



# SINGAPORE PHARMACY COUNCIL

Annual Report

# 2009

Ver 1.1

---

## CONTENTS

---

	<b>Page</b>
<b>President's Message</b>	<b>3</b>
<b>Introduction</b>	<b>5</b>
<b>Quality Statement, Vision, Mission, Core Values</b>	<b>6</b>
<b>Members of Singapore Pharmacy Council 2009</b>	<b>8</b>
 <b>REPORT OF COUNCIL ACTIVITIES</b>	
Council Meetings	<b>10</b>
Matters of Professional Misconduct	<b>12</b>
Forensic Examinations for Foreign Graduates	<b>12</b>
 <b>THE PHARMACISTS REGISTER FOR THE YEAR 2009</b>	
Total Number of Registered Pharmacists	<b>14</b>
Number of Foreign Trained Registered Pharmacists	<b>15</b>
Profile of Registered Pharmacists	<b>16</b>
Employment Status	<b>17</b>
Fields of Employment	<b>18</b>
Basic Degrees	<b>19</b>
Post-Basic Degrees	<b>21</b>
Pharmacists Residing Overseas	<b>22</b>
 <b>Annexes</b>	
CODE OF ETHICS	<b>23</b>
GUIDE ON ADVERTISING FOR PHARMACISTS AND PHARMACIES	<b>28</b>
REQUISITES FOR PRE-REGISTRATION TRAINING CENTRES	<b>31</b>
APPROVED INSTITUTIONS FOR PRE-REGISTRATION TRAINING	<b>32</b>
SCHEDULE OF FEES	<b>33</b>
AUDITED ACCOUNTS OF THE SINGAPORE PHARMACY COUNCIL	<b>34</b>

## **PRESIDENT'S MESSAGE**

The Singapore Pharmacy Council (SPC) passed its first year of operation on 31 August 2009 and it was a year of reconstitution and consolidation.

SPC has put in place the following measures to ensure that the profession continues to progress.

- a. Preceptor training had been conducted annually from 2004 to 2009 (except in 2006) and a total of 424 preceptors were trained during this period. In 2009, three workshops were conducted in February and March to equip 62 new preceptors with interpersonal, leadership and mentoring skills so that they can effectively lead, motivate and precept their pre-registration pharmacists and to be role models in professional practice and service excellence.
- b. In 2009, thirteen pre-registration training centres were re-accredited as they met and fulfilled the stipulated requirements and were recertified for another 2 years.
- c. The requirement to meet 50 CPE points over a 2 year period for eligibility to renew Pharmacist's Practising Certificates, which are valid for 2 years, was instituted. The first qualifying period was from 1<sup>st</sup> September 2008 to 31<sup>st</sup> August 2010.
- d. The Code of Ethics was updated in 2009 to ensure that professional dignity and image is upheld befitting that of the pharmacy profession and to keep up with current pharmacy practice. It was revised to be in line with the changes in the pharmacy profession. The revised Code of Ethics provides guidance to pharmacists on the expected standards in the discharge of their professional duties and responsibilities. This revised Code of Ethics was launched on 13 May 2009 at the Singapore Pharmacy Council's first pharmacist pledge affirmation ceremony.

- e. The revised Pharmacists Registration Act (PRA) has empowered the Singapore Pharmacy Council to discipline errant pharmacists who fail to uphold the standards of the Code of Ethics or when they contravene any part of the Act, Regulations, or other statutes and regulations governing the practice of pharmacy. In order to look into disciplinary issues, the Complaints Panel comprising of 20 pharmacists and 15 lay people was set up in 2009.
  
- f. With the expanding needs in the healthcare and biomedical sectors, the demand for pharmacists has exceeded the local supply. The SPC has reviewed the pharmacy qualifications from neighbouring countries/areas like Thailand and Taiwan and included selected universities from these countries/areas as conditionally registrable. The present list of recognised qualifications is from Australia, Canada, Malaysia, New Zealand, UK and USA.

I am sure that we have many more milestones to achieve and services to provide to the public we serve, as the pharmacy profession strive to do so in a safe, efficient and effective manner. On behalf of the Council, I would like to thank the Council Members, pharmacists who served in the various committees and workgroups as well as all pharmacists for their cooperation and continued support so that we can serve Singaporeans better.

With best wishes

A handwritten signature in black ink, appearing to read 'Wu Tuck Seng', written over a horizontal line.

Mr Wu Tuck Seng  
President, Singapore Pharmacy Council

## **INTRODUCTION**

The Singapore Pharmacy Council is the professional council established under the Pharmacists Registration Act to maintain a Register of Pharmacists and to investigate into any complaints against pharmacists for professional misconduct. Pharmacists found guilty of professional misconduct may be reprimanded, suspended or removed from the Register.

The Council also renews practising certificates and issues certificates of good standing. The Council specifies pre-registration requisites, approves pre-registration training centres and directs continuing education.

Under the current Pharmacists Registration Act, the Singapore Pharmacy Council comprises eleven members. Two ex-officio members stipulated in the Act are the Chief Pharmacist, Ministry of Health and the Head of Department of Pharmacy, National University of Singapore. By statute, the Chief Pharmacist is also the Registrar of the Council. The other nine members are pharmacists chosen from the private and public sectors. They are appointed for a term of three years by the Minister for Health.

## **FUNCTIONS OF THE SINGAPORE PHARMACY COUNCIL**

- Keep and maintain registers of registered pharmacists;
- Approve or reject applications for registration under the Pharmacists Registration Act or to approve any such application subject to such restrictions as it may think fit;
- Issue certificates of registration and practising certificates to registered pharmacists
- Make recommendations to the appropriate authorities on the courses of instructions and examinations leading to a Singapore degree;
- Prescribe and implement measures, guidelines and standards for the training of persons seeking registration as pharmacists under the Pharmacists Registration Act;
- Make recommendations to the appropriate authorities for the training and education of registered pharmacists;
- Determine and regulate the conduct and ethics of registered pharmacists; and
- Generally to do all such acts and matters and things as are necessary to be carried out under the Pharmacists Registration Act.

## QUALITY STATEMENT

The Singapore Pharmacy Council strives to achieve quality output of pharmacists through an efficient registration process and overseeing pharmacists' continual development to attain professional standards benchmarked amongst the best in the world.

### VISION

To continually improve professional competencies and standards of registered pharmacists to be the best in the world.

### MISSION

To achieve quality output of pharmacists through an integrated, comprehensive, efficient and effective registration and regulatory process.

### CORE VALUES

The Council adopts the core values of the Ministry of Health, namely:

- Dedication** - We desire to serve.  
We believe in giving our best.  
We are passionate in what we do.
  
- Professionalism** - We seek to develop a high level of expertise.  
We are objective in decision-making.  
We do that which is best for Singapore and Singaporeans.
  
- Integrity, Care & Compassion, Teamwork** - We take responsibility for our work.  
We go the extra mile to show we care.  
We work together for the best outcomes.

