



# Intern Workshop 2026



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# Outline

- **Competency standards**
  - Selecting a domain
  - Selecting a competency standard
- **Portfolio of Evidence**
  - CPD cycle
  - Assessment criteria
  - Evidence
  - Example
- **Assessment**
  - Feedback from assessor
  - Re-assessment
  - Remarking
- **Professionalism**
- **Confidentiality**
- **Challenging competency standards**
  - Guidelines for choices and evidence



Mostly aimed  
at Interns.  
There is a  
separate  
presentation  
for Tutors.

# Important Resources

- The 2026 Intern and Tutor Manual (**Available on the SAPC website**) for the pre-registration experience of Pharmacist Interns, which includes:
  - Criteria for assessment of a Portfolio of Evidence entry (pages 35-37)
  - Checklist for Portfolio of Evidence entry (pages 41-42)
  - Competency standards for pharmacists (pages 62-84)
- Other resources
  - Tutor consultation
  - SAPC website



# Portfolio of Evidence Terminology that we use

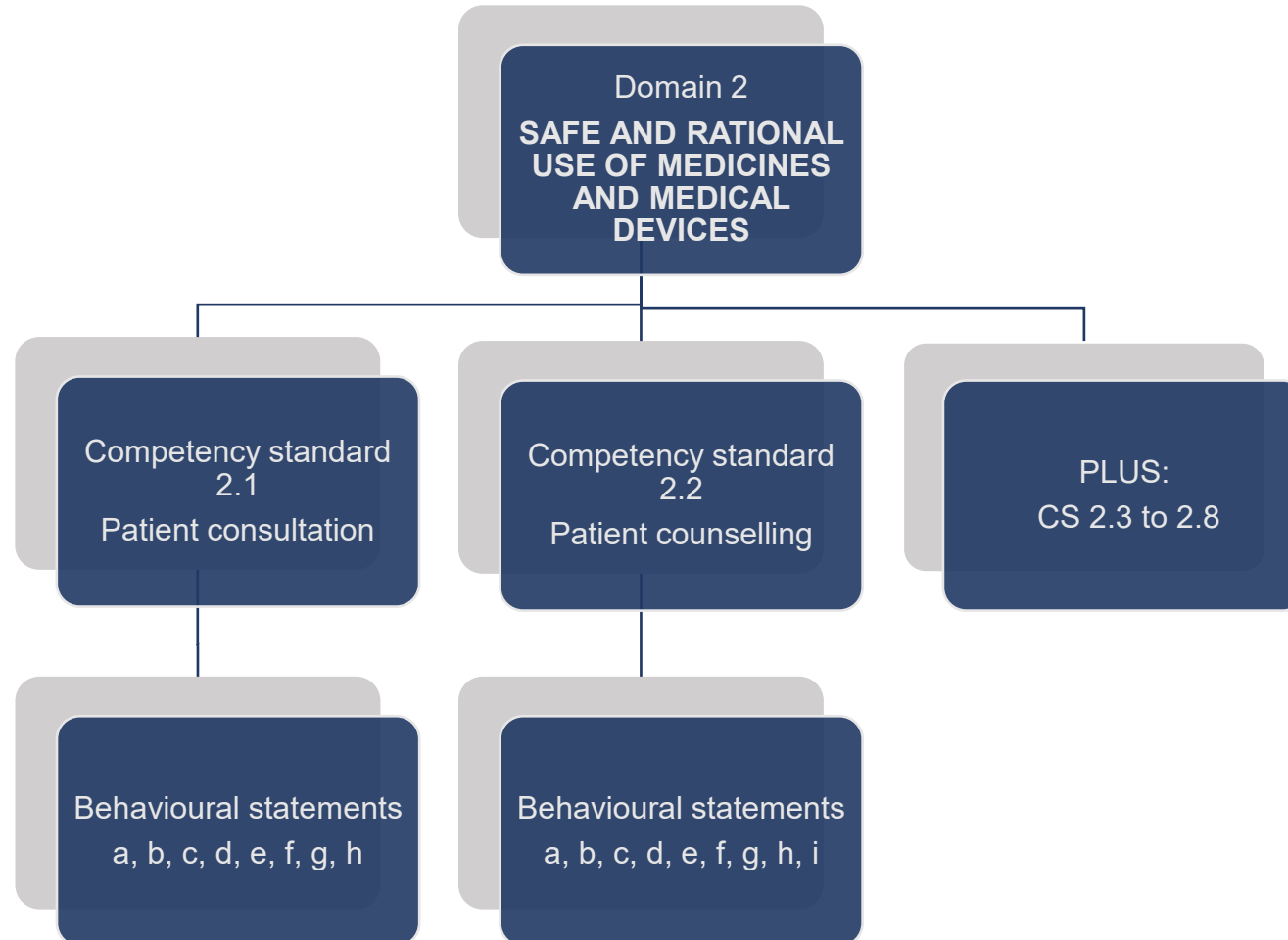
Domain

Competency  
Standard

Behavioural  
Statement



# Competency Framework Example





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# Six (6) Domains

1. Public Health
2. Safe and rational use of medicines and medical devices
3. Supply of medicines and medical devices
4. Organisational and management skills
5. Professional and personal practice (compulsory)
6. Education, critical analysis and research

Domains are  
organised  
clusters of  
competencies



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Take note of  
how each CS  
is structured



# Competency Standards

- Part of a domain
- How does the domain apply to you?
- Introduction to the domain
- Competencies
- Behavioural statements
- Entry level ← For interns
- Intermediate practice ← Later
- Advanced practice
- Assessment tick box



# Terminology (refer to Intern Manual CS 2.6)

Competency  
from domain 2  
= 2.6



## 2.6 Pharmacist initiated therapy (PIT)

Behavioural  
statements  
(a, b, c, d)



**A person who has achieved this standard is able to demonstrate the following behaviours:**

- (a) Assessing and treating a patient based on objective and subjective signs and symptoms as guided by relevant legislation and within the scope of practice.
- (b) Discussing the use of appropriate medicines and obtaining consensus from the patient, taking into account patient preferences, allergies and medical history.
- (c) Documenting any intervention, including medicine supply, according to current legislative requirements.
- (d) Referring patients, when required, to an appropriate healthcare provider/resource.

### **Assessment (Tick appropriate box)**

Does this standard form part of my current practice of pharmacy?

Yes  No

**IF YES**, on the basis of the evidence I have identified I can do this.

# Structure of the Competency Standards

## DOMAIN 2: SAFE AND RATIONAL USE OF MEDICINES AND MEDICAL DEVICES

### Does this domain apply to me?

The domain applies to all pharmacists who play a role in ensuring the safe and rational use of medicines to improve patient health outcomes

### INTRODUCTION

Domain 2 covers the rational use of medicines, a concept adopted by the World Health Organisation (WHO), which advocates that patients receive medicines and medical devices that are:

- appropriate to their clinical needs;
- in doses that meet individual requirements;
- for an adequate period of time; and
- cost-effective for the patient and community.

Participation of the pharmacist in the promotion of rational use of medicines will contribute to improved access to quality medicines and other pharmaceutical services.

Pharmacists have a professional obligation to the public to ensure an adequate and reliable supply of safe, cost-effective medicines and medical devices of acceptable quality as prescribed in the National Drug Policy (1996). Patients must be educated in respect of the correct use of medical devices that meet all regulatory, safety and performance requirements.

Patients and healthcare workers are encouraged to report all medicine safety-related complaints, and pharmacists should monitor, record and process such complaints.

In the domain of safe and rational use of medicines and medical devices, effective verbal and non-verbal methods of communication with patients and other healthcare professionals are essential competencies. Pharmacists require these competencies to improve patient health outcomes and to build and maintain professional working relationships within a healthcare team. This domain also encompasses activities such as pharmacist-initiated therapy (PIT), medicine utilisation reviews and use evaluations, and monitoring of therapeutic outcomes.

### 2.6 Pharmacist-initiated therapy (PIT)

**A person who has achieved this standard is able to demonstrate the following behaviours:**

- Assessing and treating a patient based on objective and subjective signs and symptoms as guided by relevant legislation and within the scope of practice.
- Discussing the use of appropriate medicines and obtaining consensus from the patient, taking into account patient preferences, allergies and medical history.
- Documenting any intervention, including medicine supply, according to current legislative requirements.
- Referring patients, when required, to an appropriate healthcare provider/resource.

#### **Assessment (Tick appropriate box)**

Does this standard form part of my current practice of pharmacy?

Yes  No

**IF YES**, on the basis of the evidence I have identified, I can do this.

### COMPETENCIES

- 2.1 Patient consultation
- 2.2 Patient counselling
- 2.3 Patient medicine review and management
- 2.4 Medicine and medical device safety
- 2.5 Therapeutic outcome monitoring
- 2.6 Pharmacist-initiated therapy (PIT)
- 2.7 Pharmacovigilance
- 2.8 Clinical trials





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# Continuing Professional Development



FYI:

The term Portfolio of Evidence is used to describe the activities of persons not yet considered professionals, i.e., undergraduate students and interns



