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# Tutor Training 2026

Intern Portfolio of Evidence

Online Workshop, 06/11 February 2026



# Outline

- Introduction
- Resources
- What are CPDs?
- Role of a Tutor
- Administrative information
- Portfolio of evidence - CPD cycle





# Important Resources

Refer to pages 25 – 26 of the 2026 Intern/Tutor Manual for the list of resources

## 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](http://www.sapc.za.org)) e.g. Board Notices, e-Pharmaciae ([www.pharmaciae.org.za](http://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



# Introduction

- Competence in the Portfolio of Evidence (Portfolio of Evidence) is a precursor towards becoming a pharmacist.
- Portfolio of Evidence encompasses the Continuous Professional Development (CPD) cyclical process.

It is important for Pharmacist Interns to fulfil the Portfolio of Evidence process because:

## WHO Model



## How can we align with the 10 Star Pharmacist

- Ensure competence in practice
- Promote lifelong learning
- Develop the intern's professional skills
- Enhance the intern's career prospects
- Support their regulatory compliance/understanding
- Build confidence
- Encourage ethical practice
- Prepare them for future challenges

# Roles of a tutor – mentor, coach and role model

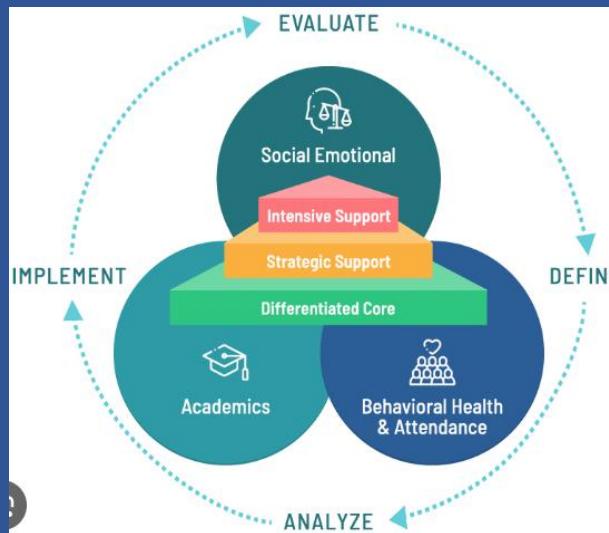
## How do tutors shape academic and personal growth?

### Mentor



### Coach

- Focuses on skill-building and problem-solving.
- Encourages persistence and monitors progress.
- Helps interns achieve measurable outcomes.



### Role Model

- Demonstrates professionalism, ethics, and integrity.
- Inspires interns by setting an example.
- Shows how to handle challenges and achieve goals.
- You play a vital role as no intern is likely to succeed without a tutor who is
  - Competent and knowledgeable
  - Gives guidance
  - Interactive
  - Empathetic
  - Supportive

**“A good teacher can inspire hope, ignite the imagination, and instil a love of learning” – Brad Henry**



# Tutors need to:

- Be responsible for educating and training the new graduate
- Provide the Pharmacist Intern with the required:
  - equipment,
  - materials,
  - programmes and,
  - access to information systems and literature as necessary
- Provide guidance on the performance of day-to-day tasks and aid in the development of an independent, responsible decision-maker on matters affecting the health of the public.



# The benefits of being a tutor include:

- Supporting the future of the pharmacy profession
- Diversifying skills
- Strengthening pharmacy practice
- Maintaining knowledge
- The potential for future recruitment of a newly qualified pharmacist



# Essentially as a Tutor your role is to





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

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

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



# Legislative requirements

**No person may commence an 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 practical training premises have been approved and the tutor is registered as such by the SAPC (**refer to the SAPC 2026 Intern and Tutor Manual**).



# Registration of a tutor

Council shall apply the following criteria for the registration of a tutor. A pharmacist must:

- a) submit a duly completed application on a form as approved and provided by Council;
- b) Comply with Continuous Professional Development (CPD) requirements
- c) pay the tutor registration fee as determined by Council; and
- d) pay the annual tutor fee as determined by Council.

A pharmacist who complies with the tutor registration requirements will be registered as a tutor.



# Forms needed for internship

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



# Overall requirements as an intern

Successful in the  
pre-reg examination

Successful in six (6)  
Portfolio of  
Evidence entries

Completed 365  
practical training  
days

The tutor has  
submitted all  
required progress  
reports which are  
favourable



# Portfolio of Evidence requirements for the intern



## Portfolio of Evidence for Pharmacist Interns

- Six (6) Portfolio of Evidence entries (one (1) from each domain)
- Select one competency standard (CS) from domains 1,2,3,4 and 6
- Fulfil at least 75% of the behaviours associated with the CS
- CS 5.3 (Ethical and legal practice) is compulsory
- NB! CS 6.3 is recommended for Academic Interns
- A fee of **R327,00** is charged on submission of the 10<sup>th</sup> and subsequent Portfolio of Evidence entries



# Portfolio of Evidence 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
05-Jan-26	07-Jan-26	26-Jan-26
30-Jan-26	02-Feb-26	16-Feb-26
<b>04/05 March 2026 (exam dates)</b>		
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
<b>05/06 August 2026 (exam dates)</b>		
27-Jul-26	28-Jul-26	24-Aug-26
31-Aug-26	01-Sept-26	21-Sept-26
<b>21/22 October 2026 (exam dates)</b>		
28-Sept-26	29-Sept-26	26-Oct-26
02-Nov-26	03-Nov-26	23-Nov-26
30-Nov-26	01-Dec-26	17-Dec-26
04-Jan-27	05-Jan-27	22-Jan-27

**Implications of not meeting the submission/verification deadlines for the intern portfolio of evidence entries**

1. Delayed assessment of the Portfolio of Evidence
2. Delayed release of results
3. Ineligibility or delayed (late booking penalties) booking of the pre-registration examination
4. Delayed in the commencement of community service
5. Extended internship period



# Qualifying for the Pre-reg exam

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

- Please take note of the Portfolio of Evidence submission dates for exam purposes
- 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
- 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.

## 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.

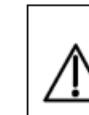
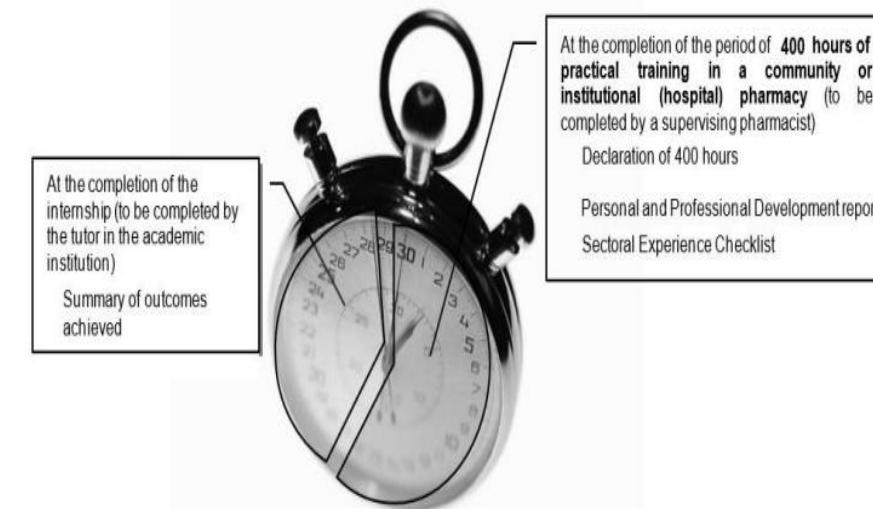


# Progress report timelines

## Community, hospital, manufacturing and wholesale interns

Report	Report timeframe and description
First report	<b>12 weeks</b> First personal and professional development report
Second report	<b>24 weeks</b> 2 <sup>nd</sup> personal and professional development report 1 <sup>st</sup> sectoral experience checklist
Third Report	<b>36 weeks</b> 3 <sup>rd</sup> personal and professional development report
Fourth report	<b>45 weeks</b> 4 <sup>th</sup> personal and professional development report 2 <sup>nd</sup> sectoral experience checklist Summary of outcomes achieved

## NB! Academic, manufacturing and wholesale 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*



# Portfolio of Evidence

- Portfolio of Evidence for Pharmacist Interns is based on the *2018 Competency Standards for Pharmacists* in South Africa.
- They describe –
  - What a newly qualified pharmacists must be capable of at entry level to practise within their scope to meet patient needs.
  - The framework consists of six (6) domains
  - Each with :
    - various competency standards (e.g. 1.1, 1.2, 1.3, etc.)
    - behavioural statements (e.g. (a), (b), (c), etc



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# Continuing Professional Development (CPD)





# Continuing Professional Development (CPD)

- Definition: the process by which registered persons maintain and enhance their competence throughout their professional careers
- Encompasses a range of activities including continuing education and supplementary training
- CPD enables registered persons to develop in their area of practice and demonstrate competence

CPD is a cyclical activity





# CPD Terminology that we use

Domain

Competency  
Standard  
(CS)

Behavioural  
Statement  
(BS)



# 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



Take note of  
how each CS  
is structured



# Competency Standards

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

For interns

Later



# Competency framework example

Domain 5

5.3. Ethical and  
legal practice

Behavioural  
statements  
a, b, c, d, e



# Structure of the Competency Standards

## 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:

### **5.3 Ethical and legal practice**

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

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

#### **Assessment (Tick appropriate box)**

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

Yes  No

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



# Ensuring and maintaining Quality

## NB! SAPC Intern Manual says

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 the necessary corrections and submit it again for verification.

## Have a checklist to evaluate quality?

### Checklist

#### Relevance:

Are the learning activities aligned with the intern's role and goals?

#### Appraisal:

Is there evidence of knowledge and skill acquisition?

#### Completeness:

Does the submission follow the required format and address all required sections?

Have fun when tutoring, make the learning continuous learning.  
with the intern and not regimented support

Gain an in-depth understanding of the Portfolio of Evidence process for interns.

Provide **constructive feedback**

**Request evidence and check** for confidentiality, calculation errors, legislation relevance, and evidence substantiation.

