploaded material to a specific BS:
- Ensure evidence is valid:
  - Is relevant to CS;
  - Is accurate and logical;
  - Is factually correct, e.g. calculations.

- Ensure evidence is authentic i.e. not made up

- Make sure the evidence is:
  - Legible
  - Not uploaded upside down
  - Arranged/sequenced in a logical manner
  - Submitted as one document

Evaluation: Incomplete entries

SLIDE 26-28

- How have I applied this new competency
- How has it impacted my practice and explain how
- What have I learned
- Describe a specific example where you used the skills you now have
- And what is your future learning needs in terms of **this skill**
  - Different from Implementation scenario
  - Occurred after the Implementation scenario
  - Do not just give a vague statement, such as "I was able to do it again".
- Points under evaluation
  - ➤ should not refer only to activity undertaken; and
  - ➤ must be relevant to the CS and its related BS

Writing *style*:

- Poor/no proofreading
- Inappropriate language use
- Incomplete sentences
- Ensure your writing is professional

Please provide feedback on these writing style errors

Slide #12 & 51

Breach of confidentiality

- **Remember: Not Yet Competent automatically applied**

- **Serious breach of professionalism**

- **Watch out for patient details in places other than labels:**
  - ➢ Includes all means by which patients can be identified:
    - ○ Photos and signatures.
    - ○ Check that text boxes used to obscure patient details have not moved when the document was converted to a PDF version.

Slide #67

Resubmissions

Slides #64-65

- Entries resubmitted without any changes.

Check that entry has been improved before validating a resubmission.

- Never ignore assessor comments.
- Do not bank on shortcomings being ignored the second time around.
- Decide whether Not Yet Competent entry needs amendment or replacement.
- Remember: each submission /resubmission is assessed as a complete standalone entry.
- **NB** change the date of completion to the new date

Resubmissions

Slides #64-65

- Entries resubmitted with incorrect or unacceptable changes.

- Don't falsify/create evidence:
  - For example:
    - Attendance registers;
    - Patient history; and
    - Expiry dates and batch manufacturing records.

IMPORTANT

Be clear about what is required when your entry requires resubmission

Problematic Competency Standards:

- Read complete CS entry first.

- Take note of recommendations
  - Recommended, possible, challenging

- Consider separate BS

- Ask yourself before starting:
  - "Can I provide evidence for sufficient BS
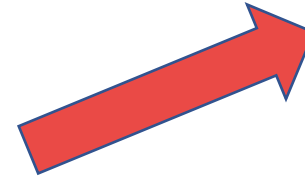
Best avoided.

Slide #69

Domain 1: Public Health

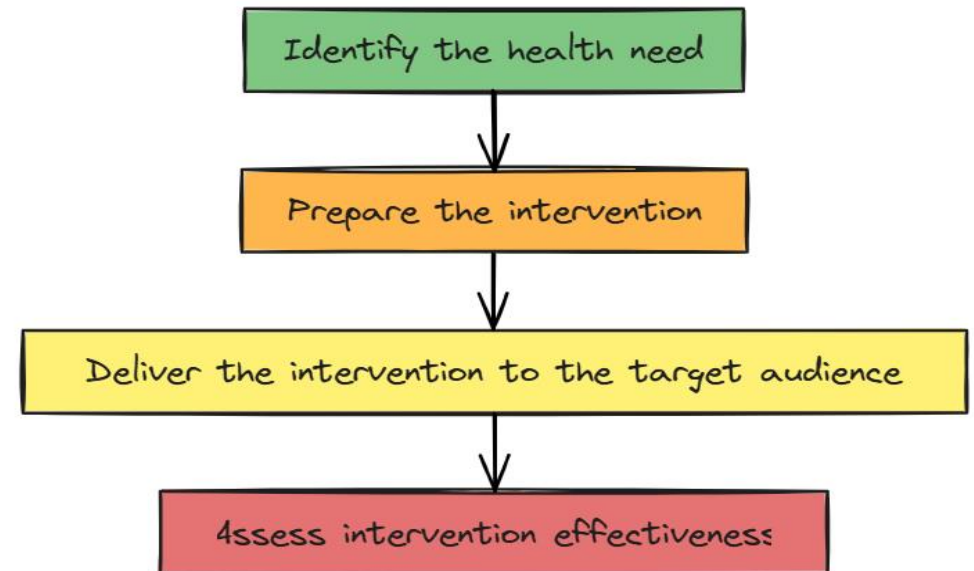- Implies activities targeting/benefitting

  a larger community audience.

