



SINGAPORE PHARMACY COUNCIL

Annual Report 2016

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PRESIDENT'S FOREWORD

I am pleased to present the Annual Report of the Singapore Pharmacy Council (SPC) for 2016. The Council has worked hard to ensure continued progress and development as we worked closely with the pharmacy practitioners to maintain patient safety and improve public confidence in the profession.





Register of Pharmacists and Register of Specialists

As at 31 December 2016, there were 2875 pharmacists on the register, where 2091 were local-trained graduates and 784 were foreign-trained graduates. The number of pharmacists increase by 118 (4.3%) from 2015. In 2016, there were 30 specialist pharmacists (see Figure 8 for breakdown of specialist pharmacists) on the Register of Specialists.

Pharmacist's Pledge Affirmation Ceremony 2016

SPC was honoured to have Mr Gan Kim Yong, Minister for Health, as the Guest of Honour for the Pharmacist's Pledge Affirmation Ceremony, held on 6 May 2016. A total of 182 newly registered pharmacists (130 NUS graduates and 52 foreign trained pharmacists) who had completed their pre-registration training in April 2016 took the pledge that day.

Mr Gan spoke about developing a strategy to transform pharmaceutical care in the next 10 years with a focus on advancing preventive care within communities, promoting safe and effective medication use, and for pharmacists to play an active role in care integration.

Transforming the Pharmacy Landscape

Faced with a rapidly ageing population and increasing healthcare needs, we need to transform our model of care to deliver integrated healthcare to patients across all settings and bringing more choices and better value within the available resources. To support these shifts, the National Pharmacy Strategy was formulated to transform pharmacy services across Singapore over the next 10 years to become more accessible, affordable and of good quality. Pharmacists have an active role to play in delivering safe and effective medication use and supporting these efforts.

Pharmacists have to collaborate effectively within and beyond the pharmacy community to provide team-based holistic care, not only in the acute care setting, but also in the long term care and community settings.



For example, pharmacists in healthcare institutions and the community can work together with general practitioners to identify and help patients with chronic diseases who may have difficulty managing their multiple medications, particularly those who are frequently re-admitted to hospital, in order to achieve good patient care outcomes.

In cases where the management of medications is complex, specialist pharmacists are needed to ensure safe and appropriate medication use and to complement the work of other healthcare professionals in their organisations. For pharmacists who intend to pursue such specialisation, we have developed a robust training and funding framework to support broad-based and specialty specific National Pharmacy Residency programmes. As at 31 December 2016, seven residents had completed their training.

I would like to express my sincere appreciation to the Council members and pharmacists who had served in the various SPC appointed committees and workgroups tirelessly and thanked the pharmacy mentors and preceptors who have sacrificed their valuable time and energy to guide and nurture the younger pre-registration pharmacists.

Without their steadfast support and valuable contributions, the Council's work plans and activities would not be so effectively and successfully carried out. We will continue to work hard to improve the capacity and capability of pharmacists in order to advocate safe and effective medication use for all Singaporeans.

Mr Wu Tuck Seng

President, Singapore Pharmacy Council

FUNCTIONS OF THE SINGAPORE PHARMACY COUNCIL

- 1) Keep and maintain the Register of Pharmacists;
- 2) 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;
- 3) Issue certificates of registration and practising certificates to registered pharmacists;
- 4) Make recommendations to the appropriate authorities on the courses of instructions and examinations leading to a Singapore degree;
- 5) Prescribe and implement measures, guidelines and standards for the training of persons seeking registration as pharmacists under the Pharmacists Registration Act;
- 6) Make recommendations to the appropriate authorities for the training and education of registered pharmacists;
- 7) Determine and regulate the conduct and ethics of registered pharmacists; and
- 8) Generally to do all such acts and matters and things as are necessary to be carried out under the Pharmacists Registration Act.

The Singapore Pharmacy Council (SPC), a statutory board under the Ministry of Health, maintains the Register of Pharmacists in Singapore; administers the compulsory Continuing Professional Education (CPE) programme and also governs and regulates the professional conduct and ethics of registered pharmacists. Pharmacists found guilty of professional misconduct may be reprimanded, suspended or removed from the Register.





Our 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.

Our VISION

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



Our MISSION

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

Our CORE VALUES

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 what 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 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 the importance of upholding a high standard of professional and ethical practice towards their patients, colleagues and 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 THE SINGAPORE PHARMACY COUNCIL****Table 1: Members of the Singapore Pharmacy Council (1 September 2014 - 31 August 2017)**

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)	Associate Professor Lita Chew Sui Tjien Chief Pharmacist, Ministry of Health Head, Pharmacy Department, National Cancer Centre Singapore Associate 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)	Associate Professor Chui Wai Keung Associate Professor, Department of Pharmacy, Faculty of Science National University of Singapore BSc (Pharm)(Hons), National University of Singapore PhD, Aston University, Birmingham, UK
Member	Dr Ang Hui Gek Director, Allied Health Division, Singapore General Hospital BSc (Pharm), National University of Singapore Graduate Dip Clinical Pharmacy, Australia MBA, University of Hull, UK Doctor of Business Administration, University of Liverpool, UK
Member	Dr K Thomas Abraham Chief Executive Officer, SATA CommHealth Ltd BSc (Pharm), National University of Singapore Msc (Health Services Management), University of Dallas, USA PhD (Business & Management), University of South Australia, Adelaide, Australia
Member	Mrs Chan Yiam Moi Former Senior Director, Retail Pharmacy Development NTUC Healthcare Co-operative Limited BSc (Pharm), National University of Singapore
Member	Mr Ng Cheng Tiang Asia Regional OTC RA Director, PGT Healthcare c/o Teva Pharmaceutical Investments Singapore Pte Ltd BSc (Pharm)(Hons), National University of Singapore MSc (Safety, Health & Environmental Technology) National University of Singapore
Member	Mr Sia Chong Hock Senior Consultant, Audit & Licensing Division 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 Head, Market Development, Cluster Head Baxalta Singapore Pte Ltd BSc (Pharm)(Hons), National University of Singapore
Member	Dr Tan Weng Mooi Chief, Community Mental Health Division, Agency for Integrated Care BSc (Pharm), Dalhousie University, Canada Pharm D, Medical University of South Carolina, USA
Member	Dr Christina Tong Mei Wen (Dr Christina Lim) Programme Director, Regulatory Affairs & Investments Nanyang Technological University – NTUitive Pte Ltd BSc (Pharm), University of Singapore PhD (Pharmacodynamics), University of Montpellier, France



Photo: Members of the Singapore Pharmacy Council
(1 September 2014 - 31 August 2017)

From left to right:

Ms Chan Yiam Moi, Dr Christina Lim, Dr Ang Hui Gek, Ms Linda Seah, Dr Tan Weng Mooi, Assoc Prof Lita Chew (Registrar), Mr Wu Tuck Seng (President), Mr Sia Chong Hock, Dr K Thomas Abraham, Mr Ng Cheng Tiang and Assoc Prof Chui Wai Keung.



SINGAPORE PHARMACY COUNCIL'S ACTIVITIES IN 2016

(A) Professional Activities

(1) Revised Pre-registration Pharmacist Training

With the evolving role of pharmacists, the NUS Pharmacy Department has enhanced its undergraduate curriculum to provide students with a more holistic education that integrates the learning of professional skills with clinical training and experiential learning.

The enhancements made to the undergraduate pharmacy programme were implemented in August 2014, and allowed all Pharmacy students in the final year to conduct an individual research project and go through two 12-week pre-registration training rotations in community care and ambulatory / indirect patient care areas. Upon graduation, the pre-registration pharmacists will undergo another two 12-week rotations in the acute care and ambulatory care areas.

The expansion of pre-employment clinical training (PECT) from 12 weeks to 6 months helped shorten the time needed for a graduate to start practising as a registered pharmacist. The first batch of students enrolled in the new NUS pharmacy curriculum will be commencing their PECT in May 2017.

There are a total of 4 rotations:

1. **Community Care Rotation:** This rotation can be undertaken in a retail pharmacy or polyclinic where the pre-registration pharmacist will learn about health promotion, minor ailment management and prescription review and dispensing.
2. **Regulatory/ Pharmaceutical Industry Rotation (Indirect Patient Care):** This includes elective rotations at regulatory body and pharmaceutical industry (e.g. clinical trials, regulatory affairs, manufacturing and distribution, sales and marketing etc).



3. Acute Care Rotation: This is conducted in a hospital where the pre-registration pharmacist will spend the duration in inpatient wards.
4. Ambulatory Care Rotation: This rotation can be undertaken in a hospital or specialty centre where the pre-registration pharmacist will spend the duration in an outpatient pharmacy.

These rotations allow the pre-registration pharmacist to learn different skills across the different practice settings, providing the breadth of exposure to the different job roles within the pharmacy profession, as well as opening up a wider range of career options for pharmacy graduates upon completion of their pre-registration training.





(B) Training

(1) Preceptor Training Workshops

Preceptor training is conducted to equip new preceptors with the necessary communication, leadership and counselling skills in managing interpersonal relationships so that they can be effective preceptors to the pre-registration pharmacist trainees.

