BOARD NOTICE 82 OF 2020

THE SOUTH AFRICAN PHARMACY COUNCIL

GUIDANCE DOCUMENT FOR CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

The South African Pharmacy Council hereby publishes for implementation, the **GUIDANCE DOCUMENT FOR CONTINUING PROFESSIONAL DEVELOPMENT (CPD)** in terms of Regulation 5(1) of the *Regulations relating to continuing professional development* (GNR 668, published on 17 May 2019).

SCHEDULE

(a) Guidance document for continuing professional development (CPD).

In this notice "the Act" shall mean the Pharmacy Act, 53 of 1974 (as amended), and any expression to which a meaning has been assigned in the Act shall bear such meaning.



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GUIDANCE DOCUMENT FOR CONTINUING PROFESSIONAL DEVELOPMENT (CPD) FOR PERSONS REGISTERED WITH THE SOUTH AFRICAN PHARMACY COUNCIL

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1. **DEFINITIONS**

- "Act" means the Pharmacy Act, 53 of 1974;
- "Assessment" means a process of measuring compliance with the requirements of Council relating to participation and recording of activities for purposes of continuing professional development in accordance with the requirements of the *Regulations* relating to continuing professional development, 2019 (CPD Regulations);
- "Continuing professional development" means the process by which registered persons maintain and enhance their competence throughout their professional careers, and encompasses a range of activities including continuing education and supplementary training;
- "Continuing professional development committee" means a committee appointed by Council in terms of Section 4(o) of the Act to deal with matters relating to continuing professional development;
- "Continuing professional development system" means the system provided by Council that enables registered persons to record their continuing professional development activities as provided for in the CPD Regulations;
- "Council" refers to the South African Pharmacy Council;
- "CPD Regulations" means the Regulations relating to continuing professional development (GNR. 668, published on 17 May 2019);
- "Deferment" means formal permission granted by the Council on the recommendation of the Continuing Professional Development Committee to defer a registered person from compliance with the requirements relating to continuing professional development;
- "Domain" represents an organised cluster of competencies within a framework;
- "GxP" a general abbreviation for quality guidelines, with the "x" denoting the field to which the guidelines apply, such manufacturing (GMP), clinical (GCP), pharmacy (GPP), laboratory (GLP), storage (GSP) and distribution (GDP) practices, amongst others;
- "Non-practising" means the designation on the applicable register indicating that the registered person is currently not providing one or more of the services, or performing one or more of the acts, pertaining to the scope of practice of the category in which he or she is registered, or does not intend to provide such services or perform such acts;
- "Practising" means the designation on the applicable register indicating that the registered person is currently providing one or more of the services, or performing one or more of the acts, pertaining to the scope of practice of the category in which he or she is registered, or intends to provide such services or perform such acts.

2. INTRODUCTION

- (a) The South African Pharmacy Council (hereafter referred to as "Council") has a statutory obligation in terms of Section 3 of the Pharmacy Act, 53 of 1974 to:
 - promote the provision of pharmaceutical care which complies with universal norms and values, in both the public and the private sector, with the goal of achieving definite therapeutic outcomes for the health and quality of life of a patient;
 - (ii) uphold and safeguard the rights of the general public to universally acceptable standards of pharmacy practice in both the public and the private sector; and
 - (iii) maintain and enhance the dignity of the pharmacy profession and the integrity of persons practising that profession;
- (b) Council resolved to introduce Continuing Professional Development (CPD) for registered persons to encourage and enhance career development and safeguard the rights of the general public to universally acceptable standards of pharmacy practice;
- (c) The submission, acceptance and assessment of CPD activities will be regulated in terms of the Pharmacy Act, 1974, and the *Regulations relating to continuing professional development* (CPD Regulations);
- (d) Registered persons will be required to submit a record of their CPD activities in accordance with the CPD cycle. The CPD system will be used for the submission of details of CPD activities:
- (e) Registered persons will be required to keep copies of their own personal electronic portfolio of evidence, which Council may request from time to time;
- (f) Council will assess submissions for compliance with the requirements relating to participation in and recording of CPD activities;
- (g) A competency (*plural* competencies) represents the individual qualities or attributes of professional activity (the how of performance). These are learned behaviours and are thus able to be effectively incorporated into developmental programmes that require practitioners to apply learned behaviours. Since competency standards are developed with a focus on performance, they facilitate identification of the aspects of performance in the workplace and provide the best means to deduce professional competence. Competency is a broad concept that includes all aspects of practice, including:
 - (i) skills to perform particular tasks;
 - (ii) managing a number of different tasks/activities within an occupation or profession:
 - (iii) responding to problems and non-routine events; and

- (iv) dealing with all aspects of the workplace including working with others;
- (h) Competence to practise will not be assessed but registered persons (except for pharmacist interns) are reminded that they have an ethical obligation to ensure that they are competent to practise.

3. POWERS OF THE CPD COMMITTEE

The powers of the CPD Committee as approved by Council are:

- (i) to promote awareness of the need for CPD;
- (ii) to liaise with stakeholders on matters relating to CPD;
- (iii) to establish, develop and maintain the requirements and tools relating to participation in and the recording of CPD activities;
- (iv) to set the criteria for the assessment of compliance with the requirements for CPD;
- (v) to set the criteria for the appointment of assessors for the purpose of assessing the participation and recording of CPD activities;
- (vi) to adjudicate requests for deferment from the requirements for compliance with CPD;
- (vii) to assess compliance with the requirements and criteria relating to participation and recording of CPD activities;
- (viii) to implement the quality assurance of processes relating to CPD; and
- (ix) to set standards for the approval of CPD providers, CPD courses and activities.

4. WHY IS CPD NECESSARY?

Registered persons have an obligation to promote the provision of pharmaceutical care which complies with universal norms and values, with the goal of achieving definite therapeutic outcomes for the health and quality of life of patients, by ensuring that the general public receives maximum therapeutic benefits from medicines, medical devices and in-vitro diagnostic medical devices (IVD).

CPD will ensure that the professional practice standards of registered persons are maintained and implemented so as to safeguard the public and enhance the dignity of the profession and the integrity of persons practising the profession.

5. WHO MUST PARTICIPATE IN CPD?

Council will periodically publish the categories of registered persons required to record CPD activities, by way of Board Notice.

(a) Participation in CPD activities is mandatory for all persons registered with Council as follows:

- (i) Pharmacist Interns;
- (ii) Community service pharmacists;
- (iii) Pharmacists; and
- (iv) Specialist pharmacists;
- (b) Requirements for participation in CPD activities shall be published, by way of Board Notice, in due course for:
 - (i) Pharmacy support personnel (Pharmacist's Assistant (Basic and Post-Basic));
- (c) Registered persons with the following additional roles **shall be designated as "practising"** and must meet the CPD requirements:
 - (i) Tutors and any pharmacist involved in the training of any category of registered person;
 - (ii) Responsible pharmacists;
 - (iii) Inspection Officers;
 - (iv) Panel members conducting accreditation and monitoring visits for Higher Education Institutions and Skills Development Providers;
 - (v) Assessors, examiners and moderators;
 - (vi) Pharmacists who are evaluators of courses;
 - (vii) Council members who are pharmacists; and
 - (viii) Pharmacists employed by the Office of the Registrar.
- (d) All accredited providers of Pharmacy education (Higher Education and Skills Development), where such education and training give rise to a qualification for purposes of registration, are required to prepare pharmacy learners/students to participate in and record CPD activities.

6. ANNUAL DECLARATION

- (a) A person registered in a category which is required by Council to record CPD activities must, on an annual basis, make a declaration to Council as to whether he or she wishes to be designated as practising or non-practising;
- (b) In addition, the annual declaration will provide a summary of a person's qualifications and area of practice/speciality and allow the registered person an opportunity to reflect on the activities that form part of their daily practice and future development. Registered persons must identify the competencies required for their daily practice (Annexure A).

7. DESIGNATION ON THE REGISTER

Practising

- (a) All first-time applicants and registered persons will be designated as practising until such time that they declare they are non-practising or fail to comply with CPD Regulations;
- (b) If a person has not submitted CPD activities for the preceding year by 1 May of the following year, he/she will be automatically designated as nonpractising;
- (c) The following categories of registered persons will be considered practising and will be obliged to meet the CPD requirements:
 - (i) Tutors and any pharmacist involved in the training of any category of registered person;
 - (ii) Responsible pharmacists;
 - (iii) Inspection officers;
 - (iv) Assessors, examiners, moderators;
 - (v) Panel members conducting accreditation and monitoring visits for Higher Education Institutions and Skills Development Providers;
 - (vi) Pharmacists who are evaluators of courses;
 - (vii) Council members who are pharmacists; and
 - (viii) Pharmacists who are employed by the Office of the Registrar;
- (d) A person who is designated on the register as practising will be able to change their designation online to non-practising;
- (e) Persons who have declared that they are practising will be issued with a proof of the practising status annually.

Non-practising

- (a) All the registered persons who do not meet CPD requirements will be designated as non-practising;
- (b) The following will apply to persons who have been designated or who have declared themselves as non-practising:
 - (i) they will be issued with a proof of the non-practising status annually;
 - (ii) they will have access to the online annual declaration and CPD system; and
 - (iii) they will be designated as 'non-practising' on Council's website;

- (c) The following procedure and conditions will apply for a person wishing to change designation from non-practising to practising:
 - (i) a duly completed application form for the change of designation from non-practising to practising must be submitted to the Registrar;
 - (ii) payment of the prescribed fee;
 - (iii) the application must be received at least 30 days prior to commencing the performance of functions that fall within the scope of practice of the category in which such a person is registered;
 - (iv) in cases where the Registrar does not approve the application and an appeal is received, such an appeal will be forwarded to Council for consideration;
 - (v) each application will be evaluated and treated on its own merit.

Inactive

- (a) Persons removed from the register in terms of Section 23 and Section 45(1)(b) and (c) of the Pharmacy Act, 53 of 1974;
- (b) The name of a person whose name has, in terms of the above-mentioned sections, been removed from the register, or an entry removed from the register, shall be restored to the register by the Registrar upon:
 - (i) the person applying on the prescribed form for such restoration;
 - (ii) paying the fee prescribed in respect of such restoration (if any); and
 - (iii) complying with the restoration requirements as determined by Council in the Guidelines for Restoration as published by Council from time to time;
- (c) Persons who wish to be designated as practising after restoration may be required to comply with certain conditions as contained in the Guidelines for Restoration determined by Council from time to time;
- (d) All persons whose names were removed and subsequently restored to the registers within a twelve (12) months period will be restored with the designation they assumed prior to the erasure date.