- Discuss Feedback
- Encourage Self-assessment
- Promote Iteration

#### Maintain quality assurance

- Compare Submissions
- Use Peer Review
- Audit Regularly



# Portfolio of Evidence Requirements

Interns need to submit six (6) Portfolio of Evidence entries

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

- From each Domain, one (1) competency standard must be chosen
  - 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 the *Intern/Tutor Manual* for details of the behavioural statements

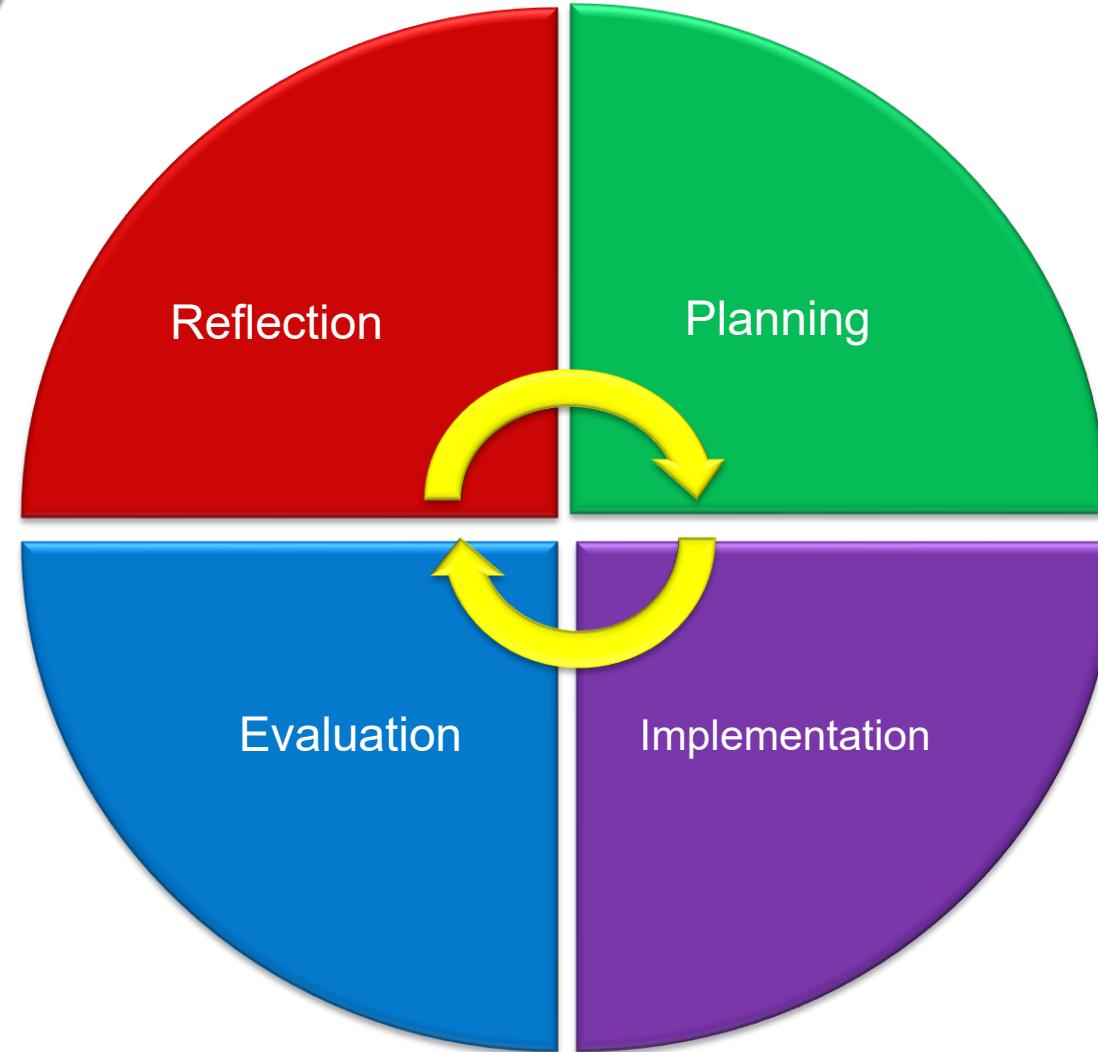
NB: Every Portfolio of Evidence entry must reflect the intern's **individual** work

**No group activities are acceptable**

Each entry must be accompanied by suitable evidence



# Continuing Professional Development (CPD) Cycle





# Step 1 Reflection

- Decide on an appropriate Learning Title
  - Should be relevant to what you 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 describe your case study



# Reflection



## Your role

STEP 1: REFLECTION	MARK RANGE	CRITERIA
Learning title	0	Direct copy of / similar to the competency standard / behavioural statements <b>OR</b> title not appropriate / not related to competency standard.
	1	Original, descriptive and related to the competency standard.
Learning need	0	Irrelevant learning need <b>OR</b> learning need not linked to the competency standard and associated behavioural statements <b>OR</b> 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 standard.
	2	Clear learning <u>need</u> according to competency standard and associated behavioural statements <b>AND one of the following:</b> trigger scenario provided (i.e. what happened that triggered the learning need), <b>OR</b> indication of what the intern hopes to achieve after completion of the competency standard.
	3	Clear learning <u>need</u> according to competency standard and associated behavioural statements <b>AND Both:</b> trigger scenario provided- (i.e. what happened that triggered the learning need), <b>AND</b> indication of what the intern hopes to achieve after completion of the competency standard.
Total	4	
Assessor Comments:	Moderator Comments:	

### What can you do?

- Check – Is it their OWN learning need?
- What reflective prompts can you provide to help interns think critically?
- How can you create a safe space for open discussion about their growth?
- Are you modelling good reflective practices yourself?
- Are you actively assisting the intern to identify relevant learning needs?

### Practical Steps

- Ask open-ended questions to deepen learners' reflections.
- Use examples from your own CPD journey to inspire learners.
- Encourage a growth mindset by focusing on progress and future potential.



# Reflection

CHECKLIST	YES	NO
<b>TITLE</b>		
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)?		
<b>REFLECTION</b>		
Has the intern clearly stated what <b>they need to know or learn?</b>		
Has the intern stated his/her learning need in the first person, e.g. "I need to know/learn..."?		
Has the intern stated why he/she has identified this learning need for his or herself and not just stated that it is a required outcome?		
Has the intern made sure not to include details of planning and implementation here?		



# Step 2 Planning

## Expectation from the intern

- How, exactly, am I going to learn this?
- What are my options?
  - Link to the behavioural statements and structure planning accordingly
  - Mention relevant, current resources to be used with **specific details, e.g., page numbers, chapters, etc.**
  - Describe the reason for using the resource
  - What evidence can I submit to support my learning activity?
  - Planning is written in the future tense (I will do...)

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

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	<b>Combination of any two of the following:</b> Planning is provided in future tense OR reasoning behind the use of the resources, OR specific details of resources used is provided OR linking to 75% and above of the behavioural statements.
	2	<b>Combination of any three of the following:</b> Planning is provided in future tense OR the reasoning behind the use of the resources OR specific details of resources used is provided, OR linking to 75% and above of the behavioural statements.
	3	<b>All four:</b> Detailed plan provided in future tense AND the reasoning behind the use of the resources AND specific details of resources used is provided AND linking to 75% and above of the behavioural statements.
Total	3	
Assessor Comments:	Moderator Comments:	



# Planning

CHECKLIST	YES	NO
<b>PLANNING</b>		
Has the intern clearly stated <b>how</b> they are going to learn?		
Has the intern identified which resources he or she will be using?		
Has the intern explained how they will use the resources?		
Has the intern made sure NOT to just write what he or she intends to do (which is implementation)?		
Has the intern written this in the future tense?		





# What can you do to assist with the Planning?

- Use reflective tools like **self-assessment questionnaires** or **skill-gap analyses**.
- Suggest **specific, measurable, achievable, relevant, and time-bound** (SMART) goals.
- Example: Instead of "Improve communication skills," suggest "Complete a course on patient counselling techniques by [date]."
- **Design Training Plan:** Incorporate diverse learning methods (e.g., workshops, case studies, role-playing).
- **Implement Training:** Provide clear instructions and demonstrate tasks.
- **Monitor Progress:** Use a logbook or checklist for tracking milestones.
- **Reflect and Adjust:** Gather feedback from the intern to refine the plan.
- Use a variety of teaching methods to cater to different learning styles.
- Encourage the intern to reflect on their progress and share insights.



- Use tools like SWOT analysis (Strengths, Weaknesses, Opportunities, Threats)
- Use reflection prompts (e.g., "What do I need to improve to deliver better patient care?").



# Step 3 Implementation

- Describe what the intern did

- Implementation is written in the past tense (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 the behavioural statements of the chosen CS

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

The intern  
must tell  
the story.  
Keep it  
personal,  
use "I"

**EVIDENCE**



More about  
this later!



# Implementation

CHECKLIST	YES	NO
<b>IMPLEMENTATION</b>		
Has the intern described exactly <b>what</b> he/she did?		
Has the intern included <b>where, when, what</b> and <b>how</b> ?		
Has the intern written this in the past tense?		
Has the intern referred to the labels of my evidence (i.e. the behavioural statements) in the text?		
Has the intern checked that what he/she did matches his/her learning need?		
Has the intern checked that what he/she did addresses all the behavioural statements of the CS?		

Implementation must be supported by evidence!



# Evidence

CHECKLIST	YES	NO
<b>EVIDENCE</b>		
Has the intern checked that he/she have <b>sufficient</b> evidence i.e. has the intern covered at least 75% of the behavioural statements of the CS?		
Has the intern <b>annotated</b> the evidence so that it is clear why he/she has included each piece?		
Has the intern <b>annotated</b> the evidence with the <b>behavioural statements</b> , and does this match the behavioural statements mentioned under Implementation?		
Is the evidence clear i.e., readable, not loaded upside down, loaded as a single file. etc.?		
Has the intern made sure that all patient identifying details (such as name, surname, ID number) have been hidden?		



**EVIDENCE**

Still more about this  
later!



