



PHARMACY BOARD MALAYSIA
MINISTRY OF HEALTH MALAYSIA
2023

RECORD OF TRAINING AND EXPERIENCES OF PROVISIONALLY REGISTERED PHARMACIST (PRP)

Community Pharmacy



PERSONAL PARTICULARS*To be completed by the Provisionally Registered Pharmacist (PRP)*

1	Full Name (as per I/C)	
2	I/C Number	
3	Provisional Registration Number	
4	Contact Number (Mobile)	
5	Home Address	
6	E-mail Address	
7	Education Qualification	
	Name of University	
	Qualification	
	Year of Graduation	
8	Scholarship / Sponsor	
9	Contact Person Details in Case of Emergency	
	Name	
	Contact Number	

TRAINING PREMISE PARTICULARS*Details of which approved by Pharmacy Board Division Malaysia (PBMD)*

10	Name of Training Premise	
11	Address of Training Premise	
12	Duration of Training (Date)	to

By signing, I confirm that all the information provided above is true.

Signature:

Date:

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INTRODUCTION

- 1.1 The Registration of Pharmacist Act 1951 stipulates that a person who is provisionally registered shall be required to obtain experience immediately upon being provisionally registered, engage in employment as a pharmacist to the satisfaction of the Pharmacy Board for a period of not less than one year.
- 1.2 The engagement as a pharmacist must be in any premises accredited and approved by Pharmacy Board Malaysia (PBM).
- 1.3 The PBM may extend for not more than one year the period of training of a provisionally registered pharmacist (PRP) if the Board is not satisfied with the performance of that person as a pharmacist.
- 1.4 The provisional registration of a person shall be revoked if that person fails to engage in employment as a PRP to the satisfaction of the Pharmacy Board for a period of not less than 52 weeks in any premises accredited and approved by PBM.

2 PRP TRAINING MODULES AND RECORD

- 2.1 This log book is designed primarily to guide PRP and preceptors of various pharmacy disciplines in the training organization in coordinating activities and programmes during the 52 weeks of training.
- 2.2 This log book will be the basis for the **appraisal** by all preceptors, which will be submitted to the PBM for the purpose of registration as a Fully Registered Pharmacist (FRP).
- 2.3 **The PRP is required to fill the following information;**
- 2.3.1 Name, I/C Number, Name of organizations and period of training.
 - 2.3.2 Date of task completed and evidence of proof for each section/unit of attachment. If the column is not enough, please make attachment.
 - 2.3.3 Each evidence given is to be **endorsed by the immediate preceptor/s** of the section/unit
- 2.4 **The preceptor is required to complete the record by filling the following;**
- 2.4.1 Endorse the completion of each task with signature, name and date in the column provided.
 - 2.4.2 Level of performance is based on the following scale;

SCALE	RATING	DESCRIPTION
10	Outstanding	Exceed target within the stipulated duration with an extraordinary level of commitment in terms of quality and time, technical skills and knowledge, ingenuity, creativity, initiative and good attitude.
9	Excellent	Exceed target within the stipulated duration with good quality of work, efficiency, timeliness and good level of commitment.
8	Very Satisfactory	Target met within the stipulated duration with good quality of work, efficiency and timeliness.
7	Satisfactory	Target met within the stipulated duration
6	Average	Target met with extension.
5	Unsatisfactory	Target not met within the stipulated duration with good level of commitment.
4	Unsatisfactory	Target not met within the stipulated duration with average level of commitment.
1- 3	Very Unsatisfactory	Target not met within the stipulated duration with poor level of commitment.

2.4.3 The passing mark is 60 % for each respective section. The overall average should be not less than 60%.

2.4.4 The final **appraisal and Appendix A or Appendix A1** should be completed **by the Master Preceptor** at the end of the **12th month** of the training period. Certified copies of Appraisals and Appendix A or Appendix A1 shall be uploaded by PRP into Pharmacist Registration Management System (PRiSMA) for the Fully Registered Pharmacist (FRP) application. The **original log book** should be kept at the premise for a minimum period of three (3) years.

3 DUTIES AND RESPONSIBILITIES OF A PRECEPTOR

3.1 CRITERIA OF A PRECEPTOR

3.1.1 Not less than three years of experience as a registered practicing pharmacist in community pharmacy and at least one year prior to training a PRP

3.1.2 Fulfill other criteria set by PBM

3.2 Responsibilities of a Preceptor;

3.2.1 To be a learning resource for the PRP who receives necessary training to develop skills and competencies as a community pharmacist.

3.2.2 To guide the PRP throughout 52 weeks of training.

3.2.3 To be a role model as a professional pharmacist to the PRP.

3.2.4 To provide professional services and constructive feedbacks during the training.

3.2.5 To assess PRP performances during the training period.

3.2.6 To comply to the Preceptor to PRP ratio set by PBM.

4

DUTIES AND RESPONSIBILITIES OF A PRP

- 4.1 Being a Provisionally Registered Pharmacist [PRP], you should;
- 4.1.1 At all-times comply with the directives and orders given to you by the preceptor.
 - 4.1.2 Aim to become a competent registered pharmacist by the end of the training period.
 - 4.1.3 Undertake the training modules/ program with a positive attitude and a commitment to learn from the preceptor and other staff in the training environment.
 - 4.1.4 Remember that obtaining adequate working experience is your responsibility. Others will help, but it requires a conscientious effort on your own part, not just passive acceptance.
 - 4.1.5 Recognize that not all of the preceptor's time can be devoted to teaching, and you should therefore actively acquire knowledge and skills by observation, reading and questioning others.
 - 4.1.6 Be aware that, in addition to the daily activities, your time should be set aside to consider activities outside working/office hours.
 - 4.1.7 Always actively participate in professional development as it is essential to build on your undergraduate studies and keep abreast of current knowledge.
 - 4.1.8 Be aware that the Certificate of Satisfactory Experience, required under Section 6A(2) Registration of Pharmacists Act 1951 will only be issued to you if the average passing mark of your training performance must be **at least 60% for each section and the sum total of all the units.**

4.2 Overview of Competencies Training Schedule:

During the entire training duration, the PRP will be placed in the core Divisions/Departments in the Company under the guidance and supervision of the Department/Division Head (practicing supervisor) and supervised overall by the preceptor. The duration of training in each module is as indicated in **Table 1.**

- 4.3 At least **ONE (1)** mini project needs to be done compulsorily and the topic selection will be in the interest of the PRP and preceptor.

