



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 NGHHA candidates must be granted a release letter from the department.
- 4.13 Non-NGHHA 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/ NGHHA 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 Region3/3/2022
Date

REVIEWED BY:



DPP Task Force Team Leader
Pharmaceutical Care Services, Central Region3-3-2022
Date**7. APPROVAL**

APPROVED BY:



Dr. Saad Al Obaidy, Director
Pharmaceutical Care Services , Central Region03/03/2022
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 NGH training Center	%5	_____

INTERVIEW:

	Max. Marks	Achieved Marks
Communication skills	%10	_____
Professionalism	%10	_____
Career Goals	%10	_____
CV review	%10	_____
Interest in the specialty	%10	_____

NEGATIVE REMARKS:

	Max. Marks	Achieved Marks
Career Gap > 6 months	-%5	_____
Lack of reference Letter from same specialty	-%5	_____

POSITIVE REMARKS:

	Max. Marks	Achieved Marks
Currently Employee at MNGHA (Military/ citizen)	+%5	_____
Personal Statement Letter	+%5	_____

FINAL MARK:

	Max. Marks	Achieved Marks
FINAL MARK:	%100	_____

DEPARTMENT'S RECOMMENDATIONS:

Dr. _____
Program Director (Name & Signature)

☐ RECOMMENDED ☐ NOT RECOMMENDED
Date: _____

Dr. _____
Department's Chairman (Name & Signature)

☐ RECOMMENDED ☐ NOT RECOMMENDED
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: _____

[Signature]

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 90/100
		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	
1.															
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