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

# Step 4 Evaluation

## FOCUS HERE IS

- Evaluation is written in the future tense (I will...)
- Learning outcome, i.e. what have you learnt – 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

NB: Provide examples to substantiate this

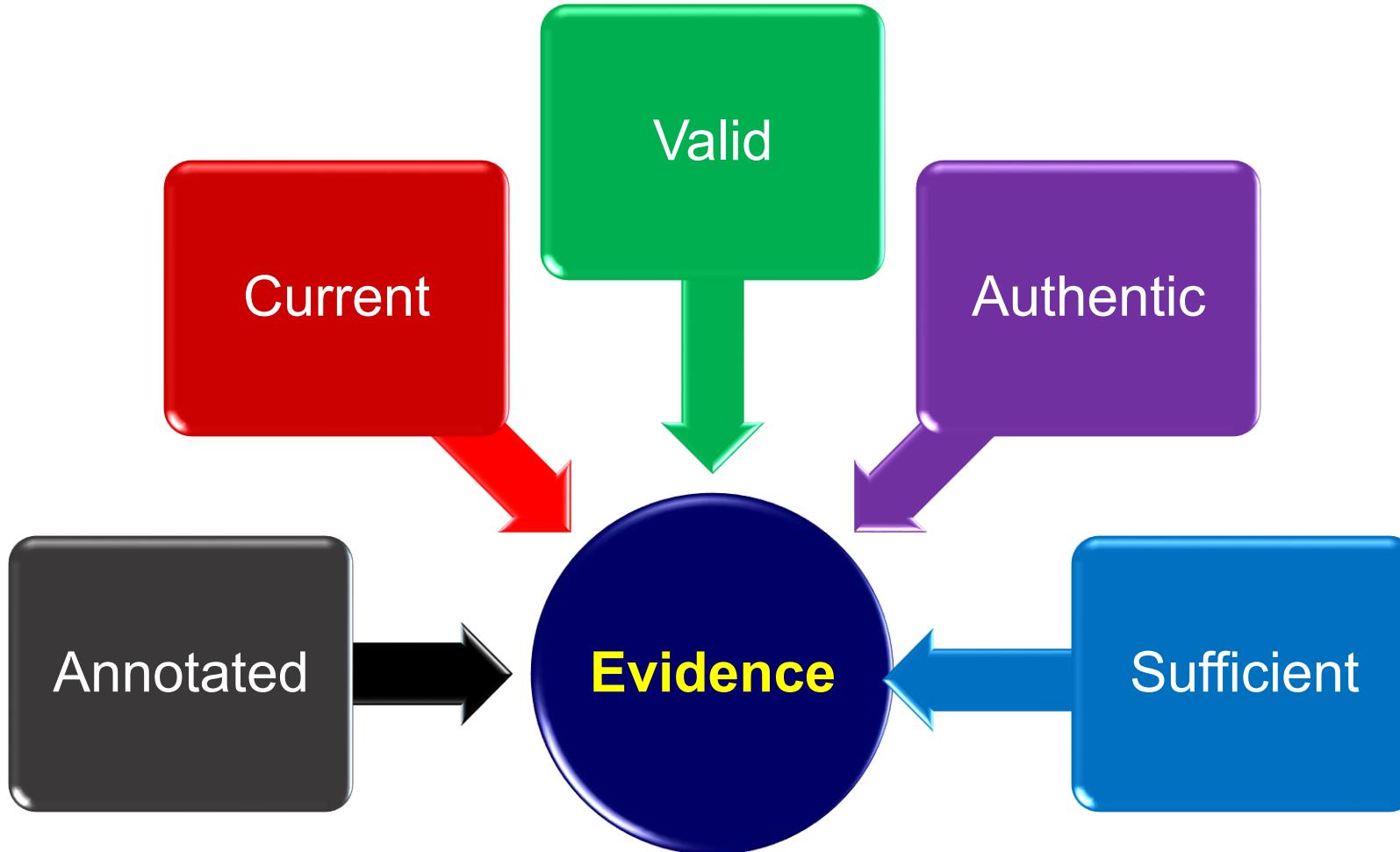


# Evaluation

CHECKLIST	YES	NO
<b>EVALUATION</b>		
Has the intern clearly stated what he/she learnt from the action described under Implementation?		
Has the intern checked that his/her learning matches the learning need and is relevant to the CS?		
Has the intern clearly described how this learning has impacted on the way he/she practices?		
Has the intern given a specific example of how she/he applied this learning i.e. something he/she did after the action described? Has the intern remembered that he/she doesn't have to provide evidence for this, but just has to describe it?		
Has the intern clearly noted my future learning needs?		



# Evidence criteria





EVIDENCE

Annotated



## What it is

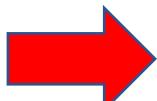
- Mechanism to give meaning to evidence
- Legible/easy to read
- Justifies why evidence is included
- Must be planned and meaningful
- Must provide links to behavioural statements

## What it isn't

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

Must tell a story!

And the story is “What has been done to show behaviour”





# Annotation of the date on a prescription

- Meaningful annotation
- 20/02/2026



*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
- 20/02/2026



*This is the date of the prescription*



# Example of a submission: Domain 5.3

## Reflection

### Reflection Title

Evaluation and dispensing of a Schedule 6 prescription in terms of the ethical and legal requirements.

**Describe the learning need that you have identified to improve your knowledge and skills, and what you hope to achieve after addressing this learning need?**

While performing my role as a Pharmacist Intern, my supervisor informed me that once I feel confident enough, I may dispense Schedule 6 prescriptions under her direct supervision. I am not yet comfortable dispensing a Schedule 6 prescription, as I am unfamiliar with the procedure and how it is handled in our pharmacy. I need to refresh my knowledge of Schedule 6 prescription requirements and clarify my scope of practice as a Pharmacist Intern. I aim to ethically and legally dispense Schedule 6 prescriptions within my scope of practice and learn to perform my duties in accordance with the Pharmacists' Code of Conduct. I want to apply the Pharmacy Act and the Medicines and Related Substances Act in my daily practice.



# Example of a submission: Domain 5.3

## Planning

### **Briefly describe the reasoning behind your planning selections:**

I will stay up to date on Schedule 6 legislation by studying the laws and relevant amendments (BS c). I will use the Pharmacy Act (No. 53 of 1974) and its newest amendments to clarify my scope of practice as a practising Pharmacist Intern.

I will review Section 36 of the Medicines and Related Substances Act to understand the proper validation, dispensing, and documentation of Schedule 6 prescriptions. I will complete these actions while adhering to the professional standards and my responsibilities as a pharmacist, in accordance with the rules in the Code of Conduct and the GPP.

I will perform all these actions while adhering to professional indemnity standards and following a pharmacist's duties as outlined in the Code of Conduct, Part 1.



# Example of a submission: Domain 5.3

## Implementation

**Describe what you have done, that is, the action taken to achieve the specific outcome**

I used the Pharmacy Act No. 53 of 1974 and its latest amendments to confirm my scope and that I'm a registered pharmacist intern. I saw I have the scope of practice of a pharmacist while being directly supervised by a registered pharmacist. I validated the prescription in evidence according to the Medicine and Related Substance Act.

I dispensed the prescription, printed labels and the trailer label. I recorded the sale in the schedule 6 register and applied the medication label on the medication that I took out of the S6 cabinet. The label was according to the GPP.

My supervisor checked my work throughout this process. I checked that my personal indemnity insurance was up to date. I maintained patient confidentiality by blocking out their personal information. I followed and applied the pharmacist's Code of Conduct, which I learned from the GPP, Part 1.

**MISSING IS REFERENCE TO THE EVIDENCE AND THE BEHAVIOURAL STATEMENT**



# Example of a submission: Domain 5.3

## Implementation

**Describe what you have done, that is, the action taken to achieve the specific outcome**

I used the Pharmacy Act No. 53 of 1974 and its latest amendments to confirm my scope and that I'm a registered pharmacist intern (**EvidenceA1)(BS b)**. I saw I have the scope of practice of a pharmacist while being directly supervised by a registered pharmacist (**Evid B1**). I validated the prescription (**A2**) in evidence (**A3**) according to the Medicine and Related Substance Act (**EvidA4)(BS a)**.

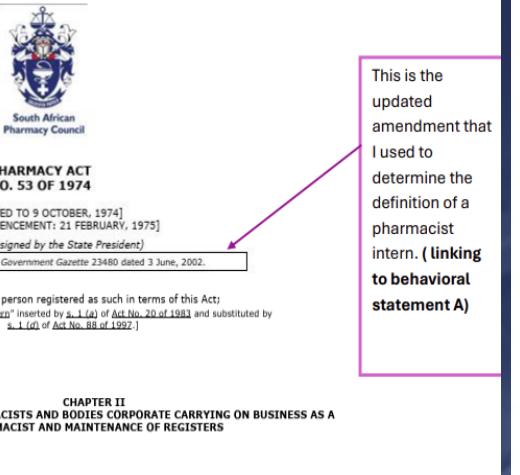
I dispensed the prescription, printed labels and the trailer label (**EvidA5**). I recorded the sale in the schedule 6 register (**A6**) and applied the medication label on the medication that I took out of the S6 cabinet (**A7**). The label was according to the GPP (**EvidE1)(BS c)**.

My supervisor checked my work throughout this process (**Evid A5, A6, B2**). I checked that my personal indemnity insurance was up to date (**Evidence D1)(BS d**). I maintained patient confidentiality by blocking out their personal information. I followed and applied the pharmacist's Code of Conduct, which I learned from the GPP, Part 1(**EvidenceE1)(BS e)**.

## Evidence A1: proof of my registration as a pharmacist intern

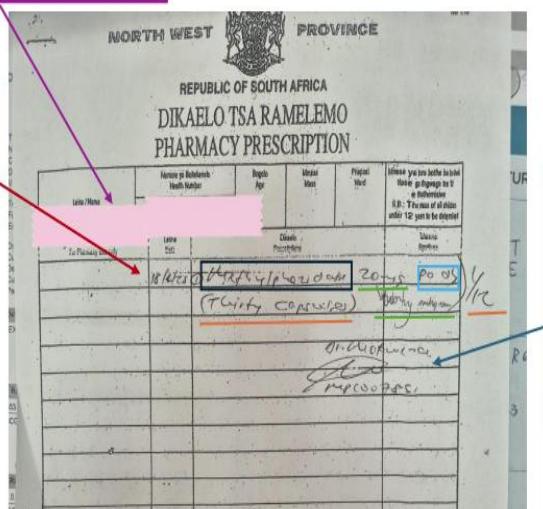
Behavioral statement A: Applying the Pharmacy Act (No. 53 of 1974), the Medicines and Related Substances Act (No. 101 of 1965) and any other applicable legislation in daily practice.