Table 1 - Training Modules

COMPETENCY TRAINING MODULES	Duration (Weeks)
A. Understanding Legislations and Guidelines (Assessment) i) Community Pharmacy Benchmarking Guideline ii) Good Dispensing Practice Guideline iii) Good Distribution Practice iv) Code of Ethics for Pharmacist & Bodies Corporate v) Good Governance of Medicine (GGM) vi) National Medicine Policy (NMP) vii) Good Pharmaceutical trading practice guideline viii) Business Licensing Procedure	48 weeks
B. Community Pharmacy Practice (Logbook & Assessment) Section 1: Dispensing Process of a Prescription (Poison Group B) 1.1 Medical and Medication History Taking 1.2 Processing Prescription and Intervention 1.3 Filling and Dispensing (Including Labeling and Recording) Section 2: Minor Ailments Management Section 3: Medication Use Review and Counseling Section 4: Selfcare and Wellness Management Section 5: Drug Information Service Section 6: Handling of Medication Error (ME), Adverse Drug Reaction (ADR) and Adverse Event Following Immunization (AEFI) Reporting Section 7: Mini Project	
C. Pharmacy and Business Management (Assessment) Section 1: Organizational Structure Section 2: Shop Layout & Merchandising Section 3: Marketing Strategy Section 4: Store Management 4.1 General Store Management 4.2 Procurement And Distribution 4.3 Storage 4.4 Inventory Control 4.5 Disposal 4.6 Product Complaints 4.7 Product Recall Section 5: Finance Management Section 6: Human Resource Management Section 7: Safety and Security Section 8: Customer Service	
D. Out-patient Pharmacy Services (Health Clinic attachment) (Logbook & Assessment)	4 weeks
TOTAL	52

LOG BOOK

COMMUNITY PHARMACY PRACTICE LOGBOOK

SECTION 1: DISPENSING PROCESS OF A PRESCRIPTION (Poison Group B)

1.1 : MEDICAL AND MEDICATION HISTORY TAKING

Target: At least 10 history taking process must be assessed by a preceptor [Attach History Taking Form (Appendix 1) for each case]

Date	Patient complaint/ symptom	Medication History (✓)	Allergy (✓/x)	Medical history (✓)	Special Consideration (✓)	Family History (✓)	Remark

COMMUNITY PHARMACY PRACTICE LOGBOOK

Date	Patient complaint/ symptom	Medication History (✓)	Allergy (✓/x)	Medical history (✓)	Special Consideration (✓)	Family History (✓)	Remark

Name of Preceptor:

Signature:

General Remarks:

COMMUNITY PHARMACY PRACTICE LOGBOOK

1.2 : PROCESSING PRESCRIPTION AND INTERVENTION

At least 10 complete screening processes with 5 interventions must be assessed by a preceptor

Date	Drugs	Type of Interventions					Description of intervention(s)
		Incomplete Prescriptions	Inappropriate Regimens	Inappropriate Prescriptions	Complete Prescriptions	Other	

Type of Interventions:

- | | | | | | |
|--------------------------------|------------------|--------------------------|---|---|----------------------|
| 1. Incomplete Prescriptions | (a) Frequency | (b) Duration | (c) Signature & stamp / MMC/address of the clinic | (d) Patient's name, age, address and ID | (e) Date of Rx |
| 2. Inappropriate Regimens | (a) Medicine | (b) Duration | (c) Dose | (d) Frequency | |
| 3. Inappropriate Prescriptions | (a) Spelling | (b) Wrong Identification | (c) Polypharmacy | (d) Interaction | (e) Contraindication |
| 4. Others | (a) Authenticity | (b) Illegibility | | | |

COMMUNITY PHARMACY PRACTICE LOGBOOK

Date	Drugs	Type of Interventions					Description of intervention(s)
		Incomplete Prescriptions	Inappropriate Regimens	Inappropriate Prescriptions	Complete Prescription	Other	

Type of Interventions:

- | | | | | | |
|--------------------------------|------------------|--------------------------|---|---|----------------------|
| 1. Incomplete Prescriptions | (a) Frequency | (b) Duration | (c) Signature & stamp / MMC/address of the clinic | (d) Patient's name, age, address and ID | (e) Date of Rx |
| 2. Inappropriate Regimens | (a) Medicine | (b) Duration | (c) Dose | (d) Frequency | |
| 3. Inappropriate Prescriptions | (a) Spelling | (b) Wrong Identification | (c) Polypharmacy | (d) Interaction | (e) Contraindication |
| 4. Others | (a) Authenticity | (b) Illegibility | | | |

Name of Preceptor:

Signature:

General Remarks:

COMMUNITY PHARMACY PRACTICE LOGBOOK

1.3 : FILLING AND DISPENSING (Include Labeling and Recording)

At least 10 complete filling processes must be assessed by a preceptor

Date	Name of Medication	Indication	Dosage Regimen	Name & Signature of Preceptor

COMMUNITY PHARMACY PRACTICE LOGBOOK

Date	Name of Medication	Indication	Dosage Regimen	Name & Signature of preceptor

Name of Preceptor:

Signature:

General Remarks:

COMMUNITY PHARMACY PRACTICE LOGBOOK

SECTION 2: MINOR AILMENTS MANAGEMENT

At least 20 patients must be directly observed and assessed by a preceptor

Date	Name of Patient	Type of Ailments	Medication and medical history taking (✓)	Action Taken (Medication/monitoring)	Counseling (✓)	Dispensing (Filling & Labelling (✓)	Name & Signature of Preceptor

COMMUNITY PHARMACY PRACTICE LOGBOOK

Date	Name of Patient	Type of Ailments	Medication and medical history taking (√)	Action Taken (Medication/monitoring)	Counseling (√)	Dispensing (Filling & Labelling (√)	Name & Signature of Preceptor

COMMUNITY PHARMACY PRACTICE LOGBOOK

Date	Name of Patient	Type of Ailments	Medication and medical history taking (✓)	Action Taken (Medication/monitoring)	Counseling (✓)	Dispensing (Filling & Labelling (✓)	Name & Signature of Preceptor

COMMUNITY PHARMACY PRACTICE LOGBOOK

Date	Name of Patient	Type of Ailments	Medication and medical history taking (√)	Action Taken (Medication/monitoring)	Counseling (√)	Dispensing (Filling & Labelling (√)	Name & Signature of Preceptor

Name of Preceptor:

Signature:

General Remarks:

COMMUNITY PHARMACY PRACTICE LOGBOOK

SECTION 3: MEDICATION USE REVIEW AND COUNSELING

- At least 2 Medication Use Review (**APPENDIX 2**)
- At least 50 counseling must be directly observed and assessed by a preceptor.