## THE PHARMACIST'S PLEDGE

The Pharmacist's Pledge is made up of ten statements which are formulated around the acronym "PHARMACIST" and describes the values, ethics, vision and professionalism which should be embraced by all pharmacists. The pledge serves to remind pharmacists of their duties and responsibilities toward their patients, colleagues and the society.

Pharmacists solemnly pledge to:

**P**ractise my profession with honesty, integrity and compassion;

**H**onour traditions and embrace advancements in my profession;

**A**bide by the governing laws and Code of Ethics;

**R**espect and keep in confidence patient information;

**M**aintain a high standard of professional competence through lifelong learning;

**A**lways place patient's interests first and treat them equally;

**C**ollaborate with other healthcare colleagues to achieve the desired treatment outcomes;

**I**mpart my knowledge, experience and skills to nurture future pharmacists;

**S**trive to provide high quality and cost-effective health services and products;

**T**ranslate scientific advances into better healthcare.

## MEMBERS OF SINGAPORE PHARMACY COUNCIL (SPC) 2009

The members of the first SPC listed below were appointed on 1<sup>st</sup> September 2008. Their three-year term will end on 31<sup>st</sup> August 2011.

<b>Position</b>	<b>Name and background</b>
President	Mr Wu Tuck Seng Deputy Director, Pharmacy Department, National University Hospital <i>B Pharm (Hons), University of London</i> <i>Master of Health Science (Management) , University of Sydney</i>
Registrar (Ex Officio)	Ms Ang Hui Gek Chief Pharmacist, Ministry of Health Director, Allied Health Division, Singapore General Hospital. <i>BSc (Pharm), National University of Singapore. Graduate Dip Clinical Pharmacy, Australia. MBA, University of Hull, UK</i>
Member (Ex Officio)	Associate Professor Chan Sui Yung Head, Department of Pharmacy, National University of Singapore <i>BSc (Pharm) (Hons) and MBA, National University of Singapore.</i> <i>PhD (Pharmaceutics), Queens University of Belfast, UK</i>
Member	Dr Ellick Wong Chee Kik Principal Consultant, PharmaWork Consultants <i>BSc (Pharm), National Taiwan University. MSc, University of Manchester, UK .PhD (Pharmaceutics), University of Wales, UK</i>
Member	Mr Sia Chong Hock Division Director, Audit & Licensing Division Health Products Regulation Group, Health Sciences Authority <i>BSc (Pharm), National University of Singapore</i> <i>MSc Healthcare Management, University of Wales, UK</i>
Member	Ms Linda Seah Siew Hong Managing Director, Baxter Healthcare (Asia) Pte. Ltd. <i>BSc (Pharm) (Hons), National University of Singapore</i>
Member	Ms Chan Soo Chung General Manager, National Healthcare Group Pharmacy <i>B Pharm (Hons), University Science Malaysia</i>
Member	Mr Koe Khoon Poh Managing Director, ICM Pharma Pte. Ltd. <i>B Pharm, National University of Singapore</i>
Member	Mrs Chan Yiam Moi General Manager, NTUC Healthcare Co-operative Ltd <i>BSc (Pharm), National University of Singapore</i>
Member	Ms Lita Chew Sui Tjien Head, Pharmacy Department, National Cancer Centre Singapore <i>BSc (Pharm), National University of Singapore</i> <i>MMedSc (Oncology), University of Birmingham (UK)</i>
Member	Dr Christina Tong Mei Wen (Dr Christina Lim) Deputy Group Director, Health Products Regulation Group Health Sciences Authority <i>B Pharm, National University of Singapore.</i> <i>PhD (Pharmacodynamics), University of Montpellier, France</i>



## Members of Singapore Pharmacy Council

From left to right:

Ms Lita Chew, Mr Koe Khoon Poh, Ms Chan Soo Chung, Dr Ellick Wong, A/Prof Chan Sui Yung,  
Mr Wu Tuck Seng (President), Ms Ang Hui Gek (Registrar), Ms Linda Seah, Mr Sia Chong Hock,  
Dr Christina Lim, Mrs Chan Yiam Moi

## **REPORT ON THE SINGAPORE PHARMACY COUNCIL'S ACTIVITIES**

A summary of the Council's activities during the year 2009 is presented under the following headings:

- Council Meetings
- Singapore Pharmacy Council's new premises
- Matters of Professional Misconduct
- Forensic Examinations for Foreign Graduates
- Competency Examinations for Local and Foreign-Trained Graduates

### **Council's Meetings**

A total of 6 meetings were held in the year 2009 in the months of January, April, May, July, September, and November.

Some of the issues discussed during these meetings were:

- Pharmacists Registration Regulations
- Preceptor Training Workshops
- Pharmacist Pledge Affirmation Ceremony
- Compulsory Continuing Professional Education for Pharmacists

### **Complaints Panel**

The Complaints Panel comprising of 15 lay persons and 20 pharmacists was formed to deal with all complaints, disciplinary and health issues concerning pharmacists, as required by the Pharmacists Registration Act.

### **Revision of Code of Ethics**

The Code of Ethics was revised to be in line with the changes in the pharmacy profession and that it should be upheld by all pharmacists.

The aim of the revised Code of Ethics is to provide a guide for pharmacists on the expected standards from pharmacists in the discharge of their professional duties and responsibilities. The revised Code of Ethics was launched during the Pharmacist's Pledge Affirmation Ceremony on 13 May 2009.

### **Telepharmacy Guidelines**

The Pharmaceutical Society of Singapore's Telepharmacy Guidelines was endorsed by the Singapore Pharmacy Council. The Guidelines will be updated as frequently as the need arises and at least once in two years.

### **Preceptor Training Workshops**

The Council conducted three full-day preceptor training workshops in the months of February and March 2009. The training was organised to equip and hone the skills of pre-registration pharmacist's preceptors in leading, mentoring and coaching. A total of 62 pharmacists participated in the

workshops. Thirty-one of the participants were hospital pharmacists and 31 were from retail pharmacies and polyclinics. Half of the pharmacists who attended the workshop had 3 or more years of relevant work experience. The overall rating for the workshops was good.

### **SPC's First Pharmacist's Pledge Affirmation Ceremony**

This was held on 13 May 2009 at the College of Medicine Building auditorium. The Minister for Health, Mr Khaw Boon Wan was the guest of honour and 89 newly registered pharmacists received their pledge affirmation certificates from him. Mr Wu Tuck Seng gave the opening address.

The ceremony received good press coverage on Channel News Asia (TV and on-line); MediaCorp radio news broadcasts in English and Malay; Straits Times, Business Times and Lian He Zao Bao (print and on-line).

### **Compulsory Continuing Professional Education (CPE) for Pharmacists**

The current Qualifying Period for CPE is from 1 September 2008 to 31 August 2010 and the Practising Certificate will be due for renewal by the end of 2010.

### **Inactive Status**

The Council introduced a category of "inactive status" for pharmacists who are not working or who are not in the active practice of pharmacy. This group may apply for lower CPE requirements.

Thirty-three pharmacist were granted "Inactive Status" in 2009

Only pharmacists who are not in the active practice of pharmacy may apply for lower CPE requirements.