I am currently practicing as a pharmacist intern at Bloemhof CHC clinic, therefore this definition applies to me. (linking to behavioral statement A)



13. Registration.—

Patient details covered to maintain patient confidentiality. Evidence linked to behavioural statement E

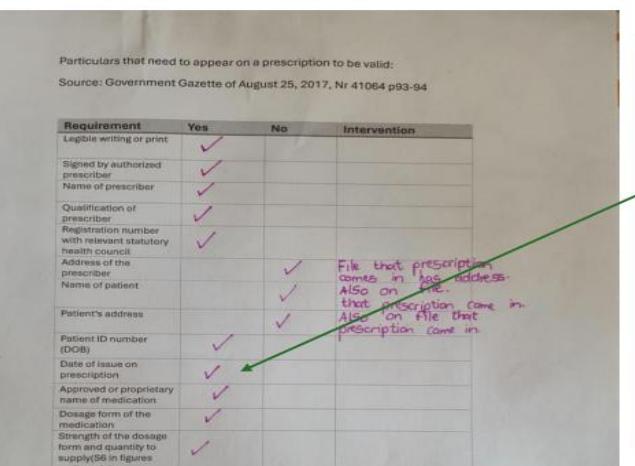


The date the prescription was issued, 18 June 2025

Prescriber's details:  
Surname and qualification, practice number, and signature.

## Evidence A3: Validation checklist of the prescription

This is the checklist that I used to determine the validity of the prescription according to the legal requirements of The Medicines and Related Substances Act. The applied literature can be seen in evidence A. By determining the authenticity and validity of the prescription, I applied the newest legislation. (Evidence linked to behavioral statement A and C) as a pharmacist intern, I have the scope of practice of a pharmacist, working under direct supervision of a pharmacist. I used this to evaluate the prescription as a pharmacist, and the pharmacist on duty, Cornel van Heerden was supervising me directly.



According to the Medicines and Related substances Act, a schedule 6 prescription must be dispensed within 30 days after the prescription was issued to the patient. I ensured that the prescription was written within 30 days of me dispensing it, as seen on the prescription as 18 June 2025 (Evidence linked to behavioural statement A)

According to the Pharmacy Act (No. 53 of 1974) only someone who is registered with the Pharmacy Council of South Africa may perform the tasks relating to the scope of practice as a person registered in that specific category, for example a pharmacist intern.

(1) 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.

35A. Pharmacy practice.—With regard to the control of pharmacy practice—

- (a) the following shall be prescribed:
  - (i) the scope of practice of persons registered in terms of this Act, or the services or acts which shall for purposes of this Act be deemed to be services or acts specially pertaining to pharmacists or pharmacy support personnel, and the conditions under which those services may be provided or the acts which may be performed;
  - (ii) the services which may be provided in the various categories of pharmacies, and the conditions under which these services shall be provided;
- (b) the council shall be entitled to make rules as to:
  - (i) a code of conduct for pharmacists and other persons registered in terms of this Act;
  - (ii) what constitutes good pharmacy practice;

This legislation (The Pharmacy Act) stipulates what the scope of practice of me as a pharmacist intern will pertain. Therefor I am only allowed to perform tasks listed in this legislation. The Pharmacy Act empowers the council to determine the code of conduct that pharmacist (me as a pharmacist intern) must adhere to.

Refer to Evidence B1 for the scope of practice of a registered pharmacist intern

Refer to Evidence E1 for the code of conduct for pharmacists.

## Evidence A4: APPLYING THE MEDICINES AND RELATED SUBSTANCES ACT (NO. 101 OF 1965)

I included the following pieces of evidence to show what literature I used when validating the prescription (Evidence A2) that I received and recording it in a register (Evidence A6)

Resource: Government Gazette, no.40869 of 26 May, 2017, section 22A. Control of medicines, Scheduled substances, medical devices and IVDs.

By using this piece of literature, I am staying abreast the newest legislation. (Evidence linked to behavioural statement C).

- (5) Any Schedule 2, Schedule 3, Schedule 4, Schedule 5 or Schedule 6 substance shall not be sold by any person other than—
  - (a) a pharmacist, pharmacist intern or a pharmacist's assistant acting under the personal supervision of a pharmacist, who may sell only Schedule 2 substances without a prescription;
  - (b) a pharmacist, a pharmacist intern or a pharmacist's assistant acting under the personal supervision of a pharmacist, who is written permission issued by the authorised prescriber or on the verbal instructions of an authorised prescriber who is known to such pharmacist;
  - (c) a manufacturer or of wholesale dealer in pharmaceutical products for sale to any person who may lawfully possess such substance;
  - (d) a medical practitioner or dentist, who may—
    - (i) prescribe such substance;
    - (ii) compound or dispense such substance only if he or she is the holder of a licence as contemplated in section 22C (1) (a);
  - (e) a veterinarian who may prescribe, compound or dispense such substance;
  - (f) a practitioner, a nurse or a person registered under the Health Professions Act, 1974, other than a medical practitioner or dentist, who may—
    - (i) prescribe only the Scheduled substances identified in the Schedule for that purpose;
    - (ii) compound and dispense the Scheduled substances referred to in subparagraph (i) only if he or she is the holder of a licence contemplated in section 22C (1) (a);

This extract of the Medicines and related substances act stipulates that schedule 6 medication shall not be sold by any person other than a pharmacist, pharmacist intern or a pharmacist's assistant under the direct supervision of a pharmacist. I used this piece of literature to confirm that I am allowed to perform the dispensing of schedule 6 medication. I am a registered pharmacist intern (Evidence A1), therefore, according to legislation I am allowed to sell schedule 6 medication upon prescription by an authorised prescriber, under the direct supervision of a pharmacist.

(i) in the case of a Schedule 6 substance, it shall not be repeated without a new prescription being issued;

According to this legislation, a schedule 6 prescription may only be repeated when a new prescription is issued. Therefor schedule 6 medications are not allowed to have any repeats on it. The repeats are not valid. This literature was used to confirm the validity (Evidence A3) of the prescription (Evidence A2).

The quantity of medication supplied to the patient in the case of a schedule 6 medication may not exceed 30 days' supply. This literature was used to confirm the validity (Evidence A3) of the prescription (Evidence A2).

(o) a Schedule 6 substance may only be sold if the course of treatment does not exceed 30 consecutive days;

(p) the sale of a specified Schedule 5 or Schedule 6 substance by a manufacturer or wholesale dealer in pharmaceutical products shall be recorded in a register which shall be kept in the prescribed manner, and shall be balanced so as to show clearly the quantity of every specified Schedule 5 or Schedule 6 substance remaining in stock as on the last day of March, June, September and December of each year, and such balancing shall be completed within the 14 days following each of the said dates;

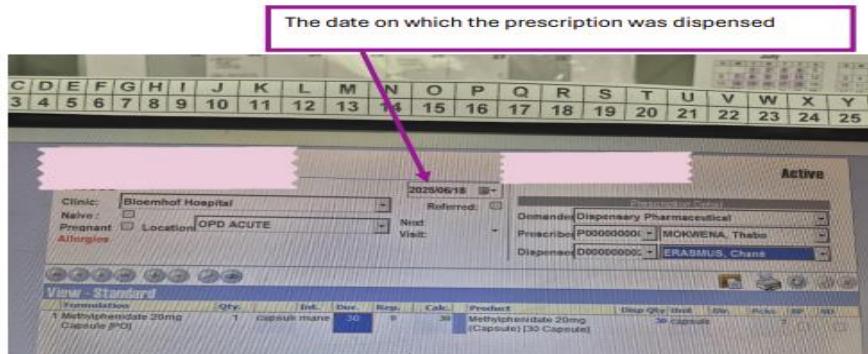
[Para. (p) substituted by s. 5 (a) of Act No. 59 of 2002.]

When schedule 6 medication is sold or received from suppliers, it must be documented in a register. (Evidence A6)

## Evidence A5: Documenting the sale of the S6 medication on the prescription

After evaluating the prescription, I captured it on the system. On the system, it can be seen that the date of dispensing was the 18<sup>th</sup> of June, therefor within one month of the issue date on the prescription, which was the same day of 18<sup>th</sup> June 2025. It is therefore ethical and legal for me to dispense this medication according to the Medicines and Related substances Act. (Evidence linked to behavioral statement A)

The date on which the prescription was dispensed



2025/06/18

Clinic: Bloemhof Hospital  
Patient: Chané Erasmus  
Location: OPD ACUTE  
Prescribed: MOKWENA, Thabo  
Dispensed: ERASMUS, Chané

Formulation: 1 Methylphenidate 20mg Capsule (P01)  
Qty: 1 capsule/marre  
Dose: 30  
Reg: 9  
Calc: 30  
Product: Methylphenidate 20mg (Capsule) [30 Capsule]

(f) the strength of the dosage form and the quantity of the medicine to be supplied. Provided that—

- In the case of a Schedule 6 substance the quantity to be supplied shall be expressed in figures as well as in words; and
- where the prescriber has failed to express the quantity in figures as well as in words, the pharmacist dispensing the medicine may, after obtaining confirmation from the prescriber, insert the words or figures that have been omitted;

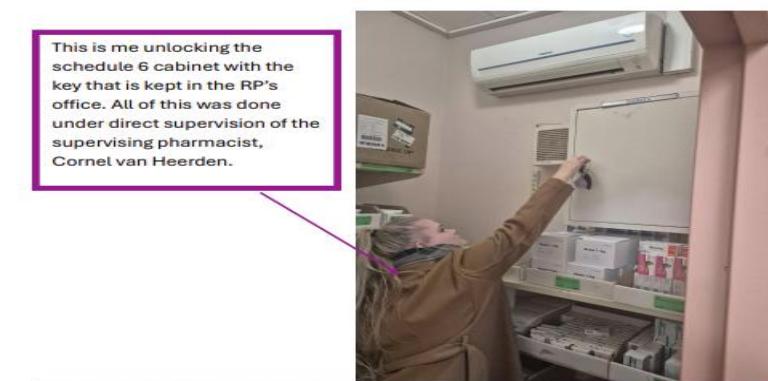
This evidence is included to show what literature I used when validating the prescription (Evidence A3) I received from the patient (Evidence A2). By ensuring this requirement are met, I applied The Medicines and Related Substances act. (Evidence linked to behavioural statement A)

(4) The pharmacist who dispenses a prescription shall verify the authenticity of all prescriptions so dispensed.