Date	Name of Patient	Medication and Medical History Taking (✓)	*Types	Description of Counseling	Name & Signature of Preceptor

*1. Device (e.g. insulin pen, inhaler, nasal spray)

2. Disease

3. Medications

4. Others

COMMUNITY PHARMACY PRACTICE LOGBOOK

Date	Name of Patient	Medication and Medical History Taking (✓)	*Types	Description of Counseling	Name & Signature of Preceptor

*1. Device (e.g. insulin pen, inhaler, nasal spray)

2. Disease

3. Medications

4. Others

COMMUNITY PHARMACY PRACTICE LOGBOOK

Date	Name of Patient	Medication and Medical History Taking (✓)	*Types	Description of Counseling	Name & Signature of Preceptor

*1. Device (e.g. insulin pen, inhaler, nasal spray)

2. Disease

3. Medications

4. Others

COMMUNITY PHARMACY PRACTICE LOGBOOK

Date	Name of Patient	Medication and Medical History Taking (✓)	*Types	Description of Counseling	Name & Signature of Preceptor

*1. Device (e.g. insulin pen, inhaler, nasal spray)

2. Disease

3. Medications

4. Others

COMMUNITY PHARMACY PRACTICE LOGBOOK

Date	Name of Patient	Medication and Medical History Taking (✓)	*Types	Description of Counseling	Name & Signature of Preceptor

*1. Device (e.g. insulin pen, inhaler, nasal spray)

2. Disease

3. Medications

4. Others

COMMUNITY PHARMACY PRACTICE LOGBOOK

Date	Name of Patient	Medication and Medical History Taking (✓)	*Types	Description of Counseling	Name & Signature of Preceptor
TOTAL					

*1. Device (e.g. insulin pen, inhaler, nasal spray)

2. Disease

3. Medications

4. Others

COMMUNITY PHARMACY PRACTICE LOGBOOK

SECTION 4: SELF CARE AND WELLNESS MANAGEMENT

At least 50 cases, under the supervision of a preceptor

[illegible]

COMMUNITY PHARMACY PRACTICE LOGBOOK

Date	Type of Supplement/ Non pharmacological intervention	Information provided	Name & Signature of Preceptor

COMMUNITY PHARMACY PRACTICE LOGBOOK

Date	Type of Supplement/ Non pharmacological intervention	Information provided	Name & Signature of Preceptor

COMMUNITY PHARMACY PRACTICE LOGBOOK

Date	Type of Supplement/ Non pharmacological intervention	Information provided	Name & Signature of Preceptor
TOTAL			

COMMUNITY PHARMACY PRACTICE LOGBOOK

SECTION 5: DRUG INFORMATION SERVICES

At least 50 enquiries, answered under the supervision of a preceptor

Date	*Type of enquiries	Description	Source of reference	Name and signature of Preceptor

* 1. Poisoning

2.Allergy

3.Efficienc

4.Indication /Dose

5.Interaction

6.Special

COMMUNITY PHARMACY PRACTICE LOGBOOK

Date	*Type of enquiries	Description	Source of reference	Name and signature of Preceptor

* 1. Poisoning

2.Allergy

3.Efficienc

4.Indication /Dose

5.Interaction

6.Special

COMMUNITY PHARMACY PRACTICE LOGBOOK

Date	*Type of enquiries	Description	Source of reference	Name and signature of Preceptor

* 1. Poisoning

2.Allergy

3.Efficienc

4.Indication /Dose

5.Interaction

6.Special

COMMUNITY PHARMACY PRACTICE LOGBOOK

Date	*Type of enquiries	Description	Source of reference	Name and signature of Preceptor

* 1. Poisoning

2.Allergy

3.Efficienc

4.Indication /Dose

5.Interaction

6.Special

COMMUNITY PHARMACY PRACTICE LOGBOOK

Date	*Type of enquiries	Description	Source of reference	Name and signature of Preceptor

* 1. Poisoning

2.Allergy

3.Efficienc

4.Indication /Dose

5.Interaction

6.Special

COMMUNITY PHARMACY PRACTICE LOGBOOK

SECTION 6: HANDLING OF MEDICATION ERROR (ME), ADVERSE DRUG REACTION (ADR) AND ADVERSE EVENT FOLLOWING IMMUNIZATION (AEFI) REPORTING

- To assess the ability to identify ME, ADR AND AEFI
- To identify the work flow processes involved
- To perform ME/ADR /AEFI reporting (if any)

Date	Patient's IC / R/N	*Types	Description	Name and signature of Preceptor

*ME/ ADR / AEFI

COMMUNITY PHARMACY PRACTICE LOGBOOK**SECTION 7: MINI PROJECT**

- Related to Community Health Awareness

Date	*Types	Description	Name and signature of Preceptor

*Public talk, counseling tools, exhibition, social media sharing, survey, press write-up etc

OUTPATIENT PHARMACY (HEALTH CLINIC ATTACHMENT) LOGBOOK

OUTPATIENT PHARMACY SERVICES

A. DURATION OF TRAINING

4 weeks

B. TRAINING OUTCOME

Upon completion of training, PRP must be able to:

1. have adequate knowledge of out-patient pharmacy management
2. familiarize with the generic names, proprietary names, pharmacological groupings and MOH / hospital formularies.
3. screen prescription
4. label and fill medication
5. countercheck medication
6. dispense medications / prescriptions
7. counsel patient
8. handle dangerous drugs / psychotropic substances
9. prepare extemporaneous preparations

OUTPATIENT PHARMACY (HEALTH CLINIC ATTACHMENT) LOGBOOK
C. TRAINING COMPONENTS WITH TARGETS TO ACHIEVE

NO	ACTIVITY	TARGET	REMARKS
1	Screening	50 prescriptions	
2	Labelling and Filling of Prescriptions	-	At least 5 complete filling processes must be assessed by a senior pharmacist
3	Dispensing	200 prescriptions	
4	Medication Counseling	Individual: 12 patients Group: 4 sessions (if available)	
5	Handling of Dangerous Drugs & Psychotropic Substances	10 prescriptions / *case simulation *Case simulation if prescription is not enough during attachment	
6	Preparing Extemporaneous Medications	5 preparations / *case simulation *Case simulation if preparation is not enough during attachment	Ability to understand formulation and calculate the appropriate quantities required