In 2016, a total of seven Preceptor training workshops were conducted in May, June, October and November for 188 participants from the polyclinics, community hospitals, regulatory agencies and the pharmaceutical industry.

The workshops in 2016 were facilitated by trainer Mr Tim Egold of Dale Carnegie Training. Participants commented that the workshops were engaging, dynamic and interactive and has equipped them with the knowledge and skills to cultivate a good relationship with their future preceptees.

Since 2004, a total of 1270 preceptors have attended the Preceptor training workshops. This is an average of 106 preceptors trained per year.



Photo: Mr Tim Egold doing a role play with a participant while other participants watched how the techniques taught in class were being applied.



(C) Examinations

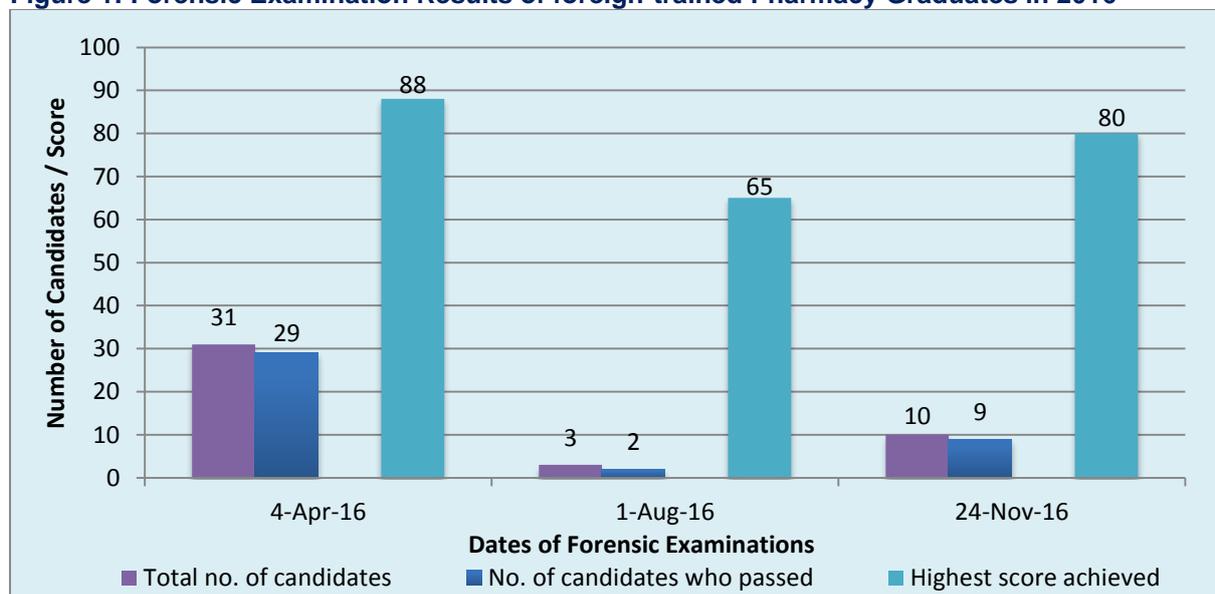
(1) Forensic Examinations

With effect from the Nov 2016 Forensic Exam, the updated legislations will be included as examinable materials. There is no change to the Forensic Examination syllabus.

The current forensic examination format comprised of 60 multiple-choice questions and 2 structured questions. 3 forensic examinations were held in 2016 for a total of 44 candidates.

Figure 1 shows the number of candidates who sat for the 3 forensic examinations, the number of candidates who passed and highest score achieved for each examination.

Figure 1: Forensic Examination Results of foreign-trained Pharmacy Graduates in 2016





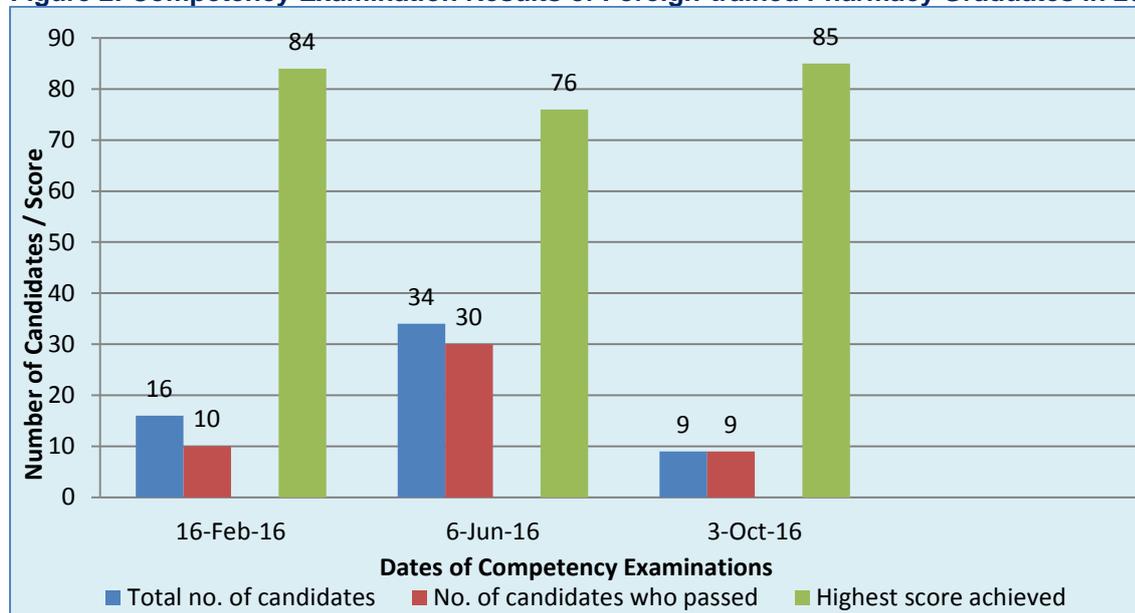
(2) Competency Examinations

As the NUS Pharmacy Department had started the enhanced undergraduate curriculum in 2014 and the first batch of students would be graduating in 2018, there was an urgent need for the competency examination to move towards assessing the pre-registration pharmacists' analytical and evaluation skills as they would be playing a bigger role in the clinical management of patients across different care settings.

As part of a 5-year work plan, the proposed changes in the paper format in terms of increasing the focus of questions on analysing/evaluation components and increasing the paper duration to 1 hour 55 minutes will be implemented in 2017. 3 competency examinations were held in 2016 for a total of 59 candidates.

Figure 2 shows the number of candidates who sat for the 3 competency examinations, the number of candidates who passed and highest score achieved for each paper.

Figure 2: Competency Examination Results of Foreign-trained Pharmacy Graduates in 2016



(D) Miscellaneous Matters

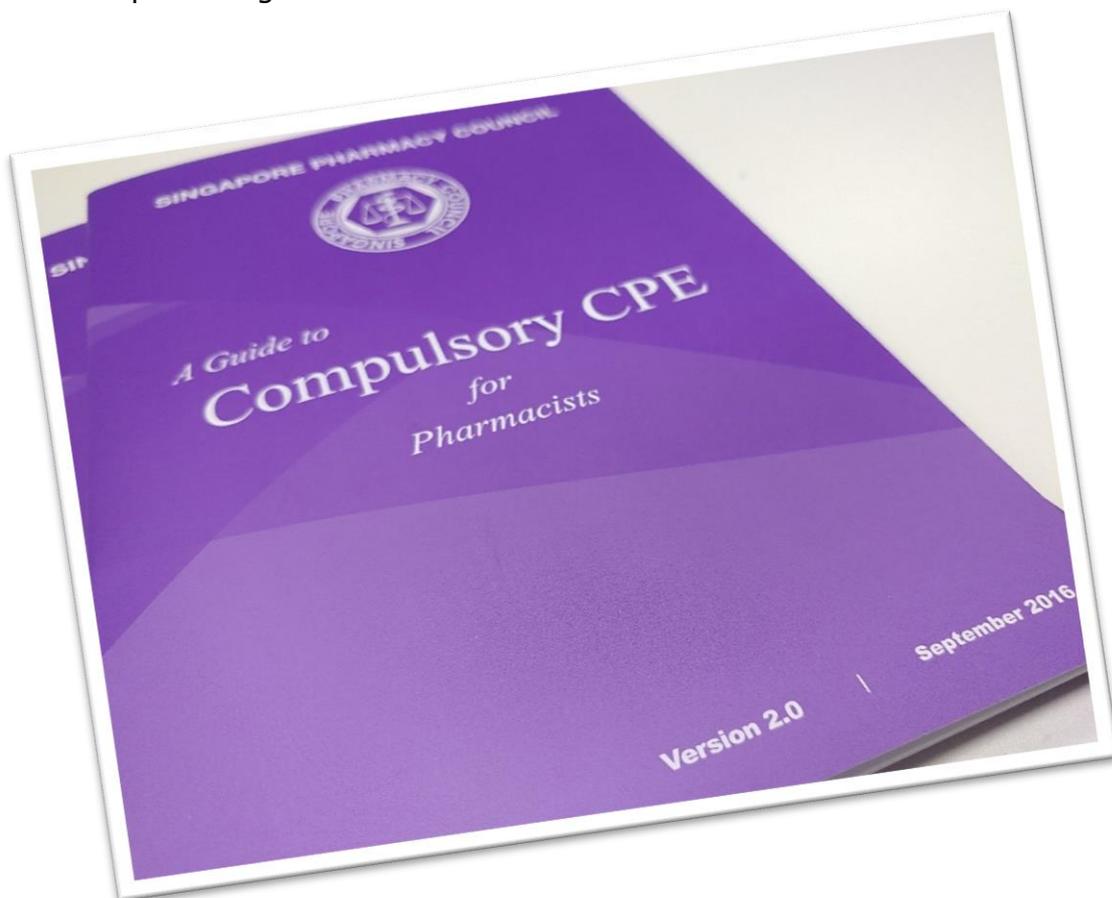
(1) The Revised CPE GUIDE 2016

The revised CPE Guide and system user manual had been published online and became operational on 1 September 2016 to coincide with the new qualifying period from 1 September 2016 to 31 August 2018.