(5) In the event of a prescription transmitted electronically by means other than an electronic agent in terms of subregulation (1), by fax or communicated verbally a permanent copy of the prescription shall be made for record purposes.

This literature was used to correctly validate the schedule 6 prescription and document it according to the legislation.

This is me unlocking the schedule 6 cabinet with the key that is kept in the RP's office. All of this was done under direct supervision of the supervising pharmacist, Cornel van Heerden.



Section 36 of the Medicines and related substances act:

REGISTER FOR SPECIFIED SCHEDULE 5 OR SCHEDULE 6 MEDICINES OR SUBSTANCES

36. (1) Any—

- manufacturer, importer, exporter or wholesaler licensed in terms of section 22C(1)(b) of the Act selling specified Schedule 5 medicines or substances or Schedule 6 medicines or scheduled substances;
- person selling specified Schedule 5 medicines or substances, other than a community or institutional pharmacy, or a person licensed in terms of section 22C(1)(a); or
- person selling Schedule 6 medicines or substances,

shall keep a register of such medicines or substances.

The sale of S6 medication needs to be documented in a register. Refer to evidence A6

(2) The register referred to in subregulation (1) shall—

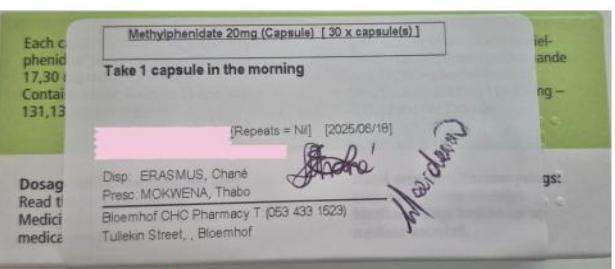
- indicate the quantity of every such medicine or substance remaining in stock on the last day of March, June, September and December of each year; and
- contain the following information:

  - the date on which the medicine or substance was received or supplied;
  - the name, business address of the person from whom the medicine or substance was received or sent and in the case of imported medicine or substance, the import permit number;
  - the name and address of the person who purchased the medicine or substance;
  - the quantity, in words and figures, of such medicine or substance indicated per dosage unit, mass or volume;
  - in the case of the supply of the medicine or substance on prescription, the name and address of the authorised prescriber unless such prescription was issued at a hospital in which case the name of the authorised prescriber must be recorded;
  - in the case of the manufacturer, the quantity of the medicine or substance manufactured or used during the manufacturing process; and
  - any other information as may be required by the Authority.

(3) The register referred to in subregulation (1) shall be kept for a period of five years after the date of the last entry made theron.

(4) In a case where the register is kept electronically, a printout shall be made monthly, dated, signed and filed.

(5) Records must be stored in an orderly manner so that they can be accessed easily.



The medication I collected from the schedule 6 cabinet (Evidence A8) with the label that I pasted on it. The label contains the directions, patient details, dispenser name and surname as well as the pharmacy details. The information on the label was written in English, one of South Africa's official languages, and also the patient's home language. Both me, Chané Erasmus, P66366, and Cornel van Heerden P28361 (the supervising pharmacist) signed on the label, indicating that it was the correct medication, as well as the correct label. (Evidence linked to behavioural statement E)

The requirements as of how the register for the sale of a schedule 6 product must be kept and the particulars that must appear in the register. I used the newest literature to confirm that the register in Bloemhof Hospital Pharmacy (Evidence A6) is in accordance to the legislation and that I am applying the act appropriately. I used the newest literature (Evidence linked to behavioural statement C) to confirm that the register in Bloemhof Hospital Pharmacy (Evidence A6) is in accordance to the legislation and that I am applying the act appropriately. (Evidence linked to behavioural

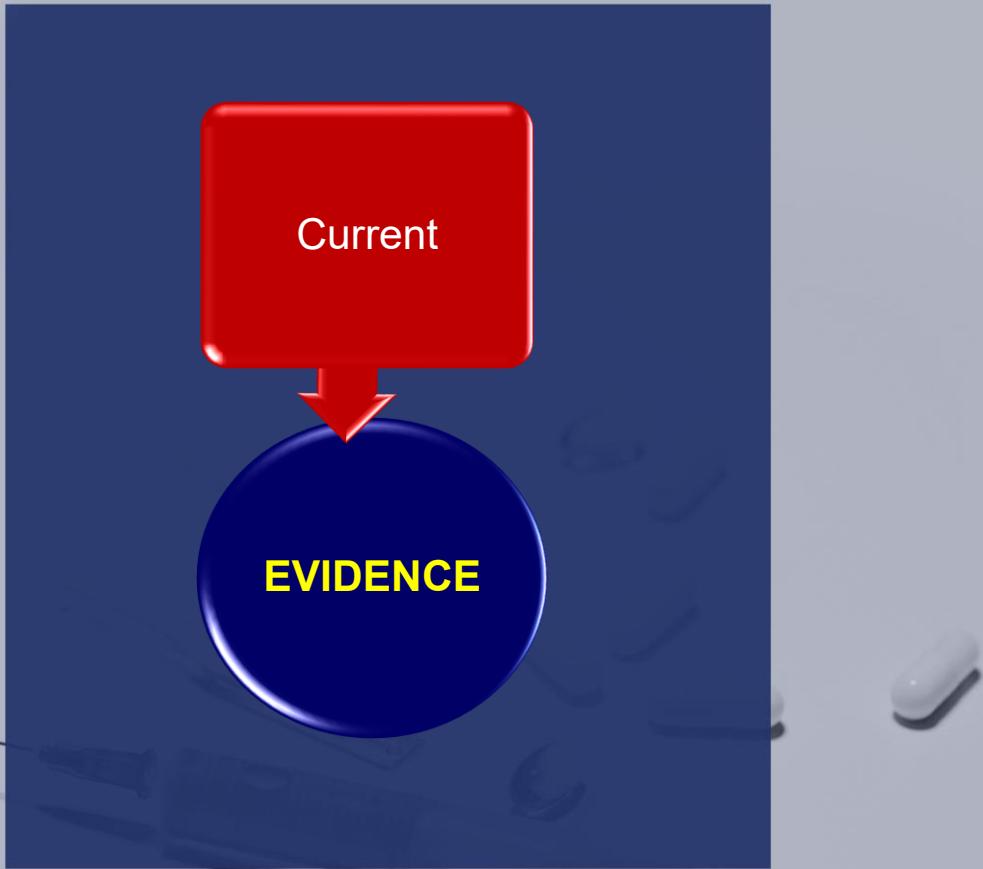


# Example of a submission: Domain 5.3

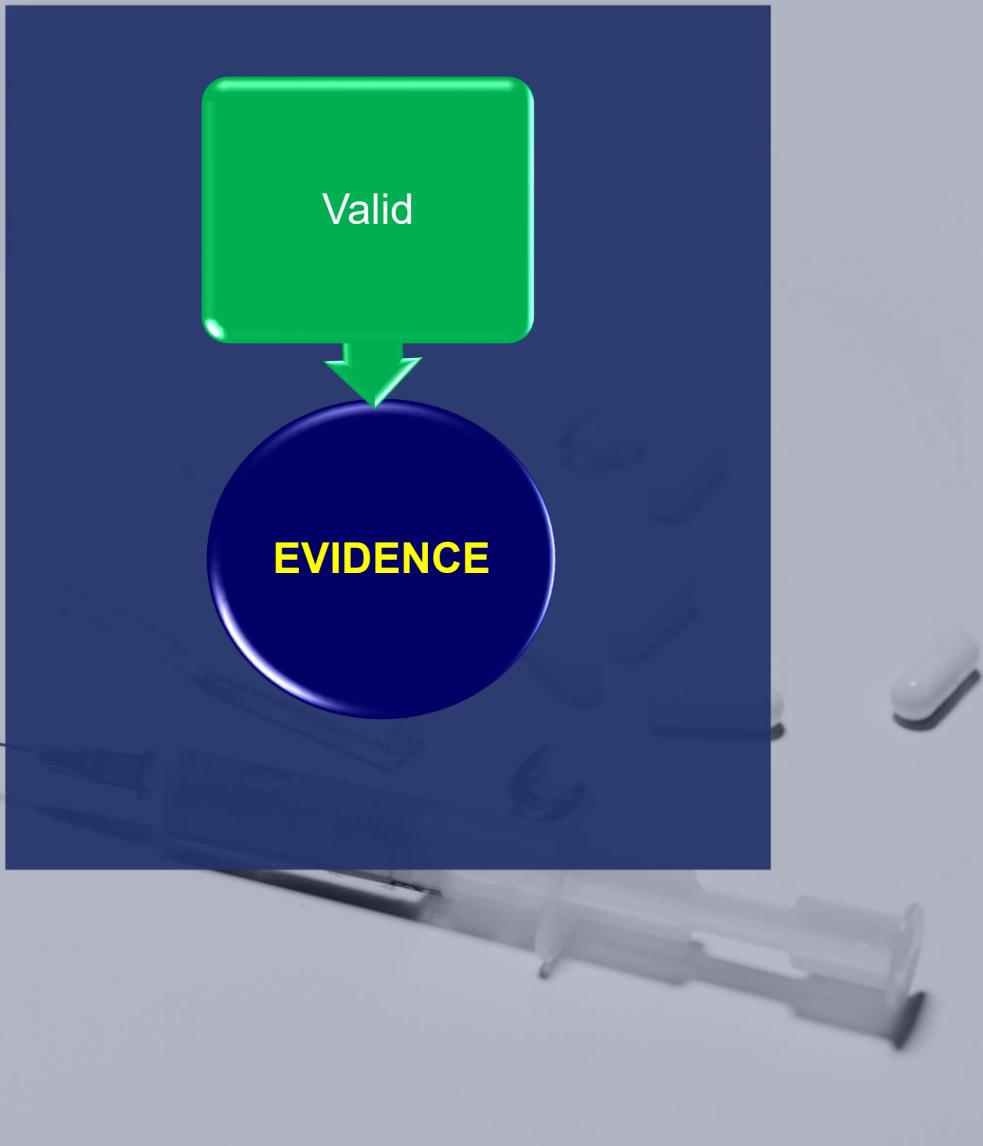
## Evaluation

After completing this CPD, I gained a clearer understanding of the legal and ethical aspects of dispensing and documenting the sale of Schedule 6 substances. I now understand my scope of practice as a pharmacist intern and the duties I am permitted to perform. I feel more confident in evaluating Schedule 6 prescriptions to assess their validity, and in dispensing and documenting them appropriately.