An inactive status is applicable to the following only:

- a) Pharmacists who are not working;
- b) Pharmacists who are working in non-pharmacy sectors.

The definition of practice of pharmacy as stated in the Pharmacists Registration Act (PRA) is:

Applying the knowledge and science of pharmacy in —

- (a) interpreting, evaluating and implementing prescriptions of persons authorised by law to prescribe medication;
- (b) compounding, labelling, dispensing, distributing and administering medication;
- (c) initiating and modifying medication therapy in accordance with the collaborative practice agreements established and approved by health care facilities or voluntary agreements with persons authorised by law to prescribe medication;
- (d) patient assessment and counselling for the purpose of recommending and dispensing medication;
- (e) managing medication therapy;
- (f) evaluating medication use;
- (g) manufacturing and distributing medicinal products; and
- (h) quality assurance of medicinal products.

## **Appointment of audit committee**

An Audit Committee was set up to review the financial reporting process, the system of internal control, management of financial risks and the audit process. Ms Chan Yiam Moi, Ms Linda Seah and Mr Koe Khoon Poh were nominated to be on the Audit Committee with Ms Linda Seah as the chairperson.

## **Executive Secretary**

Ms Felicia Ling has been appointed as the Executive Secretary of the Singapore Pharmacy Council. Her roles are to attend and support all Council meetings and to ensure that the minutes of the meetings are accurately recorded. She serves as the Secretary to the Complaints, Disciplinary and Health Committees and is responsible for application to the Council for the postponement of any inquiry handled by the Disciplinary Committee. She also ensures that the financial aspects of SPC comply with financial regulations, that all revenues and expenditures are properly accounted for, and prepares the Council's budget.

## **Singapore Pharmacy Council's new premises**

The Singapore Pharmacy Council moved out of the office in the College of Medicine Building on 16<sup>th</sup> February 2009 to the new premises on the 9th floor at NKF Centre at 81 Kim Keat Road.

## **Matters of Professional Misconduct**

The Registrar received a complaint in October 2008 stating that a registered pharmacist had taken a book and 2 tubes of toothpaste from the pharmacy without making payment for them. She was convicted for a criminal offence and sentenced to 5 days imprisonment.

The proceedings were held using the provisions under the revised PRA and the Pharmacists Disciplinary Rules (under the old Act). The disciplinary hearing was held on Friday 11 September and the 4 members of the Disciplinary Committee deliberated on the case.

The pharmacist pleaded guilty to the charges and asked for leniency. The Disciplinary Committee imposed a 1 year suspension sentence and ordered the pharmacist to pay for the legal costs.

## **Forensic Examinations for Foreign-Trained Pharmacy Graduates**

In 2009, three forensic examinations were held for a total of 54 candidates. The examinations were conducted in April (23 candidates), August (10 candidates) and November 2009 (21 candidates).

## **Competency Examinations for Local and Foreign-Trained graduates**

The Singapore Pharmacy Council continued to administer the Competency Examinations as part of the requirements for entry into the pharmacy register. This is to ensure competency and fitness to practise. A total of 147 pre-registration pharmacists sat for the exams in 2009. The 4 examinations were conducted in February (96 candidates), April (13 candidates), August (18 candidates) and November 2009 (20 candidates).

All de-registered pharmacists (both local & foreign trained) who have not held a practising certificate for more than 5 years and who wish to restore their names to the Register are required to pass the forensic and competency exams.

## THE PHARMACISTS REGISTER FOR THE YEAR 2009

### Total Number of Registered Pharmacists

At year-end, there were 1,658 pharmacists on the register, a net increase of 112 over that of the previous year. This included the registration of 31 foreign-trained graduates.

The number of pharmacists registered in Singapore over the past 5 (five) years is shown in Table 1.

**Table 1**  
**Number of Registered Pharmacists in Singapore (2005-2009)**

Year	Total Number of Pharmacists on the Register	Net Increase (+) / Decrease (-) over the previous year	Net Increase (+) / Decrease (-) over the previous year (%)
2005	1330	+42	+3.3
2006	1421	+91	+6.8
2007	1483	+62	+4.4
2008	1546	+63	+4.3
2009	1658	+112	+7.2

## Number of Foreign-Trained Registered Pharmacists

The total number of foreign trained pharmacists on the Register as at 31 December 2009 was 291.

Table 2 shows the number of newly registered foreign trained pharmacists over the last 15 years.

Thirty-one foreign trained pharmacists had registered with the Council in the year 2009, a two fold increase over that of 2008.

**Table 2**  
**Total Number of Foreign-Trained Pharmacists (1995-2009)**

Year	Number of Pharmacists
1995	9
1996	10
1997	28
1998	22
1999	15
2000	27
2001	17
2002	11
2003	15
2004	5
2005	9
2006	21
2007	21
2008	15
<b>2009</b>	<b>31</b>

## Profile of Registered Pharmacists

The profile of registered pharmacists in 2009 is shown in Table 3. The population of registered pharmacists in Singapore comprised approximately 24% male and 76% female pharmacists. When compared to 2008, the number of male pharmacists increased by 11 in the year 2009, while that of the female pharmacists increased by 101.

Majority of the pharmacists are Chinese (93.6%). Indian pharmacists make up 3.8% and Malay pharmacists 1.6%. Of the 1,658 registered pharmacists, nearly three-quarters are Singaporeans (72.2%).

**Table 3**  
**Profile of Registered Pharmacists**

General Profile	Number	Percentage (%)
<b>Total Number</b>	1658	100
<b>Sex</b>		
Male	401	24.2
Female	1257	75.8
<b>Ethnic Group</b>		
Chinese	1552	93.6
Malay	26	1.6
Indian	64	3.8
Others	16	1.0
<b>Nationality</b>		
Singaporean	1197	72.2
Malaysian	407	24.5
Others	54	3.3
<b>Age Group</b>		
20-29	451	27.2
30-39	637	38.4
40-49	318	19.2
50-59	154	9.3
60 and above	98	5.9

## Employment Status

The statistics on employment status of registered pharmacists at end of Dec 2009 is shown in Table 4.

A total of 1,390 (83.8%) of registered pharmacists were engaged in full-time employment and 130 (7.9%) were in part-time employment.

Table 5 shows the age distribution of the number of registered pharmacists who were not working.

**Table 4**  
**Working Status of Registered Pharmacists**

<b>Working Status</b>	<b>Number</b>	<b>Percentage (%)</b>
<b>Total Number</b>	<b>1658</b>	<b>100</b>
Full-time employment	1390	83.8
Part-time employment	130	7.9
Not working	138	8.3

**Table 5**  
**Age Distribution of Registered Pharmacists who are Not Working**

<b>Age Group</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
20 – 29	14	4	18
30 – 39	46	5	51
40 – 49	32	4	36
50 – 59	11	4	15
60 and above	9	9	18
<b>Total</b>	<b>112</b>	<b>26</b>	<b>138</b>

## Fields of Employment

Table 6 shows the fields of employment of pharmacists in the private and public sectors.

### Private Sector

When compared to 2008, the percentage of registered pharmacists employed in "Regulatory Affairs" increased by 2.1% and the percent that are employed in "Wholesale & Retail" increased by 1.4%.

