



# SINGAPORE PHARMACY COUNCIL

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## EVALUATION SUMMARY FORM FOR PRE-REGISTRATION PHARMACIST

*This report is to be completed by the preceptor for each pre-registration pharmacist at the end of the training period.*

Name of pre-registration pharmacist* _____
Training centre* _____ Period of training* _____

### I PRECEPTOR'S ASSESSMENT OF PRE-REGISTRATION PHARMACIST

*Please tick ✓ the appropriate circle.*

		Needs Improvement	Achieved	High Level of Achievement
1.	Apply organisational skills in the practice of pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	Dispense medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	Drug information and education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	Manage drug distribution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	Manage work issues and interpersonal relationships in pharmacy practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	Practise pharmacy in a professional and ethical manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	Prepare pharmaceutical products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	Promote optimal use of drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	Provide primary healthcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	General conduct (integrity, punctuality, courtesy, co-operation, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	Oral communication skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	Written communication skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	Quality of work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	Other comments	_____ _____ _____		

\* Compulsory fields

## II COMPLETION OF LEARNING LOG REQUIREMENTS

Please tick ✓ the appropriate box(es), if the candidate has completed the minimum requirements for each of the learning activities.

Learning Activities	Training period ≥ 40 wks	Done	Training period < 40 wks	Done
Prescriptions dispensed	35 (at least 3 from each of 7 core medical conditions)	<input type="checkbox"/>	10 (at least 1 from each of 7 core medical conditions)	<input type="checkbox"/>
Interventions handled	20	<input type="checkbox"/>	5	<input type="checkbox"/>
Case reviews	5	<input type="checkbox"/>	2	<input type="checkbox"/>
Minor ailments prescribing	20 (at least 2 from each of 6 core categories)	<input type="checkbox"/>	6 (at least 1 from each of 6 core categories)	<input type="checkbox"/>
Drug information requests handled	10 (at least 1 primary literature search)	<input type="checkbox"/>	3 (at least 1 primary literature search)	<input type="checkbox"/>
Pharmaceutical preparations	2 (1 syrup + 1 reconstitution)	<input type="checkbox"/>	None required	

**NB. The numbers reflected in the table are minimum requirements that must be met.**

## III RECOMMENDATION BY PRECEPTOR TO SINGAPORE PHARMACY COUNCIL

The candidate has completed stipulated requirements by the Pharmacy Council; including continuing education, project work.*	O Yes	O No
The candidate is suitable for registration as a registered pharmacist.*	O Yes	O No
Pre-registration training should be extended by _____ months.*	O Yes	O No
Reasons for Extension _____		
_____		
_____		
_____		

Name of Preceptor* _____	Designation* _____
Signature of Preceptor* _____	Date* _____
Name of Pharmacy Manager* _____	
Signature of Pharmacy Manager* _____	Date* _____