Intern Workshop 2026

11 / 25 February 2026

Outline

- Competency standards
  - Selecting a domain
  - Selecting a competency standard
- Portfolio of Evidence
  - CPD cycle
  - Assessment criteria
  - Evidence
  - Example
- Assessment
  - Feedback from assessor
  - Re-assessment
  - Remarking
- Professionalism
- Confidentiality
- Challenging competency standards
  - Guidelines for choices and evidence

Mostly aimed at Interns. There is a separate presentation for Tutors.

Important Resources

- The 2026 Intern and Tutor Manual **(Available on the SAPC website)** for the pre-registration experience of Pharmacist Interns, which includes:

  - Criteria for assessment of a Portfolio of Evidence entry (pages 35-37)

  - Checklist for Portfolio of Evidence entry (pages 41-42)

  - Competency standards for pharmacists (pages 62-84)

- Other resources

  - Tutor consultation

  - SAPC website

Portfolio of Evidence Terminology that we use

Domain

Competency Standard

Behavioural Statement
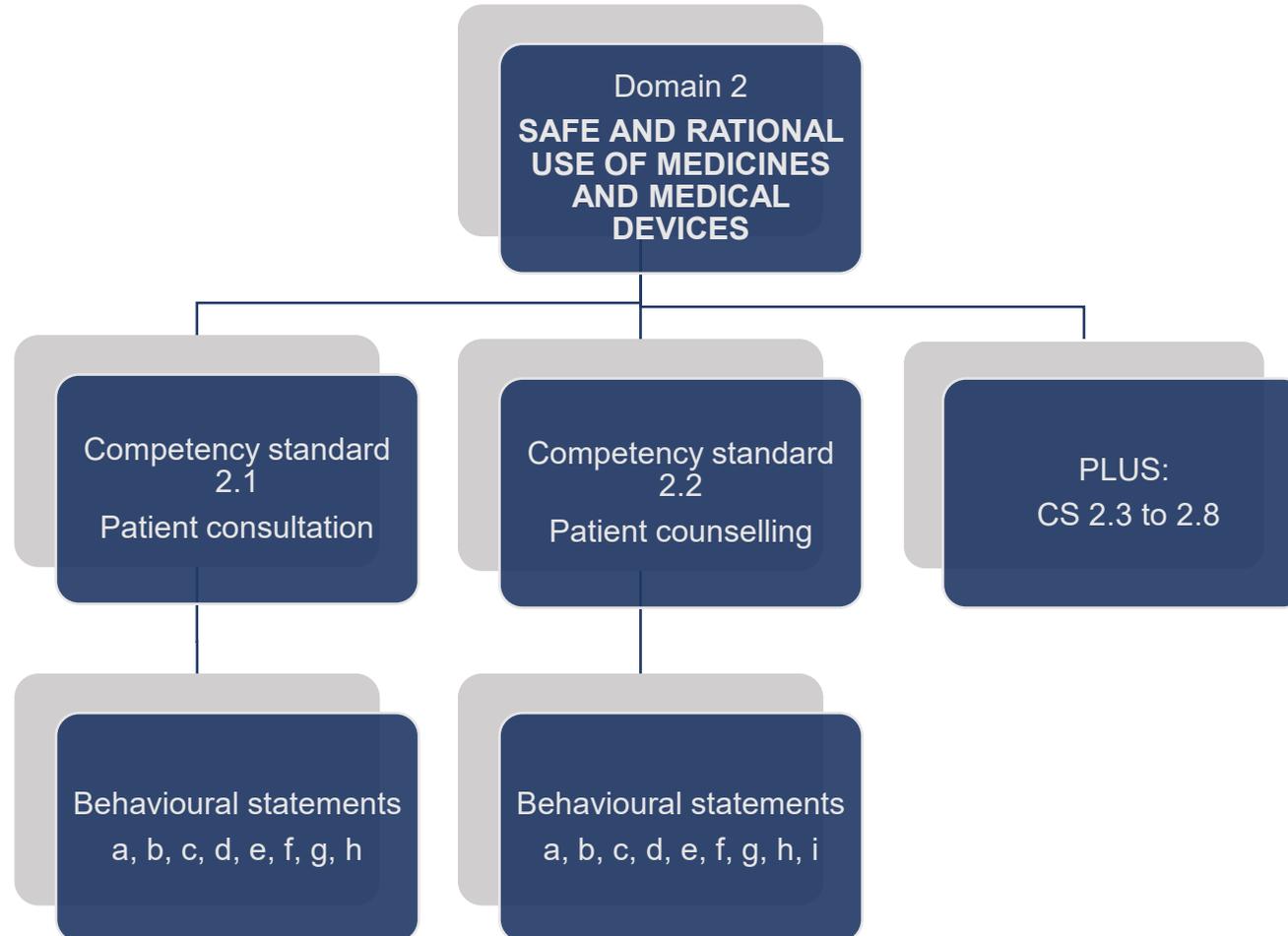
Six (6) Domains

1. Public Health

2. Safe and rational use of medicines and medical devices

3. Supply of medicines and medical devices

4. Organisational and management skills

5. Professional and personal practice (compulsory)

6. Education, critical analysis and research

Domains are organised clusters of competencies

Competency Standards

Take note of how each CS is structured

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

Terminology (refer to Intern Manual CS 2.6)

Competency from domain 2 = 2.6 →

2.6 Pharmacist initiated therapy (PIT)

Behavioural statements (a, b, c, d) →

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.

South African Pharmacy Council
www.sapc.za.org

Structure of the Competency Standards

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.

COMPETENCIES	
2.1	Patient consultation
2.2	Patient counselling
2.3	Patient medicine review and management
2.4	Medicine and medical device safety
2.5	Therapeutic outcome monitoring
2.6	Pharmacist–initiated therapy (PIT)
2.7	Pharmacovigilance
2.8	Clinical trials

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.

Continuing Professional Development

FYI:
The term Portfolio of Evidence is used to describe the activities of persons not yet considered professionals, i.e., undergraduate students and interns

Continuing Professional Development

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

- Encompasses a range of activities including continuing education and supplementary training.

- CPD enables registered persons to develop in their area of practice and demonstrate competence.

