



**SINGAPORE PHARMACY COUNCIL**  
**Annual Report**  
**2010**

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## **CONTENTS**

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	<b>Page</b>
<b>President's Message</b>	<b>3</b>
<b>Introduction</b>	<b>6</b>
<b>Quality Statement, Vision, Mission, Core Values</b>	<b>7</b>
<b>The Pharmacist's Pledge</b>	<b>8</b>
<b>Members of Singapore Pharmacy Council 2010</b>	<b>9</b>
 <b>REPORT ON THE SINGAPORE PHARMACY COUNCIL'S ACTIVITIES</b>	
Council Meetings	11
Activities	12
Registration	16
Matters of Professional Misconduct	17
 <b>THE PHARMACISTS REGISTER FOR THE YEAR 2010</b>	
Total Number of Registered Pharmacists	18
Number of Foreign Trained Registered Pharmacists	19
Profile of Registered Pharmacists	20
Employment Status	21
Fields of Employment	22
Basic Degrees	23
Post-Basic Degrees	24
Pharmacists Residing Overseas	25
 <b>ANNEXES</b>	
Annex1: Code Of Ethics	27
Annex 2:Guide On Advertising For Pharmacists And Pharmacies	32
Annex 3: Requisites For Pre-Registration Training Centres	35
Annex 4: Approved Institutions For Pre-Registration Training	36
Annex 5: Schedule Of Fees	37
Annex 6: Audited Accounts Of The Singapore Pharmacy Council	38

## **PRESIDENT'S MESSAGE**

The Singapore Pharmacy Council (SPC) passed its second year of operation as a Council on 31<sup>st</sup> August 2010 and it was a year of further consolidation and progress.

- a. Preceptor training that was started in 2004 continues to be held annually and 503 preceptors have been trained. Four workshops were conducted in April 2010 to equip 79 new preceptors from restructured institutions, polyclinics, private hospitals and community pharmacies with interpersonal, leadership and mentoring skills so that they can effectively help mould and motivate their pre-registration pharmacists and serve as role models in pharmacy practice and service excellence.
- b. The Council recognises that preceptors play a key role in the mentoring and training future pharmacists. The first Preceptor Forum was held on the 30<sup>th</sup> January 2010 to provide a platform for preceptors to interact with one another and to share their precepting experiences, as well as, to provide refresher training in leading and coaching skills. The 88 participants included experienced preceptors and young pharmacists who are training to become preceptors. The Council also inaugurated the Excellent Preceptor Award this year. The first three recipients were Ms Charmaine Leong of Guardian Health & Beauty, Ms Janice Lim of KK Women's and Children's Hospital and Ms Lim Siew Woon of National University Hospital.
- c. The number of registered pharmacists in Singapore has increased from 1,300 five years ago, to more than 1,800 in 2010. There has been an increase in the local pharmacy student intake and more overseas-trained pharmacists have joined the pharmacy work force. The Singapore Pharmacy Council has gazetted 138 foreign qualifications. The increase in the number of newly registered pharmacists is still insufficient to meet the work force demand especially in frontline practice (retail and hospital). I recognize that these are challenging

times for all of us, but along with challenges come great opportunities, for example expanding the pharmacist's clinical pharmacy roles in in-patient, in ambulatory settings, in home care and in the community. As we embark on pharmacist's specialisation, the de-lineation and establishment of specialist pharmacist's services become crucial and must be implemented judiciously and wisely.

- d. The 2-yearly renewals of the practising certificates (PC) started in mid October 2010. As at 31<sup>st</sup> December 2010, 1648 (94%) pharmacists met the minimum CPE requirement for the previous qualifying period (1<sup>st</sup> September 2008 to 31<sup>st</sup> August 2010) and only 78 (4.44%) pharmacists had not acquired any CPE points.
- e. The second Pledge Affirmation Ceremony was held on 13<sup>th</sup> May 2010 with Mr Hawazi Daipi, the Senior Parliamentary Secretary, Ministry of Health and Ministry of Manpower, as the guest of honour. Of the 122 newly registered pharmacists, 87 were NUS graduates and 35 were foreign trained pharmacists. Mr Hawazi Daipi exhorted all pharmacists to continue to play greater roles in chronic disease management, health promotion and in acute, primary, intermediate and long term care settings.
- f. The Council also looked at the pre-registration pharmacist training programme with respect to its adequacy, relevancy and currency in meeting work force and patient's needs. A pre- registration pharmacist training review committee headed by A/Prof Chui Wai Keung from Department of Pharmacy, National University of Singapore was formed to look into this. The Committee is tasked to deliberate its findings and recommendations in a report.