I am also better informed about the Code of Conduct that I must follow, and by applying these principles, I feel that I am becoming a more competent pharmacist intern. I used different techniques to make sure patients understand how to use their medication, like colour on labels, hand gestures and pictures. A future learning need I identified is how to correctly use a Sereflo Synchrobreathe breath- actuated inhaler.

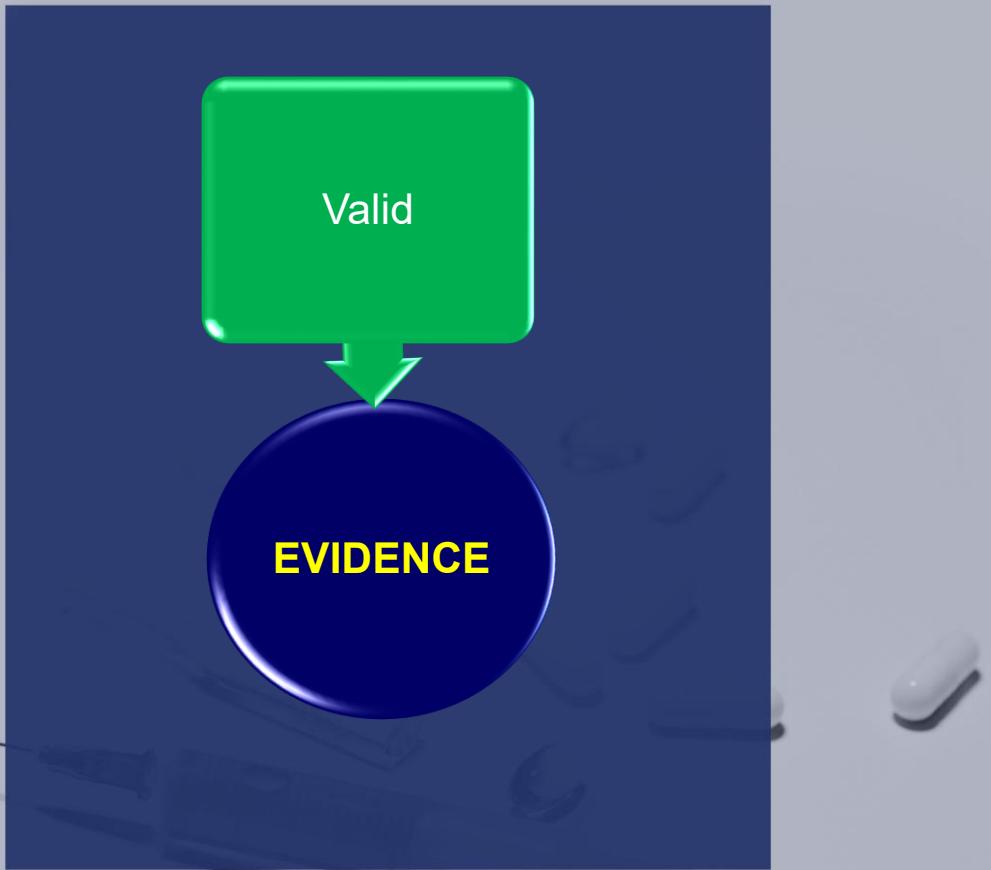


- Portfolio of Evidence entry must relate to exposure to CSs **DURING** the internship period
- Evidence must, therefore, be collected **DURING** the internship year/s
- Don't include anything from your undergraduate years



- Evidence must pertain to the specific competency being addressed
- 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**

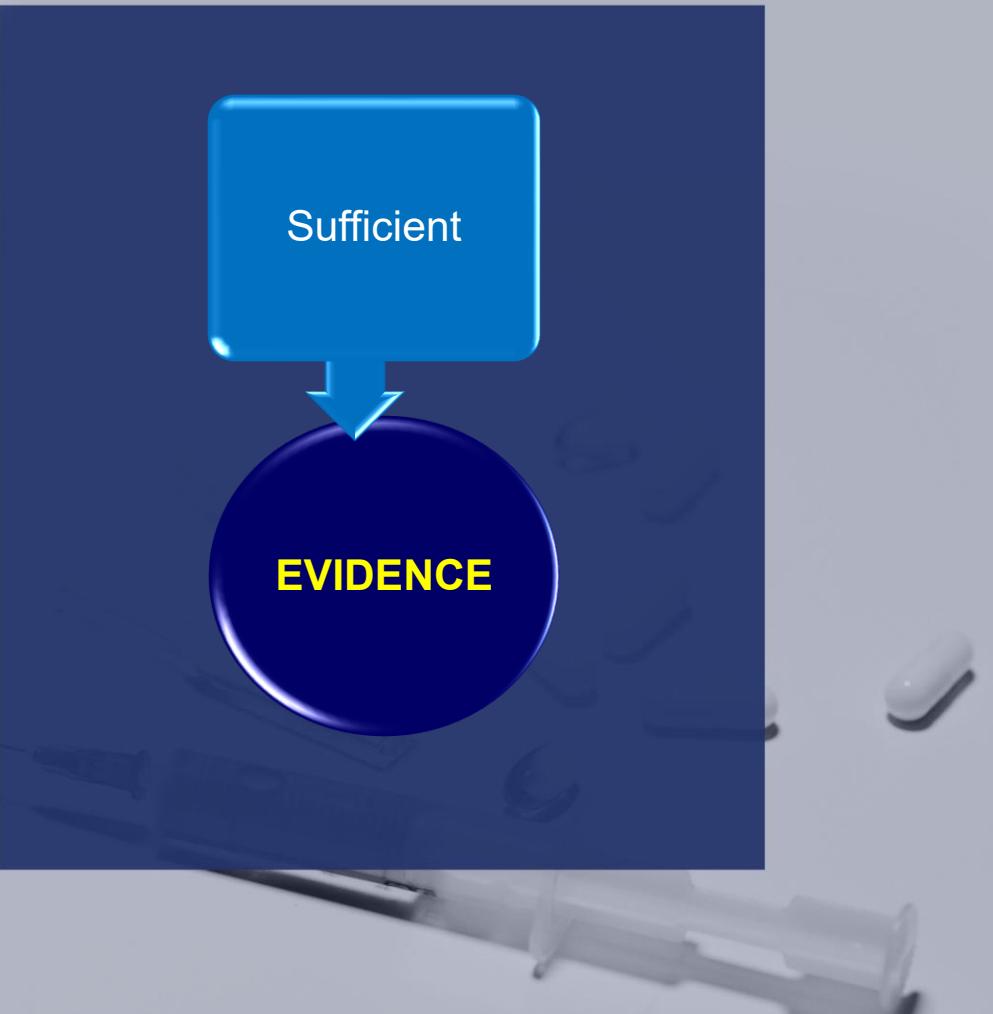


- For example...

If the competency is about how to make sushi and your evidence is about what is the best sauce to have with it, it is of no value.



- Authentic = own work
- The evidence must be verified online by you
- Tutor verification
  - Make sure you verify the entries



- If there are four (4) or more, then the evidence submitted **must cover at least 75% of the behavioural statements**; e.g., four behavioural statements - 3 pieces of evidence (0.75X number of behavioural statements)

Make sure  
they 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

**HINT** Put yourself in the assessor's shoes before submitting evidence.

Ask: What does it show?

Will probably point to need for more discussion and/or annotation

## Photos



Check for a date stamp!  
Meaningless UNLESS  
authenticated AND the intern  
identifies themselves.  
Can be anyone in the photo!  
Maintain patient  
confidentiality.

## Pages from SAMF



Reference name, edition,  
page number, etc.  
What does this show?  
That you can use a scanner  
or photocopier?

## Delivery notes

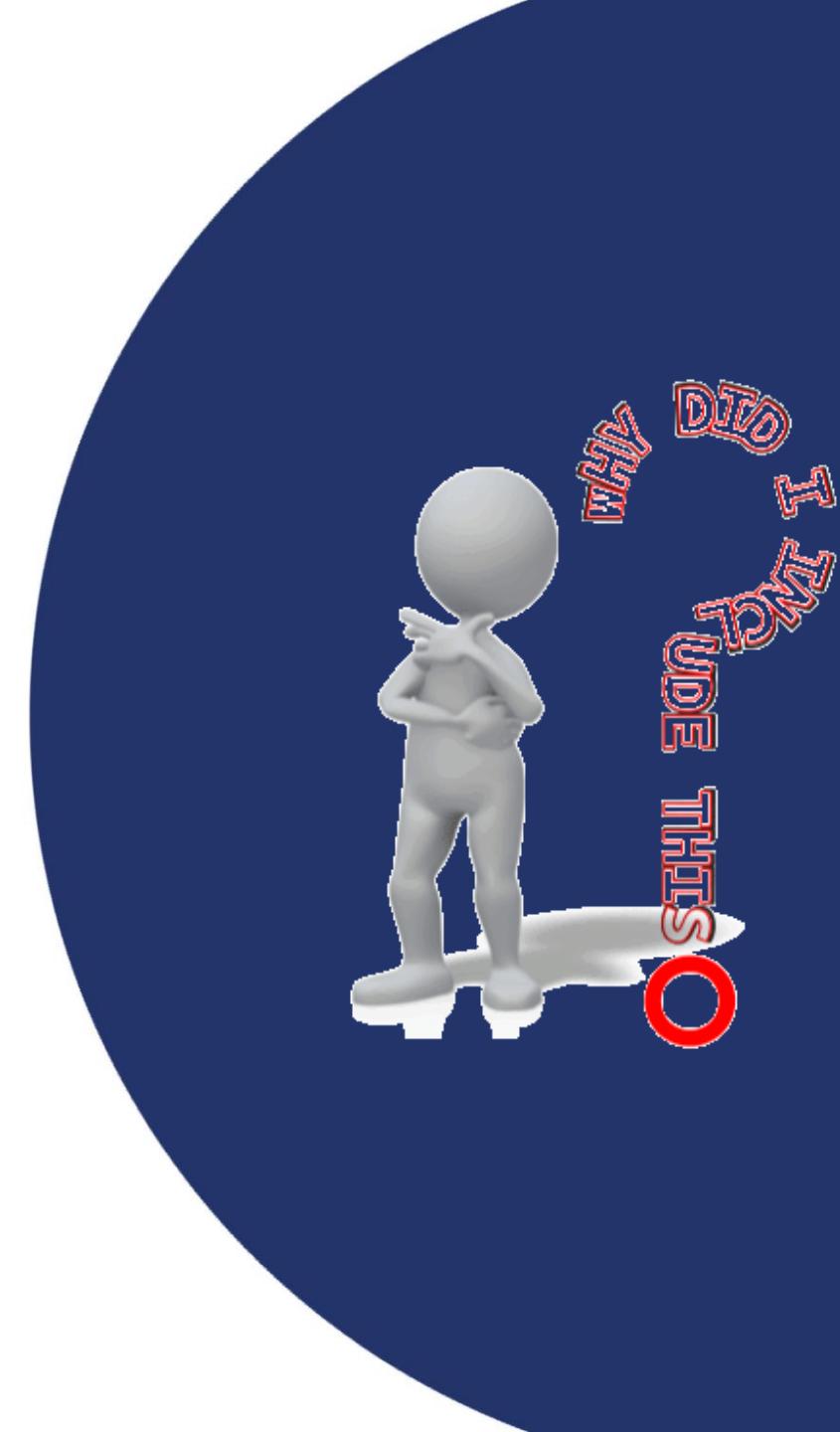


What does this show?  
Stock was delivered, but  
received by whom?  
Signatures not annotated are  
meaningless



