



## DEPARTMENTAL POLICIES & PROCEDURES

Department Name: PHARMACEUTICAL CARE SERVICES	Region: CENTRAL REGION
Subject: Pharmacy Residency Program Selection Criteria	
Original Date: October 2013	Revised Date: January 2022
Reference: 7330-13-03-04 version 2022	Replacement: 7330-13-03-04 version 2018
Applicable - Employees / Departments: Staff involved in Pharmacy Residency Program	

### 1. PURPOSE

This is made to establish policy and standard procedure regulating Professional Residency Program for NGHA and non-NGHA candidates.

### 2. DEFINITIONS

- 2.1 NGHA:** National Guard Health Affairs
- 2.2 RAC:** Residency Advisory Committee
- 2.3 RPD:** Residency Program Director
- 2.4 SCFHS:** Saudi Commission for Health Specialties
- 2.5 SPLE:** Saudi Pharmacist Licensure Examination

### 3. POLICY STATEMENTS

The Pharmaceutical Care Services offers a comprehensive patient care. The high performance standards and challenges presented by the Pharmaceutical Care Services demands competent and qualified personnel. A comprehensive Residency Program is established to ensure Saudi pharmacists possess the skills and the knowledge to enable them to provide safe, efficient and reliable patient care.

### 4. PROCEDURES

Residency applicants who are interested in the program must meet the following requirements by the Saudi Commission for Health Specialties/ NGHA Postgraduate Medical Education Department:

- 4.1** Saudi national holding a Bachelor's Degree in Pharmacy or Doctor of Pharmacy (Pharm D.) with a minimum GPA  $\geq 3.5$  of 5.
- 4.2** Graduate of a College of Pharmacy accredited by the Ministry of Education.

- 4.3 Official pharmacy school transcript.
- 4.4 Curriculum vitae.
- 4.5 Letter of intent including a statement of professional goals and reasons for pursuing the Pharmacy Practice Residency addressed to the RPD.
- 4.6 Three updated letters of recommendations (properly sealed).
- 4.7 Residents must be licensed or eligible for licensure by the SCFHS.
- 4.8 Completed application package that will be reviewed by the RPD and the interview committee members prior to interview.
- 4.9 Passing the interview conducted by the Pharmaceutical Care Services interview committee.
- 4.10 Must be from the top 80 % candidates based on SCFHS final SPLE score.
- 4.11 Applicant must obtain the “Final Acceptance Letter” from the SCFHS.
- 4.12 NGHA candidates must be granted a release letter from the department.
- 4.13 Non-NGHA candidates who are not sponsored by any governmental agency can apply directly to the academic affairs for the unfilled position.
- 4.14 Assessment Criteria of Candidates (See **APPENDIX A**).
- 4.15 The above mentioned requirements are subject to change by SCFHS/ NGHA Postgraduate Medical Education Department.

## 5. APPENDICES

- 5.1 **Appendix A** - Residency Training Program- Assessment of Candidate Form
- 5.2 **Appendix B** - Residency Interview Selection Form

**6. RECOMMENDATIONS****REVISED BY:**

  
**Dr. Abeer Al Smari**  
 Director, Pharmacy Residency Program  
 Pharmaceutical Care Services, Central Region

31/3/2022  
 Date

**REVIEWED BY:**

  
**DPP Task Force Team Leader**  
 Pharmaceutical Care Services, Central Region

3-3-2022  
 Date

**7. APPROVAL****APPROVED BY:**

  
**Dr. Saad Al Obaidy, Director**  
 Pharmaceutical Care Services, Central Region

03/03/2022  
 Effective Date

[This table will be completed in the following year when the DPP has been reviewed but no amendments /additions to it and will be attached to the original DPP.]

Date	Name of Responsible Person Reviewing DPP	Reviewed	Signature
[Date when the DPP is reviewed]	[Legibly write the name of the responsible person who reviews the DPP]	[Affix a check ✓ mark]	[Signature of the responsible person who reviews the DPP]
...	...	...	...

# Appendix A - Residency Training Program- Assessment of Candidate Form



Ministry of National Guard- Health Affairs  
King Saud Bin Abdulaziz University for Health Science  
Postgraduate Medical Education



## RESIDENCY TRAINING PROGRAM

Facility:  Central Region  Western Region  Eastern Region  Al Madinah Al Monawarah

Name of Candidate : \_\_\_\_\_  
 Training Program : \_\_\_\_\_  
 Interview Date : \_\_\_\_\_  
 Academic Year Start Date : \_\_\_\_\_  
 Length of Program : \_\_\_\_\_

### ASSESSMENT OF CANDIDATE

#### **RATING OF ATTRIBUTES:**

	Max. Marks	Achieved Marks
SCFHS Final Score	%30	_____
References Letters	%10	_____
Publication/ Research	%5	_____
Interest in NGHA training Center	%5	_____

#### **INTERVIEW:**

Communication skills	%10	_____
Professionalism	%10	_____
Career Goals	%10	_____
CV review	%10	_____
Interest in the specialty	%10	_____
<b>NEGATIVE REMARKS:</b>		
Career Gap > 6 months	-%5	_____
Lack of reference Letter from same specialty	-%5	_____
<b>POSITIVE REMARKS:</b>		
Currently Employee at MNGHA (Military/ citizen)	+%5	_____
Personal Statement Letter	+%5	_____

#### **FINAL MARK:**

%100

#### **DEPARTMENT'S RECOMMENDATIONS:**

**Dr.** \_\_\_\_\_  RECOMMENDED  NOT RECOMMENDED  
 Program Director (Name & Signature) \_\_\_\_\_ Date: \_\_\_\_\_

**Dr.** \_\_\_\_\_  RECOMMENDED  NOT RECOMMENDED  
 Department's Chairman (Name & Signature) \_\_\_\_\_ Date: \_\_\_\_\_

#### **POSTGRADUATE EDUCATION:**

Director, Postgraduate Medical Education, KSAU-HS,  
 (Name & Signature) \_\_\_\_\_  RECOMMENDED  NOT RECOMMENDED  
 Date: \_\_\_\_\_

V.P, Postgraduate Education, KSAU-HS  
 (Name & Signature) \_\_\_\_\_  APPROVE  REJECT  
 Date: \_\_\_\_\_

## Appendix B - Residency Interview Selection Form

### RESIDENCY INTERVIEW SELECTION FORM

Training Program : \_\_\_\_\_

Academic Year : \_\_\_\_\_

#	Name	Rating of Attribute				Interview					Negative Remark		Positive Remark		Total Out of %100
		SCFHS Final Score %30	Reference Letters %10	Research %5	Interest in MNGHA Training Center %5	Communication Skills %10	Professionalism %10	Career Goals %10	CV Review %10	Interest in the Specialty %10	Career Gap > 6 months - %5	Lack of Reference Letter from the same specialty - %5	Currently Employee at MNGHA (Military or Civilian) + %5	Personal Statement Letter + %5	
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2.															
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9.															
10.															
11.															

**Committee Members:**

*Signature:*  
\_\_\_\_\_  
Department Chairman, member  
Dr \_\_\_\_\_

*Signature:*  
\_\_\_\_\_  
Consultant, Member  
Dr \_\_\_\_\_

*Signature:*  
\_\_\_\_\_  
Consultant, Member  
Dr \_\_\_\_\_

*Signature:*  
\_\_\_\_\_  
Consultant, Member  
Dr \_\_\_\_\_

*Signature:*  
\_\_\_\_\_  
Committee Chairman, Program Director  
Dr \_\_\_\_\_

7330-13-03-04

Pharmacy Residency Program Selection Criteria

January 2022