

SINGAPORE PHARMACY COUNCIL

c/o Secretariat of healthcare Professional Boards (SPB)

81 Kim Keat Road #10-00 Singapore 328836

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

Supervisory Framework for Conditionally Registered Pharmacists

- 1. The conditionally registered pharmacists will be working in the institutions approved by Singapore Pharmacy Council as training centres e.g. restructured or private hospitals, polyclinics or community pharmacies.
- 2. Registration of the conditionally registered pharmacists is based on the requirement that they are to be appropriately supervised.
- 3. Singapore Pharmacy Council (SPC) has drawn out a supervisory framework (Annex A) for conditionally registered pharmacists covering the following areas:
 - supervision
 - monitoring and feedback
 - assessment reports
- 4. Institutions applying for registration of conditionally registered pharmacists will be required to provide SPC with an undertaking (Annex B) signed by the individual pharmacist's supervisor, for each application for conditional registration, that he / she agrees to comply with the guidelines in the supervisory framework.
- 5. If the supervisor of the pharmacist resigns before the conditionally registered pharmacist completes the term of registration, it is the responsibility of the organisation to appoint another suitable supervisor to continue the supervisory role. The newly appointed supervisor has to sign the letter of undertaking (Annex B).

Supervisory Framework For Conditionally Registered Pharmacists

1. Supervision

- 1.1 The pharmacist must work under the supervision of a fully registered pharmacist with at least 3 years of relevant working experience. The name and designation of the supervisor must be made known to Singapore Pharmacy Council at the point of application.
- 1.2 The pharmacist must be formally introduced to his / her supervisor so that the pharmacist will know who his / her supervisor is and the supervisor will know who he / she is expected to supervise.
- 1.3 The supervisor should not be assigned more than 2 pharmacists to supervise at any one time.
- 1.4 The pharmacist must have direct and timely access to his / her supervisor for discussion, feedback or consultation.

2. Monitoring and Feedback

- 2.1 Competency of the pharmacist must be monitored in the following areas:
 - Dispensing knowledge and skills
 - Pharmaceutical drug information
 - Drug intervention
 - Counselling skills
 - Communication skills (both oral and written)
- 2.2 The Pharmacy Manager and supervisor are to monitor the progress of the pharmacist closely. The pharmacist who has received satisfactory performance for the supervision period and has no adverse complaints and feedback will be eligible to apply for conversion to full registration. Recommendation for conversion to full registration or cancellation of the registration is to be made at the appropriate time.

3. Assessment Reports

- 3.1 Regular assessment reports by the supervisor on the pharmacist's performance will have to be submitted to SPC at 6-monthly intervals.
- 3.2 Regular multi-rater assessment will have to be carried out by the pharmacist's peers and/or colleagues at 6-monthly for the 1st year only for pharmacists on 2-years conditional registration as determined by the Council.

LETTER OF UNDERTAKING

Section 1: To be completed by the Pharmacist on Conditional Registration					
A. Particulars of Pharmacist on Conditional Registration					
Name of Pharmacist on Conditional Registration	Employer / Approved Training Centre	Email	Mobile No.		
Duration of Conditional Registration	Minimum 1 year	Start Date	End Date		
B. Declaration					
I authorise SPC to release the evaluation data provided by the named supervisor stated below and such other parties where the Registrar deems essential.					
Signature of Pharmacist on Conditional Registration		Pharmacist Registration Number (PRN)	Date		

Section 2: To be completed by Supervisor

A. Undertaking by Supervisor

- 1. I am a fully registered pharmacist with a valid practising certificate.
- 2. I have 3 or more years of full-time experience in the field relevant to my current practice.
- 3. I have read and understand the role of supervisor and the SPC Supervisory Framework and hereby, undertake to comply with the following:
 - I am responsible to give adequate supervision and guidance to my supervisee during his / her registration under my supervision.
 - b. I am responsible to oversee and monitor the performance of my supervisee.
 - c. I will have regular sessions for feedback / interaction with my supervisee.
 - d. I will submit the online assessment within the timeline stipulated by SPC.
- 4. I will inform SPC of any incidents that are deemed important in terms of unsatisfactory behaviour or performance of the pharmacist at the soonest possible or at deemed appropriate times.
- 5. I will keep SPC informed of any changes of the supervisor and provide the details of the preceptor / supervisor, if applicable.

B. Particulars of Supervisor

Name of Supervisor	Organisation & Branch/ Department	Designation	Pharmacist Registration Number (PRN)	
Signature of Supervisor	Date	Email (office)	Mobile No. Office No.	