CPD is a cyclical activity

Continuing Professional Development (CPD) Cycle
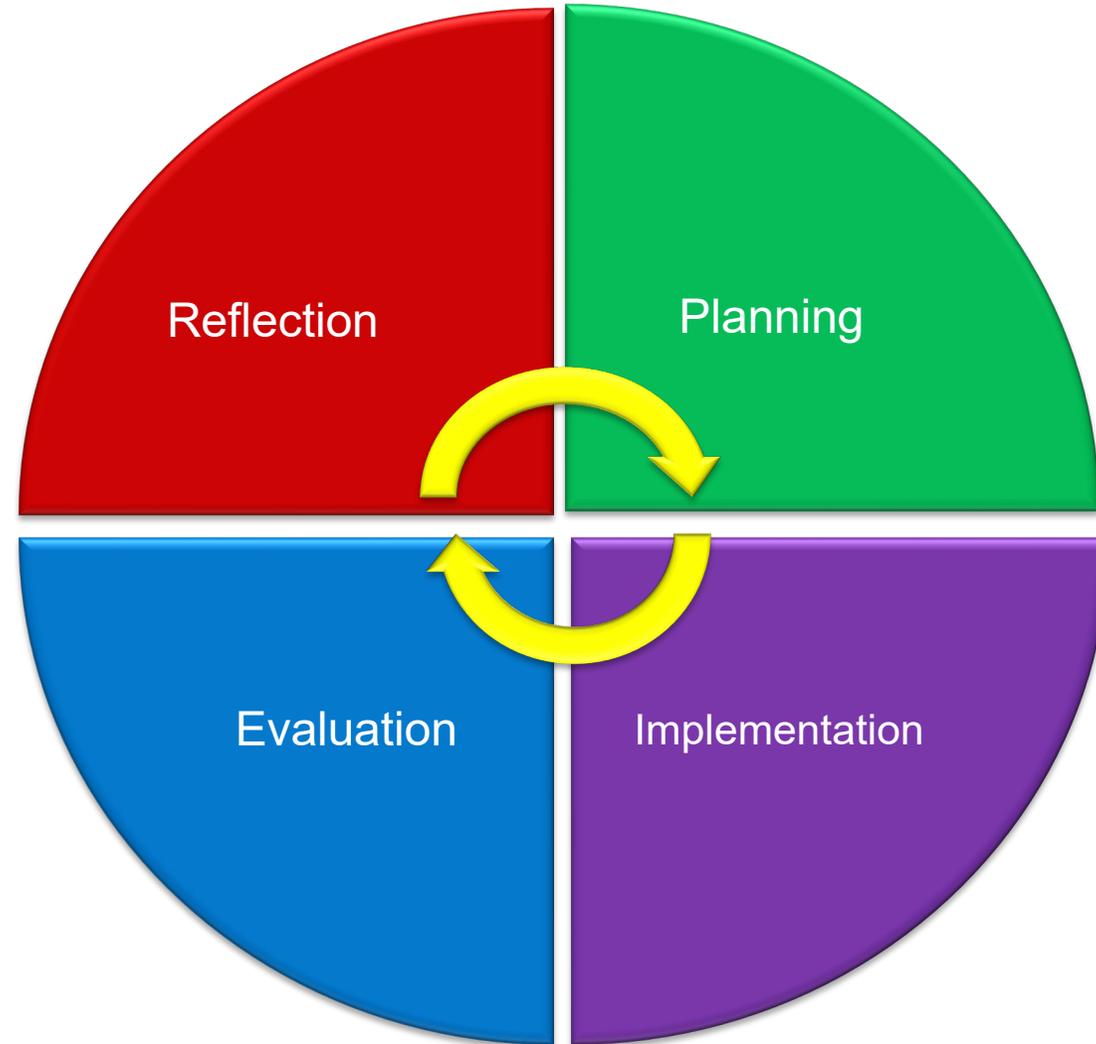
Assessment of Phases of CPD Cycle

- Done (mostly) on a scale of 0 to 3
- To earn three (3) marks, **ALL** requirements must be met
  - ➤Follow the Assessment Criteria for each of the four (4) phases of the CPD cycle

In addition

You must have used an appropriately professional communication style
  - ➤Free of spelling and grammatical errors
  - ➤Properly punctuated
  - ➤Trade names capitalised

REMEMBER: spelling and grammar are not auto-corrected!

Check everything carefully before submitting.

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

Check Manual pg. 35-37
for full details of how
marks are allocated
NOTE: 2026 version has
been updated

Step 1
Reflection_Learning Title

- Decide on an appropriate <u>Learning Title</u>

  - ➤ Should be relevant to what <u>you</u> want to learn and be related to CS chosen
  - ➤ Should describe what you are intending to do
  - ➤ NB: Don't simply copy the wording of the CS
  - ➤ Verbatim copies of the wording = NYC
  - ➤ The learning title must be unique and <u>describe</u> your case study

Reflection

Reflection_Learning Need

- Ask yourself
  - What do I need to learn? i.e., <u>own</u> learning need
  - Does what I need to learn relate to the CS chosen?
  - How do I know that's what I need to learn? i.e., trigger
  - What do I hope to achieve after completion of this learning need?

- Describe this learning need
  - Make it a personal reflection, i.e., use the personal pronoun "I"
  - Be careful not to describe the learning need of others, e.g., patient
  - **NB!** The learning need must be related to the selected CS
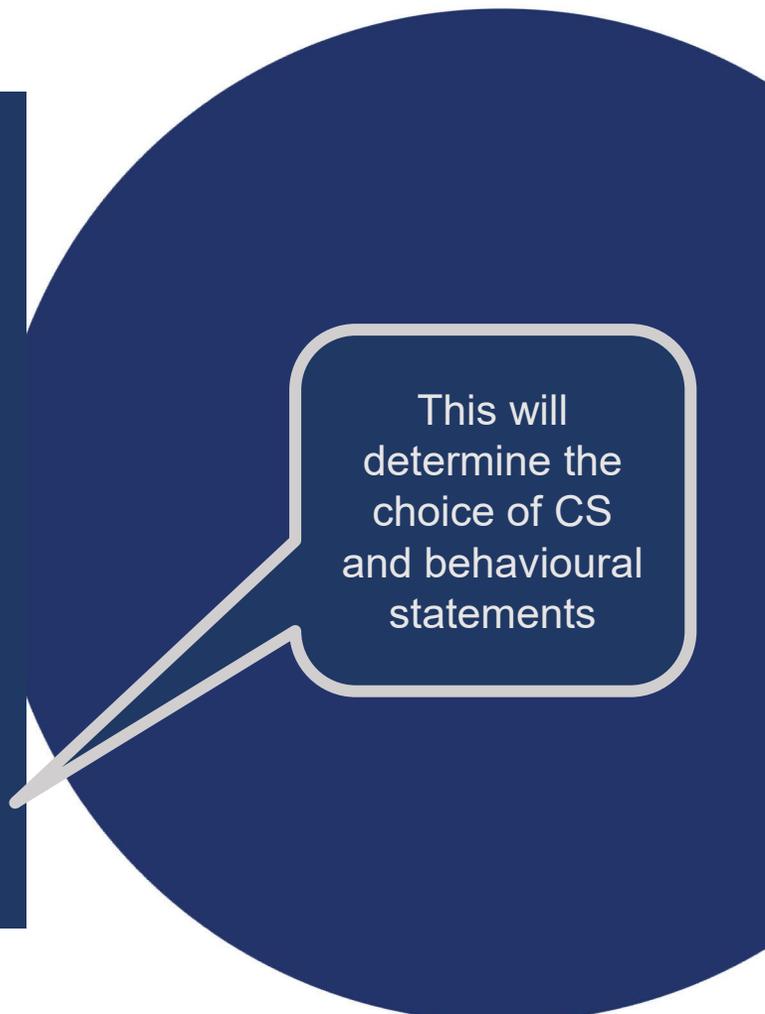
This will determine the choice of CS and behavioural statements

Assessment Criteria for Reflection

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 learning need of intern (e.g. learning need of patient or nurse, etc.)
	1	General description stating the role of the pharmacist in relation to the competency statement.
	2	Clear learning need according to competency standard and associated behavioural statements **AND** trigger scenario provided (i.e. what happened that triggered the learning need), **OR** indication of what intern hopes to achieve after completion of the competency standard
	3	Clear learning need according to competency standard and associated behavioural statements **AND** trigger scenario 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

Irrelevant or incorrect info

Minimally correct info

2 correct criteria

3 (all) correct criteria

South African
Pharmacy Council
www.sapc.za.org

Reflection

CHECKLIST	YES	NO
TITLE		
Is there a title?		
Is the title short, specific and related to the competency standard (CS)?		
Is the title a concise statement in my own words (not just a copy of the CS)?		
REFLECTION		
Have I clearly stated what **I need to know or learn**?		
Have I stated my learning need in the first person, e.g. "I need to know/learn…"?		
Have I stated why I have identified this learning need for myself and not just stated that it is a required outcome?		
Have I made sure not to include details of planning and implementation here?		

