## BOARD NOTICE 153 OF 2014

### THE SOUTH AFRICAN PHARMACY COUNCIL

# GOOD PHARMACY EDUCATION STANDARDS

The South African Pharmacy Council intends to publish the Good Pharmacy Education Standards (Higher Education and Training) in terms of Section 34 of the Pharmacy Act, 53 of 1974, read together with the *Regulations relating to pharmacy education and training* (GNR 1156, published on 20 November 2000).

**SCHEDULE**

(a) Good Pharmacy Education Standards: Higher Education and Training.

In this notice "the Act" shall mean the Pharmacy Act, 53 of 1974 (as amended), and any expression to which a meaning has been assigned in the Act shall bear such meaning.

Interested persons are invited to submit. within 60 days of publication of this notice, substantiated comments or representations on the qualifications and scopes of practice to the Registrar, The South African Pharmacy Council, Private Bag X40040, Arcadia, 0007, or Fax 0865063010 or email: BN@sapc.za.org.(for the attention of the Senior Manager: Legal Services and Professional Conduct).

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**REGISTRAR**

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South African
Pharmacy Council

SOUTH AFRICAN PHARMACY COUNCIL

2014

# GOOD PHARMACY EDUCATION STANDARDS

## Higher Education and Training

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## PREAMBLE AND PRINCIPLES

In terms of the Pharmacy Act (53 of 1974, Section 3), the South African Pharmacy Council (hereafter referred to as Council) is responsible for establishing, developing, maintaining and controlling universally acceptable standards in pharmaceutical education and training. Council implements the above responsibilities by developing scopes of practice and qualifications, accrediting providers and courses, quality assuring the delivery of the programmes and ensuring consistency and quality across programmes.

Higher education and training in the South African context also falls within the National Qualifications Framework [Government Gazette No 30353: The Higher Education Qualifications Framework, Higher Education Act, 1997 (Act No. 101 of 1997)]. The specific levels in the framework which apply to pharmacy education and training are:

- Level 5: Higher Certificate in Pharmacy Technical Support
- Level 6: Advanced Certificate in Pharmacy Technical Support
- Level 8: BPharm
- Level 9: Master's degree, including those for professional specialisation
- Level 10: Doctoral degree, including those for professional specialisation.

Council's main responsibility is to protect, promote and maintain the health, safety and wellbeing of members of the public. The implementation of this responsibility is aligned with the relevant Regulations.

The purpose of *Good Pharmacy Education Standards* (GPES) is to ensure quality pharmaceutical education in South Africa. GPES must prescribe excellence in education to ensure that pharmacists and pharmacy support staff practising in the country are equipped for the roles they have to undertake in practice and that their performance complies with the exit level outcomes specified for the various qualifications. In complying with GPES education and training providers will enable learners to achieve the desired level of competence.

The standards set out in this document provide benchmarks to guide the development, implementation and quality assurance of programmes leading to higher education and training (HET) qualifications.

The main aim of a national set of standards, as mandated by the Council on Higher Education (CHE), is not to displace existing, internal means of quality control over qualifications, but to provide for an agreed matrix of benchmarks against which institutional assessment criteria and awards can be evaluated.

The standards which follow have been drawn up from the most up-to-date international standards to reflect these responsibilities. They are also in line with the policy on *Good Pharmacy Education Practice* of the International Pharmaceutical Federation, in collaboration with the World Health Organisation, which identified the "eight star pharmacist", with the following roles and responsibilities:

1. Care giver

2. Decision maker
3. Communicator
4. Leader
5. Manager
6. Life-long learner
7. Teacher
8. Researcher.

Good Pharmacy Education and other relevant standards which were identified and critically reviewed included those of Australia, New Zealand, Ireland (the Pharmacy Education and Accreditation Reviews (PEARs) project), United Kingdom (General Pharmaceutical Council and General Medical Council – *Tomorrow's Doctors*), United States of America (Accreditation Council for Pharmaceutical Education), Egypt, India and South Africa.

Council organises the standards as a minimum requirement for implementation within the structure of a school to denote the level of autonomy and authority associated with pharmacy education. The standards apply to existing and new programmes and additional sites.

## DEFINITION OF TERMS

**Accreditation:** refers to the certification, usually for a particular period of time, of a person, a body or an institution as having the capacity to fulfil a particular function in the quality assurance system set up by the Council.