### Public Sector

The majority of the public sector pharmacists were employed in patient-care services: hospitals (59.7%) and polyclinics (10.2%). 11.1% of pharmacists were employed in the area of pharmaceutical regulation. The remaining 19.0% were employed in academia, administration, non-pharmaceutical and procurement and distribution. There was an increase of 3.5% in the pharmacists employed in hospitals in 2009 as compared to the number in 2008.

**Table 6**

### Fields of Employment of Registered Pharmacists in the year 2009

Fields of Employment	Number	Percentage (%)
<b>Private Sector</b>	<b>890</b>	<b>100</b>
Wholesale & Retail	246	27.6
Wholesale	93	10.4
Marketing	90	10.1
Other Pharmaceutical Field*	80	9.0
Clinical Research	65	7.3
Regulatory Affairs	56	6.3
Hospital	46	5.2
Non-pharmaceutical	40	4.5
Manufacturing	30	3.4
Volunteer Welfare Organisation	16	1.8
Locum	13	1.5
Medical/Dental Clinic	10	1.1
Health Information Services	7	0.8
Consultancy	4	0.5
Procurement & Distribution	3	0.3
Others (including those working overseas)	91	10.2
<b>Public Sector</b>	<b>630</b>	<b>100</b>
Hospitals	376	59.7
Pharmaceutical Regulation	71	11.3
NHG & SingHealth Polyclinics	64	10.2
Academia	62	9.8
Administration	40	6.3
Non-pharmaceutical	9	1.4
Procurement & Distribution	7	1.1
Health Information Services	1	0.2

\* Example: medical publishing, medical market research, teaching

## Basic Degrees

The pharmacists registered in Singapore obtained their basic pharmacy degrees from a spread of countries/areas. Slightly more than four-fifths or 82.5% of our registered pharmacists obtained their basic pharmacy qualifications in Singapore. This is followed by Australia (6.3%), the United Kingdom (4.6%), Malaysia (3.6%) and the United States (1.3%).

**Table 7**  
**Basic Degrees (by country/area) of Registered Pharmacists in the year 2009**

Country/Area	Number	Percentage (%)
Singapore	1367	82.5
Australia	104	6.3
United Kingdom	76	4.6
Malaysia	59	3.6
United States	22	1.3
New Zealand	13	0.8
Canada	9	0.5
Taiwan	5	0.3
India	3	0.1
<b>Total</b>	<b>1658</b>	<b>100</b>

## Post-Basic Degrees

Table 8 shows the number of pharmacists on the register who had obtained higher qualifications in pharmacy. A total of 109 post-basic pharmacy degrees were recorded, with Clinical Pharmacy being the most common specialty (37.6%). This was followed by Pharmaceutics (14.7%), Pharmacology (12.9%), Pharmaceutical Chemistry (11.0%) and Pharmaceutical Technology (7.3%).

**Table 8**  
**Number of Pharmacists by Specialty of Post-Basic Degree**

Specialty	Number	Percentage (%)
Clinical Pharmacy	41	37.6
Pharmaceutics	16	14.7
Pharmacology	14	12.9
Pharmaceutical Chemistry	12	11.0
Pharmaceutical Technology	8	7.3
Pharmacy Practice	7	6.4
Hospital Pharmacy	4	3.7
Biopharmacy	3	2.8
Community Pharmacy	1	0.9
Pharmacodynamics	1	0.9
Pharmacognosy	1	0.9
Pharmaceutical Microbiology	1	0.9
<b>Total</b>	<b>109</b>	<b>100</b>

## Pharmacists Residing Overseas

At end 2009, 151 pharmacists on the register were residing overseas (compared to 130 in 2008). Table 9 shows the countries/areas of residence of these pharmacists. A majority were in Australia (29.7%), followed by Malaysia (19.1%), United States (14.5%), United Kingdom (7.9%) and People's Republic of China (7.9%).

**Table 9**  
**Countries/Areas of Residence of Registered Pharmacists Residing Overseas**

Country/Area	Number	Percentage (%)
Australia	45	29.7
Malaysia	29	19.1
United States	22	14.5
United Kingdom	12	7.9
People's Republic of China	12	7.9
Hong Kong SAR	10	6.6
Brunei	2	1.3
Dubai	2	1.3
Switzerland	2	1.3
Thailand	2	1.3
Canada	1	0.7
France	1	0.7
Germany	1	0.7
Indonesia	1	0.7
Ireland	1	0.7
Japan	1	0.7
Macau	1	0.7
Netherlands	1	0.7
New Zealand	1	0.7
South Africa	1	0.7
Spain	1	0.7
Taiwan	1	0.7
Vietnam	1	0.7
<b>Total</b>	<b>151</b>	<b>100</b>

Table 10 shows the reasons cited for residing overseas. The most common reason was “Work” (64.2%) followed by “Accompanying spouse/family” (19.2%).

There was a significant increase in the number of pharmacists working overseas (97 in 2009 as compared to 83 in 2008).

**Table 10**  
**Reasons for Residing Overseas**

<b>Reasons</b>	<b>Number</b>	<b>Percentage (%)</b>
Work	97	64.2
Accompany spouse/family	29	19.2
Further studies	11	7.3
Return to home country	8	5.3
Migration	4	2.6
Left Singapore	1	0.7
Long Vacation Leave	1	0.7
<b>Total</b>	<b>151</b>	<b>100</b>

### CODE OF ETHICS (2009)

#### A. PRACTICES & RESPONSIBILITIES

- 1. A pharmacist shall make the care of patients as the first consideration.**
  - 1.1. A pharmacist shall consider and act in the best interest of the individual patient.
  - 1.2. A pharmacist shall endeavour to provide professional patient-focused care to optimize health outcomes.
  - 1.3. A pharmacist shall seek to ensure safe and timely access to medicines and be satisfied of the clinical appropriateness of medicines supplied to the patient.
  - 1.4. A pharmacist shall encourage the effective use of medicines and be satisfied that patients, or those who care for them, know how to use their medicines appropriately.
  - 1.5. A pharmacist shall provide professional advice and counselling on medications at every opportunity, and shall only refrain from doing so when deemed to be in the best interest of the patient.
  - 1.6. A pharmacist shall not supply to any member of the public any substance, medicinal product or medical appliance which the pharmacist knows, or has reason to believe, is intended to be used in a manner which would be detrimental to health.
  - 1.7. A pharmacist shall not encourage a member of the public to purchase or obtain more of a medicinal product than is required.
  - 1.8. A pharmacist shall seek consultation with fellow pharmacist(s), and/or with other healthcare professionals, when deemed to be in the best interest of the patient.
- 2. A pharmacist shall respect and treat all patients equally, and protect their dignity and privacy.**
  - 2.1. A pharmacist shall treat patients without prejudice of race, religion, creed, social standing, disability or socio-economic status; and not allow personal beliefs to influence the management of patients. Where a pharmacist feels unable to continue to care for a patient due to such beliefs, the patient should be referred to another pharmacist who is able and willing to care for the patient.