The following amendments had been made to the CPE guide 2016:

- Added CPE requirements for Inactive Status and Specialist Pharmacist
- Removal of Points pro-rata due to medical reasons and short overseas residency
- Removal of information on bonus points
- Increase Category 1A capping from 10 to 15 points
- Increase Category 1B capping from 35 to 40 points
- Update of system user manual

Hard copies of the CPE Guide 2016 had been sent to all registered pharmacists with valid practising certificate in mid Dec 2016.





(2) SPC Pharmacist's Pledge Affirmation Ceremony

The Singapore Pharmacy Council held its 8th Pharmacist's Pledge Affirmation Ceremony on 6 May 2016, Friday, at the Academia, Singhealth, with Minister for Health, Mr Gan Kim Yong, as the Guest of Honour.

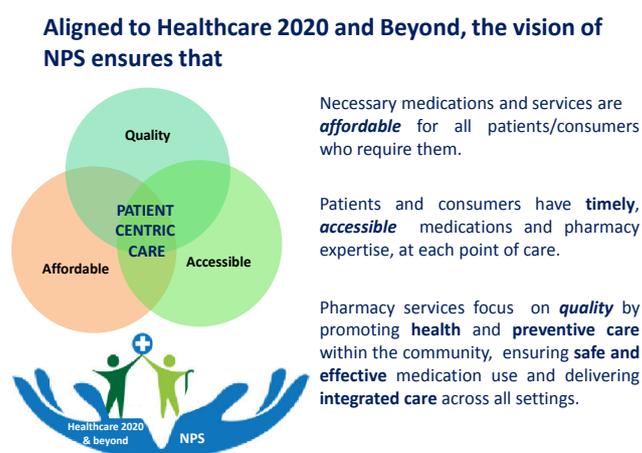
A total of 182 newly registered pharmacists (130 NUS graduates and 52 foreign trained pharmacists) who had completed their pre-registration training in April 2016 affirmed the pledge that day.

Mr Gan addressed the audience and spoke about developing a strategy to transform pharmaceutical care in the next 10 years with a focus on better healthcare for the population, advancing preventive care within the communities, promoting safe and effective medication use, and for pharmacists to play an active role in care integration.



(3) The National Pharmacy Strategy

The National Pharmacy Strategy (NPS), approved in August 2015 by the Ministry of Health (MOH), aims to transform pharmacy services across Singapore to become accessible, affordable and of good quality. The new services and models of care align closely with a number of current MOH policies, especially 'Beyond Healthcare 2020', to deliver safer and more integrated healthcare to patients, bringing more choices and better value within the available resources.



5

The strategy was developed in conjunction with over 150 stakeholders from a broad range of backgrounds including healthcare professionals, academia, industry, public and private sector pharmacists, patients and consumers, who came together to define the transformation programme. Five key thrusts were identified:

- 1) Pharmaceutical Care Excellence
- 2) Confident Pharmacy Workforce
- 3) Re-Design Supply Chain
- 4) Information Enablement
- 5) Technology Enablement

Each thrust has a number of key initiatives, covering the breadth of pharmacy; from clinical practice and governance, to delivery of medicines and new models of care. In this respect, SPC will work with MOH to look into improving the capability and capacity of pharmacists in Singapore for the first 2 key thrusts.



THE REGISTER OF PHARMACISTS FOR THE YEAR 2016

Total Number of Registered Pharmacists

As at 31 December 2016, the number of pharmacists on the register in Singapore was 2875. There were a total of 2091 local-trained graduates and 784 foreign-trained graduates in Singapore as at 31 December 2016. The number of pharmacists increase by 118 (4.3%) from 2015. The increase is not as much as previous years mainly due to the drop in the number of foreign trained pharmacists who registered with the SPC. This is still a good trend as the local supply is sufficient to meet the manpower needs in the various healthcare sectors.

This increasing trend is a good development for Singapore in terms of increasing the pharmacy student intake at National University of Singapore to address the pharmacist manpower needs across the different healthcare sectors and to sufficiently serve the needs of our population.

Table 2 provides a snapshot of the total number of pharmacists registered in Singapore over the past 5 years.

Table 2: Number of Registered Pharmacists in Singapore (2012-2016)

Year	Total Number of Registered Pharmacists	Net Increase	Net Increase (%)
2012	2172	+159	+7.9
2013	2376	+204	+9.4
2014	2563	+187	+7.9
2015	2757	+194	+7.6
2016	2875	+118	+4.3



Profile of Registered Pharmacists

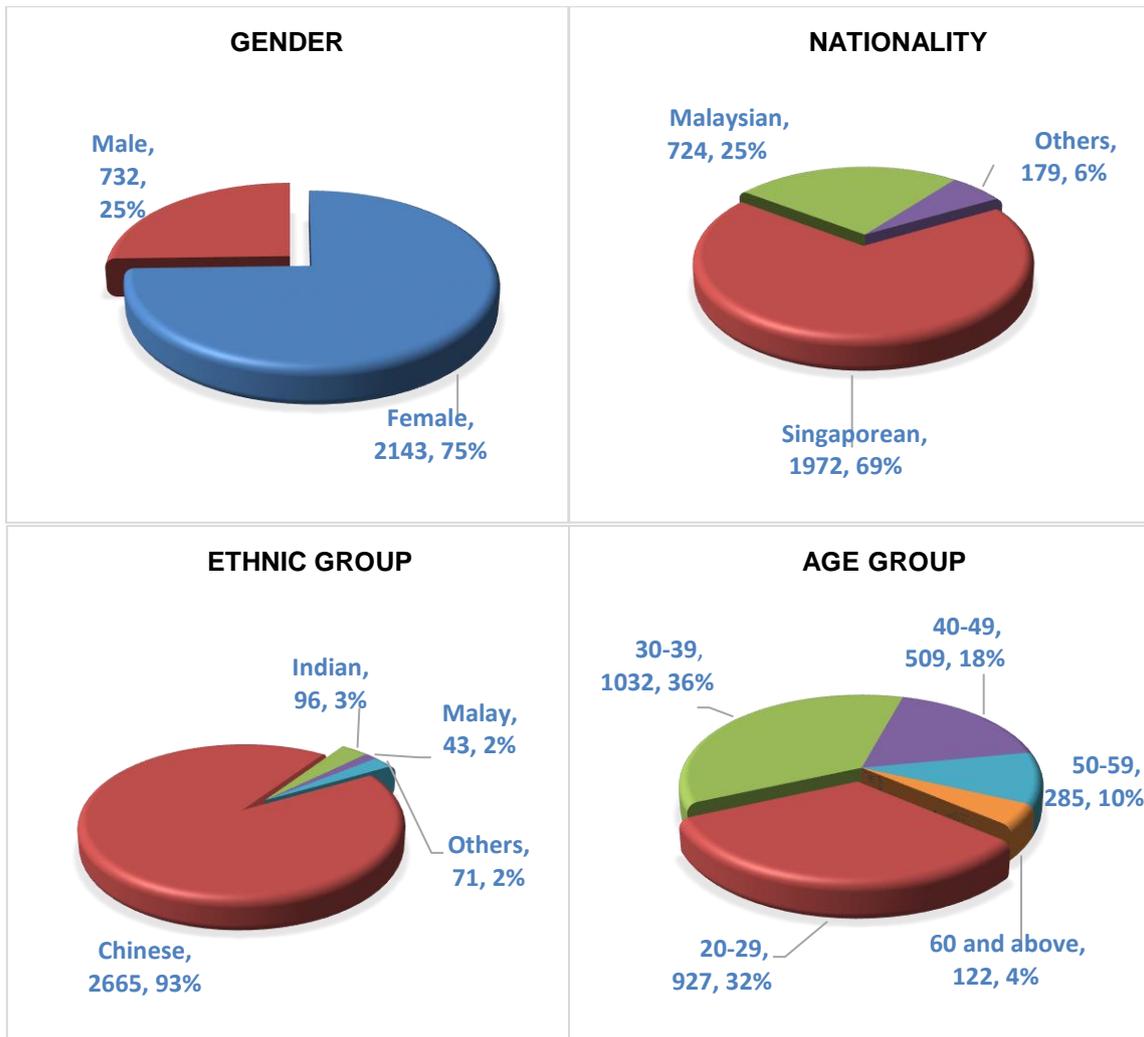
Table 3 and Figure 3 show the profile of registered pharmacists in 2016. The population of registered pharmacists in Singapore comprised approximately of 2143 (74.5%) female and 732 (25.5%) male pharmacists.