8. ACCESS TO CPD RECORDING SYSTEM

- (a) All registered persons will have access to the CPD recording system; and
- (b) Persons whose names have been removed from Council registers will not have access to the CPD recording system.

9. REQUIREMENTS RELATING TO CPD FOR PERSONS REGISTERED WITH THE COUNCIL

- (a) To comply with CPD requirements each registered person needs to submit at least six (6) CPD activities on an annual basis. Council may review the number of activities required annually from time to time (See Regulation 5(1) of the CPD Regulations);
- (b) In cases where a person has been designated as practising on the applicable register for a portion of the period, they will be required to complete the pro-rated number of CPD activities;
- (c) Registered persons are urged to keep their portfolio of evidence in electronic format and not upload their evidence on the CPD online system unless specifically requested to do so;
- (d) Council may at any time require evidence for purposes of assessment and may request registered persons individually to electronically upload their evidence;
- (e) All registered persons who are designated as practising will be required to participate in CPD by following the CPD cycle as prescribed by Council;
- (f) All the required entries relating to a person's CPD activities for the current year (1 January to 31 December) must be submitted by 31 December of that year;
- (g) A grace period ending on 30 April of the subsequent year of submission will be allowed;
- (h) Council will monitor the level of activity of persons required to record CPD activities on an ongoing basis;
- (i) An audit trail will be available for practising persons to view the history of their data capturing;
- (j) Council will send CPD entry reminders to all practising persons via SMS/email.

10. THE CPD CYCLE

- (a) The CPD cycle assists registered person to maintain, update and develop their competencies by:
 - Identifying individual learning needs;
 - Recognising the learning that may occur in the workplace;
 - Acknowledging that people learn in a variety of ways;
 - Planning and prioritising how to address the learning activities;
 - Choosing a preferred learning style to gain knowledge;

- Evaluating the outcome of the learning activity; and
- Applying knowledge to the individual practice situation.
- (b) The CPD cycle is a process that involves four steps, namely:
 - **Step 1:** Reflection on practice (answers the questions: What do I need to know? What do I need to be able to do?)
 - **Step 2:** Planning (answers the question: *How can I learn*?)
 - **Step 3:** Implementation (describes the action taken)
 - **Step 4:** Evaluation or reflection on learning (answers the questions: What have I learnt? How is it benefitting my practice?).
- (c) Council introduced a two-step CPD cycle to allow registered persons to complete only the implementation and the evaluations steps of the CPD cycle. Registered persons are allowed to submit a maximum of three (3) activities using the two-step CPD cycle per annum.

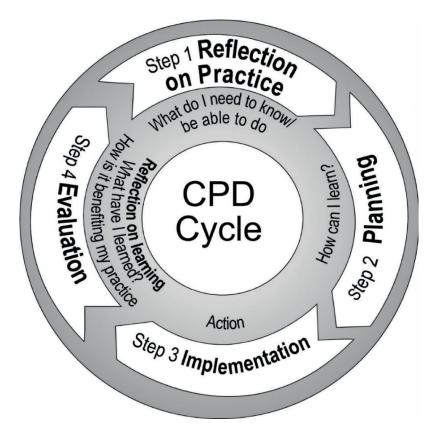


Figure 1: CPD cycle

STEP 1: Reflection on practice

- (a) A key part of CPD is the identification of learning needs through reflection on practice;
- (b) Registered persons in each practice setting are required to accept responsibility for their self-development and assessment of continued competence throughout their professional working lives;
- (c) Registered persons are encouraged to identify the learning needs relevant to their existing and future roles in the profession and, through CPD, update their knowledge, skills and behaviours;
- (d) Council developed the following tools of reference to assist in determining the learning needs:
 - (i) Domains and Competency Reflection Plan (Annexure A): A competency framework consisting of six domains domains represent an organised cluster of competencies within a framework; and
 - (ii) The Personal Development Plan (Annexure B): which may be used to analyse learning gaps and to link development, career and business plans to service needs and their delivery. Completion of a personal development plan will assist in the development of a CPD learning plan. This tool may be useful for any of the categories of persons registered with Council.

STEP 2: Planning

- (a) Registered persons must plan their development according to their identified learning needs and continually assess the impact of their achievements and progress on their practice;
- (b) Having identified the learning needs, the registered person should prioritise, taking into consideration the relevance, urgency and importance of the learning objectives;
- (c) The importance of the learning need will be determined by how frequently a registered person will use the acquired knowledge or skill in their work;
- (d) The Learning Plan (Annexure C) is designed to assist with the recording of planned learning activities.

STEP 3: Implementation

- (a) Registered persons will be required to record any learning events/activities undertaken;
- (b) The learning activities could include a wide range of activities including, selfstudy, attendance of journal clubs, lectures, symposia, courses and workshops, as well as formal education programmes;
- (c) In cases where a formal course, workshop or symposium has been attended, evidence of learning must be retained in the portfolio of evidence. Although this evidence will not be submitted on a regular basis, Council may ask for this evidence as part of the assessment process.

STEP 4: Evaluation – Reflection on learning

- (a) Evaluation is the step where the practising person:
 - (i) assesses the progress made towards achieving their learning objectives;
 - (ii) assesses what they have learnt and how they are able to apply the knowledge and skills gained;
 - (iii) assesses if the learning needs identified during the Reflection on Practice (Step 1) has been met; and
 - (iv) identifies further learning activities in an ongoing CPD cycle.

11. IMPLEMENTATION OF MANDATORY CPD FOR PERSONS REGISTERED WITH COUNCIL

- (a) Council resolved to implement CPD activities for registered persons to encourage and enhance career development and safeguard the rights of the general public to universally acceptable standards of pharmacy practice;
- (b) CPD activities will be regulated in terms of the Pharmacy Act, 1974, and the Regulations relating to continuing professional development;
- (c) Council will announce from time to time, by way of Board Notice, the categories of registered persons required to record CPD activities.

12. ASSESSMENT OF COMPLIANCE WITH THE REQUIREMENTS RELATING TO CPD

- (a) The assessments will be done as follows per category of registered persons:
 - (i) Pharmacy Students will be assessed in accordance with the provider requirements;
 - (ii) Pharmacist Interns' CPD activities will be assessed for competence to practice;

- (iii) all other registered persons will be assessed for compliance to the requirements of CPD.
- (b) The assessment of a registered persons' CPD activities for the preceding year will commence on 1 May of the following year.

13. ASSESSMENT OF COMPETENCE OF REGISTERED PERSONS

- (a) Council may assess the competence of any registered person, or person wishing to be restored to the register, by assessing CPD activities submitted by such person;
- (b) Council may, on an annual basis, and in each category, perform assessments on a sample of registered persons designated as practising, as follows:
 - (i) The percentage of persons to be assessed will be determined by Council on an annual basis and may be increased as the capacity to conduct assessments increases;
 - (ii) Persons who have changed their designation from non-practising to practising within the last year will be included in the group of persons to be assessed:
 - (iii) The activities will be assessed using a set of assessment criteria developed as a tool to assess the level of competence of such sample;
 - (iv) Assessors will be appointed by Council in terms of the *Regulations* relating to pharmacy education and training to assess the competence of the person using the CPD activities submitted by registered persons based on assessment criteria:
 - (v) Council will monitor the assessor's performance to ensure they remain fair and consistent in the assessment of CPD activities;
 - (vi) The assessment process will be subject to the normal process of moderation and verification. Sample sizes for moderation and verification will be determined by Council;
- (c) Where necessary for purposes of assessing competency, Council may require a practising person to submit their portfolio of evidence for assessment;
- (d) In the event that a person is found not to be competent based on their submission of CPD activities, the CPD committee may:
 - (i) request further assessment;
 - grant the person deferment for a period of time as determined by the committee, subject to compliance with conditions which may be determined by Council;
 - (iii) require the person to follow a support or remedial programme; or

(iv) require the person to be subjected to another method of assessment.

14. RECOMMENDED GRID FOR SELF/PEER ASSESSMENT

Self-assessments and peer review are voluntary and are meant to ensure the quality of CPD activities.

STEP 1: REFLECTION	ASSESSMENT CRITERIA	SELF	PEER
Domains and	The learning title is linked to the competency and		
competency standards	associated behavioural statement		
Learning title	There is a title, which is descriptive and relevant to the		
	behavioural statement. The title is relevant to what the		
	registered person needs to learn and is not the same		
	as the competency or domain		
Describe the learning	There is a description of the identified learning need		
need	and what the registered person hopes to achieve in		
	addressing the learning need		
Comments:			

STEP 2: PLANNING	ASSESSMENT CRITERIA		PEER
Start date	The date is current, i.e. during the current year		
Brief description	The registered person must describe the plan and provide a brief description of the reasoning behind the planned selection		
Comments:			

STEP 3: IMPLEMENTATION	ASSESSMENT CRITERIA	SELF	PEER
Supporting documentation – evidence	At the request of Council, registered persons will be required to upload evidence or supporting documents. The evidence must be:		
	 valid – relevant to the outcome 		
	current – collected during the current year		
Achievement date	The achievement date must be current		
Description	A brief description of the learning activity and its relevance to the evidence		
Comments:			

STEP 4: EVALUATION	ASSESSMENT CRITERIA	SELF	PEER	
Description Provide a description of how the learning has been applied and feedback on the impact on practice Provide examples of where the knowledge and skill acquired have been applied				
Comments:				
Overall Comments				

15. NON-COMPLIANCE WITH CPD REQUIREMENTS

Non-compliance with CPD requirements will be managed in terms of Regulation 6 of the *Regulations relating to continuing professional development*, 2019.