- 2.2. A pharmacist shall ensure that confidential information is not disclosed without consent, apart from where permitted to do so by the law or in exceptional circumstances.
  - 2.3. A pharmacist shall take all reasonable steps to prevent accidental disclosure or unauthorised access to confidential information.
  - 2.4. A pharmacist shall use information obtained in the course of professional practice only for the purposes for which it was given or where otherwise lawful.
  - 2.5. A pharmacist shall not discuss the therapeutic efficacy of prescriptions or provide patient counselling in such a manner as to impair confidence in the prescriber or other healthcare professionals.
- 3. A pharmacist shall comply with legal requirements, professional standards and embrace best practices in the relevant field.**
- 3.1. A pharmacist shall keep up-to-date and comply with the laws that govern practice in the course of discharging his professional duties.
  - 3.2. A pharmacist shall be familiar with best practice guidelines and aim to achieve the professional pharmacy practice standards endorsed by Singapore Pharmacy Council (SPC).
  - 3.3. A pharmacist shall ensure that the premise of practice must fulfil professional practice guidelines and standards so as to enable the provision of safe, high quality and cost effective health services and products.
- 4. A pharmacist shall strive to achieve and maintain high professional practice standards in the promotion and provision of health services and products.**
- 4.1. A pharmacist shall take responsibility for all work done personally and ensure that those under his direct supervision are able to carry out their duties competently.
  - 4.2. A pharmacist shall be satisfied that appropriate protocols exist to ensure that the care and safety of the patient is not compromised.
  - 4.3. A pharmacist shall refrain from accepting conditions of service which may compromise his professional independence, judgement or integrity.
  - 4.4. A pharmacist offering online pharmacy services and/or telepharmacy services shall ensure that online aspect of operations comply with similar good pharmacy practice standards as stipulated in the guidelines for telepharmacy.
  - 4.5. A pharmacist shall, when providing information in his professional capacity in the public domain (websites, blogging, public speaking,

broadcasting, writing, etc), ensure that the information conforms to the following criteria:

- a. Factual
  - b. Accurate
  - c. Verifiable
  - d. No exaggerated claims
  - e. Not misleading
  - f. Not sensational
  - g. Not persuasive
  - h. Not laudatory
  - i. Not disparaging
- 4.6. A pharmacist shall abide by governing laws, standards and guidelines pertaining to the research, manufacture, distribution, sale, promotion and advertising of all health services and products; in addition, the information provided shall comply with the criteria listed in 4.5.
- 4.6.1. A pharmacist shall not advertise himself in any manner that explicitly suggests his professional skill is of a higher order than those of other pharmacists; or in a manner reflecting adversely on the skill or ability or professional services rendered by other pharmacists.
- 4.6.2. A pharmacist shall restrict the publication, distribution or exhibition of an advertisement concerning his practice to the standards approved by SPC.
- 4.6.3. A pharmacist shall not mislead the public by promoting or criticising any health product or services, through advertisements or other endorsements.

**5. A pharmacist shall be responsible for personal fitness to practise.**

- 5.1. A pharmacist who is aware that he is suffering from a condition that renders him unfit to practise shall seek appropriate treatment.
- 5.2. A pharmacist is responsible, if he is of sound mind, to disclose to the SPC if he has been diagnosed with any medical condition that may render him unfit to continue practice.
- 5.3. A pharmacist who has reasonable grounds to believe that another pharmacist may be putting patients at risk shall inform SPC.

## **B. PROFESSIONAL QUALITIES**

**6.** A pharmacist shall act with honesty and integrity, adhere to accepted standards of professional conduct, uphold public trust and confidence, and maintain the reputation of the profession.

6.1. A pharmacist shall not engage in behaviour or activity likely to bring the profession into disrepute or undermine public confidence in the profession.

6.2. A pharmacist shall avoid conflicts of interest or situations which may compromise professional relationships with patients and colleagues or influence the objectivity of professional judgement.

**7.** A pharmacist shall keep abreast of advancements in pharmaceutical knowledge so as to maintain a high standard of competency in professional practice for the assurance of effective outcomes and safety in patients.

7.1. A pharmacist shall embrace continuous professional development as a form of personal responsibility to ensure knowledge and skills are kept up-to-date and relevant to the field of practice.

7.2. A pharmacist shall keep up with and be prepared to engage new technology in delivering quality services and products to his patients.

7.3. A pharmacist shall be prepared to learn and apply new knowledge and skills to expand his roles and responsibilities in the healthcare system.

**8.** A pharmacist shall ensure that research activities are conducted in accordance to best practice guidelines that are applicable to the area of research.

8.1. A pharmacist shall conduct research activities with integrity and honesty so as to gain the acceptance and respect of the research community and maintain the confidence of the public.

8.2. A pharmacist shall ensure that the necessary approvals from the appropriate regulatory authorities for conducting research activities have been obtained.

8.3. A pharmacist shall ensure proper safeguards of patients' safety and integrity when conducting research and comply with research ethical guidelines issued by the relevant institutions and organizations.

## **C. INTER-PROFESSIONAL RELATIONSHIPS**

**9.** A pharmacist shall collaborate with other healthcare professionals, patients and caregivers to achieve optimal treatment outcomes for their patients.

9.1. A pharmacist shall explain the treatment plans and available options in a clear manner and take reasonable steps to ensure information shared is easily understood by patients and caregivers so as to empower them to make informed decisions about their own health management.

9.2. A pharmacist shall maintain effective professional relationships with his colleagues and other healthcare professionals and offer assistance when called upon for advice.

9.3. A pharmacist shall refrain from publicly criticising his colleagues and other healthcare professionals.

9.4. A pharmacist must seek clarifications from colleagues and other healthcare professionals if they have reason to believe that such decisions could compromise the safety or care of his patients.

**10.** A pharmacist shall impart his knowledge, experience and skills to nurture future and new pharmacists.

10.1. A pharmacist shall contribute to the education, training and professional development of future and new pharmacists through sharing of relevant knowledge, skills and expertise.

10.2. A pharmacist preceptor shall endeavour to educate and train future and new pharmacists to meet prescribed competency standards.

# GUIDE ON ADVERTISING FOR PHARMACISTS & PHARMACIES (1991)

## A. INTRODUCTION

- 1 As pharmacy is a profession, pharmacists are prohibited from publishing or distributing any advertisements concerning their practice as pharmacists. However, advertisements may be permitted under certain circumstances.
- 2 This guide is therefore drawn up for pharmacists in the areas of advertising of pharmacists and pharmacies. It provides advice on good professional practice and should help pharmacists to interpret and avoid breaching the Code of Ethics. A breach of the Code of Ethics could form the basis of a complaint of misconduct.
- 3 Guidelines cannot cover every situation. When in doubt, the advice of the Singapore Pharmacy Council should be sought.