Also, remember to think clearly about

what constitutes:
- ➢ Health promotion
- ➢ Primary health care

Some concepts encountered in this domain are often confused or not clearly understood.

Health campaign

This follows the following steps

Identify the health need

↓

Prepare the intervention

↓

Deliver the intervention to the target audience

↓

Assess intervention effectiveness

Domain 1: CS 1.1 Promotion of health and wellness

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.

❌

- Audience of individual patients or colleagues described.
- Randomly chosen target audience not relevant to the health message.
- Group work submitted.
- No mention of the skill learnt

✓

- Don't forget – Domain 1 is about Public Health.
- Show how you interacted with the target audience.
- Describe how developed materials:
  ➢ meet health promotion requirement/s
  ➢ are relevant to health message
- Include sufficient activities to constitute a health campaign. link to the BS
- Only submit your <u>own</u> contribution to the activity.

Domain 2: CS 2.2 Patient counselling ❌

- No evidence of communication with patients was provided.

- Focus only on the medicines.

- Unverified dialogue used as evidence. Articles and PILs given with no linkage to BS

- Many pieces of evidence submitted with no links to BS

- Many BS requirements not met.

✅

- First establish the patient's understanding

- Include: .
  - ➤ Patient feedback (dated, signed) to verify that counselling took place;
  - ➤ Your notes taken during counselling session;
  - ➤ What did you ask and what did you tell the patient;
  - ➤ Patient-specific counselling plan;

- Focus on interaction with the patient (evidence of the actual counselling) and not only on the medicines;

- Remember that an uploaded photo does not prove that counselling took place;

- Check that sufficient BS are covered.

- Include active and reflective listening (show evidence)

NB: to show application of these skills that you submitted as evidence

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.

Example

What to consider when counselling a patient on an insulin pen and align it to the BS in CS 2.2.

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e.g. insulin pen, asthma pump

Driven by intern's learning need

Intern-Centered Focus

10+ yrs on insulin

Ignores counselling skill development

Practice counselling with newer patients

Balance clinical and communication goals

Match task to patient needs

Ideal Approach

Counselling in Health Promotion

Patient feels unheard or disengaged

Consequences

Encourages shared decision-making

Patient-Centered Counselling

Use of verbal/nonverbal communication

Active and reflective listening

Intern misses key professional skill

Missed opportunity to build rapport

Builds patient understanding

Tailors plan to patient's needs

Domain 2: CS 2.6 PIT

- Patient history not taken or not fully reported.
- Dialogue submitted as evidence.
- Entry built around an item on an Rx.
- If behavioural statement (d) is submitted (referral), no evidence substantiating this is submitted.
- Focus is on information gathering on the condition and treatment, not on sharing this with the patient.

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.

- Go beyond merely saying that patient history was taken:
  - ➤ Provide patient responses;
  - ➤ Include in discussion how your evaluation of history assisted in the choice of treatment;
- Dialogue, if submitted, must be verified;
- Remember that PIT is guided by patient's subjective and objective signs and symptoms
- Referral, e.g. a referral letter must be verified.

Domain 3: CS 3.4 Medicine dispensing

- Insufficient evidence for 75% (7 BS):
  - Often only BS (a) – Rx validation – covered;
  - (e) and (f) not covered
- Outdated or incorrect reference used for Rx validity and authenticity;
- Antibiotic reconstitution is considered as compounding;
- Determination of # of doses to dispense is considered a pharmaceutical calculation; and
- References regarding dosages and appropriateness of medication are not submitted.

- It is very important to consider the BS requirements as standalone activities.
- Make sure you use the latest references.
- If including extemporaneous compounding, make sure the expiry date is correct (see details in the next slide).
- References must be submitted and annotated.

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.

Domain 3: CS 3.5 Medicine compounding

- Thinking that this is an easy CS because there is only one BS;

- Ignoring the requirement to apply pharmaceutical knowledge;

- Missing or incorrect expiry date for compounded product;

- Steps of the compounding process are missing;

- Calculations are incorrect and, therefore, CPD is not valid; and

- No compounding guidelines included, e.g. GPP, SOP, etc.

- The interns do not give their formulations, correct expiry dates as required by Regulation 3(1) of the Medicines Act published on August 2017

- Interns do not always know the difference between a 1 in 4 dilution and a 1:4 dilution.

- Definitely not true that this is an easy CS!

- Needs annotated reference materials, including:
  - **SOP, batch manufacturing record etc.**

- Evidence must prove your actions.

- Follow Reg 3(1) of Act 101 of 1965 for the expiry date:
  - If your institution uses longer expiry dates, comment on how this does not fulfil the regulation.