# Evidence

- No highly glossy photos
- Not uploaded upside down
- The evidence must be clear and legible
- The evidence must be in **one (1)** document
- Annotate, annotate, annotate!
  - Link evidence to a specific behavioural statement
  - Identify your own signature
  - Remember, the assessor does not know you





# What kind of evidence?

If providing  
information to a  
patient...

Prescription  
+?  
+?

But if  
providing  
evidence 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 the rating of the presenter)
  - Remember to annotate and link to the behavioural statements



# What kind of evidence?

If consulting  
with a patient

But what if  
consulting with  
a doctor?

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

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



# What kind of evidence?



I will also be  
working with  
data...

**Reason for data collection**  
e.g. Screening report, data  
analysis



# Evidence ( reemphasis on checklist)

CHECKLIST	YES	NO
<b>EVIDENCE</b>		
Has the intern checked that he/she has <b>sufficient</b> evidence, i.e. has the intern covered at least 75% of the behavioural statements of the CS?		
Has the intern <b>annotated</b> my evidence so that it is clear why he/she have included each piece?		
Has the intern <b>annotated</b> my evidence with the <b>behavioural statements</b> , and does this match the behavioural statements mentioned under Implementation?		
Is the evidence clear, i.e. readable, not loaded upside down, etc.?		
Has the intern made sure that all patient identifying details (such as name, surname, ID number) have been hidden?		



# EVIDENCE



# Evidence... Summary

- Evidence is proof of **what was done**
  - **NOT** merely reading an article
  - **NOT** a theoretical scenario
  - **NOT** witnessing someone else
- Must convince the assessor that **he/she** performed the activity
- Must be professional
  - Neat, clear
  - Not a note scribbled on a Rx!





# Stepwise approach to completing Portfolio of Evidence entries



1. Enter and submit **online tutor verification**
2. Tutor verifies and submits online
3. Check for feedback

Make sure you verified  
and submitted the entries  
by the published  
deadlines

Complete the annual  
declaration first!



# Assessment

- 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. 25-36 for  
full details of how  
0, 1, 2 or 3 marks allocated



**Remember:** Feedback sessions later in the year



# Feedback from Assessors

- 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



# Resubmission of a Portfolio of Evidence entry

- If the entry is found 'not yet successful', the intern needs to resubmit a CPD within that Domain.
- Each resubmission is a standalone and is treated as a new submission.
- NB. Assessors and moderators can view the previous submission/entry and comments.
- See Guidelines for:
  - Conditions
  - Application procedure
  - Timeline

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

- Submit early
- Submit regularly:  
on a monthly basis

# Common errors seen on resubmission

- Not following assessors/moderator comments
- Making **NO** changes on the resubmission
- Retrospectively falsifying of evidence to meet assessor comments
- Not starting a new CS unless the assessor has recommended that your CS can be corrected (have a look at the comment section)
- Not checking all phases of the cycle to align to the new information provided





# Resubmission of a Portfolio of Evidence entry

- 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"
- You are allowed to submit nine (9) Portfolio of Evidence entries
  - i.e. 6 + 50% re-submissions
- A fee is levied if ten (10) or more entries are submitted.



# 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 the 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.



# Professionalism

- Plagiarism - Turnitin report for submissions
- Portfolio of Evidence entries must reflect their own work
  - Any irregularities will be referred to the SAPC Professional Conduct Department
  - Penalties
    - Expect them to be applied
    - Expect them to be severe

**NB!**  
Ethical Rule 16 states  
that

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



**16.** Failing, as the supervising pharmacist responsible for the practical training of a pharmacist intern or a pharmacist's assistant, to carry out his duties, or failing to attend in good time to the administrative duties attached to the registration of the pharmacist intern or the pharmacist's assistant.



# Confidentiality

- Must be maintained at all times
  - RXs, trailer labels, S6 registers
- Automatically not yet successful if confidentiality breached
- Confidentiality applies only to patients
  - 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 and any other identifying detail is completely obscured. Untidy scribbles are ineffective.





# Decision-making aid



**RECOMMENDED**

**POSSIBLE**

**CHALLENGING**

A good choice  
should present no  
problems for any  
intern

Consider very carefully.  
Only choose if you are  
able to collect valid and  
sufficient evidence

**Avoid!**

Will be extremely difficult  
to complete with sufficient  
evidence



# Domain 1

# Domain 2

Competency standard	Decision-making aid	Comment/s	Competency standard	Decision-making aid	Comment/s
1.1	Recommended	Remember this is about <b>Public Health</b> .	2.1	Recommended	Include the patient in the discussion
1.2	Challenging	Only applicable for <b>active</b> participation in PTC meeting.  More specific to institutional settings.	2.2	Recommended	Make sure that sufficient evidence is submitted
1.3	Challenging	Applies to wider health policies, not internal SOPs.	2.3	Possible	Involves more than a discussion with a prescriber  More appropriate for institutional settings
1.4	Challenging	Needs more than generic substitution or submission to medical aid.	2.4	Possible	Focus on dispensing errors, not prescribing errors  Better suited to institutional settings
1.5	Possible	Must include active participation in development and implementation of disaster management plan.	2.5	Possible	Make sure you understand the scope of therapeutic outcome monitoring
1.6	Recommended	Include screening activity.	2.6	Recommended	
			2.7	Possible	
			2.8	Challenging	Only for interns involved in a registered clinical trial



# 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	

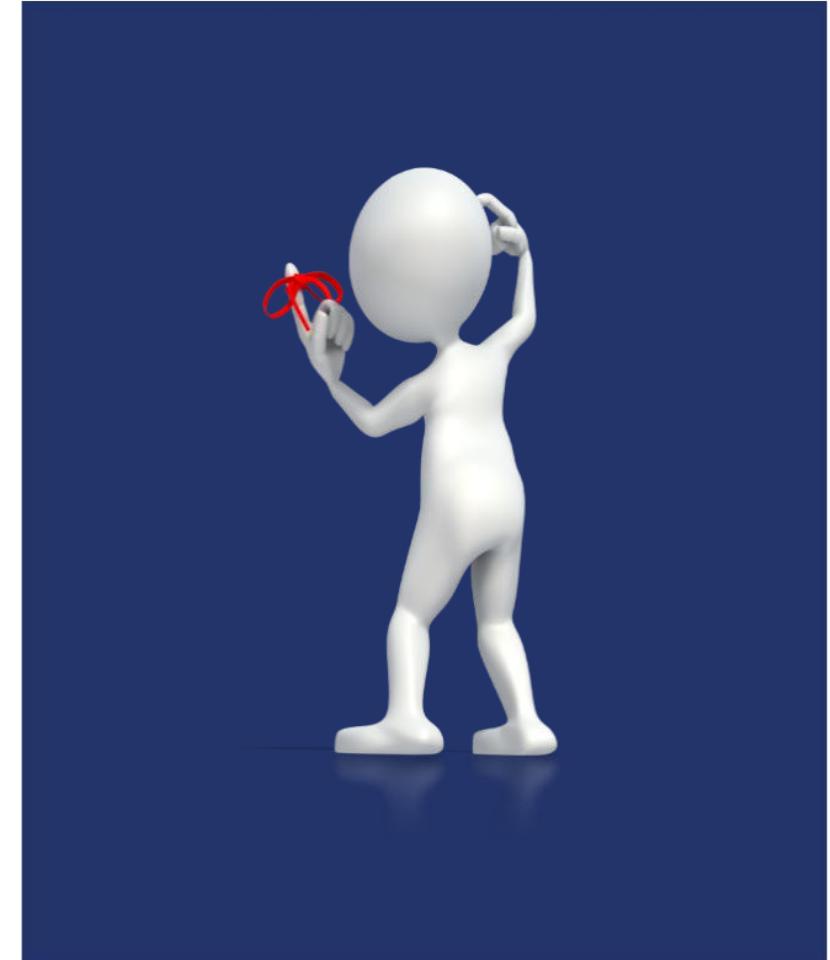
# Domain 6

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

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





# Domain 1

# Domain 2

Competency standard	Decision-making aid	Guideline/s re Evidence required
1.1	Recommended	<b>Show how (provide the information) the poster used to promote health</b> Evidence could include an attendance register
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

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

# Domain 4

Competency standard	Decision-making aid	Guideline/s re Evidence required	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	4.1	Possible	E.g., roster, leave plan, rotation roster, performance assessments, HR policies Self-assessments must show personal development
3.2	Recommended		4.2	Challenging	Include financial management policies, budgets Include multiple activities
3.3	Challenging		4.3	Possible	Can use SAPC inspection questionnaire as tool to evaluate infrastructure
3.4	Recommended		4.4	Possible	E.g., updated SOP based on new legislation
3.5	Recommended	Include evidence to show understanding of pharmaceutical knowledge Remember the expiry date for extemporaneous compounding, not to exceed thirty (30) days	4.5	Challenging	
3.6	Possible		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	<p>Must include annotated extracts of applicable Acts/legislation/Code of Conduct</p> <p>“Keeping abreast” means using current and/or recently amended legislation</p> <p>Remember the annotated professional indemnity certificate</p> <p>Include evidence for more than one activity</p>
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	<p>Include evidence that training is part of an agreed plan</p> <p>Clarify role of “more experienced colleague”</p>
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	<p>Submit a complete research project (including results), not only a proposal</p> <p>Must show evidence of approval of protocol</p>
6.8	Challenging	Same evidence as for 6.6 Also show evidence of work/role within a research team