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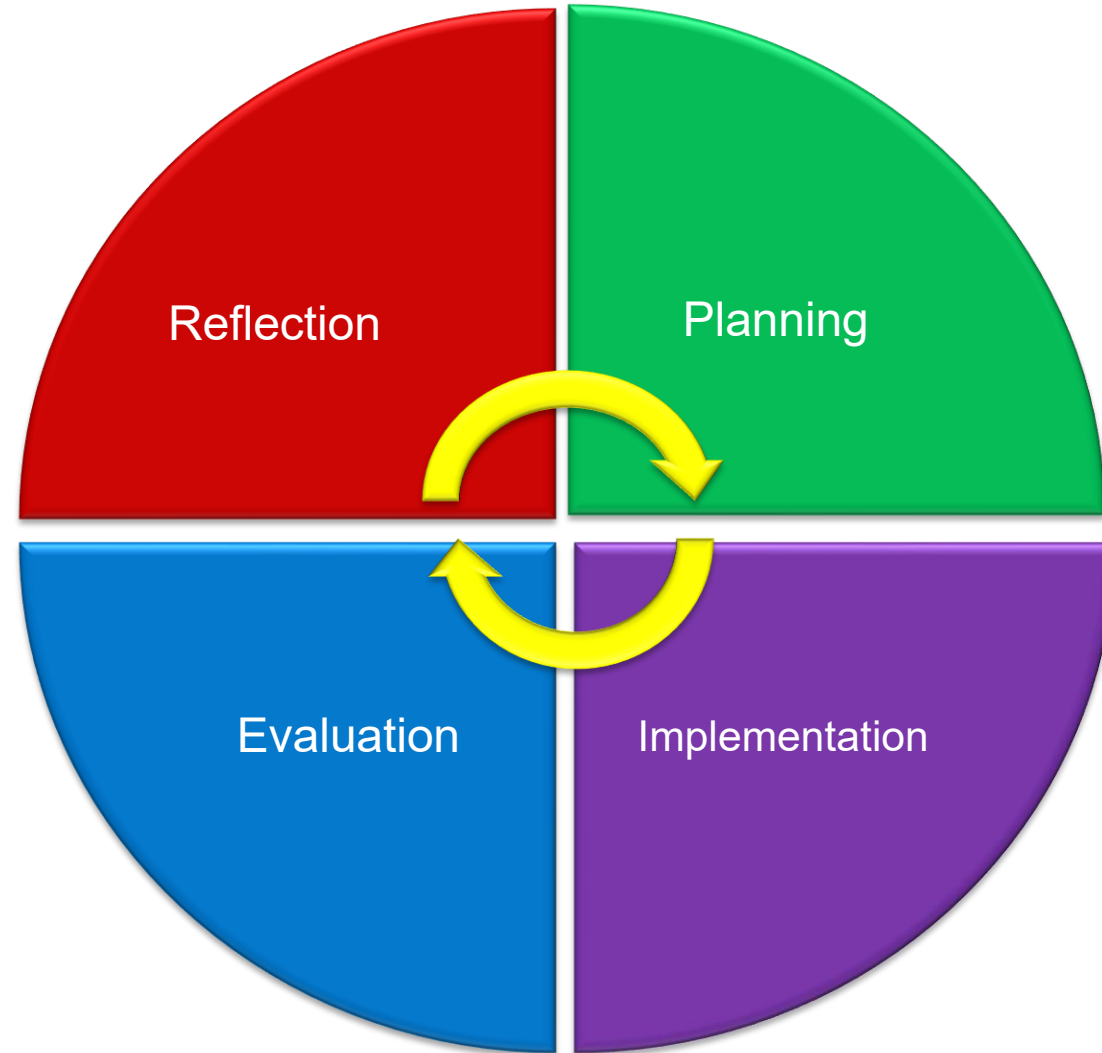
# Continuing Professional Development

- Definition: the process by which registered persons maintain and enhance their competence throughout their professional careers.
- Encompasses a range of activities including continuing education and supplementary training.
- CPD enables registered persons to develop in their area of practice and demonstrate competence.

CPD is a cyclical activity



# Continuing Professional Development (CPD) Cycle





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# Assessment of Phases of CPD Cycle

- Done (mostly) on a scale of 0 to 3
- To earn three (3) marks, **ALL** requirements must be met
  - Follow the Assessment Criteria for each of the four (4) phases of the CPD cycle

**In addition**

You must have used an appropriately professional communication style

- Free of spelling and grammatical errors
- Properly punctuated
- Trade names capitalised

**REMEMBER:** spelling and grammar are not auto-corrected!

Check everything carefully before submitting.

0: Not yet met  
1: Partially met  
2: Met  
3: Fully met

Check Manual pg. 35-37  
for full details of how  
marks are allocated  
NOTE: 2026 version has  
been updated



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Reflection

# Step 1

## Reflection\_Learning Title

- Decide on an appropriate Learning Title
  - Should be relevant to what you want to learn and be related to CS chosen
  - Should describe what you are intending to do
  - NB: Don't simply copy the wording of the CS
  - Verbatim copies of the wording = NYC
  - The learning title must be unique and describe your case study



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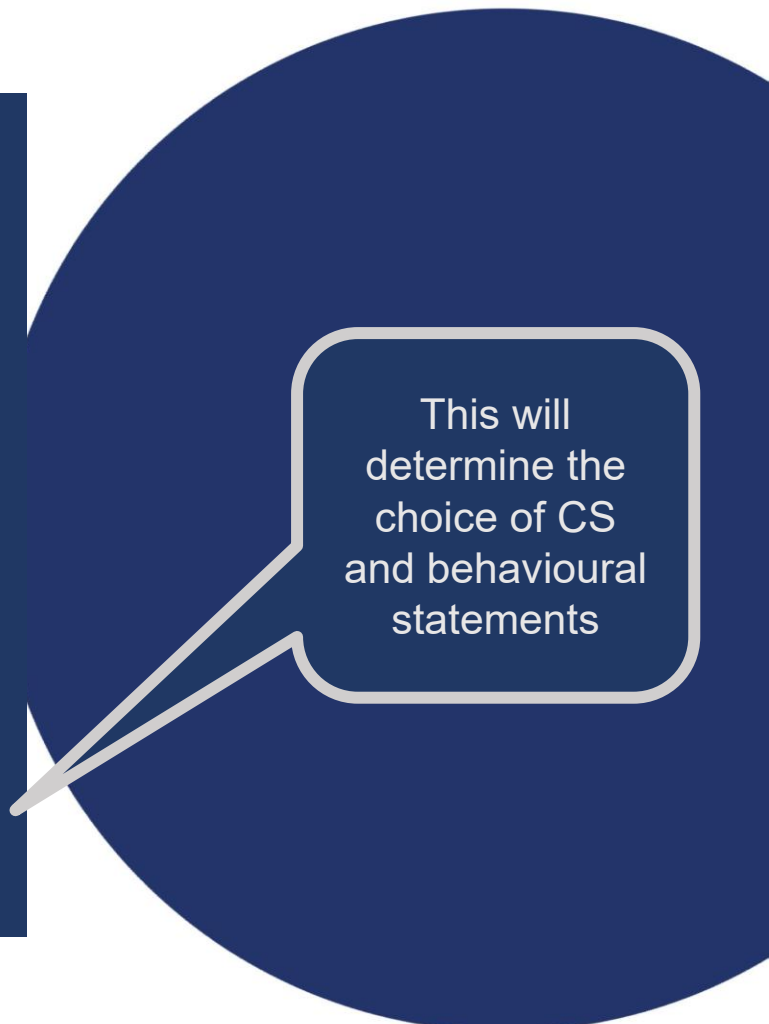

# Reflection\_Learning Need

- Ask yourself

- What do I need to learn? i.e., own learning need
- Does what I need to learn relate to the CS chosen?
- How do I know that's what I need to learn? i.e., trigger
- What do I hope to achieve after completion of this learning need?

- Describe this learning need

- Make it a personal reflection, i.e., use the personal pronoun "I"
- Be careful not to describe the learning need of others, e.g., patient
- **NB!** The learning need must be related to the selected CS



This will determine the choice of CS and behavioural statements



# Assessment Criteria for Reflection

STEP 1: REFLECTION	*MARK RANGE	CRITERIA
Learning title	0	Direct copy of / similar to the competency standard / behavioural statements <b>OR</b> title not appropriate / not related to competency standard
	1	Original, descriptive and related to the competency standard
Learning need	0	Irrelevant learning need <b>OR</b> learning need not linked to the competency standard and associated behavioural statements <b>OR</b> not learning need of intern (e.g. learning need of patient or nurse, etc.)
	1	General description stating the role of the pharmacist in relation to the competency statement.
	2	Clear learning need according to competency standard and associated behavioural statements <b>AND</b> trigger scenario provided (i.e. what happened that triggered the learning need), <b>OR</b> indication of what intern hopes to achieve after completion of the competency standard
	3	Clear learning need according to competency standard and associated behavioural statements <b>AND</b> trigger scenario provided i.e. what happened that triggered the learning need) <b>AND</b> indication of what the intern hopes to achieve after completion of the competency standard

Irrelevant or  
incorrect info

Minimally correct  
info

2 correct criteria

3 (all) correct  
criteria



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# Reflection

CHECKLIST	YES	NO
<b>TITLE</b>		
Is there a title?		
Is the title short, specific and related to the competency standard (CS)?		
Is the title a concise statement in my own words (not just a copy of the CS)?		
<b>REFLECTION</b>		
Have I clearly stated what <b>I need to know or learn</b> ?		
Have I stated my learning need in the first person, e.g. "I need to know/learn..."?		
Have I stated why I have identified this learning need for myself and not just stated that it is a required outcome?		
Have I made sure not to include details of planning and implementation here?		



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# Step 2 Planning

- How, exactly, am I going to learn this?
- What do I need to do?
  - Write planning in **future tense** (I will do...)
  - Refer to the behavioural statements (BS) and structure planning to link to 75% or above of BS
  - Provide specific details (e.g. GPP 2.18) of resources linked to BS, to be used
  - Include the reason why each resource is chosen
  - What evidence can I submit to support my learning activity?

NB: Don't only describe how you plan to proceed, but say **what** you are going to do, **how** you are going to do it and **why** you are going to do things this way, as well as **when** you are going to do it.

**Carefully select the primary learning trigger and activity**

**Refer to assessment criteria and checklist for planning**

# Step 3 Implementation



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- Describe what you did
  - Implementation is written in the past tense (I did...)
  - Provide the context
    - What, when, where, how
  - Reference made to the evidence in the implementation description
  - Remember to link to 75% or more of behavioural statements of the chosen CS

Tell the story.  
Keep it personal,  
use "I"

More about this  
later!

