



SINGAPORE PHARMACY COUNCIL

Annual Report 2012

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PRESIDENT'S MESSAGE

One of the milestones that the Singapore Pharmacy Council (SPC) achieved in 2012 was the establishment of the (Pharmacy) Specialists Accreditation Board (PSAB). The Register of Specialists was also launched on 1 October 2012. The PSAB had started receiving several applications in the same year.

Register of Pharmacists

As at 31 December 2012, a total of 2172 pharmacists were on the register, a net increase of 159 over that of 2011. Compared to 5 years ago, where the total number of pharmacists was 1546, there is now a 40.5% increase. The total number of foreign-trained pharmacists on the register as at 31 December 2012 was 506 (23.3%). Of the 180 newly registered pharmacists in 2012, 99 were holding local pharmacy qualifications while 81 were holding foreign pharmacy qualifications.

Pharmacist's Pledge Affirmation Ceremony 2012

SPC was honoured to have Mr Gan Kim Yong, the Minister for Health, as the guest-of-honour for the Pharmacist's Pledge Affirmation Ceremony, held on 4 May 2012. A total of 270 participants attended the pledge ceremony. Mr Gan delivered his speech to the audience and in his address, Mr Gan spoke about building the capacity, capability and quality of pharmacists as key building blocks to ensuring accessible, quality and affordable healthcare in Singapore.

Building the Capacity of Pharmacists

Capacity building includes increasing the number of pharmacy graduates from National University of Singapore (NUS) and employing more qualified foreign-trained pharmacists.

To fulfil this, the "Overseas Pharmacists Assessment Programme" (OPAP) leading to "NUSAGE Postgraduate Certificate in Pharmacy Practice" (PCPP) had commenced in August 2011.





SPC had endorsed the bridging programme for foreign-trained pharmacists with non-recognised qualifications who are keen to work in Singapore. OPAP students are required to meet the English language proficiency requirements as stipulated by the SPC before pursuing the Course.

Building the Capability and Quality of Pharmacists

Capability and quality of pharmacists can be strengthened by revamping the pre-registration training programme and enhancing clinical pharmacist training, nurturing and producing specialist pharmacists. The Pre-Registration Training Implementation Workgroup (PTIW) was established to study an alternate training model and the details on whether a central model for the deployment of the pre-registration trainees is workable and operationally feasible. The workgroup comprises of stake holders from the relevant direct and indirect patient care areas of pharmacy practice.

The Pharmacists Registration Act 2007 made provisions for the accreditation and registration of specialists. These include the establishment of the (Pharmacy) Specialists Accreditation Board (PSAB) whose functions are to define the specialties in the practice of pharmacy and to certify those who meet the requisites of both qualifications and experience for registration as specialists. For a start, pharmacy specialties in Oncology Pharmacy and Advanced Pharmacotherapy in the areas of Infectious Diseases, Cardiology, Geriatrics and Psychiatry are recognised by PSAB for registration. The establishment of the Register of Specialists will create more opportunities for pharmacists to excel in the relevant patient care areas where specialist care is relevant and sought-after.

The streamlining and augmentation of the undergraduate pharmacy curriculum, pre-registration pharmacist training, the development of clinical pharmacists and specialist pharmacists as well as pharmacy practice in community, industry and regulatory sectors must continue and be sustained over the years to ensure pharmacists continue to be relevant, useful and pivotal in the delivery of accessible, quality and affordable healthcare for Singaporeans. The risk of not doing so is obsolescence.



The SPC will continue to strive to serve the profession to the best of our ability. I would like to thank all the Council members, pharmacists who serve in the various SPC committees and workgroups, preceptors and all pharmacists who have contributed selflessly your valuable time and effort to the profession.

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 (SPC), a statutory board under the Ministry of Health, maintains the Register of Pharmacists, administers the compulsory Continuing Professional Education (CPE) for pharmacists and also investigates into any complaints against pharmacists for professional misconduct. Pharmacists found guilty of professional misconduct may be reprimanded, suspended or removed from the Register.

Under the current Pharmacists Registration Act 2007, the Council comprises of 11 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 and 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 10 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 the responsibility and commitment to the profession and be reminded of the importance of upholding a high standard of professional and ethical practice towards their patients, colleagues and the society.

Pharmacists solemnly pledge to:

Practise my profession with honesty, integrity and compassion;

Honour traditions and embrace advancements in my profession;

Abide by the governing laws and Code of Ethics;

Respect and keep in confidence patient information;

Maintain a high standard of professional competence through lifelong learning;

Always place patient's interests first and treat them equally;

Collaborate with other healthcare colleagues to achieve the desired treatment outcomes;

Impart my knowledge, experience and skills to nurture future pharmacists;

Strive to provide high quality and cost-effective health services and products;

Translate scientific advances into better healthcare.



MEMBERS OF THE SECOND SPC FROM 1 SEPTEMBER 2011 to 31 AUGUST 2014

Table 1: Members of the second SPC

Position	Name and background
President	Mr Wu Tuck Seng Deputy Director, Pharmacy Department, National University Hospital B Pharm (Hons), University of London, UK Master of Health Science (Management), University of Sydney, Australia
Registrar (Ex-officio)	Assistant Professor Lita Chew Sui Tjien Chief Pharmacist, Ministry of Health Head, Pharmacy Department, National Cancer Centre Singapore Assistant Professor, Department of Pharmacy, Faculty of Science, National University of Singapore BSc (Pharm), National University of Singapore MMedSc (Oncology), University of Birmingham, UK
Member (Ex-officio) till 31 December 2012)	Associate Professor Chan Sui Yung Head, Department of Pharmacy, National University of Singapore BSc (Pharm) (Hons) and MBA, National University of Singapore PhD (Pharmaceutics), Queen's University of Belfast, UK
Member	Ms Ang Hui Gek Director, Allied Health Division, Singapore General Hospital BSc (Pharm), National University of Singapore Graduate Dip Clinical Pharmacy, Australia and MBA, University of Hull, UK
Member	Ms Chan Soo Chung Executive Director, National Healthcare Group Pharmacy B Pharm (Hons), University Science Malaysia
Member	Mrs Chan Yiam Moi General Manager, NTUC Unity Healthcare Co-operative Ltd BSc (Pharm), National University of Singapore
Member	Mr Ng Cheng Tiang Regional Quality Assurance Manager, Mundipharma Pharmaceuticals Pte Ltd BSc (Pharm) (Hons), MSc (Safety, Health & Environmental Technology), National University of Singapore
Member	Mr Sia Chong Hock Division Director, Audit & Licensing Division and Director (Quality Assurance Office), Health Products Regulation Group, Health Sciences Authority BSc (Pharm), University of Singapore MSc (Healthcare Management), University of Wales, UK
Member	Ms Linda Seah Siew Hong Managing Director, Baxter Healthcare (Asia) Pte Ltd BSc (Pharm) (Hons), National University of Singapore
Member	Dr Christina Tong Mei Wen (Dr Christina Lim) Senior Director, International Relations, Health Products Regulation Group, Health Sciences Authority BSc (Pharm), University of Singapore PhD (Pharmacodynamics), University of Montpellier, France
Member	Dr Ellick Wong Chee Kik Principal Consultant, PharmaWork Consultants BSc (Pharm), National Taiwan University MSc (Pharmacy), University of Manchester, UK PhD (Pharmaceutics), University of Wales, UK



