



c/o Secretariat of healthcare Professional Boards (SPB)

81 Kim Keat Road #10-00 Singapore 328836

Email: SPC@spb.gov.sg Website: <https://www.spc.gov.sg>

EVALUATION FORM FOR PRE-REGISTRATION PHARMACIST (FOREIGN-TRAINED) (MORE THAN 6 MONTHS)

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

Name of pre-registration pharmacist:	
--------------------------------------	--

I PRECEPTOR'S ASSESSMENT OF PRE-REGISTRATION PHARMACIST

Please indicate the supervision level achieved in the appropriate space.

PRE-REGISTRATION TRAINING	
NAME OF TRAINING CENTRE	
DATES OF TRAINING	

PROFESSIONAL ACTIVITY (PA)	PASSING CRITERIA	RATING
PA1: Develop and implement a care plan	3c	
PA2: Accurate supply of health products	4	
PA3: Educate patients on the appropriate use of health products	4	
PA4: Respond to drug information or health product enquiry	3c	
PA5: Collaborative partnerships with patients, and the pharmacy and interprofessional teams	Meets Expectations*	
PA6: Develop a Continuous Professional Development (CPD) Plan	Meets Expectations*	
PA7**: Support Project Planning and Data Analysis	3a	

Note: Rating is based on the Supervision Scale (Refer to table below)

* 'Meets Expectations' when the Pre-Reg is able to perform all the supporting tasks listed for the PA

** PA7 on Support Project Planning and Data Analysis, shall be completed during the Conditional Registration Year. Exemption for PA7 can be sought for SPC's approval on case-by-case basis.

Supervision Scale:

1	Observe while his/her trainer performs the activity
2	Require DIRECT supervision and proactive guidance from trainer
3a	Be able to complete the activity with INDIRECT supervision and trainer is available for guidance ALL findings/recommendations are reviewed with trainer prior to completion of activity
3b	Be able to complete the activity with INDIRECT supervision and trainer is available for guidance KEY findings/recommendations are reviewed with trainer prior completion of activity
3c	Be able to complete the activity with INDIRECT supervision and trainer is available for guidance and discuss findings/decisions only on trainee's request prior to completion of activity
4	Be able to complete the activity without supervision
5	Be able to teach others in completing the activity

S/N	Pre-registration Pharmacist's Attitudes	PRE-REGISTRATION TRAINING
1.	Areas done well* (please describe)	
2.	Areas for improvement and follow-up plan (please describe)	

#Please delete accordingly

**Please describe attitudes based on: (i) Agency (proactive towards learning and work, takes ownership, adapts and copes, positive attitude); (ii) Reliability (responsible, follows up and delivers on agreed action, punctual); (iii) Integrity (honest, trustworthy, appropriately altruistic); (iv) Humility (recognizes limits and seeks help, practices within safe boundaries, receptive to feedback)*

II COMPLETION OF PORTFOLIO REQUIREMENTS

Please fill in the number of evidence.

Pre-Registration		
	Required	Completed
Evidence	Training Period (9/12mths)	At end of Pre-Reg
Mini-CEX with extended discussions	8 (4 mini-cex if used for both PAs 1 and 3)	
Case-based Discussion (CBD) with extended discussions	4	
Multi-Source Feedback (MSF)	6	
Continuous Professional Development (CPD) Plan	3	
Project Presentation	1 (unless exempted from PA7)	
Learning Logs*	Complete	
	Note: *The Learning Logs requirements for Foreign Trained Pre-Reg are as follows: <ul style="list-style-type: none"> PR(>6mths): 8 Interventions, 8 Drug Information Enquiry Logs, 3 Care Plans, 14 Supply of Health Products Project Presentation shall be completed during the Conditional Registration Year. Please mark "Complete" if the Pre-Reg has fulfilled the above requirements. Otherwise, indicate "Incomplete" and specify items that are not completed. 	

III RECOMMENDATION BY PRECEPTOR / CHIEF PRECEPTOR / PHARMACY MANAGER TO SINGAPORE PHARMACY COUNCIL

RECOMMENDATION	Pre-Registration – Foreign Trained	
PRECEPTOR		
a. Remediation / intensification of supervision without extension b. Extension of training (Duration) c. Termination d. Registration as Conditional Pharmacist		
Preceptor's Comments * If more space is required, please enter comments on the next page / attach additional sheet to this Evaluation Form.		
Name of Preceptor, Pharmacist Registration Number (PRN) & Designation		
Signature of Preceptor & Date		
PRE-REGISTRATION PHARMACIST'S ACKNOWLEDGEMENT		
I agree with the decision of the preceptor	Yes	No
Pre-Registration Pharmacist's Comments (e.g. reasons, appeal, etc) * If more space is required, please enter comments on the next page / attach additional sheet to this Evaluation Form.		
<u>Declaration</u> I authorise SPC to release the evaluation data provided by the named preceptor stated above, to my preceptors in the subsequent sites and such other parties where the Registrar deems essential, for the purpose of training and registration.		
Name & Signature of Pre-Registration Pharmacist & Date		
CHIEF PRECEPTOR / HEAD OF DEPARTMENT (HOD)		
I agree with the decision of the preceptor	Yes	No
Chief Preceptor's Comments * If more space is required, please enter comments on the next page / attach additional sheet to this Evaluation Form.		
Name of Chief Preceptor, PRN & Designation		
Signature of Chief Preceptor & Date		

#Please delete accordingly