The majority of the pharmacists are Chinese (92.7%), while Indian and Malay pharmacists made up 3.3% and 1.5% of the population respectively. Of the 2875 registered pharmacists, 1972 (68.6%) were Singaporeans while 724 (25.2%) were Malaysians.

Table 3: Profile of Registered Pharmacists

General Profile	Number	Percentage (%)
Total Number	2875	100
Sex		
Male	732	25.5
Female	2143	74.5
Ethnic Group		
Chinese	2665	92.7
Indian	96	3.3
Malay	43	1.5
Others	71	2.5
Nationality		
Singaporean	1972	68.6
Malaysian	724	25.2
Others	179	6.2
Age Group		
20-29	927	32.2
30-39	1032	35.9
40-49	509	17.7
50-59	285	9.9
60 and above	122	4.3

Figure 3: Profile of Registered Pharmacists





Foreign-Trained Registered Pharmacists

As at 31 December 2016, the total number of foreign-trained pharmacists on the register was 784.

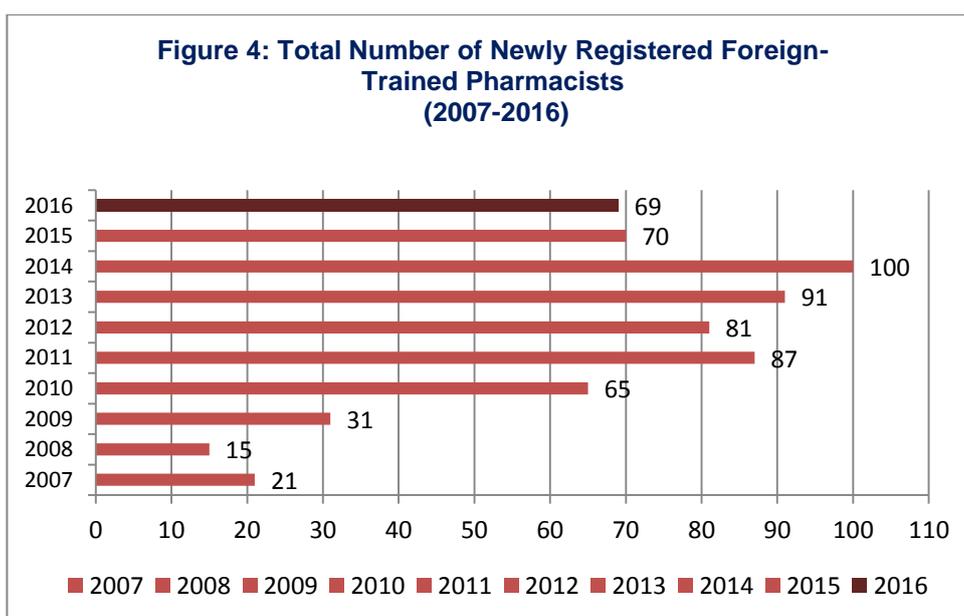
Table 4 and Figure 4 show the number of newly registered foreign-trained pharmacists over the past 10 years.

In 2016, there were 69 newly registered foreign-trained pharmacists in Singapore, a decrease of 1.4% from 2015.

Table 4: Total Number of Newly Registered Foreign-Trained Pharmacists (2007 - 2016)

Year	Number
2007	21
2008	15
2009	31
2010	65
2011	87
2012	81
2013	91
2014	100
2015	70
2016	69

Figure 4: Total Number of Newly Registered Foreign-Trained Pharmacists (2007-2016)





Employment Status

Table 5 and Figure 5 show the employment status of registered pharmacists as at 31 December 2016.

Of the 2875 registered pharmacists in 2016, 2437 (84.8%) were engaged in full-time employment, 178 (6.2%) were in part-time employment and 260 (9.0%) were not working.

Table 5: Employment Status of Registered Pharmacists

Working Status	Number	Percentage (%)
Total Number	2875	100
Full-time employment	2437	84.8
Part-time employment	178	6.2
Not working	260	9.0

Figure 5: Working Status of Registered Pharmacists

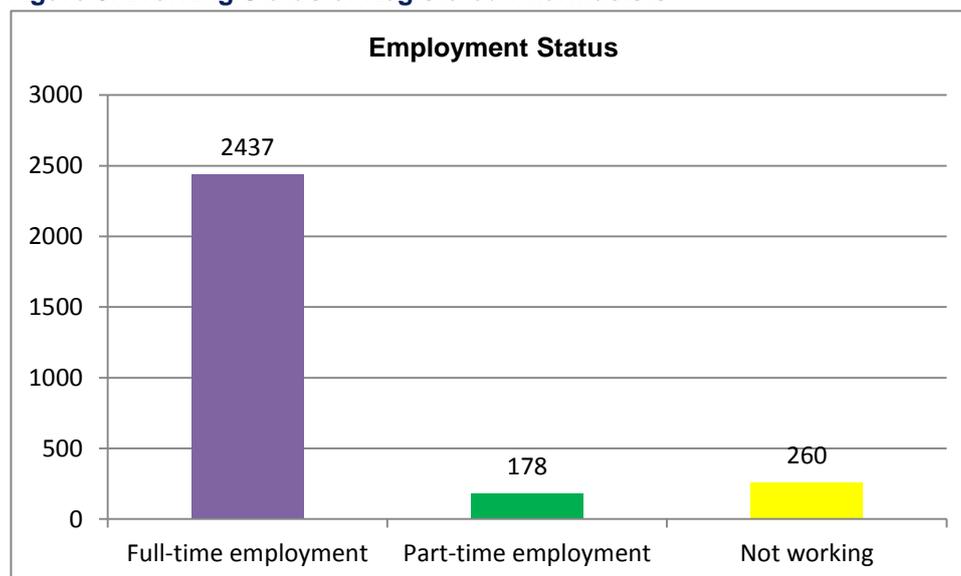
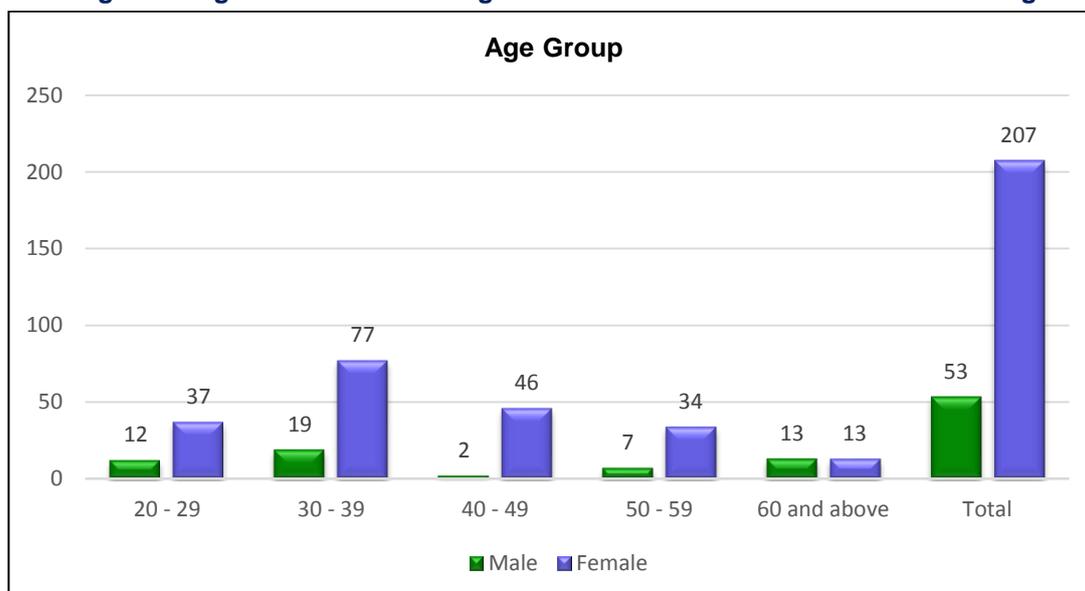


Table 6 and Figure 6 show the age distribution of the registered pharmacists who were unemployed as at end of December 2016. The breakdown of registered pharmacists who were not working is shown in Table 6.