**Members of the second SPC
from 1 September 2011 to 31 August 2014**

From left to right:

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



REPORT ON THE SINGAPORE PHARMACY COUNCIL'S ACTIVITIES

A summary of the Council's activities in 2012 is presented as follows:

- Council Meetings
- Activities
 - Professional
 - Training
 - Examinations
 - Miscellaneous
- Registration
 - Inactive Status
- Matters of Professional Misconduct

Council Meetings

In 2012, 6 council meetings were held in January, March, May, July, September and November. Key issues discussed during these meetings were as follows:

Disruption in Conditional Registration

The Council was informed that there were a few cases of disruption in conditional registration. In the current system, even when the pharmacist's conditional registration is disrupted, the pharmacist is still under conditional registration with an active Practising Certificate (PC).

- The Council had instituted that current and future batches of disrupted conditionally registered pharmacists will be subjected to the following conditions:

Table 2-1: Conditions that pharmacists who disrupted their conditional registration will be subjected to

	Conditional Registration	Practising Certificate	Duration of Conditional Registration	Other Conditions Set
Conditional Registration is disrupted, for e.g., when pharmacist leaves the employment of the training centre	Cancelled	Cancelled	-	-

**Table 2-2: Conditions that pharmacists need to fulfil to resume conditional registration**

	Conditional Registration	Practising Certificate	Duration of Conditional Registration	Other Conditions Set
Within 2 years from date of disruption	Pharmacist must re-apply	Pharmacist must re-apply	Pharmacist must complete the balance of the conditional registration period	-
After 2 years from date of disruption	Pharmacist must re-apply	Pharmacist must re-apply	To start the 1 or 2 years of conditional registration all over again	-
After 5 years from date of disruption	Pharmacist must re-apply	Pharmacist must re-apply	Pharmacist must start the 1 or 2 years of conditional registration all over again	Pharmacist must pass the competency and forensic examinations before applying for conditional registration

English Language Proficiency Requirements for Conditionally Registered Pharmacists

The Council has stipulated a maximum time frame for conditionally registered pharmacists to fulfil all requirements before they can apply for full registration. The current batch of conditionally registered pharmacists will be allowed to have up to the next renewal of Practising Certificate (PC) period (i.e. before 31 August 2014) to fulfil their English language proficiency requirements. For all future conditionally registered pharmacists, the Council stipulated that the maximum time frame allowed to fulfil their English language proficiency requirements will be two years from the date of conditional registration.

To-date, there are 47 conditionally registered pharmacists who have yet to fulfil their English language proficiency requirements. Out of this number, 5 could have been registered in 2011 and 13 could have registered in 2012 as fully registered pharmacists had they fulfilled their English language proficiency requirements.



Activities

Professional

Formation of the Pharmacy Programme Review Committee (PPRC)

The PPRC reviews all programmes leading to entry-level pharmacy qualifications of persons applying to SPC for registration. The PPRC's term is for two years from 1 September 2012 to 31 August 2014.

The members of PPRC are:

- 1) Assoc Prof Chan Sui Yung (Chairperson)
- 2) Assoc Prof Chui Wai Keung
- 3) Asst Prof Priscilla How Pei Ching
- 4) Dr Camilla Wong
- 5) Dr Ellick Wong
- 6) Dr Dujeepa Samarasekera

The Terms of Reference of PPRC are:

- 1) To develop accreditation standards for pharmacy university programmes to ensure they meet international pharmacy education standards, registration requirements and expectations of SPC. It will also submit proposed standards and amendments to the SPC for approval. These may include the following:
 - Standards for the curriculum
 - Standards for students/trainees
 - Standards for faculty members and staff
 - Standards for facilities and resources
 - Any other standards
- 2) To evaluate these pharmacy university programmes, including inspection by site evaluation teams appointed by PPRC; to consider reports from the evaluation teams; and to make recommendations to the SPC.
- 3) To undertake any other tasks referred to it by the SPC.



Establishment of the (Pharmacy) Specialists Accreditation Board (PSAB)

The PSAB, which defines the specialties in the practice of pharmacy and certifies those who meet the requisites of both qualifications and experience for registration as specialists, was established on February 2012. The establishment of the Register of Specialists will encourage able and willing pharmacists to pursue postgraduate training in their chosen field, so that they can practice at the top of their profession. The Register of Specialists is maintained by the Registrar of the SPC.