- Ensure that all steps of the compounding process following pharmaceutical principles are submitted.

- Calculations must be checked carefully before submitting.

- Include compounding guidelines and annotate.

- NB. **Reg 10 – refers to labelling**. E.g. **magic mouthwash** – needs to comply- ALL ingredients must be stated.

- Verify processes with BP, Codex.

4.6. SOPs and Policies

CS 4.6

- 4.2.financial management – generic substitution is not the focus.

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.

IMPORTANT

See page 39 in the manual for definitions and a list of policies

- Deals with Policy Development
- Make sure to include:
  - How you applied an SOP (linked to specific points of SOP)
  AND
  - How you applied a policy
- Remember that SOPs and policies are not the same
- Apply the complete SOP and policy and link it to the evidence submitted.

NB: The GPP/GWP is not a Policy

Domain 5: CS 5.3 Ethical and legal practice ❌

Limited Focus on Dispensing Schedule 6 (S6) Prescriptions:

Only considering dispensing a S6 Rx

Relying on Outdated Legislation:

- Referring to outdated legislation

Failure to Provide Proper Professional Indemnity Insurance

- Ignoring the professional indemnity requirements –
- Indemnity application forms submitted;

Focusing Only on Legal Compliance, Ignoring Ethical Considerations:

- Focussing only on legal and not the ethical aspects of practice;
- SOPs are considered as legislation.

✅

- Cover more activities because S6 Rx cannot provide evidence for sufficient BS.
- Ensure you are using the latest/updated legislation.
- Amended legislation should be new or recently amended and the application thereof must be submitted
- Provide evidence and explanation of your current/valid indemnity cover
- Indemnity cover must be in your name.
- Indemnity must also state as "intern" not student.
- Refer to ethical practice guidelines (Code of Conduct and ethical rules)
- SOPs are not cited as legislation.

Domain 6: Education, critical analysis and research

CS 6.2   VS   CS 6.3

CS 6.2

- Provide evidence for:
  - ➤ An agreed teaching plan;
  - ➤ Guidance from an experienced colleague – Who and How;
  - ➤ Teaching and learning materials development.
- Self-assessment:
  - ➤ Own assessment of training skills;
  - ➤ No self-assessment done by attendees;
- Provide evidence for the effectiveness of training;
- Own learning needs must also be submitted;
- Learning activity refers to quizzes, role play, etc..

CS 6.3

- Remember that this is relevant to the **formal education** of students
  - ➤ Colleagues do not fulfil this criterion.
  - ➤ Provide evidence of the course/module into which your training fits.

IMPORTANT

This domain requires a focus on education-related skills, not the subject of the training material

Plagiarism

- Ensure the plagiarism report is attached

- Must be <20%
- Certain commonly used phrases cannot be changed (e.g. GPP, MRSA, etc)
- Possible future learning need and application of new skill – BIG NO NO if picked up for similarity
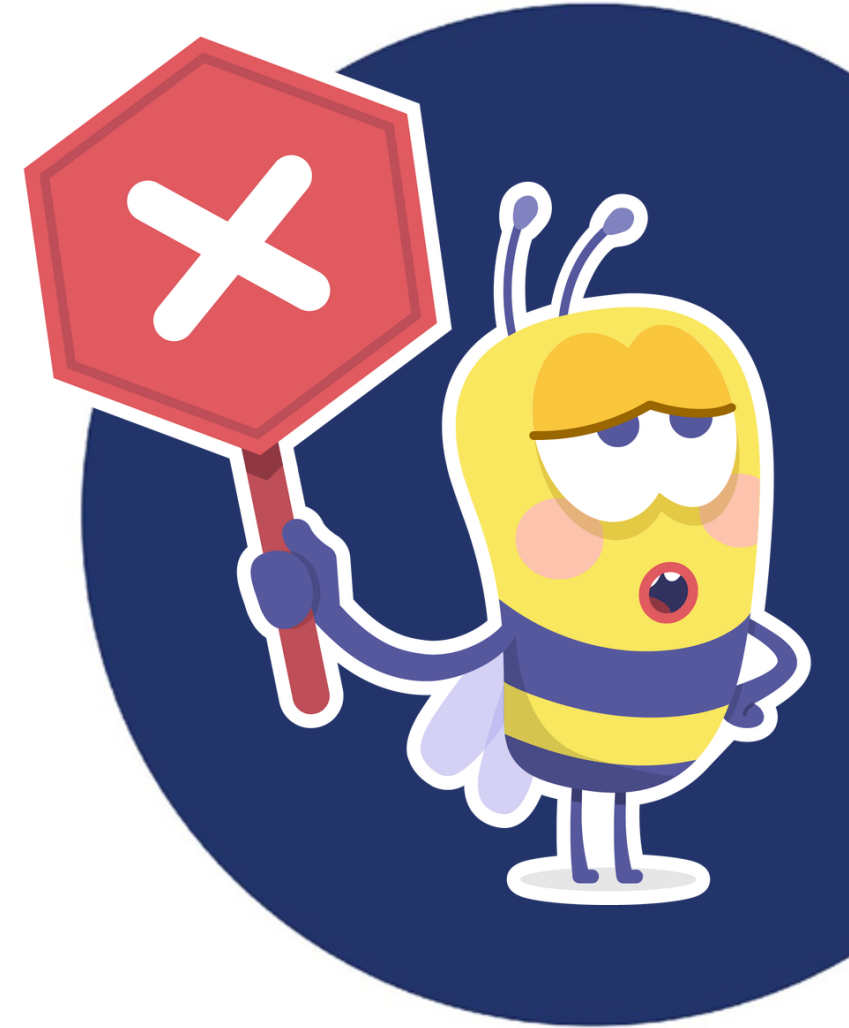
The way forward towards success