**Evidence**



**Refer to assessment criteria and checklist for implementation**



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# Step 4 Evaluation

## FOCUS HERE IS

- Evaluation is written in the future tense (I will...)
- Learning outcome i.e., what have you learnt – related to evidence?
  - NB! NOT “What I did”
- Application i.e., how have you subsequently used your acquired knowledge / skills ( practical /actual example)
- Impact i.e., how has your acquired knowledge / skills changed your practice
- Identification of a specific future learning need, related to the domain

**Refer to assessment criteria and checklist for evaluation**

**NB:** Provide a specific example to substantiate this

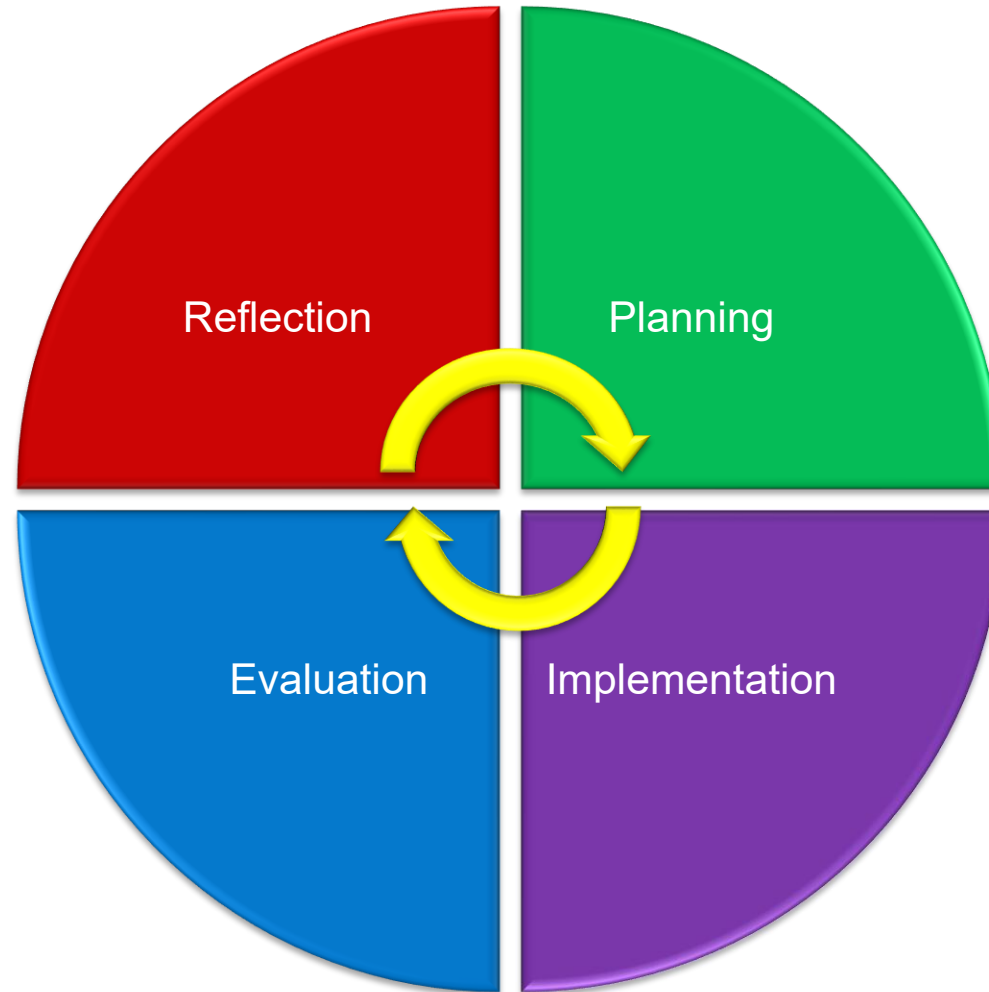




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# CPD Cycle

**Each phase**  
of the cycle must  
be completed for  
**every**  
**Portfolio of**  
**Evidence**  
**entry**





# Stepwise Approach to Completing Portfolio of Evidence Entries

1. Select domain
2. Select a Competency Standard (CS)
3. Read all behavioural statements
4. Start CPD cycle
5. Enter and submit **online tutor verification**
6. Tutor verifies and submits online
7. Check for feedback

Make sure your tutor has verified and submitted your entries by the published deadlines

This has four (4) steps:  
Reflection  
Planning  
Implementation  
Evaluation

Focus on relevance to your practice setting

Complete the annual declaration first!



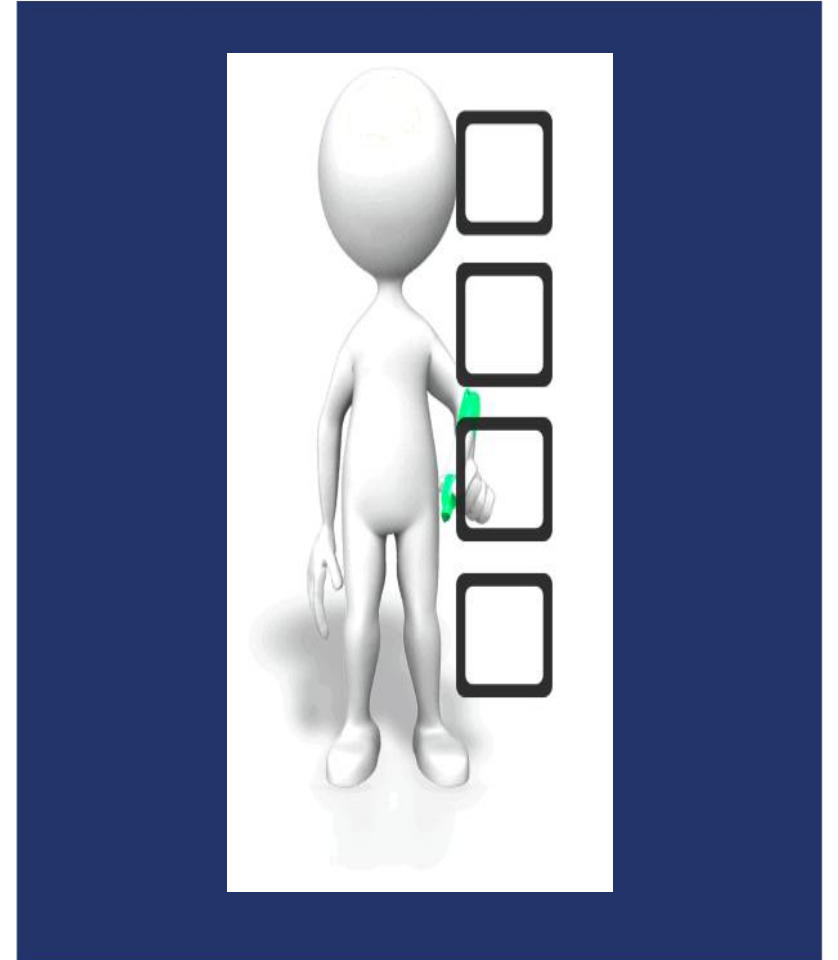


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# Once You Have Chosen a Competency Standard

- Check again that it is **appropriate** for your practice setting
- Read all the behavioural statements
- Decide on the appropriate and sufficient evidence
- Follow through
  - As you complete each phase of the CPD cycle, make sure what you write is relevant to the chosen CS.

**REFER TO CHECKLIST!**





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# Requirements

- You need to submit six (6) Portfolio of Evidence entries
  - One from each domain
  - And be successful in all six (6) Portfolio of Evidence entries
  - Please do not submit all six (6) entries at once. Allow sufficient time throughout the year for assessment submissions. This will increase your chances of success as you will obtain feedback from the assessor and moderator.
- For each Domain, choose one (1) competency standard
  - Read all the behavioural statements carefully
  - 1-3 behavioural statements = evidence is needed for ALL the statements (100%)
  - If there are **≥4 behavioural statements**, provide evidence for at **least 75%**
  - NB: Consult your Manual for details of the behavioural statements

Each entry must be accompanied by suitable evidence

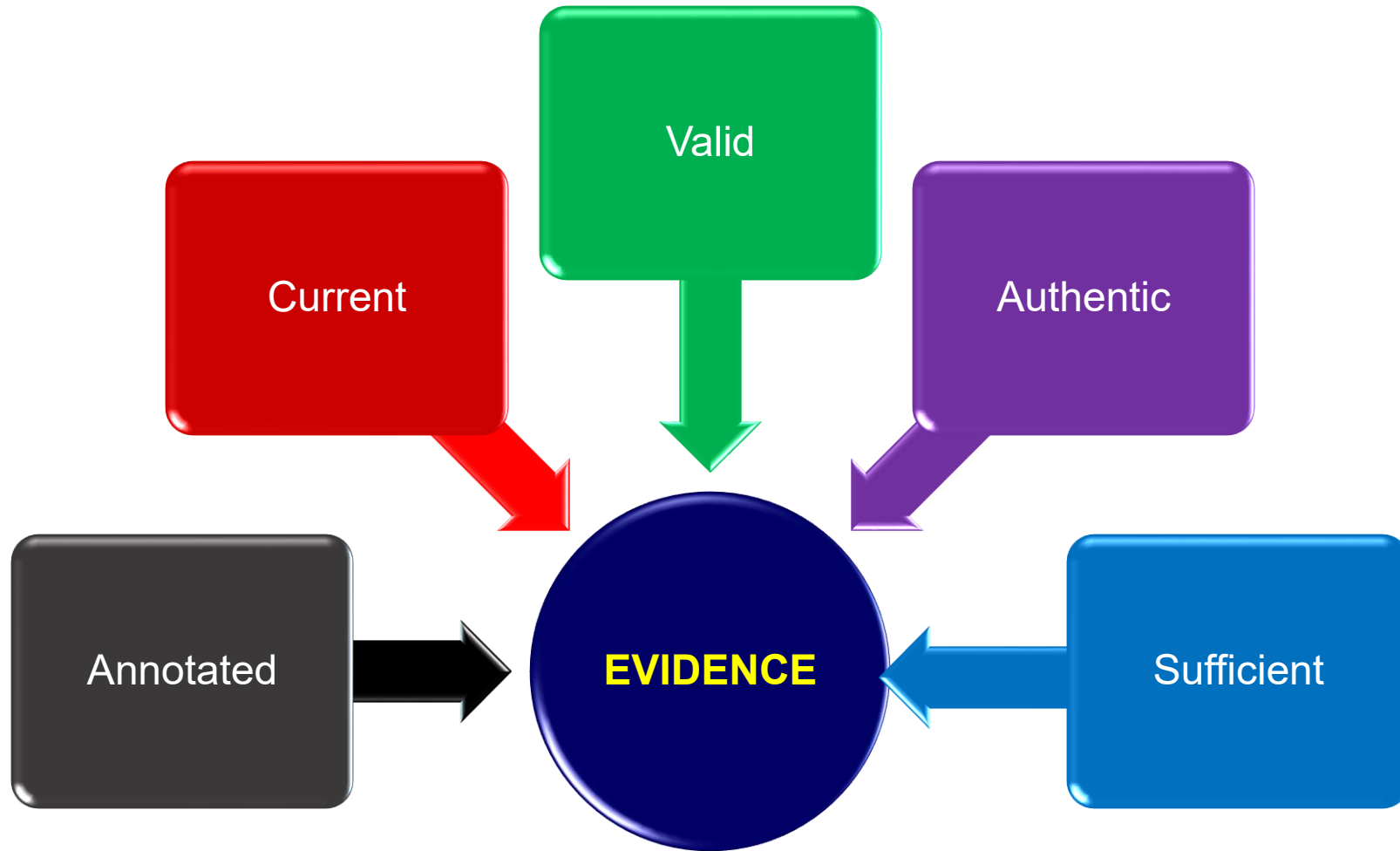
NB: Every Portfolio of Evidence entry must reflect **individual** work