The members of the PSAB are:

- 1) Asst Prof Lita Chew Sui Tjien (Chairperson)
- 2) Dr Camilla Wong Ming Lee (Secretary)
- 3) Dr Andrea Kwa Lay Hoon
- 4) Asst Prof Priscilla How Pei Ching
- 5) Dr Doreen Tan Su-Yin
- 6) Mr Ian Wee Yew Jin
- 7) Ms Lim Siew Woon
- 8) Mr Ng Boon Tat
- 9) Mr Peter Yap Pheng Aun
- 10) Ms Poh Bee Yen
- 11) Ms Shyamala Narayanaswamy
- 12) Ms Wendy Ang Swee Tee
- 13) Ms Wong Yee May

Oncology Pharmacy and Advanced Pharmacotherapy in the areas of Infectious Diseases, Cardiology, Geriatrics and Psychiatry are the pharmacy specialties that have been recommended by PSAB for registration. Under the Pharmacist Registration Act 2007, there is provision for setting up of a specialist register for specialist pharmacists. This register was launched on 1 October 2012. The Register of Specialists shall be kept and maintained by the Registrar of SPC. The functions of the PSAB are:

- 1) To determine the qualifications, experience and other conditions for registration as specialists under this Act;
- 2) To define specialties in the practice of pharmacy for the purposes of maintaining and keeping the Register of Specialists;



- 3) To accredit the training programmes to be recognised for persons who intend to qualify for registration as specialists under this Act;
- 4) To certify persons who have the qualifications for registration as specialists under this Act;
- 5) To recommend to the Council programmes for the continuing pharmacy education of persons who are registered as specialists under this Act; and
- 6) To advise the Council on matters affecting or connected with the registration of specialists under this Act.

Pharmacists with specialised expertise are increasingly required to ensure safe, evidence-based and cost-effective use of medicines for better patient outcomes especially in complex cases. The establishment of the Register of Specialists will create opportunities and career pathways for pharmacists to excel in their chosen patient care areas of practice.

[Listing of Recognised Pharmacy Qualifications](#)

The Council reviewed the basic pharmacy degrees that are fully accredited by the pharmacy education accreditation agencies in United States of America, United Kingdom, Canada, Australia and New Zealand. A total of 138 programmes from 135 pharmacy schools were recognised by SPC for the purpose of registration in Singapore.

[Pre-Registration Training Implementation Workgroup \(PTIW\)](#)

The Pre-Registration Training Implementation Workgroup (PTIW) was set up by the SPC and the Chief Pharmacist Office to study an alternative training model and the details on whether a central model for the deployment of the pre-registration pharmacists is workable and operationally feasible. Representatives from the relevant direct patient care and indirect patient care areas of pharmacy practice were included in the workgroup. The workgroup will assess the feasibility of a new training model from various perspectives — operational, learning outcomes, infrastructure and funding.



The new training model consisting of four 12-weekly rotations were:

- Acute Care Rotation — This is conducted in a hospital where the pre-registration pharmacist will spend the duration in a general ward to learn about services provided by pharmacists.
- Ambulatory Care Rotation — It can be undertaken in a hospital or polyclinic where the pre-registration pharmacist will spend the duration in an outpatient pharmacy to learn about Specialist Outpatient Clinics (SOC) services (including pharmacist-run clinics) provided by pharmacists.
- Community Care Rotation — It can be undertaken in a retail pharmacy or polyclinic where the pre-registration pharmacist will learn about health promotion, minor ailment management and dispensing.
- Elective Rotation — This can be undertaken in an organisation in the pharmaceutical industry where the pre-registration pharmacist will learn about retail management, pharmaceutical marketing, distribution and logistics; regulatory and manufacturing.

Participating Partners in the Pilot Study

The pre-registration training pilot sites for the 12-weekly rotation model were Changi General Hospital (CGH) and National Cancer Centre Singapore (NCCS). The partnering institutions offering the 12-weekly rotation in the respective rotations were:

- 1) Acute Care Rotation — Singapore General Hospital (SGH) In-patient
- 2) Ambulatory Care Rotation — National Health group (NHG) polyclinics
- 3) Community Care Rotation — Guardian Pharmacy
- 4) Elective Rotation — Zuellig Pharma Pte Ltd, MSD Pharma (Singapore) Pte Ltd, Merck (S) Pte Ltd, GlaxoSmithKline Pte Ltd and Abbott Laboratories (S) Pte Ltd.

The targets set by the PTIW for 2013 are as follows:

- All training institutions are to formulate 12-week training modules.
- Preparation of manuals for preceptors and pre-registration pharmacists.
- To analyse and report on the pilot study.
- To recruit new training centres.



Training

NUS Bridging Course for pharmacists with non-recognised qualifications

The “Overseas Pharmacists Assessment Programme” (OPAP) leading to “NUSAGE Postgraduate Certificate in Pharmacy Practice” (PCPP) commenced in August 2011 with 4 candidates. In 2012, all 4 candidates were pursuing their 12-month pre-registration training with one of them still in the process of completing the OPAP course.

When the number of pharmacists in Singapore is sufficient to meet national demand, NUSAGE will stop new admissions to this course on being given notice by the SPC. The details of the programme can be found at <http://www.nusage.nus.edu.sg/opap>. All OPAP students are required to meet the English language proficiency requirements as stipulated by the SPC before pursuing the Course.

Preceptor Training Workshops

4 training workshops were conducted on 15 April, 22 April, 3 May and 20 May 2012 with a total participation of 101 pharmacists. The pharmacists were from the restructured institutions, polyclinics, private hospitals, community pharmacies, regulatory bodies and pharmaceutical industry. The training workshops were facilitated by Mr Tim Egold of Dale Carnegie Training. Preceptor training workshops have been organised since 2004 and to-date, a total of 667 preceptors have been trained.

Examinations

Forensic Examinations

Change in Format of Forensic Examinations

The Council had previously adopted the scope and format of the examination conducted by the National University of Singapore (NUS) for its Pharmacy Law course (“The NUS Exam”). In Academic Year 2009/10, the syllabus for the NUS Pharmacy Law course was revised and expanded to include newer laws (including the Health products Act) and a wider range of products (e.g., cosmetics and medical devices).



The examination format was also revised — from a paper with 12 “short” questions and 2 “long” (essay-type) questions, to a paper with 40 multiple-choice questions and 3 “long” questions. Revision of the format was planned for after the local pre-registration pharmacists had been trained according to the revised pharmacy law exam. The Council had given the approval to revise the format of the forensic examination with effect from the 28 April 2012 paper. In 2012, 3 forensic examinations were held for a total of 110 candidates.

Table 3 shows the number of candidates who sat for the 3 forensic examinations and the number who passed the forensic examinations.