**Act:** refers to the Pharmacy Act, 53 of 1974.

**Approval:** refers to the certification, usually for a particular period of time, of a person, a body or an institution as having the capacity, in terms of the criteria determined and published by Council, to deliver a learning programme which culminates in pharmacy-related and registered National Qualifications Framework (NQF) standards or qualifications. Council shall, in terms of the Act, approve constituent providers that are accredited by another Education and Training Quality Assurance (ETQA) body.

**Assessment:** refers to the process of collecting evidence of students' work to measure and make judgments about the achievement or non-achievement of specified standards and/or qualifications.

**Assessor:** refers to a person qualified to assess academic performance of students against specified pharmacy-related standards and qualifications and includes persons registered as such with the Council.

**Certificate of approval:** means, in the case of a provider, a certificate issued by Council to a person or institution that complies with the criteria determined and published by Council for the approval of providers; in the case of a tutor, a certificate issued by Council to a person approved as a tutor in terms of the *Regulations relating to pharmacy education and training*; and in the case of pharmacy premises, a certificate issued by Council to a pharmacy approved in terms of regulation 36 of the *Regulations relating to pharmacy education and training*.

**Council:** refers to the South African Pharmacy Council.

**Credit accumulation:** means the process whereby learners are able to register learning outcomes achieved in one programme at one date and have them counted towards the full programme at a later date.

**Credit transfer:** means the process whereby learners are able to register learning outcomes achieved in one programme at one date and have them counted towards another programme at a later date.

> **Note:** In a full credit accumulation and transfer (CAT) system the above two processes are integrated so that a credit which is accumulated within one sub-system may first have been transferred from another sub-system. DHET and CHE apply some limitations to these processes.

**CHE:** refers to the Council on Higher Education.

**DHET:** refers to the Department of Higher Education and Training.

**DoE:** refers to the Department of Education.

**Exit level outcomes:** means the education and training outcomes prescribed in annexures to the regulations for the various categories of persons, for purposes of registration in terms of the Act.

**Full-time equivalent:** is a measure applied to calculate student numbers.

**GCL:** refers to the Good Clinical Practice.

**GMP:** refers to the Good Manufacturing Practice.

**GPES:** refers to Good Pharmacy Education Standards.

**GPP:** refers to the Good Pharmacy Practice.

**GWDP:** refers to the Good Wholesale and Distribution Practice.

**Moderator:** refers to a person qualified to moderate academic performance of students against specified pharmacy-related standards and qualifications and includes persons registered as such with the Council

**Monitoring:** refers to the continuous process to review quality. Monitoring has a formative emphasis. Feedback from the monitoring process will incorporate recommendations and thus contribute directly to quality improvement. Monitoring can take place through scheduled or unscheduled site visits.

**Pharmacist:** means a natural person registered as such in terms of the Act.

**Pharmacist Intern:** means a natural person registered as such in terms of the Act.

**Pharmacy Student:** means a natural person registered as such in terms of the Act.

**Pharmacy Technical Assistant:** means a natural person registered as such in terms of the Act.

**Pharmacy Technical Assistant Training:** refers to the training undertaken by a learner at Level 5.

**Pharmacy Technician:** means a natural person registered as such in terms of the Act.

**Pharmacy Technician Training:** refers to the training undertaken by a learner at Level 6.

**Primary Focus:** refers to the activity or objective within the pharmacy sector upon which an organisation or body concentrates its efforts.

**Provider:** refers to a provider accredited/approved by Council to deliver learning programmes which culminate in pharmacy-related standards or qualifications and which manages the assessment thereof.

**Public University**: refers to a higher level training institution in the public sector registered as such with DHET.

**Regulations:** means the *Regulations relating to pharmacy education and training* made in terms of the Act, published under Government Notice No. R.1156 of 20 November 2000.

**School:** refers to the unit within an institution or organisation which is responsible for pharmacy education and training, whether it be a formal "school" or not.

**Senior Lecturer Equivalent:** is a measure applied to calculate staffing requirements.

**SOP:** refers to standard operating procedures.

**Supervisor:** means the person who is designated to supervise a learner during a period of work-integrated learning at a specific site.

**Tutor:** means a pharmacist approved and registered as such by Council to supervise the internship of a pharmacist intern or the traineeship of pharmacy support personnel as determined by Council from time to time.