16. APPEALS

- (a) A person who is aggrieved by a decision of Council in terms of the CPD Regulations may, in writing and within 60 days of such a decision having come to the knowledge of that person, appeal against such decision to an appeals committee appointed in terms of Regulation 7(3);
- (b) An appeal must clearly state-
 - (i) the decision against which the appeal is lodged; and
 - (ii) the grounds on which the appeal is lodged.
- (c) The Registrar must appoint an appeals committee that consists of no fewer than three persons, constituted as follows:
 - (i) The chairperson, appointed on account of his or her knowledge of the law; and
 - (ii) two other members appointed on account of their skills and knowledge of pharmacy practice.
- (d) A member of an appeals committee may not have a direct or indirect interest in the affairs of the appellant or respondent.

17. DEFERMENT

- (a) A person registered with Council may apply for deferment from compliance with the CPD requirements for reasons acceptable to Council. Council may consider reasons such as (but not limited to):
 - (i) Temporary incapacity as defined in the Compensation for Occupational Injuries and Diseases Act, 130 of 1993;
 - (ii) A person having no access to the online CPD recording system by virtue of being suspended;
 - (iii) A person who has been deployed on assignment whereby the performance of certain functions may lead to a breach of national security;
 - (iv) National deployment to a country where there is no internet connection;
 - (v) Practising in another country where there is mandatory CPD, on condition that the person submits documentary evidence showing they were compliant with the CPD requirements of that country. If CPD is not mandatory in the country of practice, registered persons will be required to comply with Council's CPD requirements;

- (vi) A person who cannot submit all required entries due to illness and unforeseen circumstances; and
- (vii) Other reasons substantiated by the applicant and deemed fit by Council.
- (b) Such applications may be prospective or retrospective;
- (c) Such applications will be evaluated on merit, upon submission of the required evidence;
- (d) Deferment may only be granted by Council, for a period not exceeding twelve (12) months;
- (e) Any person who wishes to apply for deferment for a period exceeding twelve
 (12) months will be advised to move to the register of non-practising persons;
 and
- (f) Applications for potential deferment will be subject to application criteria as Council may determine from time to time.

18. CPD LEARNING GUIDE

- (a) Recorded CPD activities should be relevant to the practice of the registered person or be concerned with or encourage and enhance career development;
- (b) The activities must be current within the period of exposure to the learning activity and should ideally be spread evenly throughout the year;
- (c) The following are examples of different types of learning activities:
 - (i) <u>Non-measurable learning activities</u>: These are learning activities undertaken or presented on a once-off, non-continuous basis and do not necessarily have a clearly measurable outcome.
 - (aa) Self-study;
 - (bb) Written assignments submitted to a non-accredited organisation;
 - (cc) Events presented by a non-accredited organisation or individual;
 - (dd) Breakfast meetings, presentations or journal clubs;
 - (ee) Case study discussions;
 - (ff) Formally or informally organised special purpose teaching/learning ward rounds; and
 - (gg) Conferences, symposia, refresher courses, short courses without a measurable outcome.

- (ii) <u>Measurable/structured learning programmes:</u> These are learning activities presented by an accredited service provider or training institution, carried out over a period of not more than six months.
 - (aa) Certificate received for participation in a short course, multiplechoice questions in a journal, including an electronic journal, with a pass rate of 60% from an accredited institution or provider;
 - (bb) Principal author or co-author of a peer-reviewed publication or chapter in a book;
 - (cc) Review of an article/chapter in a book;
 - (dd) Keynote speaker at an accredited conference;
 - (ee) Guest/occasional lecturer to present an accredited activity; and
 - (ff) External examiner of an undergraduate examination paper, or a master's or doctoral thesis on completion.
- (iii) <u>Structured learning / formal programmes:</u> This includes learning activities that are planned, recorded and/or presented by an accredited training institution, or evaluated by an accredited assessor, with a measurable outcome. These are learning activities performed over a period exceeding six months.
 - (aa) Supplementary courses;
 - (bb) Diploma; and
 - (cc) Postgraduate studies undertaken over a period of not less than seven months.

19. LIST OF ANNEXURES

- (a) Annexure A Domains and Competency Reflection Plan
- (b) Annexure B Personal Development Plan
- (c) Annexure C Learning Plan

Annexure A - Domains and Competency Reflection Plan

Summary of domains and competencies

Introduction

- (a) Competency standards have been developed as a tool to help professionals assess their own learning needs and to assist with identifying areas, within current or future practice, that may require modification and/or improvement in knowledge, skills, attitudes and values;
- (b) Gaps in knowledge, skills, attitudes and values are identified by comparing personal knowledge, skills, attitudes and values with those required by the competency standards;
- (c) Pharmacists in each field of practice need to accept responsibility for the selfassessment and maintenance of their competency throughout their professional lives;
- (d) As pharmacists practise in a variety of practice settings, each professional must evaluate the domains and competencies in accordance with their category of practice;
- (e) A new competency framework consisting of six domains and several competencies suitable for the South African context was developed;
- (f) A domain represents an organised cluster of competencies within a framework;
- (g) It is expected that a pharmacist at a higher level of practice, in addition to the behaviours associated with that level, must also exhibit the behaviours from the lower level(s) of practice;
- (h) The competency standards and associated behavioural statements are presented within the six domains;
- (i) This tool was developed as a guidance tool; and, as such, it is not compulsory.

DOMAIN 1: Public Health

Introduction

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.

The provision of medicines and healthcare information and education forms an integral part of the scope of practice of a pharmacist. The availability of specialised pharmaceutical knowledge at all levels of care, including primary healthcare (PHC), is an important component for the delivery of effective and efficient pharmaceutical services.

The domain covers competencies that are required to promote health, promote and monitor adherence and apply pharmacoeconomic principles.

The public health domain competencies are:

- 1.1 Promotion of health and wellness
- 1.2 Medicines information
- 1.3 Professional and health advocacy
- 1.4 Pharmacoeconomics
- 1.5 Epidemics and disaster management
- 1.6 Primary healthcare

The behavioural aspects must be demonstrated as follows:

1.1 Promotion of health and wellness

Behavioural Statements (tick Appropriate for your level of practice)				
Entry-Level Practice	Intermediate Practice	Advanced Practice		
Advise on health promotion,	Assess the healthcare needs of	Collaborate with other healthcare		
disease prevention and control,	communities considering the	professionals in the planning,		
and healthy lifestyles.	cultural and social context and	development and implementation of		
	public health priorities in South	evidence-based public health campaigns.		
	Africa.			
Participate in public health	Assist and encourage communities	Incorporate national health and		
campaigns.	to make use of available health	medicines policy and guidelines into		
	resources.	organisational practices.		
Do these Behavioural Statements form part of my Current Practice?				
Yes No				
Based on the competencies I have, I can do this				
Yes No				
Comment:		_		

1.2 Medicines information

Behavioural Statements (tick Appropriate for your level of practice)				
Entry-Level Practice	Intermediate Practice	Advanced Practice		
Participate in pharmaceutical and therapeutics committees.	Play an advisory role in pharmaceutical and therapeutics	Play a leading role in pharmaceutical and therapeutics committees.		
Participate in antimicrobial stewardship.	committees. Play an advisory role in antimicrobial stewardship.	Play a leading role in an antimicrobial stewardship team.		
Apply principles of palliative care for the management of patients with life-limiting conditions.	Recognise and manage the changing pharmacological and pharmaceutical care needs of patients with life-limiting conditions.	Develop and review policies to support the application of the palliative care approach in medicine management.		
Identify and use medicine information centres and relevant evidence-based sources of information for medicines.	Identify and use medicine information centres and relevant evidence-based sources of information for medicines.	Interpret and use relevant evidence- based sources when consulting on advanced medicine information queries.		
Do these Behavioural Statements form part of my Current Practice? Yes No				
Based on the competencies I have, I can do this Yes No				
Comment:				

1.3 Professional and health advocacy

Behavioural Statements (tick Appropriate for your level of practice)				
Entry-Level Practice	Intermediate Practice	Advanced Practice		
Participate as a pharmacist within a healthcare team.	Promote the role of the pharmacist within healthcare teams.	Act as a patient advocate to ensure that pharmaceutical care is optimised.		
Apply health policy and	Participate in the implementation of	Contribute to the development and review		
procedures in practice.	health policy.	of health policy.		
Do these Behavioural Statements	form part of my Current Practice?			
Yes No				
Based on the competencies I have, I can do this				
Yes No				
Comment:				

1.4 Pharmacoeconomics

Behavioural Statements (tick Appropriate for your level of practice)				
Entry-Level Practice	Intermediate Practice	Advanced Practice		
Monitor and encourage adherence to formularies and quidelines.	Report on adherence to formularies.	Evaluate reports and develop interventions to improve formularies and quidelines.		
Apply developed interventions to ensure the cost-effective use of medicines.	Collate reliable information and conduct analysis to ensure the costeffective use of medicines.	Develop interventions to improve the cost-effective use of medicines.		
Participate in collecting pharmaceutical data to determine if pharmaceutical use is in accordance with the burden of disease.	Compile and analyse reports such as Defined Daily Doses (DDDs) and ABC analysis to determine if pharmaceutical use is in accordance with the burden of disease.	Develop reporting systems to determine whether pharmaceutical services are in accordance with the burden of disease.		
Do these Behavioural Statements form part of my Current Practice? Yes No				
Based on the competencies I have, I can do this Yes No				
Comment:				

1.5 Epidemics and disaster management

Behavioural Statements (tick Appropriate for your level of practice)				
Entry-Level Practice	Intermediate Practice	Advanced Practice		
Assist in the implementation of	Participate as a member of a	Implement, monitor and evaluate the		
the outbreak/disaster plan.	disease outbreak/disaster response	rollout of an outbreak/disaster		
	team.	pharmaceutical response plan.		
Identify disease trends in your	Identify and report disease trends in	Identify and report the incidence and		
pharmacy practice setting	the community to the relevant	prevalence of disease in the population		
(patient-based).	authority.	with detection of source and cause of		
		infectious diseases.		
Identify threats for	Identify threats for the outbreak of	Identify possible threats for the outbreak		
outbreak/disaster in your	disease/disasters in the community.	of disease/disasters in the population.		
pharmacy practice setting	-			
(patient-based).				
Assist in managing	Implement activities aimed at	Plan actions and prepare for possible		
outbreaks/disasters.	managing outbreaks/disasters.	outbreaks/disasters.		
Do these Behavioural Statements form part of my Current Practice?				
Yes No D				
Based on the competencies I have, I can do this				
Yes No				
Comment:				

1.6 Primary healthcare

Behavioural Statements (tick Appropriate for your level of practice)					
Entry-Level Practice	Intermediate Practice	Advanced Practice			
Engage in lifestyle changes in a multidisciplinary setting, that may prevent communicable and non-communicable diseases and/or improve therapeutic outcomes.	Work in a multidisciplinary healthcare team to optimise therapeutic outcomes.	Play a leading role in a multidisciplinary healthcare team to optimise therapeutic outcomes.			
Participate in screening and disease prevention programmes and campaigns.	Advocate for lifestyle changes that may prevent communicable and non-communicable diseases and/or improve the outcomes of medicinal therapy.	Advocate for lifestyle changes that may prevent communicable and non-communicable diseases and/or improve the outcomes of medicinal therapy.			
Advise patients on self-care and adherence to treatment regimens.	Implement strategies to encourage patients to take responsibility for their own health and adherence to treatment guidelines.	Develop strategies to encourage patients to take responsibility for their own health and adherence to treatment guidelines.			
Do these Behavioural Statements form part of my Current Practice?					
Yes No					
Based on the competencies I have, I can do this					
Yes No	Yes No L				
Comment:					

DOMAIN 2: SAFE AND RATIONAL USE OF MEDICINES AND MEDICAL DEVICES

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; 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 of evaluations and monitoring of therapeutic outcomes.