## B. CIRCUMSTANCES WHERE ADVERTISING IS PERMITTED

1. A pharmacist may publish or distribute an advertisement concerning his practice as a pharmacist, provided that the advertisement is restricted to name, academic qualifications, address and telephone number in business/name card.
2. A pharmacy may publish or distribute an advertisement concerning its practice as a pharmacy, provided that the advertisement is restricted to its address, days and hours of service and telephone number in the media, and as part of the letterhead in their business stationery.
3. When advertising in telephone and other local directories, entries should be limited to the standard entry and may include hours of service.
4. A pharmacist may use the terms 'dispensing pharmacist', 'prescriptions', 'pharmacist', 'night pharmacy', 'night dispensing', or such other terms as may be approved by the Council, as a description

on a fascia or other appropriate position on the premises of a pharmacy or pharmacy department.

5. A pharmacist may advertise goods and services, other than those used in his practice as a pharmacist, where such advertising does not, either directly or indirectly, encourage indiscriminate or unnecessary use of drugs and medicines from another pharmacist, for example, surgical goods such as gloves, cosmetics or other non-medicinal products. A discreet notice relating to pregnancy testing service, urine analysis, patient counselling services, blood glucose testing, patient medication records services, drug information centre or blood pressure testing, may be exhibited at the premises.
6. A dispensing pharmacist may wear a nametag bearing his name and designation as 'pharmacist'.
7. The display of qualification(s) of a pharmacist on stationery, as well as on any part of his premises, should be discreet and should be no more than the qualification(s) or higher qualification(s) officially entered in the Register of Pharmacists.

### **C. CIRCUMSTANCES WHERE ADVERTISING IS NOT PERMITTED**

1. Canvassing to promote dispensing or any other professional service, or to promote the sale by retail of medicinal products, other than veterinary drugs, should not be undertaken.
2. No advertisement or representation should be made in any manner, calculated to suggest that the professional skill of a pharmacist, or his facilities for pharmaceutical services, are of a higher order than those of other pharmacists; or in a manner reflecting adversely on the skill or ability or professional services rendered by other pharmacists.
3. No pharmacist should give any statement or testimonial upon any medicinal product or appliance, to any proprietor, manufacturer, distributor or vendor, for publication with the name and image of such pharmacist attached, other than way of an acknowledgement in an article published in a scientific journal. Pharmacists may, however,

contribute articles of general interest to lay magazines or other non-scientific publications. They should take care not to endorse or promote any particular medicine or product. Only their names and qualifications may be stated in the article.

4. No pharmacist should exhibit, or cause to be exhibited, any sign plate, placard, painting, sculpture, replica design or representation visible to members of the public generally, which in the opinion of the Council is unethical, or which is calculated to be an advertisement of his practice as a pharmacist. Examples include advertising signs which are not physically attached to the pharmacy premises to which they refer such as signs in bus shelters, MRT stations and other buildings.

#### **D. LIABILITY OF PHARMACIST FOR CERTAIN ADVERTISEMENTS**

1. Every advertisement published by or in the name of a person, firm or incorporated company, which in any manner implies or suggests that such advertisement is justified by or based on the practice of a pharmacist, would be deemed to be an advertisement by such pharmacist in the same manner as if it had been inserted by him personally.

#### **E. OTHER RESTRICTIONS**

1. Every identifying sign in a pharmacy department of a hospital should be restricted to 'pharmacy', 'pharmacy department' or 'department of pharmacy' and could include the name of the hospital.
2. A pharmacist should exercise great care and do everything reasonably possible when speaking to the press or television, to ensure that he does not directly or indirectly contravene the Code of Ethics.

### REQUISITES FOR PRE-REGISTRATION TRAINING CENTRES

1. Premises suitable for pre-registration training include
  - ◆ Hospital/Institutional Pharmacies
  - ◆ Retail Pharmacies
  - ◆ Pharmaceutical Manufacturing Plants
  
2. The institutions providing pre-registration training shall comply with the following requirements :
  - ◆ The premises for training are approved by the Singapore Pharmacy Council.
  - ◆ A comprehensive programme of training by the institution has been approved by the Singapore Pharmacy Council.
  - ◆ Registered pharmacists with at least three years of service are available as preceptors who will be directly responsible for the supervision and training of pre-registration pharmacists.
  - ◆ Each preceptor shall not supervise more than two pre-registration pharmacists.

## APPROVED INSTITUTIONS FOR PRE-REGISTRATION TRAINING

<p><b>RESTRUCTURED HOSPITAL</b> Department of Pharmacy <b>Changi General Hospital</b> 2 Simei Street 3 Singapore 529899 Tel: (65) 6850 1888 Fax: (65) 6786 2485</p>	<p><b>RESTRUCTURED HOSPITAL</b> Department of Pharmacy <b>Institute of Mental Health / Woodbridge Hospital</b> 10 Buangkok View Singapore 539747 Tel: (65) 6385 2073 Fax: (65) 6385 1027</p>
<p><b>RESTRUCTURED HOSPITAL</b> <b>Jurong General Hospital at Alexandra Hospital</b> 378 Alexandra Road Singapore 159964 Tel: (65) 63794337 Fax: (65) 63794331</p>	<p><b>RESTRUCTURED HOSPITAL</b> Department of Pharmacy <b>Khoo Teck Puat Hospital</b> 90 Yishun Central Singapore 768828 Tel: (65) 6602 2622 Fax: (65) 6602 3688</p>
<p><b>RESTRUCTURED HOSPITAL</b> Department of Pharmacy <b>KK Women's and Children's Hospital</b> 100 Bukit Timah Road Singapore 229899 Tel: (65) 6394 2460 Fax: (65) 6394 2465</p>	<p><b>RESTRUCTURED HOSPITAL</b> Department of Pharmacy <b>National Cancer Centre</b> 11 Hospital Drive Singapore 169610 Tel: (65) 64368091 Fax: (65) 6220 1347</p>
<p><b>RESTRUCTURED HOSPITAL</b> Department of Pharmacy <b>National University Hospital</b> 5 Lower Kent Ridge Road Singapore 119074 Tel: (65) 6772 5008 Fax: (65) 6873 7121</p>	<p><b>RESTRUCTURED HOSPITAL</b> Department of Pharmacy <b>Singapore General Hospital</b> Outram Road Singapore 169608 Tel: (65) 6321 4815 Fax: (65) 6227 4330</p>
<p><b>RESTRUCTURED HOSPITAL</b> Department of Pharmacy <b>Tan Tock Seng Hospital</b> 11 Jalan Tan Tock Seng Singapore 308433 Tel: (65) 6357 2010 Fax: (65) 6256 6460</p>	<p><b>POLYCLINIC</b> <b>National Healthcare Group Pharmacy</b> 11 Lorong 3 Toa Payoh #03-22/23/24 Block B Jackson Square Singapore 319579 Tel: (65) 6478 2478 Fax: (65) 6254 2191</p>
<p><b>RETAIL PHARMACY</b> <b>Guardian Health and Beauty</b> 21 Tampines North Drive 2 #03-01 Singapore 528765 Tel: (65) 6891 8318 Fax: (65) 6784 4460</p>	<p><b>RETAIL PHARMACY</b> <b>Unity NTUC Healthcare</b> 55 Ubi Avenue 1 #08-08 Singapore 408935 Tel: (65) 6846 1128 Fax: (65) 6846 9313</p>
<p><b>RETAIL PHARMACY</b> <b>Watson's Personal Care Stores</b> 1 Coleman Street #08-07 The Adelphi Singapore 179803 Tel: (65) 6430 5285 Fax: (65) 6337 1914</p>	<p><b>PRIVATE HOSPITAL</b> <b>Parkway Group Healthcare</b> Academy Parkway 168 Jalan Bukit Merah Towers 3 #02-05 Singapore 150168 Tel: (65) 6508 6918 Fax: (65) 6278 6075</p>

