



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 ≥ 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

31/31/2022
 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	_____
NEGATIVE REMARKS:		
Career Gap > 6 months	-%5	_____
Lack of reference Letter from same specialty	-%5	_____
POSITIVE REMARKS:		
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.															
3.															
4.															
5.															
6.															
7.															
8.															
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