OUTPATIENT PHARMACY (HEALTH CLINIC ATTACHMENT) LOGBOOK**D. TRAINING COMPONENT TO OBTAIN BRIEFING**

No.	Component	Date of Briefing	Briefing done by:	
			Name	Signature
1.	Good Dispensing Practice			
2.	Patient Waiting Time and Peak Hour Management (Staff Mobilization)			
3.	Psychotropic And Dangerous Drugs Distribution and Disposal in Accordance to The Respective Legislations			
4.	Value Added Services (VAS) (If available)			

OUTPATIENT PHARMACY (HEALTH CLINIC ATTACHMENT) LOGBOOK

SECTION 1: SCREENING

A. Instructions:

1. The screening of a prescription must be performed at any point of processing a prescription
2. Able to contact prescriber to discuss errors or ambiguous prescriptions
3. Use the legend below to indicate each type of intervention (INT)

Type of Intervention (INT)				Point of Detecting Intervention (PDI)
A-Incomplete Prescription	B-Inappropriate Regimens	C-Inappropriate Prescriptions	D-Others	R-Receiving
A1 Patient Details	B1 Medicine	C1 Wrong identification	D1 Not in the hospital drug formulary	F-Filling
A2 Medicine	B2 Dose	C2 Polypharmacy	D2 Illegibility	D-Dispensing
A3 Dose	B3 Frequency	C3 Contraindication	D3 Authenticity	
A4 Frequency	B4 Duration	C4 Interaction		
A5 Duration		C5 Incompatibility		
A6 Signature & stamp				
A7 Countersignature				

Target of the activity: **50 prescriptions**

No.	Date	Number of Prescriptions Screened	Patient IC/RN (Prescription with intervention)	PDI	Type of INT (if any)	Preceptor's Initial

OUTPATIENT PHARMACY (HEALTH CLINIC ATTACHMENT) LOGBOOK
SECTION 1: SCREENING

No.	Date	Number of Prescriptions Screened	Patient IC/RN (Prescription with intervention)	PDI	Type of INT (if any)	Preceptor's Initial

OUTPATIENT PHARMACY (HEALTH CLINIC ATTACHMENT) LOGBOOK
SECTION 1: SCREENING

No.	Date	Number of Prescriptions Screened	Patient IC/RN (Prescription with intervention)	PDI	Type of INT (if any)	Preceptor's Initial

OUTPATIENT PHARMACY (HEALTH CLINIC ATTACHMENT) LOGBOOK
SECTION 1: SCREENING

No.	Date	Number of Prescriptions Screened	Patient IC/RN (Prescription with intervention)	PDI	Type of INT (if any)	Preceptor's Initial

OUTPATIENT PHARMACY (HEALTH CLINIC ATTACHMENT) LOGBOOK
SECTION 1: SCREENING

No.	Date	Number of Prescriptions Screened	Patient IC/RN (Prescription with intervention)	PDI	Type of INT (if any)	Preceptor's Initial
TOTAL PRESCRIPTIONS						

- At least 5 complete filling processes must be assessed by a senior pharmacist

1. Ensure correct medication are filled according to prescription and label

[illegible]

OUTPATIENT PHARMACY (HEALTH CLINIC ATTACHMENT) LOGBOOK

SECTION 3: DISPENSING

A. Instruction:

1. Abide to principles of 5 Rights on Quality Use of Medications
2. Adhere to the Good Guide Dispensing Practice (GDsP)

B. Target of the activity: **200 prescriptions**

[illegible]

OUTPATIENT PHARMACY (HEALTH CLINIC ATTACHMENT) LOGBOOK

SECTION 4: MEDICATION COUNSELING

- At least 5 counseling must be directly observed and assessed by a senior pharmacist

A. Target of the activities:

Individual Counselling: 12 patients

No	Date	Patient's IC/RN	*Type of Counseling	Preceptor's Initial
TOTAL PATIENTS				

* 1. Device (e.g insulin pen, inhaler, nasal spray)
2. Disease

3. Medications
4. Others

Note: PRP must undergo the counseling validation / evaluation before performing actual activity

OUTPATIENT PHARMACY (HEALTH CLINIC ATTACHMENT) LOGBOOK
Group Counseling : 4 sessions (if applicable)

No	Date	Patient's IC/RN	*Type of Counseling	Preceptor's Initial
TOTAL SESSIONS				

* 1. Device (e.g insulin pen, inhaler, nasal spray)
2. Disease

3. Medications
4. Others

Note: PRP must undergo the counseling validation / evaluation before performing actual activity

OUTPATIENT PHARMACY (HEALTH CLINIC ATTACHMENT) LOGBOOK**SECTION 5: HANDLING OF DANGEROUS DRUG & PSYCHOTROPIC****A. Instructions:**

1. Handle dangerous drugs and psychotropic substances in accordance to respective legislations:
 - i. Dangerous Drugs Act 1952
 - ii. Poison Act 1952
 - iii. Poison (Psychotropic Substances) Regulations 1989

B. Target of the activity: 10 prescriptions/*case simulation

***Case simulation if prescription is not enough during attachment**

No.	Date	Number of Prescriptions Dispensed & Recorded	Preceptor's Initial
TOTAL PRESCRIPTIONS			

OUTPATIENT PHARMACY (HEALTH CLINIC ATTACHMENT) LOGBOOK
SECTION 6: PREPARING EXTEMPORANEOUS MEDICATIONS

- A. Instruction:
1. Understand formulation and calculate the appropriate quantities required

- B. Target of the activity: **5 preparations/ *case simulation**

***Case simulation if preparation is not enough during attachment**

No.	Date	Patient IC /RN	Name of Preparation	Preceptor's Initial
TOTAL PREPARATIONS / CASE SIMULATION				

ASSESSMENT

COMMUNITY PHARMACY ASSESSMENT

A. UNDERSTANDING LEGISLATIONS AND GUIDELINES

Knowledge		Level of Understanding										Comments	Name and Signature of Preceptor
		1	2	3	4	5	6	7	8	9	10		
i)	<i>Community Pharmacy Benchmarking Guideline</i>												
ii)	<i>Good Dispensing Practice Guideline</i>												
iii)	<i>Good Distribution Practice</i>												
iv)	Code of Ethics for Pharmacist & Bodies Corporate												
v)	<i>Good Governance of Medicine (GGM)</i>												
vi)	National Medicine Policy (NMP)												
vii)	Good Pharmaceutical trading practice guideline												
viii)	Business Licensing Procedure <ul style="list-style-type: none"> • Business Registration • Local Authorities • State Enforcement 												
ix)	Good Compounding Practice												

COMMUNITY PHARMACY ASSESSMENT

EVALUATION

$$\begin{aligned}\text{Mark} &= \frac{\quad}{90} \times 100\% \\ &= \quad \%\end{aligned}$$

NOTE:

1. % Mark should not less than 60% for every units / sections.