Step 2 Planning

- How, exactly, am I going to learn this?
- What do I need to do?
  - ➤ Write planning in **future tense** (I will do…)
  - ➤ Refer to the behavioural statements (BS) and structure planning to link to 75% or above of BS
  - ➤ Provide specific details (e.g. GPP 2.18) of resources linked to BS, to be used
  - ➤ Include the reason why each resource is chosen
  - ➤ What evidence can I submit to support my learning activity?

Carefully select the primary learning trigger and activity

Refer to assessment criteria and checklist for planning

NB: Don't only describe how you plan to proceed, but say **what** you are going to do, **how** you are going to do it and **why** you are going to do things this way, as well as **when** you are going to do it.

South African Pharmacy Council
www.sapc.za.org

Step 3 Implementation

- Describe what you did

  ➤ Implementation is written in the <u>past tense</u> (I did…)
  ➤ Provide the context
    ▪ What, when, where, how

  ➤ Reference made to the evidence in the implementation description

  ➤ Remember to link to 75% or more of behavioural statements of the chosen CS

Refer to assessment criteria and checklist for implementation

Step 4 Evaluation

FOCUS HERE IS

- Evaluation is written in the <u>future tense</u> (I will…)
- Learning outcome i.e., what have you <u>learnt</u> – related to evidence?
  - ➤ NB! NOT "What I did"
- Application i.e., how have you subsequently used your acquired knowledge / skills (practical /actual example)
- Impact i.e., how has your acquired knowledge / skills changed your practice
- Identification of a specific future learning need, related to the domain

Refer to assessment criteria and checklist for evaluation

NB: Provide a specific example to substantiate this

CPD Cycle

Each phase of the cycle must be completed for **every Portfolio of Evidence entry**
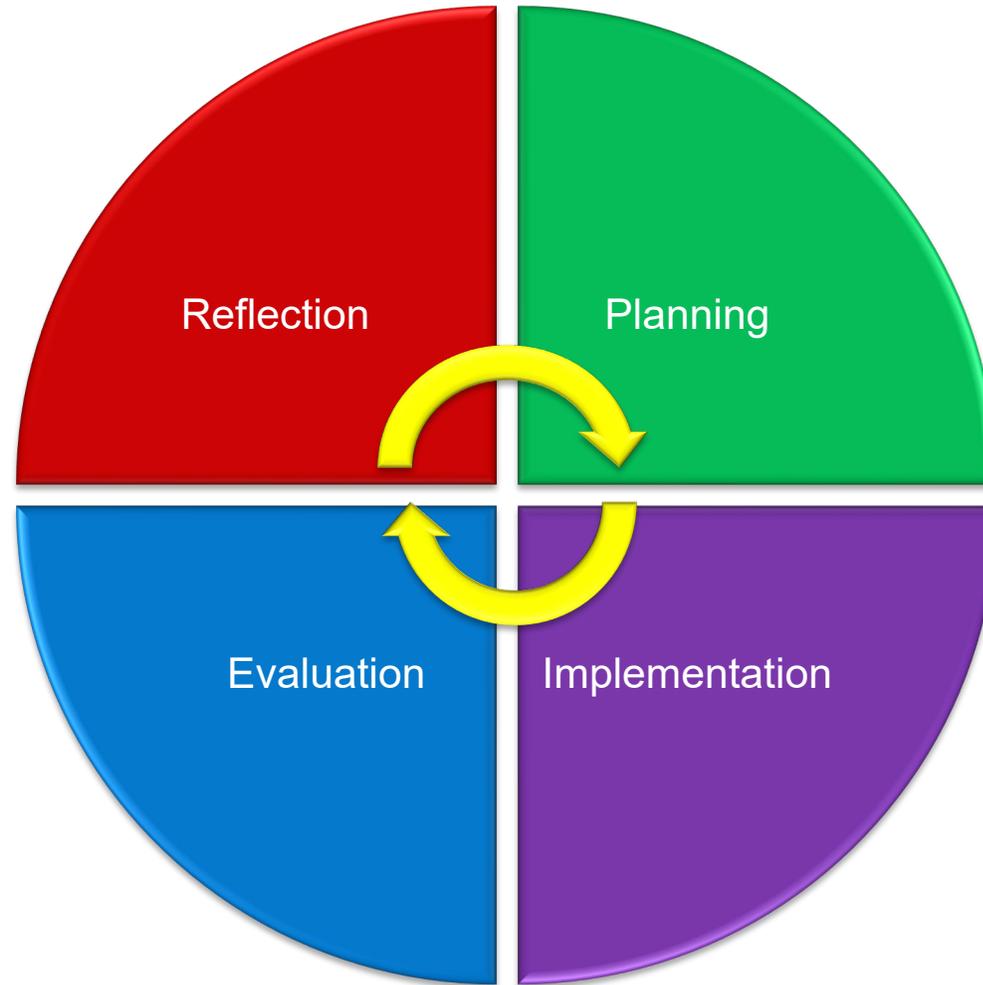
Stepwise Approach to Completing Portfolio of Evidence Entries

7. Check for feedback

6. Tutor verifies and submits online

> Make sure your tutor has verified and submitted your entries by the published deadlines

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

4. Start CPD cycle

> This has four (4) steps:
> Reflection
> Planning
> Implementation
> Evaluation

3. Read all behavioural statements

2. Select a Competency Standard (CS)

1. Select domain

> Focus on relevance to your practice setting

> Complete the annual declaration first!

Once You Have Chosen a Competency Standard

- Check again that it is **appropriate** for your practice setting

- Read all the behavioural statements

- Decide on the appropriate and sufficient evidence

- Follow through
  - ➢ As you complete each phase of the CPD cycle, make sure what you write is relevant to the chosen CS.

REFER TO CHECKLIST!
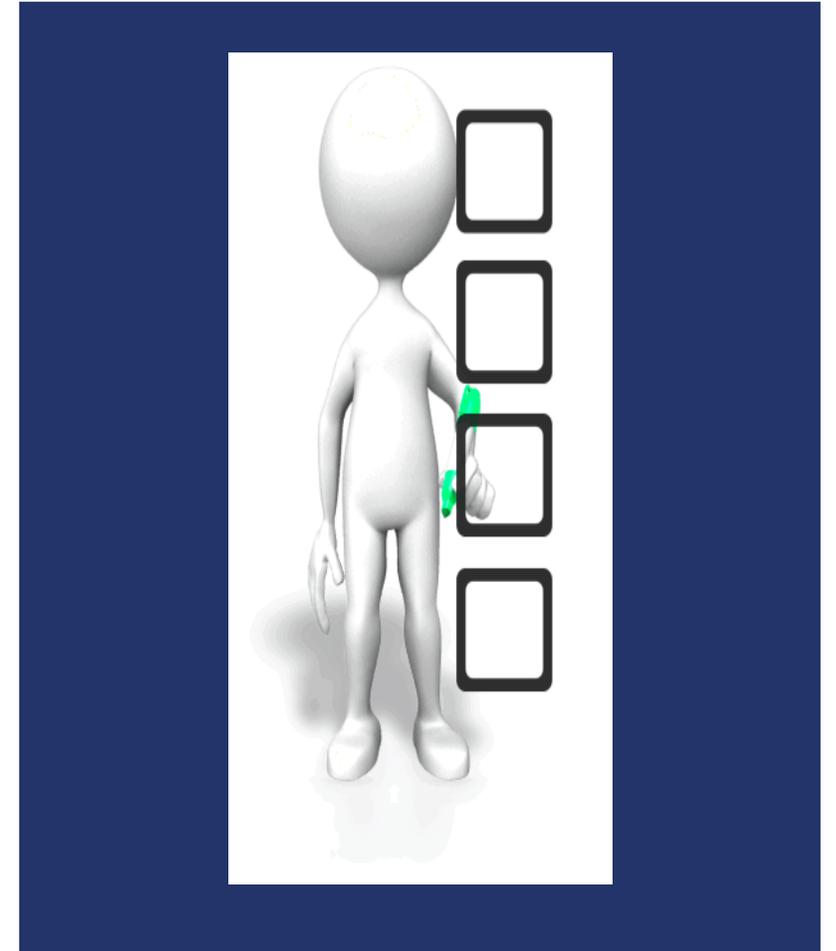
Requirements

- You need to submit six (6) Portfolio of Evidence entries
  - One from each domain
  - And be successful in all six (6) Portfolio of Evidence entries
  - Please do not submit all six (6) entries at once. Allow sufficient time throughout the year for assessment submissions. This will increase your chances of success as you will obtain feedback from the assessor and moderator.