SPC will continue to support the needs of our members in all sectors of our profession through engagement, collaboration and representation.

I believe the dedication and participation of our entire membership is crucial. We have excellent pharmacy leadership in the various sectors but we need to groom and mentor the next in line as part of succession planning. Modernisation and renewal is, in my opinion, necessary for the sustaining of any profession that wants to be progressive and impactful. We must therefore identify and harness talented, enthusiastic, committed and loyal pharmacists to be groomed as the pharmacist-leaders of tomorrow.

Without inputs and contributions from fellow pharmacists, the work of the Council cannot be fully accomplished. Therefore, 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 who have given of their time and effort for the profession unselfishly.

With best wishes,

A handwritten signature in black ink, appearing to read "Wu Tuck Seng".

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:

- |   |   |   |
|---|---|---|
| <b>Dedication</b>                                 | - | We desire to serve.<br>We believe in giving our best.<br>We are passionate in what we do.   |
| <b>Professionalism</b>                            | - | We seek to develop a high level of expertise.<br>We are objective in decision-making.<br>We do that which is best for Singapore and Singaporeans. |
| <b>Integrity, Care &amp; Compassion, Teamwork</b> | - | We take responsibility for our work.<br>We go the extra mile to show we care.<br>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) 2010**

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. 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	Asst Professor 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:

Asst Professor 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 2010 is presented under the following headings:

- Council Meetings
- Activities
  - Professional
    - Pre-registration Training Review Committee (PTRC) Report 2010
    - Telepharmacy Guidelines
  - Training
    - Inaugural Preceptor Forum 2010
    - Preceptor Training Workshop
  - Examinations
    - Forensic Examinations for Foreign Graduates
    - Competency Examinations and Assessments for Local and Foreign-Trained Graduates
  - Miscellaneous
    - Excellent Preceptor Award 2010
    - Second Pharmacist's Pledge Affirmation Ceremony
- Registration
  - Renewal of Practising Certificate for 1<sup>st</sup> January 2011 to 31<sup>st</sup> December 2012
  - Inactive Status
- Matters of Professional Misconduct

## **Council's Meetings**

A total of 6 meetings were held in the year 2010 in the months of January, March, May, July, September, and November.

Major issues discussed during these meetings were:

- NUS Bridging Course for pharmacists with qualifications that are not recognised by the SPC
- Amalgamation of Services of Professional Boards
- Annual Review of Recognised Qualifications for gazetting
- Establishing of the Pre registration Training Review Committee to look into adequacy of current pre-registration pharmacist training programme

### **NUS Bridging Course for pharmacists with qualifications that are not recognised by the SPC**

The Council explored various options for a bridging programme for pharmacists from non traditional sources to undergo a bridging programme to help them to meet the minimum educational requirements for entry to pre-registration training. NUSAGE has proposed a programme that the Council has accepted. The details of the Overseas Pharmacists Assessment Programme leading to the NUSAGE Postgraduate Certificate in Pharmacy Practice is found in the link: <http://www.nusage.nus.edu.sg/opap/>

### **Amalgamation of Services of Professional Boards**

An amalgamation of services of the professional boards in the areas of finance, registration, human resource and IT will be implemented from 1<sup>st</sup> April 2011. This move should ensure that these processes eventually become more efficient and cost effective.

### **Annual Review of Recognised Qualifications for gazetting**

Three additional qualifications from Australia were approved in May and July 2010. They were the MPharm from the School of Health Sciences, University of Canberra, the MPharm, Faculty of Pharmacy, University of Sydney and the MPharm from the School of Biomedical, Biomolecular and Chemical Sciences, University of Western Australia. Ten pharmacy schools from the United Kingdom have had their names amended.