GENERAL COMMENT ON ATTITUDE:

Preceptor's Name & Signature:

Date:

COMMUNITY PHARMACY ASSESSMENT

B. COMMUNITY PHARMACY PRACTICE

Knowledge		Level of Performance										Comments	Name and Signature of Preceptor
		1	2	3	4	5	6	7	8	9	10		
Section 1: Dispensing Process of a Prescription (Poison Group B)													
1.1	Medical and Medication History Taking												
1.2	Processing Prescription and Intervention												
1.3	Filling and Dispensing (Including Labeling and Recording)												
Section 2	Minor Ailments Management												
Section 3	Medication Use Review and Counseling												
Section 4	Self-care and Wellness Management												
Section 5	Drug Information Service												
Section 6	Handling of Medication Error Reporting and Adverse Drug Reaction Reporting / Adverse Event Following Immunization (AEFI)												
Section 7	Mini Project												

COMMUNITY PHARMACY ASSESSMENT

EVALUATION

$$\text{Mark} = \frac{\quad}{90} \times 100\%$$
$$= \quad \%$$

NOTE:

1. % Mark should not less than 60% for every units / sections.

GENERAL COMMENT ON ATTITUDE:

Preceptor's Name & Signature:

Date:

COMMUNITY PHARMACY ASSESSMENT

C. PHARMACY AND BUSINESS MANAGEMENT

SECTION 1: ORGANIZATIONAL STRUCTURE

Knowledge	Level of Performance										Comments	Name and Signature of Preceptor
	1	2	3	4	5	6	7	8	9	10		
ORGANIZATION STRUCTURE / LAYOUT / CHART Able to explain structure/layout and identify your role in the organization												

SECTION 2: PREMISE LAYOUT & MERCHANDISING

Knowledge	Level of Performance										Comments	Name and Signature of Preceptor
	1	2	3	4	5	6	7	8	9	10		
Able to explain the principle of premise layout												
Able to explain the principle in merchandising, management of customer flow												

COMMUNITY PHARMACY ASSESSMENT

SECTION 3: MARKETING STRATEGY

Knowledge	Level of Performance										Comments	Name and Signature of Preceptor
	1	2	3	4	5	6	7	8	9	10		
Able to describe the marketing strategy												

SECTION 4: PREMISE MANAGEMENT

Knowledge of the principles of store management organization structure, inventory, stock movement and control, cleanliness, and security

4.1 GENERAL PREMISE MANAGEMENT

Knowledge	Level of Performance										Comments	Name and Signature of Preceptor
	1	2	3	4	5	6	7	8	9	10		
PREMISE IDENTIFICATION Able to maintain and project a professional image												
PRODUCT CATEGORIES Able to identify the categories and subcategories of the product												
PREMISE IMAGE <ul style="list-style-type: none"> Able to demonstrate the cleanliness Able to describe the integrity policy of the company 												

COMMUNITY PHARMACY ASSESSMENT

4.2 PROCUREMENT AND DISTRIBUTION

Knowledge of ordering process and monitoring of vendor performances

Knowledge	Level of Performance										Comments	Name and Signature of Preceptor
	1	2	3	4	5	6	7	8	9	10		
Purchasing Procedure Able to recognize the different method/processes in procurement: <ul style="list-style-type: none"> - Quotation - Direct supply - Distribution centre - Inter branch transfer 												
Detection of Genuine and Registered Product <ul style="list-style-type: none"> • Able to use Authorized device to decode genuine Hologram • Able to explain and interpret MAL registration number 												
Ordering Systems Able to explain: <ul style="list-style-type: none"> • Min Order Value • How to ask for quotation • Trade Negotiation • Min/Max order quantity • E-procurement system (optional) 												

COMMUNITY PHARMACY ASSESSMENT

Knowledge	Level of Performance										Comments	Name and Signature of Preceptor
	1	2	3	4	5	6	7	8	9	10		
Receiving Of Goods Stock checking on Invoice or D/O against P/O Expiry date checking Sign and acknowledgement on D/O & Invoice At least 10 exercises of the above event												
Applicable only to Preceptor with wholesaling activity Include Good Distribution Practice (GDP) Working knowledge with respect to the legislative requirement on wholesaling activity. (e.g., the recording requirement, licensing requirement)												

COMMUNITY PHARMACY ASSESSMENT

4.3 STORAGE

Knowledge of storage in accordance to Good Distribution Practice

Knowledge	Level of Performance										Comments	Name and Signature of Preceptor
	1	2	3	4	5	6	7	8	9	10		
Good Distribution Practice Able to identify storage requirement of various dosage form according to manufacturer's instruction. <ul style="list-style-type: none"> Min 10 Items 												
Cold Chain Management Able to identify the: <ul style="list-style-type: none"> Cold chain process Goods monitoring – from receiving to dispensing must maintain cold chain standard Equipment monitoring (thermometer monitored) Documentation 												

COMMUNITY PHARMACY ASSESSMENT

4.4 INVENTORY CONTROL

Knowledge of drug usage patterns, identification of slow and non-moving stocks, maximum and minimum stock levels, cost accounting, and expiry date monitoring

Knowledge	Level of Performance										Comments	Name and Signature of Preceptor
	1	2	3	4	5	6	7	8	9	10		
Drug Usage Pattern Able to retrieve, analyse and interpret reports												
Slow/ Non- moving Stock Able to retrieve, print, analyse and interpret reports												
Item Below / Above Buffer Level Able to retrieve, print, analyse and interpret reports												
Item Near Expiry Ability in managing near expiry item and to highlight to management for appropriate follow up action												
Stock Take Able to identify the importance of stock take (Min once per year)												

COMMUNITY PHARMACY ASSESSMENT

Knowledge	Level of Performance										Comments	Name and Signature of Preceptor
	1	2	3	4	5	6	7	8	9	10		
Return Procedure Familiar with the method to initiate and complete return procedure (generate Trade Return Notes / Goods Return Notes or ask for Credit Note) e.g.: Wrong item sent, near expiry goods received												

4.5 DISPOSAL

Knowledge of disposal procedures and documentation.