# Poll – Tutors to attempt the poll before the next slide

<https://forms.office.com/r/ci4JKiNP1T>





# Challenges

As identified  
by tutors

## Intern challenges

- Lack of Planning capabilities
- Non-Independent thinking
- Lack of Independent learning ability
- Lack of comprehensive analysis capability
- Insufficient preparation

- Communication
- Adaptability
- Creativity
- Teamwork
- Transparency
- Time Management

- Lack of enthusiasm and initiative
- No sense of responsibility
- Lack of passion
- Generally unhappy
- Low morale
- Mental issues on the rise

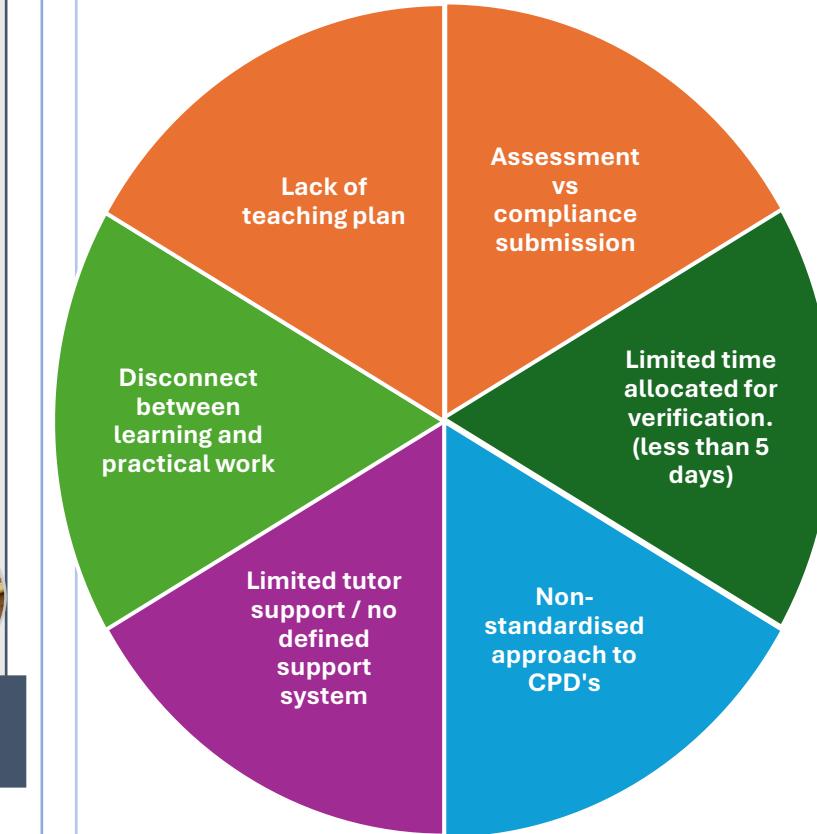


Core  
Competency  
development

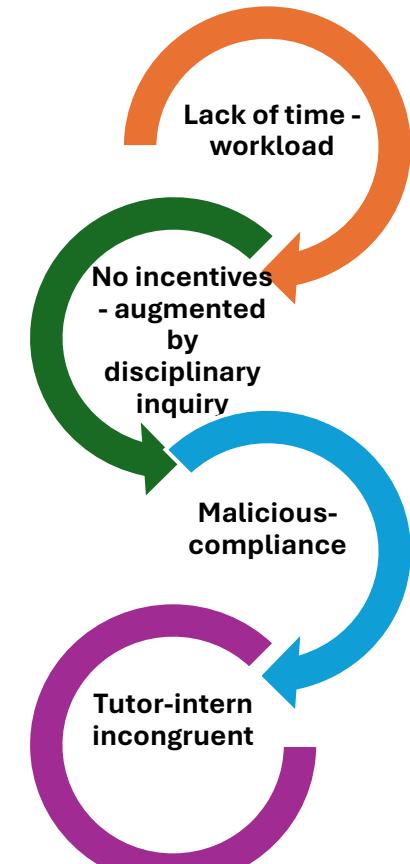
Skills

Attitude

## Tutor challenges



View poll results?





# Challenges identified by some tutors

## Tutor challenges

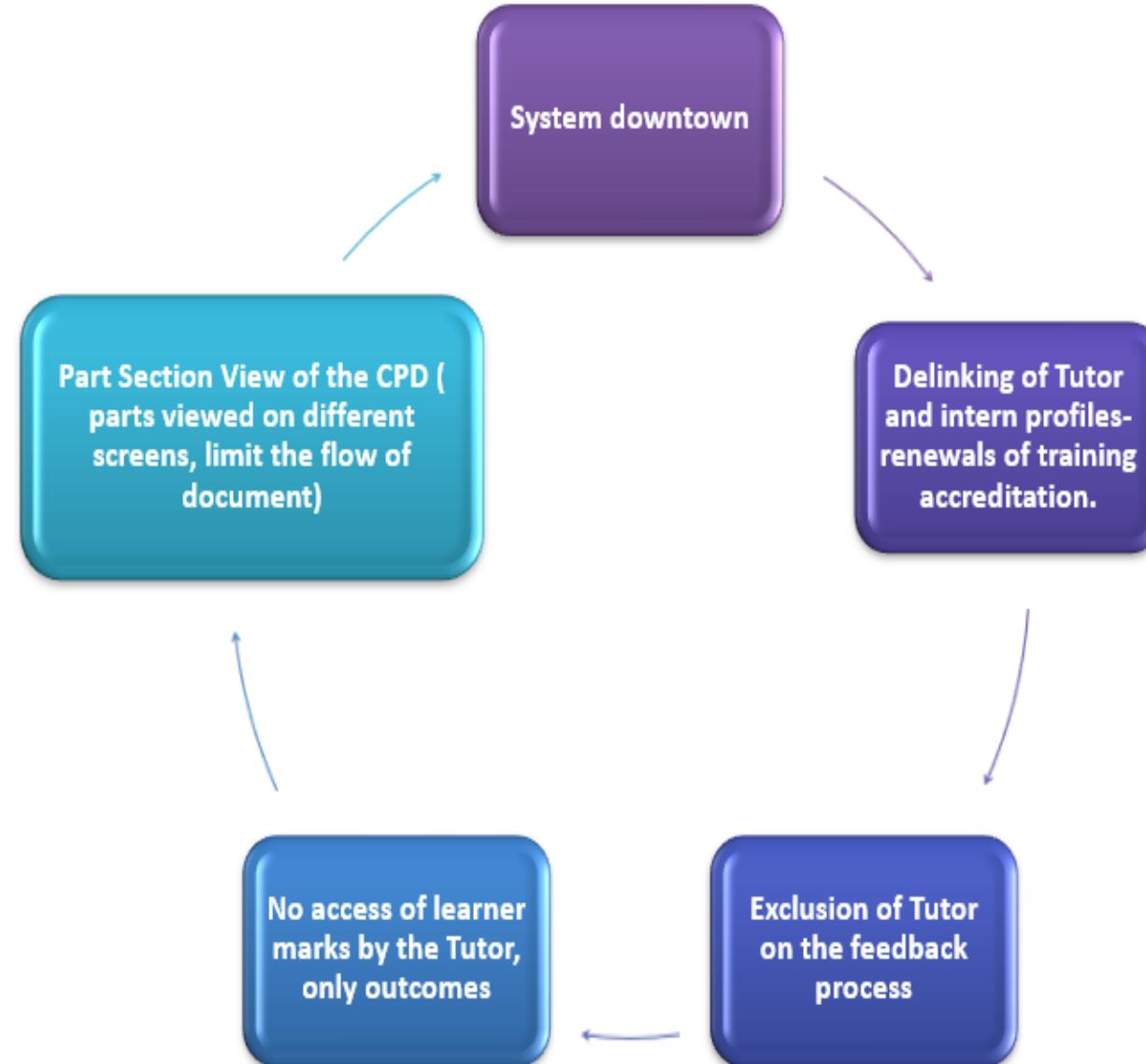
- Being made to check portfolio evidence with limited time.
- Given multiple portfolios to assess at once
- Intern work attendance vs Portfolio time management
- Intern not open and vocal with their tutor
- Lack of communication with portfolios that have been returned and need to be re-signed and re-assessed.
- Intern rather do their portfolios on their own and get checked later.

## Intern Challenges

- Interns are not clear on how to start.
- The interns do not meet up together to share their wins and setbacks.

# Process challenges

“Owners or employers have access to monitor interns’ progress on the SAPC website. These access rights may also be delegated.”





# Tutor Verification Process



Evaluate the entire Portfolio of Evidence entry



Make sure all elements of authentication are present



Most Important

Verify online upon completion by the intern  
You can accept and release to SAPC or  
Suggest how to improve the Portfolio of Evidence entry  
Plagiarism? Confidentiality?

- Check quality always
- Interact/guide the intern to see how they can improve the Portfolio of Evidence entry
- Remember the mentor, coaching and role model value you can add



# Contacting the SAPC



## Contact SAPC



### Customer Care

<b>Office operating hours</b> (Mondays- Fridays)	08:00 - 16:30
<b>SAPC Contact Centre</b> (Mondays-Thursdays)	09:00 - 16:00
<b>SAPC Contact Centre</b> (Fridays)	09:00 - 15:00
<b>Weekends and public holiday</b>	Closed
<b>SAPC Customer Care line:</b>	0861 7272 00 or +27(0)12 319 8500
<b>E-mail address:</b>	<a href="mailto:customercare@sapc.za.org">customercare@sapc.za.org</a>
<b>Social Media:</b>	@OfficialSAPC



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# Follow SAPC's WhatsApp Channel



<https://whatsapp.com/channel/0029Vb5U2BU1dAw313dtTS0a>



South African  
Pharmacy Council  
[www.sapc.za.org](http://www.sapc.za.org)

A dark blue-toned background image showing several medical syringes and capsules scattered across a surface, suggesting a medical or pharmaceutical theme.

# Thank you!