



SINGAPORE PHARMACY COUNCIL

Form A4

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EVALUATION FORM FOR PRE-REGISTRATION PHARMACIST (INDIRECT PATIENT CARE ROTATION)

This report is to be completed by the preceptor for each pre-registration pharmacist at the end of the training period. Each section is to keep a copy of this evaluation form and to e-mail it to the Chief Preceptor at the end of the training period for filing and verification

Training Centre Name	
Rotation Sequence	FIRST / SECOND / THIRD / FOURTH
Rotation Start Date	
Rotation End Date	

Name of pre-registration pharmacist:

I PRECEPTOR'S ASSESSMENT OF PRE-REGISTRATION PHARMACIST

Please indicate C (Competent) or NYC (Not Yet Competent) in the appropriate space. NA denotes "No assessment required".

ASSESSMENT C (Competent) or NYC (Not Yet Competent)	Final Assessment at 12 weeks	Remarks
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Functional Area 1: Promote Optimal Use of Drugs

1.1	Participate in drug therapy selection		
1.2	Monitor and assess drug therapy		

Functional Area 2: Dispense Medication

2.1	Assess prescription		
2.2	Evaluate prescribed medicines		
2.3	Supply prescribed medicines		

Functional Area 3: Compound Pharmaceutical products

3.1	Consider requirements for preparing a product		
3.2	Compound pharmaceutical products		

Functional Area 4: Drug Information and Education

4.1	Retrieve Information		
4.2	Evaluate and Synthesise Information		
4.3	Communicate and Disseminate Information		

Functional Area 5: Provide Primary Healthcare

5.1	Assess primary health care needs		
5.2	Address primary health care needs of patients		
5.3	Promote good health in the community		

Functional Area 6: Manage Drug Distribution and Supply

6.1	Apply relevant knowledge in processes for drug distribution		
6.2	Manage product recall / withdrawal		
6.3	Identify pattern of inappropriate drug usage		

Functional Area 7: Apply Organisational Skills in the practice of Pharmacy

7.1	Plan and Manage work time		
7.2	Work in partnership with others		

Functional Area 8: Practise Pharmacy in a Professional and Ethical Manner

8.1	Practise legally		
8.2	Practice to accepted standards		
8.3	Pursue life-long learning and contribute to the development of others		

Functional Area 9: Manage work issues and interpersonal relationships in pharmacy practice

9.1	Apply communication skills		
9.2	Address problems		
9.3	Manage conflict		
9.4	Apply assertiveness skills		

II COMPLETION OF LEARNING LOG REQUIREMENTS (INDIRECT PATIENT CARE ROTATION)

Please fill in the number of the learning activities completed in this rotation.

Learning Activities	Number to be completed within rotation of 12 weeks	Number Completed in Indirect Patient Care Rotation

III RECOMMENDATION BY PRECEPTOR TO SINGAPORE PHARMACY COUNCIL

SPECIFIC LONG-TERM TRAINING NEEDS TO BE ADDRESSED IN SUBSEQUENT ROTATIONS

SPECIFIC LONG-TERM TRAINING NEEDS

By signing this document as the preceptor, I acknowledge that the Preceptee has / has not* acquired the required competencies.

Preceptor's Signature

Name of Preceptor

Date

To be filled by the Pre-Registration Pharmacist:

I agree with the decision of the preceptor Yes / No

Comments (e.g. reasons, appeal, etc.)

Preceptee's Signature

Name of Preceptee

Date