## **Activities**

### **Professional**

#### **Establishing of the Pre registration Training Review Committee (PTRC)**

The “Pharmacy Pre registration Training Review Committee” was set up to review the pre registration pharmacists’ training in Singapore.

The terms of reference for this committee were:

- To review the overall training program/model of pharmacy pre-registration training programme in Singapore with respect to the current and future needs and recommend an appropriate model.

- To evaluate the pre-registration pharmacists' training program with respect to the SPC Competency Standard Framework for Pharmacists.
- To evaluate and recommend the compulsory and the elective postings
- To review adequacy of pre-registration pharmacist postings, venues and the duration of each posting
- To review and recommend experiential and skill offerings in the elective rotations e.g. industrial, regulatory, primary care centres, etc pertinent to the training of a pre-registration pharmacist
- To make recommendations as to how the pre-registration pharmacist training is to be operationalised and the relevant governance required
- To make recommendations with regards to ensuring quality and sustainability of the pre-registration pharmacist training programme.

The members of the "Pre- registration Training Review Committee" were:

Chairperson	A/Prof Chui Wai Keung
Council Member	Ms Lita Chew
Hospital Pharmacy Manager	Mr Lim Mun Moon
Preceptor (Hospital)	Ms Janice Lim Chai Huang
Preceptor (Community)	Ms Charmaine Leong
Trade	Mr Lee Jet Tong
Regulatory	Mr Sia Chong Hock
Industry	Mr Koe Khoon Poh
Chief Pharmacist Office	Ms Chong Yi San

Their report was accepted and endorsed by the Council. A pre-registration training Implementation Workgroup led by the Registrar will look into how to operationalise this.

### Telepharmacy Guidelines

The Telepharmacy Guidelines which were prepared by the Pharmaceutical Society of Singapore (PSS) were endorsed by the Singapore Pharmacy Council and were distributed to the PSS members on Monday 11<sup>th</sup> Jan 2010. A total of 63 pharmacies have telepharmacy licences, of these, 16 (all from Guardian Health and Beauty) are approved to deal in Prescription Only Medicines.

## **Training**

### **Preceptor Training Workshops**

The Council conducted four full-day preceptor training workshops in April 2010. The training was organised to equip and hone the skills of pre-registration pharmacist's preceptors in leading, mentoring and coaching. A total of 79 pharmacists participated in these workshops. Sixty of the participants were hospital pharmacists and 19 were from retail pharmacies and polyclinics. Sixty-nine (87%) of the pharmacists who attended the workshop had 3 or more years of relevant work experience. The participants rated the preceptor training workshops as useful and good.

### **Inaugural Preceptor Forum 2010**

On 30<sup>th</sup> January 2010, 88 pharmacists attended the inaugural Preceptor Forum. The purpose of this forum was to provide a platform for preceptors to meet and interact with one another, to share their precepting experiences and to learn best practises from one another as well as to receive refresher training in leading and coaching skills.

## **Examinations**

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

In 2010, three forensic examinations were held for a total of 82 candidates. The examinations were conducted on 5<sup>th</sup> April (27 candidates), 2<sup>nd</sup> August (30 candidates) and 1<sup>st</sup> November 2010 (25 candidates).

### **Competency Examinations for 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 92 pre-registration pharmacists sat for the exams in 2010. The 4 examinations were conducted on 22<sup>nd</sup> February (77 candidates), 31<sup>st</sup> May (4 candidates), 30<sup>th</sup> August (5 candidates) and 29<sup>th</sup> November 2010 (6 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.

### **Miscellaneous**

#### **Excellent Preceptor Award 2010**

The Excellent Preceptor Award was inaugurated to give due recognition to pharmacists who are role model preceptors and who have excelled in the training of pre-registration pharmacists.

The first three Excellent Preceptor Award recipients were Ms Charmaine Leong of Guardian Health & Beauty, Ms Janice Lim of KK Women's and Children's Hospital and Ms Lim Siew Woon of National University Hospital.