The competencies required in the domain for the safe and rational use of medicines and medical devices are:

- 2.1 Patient consultation
- 2.2 Patient counselling
- 2.3 Patient medicines review and management
- 2.4 Medicines and medical devices safety
- 2.5 Therapeutic outcome monitoring
- 2.6 Pharmacist-initiated therapy (PIT)
- 2.7 Pharmacovigilance
- 2.8 Clinical trials

The behavioural aspects must be demonstrated as follows:

2.1 Patient Consultation

Behavioural Statements (tick Appropriate for your level of practice)				
Entry-Level Practice	Intermediate Practice	Advanced Practice		
Undertake consultations in an appropriate setting with minimal interruption while maintaining verbal, auditory and personal privacy.	Undertake more complex consultations in an appropriate setting with minimal interruption while maintaining verbal, auditory and personal privacy.	Ensure that appropriate facilities are available to permit patient consultation.		
Use appropriate communication and questioning techniques to gather relevant patient information on allopathic, complementary and alternative medicines and therapy use.	Provide accurate and evidence- based information on allopathic, complementary and alternative medicines and therapy use.	Provide guidance to pharmacists and pharmacy support personnel on allopathic, complementary and alternative medicines and therapy use, using evidence-based information.		
Consult with a patient and/or caregiver to determine health needs in a culturally sensitive manner.	Implement protocols to ensure that all personnel maintain cultural sensitivity in all patient interactions.	Develop and review protocols to ensure that all personnel maintain cultural sensitivity in all patient interactions.		
Identify the need for further information and/or referral to an appropriate healthcare provider/resource.	Implement protocols for referral in consultation with other members of the healthcare team.	Develop and review protocols for referral in consultation with other members of the healthcare team.		
Where appropriate and after obtaining patient consent, use diagnostic aids and/or tests.	Implement protocols to ensure appropriate use/application of diagnostic aids and/or tests.	Develop and review protocols to ensure appropriate use/application of diagnostic aids and/or tests.		
Where applicable, examine patient records to obtain patient medication and disease history.	Implement care plans based on patient records.	Develop and review a care plan based on patient records and monitor patient outcomes.		
Maintain confidentiality of patient information in line with legislative requirements.	Manage the risk assessment plan relating to the breach of confidentiality of patient information in line with legislative requirements.	Develop and review the risk assessment plan relating to the breach of confidentiality of patient information in line with legislative requirements.		
Keep and maintain appropriate records.	Implement procedures and protocols for document management and recordkeeping.	Develop and review procedures and protocols for document management and recordkeeping.		
Do these Behavioral Statements form part of my Current Practice? Yes No				
	Based on the competencies I have, I can do this			
Yes No				
103 110				

Issued by the South African Pharmacy Council

In the interest of accessible quality pharmaceutical services

Behavioural Statements (tick Appropriate for your level of practice)		
Entry-Level Practice	Intermediate Practice	Advanced Practice
Comment:		

2.2 Patient Counselling

Behavioural Statements (tick Appropriate for your level of practice)		
Entry-Level Practice	Intermediate Practice	Advanced Practice
Establish existing understanding and knowledge of health conditions, medicines use for a patient and the need for counselling.	Formulate a counselling plan according to the needs of the patient to ensure the safe and effective use of medicines.	Ensure that all patients receive appropriate counselling that is in line with facility-specific protocols.
Counsel patients on the safe and rational use of medicines and medical devices (including selection, use, contraindications, storage, and side effects).	Implement systems to ensure that patient counselling is performed in accordance with GPP.	Develop and manage systems to ensure that patient counselling is performed in accordance with GPP.
Listen effectively, using active and reflective listening techniques.	Respond appropriately to more challenging or complex scenarios that require attentive listening.	Use advanced listening skills to differentiate or distinguish challenging and complex scenarios.
Use an appropriate counselling plan based on patient needs and ensure the safe and effective use of medicine.	Respond appropriately to more challenging or complex scenarios requiring patient counselling.	Develop and review counselling plan templates to ensure the safe and effective use of medicine.
Maximise opportunities for counselling and the provision of information and advice to patients.	Identify opportunities for counselling and the provision of information and advice to patients.	Create opportunities for counselling and the provision of information and advice to patients.
Communicate in a manner that demonstrates sensitivity to alternative customs and approaches to healthcare.	Implement communication techniques/systems that consider alternative customs and approaches to healthcare.	Develop communication techniques/systems that consider alternative customs and approaches to healthcare.
Use language, including verbal and nonverbal cues, that the patient is likely to understand.	Implement and monitor the use of a language policy that includes verbal and nonverbal cues that the patient is likely to understand.	Develop a language policy that includes verbal and nonverbal cues that the patient is likely to understand.
Where appropriate, use instructional aids.	Implement the use of instructional aids appropriately.	Develop instructional aids that can be used to maximise counselling.
Obtain feedback from the patient to confirm their understanding of the information provided during the counselling process.	Implement processes and procedures to obtain patient feedback regarding counselling.	Develop processes and procedures to obtain patient feedback in counselling.
Do these Behavioural Statements form part of my Current Practice? Yes No		
Based on the competencies I have, I can do this Yes No		
Comment:		

2.3 Patient medicine review and management

Behavioural Statements (tick Appropriate for your level of practice)		
Entry-Level Practice	Intermediate Practice	Advanced Practice
Confirm patient adherence to a medicine regimen or treatment plan.	Encourage and facilitate patient adherence to a medicine regimen or treatment plan.	Identify, prioritise and resolve medicine management problems.
Assist with medicine utilisation reviews.	Perform medicine utilisation reviews, as appropriate, to ensure the rational use of medicine and positive clinical outcomes.	Recognise and manage trends associated with inappropriate medicine prescribing behaviour.
Liaise with the prescriber or other healthcare professionals	Liaise with the prescriber or other healthcare professionals to	Contribute to strategies to optimise patient medication management using clinical tools where appropriate.

to ensure the optimal use of	implement a plan to ensure the	
medicines.	optimal use of medicines.	
Use appropriate protocols to	Use appropriate protocols to ensure	Develop protocols to ensure the cost-
ensure cost-effective use of	cost-effective use of medicines and	effective use of medicines and medical
medicines and medical devices.	medical devices.	devices.
Identify patients requiring	Recognise and advise on any	Recognise and advise on any additional
additional monitoring.	additional patient monitoring	patient monitoring required in complex
	required.	scenarios.
Do these Behavioral Statements f	form part of my Current Practice?	
Yes No		
Based on the competencies I have	e, I can do this	
Yes No		
Comment:		_

2.4 Medicine and medical device safety

Behavioural Statements (tick Appropriate for your level of practice)		
Entry-Level Practice	Intermediate Practice	Advanced Practice
Report dispensing errors, side and adverse effects.	Implement developed protocols to avoid common dispensing errors such as 'look-alike' and 'soundalike' medicines.	Develop protocols to avoid common dispensing errors such as 'look-alike' and 'sound-alike' medicines.
Keep abreast of emerging medicine safety information.	Implement and maintain a 'near misses' and error reporting system.	Disseminate information relating to medicine safety and alter practice accordingly.
Participate in prevention and resolution of medication errors.	Identify, record, act and report medication errors.	Review and interpret medication error reports to identify trends and implement appropriate corrective action.
Identify medicines, and medical devices with quality issues and report according to applicable policies.	Source medicines and medical devices of acceptable quality and standard, in accordance with relevant SOPs	Develop SOPs to ensure that medicines and medical devices are of acceptable quality and standard, and are sourced from licensed and approved suppliers.
Identify medicines and medical devices that are a high risk in respect of medication errors or that exhibit increased safety risks and take steps to minimise and mitigate the risk.	Implement developed systems and protocols to minimise and mitigate medication errors and adverse effects.	Develop systems and protocols to minimise and mitigate medication errors and adverse effects.
Store medicines and medical devices in a safe, secure, organised and systematic manner.	Implement developed systems to ensure safe, secure, organized and systematic storage of medicines and medical devices.	Develop systems to ensure safe, secure, organised and systematic storage of medicines and medical devices.
Do these Behavioural Statements form part of my Current Practice?		
Yes No No		
Based on the competencies I have	e, I can do this	
Yes No		
Comment:		

2.5 Therapeutic outcome monitoring

Behavioural Statements (tick Appropriate for your level of practice)		
Entry-Level Practice	Intermediate Practice	Advanced Practice
Monitor therapeutic outcomes.	Monitor and optimise therapeutic outcomes for more complex scenarios.	Ensure that protocols are in place to support the optimisation of therapeutic outcomes by pharmacists.
Consult with other healthcare	Contribute to the PTC or at the	Participate in the optimisation of
professionals to optimise	formulary design level to optimize	therapeutic outcomes at PTC/formulary
therapeutic outcomes.	therapeutic outcomes.	design level.
Do these Behavioural Statements	form part of my Current Practice?	
Yes No		
Based on the competencies I hav	e, I can do this	
Yes No		
Comment:		