**University:** refers to a higher education institution registered as such with DHET.

**Work-Integrated Learning (WIL):** specifically describes an approach to career-focused education that includes classroom-based and workplace-based forms of learning that are appropriate for the professional qualification. WIL is supervised by a person qualified and experienced in the domain in which WIL is carried out. It includes persons registered as tutors with the Council.

# 1. MINIMUM STANDARDS FOR VISION, MISSION AND PLANNING

## INTRODUCTION

The purpose of these standards is to ensure that a school's professional qualifications are backed by a clearly articulated vision and mission and that a strategic planning and evaluation process is used to measure the achievement of the relevant objectives.

## 1.1 MINIMUM STANDARDS FOR VISION AND MISSION

The institution/school must have a published statement of its vision and mission in the areas of education, research, service, professional practice and community engagement. The following matters must be covered in the statement:

(a) A fundamental commitment to the preparation of students for the practice of pharmacy, with provision for entry-level competencies necessary for the delivery of pharmaceutical care and public safety in any healthcare setting. It is formulated within the context of a stated policy of ethics.

(b) Alignment with the profession's vision for practice, research, and education.

(c) A commitment to participate with other stakeholders in the development of new and improved practice models.

(d) The development of pharmacy graduates who are trained to provide patient care services in a team with other health professionals.

(e) A basis for strategic planning.

## 1.2 MINIMUM STANDARDS FOR SYSTEMATIC PLANNING

(a) The school must develop, implement, and revise strategic plans to facilitate progress in the achievement of its mission, goals and objectives according to the processes/timelines of the university.

(b) Strategic plans must be developed through an inclusive process that solicits input and review from and by students, staff, alumni and other stakeholders.

(c) Strategic plans must be in line with and have the support of the university administration.

(d) Strategic plans must include appropriate goals, objectives and strategies.

(e) The school must establish and implement ongoing mechanisms for monitoring, evaluating and documenting progress in achieving the goals and objectives of the strategic plan. Strategic plans must be supported by annual operational plans to enable tracking of progress.

# 2. MINIMUM STANDARDS FOR ORGANISATION AND ADMINISTRATION

## INTRODUCTION

The purpose of these standards is to ensure that a school's organisation and support within the university structure, its relationships with other university and external practice and research entities, and its internal organisation, leadership, and governance, are developed and function in a manner that fosters the school's mission and goals.

## 2.1 MINIMUM STANDARDS FOR SCHOOL AND UNIVERSITY RELATIONSHIPS

(a) The school must function at an appropriate level of autonomy within the university.

(b) Responsibility and authority for administration of the programmes in pharmacy, including specialisations, must be vested in the school.

(c) The definition and delivery of curricula is a responsibility of the school within the framework of institutional policies and authorities.

(d) The school must encourage and promote postgraduate study other than that leading to specialisations.

Within institutional policies, responsibility and authority for administration of pharmacy programmes, including curriculum development and delivery in line with the scopes of practice and respective exit level outcomes (ELOs) established by Council, must be vested in the school to ensure appropriate autonomy.

## 2.2 MINIMUM STANDARDS FOR ORGANISATIONAL AND ADMINISTRATIVE RELATIONSHIPS BETWEEN THE UNIVERSITY AND ASSOCIATED HEALTHCARE FACILITIES

(a) The university must support the development of suitable relationships between the school and other academic and service units of the university and external organisations and facilities for instruction, research and patient care.

(b) The university must have formal agreements with other healthcare facilities used for the purpose of WIL.

(c) Organisational structure and administrative patterns in the university or affiliated healthcare facilities must :

- promote integrated educational, research and WIL activities;
- provide a working relationship between service and educational units;
- provide the necessary blend of educational and patient care activities;
- ensure that appropriate authority for the control and supervision of academic activities is vested in the school.

## 2.3 MINIMUM STANDARDS FOR SCHOOL ORGANISATION AND ADMINISTRATION

(a) The school must be organised and staffed to facilitate the accomplishment of its mission and goals. It must have defined lines of authority and responsibility, foster organisational unit development and collegiality, and allocate resources appropriately.

(b) The school must have an organogram which clearly defines units and lines of management and communication.

(c) The school must be organised in a manner which facilitates the accomplishment of its overall mission, promotes the goals and objectives of the programmes in pharmacy and pharmacy disciplines, and uses resources effectively.