Table 3: Forensic Examinations for Foreign-Trained Pharmacy Graduates in 2012

Date	Number of Candidates	Number of Candidates who passed
28 April 2012	42	31 (73.8%)
6 Aug 2012	34	32 (94.1%)
5 Nov 2012	34	23 (67.6%)
Total	110	86 (78.2%)

Competency Examinations

The SPC continues to administer the competency examinations for foreign-trained pharmacy graduates as part of the requirements for entry into the pharmacy register. This is to ensure competency to practise pharmacy. In 2012, 4 competency examinations were held for a total of 36 candidates.

Table 4 shows the number of candidates who sat for the 4 competency examinations and the number who passed the competency examinations.

Table 4: Competency Examinations for Foreign-Trained Pharmacy Graduates in 2012

Date	Number of Candidates	Number of Candidates who passed
27 Feb 2012	9	8 (88.9%)
4 Jun 2012	12	10 (83.3%)
3 Sep 2012	3	3 (100%)
3 Dec 2012	12	12 (100%)
Total	36	33 (91.7%)



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

Miscellaneous

Pharmacist's Pledge Affirmation Ceremony

The fourth Pharmacist's Pledge Affirmation Ceremony was held on 4 May 2012 with Mr Gan Kim Yong, the Minister for Health, as the guest-of-honour. A total of 270 people attended the pledge ceremony. This number comprised of 157 newly registered pharmacists, of which 88 were NUS graduates and 69 were foreign-trained pharmacists. Other attendees included guests, media, Council members and pharmacists.

Mr Gan addressed the audience and in his address, Mr Gan spoke about building the capacity, capability and quality of pharmacists. Capacity building includes increasing the number of pharmacy graduates from NUS and employing foreign-trained pharmacists. Capability can be strengthened by revamping the pre-registration training programme and developing specialist pharmacists. He stated that examples of quality care include medication review and management by pharmacists in the hospital, community, nursing homes and even in home care services.

The SPC issued a press release for the pledge ceremony. There was extensive publicity for the pledge ceremony as coverage of the event appeared in The Straits Times, The Business Times, Berita Harian, Tamil Murasu and Channel News Asia. In addition, media interviews were conducted and appeared in the English and Chinese television news and in the Malay radio news.



Declaration of Fitness to Practise for all Pharmacists

The latest Continuing Professional Education (CPE) Qualifying Period (QP) had ended on 31 August 2012. The new QP for the Practising Certificate (PC) is from 1 September 2012 to 31 August 2014. During the renewal of PC exercise in 2012, the Council had instituted the inclusion of the “Declaration of Fitness to Practise” form for all pharmacists. This will minimise the likelihood of cases of pharmacists applying for registration in Singapore and not informing SPC of their “Fitness to Practise” status.

Practising Certificate (PC) Fee Increase

SPC will make adjustments to the fees it levies with effect from 4 September 2012. SPC’s income is dependent on the fees collected from pharmacists which remain its main source of revenue. The fees have not been revised since 2003 despite increases in operating expenses, the main bulk of which being IT and manpower costs. Hence, to enable SPC to remain financially viable, an increase of fees is needed for cost recovery. SPC will continue to streamline processes to be lean and yet function optimally to serve its members and the profession.

Table 5: New PC fees to be applicable with effect from 4 September 2012

Fees (Type) Payable to the Singapore Pharmacy Council	Current Fees in Singapore Dollar (\$)	Revised Fees (w.e.f 4 Sept 2012) in Singapore Dollar (\$)
Practising / Renewal Fees	\$200	\$250
Late Payment Fee* <i>*For Renewal Application submitted 1 month before the expiry of Practising Certificate.</i>	\$75	\$100
Certified True Copy of Practising Certificate	-	\$50
Duplicate of Practising Certificate	-	\$80



Joint Pharmacy Retreat 2012

The Joint Pharmacy Retreat 2012 was held on 14 April 2012 at the NUS Shaw Foundation Alumni House. The event was co-hosted by Chief Pharmacist's Office (MOH), SPC, NUS Pharmacy Dept and Pharmaceutical Society of Singapore (PSS). The objectives of the Joint Pharmacy Retreat 2012 were to establish a work-plan to be achieved by 2020 in these key areas:

- **Pharmacy Manpower** — Building a sustainable pipeline of pharmacists and pharmacy support staff.
- **Education and Training** — For pre-registration pharmacists, specialist pharmacists and pharmacy support staff.
- **Pharmacy Practice in Patient Care**
- **Pharmacy Practice in Non-Patient Care** — Includes policy and regulation.

The Joint Pharmacy Retreat 2012 had a common vision, which is for pharmacists to be a trusted medication expert across all settings. The Chief Pharmacist Office (MOH) will follow up and work with the various stakeholders to implement the strategic actions recommended.

Registration

Inactive Status

Pharmacists may apply for inactive status by submitting the Inactive Status Declaration Form to SPC. An inactive status is applicable only for the following:

- a) Pharmacists who are not working;
- b) Pharmacists who are working in non-pharmacy sectors; or
- c) Pharmacists who had been residing overseas for at least a year.

Pharmacists with inactive status will have their CPE requirement reduced to 20 points for the 2-year Qualifying Period (QP) as compared to 50 CPE points per QP for pharmacists holding an active Practising Certificate. Pharmacists with inactive status are not allowed to practise any form of pharmacy in Singapore during their inactive period.



The total number of pharmacists with inactive status had increased from 48 in 2010; to 84 in 2011 and 86 in 2012. In 2012, there were 25 (1.24%) who were inactive as they were residing overseas; 29 (1.44%) were working in non-pharmacy areas and 32 (1.59%) were not working.

Definitions of the "Practice of Pharmacy" as stated in the Pharmacists Registration Act (PRA) 2007

Applying the knowledge and science of pharmacy in:

- 1) Interpreting, evaluating and implementing prescriptions of persons authorised by law to prescribe medication;
- 2) Compounding, labelling, dispensing, distributing and administering medication;
- 3) 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;
- 4) Patient assessment and counselling for the purpose of recommending and dispensing medication;
- 5) Managing medication therapy;
- 6) Evaluating medication use;
- 7) Manufacturing and distributing medicinal products; and
- 8) Quality assurance of medicinal products.