2.6 Pharmacist initiated therapy (PIT)

Behavioural Statements (tick A	ppropriate for your level of practice)	
Entry-Level Practice	Intermediate Practice	Advanced Practice
Assess and treat a patient based	Ensure all medicine selection and	Ensure that protocols are in place to
on objective and subjective	advice provided reflects the best	facilitate supervision of pharmacy support
signs and symptoms as guided	evidence and guidance.	personnel involved in pharmacist initiated
by relevant legislation and within		therapy (PIT).
the scope of practice.		
Discuss the use of appropriate	Implement the guidelines and	Develop guidelines and policies for the
medicines and obtain	policies on the appropriate use of	appropriate use of medicines.
consensus from the patient,	medicines.	
considering patient preferences,		
allergies and medical history.		
Document any intervention,	Implement the developed	Develop a pharmacist intervention
including medicine supply,	pharmacist intervention	documentation system.
according to current legislative	documentation system.	
requirements.		
Refer patients, when required, to	Implement the referral system to an	Develop a patient referral system.
an appropriate healthcare	appropriate healthcare	
provider/resource.	provider/resource.	
	form part of my Current Practice?	
Yes U No U		
Based on the competencies I hav	e, I can do this	
Yes U No U		
Comment:		

2.7 Pharmacovigilance

Behavioural Statements (tick Appropriate for your level of practice)		
Entry-Level Practice	Intermediate Practice	Advanced Practice
Monitor, receive, record and	Manage pharmacovigilance	Design and implement interventions to
report quality defects, adverse	activities and classify the events	prevent and minimise adverse drug
drug reactions and events.	accordingly.	events.
Perform post-marketing	Compile reports of the post-	Review pharmacovigilance reports and
surveillance studies.	marketing surveillance studies.	report to the regulatory authority.
Do these Behavioural Statements	form part of my Current Practice?	
Yes No		
Based on the competencies I have	e, I can do this	
Yes No		
Comment:		

2.8 Clinical Trials

Behavioural Statements (tick Appropriate for your level of practice)		
Entry-Level Practice	Intermediate Practice	Advanced Practice
Apply master documents (e.g.	Implement and monitor compliance	Interpret guidelines, legislation
SOPs) according to GxP.	inline with GxP.	and policies in line with GxP.
Compile master documents.	Review master documents.	Approve master documents.
Do these Behavioural Statements	form part of my Current Practice?	
Yes No		
Based on the competencies I have, I can do this		
Yes 🗌 No 🗌		
Comment:		

DOMAIN 3: SUPPLY OF MEDICINES AND MEDICAL DEVICES

INTRODUCTION

Domain 3 includes competencies required to address the supply of medicines and medical devices, from production processes to the disposal of unused, expired and obsolete medicines and medical devices. The domain encompasses the planning and management of all activities involved in sourcing, procurement, and logistics management and includes coordination and collaboration with suppliers and other healthcare professionals in delivering pharmaceutical services to patients.

The pharmacist plays a critical role in the registration and manufacturing of safe, quality and effective medicines and medical devices. Procurement of safe, quality and effective medicines and medical devices involves the identification and careful selection of suppliers who provide products manufactured in accordance with current Good Manufacturing Practice (cGMP) and relevant legislation. In addition, behavioural statements for Domain 3 pertain to packaging, storage and transport of medicines and medical devices, and the legislation applicable to manufacturing, storage and distribution of medicines and medical devices.

The procurement, storage and distribution of pharmaceutical products are a major determinant in the availability of affordable, quality, safe and effective medicines. Given the impact of procurement activities on the operation and effectiveness of health services, it is essential that these activities are managed by pharmacists capacitated to apply sound procedures and who have access to reliable stock control, consumption and distribution information in order to manage medicine supply.

The dispensing process is also incorporated in the supply of medicines domain. The process in which the pharmacist interprets and evaluates a prescription, from both legal and pharmacological perspectives, selects appropriate medicine(s), prepares, packs and labels the medicine(s), and counsels the patient on the correct use of the medicine(s), are behaviours included in Domain 3. To improve therapeutic outcomes, the supply of medicines should include behaviours encompassing patient care encounters, prescription review, and medicine utilisation review.

In addition, pharmacists are responsible for minimising pharmaceutical waste. This includes the coordination of continuous monitoring of pharmaceutical waste generation, and the destruction or disposal procedures for any unused, unwanted or expired medicine.

The supply of medicines and medical devices competencies are:

- 3.1 Medicine production according to GxP
- 3.2 Supply chain management

- 3.3 Formulary development
- 3.4 Medicine dispensing
- 3.5 Medicine compounding
- 3.6 Medicine disposal/destruction

The behavioural aspects must be demonstrated as follows:

3.1 Medicine production according to GxP

Behavioural Statements (tick Appropriate for your level of practice)		
Entry-Level Practice	Intermediate Practice	Advanced Practice
Apply SOPs and production	Implement and monitor compliance	Interpret guidelines, legislation and
documentation for receiving	about materials receiving	policies for receiving material.
materials.	requirements in accordance with	
A a L COR and a Cor	SOPs.	Total or the Color of the Color
Apply SOPs and production	Implement and monitor compliance	Interpret guidelines, legislation and
documentation for storage requirements.	with storage requirements in accordance with SOPs.	policies for storage of raw materials and finished products.
Apply SOPs and production	Implement and monitor compliance	Manage deviations, investigate
documentation according to	with production requirements in	production failures, develop, review
the manufacturing processes.	accordance with SOPs.	and update guidelines, SOPs and policies
the manadactaring processes.	accordance with CO1 3.	relating to the manufacturing
		process.
Apply SOPs and production	Implement and monitor compliance	Manage deviations, investigate
documentation to packaging	with packaging requirements in	packaging failures, develop, review
process.	accordance with SOPs.	and update guidelines, SOPs and policies
		relating to the packaging process.
Apply SOPs and review	Implement and monitor compliance	Review and approve manufacturing
production documentation	with the final product release	records for final product release.
for final product release.	specifications.	
Review and apply SOPs and	Develop and implement quality	Develop and manage quality
production documentation in	management systems to ensure	management policies.
line with quality management systems.	product safety, quality and efficacy.	
Apply principles of validation.	Develop validation protocols	Approve validation
Apply principles of validation.	and reports.	protocols and reports.
Apply Section 15 of Act 101	Review the dossier for correctness	Approve the dossier for submission to the
to compile medicine	and completeness, and respond	regulatory authority.
registration dossiers.	to variations from the regulatory	Tagaranan, aannann,
	authority.	
Compile master documents.	Review master documents.	Approve master documents.
Do these Behavioural Statements form part of my Current Practice?		
Yes No		
Based on the competencies I have, I can do this		
Yes No L		
Comment:		

3.2 Supply chain management

Behavioural Statements (tick Appropriate for your level of practice)		
Entry-Level Practice	Intermediate Practice	Advanced Practice
Monitor and report stock	Implement medicines supply chain	Develop and review protocols to ensure
requirements and shortages.	protocols to ensure access and	access and availability of safe, effective,
	availability of safe, effective, quality	quality medicines and medical devices
	medicines and medical devices.	for various supply and distribution
		models.
Advise consumers/caregivers of	Convey medicine or medical	Develop, and monitor
reasons for the delay in the	device shortage contingency	contingency plans for
supply of medicines and	plan information to the relevant healthcare	medicines and medical
medical devices and implement the contingency plans to ensure	professionals.	device shortages.
continuity of care.	professionals.	
Use the tools to monitor and	Assess and determine suitable	Develop tools to monitor
review stock levels.	stock levels and the maintenance	and review stock levels.
Toviow Stock lovels.	thereof.	and review stock levels.
Supply suitable alternative	Source and obtain suitable	Liaise with prescribers and other
medicines and medical devices	alternative medicines and	stakeholders to identify suitable
in emergency and life-	medical devices in	alternative medicines and medicine
threatening situations.	emergency and life-threatening	devices where supply difficulties are likely
	situations.	to occur.
Procure medicines and medical	Implement and manage	Develop and review procurement/supply
devices in line with approved	procurement/supply chain	chain management policies and
procurement/supply chain	management policies and	procedures ensuring no conflict of
management policies and	procedures appropriate to the	interest or inappropriate inducements
procedures appropriate to the practice setting.	practice setting.	in the sourcing and supply of medicines.
Distribute medicines and	Communicate policies and	Apply GxP principles and relevant
medical devices in line with	protocols for medicine and medical	legislation in the development of policies
approved protocols and	device distribution developed in	and protocols for medicine supply
policies developed in	accordance with GxP to other	management.
accordance with GxP.	members of the healthcare team.	
Supply unregistered medicines	Manage the supply of unregistered	Develop systems and protocols for the
in accordance with relevant	medicines in accordance with	supply of unregistered medicines in
legislation.	relevant legislation.	accordance with relevant legislation.
Implement an effective stock	Work with documented policies and	Manage sector-wide pharmaceutical
management and rotation	procedures to implement an	quantification.
system, including systems	effective stock management and	
for forecasting patient needs	rotation system, including systems	
and demands, and contingency	for forecasting patient needs and	
plans for shortages and discontinuations.	demands and contingency plans for shortages and discontinuations.	
Compile master documents.	Review master documents.	Approve master documents.
Do these Behavioural Statements form part of my Current Practice?		
Yes No		
Based on the competencies I have, I can do this		
Yes No		
Comment:		

3.3 Formulary development

Behavioural Statements (tick Appropriate for your level of practice)		
Entry-Level Practice	Intermediate Practice	Advanced Practice
Contribute to product selection based on systematic evidence-based evaluation criteria, e.g. suitability for intended use, quality and cost of medicines and medical devices, safety profile, reliability of source and bioequivalence.	Play an advisory role in product selection based on systematic evidence-based evaluation criteria, e.g. Suitability for intended use, quality and cost of medicines and medical devices, safety profile, reliability of source and bioequivalence.	Play a leading role in product selection based on systematic, evidence-based evaluation criteria, suitability for intended use, quality and cost of medicines and medical devices, safety profile, reliability of source and bioequivalence.
Do these Behavioural Statements	form part of my Current Practice?	
Yes No		
Based on the competencies I have, I can do this		
Yes No		
Comment:		