- For each Domain, choose one (1) competency standard
  - Read all the behavioural statements carefully
  - 1-3 behavioural statements = evidence is needed for ALL the statements (100%)
  - If there are **≥4 behavioural statements**, provide evidence for at **least 75%**
  - NB: Consult your Manual for details of the behavioural statements

  NB: Every Portfolio of Evidence entry must reflect **individual** work

  !No group activities are acceptable

> Each entry must be accompanied by suitable evidence
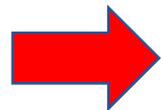
Evidence Criteria

EVIDENCE

Annotated
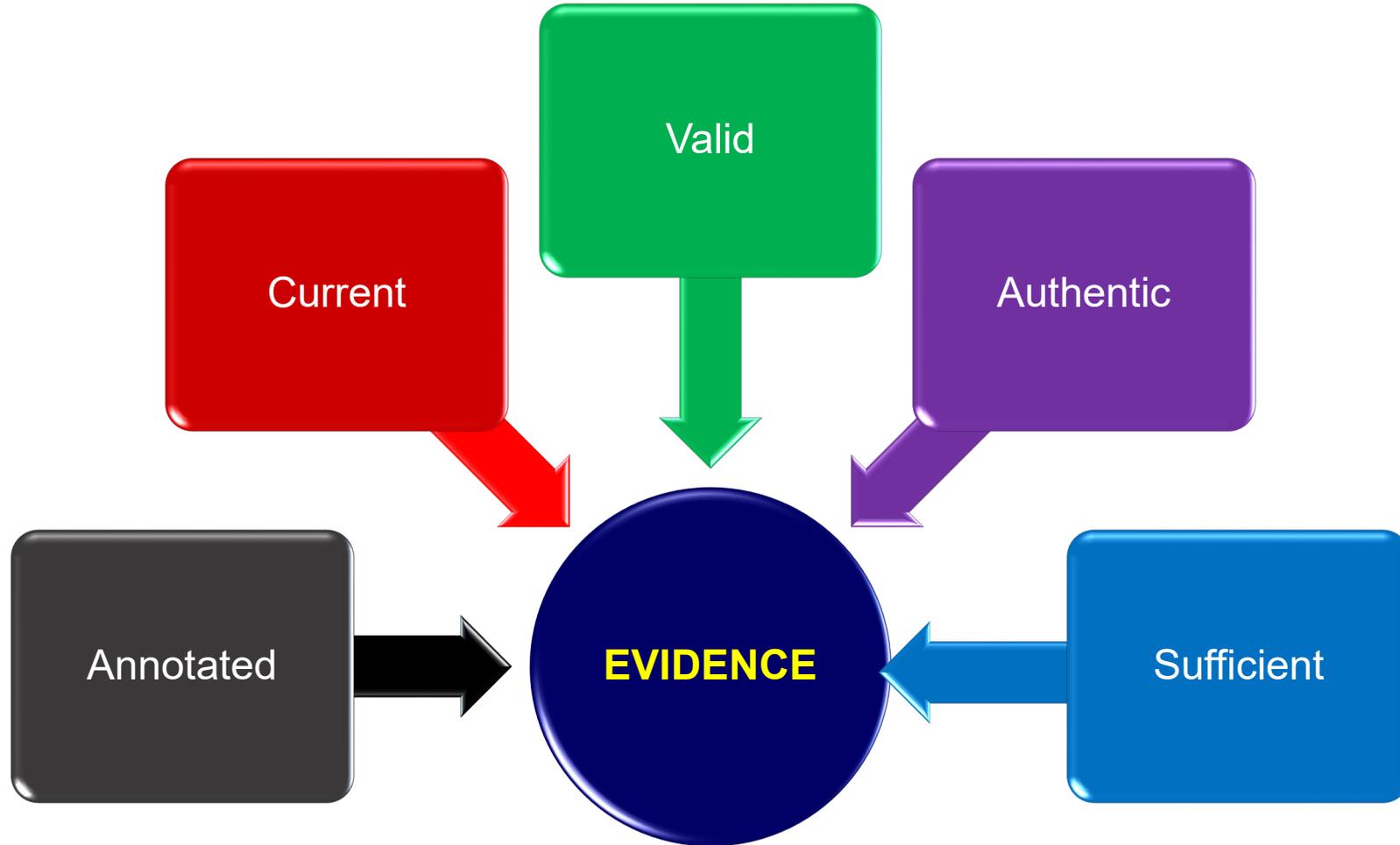
What it is

- Mechanism to give meaning to evidence
- Legible/easy to read
- Justifies why evidence is included
- Must be planned and meaningful
- Must provide links to behavioural statements

What it isn't

- Merely labels
- Single words next to parts of evidence
- Scribbles on evidence
- Lacking links to behavioural statements

Must tell a <u>story</u>!

And the story is "What have I done to show behaviour?"

Annotation of the Date on a Prescription

- Meaningful annotation

- 20/01/2026

For a prescription to be valid, it must be presented for dispensing within one month after it was written. This prescription is thus valid

- Annotation with no value

- 20/01/2026

This is the date of the prescription

Annotation of Evidence

How to annotate?

Annotation of Evidence

Invoice from the supplier

alpha

ALPHA PHARM (PTY) LTD
Pharmaceutical Wholesalers
Co. REG: 1972/000895/07
VAT No.   4320103197

03893592

DISTRIBUTION CENTRE
Silverton DC
115 Fascia Street
Silvertondale,
Pretoria, Gauteng
0184, South Africa

CONTACT DETAILS
TEL:012 845 0400

INVOICE TO:	DELIVER TO:	Tax Invoice		
ADLAMS PHARMACY 50 VAN ZYL SMIT STREET OBERHOLZER ,2499	ADLAMS PHARMACY 515456002 50 VAN ZYL SMIT STREET OBERHOLZER CARLETONVILLE ,2499	DOCUMENT DATE :		22/01/2026 19:19:54
		ACCOUNT NUMBER:		515456
		INVOICE NUMBER:		03893592
		CUST VAT NUMBER:		4600259396
		ROUTE NO:		167

Batch number

ITEM CODE	PRODUCT DESCRIPTION	ITEM BARCODE	SCH	CUST REF	QTY ORD.	QTY SUPP.	BATCH NO.	EXPIRY DATE	UNIT PRICE	TOTAL EX.	VAT	TOTAL INCL.
101096	ANDOLEXC ORAL RINSE 200ML	6001340585190	S1	XP232988_6049214	2	2	2506251	31/08/2027	119.14	238.28	35.74	274.02
306205	MIST ALBA LEXIKON 100ML	6009662432178	NM	XP232988_6049214	20	20	615	31/07/2027	12.03	240.6	36.09	276.69
				TOTAL		22				478.88	71.83	550.71

Products ordered

Quantity received

Expiry date

The medicine was stored after it was received

Annotation good?