Matters of Professional Misconduct

A brief account of each inquiry that occurred in 2012 is given below:

1) Complaint against a pharmacist who was alleged to be found at work under the influence of alcohol

The Council received a complaint from a colleague of a pharmacist who was found to be working under the influence of alcohol on two occasions. A Health Committee was appointed to look into this case. The Health Committee had decided not to activate an Interim Order Committee (IOC) as there was no serious harm incurred in relation to the complaint. In view of the pharmacist's young age and the fact that she had not caused any serious injury to others, the Health Committee had decided to issue a warning letter to her. The letter stated that the pharmacist will be allowed to continue practice, provided she fulfils the conditions listed by the Health Committee which are:

- Follow up with treatment at the addiction clinic at Institute of Mental Health;
- Furnish 6-monthly medical progress reports to the Council for 2 years or until discharge from the clinic, if it falls within the 2-year period; and
- Must not accumulate any further complaints of similar nature within a 2-year period.
- The pharmacist had presented the 6-monthly medical progress report on 13 September 2012 which indicated that she had been abstaining from alcohol. The pharmacist's next review will be in March 2013.



2) Complaint from HSA against a pharmacist, who was alleged to have practised beyond his scope of competence in his company website publicity

The Council received feedback from an officer from the Ministry of Health that a pharmacist was featured in his company website, as part of the medical team, providing hair transplant procedures. It allegedly implied that he may have practised beyond his scope of competence.

A warning letter had been issued to the pharmacist in March 2012, instructing him to seek professional advice in website creation so that the website does not give any misleading impression. The website had been revamped on 16 July 2012, presenting the company as a hair consultation agency.

3) Illegal Tampering of the Controlled Drug (CD) records

Six pharmacists were reported to have tampered illegally with the Controlled Drug (CD) records in April 2012. The pharmacy department's internal investigations showed that no malice was intended in the whole process. After thorough investigations, Health Science Authority (HSA) issued written warnings to two of the pharmacists and verbal warnings to the other pharmacists involved in the incident. SPC had requested for a detailed report from the pharmacy manager on how the occurrences of such an incident could be prevented in future. The pharmacists were advised to be extra careful when handling CD records and to seek a second opinion from a senior colleague when in doubt. All pharmacists in the pharmacy department would be assessed by their supervisor within the following three months after the incident to ensure competency in CD records handling.



THE REGISTER OF PHARMACISTS FOR THE YEAR 2012

Total Number of Registered Pharmacists

As at 31 December 2012, there were 2172 pharmacists on the register, a net increase of 159 over that of 2011. This included the registration of 81 foreign-trained graduates. This increasing trend is a good sign for Singapore as more pharmacists are needed for our frontline work force.

The number of pharmacists registered in Singapore over the past 5 years is shown in Table 6.

Table 6: Number of Registered Pharmacists in Singapore (2008-2012)

Year	Total Number of Registered Pharmacists	Net Increase (+) / Decrease (-) over the previous year	Net Increase (+) / Decrease (-) over the previous year (%)
2008	1546	+63	+4.3
2009	1658	+112	+7.2
2010	1814	+156	+9.4
2011	2013	+199	+11.0
2012	2172	+159	+7.9



Number of Foreign-Trained Registered Pharmacists

The total number of foreign-trained pharmacists on the register as at 31 December 2012 was 506.

Table 7 shows the number of newly registered foreign-trained pharmacists over the last 15 years.

81 newly registered foreign-trained pharmacists had registered with the SPC in 2012, a decrease of 6.9% over that of 2011.

Table 7: Total Number of Newly Registered Foreign-Trained Pharmacists (1998-2012)

Year	Number of Pharmacists
1998	22
1999	15
2000	27
2001	17
2002	11
2003	15
2004	5
2005	9
2006	21
2007	21
2008	15
2009	31
2010	65
2011	87
2012	81



Profile of Registered Pharmacists

Table 8 shows the profile of registered pharmacists in 2012. The population of registered pharmacists in Singapore comprised approximately of 24% male and 76% female pharmacists.

The majority of the pharmacists are Chinese (93.2%), while Indian and Malay pharmacists make up 3.6% and 1.3% of the population respectively. Of the 2172 registered pharmacists, 67.8% are Singaporeans while 26.6% are Malaysians.

Table 8: Profile of Registered Pharmacists

General Profile	Number	Percentage (%)
Total Number	2172	100
Sex		
Male	531	24.4
Female	1641	75.6
Ethnic Group		
Chinese	2023	93.2
Indian	79	3.6
Malay	28	1.3
Others	42	1.9
Nationality		
Singaporean	1472	67.8
Malaysian	577	26.6
Others	123	5.6
Age Group		
20-29	630	29.0
30-39	812	37.4
40-49	387	17.8
50-59	222	10.2
60 and above	121	5.6



Employment Status

Table 9 shows the statistics on employment status of registered pharmacists as at end of December 2012.

A total of 1803 (83.0%) registered pharmacists were engaged in full-time employment and 179 (8.2%) were in part-time employment.

Table 10 shows the age distribution of registered pharmacists who were not working as at end of December 2012.

Table 9: Working Status of Registered Pharmacists

Working Status	Number	Percentage (%)
Total Number	2172	100
Full-time employment	1803	83.0
Part-time employment	179	8.2
Not working	190	8.8

Table 10: Age Distribution of Registered Pharmacists who were not working

Age Group	Female	Male	Total
20 – 29	25	4	29
30 – 39	55	7	62
40 – 49	46	3	49
50 – 59	16	3	19
60 and above	17	14	31
Total	159	31	190



Fields of Employment

Table 11 shows the fields of employment of pharmacists in the private and public sectors.

Private Sector

The majority of pharmacists in the private sector were employed in wholesale and retail (30.5%), followed by regulatory affairs (13.6%) and marketing (9.8%).

Public Sector

The majority of pharmacists in the public sector were employed in patient-care services: hospitals (64.7%) and polyclinics (9.3%). 9.1% of pharmacists were employed in pharmaceutical regulation. The remaining 16.9% were employed in academia, administration, non-pharmaceutical, procurement and distribution, and health information services. There was an increase of 64 (11.9%) pharmacists employed in hospitals in 2012 as compared to 2011.