Table 6: Age Distribution of Registered Pharmacists who were not working

Age Group	Female	Male	Total
20 - 29	37	12	49
30 - 39	77	19	96
40 - 49	46	2	48
50 - 59	34	7	41
60 and above	13	13	26
Total	207	53	260

Figure 6: Age Distribution of Registered Pharmacists who were not working



Fields of Employment

Table 7 provides a snapshot of the fields of employment of registered pharmacists in the private and public sectors in 2016.

Private Sector

The majority of pharmacists in the private sector were employed in the retail and wholesale (30.3%), followed by regulatory affairs (18.4%) and hospital (9%).

Public Sector

The majority of pharmacists in the public sector were employed in the patient-care areas: hospitals (71.6%) and polyclinics (9.2%). 6.1% of the pharmacists were employed in regulatory affairs. The number of pharmacists employed in the hospitals increased by 58 (6.3%) from 2015.

Table 7: Fields of Employment of Registered Pharmacists in 2016

Fields of Employment	Number	Percentage (%)
Private Sector	1117	100
Retail & Wholesale	339	30.3
Regulatory Affairs / Compliance / Pharmacovigilance	205	18.4
Hospital	100	9.0
Marketing	78	7.0
Wholesale	64	5.7
Other Pharmaceutical Field	59	5.3
Clinical Research	54	4.8
Non-Pharmaceutical	49	4.4
Voluntary Welfare Organisations	33	3.0
Procurement and Distribution	32	2.9
Health Information and/or Health Informatics	28	2.5
Manufacturing	26	2.3
Consultancy	14	1.3
Administration	13	1.2
Medical Clinic	12	1.1
Primary Health Care	5	0.4
Training	3	0.3
Teaching/Research	2	0.2
Dental Clinic	1	0.1
Public Sector	1367	100
Hospital	979	71.6
Primary Health Care	126	9.2
Regulatory Affairs / Compliance / Pharmacovigilance	84	6.1
Administration	63	4.6
Teaching/Research	62	4.5
Procurement and Distribution	14	1.0
Research	13	0.95
Health Information and/or Health Informatics	10	0.7
Non-Pharmaceutical	7	0.5
Clinical Research	6	0.4
Other Pharmaceutical Field	3	0.2
Overseas	131	100



Basic Degrees

In 2016, 72.7% of registered pharmacists in Singapore obtained their basic pharmacy qualifications in Singapore, followed by United Kingdom (10%), Australia (8.7%), Malaysia (4.3%) and the United States (1.2%).

Table 8 shows the breakdown of the basic degrees (by country/area) obtained by the registered pharmacists as at 31 December 2016.

Table 8: Basic degrees (by country/area) of registered pharmacists in 2016

Country/Area	Number	Percentage (%)
Singapore	2091	72.7
United Kingdom	289	10.05
Australia	250	8.7
Malaysia	123	4.3
United States	35	1.2
New Zealand	28	0.97
Taiwan	21	0.73
Canada	11	0.38
Philippines	10	0.35
Thailand	10	0.35
India	3	0.10
Ireland	2	0.07
Hungary	1	0.03
Spain	1	0.03
Total	2875	100



Pharmacists Residing Overseas

In 2016, 204 registered pharmacists were residing overseas, compared to 199 in 2015. This was an increase of 2.5% over that of 2015. Table 9 shows the countries/areas of residence of pharmacists who were residing overseas. The majority of pharmacists were residing in Malaysia (25.5%), followed by Australia (18.6%) and others (17.2%).

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

Country/Area	Number	Percentage (%)
Malaysia	52	25.5
Australia	38	18.6
Others	35	17.2
United States	18	8.8
China, Hong Kong	16	7.8
United Kingdom	13	6.4
New Zealand	5	2.5
Thailand	5	2.5
Switzerland	4	2.0
Germany	4	2.0
People's Republic of China	3	1.5
Korea, South	3	1.5
Vietnam	3	1.5
Canada	2	1.0
Taiwan	1	0.5
Brunei	1	0.5
Mauritius	1	0.5
Total	204	100



Table 10 shows the reasons cited for residing overseas. The most common reason was “Working overseas” (64.2%), followed by “Accompany spouse overseas” (12.7%) and “Studies” (7.8%).

In 2016, there were 26 pharmacists who accompanied their spouse/family overseas as compared to 36 in 2015. This is a decrease of 27.8% over that of 2015.

Table 10: Reasons for Residing Overseas

Reasons	Number	Percentage (%)
Working Overseas	131	64.2
Accompany Spouse Overseas	26	12.7
Studying	16	7.8
Looking for a job	4	1.9
Return to own country	3	1.5
Child Care Leave	2	1.0
Contract Lapsed	2	1.0
Long Vacation Leave	2	1.0
Retired	2	1.0
Resigned	2	1.0
Long Medical Leave	1	0.5
Others (pregnant, residing overseas, pending IPA & on church missionary assignment)	13	6.4
Total	204	100



Inactive Status

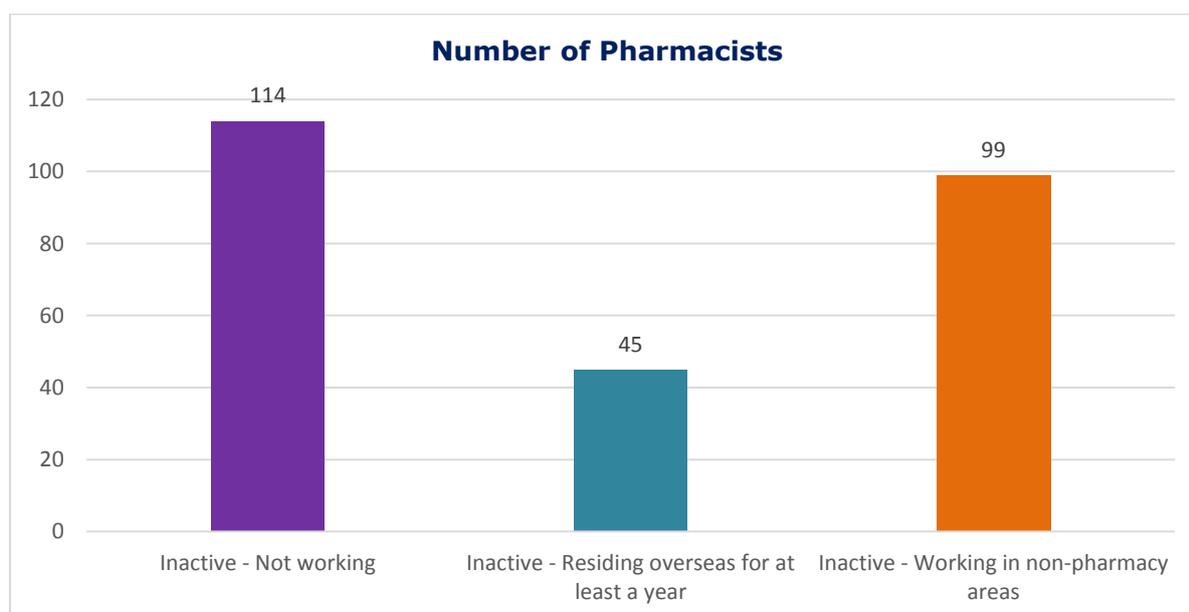
Pharmacists may apply for inactive status by submitting the Inactive Status Declaration Form to SPC. An inactive status is applicable only for the following:

- 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 in 2016 was 258 as compared to 203 in 2015 and 219 in 2014. Figure 7 shows the number of pharmacists with inactive status as at 31 December 2016.

Figure 7: Number of pharmacists with Inactive Status as at 31 December 2016





Renewal of Practising Certificate (PC)

Of the 2780 pharmacists due for renewal in 2016, 2700 (97.1%) have renewed their practising certificates (PCs) and 80 (2.9%) pharmacists did not renew their PCs due to various reasons. The PC renewal took place from 1 September 2016 to 31 December 2016.