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

The second Pharmacist's Pledge Affirmation Ceremony was held on 13<sup>th</sup> May 2010 at the College of Medicine Building auditorium. The guest of honour, the Senior Parliamentary Secretary (SPS), Ministry of Health and Ministry of Manpower, Mr Hawazi Daipi addressed the audience. One hundred and twenty-two newly registered pharmacists received their pledge affirmation certificates from SPC President, Mr Wu Tuck Seng.

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).

#### **Appreciation dinner**

The appreciation dinner for all council members, members of SPC committees and workgroups and pharmacy managers was held on Monday 1<sup>st</sup> March 2010 at the Merchant Court Hotel. The Registrar delivered the speech on behalf of the President who was not able to attend. It was attended by 33 pharmacists including the Registrar and several Council members.

## **Registration**

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

The current Qualifying Period for CPE is from 1<sup>st</sup> September 2008 to 31<sup>st</sup> August 2010 and the Practising Certificate was due for renewal at the end of 2010.

### **Renewal of Practising Certificate (PC) for Qualifying Period (QP)**

#### **from 1<sup>st</sup> September 2008 to 31<sup>st</sup> August 2010**

The renewal of the practising certificates (PC) started in mid October 2010. As at 31<sup>st</sup> December 2010, 1648 (93.74%) pharmacists had met the minimum CPE requirement for the qualifying period (1<sup>st</sup> September 2008 to 31<sup>st</sup> August 2010) and 78 (4.44%) pharmacists had not acquired any CPE points.

A late payment fee of S\$75.00 and S\$200.00 apply for the renewal of practising certificates after 30<sup>th</sup> November 2010 and after 31<sup>st</sup> December 2010 respectively.

### **Inactive Status**

Fifty-five pharmacists were granted "Inactive Status" in 2010. The category of "inactive status" applies to pharmacists who are not working or who are not in the active practice of pharmacy. This group may apply for lower CPE requirements.

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 definitions of practice of pharmacy as stated in the Pharmacists Registration Act (PRA) are:

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.

## **Matters of Professional Misconduct**

The Council established a Complaints Committee to look into the chemotherapy error that had occurred in KK Women's and Children's Hospital (KKWCH) in which 2 patients were given an overdose of chemotherapy drugs because the pump that delivered the drugs was wrongly set. The Council had received the full report from the Chief Pharmacist of Kandang Kerbau Hospital. The Complaints Committee, comprising of 3 pharmacists and 1 lay person, met on 14<sup>th</sup> April 2010 to review the KKWCH chemotherapy report.

The Complaints Committee reviewed all the mitigating factors and the Complaints Committee decided to issue a warning letter to the two pharmacists that they should have exercised greater caution knowing that they were using a different and unfamiliar pump. The Council also issued a letter to the chief pharmacist of the KKWCH pharmacy department strongly advising him to look into the matter and to close the gap in the area of training and procedures. Acknowledgements of all the letters were received.

## **THE PHARMACISTS REGISTER FOR THE YEAR 2010**

### **Total Number of Registered Pharmacists**

At year-end, there were 1,814 pharmacists on the register, a net increase of 156 over that of the previous year. This included the registration of 65 foreign-trained graduates. The increasing trend is a good sign for Singapore as we need more pharmacists for our frontline work force.

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 (2006-2010)**

<b>Year</b>	<b>Total Number of Pharmacists on the Register</b>	<b>Net Increase (+) / Decrease (-) over the previous year</b>	<b>Net Increase (+) / Decrease (-) over the previous year (%)</b>
2006	1421	+91	+6.8
2007	1483	+62	+4.4
2008	1546	+63	+4.3
2009	1658	+112	+7.2
2010	1814	+156	+9.4

## **Number of Foreign-Trained Registered Pharmacists**

The total number of foreign trained pharmacists on the Register as at 31<sup>st</sup> December 2010 was 312.

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

Sixty-five foreign trained pharmacists had registered with the Council in the year 2010, a two fold increase over that of 2009.