Table 11: Fields of Employment of Registered Pharmacists in 2012

Fields of Employment	Number	Percentage (%)
Private Sector	1048	100
Wholesale & Retail	320	30.5
Regulatory Affairs	142	13.6
Marketing	103	9.8
Hospital	88	8.4
Clinical Research	75	7.2
Wholesale	72	6.9
Non-pharmaceutical	55	5.2
Other Pharmaceutical Field*	54	5.2
Manufacturing	33	3.1
Volunteer Welfare Organisation	19	1.8
Health Information Services	13	1.2
Procurement & Distribution	12	1.1
Consultancy	9	0.9
Medical Clinic	6	0.6
Training	4	0.4
Others (including those working overseas)	43	4.1
Public Sector	934	100
Hospitals	604	64.7
NHG & SingHealth Polyclinics	87	9.3
Pharmaceutical Regulation	85	9.1
Academia/Research	79	8.4
Administration	53	5.7
Non-pharmaceutical	9	1.0
Procurement & Distribution	9	1.0
Health Information Services	5	0.5
Other Pharmaceutical Field	3	0.3

* Example: medical publishing, medical market research, teaching



Basic Degrees

Pharmacists registered in Singapore obtained their basic pharmacy degrees from various countries/areas. 76.7% of registered pharmacists obtained their basic pharmacy qualifications in Singapore. This is followed by Australia (8.4%), the United Kingdom (6.0%), Malaysia (4.6%) and the United States (1.4%). Table 12 shows the basic degrees (by country/area) of registered pharmacists in 2012.

Table 12: Basic Degrees (by country/area) of Registered Pharmacists in 2012

Country/Area	Number	Percentage (%)
Singapore	1666	76.7
Australia	183	8.4
United Kingdom	131	6.0
Malaysia	100	4.6
United States	30	1.4
New Zealand	20	0.9
Taiwan	19	0.8
Canada	10	0.5
Thailand	8	0.4
India	3	0.2
Others (Ireland, & Spain)	2	0.1
Total	2172	100



Post-Basic Degrees

Table 13 shows the number of pharmacists on the register who had obtained higher qualifications in pharmacy. A total of 116 post-basic pharmacy degrees were recorded, with Clinical Pharmacy being the most common discipline (37.9%). This is followed by Pharmaceutics (13.8%), Pharmacology (12.1%) and Pharmaceutical Chemistry (10.3%).

Table 13: Number of Pharmacists who obtained Post-Basic Degrees (by Discipline)

Discipline	Masters Number/ Percentage (%)	PhD/ Pharm D Number/ Percentage (%)	Other Qualifications Number/ Percentage (%)	Total Number/ Percentage (%)
Clinical Pharmacy	33 (28.4%)	6 (5.2%)	5 (4.3%)	44 (37.9%)
Pharmaceutics	7 (6.0%)	9 (7.8%)	0 (0%)	16 (13.8%)
Pharmacology	5 (4.3%)	9 (7.8%)	0 (0%)	14 (12.1%)
Pharmaceutical Chemistry	6 (5.2%)	6 (5.2%)	0 (0%)	12 (10.3%)
Pharmaceutical Technology	4 (3.4%)	4 (3.4%)	0 (0%)	8 (6.8%)
Pharmacy Practice	2 (1.7%)	4 (3.4%)	1 (0.9%)	7 (6.0%)
Hospital Pharmacy	1 (0.9%)	1 (0.9%)	2 (1.7%)	4 (3.4%)
Bio-pharmacy	1 (0.9%)	2 (1.7%)	0 (0%)	3 (2.6%)
Community Pharmacy	2 (1.7%)	0 (0%)	0 (0%)	2 (1.7%)
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%)
Total	62 (53.4%)	44 (37.9%)	10 (8.6%)	116 (100%)



Pharmacists Residing Overseas

As at end of 2012, 206 pharmacists on the register were residing overseas, compared to 165 in 2011; an increase of 24.8% over that of 2011. Table 14 shows the countries/areas of residence of these pharmacists. The majority of pharmacists were residing in Australia (26.2%), followed by Malaysia (22.8%), United States (15.0%), Hong Kong SAR (7.7%) and United Kingdom (5.8%).

Table 14: Countries/Areas of Residence of Registered Pharmacists Residing Overseas

Country/Area	Number	Percentage (%)
Australia	54	26.2
Malaysia	47	22.8
United States	31	15.0
Hong Kong SAR	16	7.7
United Kingdom	12	5.8
People's Republic of China	8	3.9
Switzerland	7	3.4
Germany	5	2.4
Thailand	4	1.9
Vietnam	3	1.4
New Zealand	2	1.0
Korea	2	1.0
Taiwan	2	1.0
Brunei	1	0.5
Canada	1	0.5
Denmark	1	0.5
France	1	0.5
Indonesia	1	0.5
Ireland	1	0.5
Japan	1	0.5
Mauritius	1	0.5
Panama	1	0.5
Pakistan	1	0.5
Sri Lanka	1	0.5
South Africa	1	0.5
Spain	1	0.5
Total	206	100



Table 15 shows the reasons cited for residing overseas. The most common reason was “Work” (58.7%), followed by “Accompanying spouse/family” (21.4%) and “Further studies” (11.1%).

In 2012, there were 44 pharmacists as compared to 38 in 2011 who accompanied their spouse/family to reside overseas; an increase of 15.8% over that of 2011.

Table 15: Reasons for Residing Overseas

Reasons	Number	Percentage (%)
Work	121	58.7
Accompany spouse/family	44	21.4
Further studies	23	11.1
Return to home country	13	6.3
Migration	3	1.5
Child Care Leave	1	0.5
Retired	1	0.5
Total	206	100



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.



Annex 1 CODE OF ETHICS (2009) - continued

- 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.



Annex 1 CODE OF ETHICS (2009) - continued

- 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.



Annex 1 CODE OF ETHICS (2009) – continued

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.



Annex 1 CODE OF ETHICS (2009) – continued

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.