(d) The administrative structure must provide for a head (see Section 2.4 below), who has ready access to the senior officials charged with final responsibility for the school.

(e) The organisational and administrative structure of the school must clearly identify lines of responsibility as well as evidence of mutual understanding and agreement among members of staff and the head on the mission, goals and objectives of the school, as well as evidence of acceptance of the responsibilities necessary for their achievement.

## 2.4 MINIMUM STANDARDS FOR QUALIFICATIONS AND RESPONSIBILITIES OF HEAD OF SCHOOL

### 2.4.1 Qualifications of the head

- The head must be qualified to provide leadership in pharmacy professional education and practice, including research, scholarly activities and service. S/he must unite and inspire administrators, faculty, staff, mentors and students toward achievement of the mission and goals.
- Qualifications:

  Undergraduate pharmacy qualification enabling registration with Council as a pharmacist, e.g. Bachelor of Pharmacy (BPharm), plus a relevant postgraduate qualification.
- Registration as a pharmacist with Council.

### 2.4.2 Functions and responsibilities of the head

(a) The head is:

(i) the chief administrative and academic officer of the school and must have direct access to university/institutional management at the highest level;

(ii) the pharmacist responsible for ensuring that all accreditation requirements of Council are met;

(iii) expected to demonstrate progressive, constructive, academic and professional leadership.

(b) Together with the institution and members of staff the head is responsible for:

(i) development of the mission statement and strategic plans;

(ii) recruitment, retention and development of a competent body of staff;

(iii) development, implementation, evaluation and enhancement of the educational, research and service programmes;

(iv) selection, initiation, implementation and maintenance of programmes for the recruitment, admission and qualification of students;

(v) establishment and implementation of standards for quality assurance, academic performance and progression;

(vi) monitoring, evaluation, and improvement of staff and student performance;

(vii) resource acquisition, allocation, management and control;

(viii) preparation, compilation, presentation and publication of reports;

(ix) maintenance of the visibility of the school both on campus and to external constituencies;

(x) submission of data and information required by Council in the prescribed format.

(c) To accomplish these responsibilities, the head must have the assistance and full support of the administrative leaders of the institution's and the school's organisational units and adequate staff support.

(d) In instances where the head is assigned other substantial administrative responsibilities within the university, arrangements for additional administrative support to the office of the head must be made to ensure effective administration of the affairs of the school.

(e) The head is responsible for compliance with Council's accreditation standards, policies, and procedures. In the event that remedial action is required to bring the school into compliance, the head must take the necessary steps to ensure compliance in a timely and efficient manner, including seeking advice from and consulting with Council as needed.

## 3. MINIMUM STANDARDS FOR WORK-INTEGRATED LEARNING

### INTRODUCTION

In pharmacy education WIL must integrate, apply, reinforce and advance the knowledge, skills, attitudes, and values developed through the other components of the curriculum. The objectives for each WIL experience, and the responsibilities of the student, supervisor and site, must be defined.

Student performance, nature and extent of patient and healthcare professional interactions, where applicable, and the attainment of desired outcomes must be documented and assessed.

Supervisors at respective sites will be held responsible by the provider for WIL processes.

Where applicable, pharmacy WIL must include direct interaction with diverse populations in a variety of WIL settings.

### 3.1 MINIMUM STANDARDS FOR WORK-INTEGRATED LEARNING OF ALL CADRES OF PHARMACY STAFF REGISTRABLE UNDER THE PHARMACY ACT (PRACTICAL, WORK-INTEGRATED LEARNING, INTERNSHIP AND TRAINEESHIP)

#### 3.1.1 Practical training and WIL during training

Learners who are registered as such with the Council for the following cadres of pharmacy staff carry out WIL during their training:

- pharmacy technical assistants
- pharmacy technicians
- pharmacists

- pharmacist specialists.

**Note 1:** PTA, PT, BPharm and professional MPharm students must be registered with Council and have professional indemnity cover as per the rules relating to *Good Pharmacy Practice*.

**Note 2:** Learners who undertake bridging courses may be required to undertake WIL.

**Note 3:** Pharmacists with foreign qualifications may be required to undertake WIL as part of their registration requirements.

**3.1.2 Practice or work-integrated learning site access, accommodation and resources**

(a) Practice and WIL sites must be used for the periods specified for each of the qualifications listed in 3.1.1 above.