**Table 2**  
**Total Number of Foreign-Trained Pharmacists (1996-2010)**

<b>Year</b>	<b>Number of Pharmacists</b>
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
2009	31
<b>2010</b>	<b>65</b>

## **Profile of Registered Pharmacists**

The profile of registered pharmacists in 2010 is shown in Table 3. The population of registered pharmacists in Singapore comprised approximately 24% male and 76% female pharmacists. When compared to 2009, the number of male pharmacists increased by 30 in the year 2010, while that of the female pharmacists increased by 126.

Majority of the pharmacists are Chinese (93.5%). Indian pharmacists make up 3.9% and Malay pharmacists 1.4%. Of the 1,814 registered pharmacists, nearly three-quarters are Singaporeans (70.6%).

**Table 3  
Profile of Registered Pharmacists**

<b>General Profile</b>	<b>Number</b>	<b>Percentage (%)</b>
<b>Total Number</b>	1814	100
<b>Sex</b>		
Male	431	23.8
Female	1383	76.2
<b>Ethnic Group</b>		
Chinese	1697	93.5
Indian	70	3.9
Malay	26	1.4
Others	21	1.2
<b>Nationality</b>		
Singaporean	1281	70.6
Malaysian	456	25.1
Others	77	4.3
<b>Age Group</b>		
20-29	406	22.4
30-39	734	40.5
40-49	369	20.3
50-59	191	10.5
60 and above	114	6.3

## **Employment Status**

The statistics on employment status of registered pharmacists at end of Dec 2010 is shown in Table 4.

A total of 1,489 (82.1%) of registered pharmacists were engaged in full-time employment and 154 (8.5%) 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>1814</b>	<b>100</b>
Full-time employment	1489	82.1
Part-time employment	154	8.5
Not working	171	9.4

**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	16	2	18
30 – 39	54	8	62
40 – 49	44	3	47
50 – 59	21	3	24
60 and above	10	10	20
<b>Total</b>	<b>145</b>	<b>26</b>	<b>171</b>

## Fields of Employment

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

### **Private Sector**

When compared to 2009, the percentage of registered pharmacists employed in "Regulatory Affairs" increased by 5.4% and the "Wholesale & Retail" sector increased by 0.2%.

### **Public Sector**

The majority of the public sector pharmacists were employed in patient-care services: hospitals (61.0%) and polyclinics (10.5%). 10.4% of pharmacists were employed in pharmaceutical regulation. The remaining 18.1% were employed in academia, administration, non-pharmaceutical, procurement & distribution and health information services. There was an increase of 1.3% in the pharmacists employed in hospitals in 2010 as compared to the number in 2009.

**Table 6  
Fields of Employment of Registered Pharmacists in the year 2010**

Fields of Employment	Number	Percentage (%)
<b>Private Sector</b>	<b>931</b>	<b>100</b>
Wholesale & Retail	259	27.8
Regulatory Affairs	109	11.7
Marketing	101	10.9
Wholesale	82	8.8
Clinical Research	72	7.7
Other Pharmaceutical Field*	58	6.2
Hospital	51	5.5
Non-pharmaceutical	49	5.3
Manufacturing	30	3.2
Locum	17	1.8
Volunteer Welfare Organisation	13	1.4
Health Information Services	12	1.3
Consultancy	7	0.8
Medical Clinic	6	0.7
Training	5	0.5
Procurement & Distribution	4	0.4
Others (including those working overseas)	56	6.0
<b>Public Sector</b>	<b>712</b>	<b>100</b>
Hospitals	434	61.0
NHG & SingHealth Polyclinics	75	10.5
Pharmaceutical Regulation	74	10.4
Academia	64	9.0
Administration	43	6.0
Non-pharmaceutical	10	1.4
Procurement & Distribution	9	1.3
Health Information Services	3	0.4

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

## **Basic Degrees**

The pharmacists registered in Singapore obtained their basic pharmacy degrees from a range of countries/areas. Slightly more than four-fifths or 80.4% of our registered pharmacists obtained their basic pharmacy qualifications in Singapore. This is followed by Australia (7.1%), the United Kingdom (5.0%), Malaysia (4.0%) and the United States (1.5%).