## Annex 5

### SCHEDULE OF FEES

Registration Fee	\$200
Pre-registration Training Fee	\$ 80
Renewal of Practising Certificate Fee for 2 years	\$400
Late Payment Fee 1 (one month before expiration)	\$ 75
Late Payment Fee 2 (after expiration)	\$200
Restoration Fee	\$250
Examination Fee	\$300
Fee for Certified True Copy of any Certificate	\$ 50

## AUDITED ACCOUNTS OF THE SINGAPORE PHARMACY COUNCIL

### STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2010

	Year ended 31.3.10	1.9.08 to 31.3.09
	\$	\$
<b>Operating income</b>		
Registration fee	42,080	15,040
Practising certificate fee	330,250	78,775
Restoration fee	500	1,000
Late payment fee	-	1,575
Certificate of Good Standing	450	250
Certified Copy of Certificate	100	100
Examination fee	57,000	9,900
	430,380	106,640
<b>Deduct: Operating expenses</b>		
Accountancy fee	3,959	2,675
Audit fee	2,033	2,033
Audit fee - Internal audit	1,949	-
Bank charges	736	2,800
CPF	28,635	15,615
Ceremony & other celebration	8,861	-
Cleaning services	1,855	210
Conference	11,813	-
Depreciation	1,304	406
Examination/examiner's fee	9,900	2,475
General expenses	687	1,132
Journals subscription	713	-
Medical fee	301	15
Postage & courier	1,496	968
Printing & stationery	8,500	9,683
Refreshments	748	112
Rental of equipment	8,264	-
Rental of premises	79,265	13,211
Repairs & maintenance	984	53
Salary	276,103	153,051
Software maintenance/development	105,655	34,451
Staff training	840	-
Staff welfare	-	800
Telecommunications	2,610	1,152
Transport	706	149
Utilities	9,512	712
Wages	224	147
	567,653	241,850

**STATEMENT OF COMPREHENSIVE INCOME  
FOR THE YEAR ENDED 31 MARCH 2010**

(Continued)

	Year ended <u>31.3.10</u> \$	1.9.08 to <u>31.3.09</u> \$
<b>Deficit before grant</b>	(137,273)	(135,210)
Government grant	97,667	145,891
	-----	-----
<b>(Deficit)/surplus before contribution to consolidated fund</b>	(39,606)	10,681
Contribution to consolidated fund	Note 3 (107)	(1,816)
	-----	-----
<b>(Deficit)/surplus for the period</b>	(39,713)	8,865
<b>Other comprehensive income -</b>		
Capital fund received from Ministry of Health	-	216,009
Utilisation	-	(185,161)
	-----	-----
<b>Total comprehensive income for the period</b>	<u>(39,713)</u>	<u>39,713</u>
	=====	=====

**STATEMENT OF CHANGES IN FUNDS  
FOR THE YEAR ENDED 31 MARCH 2010**

	<u>Capital fund</u>	<u>General fund</u>	<u>Total</u>
	\$	\$	\$
<b>Balance at 31 March 2009</b>	30,848	8,865	39,713
Total comprehensive income for the year	-	(39,713)	(39,713)
-			
<b>Balance at 31 March 2010</b>	30,848	(30,848)	-

**STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2010**

	<u>Note</u>	<u>2010</u> \$	<u>2009</u> \$
<b>ASSETS</b>			
<b>Non-current assets</b>			
Equipment & renovations	4	8,488	2,531
		-----	-----
<b>Current assets</b>			
Other receivables	5	36,090	67,176
Grant receivable from MOH		76,423	50,788
Cash & bank balances		208,122	489,455
		-----	-----
		320,635	607,419
		-----	-----
<b>Total assets</b>		329,123	609,950
		=====	=====
 <b>FUNDS AND LIABILITIES</b>			
<b>Funds</b>			
Capital fund		30,848	30,848
General fund		(30,848)	8,865
		-----	-----
		-	39,713
		-----	-----
<b>Current liabilities</b>			
Advance fees received		266,375	554,225
Expenses payable		62,748	14,196
Provision for consolidated fund		-	1,816
		-----	-----
		329,123	570,237
		-----	-----
<b>Total funds and liabilities</b>		329,123	609,950
		=====	=====

**STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED 31 MARCH 2010**

	Year ended <u>31.3.10</u> \$	1.9.08 to <u>31.3.09</u> \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Deficit before grant	(137,273)	(135,210)
Adjustments for :		
Depreciation	1,304	406
Surplus recognised directly in funds	-	30,848
Government grant receivable	76,423	50,788
	-----	-----
Operating deficit before working capital changes	(59,546)	(53,168)
<i>Changes in working capital :</i>		
Other receivables & grant receivable from MOH	5,451	(117,964)
Advance fees received	(287,850)	554,225
Expenses payable	48,552	14,196
	-----	-----
Cash (used in)/generated from operations	(293,393)	397,289
Payment to consolidated fund	(1,923)	-
	-----	-----
<i>Net cash (used in)/from operating activities</i>	(295,316)	397,289
	-----	-----
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Purchase of equipment & renovations	(7,261)	(143,782)
Capital fund received	-	140,845
	-----	-----
<i>Net cash used in investing activities</i>	(7,261)	(2,937)
	-----	-----
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
Government grant received	21,244	95,103
	-----	-----
<i>Net cash from financing activities</i>	21,244	95,103
	-----	-----
<b>NET (DECREASE)/INCREASE IN CASH &amp; BANK BALANCES</b>	(281,333)	489,455
<b>BANK BALANCE AT BEGINNING OF PERIOD</b>	489,455	-
	-----	-----
<b>CASH &amp; BANK BALANCES AT END OF PERIOD</b>	208,122	489,455
	=====	=====

## NOTES TO FINANCIAL STATEMENTS - 31 MARCH 2010

### 1. GENERAL

The Council is established under The Pharmacists Registration Act 2007. The financial statements are expressed in Singapore dollars and are authorised for issue by the Council on the date stated on the Statement by Council's Management on page 2.

The principal activities of the Council are to regulate and promote the interests of registered pharmacists in Singapore.

### 2. SIGNIFICANT ACCOUNTING POLICIES

#### (a) *Basis of accounting*

The financial statements of the Council have been prepared under the historical cost convention except as disclosed in the accounting policies below. The fair values of financial assets and liabilities approximate their carrying amounts recorded in the financial statements.

The financial statements of the Council comply with Singapore Financial Reporting Standards (FRS). During the period, the Council adopted, where applicable, the new or revised FRS and Interpretations to FRS (INT FRS) that are effective for the current accounting period. The adoption did not result in any change in accounting policies. For new FRS and INT FRS that are not yet mandatory, there is no impact on the financial statements.