**!** No group activities are acceptable



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# Evidence Criteria



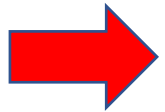


## What it is

- Mechanism to give meaning to evidence
- Legible/easy to read
- Justifies why evidence is included
- Must be planned and meaningful
- Must provide links to behavioural statements

## What it isn't

- Merely labels
- Single words next to parts of evidence
- Scribbles on evidence
- Lacking links to behavioural statements



Must tell a story!

And the story is “What have I done to show behaviour?”



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# Annotation of the Date on a Prescription

- Meaningful annotation

- 20/01/2026



*For a prescription to be valid, it must be presented for dispensing within one month after it was written. This prescription is thus valid*

- Annotation with no value

- 20/01/2026



*This is the date of the prescription*



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# Annotation of Evidence



**ALPHA PHARM (PTY) LTD**

Pharmaceutical Wholesalers  
Co. REG: 1972/000895/07  
VAT No. 4320103197

*Pharmacy name and address*

*Invoice*

03893592



**DISTRIBUTION CENTRE**  
Silverton DC  
115 Fascia Street  
Silvertondale,  
Pretoria, Gauteng  
0184, South Africa

**CONTACT DETAILS**  
TEL:012 845 0400

*Account number*

INVOICE TO:		DELIVER TO:						Tax Invoice				
ADLAMS PHARMACY 50 VAN ZYL SMIT STREET OBERHOLZER ,2499		ADLAMS PHARMACY 515456002 50 VAN ZYL SMIT STREET OBERHOLZER CARLETONVILLE ,2499						DOCUMENT DATE :	22/01/2026 19:19:54			
								ACCOUNT NUMBER:	515456			
								INVOICE NUMBER:	03893592			
								CUST VAT NUMBER:	4600259396			
								ROUTE NO:	167			
ITEM CODE	PRODUCT DESCRIPTION	ITEM BARCODE	SCH	CUST REF	QTY ORD.	QTY SUPP.	BATCH NO.	EXPIRY DATE	UNIT PRICE	TOTAL EX.	VAT	TOTAL INCL.
101096	ANDOLEXC ORAL RINSE 200ML	6001340585190	S1	XP232988_6049214	2	2	2506251	31/08/2027	119.14	238.28	35.74	274.02
306205	MIST ALBA LEXIKON 100ML	6009662432178	NM	XP232988_6049214	20	20	615	31/07/2027	12.03	240.6	36.09	276.69
<b>TOTAL</b>						<b>22</b>				<b>478.88</b>	<b>71.83</b>	<b>550.71</b>

*Medicines ordered*

*Batch nr Exp date*

How to annotate?



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# Annotation of Evidence



Invoice from the supplier

**ALPHA PHARM (PTY) LTD**

Pharmaceutical Wholesalers  
Co. REG: 1972/000895/07  
VAT No. 4320103197

03893592



**DISTRIBUTION CENTRE**  
Silverton DC  
115 Fascia Street  
Silvertondale,  
Pretoria, Gauteng  
0184, South Africa

**CONTACT DETAILS**  
TEL:012 845 0400

INVOICE TO:		DELIVER TO:		Tax Invoice								
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<b>TOTAL</b>						<b>22</b>				<b>478.88</b>	<b>71.83</b>	<b>550.71</b>

Products ordered

Quantity received

Expiry date

The medicine was stored after it was received

Annotation good?



# Annotation of Evidence



I checked the name of the pharmacy on the parcel to confirm that it is indeed for my pharmacy

CS 3.2 e. The end phase of the procurement of medicine



**DISTRIBUTION CENTRE**  
Silverton DC  
115 Fascia Street  
Silvertondale,  
Pretoria, Gauteng  
0184, South Africa

**CONTACT DETAILS**  
TEL: 012 845 0400

INVOICE TO:		DELIVER TO:		Tax Invoice									
ADLAMS PHARMACY 50 VAN ZYL SMIT STREET OBERHOLZER .2499		ADLAMS PHARMACY 51545002 50 VAN ZYL SMIT STREET OBERHOLZER CARLETONVILLE .2499		DOCUMENT DATE :		22/01/2026 19:19:54							
				ACCOUNT NUMBER:		515450							
				INVOICE NUMBER:		03893592							
				CUST VAT NUMBER:		4600259396							
				ROUTE NO:		167							
ITEM CODE	PRODUCT DESCRIPTION	ITEM BARCODE	SCH	CUST REF	QTY ORD.	QTY SUPP.	BATCH NO.	EXPIRY DATE	UNIT PRICE	TOTAL EX.	VAT	TOTAL INCL.	
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<b>TOTAL</b>					<b>22</b>					<b>478.88</b>	<b>71.83</b>	<b>550.71</b>	

I checked the medicine, name, strength, pack size & price

Batch number: I compared the batch number with the batch number on the parcel to ensure that it is the same. This is important for batch traceability.

Expiry date: I checked the expiry date to confirm that it is not short dated. I used the expiry date to pack the medicine on the shelf according to FEFO principle

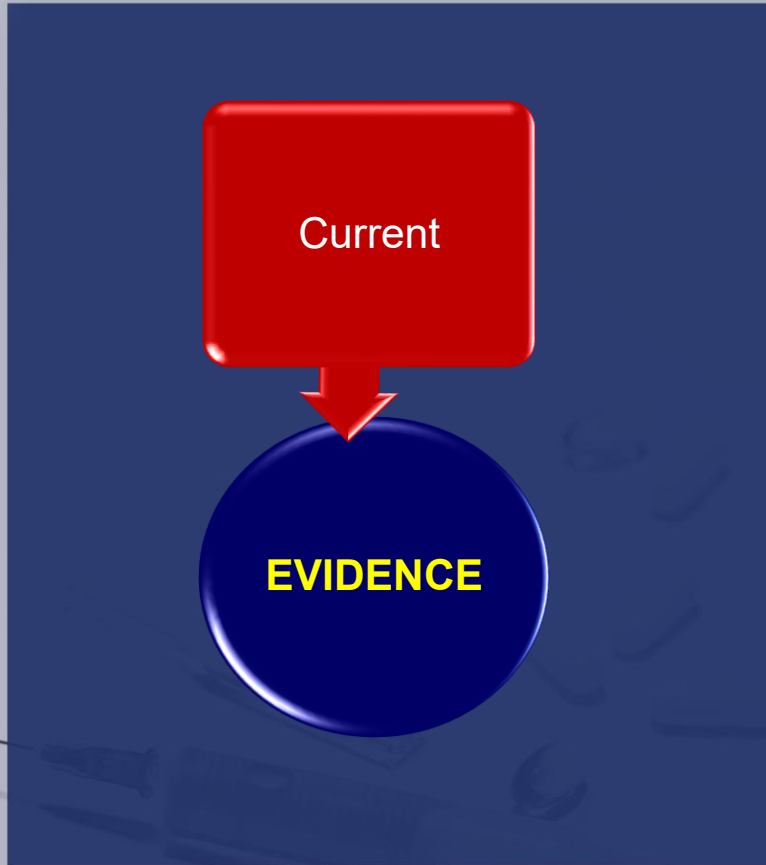
The parcel was received in good order. The medicine was not damaged or short dated. The medicine was captured onto the system to update the stock levels. The medicine was stored on the shelf below 25 in alphabetical order with the other S5 medicine as per SOP.