**Table 7**  
**Basic Degrees (by country/area) of Registered Pharmacists in the year 2010**

<b>Country/Area</b>	<b>Number</b>	<b>Percentage (%)</b>
Singapore	1458	80.4
Australia	128	7.1
United Kingdom	91	5.0
Malaysia	72	4.0
United States	28	1.5
New Zealand	16	0.9
Canada	10	0.6
Taiwan	6	0.3
India	5	0.2
<b>Total</b>	<b>1814</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 112 post-basic pharmacy degrees were recorded, with Clinical Pharmacy being the most common specialty (37%). This was followed by Pharmaceutics (14.3%), Pharmacology (12.5%), Pharmaceutical Chemistry (10.7%) and Pharmaceutical Technology (7.1%).

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

Specialty	Masters Number/ Percentage (%)	PhD/ Pharm D Number/ Percentage (%)	Other Qualifications Number/ Percentage (%)	Total Number/ Percentage (%)
Clinical Pharmacy	30 (26.8%)	6 (5.4%)	5 (4.5%)	41 (36.6%)
Pharmaceutics	7 (6.3%)	9 (8%)	0 (0%)	16 (14.3%)
Pharmacology	5 (4.5%)	9 (8%)	0 (0%)	14 (12.5%)
Pharmaceutical Chemistry	6 (5.4%)	6 (5.4%)	0 (0%)	12 (10.7%)
Pharmaceutical Technology	4 (3.6%)	4 (3.6%)	0 (0%)	8 (7.1%)
Pharmacy Practice	2 (1.8%)	4 (3.6%)	1 (0.9%)	7 (6.3%)
Hospital Pharmacy	1 (0.9%)	1 (0.9%)	2 (1.8%)	4 (3.6%)
Bio-pharmacy	1 (0.9%)	2 (1.8%)	0 (0%)	3 (2.7%)
Community Pharmacy	1 (0.9%)	0 (0%)	0 (0%)	1 (0.9%)
Nutrition Support Pharmacy	0 (0%)	0 (0%)	1 (0.9%)	1 (0.9%)
Pharmaceutical Microbiology	0 (0%)	1 (0.9%)	0 (0%)	1 (0.9%)
Pharmacodynamics	0 (0%)	1 (0.9%)	0 (0%)	1 (0.9%)
Pharmacognosy	1 (0.9%)	0 (0%)	0 (0%)	1 (0.9%)
Pharmacotherapy	0 (0%)	0 (0%)	1 (0.9%)	1 (0.9%)
Pharmacy	0 (0%)	1 (0.9%)	0 (0%)	1 (0.9%)
<b>Total</b>	<b>58 (51.8%)</b>	<b>44 (39.3%)</b>	<b>10 (8.9%)</b>	<b>112 (100%)</b>

## Pharmacists Residing Overseas

At end 2010, 168 pharmacists on the register were residing overseas (compared to 151 in 2009), an 11.3% increase. Table 9 shows the countries/areas of residence of these pharmacists. A majority were in Australia (28.6%), followed by Malaysia (19.0%), United States (17.8%), People's Republic of China (7.1%) and Hong Kong SAR (7.1%).

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

Country/Area	Number	Percentage (%)
Australia	48	28.6
Malaysia	32	19.0
United States	30	17.8
People's Republic of China	12	7.1
Hong Kong SAR	12	7.1
United Kingdom	11	6.5
Switzerland	5	3.0
Dubai	2	1.3
Germany	2	1.2
Thailand	2	1.2
Brunei	1	0.6
Canada	1	0.6
France	1	0.6
Indonesia	1	0.6
Ireland	1	0.6
Macau	1	0.6
New Zealand	1	0.6
Pakistan	1	0.6
South Africa	1	0.6
Spain	1	0.6
Taiwan	1	0.6
Vietnam	1	0.6
<b>Total</b>	<b>168</b>	<b>100</b>

Table 10 shows the reasons cited for residing overseas. The most common reason was "Work" (57.1%) followed by "Accompanying spouse/family" (25.6%).