Annotation of Evidence

I checked the name of the pharmacy on the parcel to confirm that it is indeed for my pharmacy

CS 3.2 e. The end phase of the procurement of medicine

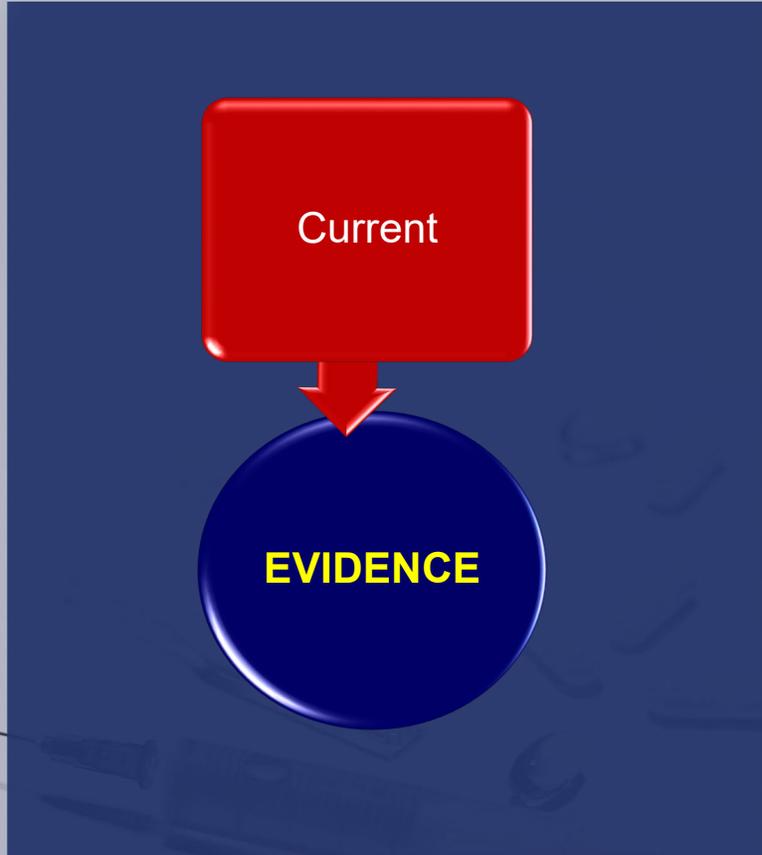I checked the medicine, name, strength, pack size & price

Batch number: I compared the batch number with the batch number on the parcel to ensure that it is the same. This is important for batch traceability.

Expiry date: I checked the expiry date to confirm that it is not short dated. I used the expiry date to pack the medicine on the shelf according to FEFO principle

The parcel was received in good order. The medicine was not damaged or short dated. The medicine was captured onto the system to update the stock levels. The medicine was stored on the shelf below 25 in alphabetical order with the other S5 medicine as per SOP.

Quality of annotation?

- Portfolio of Evidence entry must relate to exposure to CSs **DURING** the internship period
- Evidence must therefore be collected **DURING** the internship year/s
- Don't include anything from your undergraduate years

- Evidence must pertain to the specific competency being addressed

- Resources should be recent / up to date

- Refer to the SAPC website for up-to-date legislation

- For example, scope of practice, refer to BN 4733 instead of GPP

- If factual and/or calculation errors occur in the evidence
  - ➢ Deemed NOT valid

NB: If the evidence is not valid, the other four (4) criteria do not count

Valid

EVIDENCE

- For example…

If the competency is about how to fry an egg and your evidence is about how crispy the bacon is, it is of no value.
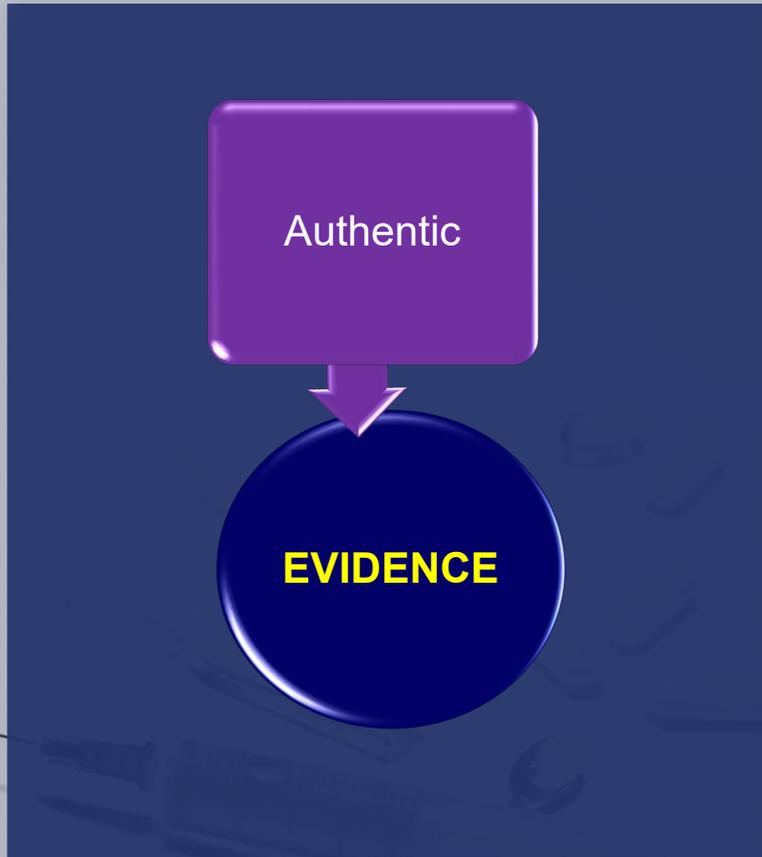
Authentic =
➢own work
➢not fabricated
➢not AI-generated
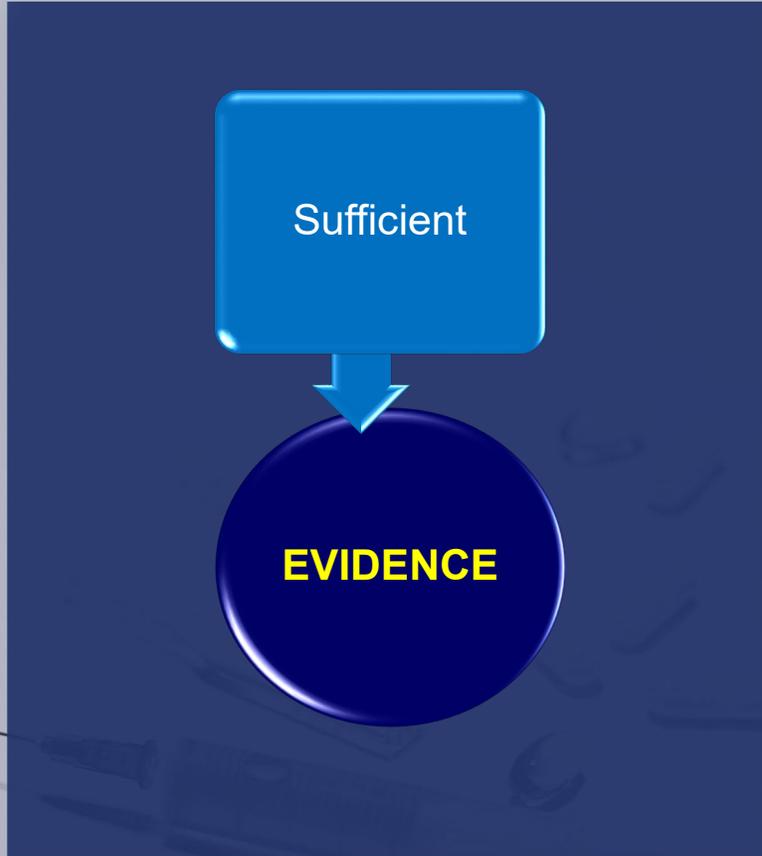
- If there are four (4) or more, then the evidence submitted must cover at least 75% of the behavioural statements, e.g., four (4) behavioural statements- three (3) pieces of evidence (0.75X number of behavioural statements)

Sufficient

EVIDENCE

Make sure you have enough evidence

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

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

- Do not submit an entire legislative document, e.g., the entire Pharmacy Act.