Table 11: PC Renewal Summary as at 1 January 2017

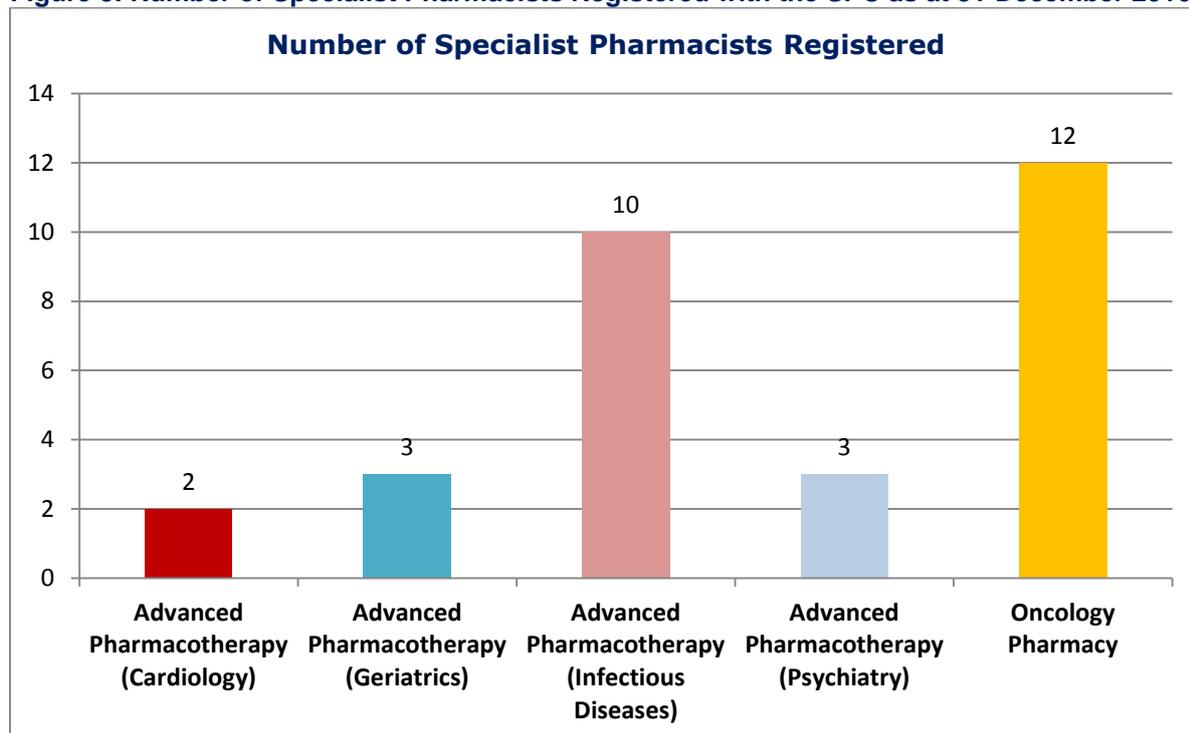
	No. of pharmacists	Percentage (%)
Total Number Due for Renewal	2780	100
Renewal Completed	2700	97.1
Non-Renewal due to not meeting CPE requirement	54	1.9
Met CPE requirement but did not Renew	26	0.9
Total Number of Non-Renewal	80	2.9



THE REGISTER OF SPECIALISTS FOR THE YEAR 2016

Figure 8 shows the breakdown of the number of specialist pharmacists in their area of specialty that were registered with the SPC. A total of 30 specialist pharmacists were registered with the SPC as at end of 31 December 2016.

Figure 8: Number of Specialist Pharmacists Registered with the SPC as at 31 December 2016





CODE OF ETHICS (2015)

A. Practices & Responsibilities

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 (2015) - 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 (2015) - 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 (2015) – 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 (2015) – 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.



REQUISITES FOR PRE-REGISTRATION PHARMACIST TRAINING CENTRES

1. Premises suitable for pre-registration pharmacist training include:
 - 1) Hospital/Institutional Pharmacies
 - 2) Community Pharmacies
 - 3) Polyclinics

2. The institutions providing pre-registration pharmacist 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 PHARMACIST 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 Department of Pharmacy Sengkang Health 378 Alexandra Road Singapore 159964 Tel: (65) 6379 3326 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) 6357 2060</p>	<p>RESTRUCTURED HOSPITAL Department of Pharmacy National Heart Centre Singapore 5 Hospital Drive Singapore 169609 Tel: (65) 6436 7857 Fax: (65) 6436 7846</p>
<p>RESTRUCTURED HOSPITAL Department of Pharmacy Ng Teng Fong General Hospital 1 Jurong East Street 21 Singapore 609606 Tel: (65) 6716 5608/9 Fax: (65) 6397 3490</p>	<p>POLYCLINIC National Healthcare Group Pharmacy 3 Fusionopolis Link #05-07 Nexus@one-north Singapore 138543 Tel: (65) 6340 2300 Fax: (65) 6340 2301</p>
<p>COMMUNITY PHARMACY NTUC Fairprice Co-operative Ltd (Unity Pharmacy) 55 Ubi Avenue 1 #08-08 Singapore 408935 Tel: (65) 6846 1128 Fax: (65) 6846 9313</p>	<p>COMMUNITY PHARMACY Watson's Personal Care Stores 80 Anson Road #10-00 Fuji Xerox Towers Singapore 079907 Tel: (65) 6337 3433 Fax: (65) 6337 3248</p>
<p>COMMUNITY 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 Pharmacy Services Parkway Pantai Hospitals Singapore 111 Somerset Road #15-01 TripleOne Somerset Singapore 238164 Tel: (65) 63495736 Fax: (65) 67352398</p>
<p>PRIVATE HOSPITAL Department of Pharmacy St Luke's Hospital 2 Bukit Batok Street 11 Block A, Singapore 659674 Tel : (65) 6895 3466</p>	<p>PRIVATE HOSPITAL Department of Pharmacy Raffles Hospital 585 North Bridge Road, Singapore 188770 Tel: (65) 6311 1782 Fax: (65) 6311 2375</p>

**SCHEDULE OF FEES**

Registration Fee (For Register of Pharmacists)	\$250
Registration Fee (For Register of Specialists)	\$500
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	\$300
Examination Fee (Competency and Forensic Examinations)	\$300
Issuance of certified true copy of Practising Certificate	\$ 50
Issuance of duplicate of Practising Certificate	\$ 80
Issuance of certified true copy of certificate of registration	\$ 50
Issuance of duplicate certificate of registration	\$ 80
Issuance of certificate of good standing	\$ 50



**AUDITED ACCOUNTS
OF THE SINGAPORE PHARMACY COUNCIL**

SINGAPORE PHARMACY COUNCIL				
(Constituted under the Pharmacists Registration Act 2007)				
STATEMENT OF COMPREHENSIVE INCOME				
FOR THE FINANCIAL YEAR ENDED 31 MARCH 2017				
	Note	2017		2016
		S\$		S\$
Income				
Registration fee		71,500		72,750
Practising certificate fee		686,779		639,121
Restoration fee		-		300
Late payment fee		5,100		3,600
Certificate of good standing		3,600		3,450
Certified true copy of certificate of registration		250		250
Duplicate registration		160		160
Course and programme fee		64,940		43,180
Examination fee		19,800		38,100
Fines		-		1,000
Other income		180		375
Total income		852,309		802,286
Less: Operating expenses				
Depreciation of plant and equipment	4	908		1,251
Manpower and related costs	12	425,145		424,140
Rental expenses	13	74,354		72,854
Other operating expenses	14	219,903		207,647
Total expenses		720,310		705,892
Surplus before contribution to consolidated fund		131,999		96,394
Statutory contribution to consolidated fund	11	(22,440)		(14,422)
Surplus for the year, representing total comprehensive income for the year		109,559		81,972

The accompanying notes form an integral part of these financial statements.



SINGAPORE PHARMACY COUNCIL			
(Constituted under the Pharmacists Registration Act 2007)			
BALANCE SHEET			
AS AT 31 MARCH 2017			
	Note	2017 S\$	2016 S\$
ASSETS			
Non-current assets			
Plant and equipment	4	10	918
Intangible assets	5	-	-
		10	918
Current assets			
Cash and cash equivalents	6	1,459,185	766,097
Other receivables	7	78,208	57,698
		1,537,393	823,795
Total assets		1,537,403	824,713
FUNDS			
Capital fund	8	-	30,848
Accumulated fund		290,092	149,685
		290,092	180,533
LIABILITIES			
Non-current liability			
Fees received in advance	10	518,888	-
Current liabilities			
Other payables	9	11,533	121,777
Fees received in advance	10	694,450	506,016
Provisions for contributions to consolidated fund	11	22,440	16,387
		728,423	644,180
Total funds and liabilities		1,537,403	824,713

The accompanying notes form an integral part of these financial statements.



SINGAPORE PHARMACY COUNCIL			
(Constituted under the Pharmacists Registration Act 2007)			
STATEMENT OF CASH FLOWS			
FOR THE FINANCIAL YEAR ENDED 31 MARCH 2017			
	Note	2017	2016
		S\$	S\$
Cash flows from operating activities			
Surplus before contribution to consolidated fund		131,999	96,394
Adjustments for:			
Depreciation of plant and equipment		908	1,251
Operating cash flows before changes in working capital		132,907	97,645
Changes in working capital:			
Other receivables, deposits and prepayments		(20,510)	105,725
Other payables		(110,244)	(48,943)
Fees received in advance		707,322	(563,072)
Cash flows generated from/(used in) operations		709,475	(408,645)
Contribution to consolidated fund		(16,387)	(11,904)
Net cash flows generated from/(used in) operating activities		693,088	(420,549)
Net changes in cash and cash equivalents		693,088	(420,549)
Cash and cash equivalents at beginning of year		766,097	1,186,646
Cash and cash equivalents at end of year	6	1,459,185	766,097

The accompanying notes form an integral part of these financial statements.



NOTES TO THE FINANCIAL STATEMENTS

For the financial year ended 31 March 2017

These notes form an integral part of and should be read in conjunction with the accompanying financial statements.

1. GENERAL INFORMATION

Singapore Pharmacy Council (the “Council”) is a statutory board under Ministry of Health in Singapore reconstituted on 1 September 2008 in accordance with the Pharmacists Registration Act 2007 (the “Act”).