Use the behavioural statements

Consult the training presentations

Read the entire CS carefully

Pay attention to assessor feedback

The way forward for tutors

Remember that entry validation needs you to check

Encourage interns to meet deadlines

Tutors, please stay involved

- That all phases are completed and entered in the correct place.
- Evidence is valid.
- Professional communication used.
- Before resubmission, the assessor's comments are resolved.

Pre-registration examination and booking dates

OPEN BOOKINGS	LATE BOOKINGS	LATE BOOKINGS	EXAM DATE
23 June 2025	11 July 2025	23 July 2025	05/06 August (Tuesday / Wednesday)
10 September 2025	24 September 2025	10 October 2025	21/22 October (Tuesday / Wednesday)

IMPORTANT

All exam bookings must be done online before the closing date. Late booking fee will be charged after the closing date.

CPD Submission Deadlines

LAST DATES FOR SUBMISSION OF CPD ENTRIES BY INTERNS	LAST DATES FOR VERIFICATION OF CPD ENTRIES BY TUTORS	SAPC RELEASES RESULTS
06-Jan-25	08-Jan-25	24-Jan-25
29-Jan-25	31-Jan-25	14-Feb-25
04/05 March 2025 (exam dates)		
24-Feb-25	28-Feb-25	21-Mar-25
01-Apr-25	03-Apr-25	25-Apr-25
01-May-25	05-May-25	26-May-25
02-Jun-25	04-Jun-25	25-Jun-25
01-Jul-25	03-Jul-25	21-Jul-25
05/06 August 2025 (exam dates)		
01-Aug-25	04-Aug-25	25-Aug-25
01-Sept-25	03-Sept-25	24-Sept-24
21/22 October 2025 (exam dates)		
01-Oct-25	03-Oct-25	24-Oct-25
03-Nov-25	05-Nov-25	25-Nov-25
28-Nov-25	01-Dec-25	17-Dec-25
05-Jan-26	07-Jan-25	26-Jan-26

NOTE THAT:

(a) According to Council Policy, appeals must be submitted within one (1) calendar month after the release of the results.

(b) Entries must be submitted by 12h00 PM on the last date of submission. Entries submitted after 12h00 PM on the last date of submission will be assessed in the next submission cycle.

(c) Interns are ADVISED to submit six (6) PoE entries within the first six (6) months of their registration.

(d) Entries submitted after 28 November 2025 will only be assessed in January 2026.
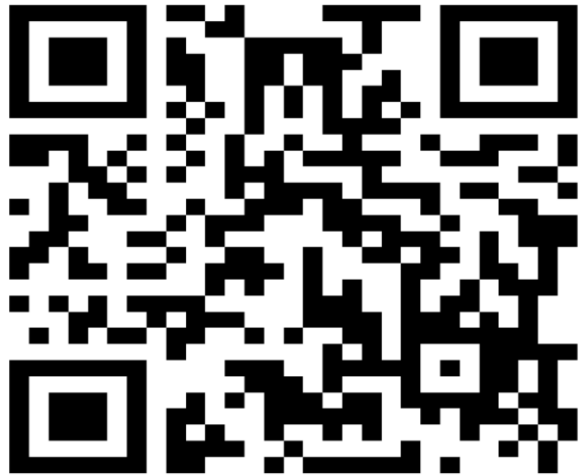
Please note that on submission of the 10th and subsequent CPDs, a fee determined by Council will be charged. The fee is published on the Council website..

Any questions?

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