In 2010, 168 pharmacists (compared to 151 in 2009) left Singapore to reside in other countries/areas, an increase of 11.25% over 2009.

There was a significant increase (55%) in the number of pharmacists who accompany their spouse / family to reside overseas (45 in 2010 compared to 29 in 2009)

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

<b>Reasons</b>	<b>Number</b>	<b>Percentage (%)</b>
Work	96	57.1
Accompany spouse/family	43	25.6
Further studies	11	6.5
Return to home country	8	4.8
Migration	7	4.2
Residing Overseas	2	1.2
Long Vacation Leave	1	0.6
<b>Total</b>	<b>168</b>	<b>100</b>

## Annex 1

### **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.

## Annex 4

### APPROVED INSTITUTIONS FOR PRE-REGISTRATION TRAINING

<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	<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
<b>RESTRUCTURED HOSPITAL</b> <b>Jurong General Hospital at Alexandra Hospital</b> 378 Alexandra Road Singapore 159964 Tel: (65) 63794337 Fax: (65) 63794331	<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
<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	<b>RESTRUCTURED HOSPITAL</b> Department of Pharmacy <b>National Cancer Centre</b> 11 Hospital Drive Singapore 169610 Tel: (65) 64368091 Fax: (65) 6220 1347
<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	<b>RESTRUCTURED HOSPITAL</b> Department of Pharmacy <b>Singapore General Hospital</b> Outram Road Singapore 169608 Tel: (65) 6321 4815 Fax: (65) 6227 4330
<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	<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
<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	<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
<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	<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

## **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

## Annex 6

### **AUDITED ACCOUNTS OF THE SINGAPORE PHARMACY COUNCIL**

#### **STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2011**

	Year ended <u>31.3.11</u>	1.9.09 to <u>31.3.10</u>
	\$	\$
<b>Operating income</b>		
Registration fee	58360	42,080
Practising certificate fee	355,435	330,250
Restoration fee	750	500
Late payment fee	4,875	-
Certificate of Good Standing	800	450
Certified Copy of Certificate	350	100
Examination fee	33,000	57,000
	-----	-----
	453,570	430,380
	-----	-----
<b>Deduct: Operating expenses</b>		
Accountancy fee	4,280	3,959
Audit fee	2,033	2,033
Audit fee - Internal audit	-	1,949
Bank charges	3,927	736
CPF	34,009	28,635
Ceremony & other celebration	9,272	8,861
Cleaning services	2,326	1,855
Conference	-	11,813
Depreciation	1,314	1,304
Examination/examiner's fee	12,075	9,900
General expenses	91	687
Journals subscription	-	713
Medical fee	638	301
Postage & courier	2,448	1,496
Printing & stationery	8,671	8,500
Refreshments	644	748
Rental of equipment	4,591	8,264
Rental of premises	80,558	79,265
Repairs & maintenance	1,615	984
SDL	459	-
Salary	307,209	276,103
Software maintenance/development	96,635	105,655
Staff training	481	840
Staff welfare	800	-
Telecommunications	2,652	2,610
Transport	402	706
Utilities	9,482	9,512
Wages	-	224
	-----	-----
	586,612	567,653
	-----	-----

**STATEMENT OF COMPREHENSIVE INCOME**  
**FOR THE YEAR ENDED 31 MARCH 2011**  
(Continued)

	Year ended <u>31.3.11</u>	1.9.09 to <u>31.3.10</u>
	\$	\$
<b>Deficit before grant</b>	(133,042)	(137,273)
Government grant	-	97,667
	-----	-----
<b>(Deficit)/surplus before contribution to consolidated fund</b>	(133,042)	(39,606)
Contribution to consolidated fund Note 3	-	(107)
	-----	-----
<b>Deficit for the year</b>	(133,042)	(39,713)
<b>Other comprehensive income</b>	-	-
	-----	-----
<b>Total comprehensive income for the period</b>	(133,042)	(39,713)
	=====	=====