- Do not add evidence that may have clauses for intellectual property, e.g., manufacturing interns who submit evidence that is confidential to that site

Evidence

Photos	Pages from SAMF	Delivery notes	Electronic evidence
Add date stamp! Meaningless UNLESS authenticated AND you identify yourself Can be anyone in the photo! Maintain patient confidentiality	Reference name, edition, page number, etc. What does this show? That you can use a scanner or photocopier?	What does this show? Stock was delivered, but received by whom? Signatures not annotated are meaningless	Provide the website name, URL, publication, access date, page number, etc. e.g. referencing of competency standard for pharmacists in SA **Website name:** https://www.sapc.za.org/media/default/documents/BN59_2018_Competency_Stds_20180511.pdf; **Publication date**: 11 May 2018; **Pages:** 15 – 17; **Access date**: 30 January 2026; etc.

Evidence

- No unclear photos or screenshots of evidence
- Not uploaded upside down
- Unclear and illegible evidence cannot be assessed
- The evidence must be in **one (1)** document
- Annotate, annotate, annotate!
  - Link evidence to a specific behavioural statement
    - Show how evidence satisfies the bs
  - Identify your own signature (e.g. P Number, name and title) and that of the person supervising you
  - Remember, the assessor does not know you
- Evidence should follow a logical order

What Kind of Evidence?

> **If I'm providing information to a patient…**

> **Prescription +? +?**

> **But if I'm providing information to a group…**

> **Attendance register Presentation Reference materials used Feedback**

- Attendance register + presenter name, date, venue
  - ➤ Only one (1) presenter
  - ➤ Feedback on presentation – should reflect knowledge and understanding of the audience after the presentation (it is not a rating of the presenter)
  - ➤ Remember to annotate and link to the behavioural statements

What Kind of Evidence?

I'm consulting with a patient

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

But what if I'm consulting with a doctor?

**Reason for consultation e.g. Rx
Reference material used
Telephone number of the doctor and time of the conversation**

- References – scientific, not Wikipedia
  - ➢ Must also be annotated and linked to the behavioural statements
  - ➢ Include page, edition, e.g. for SAMF

Evidence (Re-emphasis on Checklist)

CHECKLIST	YES	NO
EVIDENCE		
Have I checked that I have **sufficient** evidence i.e. have I covered at least 75% of the behavioural statements of the CS?		
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, ID number) have been hidden?		

EVIDENCE

Evidence... Summary

- Evidence is proof of what I did
  - ➤ NOT merely reading an article
  - ➤ NOT a theoretical scenario
  - ➤ NOT witnessing someone else

- Must convince the assessor that **I performed** the activity

- Must be professional
  - ➤ Neat, clear
  - ➤ Not a note scribbled on a Rx!
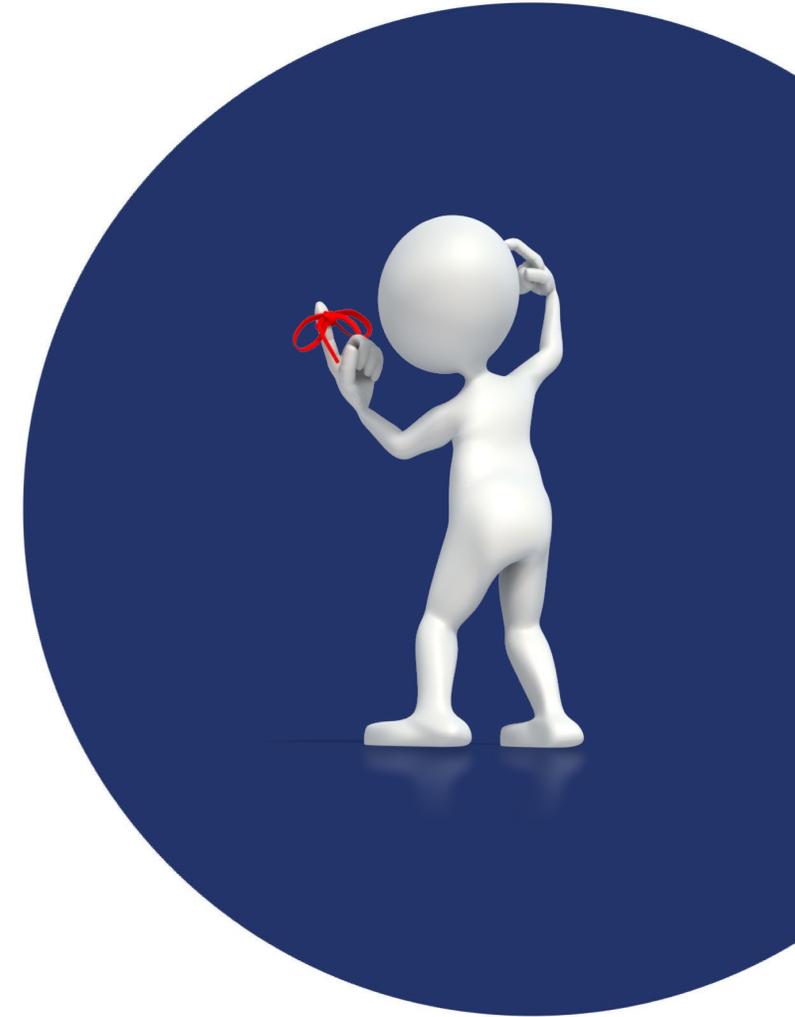
Structure of the Competency Standards

DOMAIN 1: PUBLIC HEALTH

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.

COMPETENCIES
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.

REMEMBER: Talking to individual patients **DOES NOT** constitute a public health campaign

Portfolio of Evidence Entry Example: Reflection

- **Learning title**: Participation in the COVID-19 health campaign at Steve Biko Academic Hospital

- **What triggered the learning**: My pharmacy manager asked me to participate in a COVID-19 health campaign, and I did not know what this entailed

- **Learning need**: I needed to learn how to provide advice and participate in public health campaigns

- **What do I hope to achieve**: I hope to be familiar with the steps required to plan and successfully participate in a public health campaign

Note: Content is outdated. Worked example intended to show how to complete an entry

South African Pharmacy Council
www.sapc.za.org

Portfolio of Evidence Entry Example: Planning

- Advertise the campaign to attract the target audience

- Plan to make a poster using relevant (Valid, current, authentic, sufficient) sources (National Department of Health and WHO policies and guidelines, SAPC website)- add relevant details (e.g. chapter, page numbers).