Important Information: 1) Ownership of all goods shall remain vested in the invoicing company and shall only pass on payment of the invoice in full. 2) All standard terms and conditions as per account application apply. 3) Signature of proof of delivery by any representative of the purchaser will constitute proof of delivery of the goods. 4) Credit return of goods are strictly done as per AlphaPharm's standard credit returns policy within 24H of delivery or next working day.  
NOTICE: \*\*All Fridge lines, Schedule 6 and Buyout goods are sold on a strictly NON-RETURNABLE basis \*\*

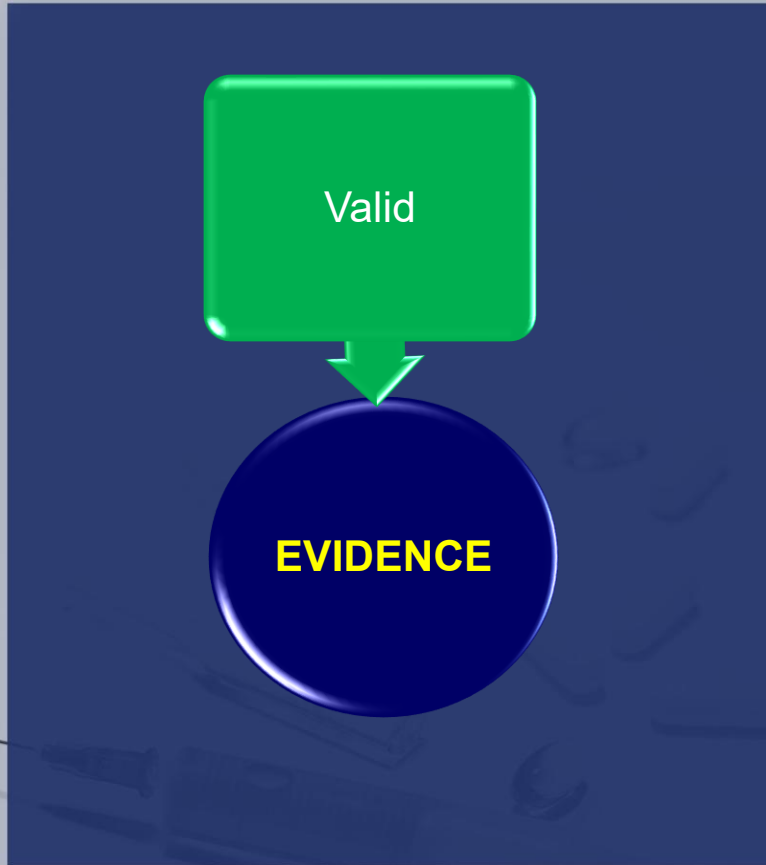
Quality of annotation?



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- Portfolio of Evidence entry must relate to exposure to CSs **DURING** the internship period
- Evidence must therefore be collected **DURING** the internship year/s
- Don't include anything from your undergraduate years



- Evidence must pertain to the specific competency being addressed
- Resources should be recent / up to date
- Refer to the SAPC website for up-to-date legislation
- For example, scope of practice, refer to BN 4733 instead of GPP
- If factual and/or calculation errors occur in the evidence
  - Deemed NOT valid

**NB:** If the evidence is not valid, the other four (4) criteria do not count



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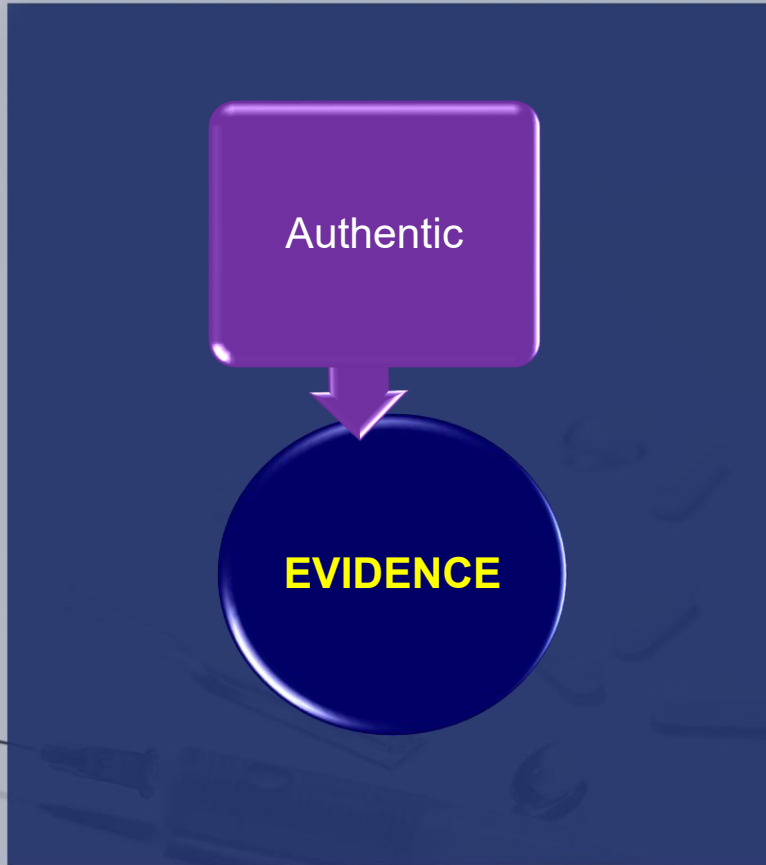


- For example...

If the competency is about how to fry an egg and your evidence is about how crispy the bacon is, it is of no value.

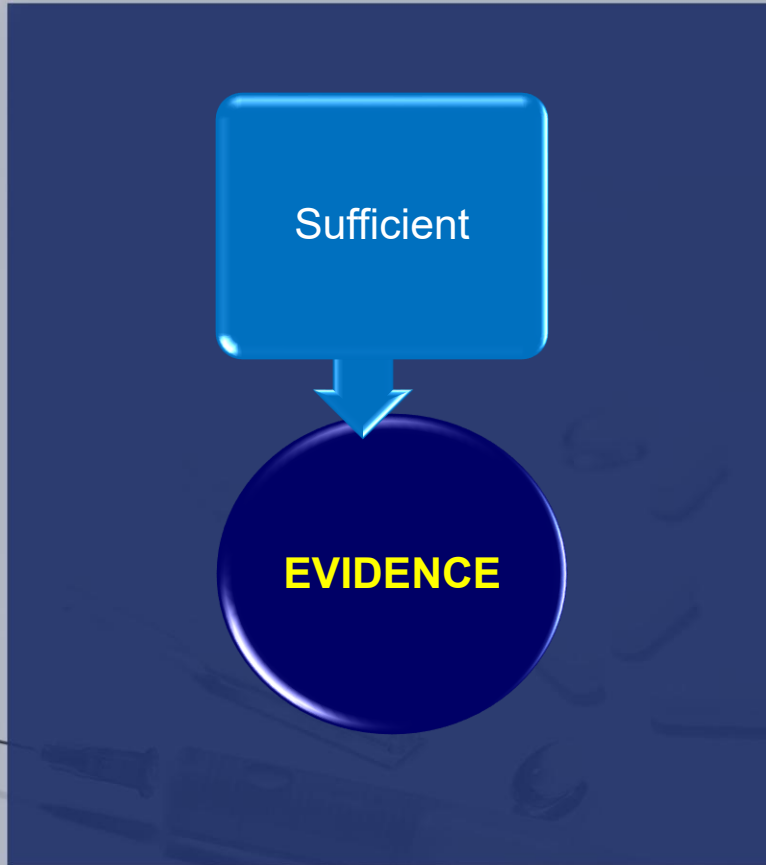


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Authentic =

- own work
- not fabricated
- not AI-generated



- If there are four (4) or more, then the evidence submitted must cover at least 75% of the behavioural statements, e.g., four (4) behavioural statements- three (3) pieces of evidence (0.75X number of behavioural statements)

Make sure you  
have enough  
evidence

NB: Focus on  
the **QUALITY**, not  
only on the  
**QUANTITY** of  
evidence

- The same piece of evidence can't be used for more than one CS
- Do not submit an entire legislative document, e.g., the entire Pharmacy Act.
- Do not add evidence that may have clauses for intellectual property, e.g., manufacturing interns who submit evidence that is confidential to that site



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# Evidence

**HINT:** Put yourself in the assessor's shoes before submitting evidence.  
Ask: What does it show?  
Will probably point to the need for more discussion and/or annotation

## Photos



## Pages from SAME



## Delivery notes



## Electronic evidence



Add date stamp!  
Meaningless  
**UNLESS**  
authenticated **AND**  
you identify  
yourself  
Can be anyone in  
the photo!  
Maintain patient  
confidentiality

Reference name,  
edition, page  
number, etc.  
What does this  
show?  
That you can use a  
scanner or  
photocopier?

What does this show?  
Stock was delivered,  
but received by  
whom?  
Signatures not  
annotated are  
meaningless

Provide the website name, URL,  
publication, access date, page  
number, etc.  
e.g. referencing of competency  
standard for pharmacists in SA  
**Website name:**  
[https://www.sapc.za.org/media/default/documents/BN59\\_2018\\_Competency\\_Std\\_20180511.pdf](https://www.sapc.za.org/media/default/documents/BN59_2018_Competency_Std_20180511.pdf);  
**Publication date:** [11 May 2018](#);  
**Pages:** [15 – 17](#); **Access date:** [30 January 2026](#); etc.



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# Evidence

- No unclear photos or screenshots of evidence
- Not uploaded upside down
- Unclear and illegible evidence cannot be assessed
- The evidence must be in **one (1)** document
- Annotate, annotate, annotate!
  - Link evidence to a specific behavioural statement
    - Show how evidence satisfies the bs
  - Identify your own signature (e.g. P Number, name and title) and that of the person supervising you
  - Remember, the assessor does not know you
- Evidence should follow a logical order





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# What Kind of Evidence?



If I'm providing  
information to a  
patient...

Prescription  
+?  
+?

But if I'm  
providing  
information to a  
group...

Attendance register  
Presentation  
Reference materials  
used  
Feedback

- Attendance register + presenter name, date, venue
  - Only **one (1) presenter**
  - Feedback on presentation – should reflect knowledge and understanding of the audience after the presentation (it is not a rating of the presenter)
  - Remember to annotate and link to the behavioural statements



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# What Kind of Evidence?



I'm consulting  
with a patient

Patient history  
Rx, request from  
patient, blue copy, label,  
reference material used

But what if I'm  
consulting with  
a doctor?

Reason for consultation  
e.g. Rx  
Reference material used  
Telephone number of the  
doctor and time of the  
conversation

- References – scientific, not Wikipedia
  - Must also be annotated and linked to the behavioural statements
  - Include page, edition, e.g. for SAMF



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# What Kind of Evidence?

I will also be  
working with  
data...