3.4 Medicine dispensing

Behavioural Statements (tick Ar	Behavioural Statements (tick Appropriate for your level of practice)		
Entry-Level Practice	Intermediate Practice	Advanced Practice	
Evaluate, interpret and prepare	Manage, organise and prioritise the	Manage, organise and prioritise the	
the prescription in line with	0, 0	dispensing of prescriptions according to	
legislative requirements and	according to professional judgment,	professional judgment, up-to-date clinical	
inform patients of the availability	up-to-date clinical knowledge and in	knowledge and in line with legislative	
of generic medicines.	line with legislative requirements.	requirements.	
Maintain, review and update	Ensure that patient history is	Ensure that patient history is recorded	
patient history.	recorded and stored appropriately	and stored appropriately in accordance	
	in accordance with applicable	with applicable legislation.	
	legislation.		
Perform a therapeutic review of a	Perform a therapeutic review of	Undertake a therapeutic review of highly	
prescription to ensure	more complex prescriptions to	complex prescriptions for patients with	
pharmaceutical and clinical	ensure pharmaceutical and clinical	multiple coexisting conditions to ensure	
appropriateness of the	appropriateness of treatment.	pharmaceutical and clinical	
treatment.		appropriateness of the prescribed	
		treatment for the patient.	
Apply GPP principles and ensure	Apply GPP principles and ensure	Put systems in place to ensure that all	
accurate dispensing	accurate dispensing in an organised	phases of dispensing as detailed in the	
in an organised and systematic	and systematic way and apply	GPP are complied with.	
way and apply sequential	sequential accuracy checks to all		
accuracy checks to all phases of	phases of dispensing.		
dispensing.			
Prepare extemporaneous	Ensure that extemporaneous	Develop SOPs for preparation of	
preparations according to GxP.	preparations are prepared in	extemporaneous preparations in line with	
	accordance with GxP.	GxP.	
Perform pharmaceutical	Ensure that pharmaceutical	Provide reference sources and develop	
calculations accurately.	calculations are accurate.	procedures for pharmaceutical	
		calculations.	
Consult prescribers regarding	Address prescription anomalies in	Advise and guide prescribers on potential	
anomalies or potential problems,	clinical meetings with healthcare	problematic treatment regimens.	
e.g. incorrect doses, drug	professionals.		
interactions.			
Document and record all	Implement a recordkeeping system	Develop a recordkeeping system and	
interventions.	and ensures that all interventions	undertake an analysis of all documented	
	are documented.	interventions to improve patient care.	
Use dispensing technology in	Implement and monitor the use of	Develop protocols to ensure accurate use	
line with practice-specific	dispensing technology developed in	of all dispensing technologies	
protocols.	line with protocols.		
Do these Behavioural Statements form part of my Current Practice?			
Yes No			
Based on the competencies I have	e, I can do this		
Yes No			
Comment:			

3.5 Medicine compounding

Behavioural Statements (tick Appropriate for your level of practice)		
Entry-Level Practice	Intermediate Practice	Advanced Practice
Apply pharmaceutical knowledge to the formulation and compounding of medicines.	Ensure that the pharmaceutical formulation and compounding of medicines are in line with legislation.	Source appropriate references for the formulation and compounding of medicines in line with GPP and GxP.
Do these Behavioural Statements	form part of my Current Practice?	
Yes No		
Based on the competencies I have	e, I can do this	
Yes No		
Comment:	_	_

3.6 Medicine disposal/destruction

Behavioural Statements (tick Appropriate for your level of practice)		
Entry-Level Practice	Intermediate Practice	Advanced Practice
Request patients to return any unused, unwanted and/or expired medicines to the pharmacy for safe disposal and implement the protocols for any returned, unused, unwanted, expired and recalled medicines, including the assessment of the impact on patient care and required patient follow up.	Request patients to return any unused, unwanted and/or expired medicines to the pharmacy for safe disposal and implement the protocols for any returned, unused, unwanted, expired and recalled medicines, including the assessment of the impact on patient care and required patient follow up.	Develop protocols to ensure the proper management of returned, recalled, expired and unusable products for safe disposal taking into consideration environmental legislations.
Quarantine any returned, damaged, expired, recalled or discontinued medicines and implement and monitor the safe destruction and disposal of waste material, pharmaceutical products and cytotoxic products in accordance with relevant legislation.	Quarantine any returned, damaged, expired, recalled or discontinued medicines and implement and monitor the safe destruction and disposal of waste material, pharmaceutical products and cytotoxic products in accordance with relevant legislation.	Develop a protocol for the safe destruction and disposal of waste material, pharmaceutical products and cytotoxic products in accordance with relevant legislation.
Apply the guidelines for the recall of medicines.	Apply the guidelines for the recall of medicines.	Ensure compliance with the guidelines for the recall of medicines.
Do these Behavioural Statements	form part of my Current Practice?	
Yes No	-	
Based on the competencies I have, I can do this		
Yes No		
Comment:		

DOMAIN 4: ORGANISATION AND MANAGEMENT SKILLS

INTRODUCTION

Domain 4 includes competency standards that relate to the way pharmacists apply organisational and managerial skills to ensure the effective and efficient delivery of pharmaceutical services. It includes behavioural statements relating to the operation and maintenance of facilities and infrastructure; application of sound fiscal principles; and quality assurance to ensure sustainable pharmaceutical services that are adaptive to changing environments.

Human and financial resources are central to planning, delivering and managing pharmaceutical services. In pharmacy, the goal of human resources management is to develop and sustain an adequate supply of skilled professionals motivated to provide effective pharmaceutical services.

The organisation and management competencies are:

- 4.1 Human resources management
- 4.2 Financial management
- 4.3 Pharmaceutical infrastructure management
- 4.4 Quality assurance
- 4.5 Change management
- 4.6 Policy development

The behavioural aspects must be demonstrated as follows:

4.1 Human resources management

Behavioural Statements (tick Appropriate for your level of practice)		
Entry-Level Practice	Intermediate Practice	Advanced Practice
Contribute to the effective	Effectively manage pharmacy	Identify human resources
management of pharmacy	personnel under personal	requirements and manage human
personnel.	supervision.	resources effectively.
Undertake continuing professional	Participate in the provision of staff	Identify staff training needs, facilitate
development.	training and continuing	appropriate training opportunities and
	professional development.	participate in continuing professional
		development.
Conduct self-assessments or	Conduct staff assessments or	Review performance management
appraisal in line with the	appraisals in line with the	policies and processes.
performance management policy.	performance management policy.	
Adhere to basic human resources	Monitor adherence to relevant	Develop and train pharmacy
management legislation, e.g. the	human resources management	personnel.
Labour Relations Act and Basic	legislation, e.g. the Labour	
Conditions of Employment Act.	Relations Act and Basic Conditions	
. ,	of Employment Act.	
Compile master documents.	Review master documents.	Approve master documents.
Do these Behavioural Statements forn	n part of my Current Practice?	
Yes No	•	
Based on the competencies I have, I can do this		
Yes No		
Comment:	·	·

4.2 Financial management

Behavioural Statements (tick Appropriate for your level of practice)		
Entry-Level into Practice	Intermediate Practice	Advanced Practice
Submit patient prescription claims to health funders to ensure optimum use of patient benefits.	Monitor patient prescription claims submitted to health funders to ensure optimum use of patient	Determine dispensing and professional fees to be charged in line with legislation.
Work according to the approved budget.	benefits Monitor income and expenditure in line with budget prescripts.	Develop and effectively analyse and manage financial data and budgets.
Comply with all relevant legislative prescripts.	Monitor adherence to all relevant legislative prescripts.	Ensure adherence to all relevant legislative prescripts.
Perform cost-benefit analysis.	Apply the principles of pharmacoeconomic assessments.	Apply the principles of pharmacoeconomic assessments.
Compile master documents.	Review master documents.	Approve master documents.
Do these Behavioural Statements form Yes No	n part of my Current Practice?	
Based on the competencies I have, I d	can do this	
Yes No		
Comment:	<u>-</u>	

4.3 Pharmaceutical infrastructure management

Behavioural Statements (tick Appro	Behavioural Statements (tick Appropriate for your level of practice)		
Entry-Level Practice	Intermediate Practice	Advanced Practice	
Identify pharmaceutical facility and	Identify pharmaceutical facility and	Identify pharmaceutical facility and	
equipment needs.	equipment needs.	equipment needs and develop a plan	
		to achieve and meet the needs.	
Monitor the suitability of	Monitor the suitability of	Manage pharmaceutical facilities and	
pharmaceutical facilities and	pharmaceutical facilities and	equipment.	
equipment.	equipment.		
Work according to the approved	Implement and monitor workplace	Develop and review workplace	
workplace procedures and policies.	procedures and policies.	procedures and policies as required.	
Prioritise and organise workflow and	Manage, prioritise and organise	Develop and review workflow systems	
demonstrate time management	workflow and demonstrate time	in order to manage, prioritise and	
skills.	management skills.	organise daily work and demonstrate	
		time management skills.	
Maintain the existing pharmaceutical	Contribute to the improvement of	Ensure pharmaceutical infrastructure	
infrastructure.	the existing pharmaceutical	is in line with legislative requirements.	
	infrastructure.		
Compile master documents.	Review master documents.	Approve master documents.	
Do these Behavioural Statements form	n part of my Current Practice?		
Yes No			
Based on the competencies I have, I d	can do this		
Yes No			
Comment:	·	·	

4.4 Quality assurance

Behavioural Statements (tick Appropriate for your level of practice)		
Entry-Level Practice	Intermediate Practice	Advanced Practice
Participate in the updating of the	Contribute to the development,	Conduct regular audit activities, report
SOPs and attend training on	implementation, maintenance and	and act upon findings.
SOPs.	training of staff in respect of SOPs.	
Assist with procedures and	Participate in quality assurance	Use feedback from complaints and audits
processes that ensure quality	audits.	to implement improvement strategies,
assurance is achieved.		and monitor and evaluate the outcomes.
Work according to the approved	Implement a system for	Develop and update systems for
document management and	documentation and recordkeeping	documentation and recordkeeping for
recordkeeping systems.	for quality assurance purposes.	quality assurance purposes.
Compile master documents.	Review master documents.	Approve master documents.
Do these Behavioural Statements	form part of my Current Practice?	
Yes No		
Based on the competencies I hav	e, I can do this	
Yes No		
Comment:		