The Council’s registered office and place of business is located at 81, Kim Keat Road, Level 9, NKF Centre, Singapore 328836.

The functions of the Council, as stated in Section 5 of the Act are the following;

1. to keep and maintain registers of registered pharmacists;
2. to approve or reject applications for registration under the Act or to approve any such application subject to such restrictions as may think fit;
3. to issue certificates of registration and practising certificates to registered pharmacists;
4. to make recommendations to the appropriate authorities on the courses of instructions and examinations leading to a Singapore degree;
5. to prescribe and implement measures, guidelines and standards for the training of persons seeking registration as pharmacists under the Act;
6. to make recommendations to the appropriate authorities for the training and education of registered pharmacists;
7. to determine and regulate the conduct and ethics of registered pharmacists; and
8. generally, to do all such acts and matters and things as are necessary to be carried out under the Act.

The financial statements of the Council for the financial year ended 31 March 2017 were authorised for issue by the Council on the date of the statement.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

2.1 Basis of preparation

The financial statements have been prepared in accordance with the provisions of the Act and Statutory Board Financial Reporting Standards in Singapore (“SB-FRS”). The financial statements have been prepared under the historical cost convention, except as disclosed in the accounting policies below.

2.2 Changes in accounting policies

On 01 April 2016, the Council has adopted all the new and revised standards and Interpretations of SB-FRS that are effective for annual periods beginning on or after 01 April 2016. The adoption of these standards and interpretations do not have any effect on the financial performance or position of the Council.

2.3 New or revised accounting standards and interpretations

Certain new standards, amendments to standards and interpretations are effective for annual periods beginning on or after 1 April 2017 and which has not been early adopted by the Council in preparing these financial statements. None of these are expected to have a significant impact on the Council’s financial statements.



2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Cont'd)

2.4 Currency transactions

Functional and presentation currency

Items included in the financial statements of the Council are measured using the currency of the primary economic environment in which the entity operates (the “functional currency”). The financial statements of the Council are presented in Singapore dollar (\$) which is the Council’s functional currency.

2.5 Offsetting of financial assets and liabilities

Financial assets and financial liabilities are offset and the net amount reported in the statement of financial position when there is a currently legal right to set off the recognised amounts and the Council intends to either settle on a net basis, or to realise the assets and settle the liability simultaneously.

2.6 Plant and equipment

Plant and equipment are recognised at cost less accumulated depreciation and accumulated impairment losses.

Subsequent expenditure relating to plant and equipment that has already been recognised is added to the carrying amount of the asset only when 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.

Gains or losses arising from the retirement or disposal of plant and equipment are determined as the difference between the estimated net disposal proceeds and the carrying amount of the asset and are recognised in statement of comprehensive income on the date of retirement or disposal.

Fully depreciated plant and equipment are retained in the financial statements until they are no longer in use and no further charge for depreciation is made in respect of these assets.

The residual value, estimated useful life and depreciation method are reviewed at each reporting date and adjusted prospectively, if appropriate.

Depreciation is computed on the straight-line method to write-off the cost of the plant and equipment over its estimated useful lives. The estimated useful lives of the plant and equipment are as follows:

	<u>Estimated useful lives</u>
Computer equipment and software	3 years
Office equipment	8 years
Ceremony gowns	8 years

The carrying values of plant and equipment are reviewed for impairment when events or changes in circumstances indicate that the carrying value may not be recoverable.

2.7 Intangible assets

Intangible assets acquired separately are measured initially at cost. Following initial acquisition, intangible assets are measured at cost less any accumulated amortisation and accumulated impairment losses.

Intangible assets with finite useful lives are amortised over the estimated useful lives and assessed for impairment whenever there is an indication that the intangible asset may be impaired. The amortisation period and the amortisation method are reviewed at least at each reporting date.



2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Cont'd)

2.7 Intangible assets (cont'd)

Computer software

Acquired computer software licences are initially capitalised on the basis of the costs incurred to acquire and prepare the software for its intended use. Direct expenditure which enhances or extends the performance of computer software beyond its specifications and which can be reliably measured is added to the original cost of the software. Costs associated with maintaining computer software are recognised as an expense as incurred.

Computer software licences are subsequently carried at cost less accumulated amortisation and accumulated impairment losses. These costs are amortised over their estimated useful lives of 3 years.

2.8 Impairment of non-financial assets

Property, plant and equipment are reviewed for impairment whenever there is any indication that these assets may be impaired.

If the recoverable amount of the asset is estimated to be less than its carrying amount, the carrying amount of the asset is reduced to its recoverable amount. The difference between the carrying amount and recoverable amount is recognised as an impairment loss in statement of comprehensive income.

An impairment loss for an asset is reversed if, and only if, there has been a change in the estimates used to determine the asset's recoverable amount since the last impairment loss was recognised. The carrying amount of this asset is increased to its revised recoverable amount, provided that this amount does not exceed the carrying amount that would have been determined (net of accumulated depreciation) had no impairment loss been recognised for the asset in prior years. A reversal of impairment loss for an asset is recognised in statement of comprehensive income.

2.9 Loans and receivables

Loans and receivables include other receivables (excluding prepayments) and cash and cash equivalents. Such assets are initially recognised at their fair values plus transaction costs and subsequently carried at amortised cost using the effective interest method, less accumulated impairment. Gains and losses are recognised in statement of comprehensive income when the loans and receivables are derecognised or impaired, and through the amortisation process.

A financial asset is derecognised when the contractual right to receive cash flows from the asset has expired or the Council has transferred substantially all risks and rewards of the asset. On de-recognition of a financial asset, the difference between the carrying amount and the sum of the consideration received is recognised in statement of comprehensive income.

2.10 Cash and cash equivalents

Cash and cash equivalents include cash at bank that are subject to an insignificant risk of changes in value.

2.11 Impairment of financial assets

The Council assesses at the end of each reporting period whether there is any objective evidence that a financial asset is impaired.



2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Cont'd)

2.11 Impairment of financial assets (cont'd)

If there is objective evidence that an impairment loss on loans and receivables carried at amortised cost has been incurred, the amount of the loss is measured as the difference between the assets' carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate. The carrying amount of the asset is reduced through the use of an allowance account. The amount of the loss is recognised in statement of comprehensive income.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed. Any subsequent reversal of an impairment loss is recognised in statement of comprehensive income, to the extent that the carrying value of asset does not exceed its amortised cost at the reversal date.

2.12 Financial liabilities

Financial liabilities are recognised when, and only when, the Council becomes a party to the contractual provisions of the financial instrument. Financial liabilities are recognised initially at fair value plus in the case of financial liabilities not at fair value through profit or loss, directly attributable transaction costs. After initial recognition, financial liabilities are subsequently measured at amortised cost using the effective interest method. Gains or losses are recognised in statement of comprehensive income when the liabilities are derecognised, and through the amortisation process.

A financial liability is de-recognised when the obligation under the liability is discharged or cancelled or expires.

2.13 Provisions

Provisions are recognised when the Council has a present obligation (legal or constructive) where as a result of a past event, it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation and a reliable estimate of the amount of the obligation can be made.

Where the Council expects some or all of a provision to be reimbursed, the reimbursement is recognised as a separate asset but only when the reimbursement is virtually certain. The expense relating to any provision is presented in statement of comprehensive income net of any reimbursement.

Provisions are reviewed at each reporting date and adjusted to reflect the current best estimate. If it is no longer probable that an outflow of resources embodying economic benefits will be required to settle the obligation, the provision is reversed.

2.14 Income recognition

Income is recognised to the extent that it is probable that the economic benefits will flow to the Council and the income can be reliably measured and when the specific criteria for each of the Council's activities are met as follows:

Fees

Registration, restoration, late payment, certification of good standing, certified copy of certificate, duplicate registration fees are recognised upon receipt.

Practising certificate fees are recognised on an accrual basis.

Course and programme fee and examination fee are recognised upon receipt.

Other income

Other income is recognised upon receipt.



2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Cont'd)

2.15 Leases

Operating lease – when the Council is the lessee

Leases where substantially all of the risks and rewards incidental to the ownership are retained by the lessors are classified as operating leases. Payments made under operating leases (net of incentives received from the lessors) are recognised in statement of comprehensive income on a straight-line basis over the period of the lease.

Contingent rents are recognised as expense in statement of comprehensive income when incurred.

2.16 Employee benefits

Defined contribution plan

Defined contribution plans are post-employment benefit plans under which the Council pays fixed contributions into separate entities such as the Central Provident Fund on a mandatory, contractual or voluntary basis. The Council has no further payment obligations once the contributions have been paid.

2.17 Related parties

SB-FRS 24 defines a related party as a person or entity that is related to the reporting entity and it includes a person or a close member of that person's family if that person:

- (i) has control or joint control over the reporting entity;
- (ii) has significant influence over the reporting entity; or
- (iii) is a member of the key management personnel of the reporting entity or of a related entity.