Reason for data collection  
e.g. Screening report, data  
analysis



# Evidence (Re-emphasis on Checklist)

CHECKLIST	YES	NO
<b>EVIDENCE</b>		
Have I checked that I have <b>sufficient</b> evidence i.e. have I covered at least 75% of the behavioural statements of the CS?		
Have I <b>annotated</b> my evidence so that it is clear why I have included each piece?		
Have I <b>annotated</b> my evidence with the <b>behavioural statements</b> , and does this match the behavioural statements mentioned under Implementation?		
Is my evidence clear i.e. readable, not loaded upside down, etc.?		
Have I made sure that all patient identifying details (such as name, surname, ID number) have been hidden?		



**EVIDENCE**



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# Evidence... Summary

- Evidence is proof of **what I did**
  - **NOT** merely reading an article
  - **NOT** a theoretical scenario
  - **NOT** witnessing someone else
- Must convince the assessor that **I performed** the activity
- Must be professional
  - Neat, clear
  - Not a note scribbled on a Rx!





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# Structure of the Competency Standards

## DOMAIN 1: PUBLIC HEALTH

Domain 1 covers **public health** and includes **competencies** that are required in both the public and private healthcare sectors to **promote health and wellness** through the provision of healthcare information and education to **the public and other members of the healthcare team.**

### COMPETENCIES

1.1 Promotion of health and wellness

**A person who has achieved this standard is able to demonstrate the following behaviours:**

- (a) Provide advice on health promotion.
- (b) Provide advice on disease prevention and control.
- (c) Provide advice on healthy lifestyles.
- (d) Participate in public health campaigns.

### Assessment (Tick appropriate box)

Does this standard form part of my current practice of pharmacy?

Yes  No

**IF YES**, on the basis of the evidence I have identified I can do this.

### REMEMBER:

Talking to individual patients **DOES NOT** constitute a public health campaign



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# Portfolio of Evidence Entry

## Example: Reflection

- **Learning title:** Participation in the COVID-19 health campaign at Steve Biko Academic Hospital
- **What triggered the learning:** My pharmacy manager asked me to participate in a COVID-19 health campaign, and I did not know what this entailed
- **Learning need:** I needed to learn how to provide advice and participate in public health campaigns
- **What do I hope to achieve:** I hope to be familiar with the steps required to plan and successfully participate in a public health campaign

**Note:** Content is outdated. Worked example intended to show how to complete an entry

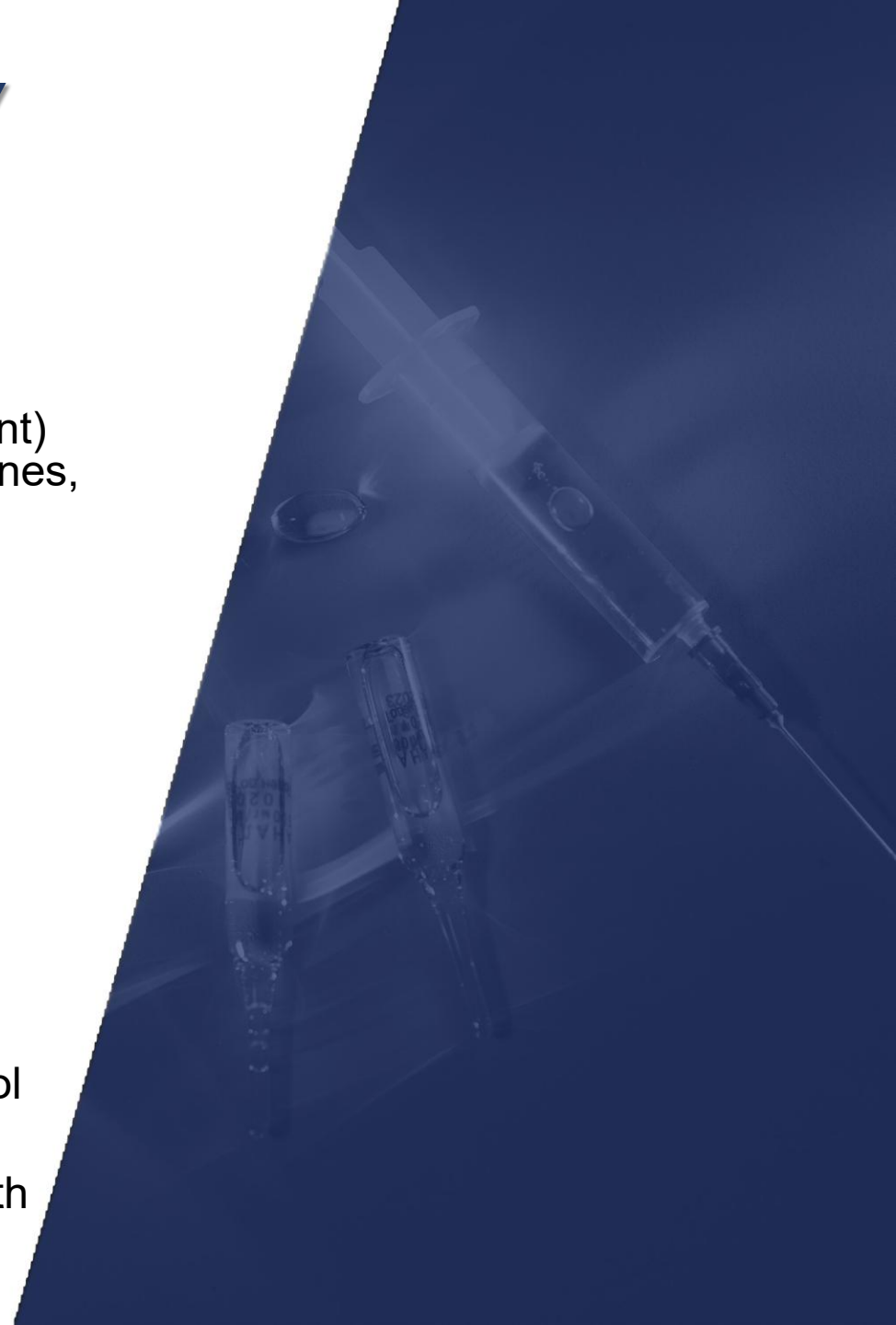


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# Portfolio of Evidence Entry

## Example: Planning

- Advertise the campaign to attract the target audience
- Plan to make a poster using relevant (Valid, current, authentic, sufficient) sources (National Department of Health and WHO policies and guidelines, SAPC website)- add relevant details (e.g. chapter, page numbers).
- **I will include information on:**
  - health promotion (BS-a)
  - healthy lifestyles (BS-c)
  - disease prevention and control (BS-b)
- Verify the poster with my tutor
- Use the poster in my health campaigns
- Get feedback (e.g. attendance register and ) (BS-d)
- Obtain the participation letter (BS-d)
- I plan to participate in the COVID-19 screening using the screening tool (BS-d)
- Why?: I will do all this in order to be able to participate in a public health campaign





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# Portfolio of Evidence Entry Example: Implementation

- Description: **How:** I consulted the following sources – National Department of Health (evidence a/1.1a) and WHO policies and guidelines (evidence b/1.1b), SAPC website (evidence c/1.1c)
- **What:** I formulated the poster to use in the campaign (evidence d/1.1 a-c)
- **How/when/where:** I presented the poster at the COVID-19 screening area at the entrance of the hospital on a busy outpatient day (evidence e – attendance register maintain patient confidentiality/1.1d)
- **How:** I did the screening using the screening tool (evidence f/1.1d)
- I received the feedback from my supervisor and obtained the letter of participation from the health and safety manager (evidence g/1.1d)

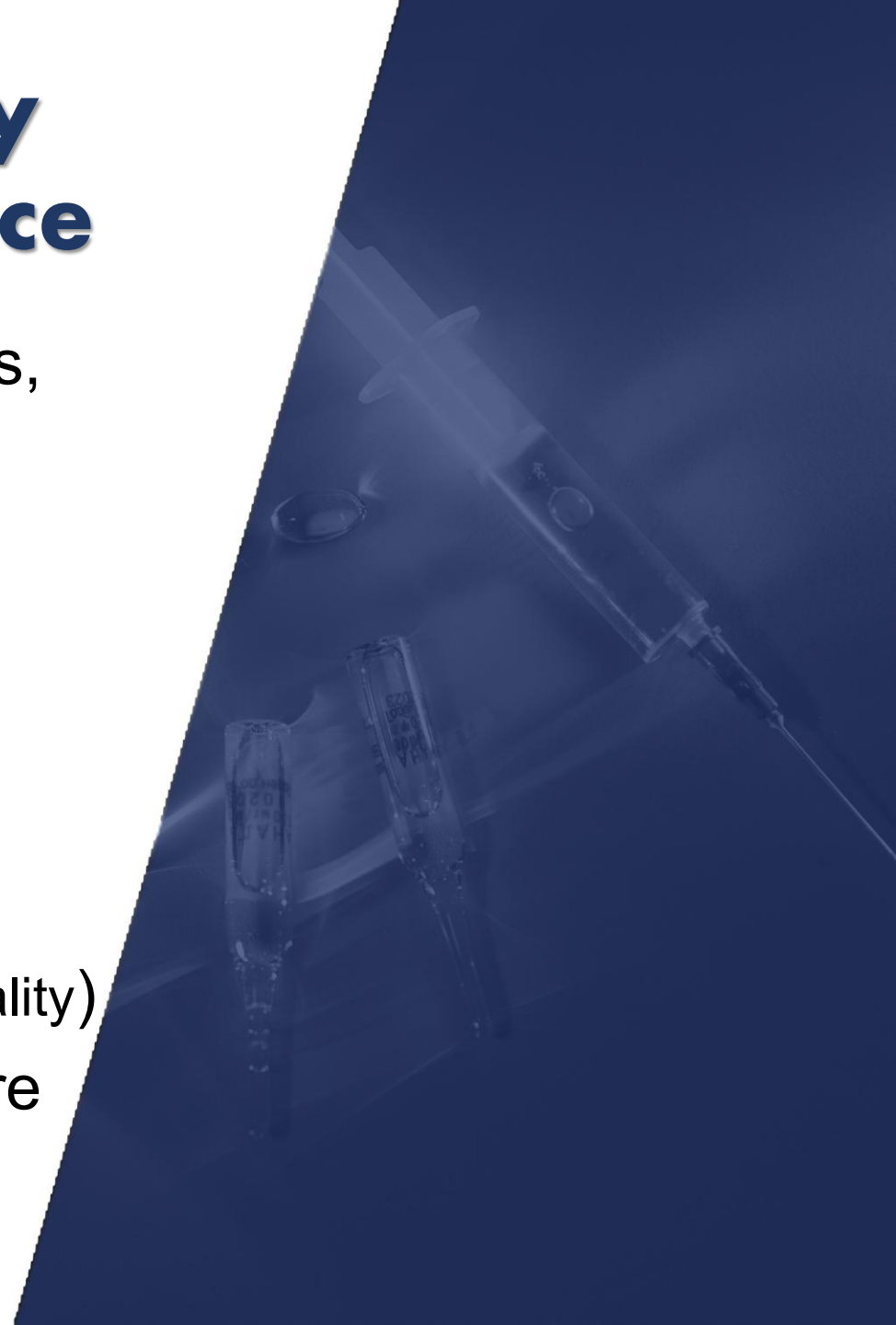


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# Portfolio of Evidence Entry