**STATEMENT OF CHANGES IN FUNDS  
FOR THE YEAR ENDED 31 MARCH 2011**

	<u>Capital fund</u> \$	<u>General fund</u> \$	<u>Total</u> \$
<b>Balance at 31 March 2010</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)	-
Total comprehensive income for the year	-	(133,042)	(133,042)
<b>Balance at 31 March 2010</b>	30,848	(163,890)	(133,042)

**STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2011**

	<u>Note</u>	<u>2011</u> \$	<u>2010</u> \$
<b>ASSETS</b>			
<b>Non-current assets</b>			
Equipment & renovations	4	7,174	8,488
		-----	-----
<b>Current assets</b>			
Other receivables	5	34,999	36,090
Grant receivable from MOH		-	76,423
Cash & bank balances		466,905	208,122
		-----	-----
		501,904	320,635
		-----	-----
<b>Total assets</b>		509,078	329,123
		=====	=====
<b>FUNDS AND LIABILITIES</b>			
<b>Funds</b>			
Capital fund		30,848	30,848
General fund		(163,890)	(30,848)
		-----	-----
		(133,042)	-
		-----	-----
<b>Current liabilities</b>			
Advance fees received		633,120	266,375
Expenses payable		9,000	62,748
		-----	-----
		642,120	329,123
		-----	-----
<b>Total funds and liabilities</b>		509,078	329,123
		=====	=====

**STATEMENT OF CASH FLOWS**  
**FOR THE YEAR ENDED 31 MARCH 2011**

	<u>2011</u> \$	<u>2010</u> \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Deficit before grant	(133,042)	(137,273)
Adjustments for :		
Depreciation	1,314	1,304
Government grant receivable	-	76,423
	-----	-----
Operating deficit before working capital changes	(131,728)	(59,546)
<i>Changes in working capital:</i>		
Other receivables & grant receivable from MOH	1,091	5,451
Advance fees received	366,745	(287,850)
Expenses payable	(53,748)	48,552
	-----	-----
Cash (used in)/generated from operations	182,360	(293,393)
Payment to consolidated fund	-	(1,923)
	-----	-----
<i>Net cash (used in)/from operating activities</i>	182,360	(295,316)
	-----	-----
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Purchase of office equipment	-	(7,261)
	-----	-----
<i>Net cash used in investing activities</i>	-	(7,261)
	-----	-----
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
Government grant received	76,423	21,244
	-----	-----
<i>Net cash from financing activities</i>	76,423	21,244
	-----	-----
<b>NET (DECREASE)/INCREASE IN CASH &amp; BANK BALANCES</b>	258,783	(281,333)
<b>BANK BALANCE AT BEGINNING OF PERIOD</b>	208,122	489,455
	-----	-----
<b>CASH &amp; BANK BALANCES AT END OF PERIOD</b>	466,905	208,122
	=====	=====

## **NOTES TO FINANCIAL STATEMENTS - 31 MARCH 2011**

### **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 2011**

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
Office equipment	-	8 years
Ceremony gowns	-	8 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 2011

### 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. OFFICE EQUIPMENT

	<u>Computers</u> \$	<u>Office equipment</u> \$	<u>Ceremony gowns</u> \$	<u>Total</u> \$
<b><i>Cost</i></b>				
At 31.3.09	187	-	2,750	2,937
Additions	-	1,985	5,276	7,261
At 31.3.10 & 11	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 the year	62	239	1,003	1,304
At 31.3.10	124	239	1,347	1,710
Depreciation charge for the year	63	248	1,003	1,314
At 31.3.11	187	487	2,350	3,024
 <b><i>Net carrying amount</i></b>				
At 31.3.11	-	1,498	5,676	7,174
At 31.3.10	63	1,746	6,679	8,488

## **NOTES TO FINANCIAL STATEMENTS - 31 MARCH 2011**

### **5. OTHER RECEIVABLES**

	<u>2011</u> \$	<u>2010</u> \$
Prepayments	3,093	2,985
Deposits	18,620	18,620
Due from a member for legal costs	13,286	14,485
	-----	-----
	34,999	36,090
	=====	=====

### **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 other than that it is expected to be self funding. Should there be any deficit; Council can request the Ministry of Health for reimbursement of the yearly deficit.

## Contact us

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