4.5 Change management

Behavioural Statements (tick Appropriate for your level of practice)		
Entry-Level Practice	Intermediate Practice	Advanced Practice
Participate in change	Manage a change management	Contribute to and lead a change
management processes within	process for the team.	management process beyond the
the team.		team/workplace or across disciplines.
Overcome internal barriers and	Motivate staff to overcome barriers	Develop strategies to inspire and motivate
self-limiting beliefs to change by	to change in order to drive	staff to overcome barriers to change in
analysing the climate and the	organisational success and	order to drive organisational success and
readiness for change followed	outcomes.	outcomes.
by measures to improve		
personnel growth and contribute		
to organisational success and		
outcomes.		
Compile master documents.	Review master documents.	Approve master documents.
Do these Behavioural Statements	form part of my Current Practice?	
Yes No		
Based on the competencies I have	e, I can do this	
Yes No		
Comment:		

4.6 Policy development

Behavioural Statements (tick Appropriate for your level of practice)		
Entry-Level Practice	Intermediate Practice	Advanced Practice
Apply policies and SOPs.	Implement and monitor policies and	Develop a policy framework and SOPs.
	SOPs.	
Compile master documents.	Review master documents.	Approve master documents.
Do these Behavioural Statements	form part of my Current Practice?	
Yes No		
Based on the competencies I have, I can do this		
Yes No		
Comment:		

DOMAIN 5: PROFESSIONAL AND PERSONAL PRACTICE

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. The professional and personal practice competencies are:

- 5.1 Patient-centered care
- 5.2 Professional practice
- 5.3 Ethical and legal practice
- 5.4 Continuing professional development
- 5.5 Leadership
- 5.6 Decision-making
- 5.7 Collaborative practice
- 5.8 Self-management
- 5.9 Communication

The behavioural aspects must be demonstrated as follows:

5.1 Patient-centered care

Behavioural Statements (tick Appropriate for your level of practice)		
Entry-Level Practice	Intermediate Practice	Advanced Practice
Assist patients to make informed healthcare decisions.	Educate and empower patients to manage their own health and medicine use.	Act as a patient advocate to ensure that patient care is optimised.
Ensure patient safety and quality of care are at the centre of the pharmacy practice.	Monitor pharmacy practice to ensure patient safety and quality of care.	Put systems in place, including patient experience feedback, to ensure patient safety and quality of care are at the centre of the pharmacy practice.
Uphold the patients' rights.	Monitor that patients' rights are upheld.	Champion patients' rights through the implementation of the Patients' Rights Charter.
Do these Behavioural Statements	form part of my Current Practice?	
Yes No		
Based on the competencies I have, I can do this		
Yes No D		
Comment:		

5.2 Professional practice

Behavioural Statements (tick Appropriate for your level of practice)		
Entry-Level Practice	Intermediate Practice	Advanced Practice
Practice in a manner that upholds professionalism.	Monitor that pharmacy personnel practice in a manner that upholds professionalism.	Develop strategies to ensure that pharmacy personnel practice in a manner that upholds professionalism.
Treat all with sensitivity, empathy, respect and dignity.	Monitor that patients are treated with sensitivity, empathy, respect and dignity.	Develop systems and processes to ensure that patients are treated with sensitivity, empathy, respect and dignity.
Take responsibility for own actions and patient care.	Encourage pharmacy personnel to take responsibility for their own actions and patient care.	Teach pharmacy personnel to take responsibility for their own actions and patient care.
Maintain a consistently high standard of work.	Ensure that pharmacy personnel consistently achieve a high standard of work.	Put systems in place to ensure that pharmacy personnel consistently achieve a high standard of work.
Contribute effectively in a multidisciplinary team.	Contribute effectively in a multidisciplinary team.	Lead and participate effectively in a multidisciplinary team.
Maintain appropriate boundaries with patients, staff and other healthcare professionals according to established ethical and professional practice guidelines.	Mentor and coach pharmacy personnel on the maintenance of appropriate boundaries with patients, staff and other healthcare professionals using established ethical and professional practice guidelines.	Develop ethical and professional practice guidelines to establish appropriate boundaries with patients, staff and other healthcare professionals.
Embrace technology and innovation that can improve patient care.	Encourage the use of technology and innovation to improve patient care.	Develop and establish policies and approaches that support the use of technology and innovation to improve patient care.
Do these Behavioural Statements form part of my Current Practice?		
Yes No		
Based on the competencies I have	e, I can do this	
Yes No		
Comment:		

5.3 Ethical and legal practice

Behavioural Statements (tick A	ppropriate for your level of practice)	
Entry-Level Practice	Intermediate Practice	Advanced Practice
Apply the Pharmacy Act (No. 53 of 1974), Medicines and Related Substances Act (No. 101 of 1965) and any other applicable legislation in daily practice.	Monitor compliance with the Pharmacy Act, Medicines Act or any other applicable legislation in daily practice.	Develop and update protocols to ensure that practice is in line with current legislation.
Practice within the scope of practice of a pharmacist, recognising own limitations of personal competency and expertise.	Practice within the scope of practice of a pharmacist, recognising own limitations of personal competency and expertise.	Practice within the scope of practice of a pharmacist, recognising own limitations of personal competency and expertise.
Keep abreast of legislation and apply relevant amendments accordingly.	Keep abreast of legislation and apply relevant amendments accordingly.	Contribute to the development of new and amended pharmacy-related legislation, and guidelines.
Comply with professional indemnity requirements.	Encourage compliance with professional indemnity requirements.	Ensure compliance with professional indemnity requirements.
Practice and adhere to the obligations of a pharmacist in terms of the principles of the statutory Code of Conduct for Pharmacists.	Apply the principles of ethics in managing ethical dilemmas in a structured manner.	Apply the principles of ethics in managing ethical dilemmas in a structured manner.
Do these Behavioural Statements form part of my Current Practice? Yes No		
Based on the competencies I have Yes No	e, I can do this	

Comment:	

5.4 Continuing professional development

Behavioural Statements (tick A	ppropriate for your level of practice)	
Entry-Level Practice	Intermediate Practice	Advanced Practice
Inculcate the principles of life-	Inculcate the principles of life-long	Inculcate the principles of life-long
long learning into daily practice.	learning into daily practice.	learning into daily practice.
Take personal responsibility for	Take personal responsibility for	Take personal responsibility for engaging
engaging in CPD to achieve	engaging in CPD to achieve	in CPD to achieve professional
professional development goals,	professional development goals,	development goals, and document CPD
and document CPD activities	and document CPD activities	activities appropriately.
appropriately.	appropriately.	
Critically reflect on personal	Critically reflect on personal practice	Critically reflect on personal practice and
practice and skills and identify	and skills and identify and address	skills and identify and address learning
and address learning needs.	learning needs.	needs.
Do these Behavioural Statements	form part of my Current Practice?	
Yes No		
Based on the competencies I hav	e, I can do this	
Yes No		
Comment:		

5.5 Leadership

Behavioural Statements (tick A	ppropriate for your level of practice)	
Entry-Level Practice	Intermediate Practice	Advanced Practice
Build professional credibility and	Being assertive in order to inspire	Lead by example.
portray the profession in a	confidence as an accountable	
positive light.	leader.	
Provide appropriate supervision	Provide appropriate supervision	Contribute to the initiation, development
and mentoring to pharmacy	and mentoring to pharmacy support	and continuous improvement of
support personnel.	personnel and other pharmacists	pharmaceutical services.
Do these Behavioural Statements	form part of my Current Practice?	
Yes No		
Based on the competencies I hav	e, I can do this	
Yes No		
Comment:		

5.6 Decision-making

Behavioural Statements (tick A	ppropriate for your level of practice)	
Entry-Level Practice	Intermediate Practice	Advanced Practice
Make considered and timely evidenced-based decisions incorporating consultation if required.	Demonstrate attention to detail and accuracy in decision-making.	Play a leading role in pharmaceutical decision making.
Do these Behavioural Statements	form part of my Current Practice?	
Yes No		
Based on the competencies I hav	e, I can do this	
Yes No		
Comment:		

5.7 Collaborative practice

Behavioural Statements (tick A	ppropriate for your level of practice)	
Entry-Level Practice	Intermediate Practice	Advanced Practice
Practice in a multidisciplinary team with cognisance of the roles and services delivered by healthcare and other related professionals.	Practice in a multidisciplinary team with cognisance of the roles and services delivered by healthcare and other related professionals.	Advocate for the inclusion of pharmacists in all multidisciplinary healthcare teams.
Do these Behavioral Statements f	form part of my Current Practice?	
Yes No		
Based on the competencies I hav	e, I can do this	
Yes No		
Comment:		

5.8 Self-management

Behavioural Statements (tick A	ppropriate for your level of practice)	
Entry-Level Practice	Intermediate Practice	Advanced Practice
Work in an organised and efficient manner.	Work in an organised and efficient manner.	Develop systems and processes to ensure that work is carried out in an
		organised and efficient manner.
Ensure time and work processes	Modify behaviour and practice in	Design behavioural and practice models
are appropriately planned, prioritised and managed.	response to feedback, experience and critical incidents.	in response to feedback, experience and critical incidents.
Take appropriate responsibility	Take responsibility and be	Identify gaps and areas for personal
in the workplace.	accountable for pharmacy practice issues in the workplace.	improvement and ensure implementation.
Ensure punctuality and reliability.	Implement effective and efficient work methodology.	Develop time management strategies.
Do these Behavioural Statements	form part of my Current Practice?	
Yes No		
Based on the competencies I hav	e, I can do this	
Yes No		
Comment:		

5.9 Communication

Behavioural Statements (tick	Appropriate for your level of pr	actice)
Entry-Level Practice	Intermediate Practice	Advanced Practice
Use appropriate language	Use appropriate language and	Determine the appropriate language
and listening skills and	listening skills and confirm	and develop appropriate listening
confirm understanding	understanding between patient	skills to use and confirm
between patient and	and pharmacist.	understanding between patient and
pharmacist.		pharmacist.
Understand and demonstrate	Embody and promote the	Educate pharmacy personnel on the
respect, sensitivity, empathy	principles of respect, sensitivity,	principles of respect, sensitivity,
and cultural awareness.	empathy and cultural	empathy and cultural awareness.
	awareness.	
Convey accurate and	Demonstrate the principles of	Educate pharmacy personnel on the
relevant information.	accurate, concise and relevant	principles of accurate, concise and
	information.	relevant information.
Apply problem-solving and	Apply advanced problem	Educate pharmacy personnel on
conflict management skills.	solving and conflict	problem-solving and conflict
Della tour tour lating about to	management skills.	management skills.
Build trust relationships to	Advance trust relationships to	Educate pharmacy personnel on the
ensure effective	ensure effective communication	importance of trust relationships to
communication with patients,	with patients, healthcare	ensure effective communication with
healthcare professionals and	professionals and relevant staff.	patients, healthcare professionals
relevant staff.	nto forms nort of my Commont Drootic	and relevant staff.
	nts form part of my Current Practic	er
Yes No	and the second of the second o	
Based on the competencies I h	iave, i can do this	
Yes No		
Comment:		

DOMAIN 6: EDUCATION, CRITICAL ANALYSIS AND RESEARCH

INTRODUCTION

Domain 6 includes the behavioural statements relating to education and training, critical analysis and research.