## Example: Possible evidence

- Source document(s): specific with annotations, e.g. GPP (chapter, page number).
- Health education tool(s)
  - A detailed poster
  - Pamphlet
  - Presentation
  - Photo evidence of you presenting to the audience
- Letter of participation (highlighting your role)
- Attendance register (maintain patients' confidentiality)
- Where does it fit in above? How many BSs are covered?





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# Portfolio of Evidence Entry

## Example: Evaluation

- **What was learned:** I learned how to provide advice and participate in public health campaigns
- **How the learning influenced practice:** I am now more confident to volunteer to participate in public health campaigns, and I am more aware of public health issues
- **Applications in practice:** I subsequently participated in a diabetic screening day
- **Future learning need:** I would like to learn more about providing advice to other healthcare workers





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**Remember:**  
Feedback sessions  
later in the year

# Feedback from Assessors

- What can you expect?
  - Comments, dated
  - Positive = acknowledgement of being on the right track
  - Negative = with specific pointers with regards to what you did wrong and how to improve
  - Especially with regards to evidence annotation
  - Comments = guidelines for next entries, even if attached to entry assessed as Competent



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**Remember:**  
Feedback sessions  
later in the year

# An Example of a Typical Assessor Comment

- **On the Evaluation page, an assessor says:** "You should express your future learning need in terms of the competency and not merely in terms of your specific activity."  
**What does this mean?** Let's say this refers to CS 3.5. You have compounded a cream, **so your future learning need cannot simply be another cream, as you have already shown your competence to do this.** In the future, you may want to learn about compounding another kind of product.
- **VIP:** Think about the difference between competency (skills) and your specific activity throughout the CPD cycle



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# Resubmission

- If you were found 'not yet successful', you need to resubmit a new Portfolio of Evidence within that Domain.
- Each resubmission is a standalone and is treated as a new submission. Do not copy previous text.
- On resubmitting –
  - Start a new Portfolio of evidence entry unless the assessor has recommended that your Portfolio of Evidence entry can be corrected (have a look at the comment section)
- See Guidelines for:
  - Conditions
  - Application procedure
  - Timeline

To maximise your chance of being eligible to write the intern examination:

- Submit early
- Submit regularly on a monthly basis



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# Resubmissions

- To prevent the need for further resubmission, make sure to follow your assessor's recommendations /comments
- Re-submitted Portfolio of Evidence entries are sent to the same assessor
  - Don't simply resubmit without attending to the reasons for the entry being deemed "not yet successful"
  - Assessors can see previous submissions and comments





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# Remarking of a Portfolio of Evidence Entry

Interns who are dissatisfied with the outcome of a Portfolio of Evidence entry assessment may apply for a remark.

- The application must be submitted in writing within one calendar month following the official release of results. Late applications will not be considered.
- A non-refundable remarking fee of **R327.00** is payable upon submission of the application. Proof of payment must accompany the request to ensure processing.
- The same Portfolio of Evidence entry that was previously assessed must be resubmitted unchanged. No amendments, additions, or corrections are permitted, as the purpose of remarking is to review the original assessment only.
- Results will be finalised and released within 14 days from the date of receipt of a complete application, including proof of payment.



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# Professionalism

- Plagiarism
  - Plagiarism software was implemented in 2025
  - See Manual for more information (pages 31-32)
- AI-generated content not allowed
- Obviously, your Portfolio of Evidence entries must reflect your own work
  - Any irregularities will be referred to the SAPC legal department
  - Penalties
    - Expect them to be applied
    - Expect them to be severe

Portfolio of Evidence submissions are more than “just another hurdle”, they are an opportunity for you to further develop your professionalism.





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# Confidentiality

- Must be maintained at all times
  - Rxs, trailer labels, S6 registers
- **Automatically not yet successful if confidentiality breached**
- Confidentiality applies only to patients
  - Not doctors, hospitals or other facilities
  - Not to staff attendance registers
  - Careful not to blank out all your evidence, such as signatures

Make sure the name is completely obscured. Untidy scribbles are ineffective.



# You are now ready to start the stepwise approach to completing your Portfolio of Evidence entries

- Remember...
  - Step 1: Choose a domain
  - Step 2: Choose Competency Standard

But first, here are some tips and comments to assist you in choosing an appropriate Competency Standard from each Domain





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# Decision-making aid

**RECOMMENDED**

**POSSIBLE**

**CHALLENGING**

NB: Make sure your chosen CS is appropriate for your practice setting

A good choice should present no problems for any intern

Consider very carefully. Only choose if you are able to collect valid and sufficient evidence

**Avoid!**

Will be extremely difficult to complete with sufficient evidence





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# Domain 1

Competency standard	Decision-making aid	Comment/s
1.1	Recommended	Remember this is about <b>Public</b> Health
1.2	Challenging	Only applicable for <b>active</b> participation in PTC meeting More specific to institutional settings
1.3	Challenging	Applies to wider health policies, not internal SOPs
1.4	Challenging	Needs more than generic substitution or submission to medical aid.
1.5	Challenging	Must include active participation in development and implementation of disaster management plan
1.6	Recommended	Include screening activity



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# Domain 2

Competency standard	Decision-making aid	Comment/s
2.1	Recommended	Include the patient in the discussion
2.2	Recommended	Make sure that sufficient evidence is submitted
2.3	Possible	Involves more than a discussion with a prescriber More appropriate for institutional settings
2.4	Possible	Focus on dispensing errors, not prescribing errors Better suited to institutional settings
2.5	Possible	Make sure you understand the scope of therapeutic outcome monitoring
2.6	Recommended	
2.7	Possible	
2.8	Challenging	Only for interns involved in a registered clinical trial



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# Domain 3

Competency standard	Decision-making aid	Comment/s
3.1	Possible	<b>Only</b> for manufacturing sector
3.2	Recommended	
3.3	Challenging	
3.4	Recommended	Covers all dispensing activities
3.5	Recommended	Must include discussion on application of pharmaceutical principles Can be bulk or extemporaneous compounding
3.6	Possible	Only if intern is actually exposed to medicine recall



# Domain 4

Competency standard	Decision-making aid	Comment/s
4.1	Possible	Focus on contribution towards HR management
4.2	Challenging	Applicable to both institutional and community sectors
4.3	Possible	Don't lose sight of infrastructure focus
4.4	Possible	
4.5	Challenging	
4.6	Recommended	Must differentiate between policies and SOPs

See pg. 40 in the Manual for definitions and a list of policies



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# Domain 5

Competency standard	Decision-making aid	Comment/s
5.1 and 5.2	Not allowed	
5.3	<b>Compulsory</b>	Only this CS is allowed for Domain 5
5.4 to 5.8	Not allowed	



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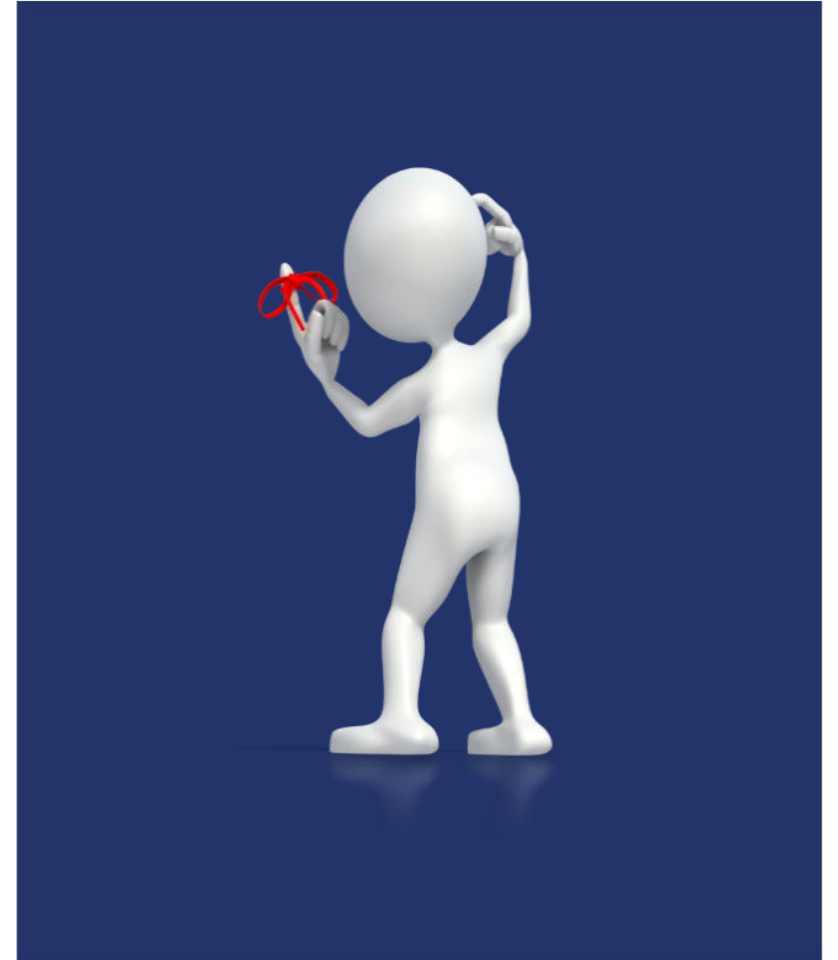
# Domain 6