Knowledge	Level of Performance										Comments	Name and Signature of Preceptor
	1	2	3	4	5	6	7	8	9	10		
DISPOSAL PROCESS Able to explain the workflow for proper disposal including psychotropic substance												

COMMUNITY PHARMACY ASSESSMENT

4.6 PRODUCT COMPLAINTS

Knowledge of handling of product complaints and reporting procedures

Knowledge	Level of Performance										Comments	Name and Signature of Preceptor
	1	2	3	4	5	6	7	8	9	10		
Handling of Complaints Able to explain workflow and manage product complaint (if any)												

4.7 PRODUCT RECALL

Knowledge of handling of product recall and reporting procedures

Knowledge	Level of Performance										Comments	Name and Signature of Preceptor
	1	2	3	4	5	6	7	8	9	10		
Handling of Product recall Able to explain workflow and manage product recall (if any)												

COMMUNITY PHARMACY ASSESSMENT

SECTION 5: FINANCIAL MANAGEMENT

Knowledge of the financial aspects of the business

Knowledge	Level of Performance										Comments	Name and Signature of Preceptor
	1	2	3	4	5	6	7	8	9	10		
Able to explain performance measurements and financial control.												

SECTION 6: HUMAN RESOURCE (HR) MANAGEMENT

Knowledge	Level of Performance										Comments	Name and Signature of Preceptor
	1	2	3	4	5	6	7	8	9	10		
Able to explain the basic aspects of HR management												

SECTION 7: SAFETY AND SECURITY

Knowledge	Level of Performance										Comments	Name and Signature of Preceptor
	1	2	3	4	5	6	7	8	9	10		
Able to explain on the relevant safety and security aspects (refer to the company sop if any)												

COMMUNITY PHARMACY ASSESSMENT

SECTION 8: CUSTOMER SERVICE

Understanding that customer satisfaction is a major requisite to business success.

Knowledge	Level of Performance										Comments	Name and Signature of Preceptor
	1	2	3	4	5	6	7	8	9	10		
Assess client satisfaction (At least 10 customers)												
Able to handle customer complaints (If any)												

COMMUNITY PHARMACY ASSESSMENT

EVALUATION

$$\begin{aligned}\text{Mark} &= \frac{\quad}{280} \times 100\% \\ &= \quad \%\end{aligned}$$

NOTE:

1. % Mark should not less than 60% for every units / sections.

GENERAL COMMENT ON ATTITUDE:

Preceptor's Name & Signature:

Date:

OUTPATIENT PHARMACY ASSESSMENT (HEALTH CLINIC ATTACHMENT)

D. OUTPATIENT PHARMACY ASSESSMENT (HEALTH CLINIC ATTACHMENT)

SECTION A: COMPETENCY ASSESSMENT

No.	Task	Target	Completed task	Percentage Achieved (%)	Level of Performance											Comments
					1	2	3	4	5	6	7	8	9	10	NA	
1.	Screening	50 prescriptions														
2.	Labelling and Filling of Prescriptions	-														
3.	Dispensing	200 prescriptions														
4.	Medication Counseling	Individual: 12 patients														
		Group: 4 sessions (if available)														
5.	Handling of Dangerous Drugs & Psychotropic Substances	10 prescriptions / case simulation														
6.	Preparing Extemporaneous Medications	5 preparations / case simulation														

OUTPATIENT PHARMACY ASSESSMENT (HEALTH CLINIC ATTACHMENT)

EVALUATION

$$\text{Mark} = \frac{\quad}{60} \times 100\%$$
$$= \quad \%$$

NOTE:

1. % Mark should not less than 60% for every units / sections.

GENERAL COMMENT ON ATTITUDE:

Preceptor's Name & Signature:

Date:

PRP PERSONAL ASSESSMENT BY PRECEPTOR

SECTION 1: DEMONSTRATE A PROFESSIONAL APPROACH

No.	Assessment	Level of Performance											Comments
		1	2	3	4	5	6	7	8	9	10	NA	
1.	A commitment to provide quality pharmaceutical care of patients is demonstrated												
2.	A polite and helpful manner is demonstrated												
3.	Dress code and behavior meet the requirements of the organization												
4.	Reliability is demonstrated												
5.	Initiative is demonstrated												
6.	Adaptability, flexibility and willingness are demonstrated in new situations												
7.	Understanding of personal limitation is demonstrated												
8.	Work is carried out in an organized and systematic manner with attention to detail so that the desired result is achieved												

PRP PERSONAL ASSESSMENT BY PRECEPTOR

SECTION 1: DEMONSTRATE A PROFESSIONAL APPROACH

No.	Assessment	Level of Performance											Comments
		1	2	3	4	5	6	7	8	9	10	NA	
9.	Work is prioritized effectively												
10.	Tasks are pursued to completion and within agreed time limits												
11.	Problems or potential problems are identified and the appropriate corrective action taken or solution found												
12.	Stressful situations are handled effectively												
13.	Use professional judgement in a decision making												
TOTAL MARKS (SECTION 1)													
MARKS (%) (SECTION 1)		Marks = $\frac{\text{ } }{130} \times 100$ = ____%											

PRP PERSONAL ASSESSMENT BY PRECEPTOR

SECTION 2: TEAMWORK

No.	Assessment	Level of Performance											Comments
		1	2	3	4	5	6	7	8	9	10	NA	
1.	Able to collaborate with other team members to achieve organizational goals												
2.	Able to provide constructive feedback to colleagues in a respect manner												
3.	Constructive criticism is received in a positive manner												
TOTAL MARKS (SECTION 2)													
MARKS (%) (SECTION 2)		Marks = $\frac{\quad}{30} \times 100$ = $\quad\%$											

PRP PERSONAL ASSESSMENT BY PRECEPTOR

SECTION 3: UNDERTAKE PERSONAL AND PROFESSIONAL DEVELOPMENT

No.	Assessment	Level of Performance											Comments
		1	2	3	4	5	6	7	8	9	10	NA	
1.	The ability to self-evaluate and reflect on experiences is demonstrated												
2.	Feedback on performance is used effectively to improved competence												
3.	The ability to take responsibility to meet own development needs and to achieve targets is demonstrated												
TOTAL MARKS (SECTION 3)													
MARKS (%) (SECTION 3)		Marks = $\frac{\quad}{30} \times 100$ = ____%											