Education is essential for the initial development of pharmacists and is required throughout a pharmacist's career to keep abreast of knowledge, skills, attitudes and values. Pharmacists should participate in the education and training of patients, interns, pharmacy support personnel and other healthcare practitioners.

Critical analysis competencies provide the link between practice and research by assisting in the identification of areas where research is required. Pharmacists should participate in practice-based research. The research may include investigations into prescribing practices, patterns of medicine usage, evaluation of medicine use, the monitoring of adverse reactions, the benefits of the pharmacist's advisory role, computerised data handling, health economics, legislation, and aspects of abuse and irrational use of medicines.

Practising pharmacists are increasingly participating in health systems and quality improvement research, which must be encouraged as a means of providing databases and information for future policy, guidelines and practice development. Such research is often conducted in collaboration with other healthcare providers.

The education, research and critical analysis competencies are:

6.1 Education and training policy

- 6.2 Provision of education and training
- 6.3 Practice embedded education or workplace education
- 6.4 Gap analysis
- 6.5 Critical analysis
- 6.6 Research
- 6.7 Supervision of other researchers
- 6.8 Collaborative research

The behavioural aspects must be demonstrated as follows:

6.1 Education and training policy

Behavioural Statements (tick A	ppropriate for your level of practice)	
Entry-Level Practice	Intermediate Practice	Advanced Practice
Apply national policy relating to pharmaceutical education.	Interpret national policy in order to design strategic approaches for pharmaceutical education.	Shape and contribute to national education policy.
Do these Behavioural Statements	form part of my Current Practice?	
Yes No		
Based on the competencies I hav	e, I can do this	
Yes No		
Comment:		

6.2 Provision of education and training

Behavioural Statements (tick A	ppropriate for your level of practice)	
Entry-Level Practice	Intermediate Practice	Advanced Practice
Teach effectively according to an agreed training plan with guidance from a more experienced colleague.	Mentor and assist with implementation of training plans.	Design and manage a course of study, with appropriate use of teaching approaches, assessment and study methods.
Perform self-assessment and identify own learnings needs.	Assess the performance and learning needs of others.	Shape, contribute to and be accountable for the performance and learning needs of others.
Participate in developing learning activities.	Plan a series of effective learning experiences for others.	Shape, contribute to and be accountable for the creation and/or development of pharmacy education qualification(s).
Do these Behavioural Statements Yes No	form part of my Current Practice?	
Based on the competencies I have	e, I can do this	
Yes No		
Comment:		

6.3 Practice embedded education or workplace education

Behavioural Statements (tick A	ppropriate for your level of practice)	
Entry-Level Practice	Intermediate Practice	Advanced Practice
Participate in the formal	Design and manage a study	Shape, contribute to or be accountable for
education of students in a	programme, based in a practice	the creation and/or development of
practice environment.	environment.	practice-based components of pharmacy
practice crivitoriment.	CHVII OHIHICHE.	education qualification(s).
Do these Behavioural Statements	form part of my Current Practice?	ouddurin quamiousion(o).
Yes No	Tom part of my danone i radade.	
Based on the competencies I hav	a Loan do this	
	e, i can do triis	
Yes No		
Comment:		
6.4 Gap analysis		
Behavioural Statements (tick A	ppropriate for your level of practice)	
Entry-Level Practice	Intermediate Practice	Advanced Practice
Identify gaps in the practice of	Formulate appropriate and rigorous	Design an appropriate research strategy
pharmacy and education using	research questions to address gaps	to address research questions.
evidence-based research.	in the practice of pharmacy and	4,
	education.	
Do these Behavioural Statements	form part of my Current Practice?	
Yes No	pant at 11,	
Based on the competencies I hav	e I can do this	
Yes No	o, i cari do uno	
Comment:		
Comment.		
05 0		
6.5 Critical analysis		
	ppropriate for your level of practice)	
Entry-Level Practice	Intermediate Practice	Advanced Practice
Critically evaluate literature in	Apply critical evaluation skills in the	Undertake peer review activities in the
the context of the practice of	context of the practice of pharmacy	practice of pharmacy and education.
pharmacy and education.	and education.	
Do these Behavioural Statements	form part of my Current Practice?	
Yes No		
Based on the competencies I hav	e, I can do this	
Yes No	•	
Comment:		
6.6 Research		
0.0 Research		
Data de la Contracto de la A	· · · · · · · · · · · · · · · · · · ·	
	ppropriate for your level of practice)	
Entry-Level Practice	Intermediate Practice	Advanced Practice
Describe the core features of	Design a research protocol to	Critically review research protocols.
research protocols.	address previously formulated	
	research questions.	
Conduct research according to	Present research findings at	Publish an article on research findings.
approved protocols.	Present research findings at relevant fora.	Publish an article on research findings.
approved protocols.	Present research findings at	Publish an article on research findings.
approved protocols.	Present research findings at relevant fora.	Publish an article on research findings.
approved protocols. Do these Behavioural Statements Yes No	Present research findings at relevant fora. form part of my Current Practice?	Publish an article on research findings.
approved protocols. Do these Behavioural Statements	Present research findings at relevant fora. form part of my Current Practice?	Publish an article on research findings.
approved protocols. Do these Behavioural Statements Yes No Based on the competencies I hav	Present research findings at relevant fora. form part of my Current Practice?	Publish an article on research findings.

6.7 Supervision of other researchers

No

Yes

Comment:

	ppropriate for your level of practice)	
Entry-Level Practice	Intermediate Practice	Advanced Practice
Apply research governance	Supervise research at the	Supervise postgraduate research.
principles.	undergraduate level of	
	study.	
Do these Behavioural Statements	form part of my Current Practice?	
Yes No		
Based on the competencies I have	e I can do this	
Yes No		
Comment:		
6.8 Collaborative researc	L	
	n ppropriate for your level of practice)	
		Advanced Practice
Behavioural Statements (tick A	ppropriate for your level of practice)	
Behavioural Statements (tick A Entry-Level into Practice	ppropriate for your level of practice) Intermediate Practice	Advanced Practice
Behavioural Statements (tick A Entry-Level into Practice Work as a member of a	ppropriate for your level of practice) Intermediate Practice Establish new multidisciplinary links	Advanced Practice
Behavioural Statements (tick A Entry-Level into Practice Work as a member of a research team.	ppropriate for your level of practice) Intermediate Practice Establish new multidisciplinary links to conduct research	Advanced Practice
Behavioural Statements (tick A Entry-Level into Practice Work as a member of a research team.	ppropriate for your level of practice) Intermediate Practice Establish new multidisciplinary links to conduct research projects.	Advanced Practice

Annexure B – Personal Development Plan – Not Compulsory

The following questions will help to establish some CPD priorities relating to your current role.

• -	
	luating your response to the previous question, try to identify a learning need to each incident that might help you build on that success.
	be up to three incidents in your workplace during the past years that caused uncomfortable, unhappy, threatened or simply fed-up.
	luating your response to the previous question, try to identify a learning need to each incident that might help you handle similar situations more effective
chang If your	ellowing four questions will help you establish how your current role(s) to e over the coming years, and how you may prepare for these changes. Tworkplace has developed a plan for the next five years, briefly summarise
three p	points of that plan that will most affect you.

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you, patients and other users of your services and organisations for whom you work?

	at learning needs do you have arising from each of these policies and priorities as d in 7 above?
•	
•	
	r career: The following questions should help you focus on your key career ls over the coming years.
goa Lool	Ir career: The following questions should help you focus on your key career is over the coming years. king at your career plans for the next five years, identify three new things that you it to be doing within that time frame.
goa Lool	Is over the coming years. king at your career plans for the next five years, identify three new things that you
goa Lool	Is over the coming years. king at your career plans for the next five years, identify three new things that you

Annexure C - Learning Plan - Highly Recommended

	antifical mana in the fallentina Demains.	
i nave id	entified gaps in the following Domains:	
	entified the following options or methods of impro	oving my knowled
skills:		
I leave is		-1-4 1 1
	entified the following resources/institution to as ge and skills:	sist me in improvi
		sist me in improvi
knowled	ge and skills: entified the following target dates by which I nee	
knowled	ge and skills: entified the following target dates by which I nee	
knowled	ge and skills: entified the following target dates by which I nee	
knowled	ge and skills: entified the following target dates by which I nee	
knowled	ge and skills: entified the following target dates by which I nee	
I have id	ge and skills: entified the following target dates by which I nee	ed to start improvi
I have id	ge and skills: entified the following target dates by which I needs:	ed to start improvi
I have id	ge and skills: entified the following target dates by which I needs:	ed to start improvi

7. I have identified the following behavioural aspects in respect of my learning needs:

Behavioural Statements	How it will assist me

8. I have identified how the behavioural aspects will assist me in my present work or personal development:

Behavioural Statements	How it will assist me