Annex 2

REQUISITES FOR PRE-REGISTRATION PHARMACIST TRAINING CENTRES

1. Premises suitable for pre-registration training include:
 - Hospital/Institutional Pharmacies
 - Retail Pharmacies
 - Pharmaceutical Manufacturing Plants and Pharmaceutical Companies

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>RESTRUCTURED HOSPITAL Department of Pharmacy Changi General Hospital 2 Simei Street 3 Singapore 529899 Tel: (65) 6850 1888 Fax: (65) 6786 2485</p>	<p>RESTRUCTURED HOSPITAL Department of Pharmacy Institute of Mental Health / Woodbridge Hospital 10 Buangkok View Singapore 539747 Tel: (65) 6389 2000 Fax: (65) 6385 1050</p>
<p>RESTRUCTURED HOSPITAL Alexandra Hospital (Jurong Health) 378 Alexandra Road Singapore 159964 Tel: (65) 6379 3320 Fax: (65) 6379 3902</p>	<p>RESTRUCTURED HOSPITAL Department of Pharmacy Khoo Teck Puat Hospital 90 Yishun Central Singapore 768828 Tel: (65) 6602 2622 Fax: (65) 6602 3688</p>
<p>RESTRUCTURED HOSPITAL Department of Pharmacy KK Women's and Children's Hospital 100 Bukit Timah Road Singapore 229899 Tel: (65) 6394 2460 Fax: (65) 6394 2465</p>	<p>RESTRUCTURED HOSPITAL Department of Pharmacy National Cancer Centre Singapore 11 Hospital Drive Singapore 169610 Tel: (65) 6436 8138 Fax: (65) 6220 2573</p>
<p>RESTRUCTURED HOSPITAL Department of Pharmacy National University Hospital 5 Lower Kent Ridge Road Singapore 119074 Tel: (65) 6772 5007 Fax: (65) 6873 7121</p>	<p>RESTRUCTURED HOSPITAL Department of Pharmacy Singapore General Hospital Outram Road Singapore 169608 Tel: (65) 6321 4815 Fax: (65) 6227 4330</p>
<p>RESTRUCTURED HOSPITAL Department of Pharmacy Tan Tock Seng Hospital 11 Jalan Tan Tock Seng Singapore 308433 Tel: (65) 6357 2010 Fax: (65) 6256 6460</p>	<p>POLYCLINIC National Healthcare Group Pharmacy 11 Lorong 3 Toa Payoh #03-22/23/24 Block B Jackson Square Singapore 319579 Tel: (65) 6478 2484 Fax: (65) 6254 2191</p>
<p>RETAIL PHARMACY Guardian Health and Beauty 21 Tampines North Drive 2 #03-01 Singapore 528765 Tel: (65) 6891 8321 Fax: (65) 6784 4954</p>	<p>PRIVATE HOSPITAL Parkway Group Healthcare Academy Parkway 168 Jalan Bukit Merah Towers 3 #02-05 Singapore 150168 Tel: (65) 6508 6918 Fax: (65) 6278 6075</p>
<p>RETAIL PHARMACY Unity NTUC Healthcare 55 Ubi Avenue 1 #08-08 Singapore 408935 Tel: (65) 6846 1128 Fax: (65) 6846 9313</p>	<p>PRIVATE HOSPITAL Raffles Hospital 585 North Bridge Road Singapore 188770 Tel : (65) 6311 1782 Fax: (65) 6311 2375</p>
<p>RETAIL PHARMACY Watson's Personal Care Stores 1 Coleman Street #08-07 The Adelphi Singapore 179803 Tel: (65) 6430 5285 Fax: (65) 6337 1914</p>	



Annex 4

SCHEDULE OF FEES (as at 31 December 2012)

Registration Fee	\$250
Renewal Fee of Practising Certificate for 2 years	\$500
Late Payment Fee 1 (one month before expiry of Practising Certificate)	\$100
Late Payment Fee 2 (after expiry of Practising Certificate)	\$200
Restoration Fee	\$250
Examination Fee (Competency and Forensic Examinations)	\$300
Issuance of certified true copy of Practising Certificate	\$ 50
Issuance of duplicate of Practising Certificate	\$ 80



**AUDITED ACCOUNTS
OF THE SINGAPORE PHARMACY COUNCIL
STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 31 MARCH 2013**

	<u>Note</u>	<u>2013</u>	<u>2012</u>
		\$	\$
Operating income			
Registration fee		68,600	64,040
Practising certificate fee		435,637	375,500
Restoration fee		250	250
Late payment fee		3,400	800
Certificate of Good Standing		1,950	1,150
Certified Copy of Certificate		100	100
Course & programme fee		32,320	21,535
Examination fee		43,500	44,700
Other income		86	2,080
		-----	-----
		585,843	510,155
		-----	-----
Deduct : Operating expenses			
Audit fee		6,049	2,033
Bank charges		5,430	785
Ceremony & other celebration		9,336	9,718
Conference		1,128	10,268
Course & programme cost		27,558	19,918
Depreciation		1,251	1,251
Entertainment & gifts		3,092	-
Examination/examiner's fee		13,470	15,020
General expenses		365	692
Management fee	3	443,837	320,669
Postage & courier		1,516	655
Printing & stationery		7,023	6,347
Refreshments		671	882
Rental of equipment		2,967	2,447
Rental of premises		72,787	79,265
Repairs & maintenance		3,465	2,945
Software maintenance/development		106,229	106,785
Telecommunications		2,310	2,458
Transport		53	257
Utilities		9,506	9,995
		-----	-----
		718,043	592,390
		-----	-----

The attached notes to financial statements form an integral part of these financial statements.



**STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 31 MARCH 2013**
(Continued)

	<u>2013</u> \$	<u>2012</u> \$
Deficit before grant	(132,200)	(82,235)
Government grant receivable from Ministry of Health	82,235	133,042
	-----	-----
(Deficit)/surplus before contribution to consolidated fund	(49,965)	50,807
Contribution to consolidated fund, note 4	-	-
	-----	-----
(Deficit)/surplus for the year	(49,965)	50,807
Other comprehensive income	-	-
	-----	-----
Total comprehensive income for the year	(49,965) =====	50,807 =====

The attached notes to financial statements form an integral part of these financial statements.