PRP PERSONAL ASSESSMENT BY PRECEPTOR

SECTION 4: COMMUNICATION SKILLS

No.	Assessment	Level of Performance											Comments
		1	2	3	4	5	6	7	8	9	10	NA	
1.	A sufficient command of the <i>Bahasa Malaysia</i> and English Language is demonstrated												
2.	Conversations are conducted confidentially and with empathy												
3.	Questioning is used effectively to elicit necessary information and increase understanding												
4.	Responses in conversation are helpful and clear												
5.	Body language is appropriate to the situation												
6.	Clear, concise and well-structured written material is provided when required												
7.	All responses are tailored to the needs of the recipient												
8.	Complaints or demands are responded to in a professional manner												
TOTAL MARKS (SECTION 4)													
MARKS (%) (SECTION 4)		Marks = $\frac{\quad}{80} \times 100$ = \quad %											

PRP PERSONAL ASSESSMENT BY PRECEPTOR

SECTION 5: INTEGRITY

No.	Assessment	Level of Performance											Comments
		1	2	3	4	5	6	7	8	9	10	NA	
1.	Subscribes to the organization's core values												
2.	Tasks and situation are approached with compliance to organizational policy and legalities												
3.	Accountable, follows the rule of law and guidelines to prevent corruption.												
4.	Honest, being open and not taking advantage of others												
TOTAL MARKS (SECTION 5)													
MARKS (%) (SECTION 5)		Marks = $\frac{\quad}{40} \times 100$ = ____%											
MARKS (%) (SECTION 1 – SECTION 5)		Marks = $\frac{\quad}{310} \times 100$ = _____%											

SUMMARY OF PERFORMANCE (%) FOR EACH SECTION

NO.	SECTION	MARK %
1.	Understanding Legislations and Guidelines (Assessment)	
2.	Community Pharmacy Practice (Logbook & Assessment)	
3.	Pharmacy and Business Management (Assessment)	
4.	Out-patient Pharmacy Services (Health Clinic attachment) (Logbook & Assessment)	
AVERAGE MARK		
PRP PERSONAL ASSESSMENT AVERAGE PERFORMANCE		
1.	Demonstrate a Professional Approach	
2.	Work Effectively as Part of a Team	
3.	Undertake Personal and Professional Development	
4.	Communication Skills	
5.	Integrity	
AVERAGE MARK		

Preceptor's Name, Signature & Stamp:

Date:

(TO BE FILLED BY PRINCIPAL PRECEPTOR FOR THOSE EXTENDED) SUMMARY OF PERFORMANCE (%) FOR EACH SECTION

NO.	SECTION	Mark % prior to extension period	Mark % after extension period	Actual extension period
1.	Understanding Legislations and Guidelines (Assessment)			
2.	Community Pharmacy Practice (Logbook & Assessment)			
3.	Pharmacy and Business Management (Assessment)			
4.	Out-patient Pharmacy Services (Health Clinic attachment) (Logbook & Assessment)			
AVERAGE MARK				
PRP PERSONAL ASSESSMENT AVERAGE PERFORMANCE				
1.	Demonstrate a Professional Approach			
2.	Teamwork			
3.	Undertake Personal and Professional Development			
4.	Communication Skills			
5.	Integrity			
AVERAGE MARK				

Preceptor's Name, Signature & Stamp:

Date:

APPRAISAL BY MASTER PRECEPTOR

Setiausaha
Lembaga Farmasi Malaysia
Bahagian Perkhidmatan Farmasi
Lot 36, Jalan Universiti,
46200 Petaling Jaya, Selangor.

PROVISIONALLY REGISTERED PHARMACIST'S DETAILS

Name of Provisionally Registered Pharmacist		<i>Insert photo</i>
I/C Number		
Provisional Registration Number		
Place of Training		
Duration of Training	to	

I certify that the above PRP has completed his/her training as required under subsection 6A(2) of the Registration of Pharmacist Act 1951.

PROPOSAL

Tick where appropriate

A	<input type="checkbox"/>	Certificate of satisfactory experience in accordance to sub-regulation 7(1) Registration of Pharmacists Regulations 2004 is <u>recommended</u> to be given to him/her.
B	<input type="checkbox"/>	Certificate of satisfactory experience in accordance to sub-regulation 7(1) Registration of Pharmacists Regulations 2004 is <u>not recommended</u> to be given to him/her.

MASTER PRECEPTOR'S DETAILS

Name	
Address of Training Premise	
Master Preceptor's Signature	
Date	

APPRAISAL BY PRP OF PRECEPTOR

Setiausaha
Lembaga Farmasi Malaysia
Bahagian Perkhidmatan Farmasi Lot 36, Jalan
Universiti, 46200 Petaling Jaya, Selangor.

Name of Provisionally Registered Pharmacist :

I/C Number :

PRP Registration Number :

Place of Training :

I have undergone training at the above mentioned place from (date): To

Name of Preceptor :

No	Subject	Grade										Comments
		1	2	3	4	5	6	7	8	9	10	
1	Facilities of Training Place											
2	Professional Exposure by the Preceptor											
3	Professional Guidance by the Preceptor											
4	Training Skills of the Preceptor											

***to be sent by PRP directly to Pharmacy Board Malaysia**

MEDICATION HISTORY ASSESSMENT FORM

Community Pharmacy (CP) Name:.....

FORM TO BE FILLED BY THE PHARMACIST UPON PATIENT VISIT**A: PATIENT BIODATA**

Full Name _____

Gender : M / F Age: _____

RN/IC : _____

Address : _____

Phone No : _____

Visit Date/Time : _____

PMHx : _____

Last Visit / Review Date : _____

B: REASON FOR VISIT TO CP**C: ALLERGY & ADVERSE DRUG REACTION****D: DRUG HISTORY**

Patient's own drugs checked?