#### (b) *Accounting estimates and judgement*

The preparation of financial statements in conformity with FRS requires management to make judgements, estimates and assumptions that affect the application of policies and reported amounts of assets, liabilities, income and expenses. The estimates and associated assumptions are reviewed on an on-going basis and are based on historical experience and various other factors that are believed to be reasonable under the circumstances, the results of which form the basis of making the judgements about carrying amounts of assets and liabilities that are not readily apparent from other sources. These estimates and assumptions are not expected to have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial period.

#### (c) *Income*

Income from practising certificate fees, which are levied on pharmacists on a two yearly basis, is recognised in the financial statements on an accrual basis.

Other types of income are recognised on a cash basis.

#### (d) *Equipment & renovations*

All items of equipment & renovations are initially recorded at cost. The cost of an item is recognised as an asset if, and only if, it is probable that future economic benefits associated with the item will flow to the Council and the cost of the item can be measured reliably. Subsequent to recognition, equipment & renovations are measured at cost less accumulated depreciation and accumulated impairment losses.

## NOTES TO FINANCIAL STATEMENTS - 31 MARCH 2010

Depreciation begins when the assets are available for use and is calculated on the straight line basis over their estimated useful lives as follows :-

Computers	-	3 years
Furniture & fittings	-	8 years
Office equipment	-	8 years
Ceremony gowns	-	8 years
Renovations	-	3 years

The useful lives, residual values and depreciation method are reviewed at each financial year end and adjusted prospectively, if appropriate.

The carrying values of equipment & renovations are reviewed for impairment when events or changes in circumstances indicate that the carrying values may not be recoverable. Impairment losses or reversal of previously recognised impairment losses are recognised as loss or profit in the statement of comprehensive income.

An item of equipment & renovations is derecognised upon disposal or when no future economic benefits are expected from its use or disposal. Any gain or loss on derecognition of the asset is included in the statement of comprehensive income in the year the asset is derecognised.

(e) ***Government grants & subsidies***

Grants and subsidies from the government are recognised at their fair value where there is reasonable assurance that the grant/subsidy will be received and all attaching conditions will be complied with. When the grant or subsidy relates to an expense item, it is recognised as income over the periods necessary to match them on a systematic basis to the costs which it is intended to compensate. Where the grant or subsidy relates to a depreciable asset, the grant is recognised in the statement of comprehensive income over the life of the depreciable asset by way of a reduced depreciation charge through the reduced carrying amount of the asset.

(f) ***Leased assets***

Operating lease payments are charged to the statement of comprehensive income on a straight line basis over the lease term.

(g) ***Other receivables***

Other receivables are classified and accounted for as loans and receivables under FRS 39 and are initially recognised at invoiced values or amounts paid and, where applicable, subsequently measured at amortised cost using the effective interest method except that short-duration non-interest bearing receivables are not usually re-measured unless the effect of imputing interest would be significant. An allowance is made for uncollectible amounts when there is objective evidence that the Council will not be able to collect the debt. Bad debts are written off when identified.

(h) ***Employee benefits***

***Defined contribution plan***

The Council contributes to Central Provident Fund (“CPF”), a defined contribution plan regulated and managed by the Singapore Government. The Council’s obligation in regard to CPF is limited to the amount it has to contribute to it. CPF contributions are recognised as an expense in the same period as the employment that gives rise to the contributions.

## NOTES TO FINANCIAL STATEMENTS - 31 MARCH 2010

### 3. CONTRIBUTION TO CONSOLIDATED FUND

The income of the Council is exempted from income tax under Section 13(1)(e) of the Singapore Income Tax Act. In lieu thereof the Council is required to contribute to the Consolidated Fund in accordance with the Statutory Corporations (Contributions to Consolidated Fund) Act (Chapter 319A). The contribution is based on 18% of the net surplus for the financial period.

### 4. EQUIPMENT & RENOVATIONS

	<u>Computers</u> \$	<u>Furniture &amp; fittings</u> \$	<u>Office equipment</u> \$	<u>Ceremony gowns</u> \$	<u>Renovations</u> \$	<u>Total</u> \$
<b><i>Cost</i></b>						
Additions during the period and at 31.3.09	29,889	16,513	9,544	2,750	85,086	143,782
Government grant	(29,702)	(16,513)	(9,544)	-	(85,086)	(140,845)
At 31.3.09	187	-	-	2,750	-	2,937
Additions	-	-	1,985	5,276	-	7,261
At 31.3.10	187	-	1,985	8,026	-	10,198
<b><i>Accumulated Depreciation</i></b>						
Depreciation charge for the period and at 31.3.09	62	-	-	344	-	406
Depreciation charge for 2009	62	-	239	1,003	-	1,304
At 31.3.10	124	-	239	1,347	-	1,710
<b><i>Net carrying amount</i></b>						
At 31.3.10	63	-	1,746	6,679	-	8,488
At 31.3.09	125	-	-	2,406	-	2,531

## NOTES TO FINANCIAL STATEMENTS - 31 MARCH 2010

### 5. OTHER RECEIVABLES

	<u>2010</u>	<u>2009</u>
	\$	\$
Prepayments	2,985	3,819
Deposits	18,620	18,620
Amount due from Singapore Dental Council	-	22,369
Amount due from Traditional Chinese Medicine Practitioners Board	-	22,368
Due from a member for legal costs	14,485	-
	-----	-----
	36,090	67,176
	=====	=====

### 6. FINANCIAL RISKS AND MANAGEMENT

- (i) *Interest rate risk*  
The Council has no exposure to interest rate risk as it does not have interest-bearing borrowings nor assets.
- (ii) *Credit risk*  
The Council has no significant credit risk as the main portion of its receivables is due from pharmacy practitioners.
- (iii) *Foreign exchange risk*  
The Council has no exposure to foreign exchange risk from transactions denominated in foreign currencies.
- (iv) *Liquidity risk*  
The Council monitors and maintains sufficient working capital to fund its operations and is primarily dependent on government grants to subsidise costs of operations.

### 7. CAPITAL MANAGEMENT

The Council is not subject to any externally imposed fund requirements. In view of the financial status and operations of the Council, there are no relevant comments on its capital management.

## Contact us

Office Opening Hours	Mondays to Fridays: 9.00 am - 5.30 pm
Correspondence Address (For normal mail only)	Singapore Pharmacy Council 16 College Road College of Medicine Building Singapore 169854
For visits, registered mail & couriered services	Singapore Pharmacy Council 81 Kim Keat Road NKF Centre, Level 9 Singapore 328836

### Kindly make an appointment with our staff before you visit our office

General Enquiries	(65) 6478 5068
CPE Enquiries	(65) 6478 5066
Registration	(65) 6478 5067
Enquiries	(65) 6478 5063
Fax Number	(65) 6478 5069
Email Address	<a href="mailto:enquiries@spc.gov.sg">enquiries@spc.gov.sg</a>
Website Address	<a href="http://www.spc.gov.sg">www.spc.gov.sg</a>