Competency standard	Decision-making aid	Comment/s
6.1	Challenging	Should include application of pharmacy education policy
6.2	Recommended	Can be used for training PAs in the workplace as per their scope of practice
6.3	Possible	Only applicable to formal training of UG pharmacy students Best suited to academic interns
6.4	Challenging	
6.5	Challenging	
6.6	Recommended	
6.7	Not possible	Cannot be completed by interns
6.8	Challenging	Best suited to academic interns

# Now you are ready to complete the CPD cycle

- Remember...
  - Step 4: Complete the CPD cycle

Here are **some guidelines** pertaining to **some of the** evidence you might need for selected Competency Standards from each Domain





# Domain 1

Competency standard	Decision-making aid	Guideline/s re Evidence required
1.1	Recommended	<b>Show how (provide the information) the poster used to promote health</b> Evidence could include an attendance register Show that more than one (1) or two (2) persons are addressed
1.2	Challenging	
1.3	Challenging	
1.4	Challenging	Full pharmacoeconomic study with analysis of outcome, plus knowledge of pharmacoeconomic terms
1.5	Challenging	Disaster management plan
1.6	Recommended	Screening tool



# Domain 2

Competency standard	Decision-making aid	Guideline/s re Evidence required
2.1	Recommended	Nature of problem, consultation area, duration language used, sensitive vs insensitive issues
2.2	Recommended	Counselling plan, patient feedback on understanding, tutor statement, how sensitive issues handled
2.3	Possible	Must cover multiple patients and activities
2.4	Possible	Must cover multiple patients and activities
2.5	Possible	Include clinical evidence (e.g., lab tests, new Rx or dose change), analysis of medicines, and prescriber's notes GPP can be used
2.7	Possible	Monitoring and reporting. Include ADR form, post-marketing surveillance
2.6	Recommended	Could include information pamphlet relating to condition, and referral letter (to whom, reason for referral)



# Domain 3

Competency standard	Decision-making aid	Guideline/s re Evidence required
3.1	Possible	Include quality assurance documents NB. Be aware of intellectual property concerns in manufacturing sites
3.2	Recommended	
3.3	Challenging	
3.4	Recommended	
3.5	Recommended	Include evidence to show understanding of pharmaceutical knowledge Remember the expiry date for extemporaneous compounding, not to exceed thirty (30) days
3.6	Possible	



# Domain 4

Competency standard	Decision-making aid	Guideline/s re Evidence required
4.1	Possible	E.g., roster, leave plan, rotation roster, performance assessments, HR policies Self-assessments must show personal development
4.2	Challenging	Include financial management policies, budgets Include multiple activities
4.3	Possible	Can use SAPC inspection questionnaire as tool to evaluate infrastructure
4.4	Possible	E.g., updated SOP based on new legislation
4.5	Challenging	
4.6	Recommended	Application of both policies and SOPs to achieve policy development

See pg. 40 in the manual for definitions and a list of policies



# Domain 5

Competency standard	Decision-making aid	Guideline/s re Evidence required
5.1 and 5.2	Not allowed	
5.3	Compulsory	<p>Must include annotated extracts of applicable Acts/legislation/Code of Conduct</p> <p>“Keeping abreast” means using current and/or recently amended legislation</p> <p>Remember the annotated professional indemnity certificate</p> <p>Include evidence for more than one activity</p>
5.4 to 5.8	Not allowed	



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# Domain 6

Competency standard	Decision-making aid	Guideline/s re Evidence required
6.1	Challenging	Should include application of pharmacy education policy
6.2	Recommended	Include evidence that training is part of an agreed plan Clarify role of “more experienced colleague”
6.3	Possible	Show how training is part of a formal undergraduate module for the pharmacy students
6.4	Challenging	
6.5	Challenging	
6.6	Recommended	Submit a complete research project (including results), not only a proposal Must show evidence of approval of protocol
6.8	Challenging	Same evidence as for 6.6 Also show evidence of work/role within a research team



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# CS 4.6 Policy development

- Recommended CS but interns typically have trouble with this CS
- 2026 Manual includes extra information to facilitate differentiation between policies and SOPs
  - Definition of a policy:
    - “A set of guidelines .....
  - Definition of an SOP:
    - “A set of written instructions .....
  - List of applicable policies:
    - NDP (see Chapter 7 of the manual)
    - Sanitation policy
    - Health safety policy
    - Security policy
    - Post-exposure policy
    - HIV and AIDS policy

See pg. 40 in the  
Manual for  
complete  
definitions

**NB:**  
GPP is **NOT**  
a policy



# Challenges

As identified by tutors

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## Intern challenges

- Lack of Planning capabilities
- Non-Independent thinking
- Lack of Independent learning ability
- Lack of comprehensive analysis capability
- Insufficient preparation



Core Competency development

- Communication
- Adaptability
- Creativity
- Teamwork
- Transparency
- Time Management

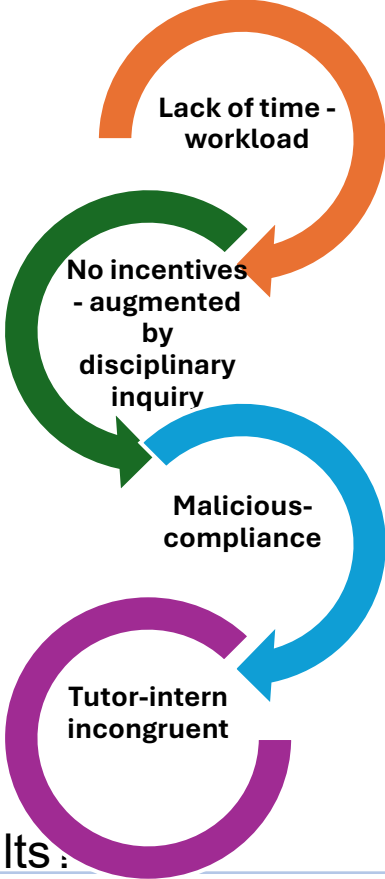
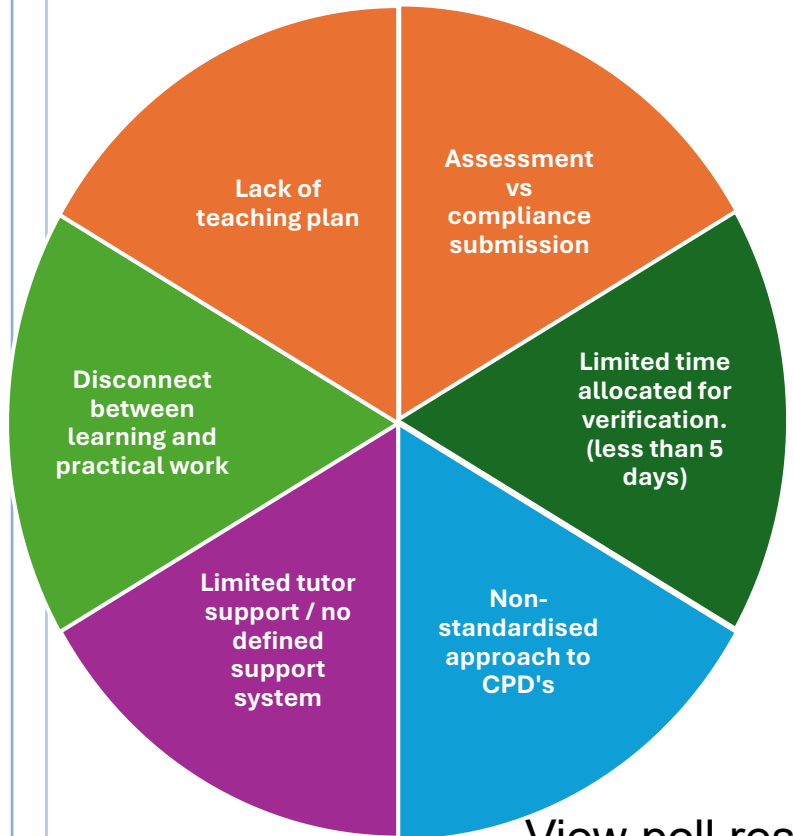
Skills

- Lack of enthusiasm and initiative
- No sense of responsibility
- Lack of passion
- Generally unhappy
- Low morale
- Mental issues on the rise



Attitude

## Tutor challenges



View poll results:



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# And finally...





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# 4<sup>th</sup> National Pharmacy Conference (NPC)



**4<sup>TH</sup> NATIONAL  
PHARMACY CONFERENCE**

The 4<sup>th</sup> National Pharmacy Conference will be held later this year under the following details:

**Date:** 11 – 13 October 2026

**Venue:** Inkosi Albert Luthuli International Convention Centre Complex (commonly known as “Durban ICC”)

**Theme:** “A Glimpse into the Future: Advancing Pharmacy Towards 2050”

Visit: [www.sapconference.co.za](http://www.sapconference.co.za)

**Early Bird Registration closes 31 May 2026**



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# Pharmacy Council WhatsApp Channel

- SAPC WhatsApp Channel to share latest updates and announcements.
- This is not an interactive WhatsApp line, meaning you cannot send messages to us, but instead, you will be able to see the latest updates, i.e. *Board Notices*, *SAPC e-Notes*, etc.
- **Scan the QR Code to follow the channel**





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# Any questions?





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# Contact Us



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**Thank you!**