**STATEMENT OF CHANGES IN FUNDS
FOR THE YEAR ENDED 31 MARCH 2013**

	<u>Capital fund</u>	<u>General fund</u>	<u>Total</u>
	\$	\$	\$
Balance at 31 March 2011	30,848	(163,890)	(133,042)
Total comprehensive income for the year	-	50,807	50,807
Balance at 31 March 2012	30,848	(113,083)	(82,235)
Total comprehensive income for the year	-	(49,965)	(49,965)
Balance at 31 March 2013	30,848	(163,048)	(132,200)

The attached notes to financial statements form an integral part of these financial statements.



STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2013

	<u>Note</u>	<u>2013</u> \$	<u>2012</u> \$
ASSETS			
Non-current assets			
Office equipment	5	4,672	5,923
		-----	-----
Current assets			
Other receivables	6	81,923	34,407
Grant receivable from MOH		82,235	133,042
Cash & bank balances		775,704	133,580
		-----	-----
		939,862	301,029
		-----	-----
Total assets		944,534	306,952
		=====	=====
FUNDS AND LIABILITIES			
Funds			
Capital fund		30,848	30,848
General fund		(163,048)	(113,083)
		-----	-----
		(132,200)	(82,235)
		-----	-----
Current liabilities			
Advance fees received		908,163	302,100
Expenses payable		168,571	87,087
		-----	-----
		1,076,734	389,187
		-----	-----
Total funds and liabilities		944,534	306,952
		=====	=====

The attached notes to financial statements form an integral part of these financial statements.

**STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 31 MARCH 2013**

	<u>2013</u> \$	<u>2012</u> \$
CASH FLOWS FROM OPERATING ACTIVITIES		
Deficit before grant	(132,200)	(82,235)
Adjustments for :		
Depreciation	1,251	1,251
Government grant receivable	82,235	133,042
	-----	-----
Operating (deficit)/surplus before working capital changes	(48,714)	52,058
<i>Changes in working capital :</i>		
Other receivables & grant receivable from MOH	3,291	(132,450)
Advance fees received	606,063	(331,020)
Expenses payable	81,484	78,087
	-----	-----
<i>Net cash from/(used in) operating activities</i>	642,124	(333,325)
	-----	-----
CASH FLOWS FROM INVESTING ACTIVITIES	-	-
	-----	-----
CASH FLOWS FROM FINANCING ACTIVITIES	-	-
	-----	-----
NET INCREASE/(DECREASE) IN CASH & BANK BALANCES	642,124	(333,325)
BANK BALANCE AT BEGINNING OF YEAR	133,580	466,905
	-----	-----
CASH & BANK BALANCES AT END OF YEAR	775,704	133,580
	=====	=====

The attached notes to financial statements form an integral part of these financial statements.



NOTES TO FINANCIAL STATEMENTS - 31 MARCH 2013

1. GENERAL

The Council is established under The Pharmacists Registration Act 2007 (No. 48 of 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 year, 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 judgements*

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 as and when services are rendered.

Revenue from training and workshop is recognised when the courses takes place or over the period of instruction.



NOTES TO FINANCIAL STATEMENTS - 31 MARCH 2013

(d) **Office equipment**

All items of office equipment 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, office equipment are measured at cost less accumulated depreciation and accumulated impairment losses.

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 the end of each reporting period and adjusted prospectively, if appropriate.

The carrying values of office equipment 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 office equipment 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.



NOTES TO FINANCIAL STATEMENTS - 31 MARCH 2013

3. MANAGEMENT FEE

On 1 April 2011 under a restructuring program, all staff of the Council were transferred to the Singapore Medical Council which then provide management services to the Council and charge a management fee.

4. 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 17% of the net surplus for the financial year.

At 31 March 2013, the Council has estimated accounting deficits totalling \$172,000 (2012 : \$122,000) available to offset future operating surpluses.

5. OFFICE EQUIPMENT

	<u>Office Computers</u>	<u>Ceremony equipment</u>	<u>gowns</u>	<u>Total</u>
	\$	\$	\$	\$
Cost				
At 31.3.11, 12 & 13	187	1,985	8,026	10,198
<hr/>				
Accumulated depreciation				
At 31.3.11	187	487	2,350	3,024
Depreciation charge for the year	-	248	1,003	1,251
<hr/>				
At 31.3.12	187	735	3,353	4,275
Depreciation charge for the year	-	248	1,003	1,251
<hr/>				
At 31.3.13	187	983	4,356	5,526
<hr/>				
Net carrying amount				
At 31.3.13	-	1,002	3,670	4,672
<hr/>				
At 31.3.12	-	1,250	4,673	5,923
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NOTES TO FINANCIAL STATEMENTS - 31 MARCH 2013

6. OTHER RECEIVABLES

	<u>2013</u>	<u>2012</u>
	\$	\$
Prepayments	5,705	4,001
Deposits	18,620	18,620
Due from members for legal costs	35,730	11,786
Recoverables from Pharmacy Specialists Accreditation Board	21,868	-
	-----	-----
	81,923	34,407
	=====	=====

7. OPERATING LEASE COMMITMENTS, as lessee

Future minimum lease payments under non-cancellable operating lease on the Council's rental premises as at 31 March are as follows :-

	<u>2013</u>	<u>2012</u>
	\$	\$
Not later than 1 year	79,265	79,265
Later than 1 year but not later than 5 years	66,054	145,319
	=====	=====

8. 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.

9. CAPITAL MANAGEMENT

The Council is not subject to any externally imposed fund requirements other than it is expected to be self funding. Should there be any deficit, the Council can request the Ministry of Health for reimbursement of the yearly deficit.

Contact Information

Office Opening Hours

Mondays to Fridays:
8.30 am - 5.30 pm

Official Address

Singapore Pharmacy Council
16 College Road #01-01
College of Medicine Building
Singapore 169854

For visits, normal and registered
mail and couriered services

Singapore Pharmacy Council
81 Kim Keat Road, #09-00
NKF Centre
Singapore 328836

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

General Enquiries	(65) 6478 5068
Registration Enquiries	(65) 6478 5068
CPE Enquiries	(65) 6478 5066
Specialist Registration Enquiries	(65) 6478 5065
Executive Secretary	(65) 6478 5063
Fax Number	(65) 6478 5069
Email Address	enquiries@spc.gov.sg

Website Address www.spc.gov.sg