☐

Yes

☐

No

MEDICATION (Specify strength)	DOSE	FREQUENCY	BALANCE FROM PREVIOUS SUPPLY	WRITE C FOR CONTINUE, DC FOR DISCONTINUE, WH FOR WITHOLD	COMMENTS

NON-PRESCRIPTION MEDICATION (Includes Herbal/Vitamin/Other Supplements)	REASON FOR TAKING	BALANCE / COMMENTS

E: PHARMACIST NOTES

Pharmacist Sign & Stamp : _____

Time / Date : _____

[illegible]

Community Pharmacy

COMPLIANCE ASSESSMENT:

(Choose either A or B)

A) Pill/ Tablet counts

Compliance score is calculated according to the formula:

Compliance score = $\frac{\text{No. of tablets dispensed} - \text{No. tablets not taken}}{\text{Correct no. of tablets should be taken}} \times 100\%$

Compliance score = $\frac{(\quad) - (\quad)}{(\quad)} \times 100\% = \quad\%$

*Compliant to medication when score is $\geq 85\%$

B) MyMAAT

(APPENDIX 2a)

FEEDBACK AFTER MEDICATION USE REVIEW / COUNSELLING

	Level of Understanding		
	Good	Intermediate	Poor
Compliance			
Medications / devices			

REVIEW BY PRP

Follow up: Not Required ☐ Required ☐ Date : _____

Prepared by : _____

Checked by : _____

Signature and
Name of PRP

Signature
Name & stamp of Preceptor

Date:

Date:



ALAT PENGUKURAN TAHAP KEPATUHAN PESAKIT TERHADAP PENGAMBILAN UBAT DI MALAYSIA
MALAYSIA MEDICATION ADHERENCE ASSESSMENT TOOL (MyMAAT)

Hospital/ Hospital			
Nama Pesakit/ Patient's Name		No. Pendaftaran/ Reg. No.	
		Tarikh/ Date	
No. KP/ IC No.		Lokasi/ Location	

Bahagian I : Persepsi Tahap Kepatuhan Pesakit Terhadap Pengambilan Ubat-Ubatan
Part I : Perception on Patient's Adherence Towards Medication

Soal selidik ini dijalankan untuk mendapatkan maklumat mengenai amalan pengambilan ubat oleh pesakit dan sebaik-baiknya diisi oleh pesakit/ penjaga.

*Sila tandakan (√) pada kotak yang berkenaan.

This survey will ask about your current practice related to medication taking and preferably to be filled by patient/ care taker.

* Please tick (√) in the appropriate boxes.

Bil./ No.	Perkara/ Item	Skor/Score				
		Sangat Tidak Setuju/ Strongly Disagree	Tidak Setuju/ Disagree	Neutral/ Neutral	Setuju/ Agree	Sangat Setuju/ Strongly Agree
		5	4	3	2	1
1.	Dalam sebulan yang lepas, saya kerap tidak mengambil ubat seperti yang diarahkan oleh doktor. <i>In the past one month, I frequently failed to take my medication in accordance with the doctor's instruction.</i>					
2.	Dalam sebulan yang lepas, saya mengurangkan pengambilan ubat apabila berasa sihat. <i>In the past one month, I reduced my medication intake when I felt better.</i>					
3.	Dalam sebulan yang lepas, saya mengambil ubat secara berselang-seli. <i>In the past one month, I took my medication alternately.</i>					
4.	Saya sering terlewat/terlepas untuk temujanji pengambilan ubat susulan di kaunter farmasi. <i>I was often late on / missed the appointment date to get the supplies of my follow-up medication at the pharmacy counter.</i>					

Community Pharmacy

Bil./ No.	Perkara/ Item	Skor/Score				
		Sangat Tidak Setuju/ Strongly Disagree	Tidak Setuju/ Disagree	Neutral/ Neutral	Setuju/ Agree	Sangat Setuju/ Strongly Agree
		5	4	3	2	1
5.	Daripada bekalan ubat yang diterima, saya mempunyai banyak lebihan ubat di rumah. <i>I have excess supply of the prescribed medication at home.</i>					
6.	Saya hanya mengambil sebahagian sahaja daripada ubat yang diberikan kerana merasakan ianya tidak perlu/tidak penting. <i>I did not fully comply with the prescriptions because I felt it was unnecessary/insignificant.</i>					
7.	Dalam sebulan yang lepas, saya sering terlupa untuk mengambil ubat saya. <i>In the past one month, I frequently failed to remember to take my medication.</i>					
8.	Saya sering mengurangkan pengambilan ubat kerana bimbang akan kesan sampingnya terhadap badan. <i>I regularly take less medication than prescribed for fear of the side effects to my body.</i>					
9.	Saya tidak mengambil ubat apabila tiada sesiapa mengingatkan saya. <i>I will miss/not take my medication if no one reminds me to do so.</i>					
10.	Saya tidak begitu pasti tentang dos ubat yang perlu diambil setiap hari. <i>I am uncertain about my daily medication doses.</i>					
11.	Saya tidak boleh menguruskan pengambilan ubat saya dengan baik. <i>I am unable to manage my medication intake properly.</i>					
12.	Ketiadaan sokongan atau pertolongan dari orang tersayang menyebabkan saya tidak bermotivasi untuk mengambil ubat yang diberikan oleh doktor. <i>Without support or help from the loved ones, I lack motivation to take my medication as prescribed by the doctor.</i>					
	JUMLAH/ TOTAL					
	Skor minimum = 12; Skor maksimum = 60 <i>Minimum score = 12; Maximum score = 60</i>					

SOAL SELIDIK TAMAT/ END OF SURVEY

TERIMA KASIH/ THANK YOU



ALAT PENGUKURAN TAHAP KEPATUHAN PESAKIT TERHADAP PENGAMBILAN
UBAT DI MALAYSIA
MALAYSIA MEDICATION ADHERENCE ASSESSMENT TOOL (MyMAAT)

Bahagian II : Kategori Kepatuhan Pesakit Terhadap Pengambilan Ubat-Ubatan

Part II : Category of Patient's Adherence Towards Medication

Kategori kepatuhan mengikut jumlah skor adalah seperti berikut:

Patient's adherence category based on total score as stated below:

Kategori/ Category	Jumlah Skor/ Total Score
Kepatuhan baik/ Good adherence	≥ 54
Kepatuhan sederhana dan lemah/ Moderate and poor adherence	< 54

Bahagian III : Rumusan Tahap Kepatuhan Pesakit Terhadap Pengambilan Ubat-Ubatan

Part III : Summary on Patient's Adherence Towards Medication

Untuk diisi oleh pegawai farmasi/ To be filled by pharmacist.

Jumlah Skor/ Total Score	
Kategori Kepatuhan/ Adherence Category	<input type="checkbox"/> Kepatuhan baik/ Good adherence <input type="checkbox"/> Kepatuhan sederhana dan lemah/ Moderate and poor adherence
Nota Pegawai Farmasi/ Pharmacist's Note	

Tandatangan & Cop Pegawai Farmasi/ :
Pharmacist's Signature & Stamp

Tarikh/ :
Date