For the purpose of the financial statements related parties are considered to be related to the Council if the Council has the ability, directly or indirectly, to control or exercise significant influence over the party in making financial and operating decisions or vice versa, or where the Council and the party are subject to common control or common significant influence.

Related parties of the Council include all government ministries, departments, other statutory boards, Organs of the State and individuals who are key management personnel or close member of their families.

2.18 Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Council; or a present obligation that arises from past events but is not recognised because it is not probable that an outflow of resources embodying economic benefits will be required to settle the obligation or the amount of the obligation cannot be measured with sufficient reliability.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Council.

Contingent liabilities and assets are not recognised on the balance sheet of the Council.

**3. SIGNIFICANT ACCOUNTING JUDGEMENTS AND ESTIMATES**

No critical judgement was made by the management in the process of applying the Council's accounting policies nor were there key sources of estimation uncertainty that have a significant effect on the amounts recognised in the financial statements.

4. PLANT AND EQUIPMENT

	Computer equipment & software S\$	Office equipment S\$	Ceremony gowns S\$	Total S\$
Cost				
As at 01.04.2015, 31.03.2016 and 31.03.2017	187	1,985	8,026	10,198
Accumulated depreciation				
As at 01.04.2015	187	1,479	6,363	8,029
Depreciation	-	248	1,003	1,251
As at 31.03.2016	187	1,727	7,366	9280
Depreciation	-	248	660	908
As at 31.03.2017	187	1,975	8,026	10,188
Net carrying amount				
As at 31.03.2017	-	10	-	10
As at 31.03.2016	-	258	660	918

5. INTANGIBLE ASSET

	Computer software licences S\$
Cost	
As at 01.04.2015, 31.03.2016 and 31.03.2017	14,338
Accumulated amortisation	
As at 01.04.2015, 31.03.2016 and 31.03.2017	14,338
Net carrying amount	
As at 31.03.2017	-
As at 31.03.2016	-

6. CASH AND CASH EQUIVALENTS

	2017 S\$	2016 S\$
Cash at bank	1,459,185	766,097

**7. OTHER RECEIVABLES**

	2017 S\$	2016 S\$
Deposits	18,620	18,620
Prepayments	334	951
Amount due from the related party	55,854	38,127
Accrued revenue	3,400	-
	<u>78,208</u>	<u>57,698</u>

Amount due from the related party is non-trade, unsecured, non-interest bearing and is repayable on demand.

8. CAPITAL FUND

	2017 S\$	2016 S\$
At beginning of the financial year	30,848	30,848
Transfer to accumulated fund	(30,848)	-
At end of the financial year	<u>-</u>	<u>30,848</u>

Capital fund refers to fund provided to the Council for operational purpose upon establishment. This represents balance of fund unused is transferred and recognised as accumulated fund in current financial year.

9. OTHER PAYABLES

	2017 S\$	2016 S\$
Accrued operating expenses	7,075	25,663
Amount due to the related party	2,943	94,456
Sundry creditors	1,515	1,658
	<u>11,533</u>	<u>121,777</u>

Amount due to the related party is non-trade, unsecured, non-interest bearing and is repayable on demand.

10. FEES RECEIVED IN ADVANCE

	2017 S\$	2016 S\$
Practising certificate fees received:		
- due within 12 months	694,450	506,016
- due after 12 months	518,888	-
	<u>1,213,338</u>	<u>506,016</u>

**11. CONTRIBUTION TO CONSOLIDATED FUND**

Under Section 13(1)(e) and the First Schedule of the Singapore Income Tax Act, Chapter 134, the income of the Council is exempt from income tax.

In lieu of income tax, the Council is required to make contribution to the Consolidated Fund in accordance with the Statutory Corporations (Contributions to Consolidated Fund) Act (Chapter 319A) and in accordance with the Financial Circular Minute No. M5/2005. Contribution for the financial year is determined based on 17% of net surplus for the financial year.

Statutory contributions to consolidated fund

	2017 S\$	2016 S\$
Current year provision	22,440	16,387
Over provision in respect of prior year	-	(1,965)
	<u>22,440</u>	<u>14,422</u>

Movement of provision for contribution to consolidated fund

	2017 S\$	2016 S\$
At beginning of financial year	16,387	13,869
Contribution to consolidated fund	(16,387)	(11,904)
Current year provision	22,440	16,387
Over provision in respect of prior year	-	(1,965)
	<u>22,440</u>	<u>16,387</u>

12. MANPOWER AND RELATED COSTS

	2017 S\$	2016 S\$
Staff salaries and bonuses	320,514	321,665
Employer's contributions to Central Provident Fund	43,629	42,458
Training and development	2,434	1,545
Shared service cost	56,312	56,312
Other benefits	2,256	2,160
	<u>425,145</u>	<u>424,140</u>

13. RENTAL EXPENSES

	2017 S\$	2016 S\$
Rental of equipment	4,998	5,377
Rental of premises	69,356	67,477
	<u>74,354</u>	<u>72,854</u>

**14. OTHER OPERATING EXPENSES**

	2017 S\$	2016 S\$
Course and programme cost	52,114	34,652
Ceremony and other celebration	10,175	17,253
Examination expenses	9,718	11,571
Software maintenance and development	102,853	103,876
Miscellaneous expenses	45,043	40,295
	<u>219,903</u>	<u>207,647</u>

15. COMMITMENTSOperating lease commitment - as a lessee

The Council leases office space from a non-related party under non-cancellable operating lease agreement. This lease has a tenure of 1 to 3 years with varying terms and renewal option included in the tenancy agreement.

The future minimum lease payable under non-cancellable operating lease contracted for at the end of the reporting period but not recognised as liability is as follows:

	2017 S\$	2016 S\$
Operating lease payments due:		
- Within one year	52,843	79,265
- Later than one year but not later than five years	-	52,843
	<u>52,843</u>	<u>132,108</u>

The above operating lease commitments are based on known rental rates as at the date of this report and do not include any revision in rates which may be determined by the lessor

16. SIGNIFICANT RELATED PARTY BALANCES AND TRANSACTIONS

The Council is a statutory board incorporated under Ministry of Health. As a statutory board, all government ministries, departments, other statutory boards and Organs of State are deemed related parties of the Council.

In addition to the information disclosed elsewhere in the financial statements, the following is significant balances and transactions took place during the financial year between the Council and its related parties at rates and terms agreed:

	2017 S\$	2016 S\$
<u>Balances with related parties</u>		
<u>Ministries and Statutory Boards</u>		
- Amount due from Pharmacy Specialists Accreditation Board	55,854	38,127
- Amount due to Singapore Medical Council	<u>2,943</u>	<u>94,456</u>

**16. SIGNIFICANT RELATED PARTY BALANCES AND TRANSACTIONS (Cont'd)**

	2017	2016
	S\$	S\$
<u>Transactions with related parties</u>		
<u>Government department</u>		
- Income from course and programme fees	1,360	29,240
<u>Singapore Medical Council</u>		
- Expenses paid on behalf of the Council	491,510	542,280
<u>Ministry of Health</u>		
- Expenses paid on behalf of the related party	<u>16,264</u>	<u>30,551</u>

17. FUND MANAGEMENT

The primary objective of the Council's fund management is to ensure that the funding from government grants and members' fees are properly managed and used to support its operations.

The Council manages its fund structure and makes adjustments to it, in light of changes in economic conditions. No changes were made in the objectives, policies or processes during the financial year ended 31 March 2017 and 31 March 2016 respectively.

The Council is not subjected to externally imposed capital requirements.

18. FINANCIAL RISK MANAGEMENT AND FAIR VALUE**18.1 Financial risk management**

The Council is exposed to minimal financial risks arising from its operations and the use of financial instruments. The main area of financial risk faced by the Council is liquidity risk. The Council's management reviews and agrees on policies for managing the risks.

Liquidity risk

Liquidity risk is the risk that the Council will encounter difficulty in meeting financial obligations due to shortage of funds.

The management exercises prudence in managing its operating cash flows and aims at maintaining a high level of liquidity at all times.

All financial liabilities in the balance sheet are repayable within one year from the reporting date.

18.2 Fair value of financial assets and financial liabilities

The carrying amount of cash and cash equivalents (Note 6), other receivables (Note 7, excluding prepayments), other payables (Note 9) are assumed to approximate their respective fair values due to the relatively short-term maturity of these financial instruments.

**18. FINANCIAL RISK MANAGEMENT AND FAIR VALUE (Cont'd)**

18.3 Financial instruments by categories

The following table sets out the financial instruments as at the end of the reporting period:

	2017 S\$	2016 S\$
<u>Financial assets</u>		
Cash and cash equivalents (Note 6)	1,459,185	766,097
Other receivables (Note 7)	78,208	57,698
Less: Prepayments (Note 7)	(334)	(951)
Loans and receivables	1,537,059	822,844
<u>Financial liability</u>		
Other payables (Note 9)		
Financial liability carried at amortised cost	11,533	121,777

19. Authorisation of financial statements

The financial statements of the Singapore Pharmacy Council for the year ended 31 March 2017 were authorised for issue by the Council on 16 June 2017.

Contact Information

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