- **I will include information on:**
  - ➢ health promotion (BS-a)
  - ➢ healthy lifestyles (BS-c)
  - ➢ disease prevention and control (BS-b)

- Verify the poster with my tutor

- Use the poster in my health campaigns

- Get feedback (e.g. attendance register and) (BS-d)

- Obtain the participation letter (BS-d)

- I plan to participate in the COVID-19 screening using the screening tool (BS-d)

- Why?: I will do all this in order to be able to participate in a public health campaign

Portfolio of Evidence Entry Example: Implementation

- Description: **How**: I consulted the following sources – National Department of Health (evidence a/1.1a) and WHO policies and guidelines (evidence b/1.1b), SAPC website (evidence c/1.1c)

- **What**: I formulated the poster to use in the campaign (evidence d/1.1 a-c)

- **How/when/where**: I presented the poster at the COVID-19 screening area at the entrance of the hospital on a busy outpatient day (evidence e – attendance register maintain patient confidentiality/1.1d)

- **How**: I did the screening using the screening tool (evidence f/1.1d)

- I received the feedback from my supervisor and obtained the letter of participation from the health and safety manager (evidence g/1.1d)

Portfolio of Evidence Entry Example: Possible evidence

- Source document(s): specific with annotations, e.g. GPP (chapter, page number).

- Health education tool(s)
  - A detailed poster
  - Pamphlet
  - Presentation
  - Photo evidence of you presenting to the audience

- Letter of participation (highlighting your role)

- Attendance register (maintain patients' confidentiality)

- Where does it fit in above? How many BSs are covered?

Portfolio of Evidence Entry Example: Evaluation

- **What was learned**: I learned how to provide advice and participate in public health campaigns

- **How the learning influenced practice:** I am now more confident to volunteer to participate in public health campaigns, and I am more aware of public health issues

- **Applications in practice**: I subsequently participated in a diabetic screening day

- **Future learning need**: I would like to learn more about providing advice to other healthcare workers

Feedback from Assessors

Remember:
Feedback sessions later in the year

- What can you expect?
  - Comments, dated
  - Positive = acknowledgement of being on the right track
  - Negative = with specific pointers with regards to what you did wrong and how to improve
  - Especially with regards to evidence annotation
  - Comments = guidelines for next entries, even if attached to entry assessed as Competent

An Example of a Typical Assessor Comment

Remember:
Feedback sessions later in the year

- **On the Evaluation page, an assessor says:** "You should express your future learning need in terms of the competency and not merely in terms of your specific activity."
What does this mean? Let's say this refers to CS 3.5. You have compounded a cream, <mark>so your future learning need cannot simply be another cream, as you have already shown your competence to do this</mark>. In the future, you may want to learn about compounding another kind of product.

- **VIP:** Think about this difference between competency (skills) and your specific activity throughout the CPD cycle

Resubmission

- If you were found 'not yet successful', you need to resubmit a new Portfolio of Evidence within that Domain.

- Each resubmission is a standalone and is treated as a new submission. Do not copy previous text.

- On resubmitting –
  - Start a new Portfolio of evidence entry unless the assessor has recommended that your Portfolio of Evidence entry can be corrected (have a look at the comment section)

- See Guidelines for:
  - Conditions
  - Application procedure
  - Timeline

To maximise your chance of being eligible to write the intern examination:

- Submit early

- Submit regularly on a monthly basis

Resubmissions

- To prevent the need for further resubmission, make sure to follow   your assessor's recommendations /comments

- Re-submitted Portfolio of Evidence entries are sent to the same assessor

  - ➤ Don't simply resubmit without attending to the reasons for the entry being deemed "not yet successful"

  - ➤ Assessors can see previous submissions and comments

Remarking of a Portfolio of Evidence Entry

Interns who are dissatisfied with the outcome of a Portfolio of Evidence entry assessment may apply for a remark.

- The application must be submitted in writing within one calendar month following the official release of results. Late applications will not be considered.

- A non-refundable remarking fee of **R327.00** is payable upon submission of the application. Proof of payment must accompany the request to ensure processing.

- The same Portfolio of Evidence entry that was previously assessed must be resubmitted unchanged. No amendments, additions, or corrections are permitted, as the purpose of remarking is to review the original assessment only.

- Results will be finalised and released within 14 days from the date of receipt of a complete application, including proof of payment.

South African Pharmacy Council
www.sapc.za.org

Professionalism

- Plagiarism
  - ➤ Plagiarism software was implemented in 2025
  - ➤ See Manual for more information (pages 31-32)
- AI-generated content not allowed
- Obviously, your Portfolio of Evidence entries must reflect your own work
  - ➤ Any irregularities will be referred to the SAPC legal department
  - ➤ Penalties
    - ▪ Expect them to be applied
    - ▪ Expect them to be severe

Portfolio of Evidence submissions are more than "just another hurdle", they are an opportunity for you to further develop your professionalism.

South African Pharmacy Council
www.sapc.za.org

Confidentiality

- Must be maintained at all times
  - Rxs, trailer labels, S6 registers

- **Automatically not yet successful if confidentiality breached**

- Confidentiality applies only to <u>patients</u>
  - Not doctors, hospitals or other facilities
  - Not to staff attendance registers
  - Careful not to blank out all your evidence, such as signatures

Make sure the name is completely obscured. Untidy scribbles are ineffective.

You are now ready to start the stepwise approach to completing your Portfolio of Evidence entries

- Remember…
  - ➤ Step 1: Choose a domain
  - ➤ Step 2: Choose Competency Standard

But first, here are some tips and comments to assist you in choosing an appropriate Competency Standard from each Domain

Domain 1

Competency standard	Decision-making aid	Comment/s
1.1	Recommended	Remember this is about Public Health
1.2	Challenging	Only applicable for active participation in PTC meeting More specific to institutional settings
1.3	Challenging	Applies to wider health policies, not internal SOPs
1.4	Challenging	Needs more than generic substitution or submission to medical aid.
1.5	Challenging	Must include active participation in development and implementation of disaster management plan
1.6	Recommended	Include screening activity

Domain 2

Competency standard	Decision-making aid	Comment/s
2.1	Recommended	Include the patient in the discussion
2.2	Recommended	Make sure that sufficient evidence is submitted
2.3	Possible	Involves more than a discussion with a prescriber More appropriate for institutional settings
2.4	Possible	Focus on dispensing errors, not prescribing errors Better suited to institutional settings
2.5	Possible	Make sure you understand the scope of therapeutic outcome monitoring
2.6	Recommended	
2.7	Possible	
2.8	Challenging	Only for interns involved in a registered clinical trial

South African
Pharmacy Council
www.sapc.za.org

Domain 3

Competency standard	Decision-making aid	Comment/s
3.1	Possible	Only for manufacturing sector
3.2	Recommended	
3.3	Challenging	
3.4	Recommended	Covers all dispensing activities
3.5	Recommended	Must include discussion on application of pharmaceutical principles Can be bulk or extemporaneous compounding
3.6	Possible	Only if intern is actually exposed to medicine recall

Domain 4

Competency standard	Decision-making aid	Comment/s
4.1	Possible	Focus on contribution towards HR management
4.2	Challenging	Applicable to both institutional and community sectors
4.3	Possible	Don't lose sight of infrastructure focus
4.4	Possible	
4.5	Challenging	
4.6	Recommended	Must differentiate between policies and SOPs

See pg. 40 in the Manual for definitions and a list of policies

Domain 5

Competency standard	Decision-making aid	Comment/s
5.1 and 5.2	Not allowed	
5.3	**Compulsory**	Only this CS is allowed for Domain 5
5.4 to 5.8	Not allowed	

Domain 6

Competency standard	Decision-making aid	Comment/s
6.1	Challenging	Should include application of pharmacy education policy
6.2	Recommended	Can be used for training PAs in the workplace as per their scope of practice
6.3	Possible	Only applicable to formal training of UG pharmacy students Best suited to academic interns
6.4	Challenging	
6.5	Challenging	
6.6	Recommended	
6.7	Not possible	Cannot be completed by interns
6.8	Challenging	Best suited to academic interns

Now you are ready to complete the CPD cycle

- Remember…
  - ➢ Step 4: Complete the CPD cycle

Here are **some guidelines** pertaining to **some of the** evidence you might need for selected Competency Standards from each Domain
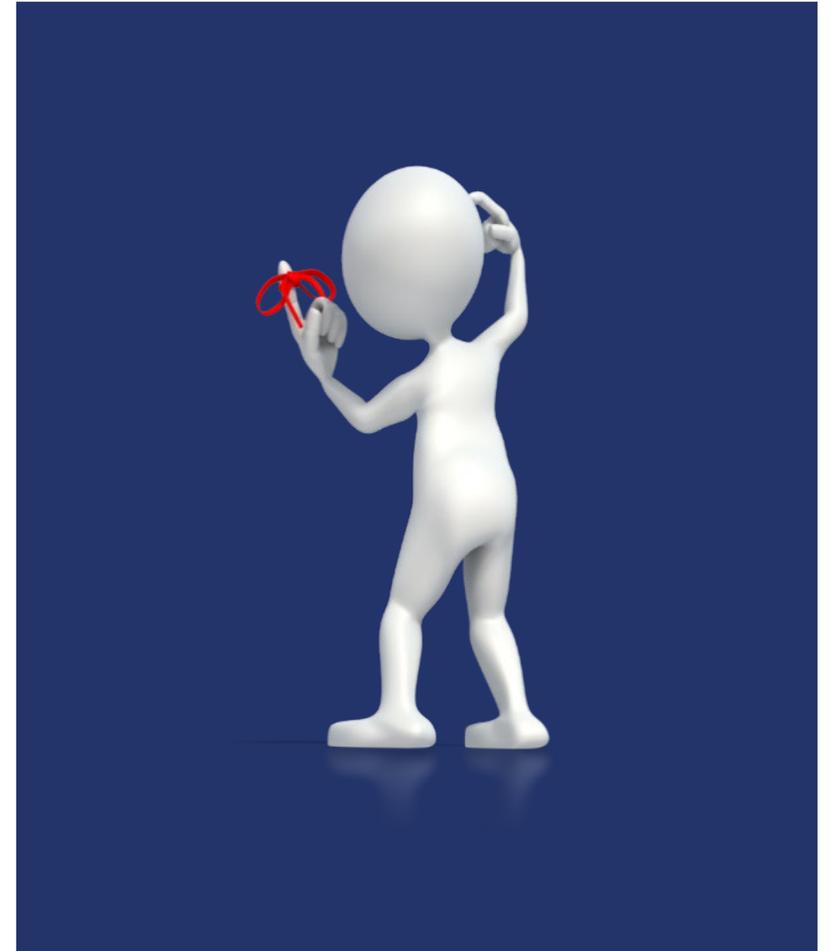
Domain 1

Competency standard	Decision-making aid	Guideline/s re Evidence required
1.1	Recommended	**Show how (provide the information) the** poster used to **promote health** Evidence could include an attendance register Show that more than one (1) or two (2) persons are addressed
1.2	Challenging	
1.3	Challenging	
1.4	Challenging	Full pharmacoeconomic study with analysis of outcome, plus knowledge of pharmacoeconomic terms
1.5	Challenging	Disaster management plan
1.6	Recommended	Screening tool

Domain 2

Competency standard	Decision-making aid	Guideline/s re Evidence required
2.1	Recommended	Nature of problem, consultation area, duration language used, sensitive vs insensitive issues
2.2	Recommended	Counselling plan, patient feedback on understanding, tutor statement, how sensitive issues handled
2.3	Possible	Must cover multiple patients and activities
2.4	Possible	Must cover multiple patients and activities
2.5	Possible	Include clinical evidence (e.g., lab tests, new Rx or dose change), analysis of medicines, and prescriber's notes GPP can be used
2.7	Possible	Monitoring and reporting. Include ADR form, post-marketing surveillance
2.6	Recommended	Could include information pamphlet relating to condition, and referral letter (to whom, reason for referral)

Domain 3

Competency standard	Decision-making aid	Guideline/s re Evidence required
3.1	Possible	Include quality assurance documents NB. Be aware of intellectual property concerns in manufacturing sites
3.2	Recommended	
3.3	Challenging	
3.4	Recommended	
3.5	Recommended	Include evidence to show understanding of pharmaceutical knowledge Remember the expiry date for extemporaneous compounding, not to exceed thirty (30) days
3.6	Possible	

Domain 4

Competency standard	Decision-making aid	Guideline/s re Evidence required
4.1	Possible	E.g., roster, leave plan, rotation roster, performance assessments, HR policies Self-assessments must show personal development
4.2	Challenging	Include financial management policies, budgets Include multiple activities
4.3	Possible	Can use SAPC inspection questionnaire as tool to evaluate infrastructure
4.4	Possible	E.g., updated SOP based on new legislation
4.5	Challenging	
4.6	Recommended	Application of both policies and SOPs to achieve policy development

See pg. 40 in the manual for definitions and a list of policies

Domain 5

Competency standard	Decision-making aid	Guideline/s re Evidence required
5.1 and 5.2	Not allowed	
5.3	Compulsory	Must include annotated extracts of applicable Acts/legislation/Code of Conduct "Keeping abreast" means using current and/or recently amended legislation Remember the annotated professional indemnity certificate Include evidence for more than one activity
5.4 to 5.8	Not allowed	

Domain 6

Competency standard	Decision-making aid	Guideline/s re Evidence required
6.1	Challenging	Should include application of pharmacy education policy
6.2	Recommended	Include evidence that training is part of an agreed plan Clarify role of "more experienced colleague"
6.3	Possible	Show how training is part of a formal undergraduate module for the pharmacy students
6.4	Challenging	
6.5	Challenging	
6.6	Recommended	Submit a complete research project (including results), not only a proposal Must show evidence of approval of protocol
6.8	Challenging	Same evidence as for 6.6 Also show evidence of work/role within a research team

CS 4.6 Policy development

- Recommended CS but interns typically have trouble with this CS

- 2026 Manual includes extra information to facilitate differentiation between policies and SOPs

  - ➤ Definition of a policy:
    - ▪ "A set of guidelines ………….."
  - ➤ Definition of an SOP:
    - ▪ "A set of written instructions …………"
  - ➤ List of applicable policies:
    - ▪ NDP (see Chapter 7 of the manual)
    - ▪ Sanitation policy
    - ▪ Health safety policy
    - ▪ Security policy
    - ▪ Post-exposure policy
    - ▪ HIV and AIDS policy

See pg. 40 in the Manual for complete definitions

NB: GPP is **NOT** a policy

SAPC Assessors and Moderators Lekgotla 2024 & 2025

4th National Pharmacy Conference (NPC)

South African Pharmacy Council
www.sapc.za.org

4TH NATIONAL PHARMACY CONFERENCE

The 4th National Pharmacy Conference will be held later this year under the following details:

Date: 11 – 13 October 2026
Venue: Inkosi Albert Luthuli International Convention Centre Complex (commonly known as "Durban ICC")

Theme: "A Glimpse into the Future: Advancing Pharmacy Towards 2050"

Visit: www.sapcconference.co.za

Early Bird Registration closes 31 May 2026

Pharmacy Council WhatsApp Channel

- SAPC WhatsApp Channel to share latest updates and announcements.

- This is not an interactive WhatsApp line, meaning you cannot send messages to us, but instead, you will be able to see the latest updates, i.e. *Board Notices*, *SAPC e-Notes,* etc.

- **Scan the QR Code to follow the channel**

South African
Pharmacy Council
www.sapc.za.org

Contact Us

customercare@sapc.za.org

0861 7272 00
or
012 319 8500

@OfficialSAPC

Thank you!

South African
Pharmacy Council
www.sapc.za.org