(b) For each qualification, appropriate criteria must be established and applied for the selection of an adequate number and mix of practice facilities.

(c) Written agreements with the practice sites must be in place covering student placement, staff responsibilities, health services, immunisation requirements and professional conduct expectations.

(d) WIL for BPharm students must be structured and supervised by a pharmacist and must be extended over a minimum of 400 hours.

(e) WIL sites for BPharm students must have the following characteristics and must:

(i) meet or exceed all legal and professional standards required to provide patient care where applicable;

(ii) have a patient population that exhibits diversity in culture, medical conditions, gender and age where appropriate;

(iii) have an adequate patient population based on the learning objectives for the rotation where applicable;

(iv) provide access to learning and information resources;

(v) have a commitment to the education of pharmacy students;

(vi) have management that is supportive of professional staff involvement in the education of pharmacy students;

(vii) provide a practice environment that nurtures and supports pharmacist and student interactions with patients;

(viii) provide regular contact with the supervisor, where applicable, to ensure that students receive feedback and have opportunities to ask questions;

(ix) be adequately equipped with the technology needed to support student training and to reflect contemporary practice;

(x) provide medication therapy management and patient care services for diverse populations where applicable;

(xi) have adequate professional staff and supportive technical and clerical staff to meet the learning objectives and to provide for optimum time for supervisor and student interaction;

(xii) demonstrate a commitment to health promotion and illness prevention, e.g. provision of health screening, tobacco cessation counselling and immunisation where applicable.

In cases where the BPharm qualification programme includes practical training of not less than one year or periods of not less than one year in the aggregate as part of the undergraduate studies under the supervision of the provider concerned, such qualification must extend over a minimum period of five years.

The requirements for the two-year practical training for pharmacist specialists, which follow graduation with a Master's Degree, at an approved site with an approved tutor, are specified in the respective specialisation qualifications.

# 4. MINIMUM STANDARDS FOR FACILITIES AND FINANCIAL, HUMAN AND PHYSICAL RESOURCES

## INTRODUCTION

The purpose of these standards is to ensure that a school has adequate and appropriate physical, library, educational, WIL site facilities, human and financial resources and assessment and record-keeping systems in place to deliver high-quality programmes in pharmacy and meet its mission and goals and the accreditation standards.

## 4.1 MINIMUM STANDARDS FOR FACILITIES AND RESOURCES

**Note:** The university/organisation must provide the school with adequate financial and physical resources to enable it to meet required professional programme responsibilities, to ensure programme stability, and to ensure continuous quality improvement in teaching, research and community engagement. At least the following aspects must be provided for.

### 4.1.1 Physical facilities

(a) The physical facilities of the school must be adequate to achieve its stated mission and goals.

(b) Essential physical facilities must include offices for administrative and academic members of staff, teaching laboratories, research laboratories where applicable, lecture rooms, small classrooms, conference rooms and student amenities.

(c) The physical facilities must be adequately equipped, well maintained and provide a reasonably attractive environment for teaching and learning.

(d) The teaching facilities, including general and specialised laboratories, must be sufficient in number and adequate in size to accommodate the student body. Refer to Addendum 1 as an example.

(e) Physical facilities, instrumentation and supplies must be adequate to support the research and scholarly activities of the school.

(f) Physical facilities must include:

(i) offices for academic staff, which must provide privacy for study, for counselling and advising students. Adequate facilities must be available for support staff, including offices for administrative staff;

(ii) adequate store room facilities for housing of equipment and supplies;

(iii) the necessary environment, including facilities for practice simulations, in order to provide students with practical and simulated pharmaceutical care experiences;

(iv) teaching and research laboratories, lecture rooms, small classrooms, conference rooms, student amenities and programme support areas;

(v) adequate space for student activities, such as meeting rooms and study and relaxation areas.

#### 4.1.2 Education and information technology and communication resources

(a) The school must have, or must have access to, information and communication technologies (ICT), including educational technology (ET) based on relevant instructional and learning theory to provide an excellent learning experience.

(b) The ICT/ET system and processes must have the following characteristics and must:

(i) respond to varying student needs and expectations;

(ii) support staff in transforming, improving and extending their practice (in general and in relation to new technologies);

(iii) encourage and enable innovative and effective teaching, learning and assessment procedures;

(iv) recognise, encourage and exploit the synergies between teaching and learning and research with ICT.

### 4.2 MINIMUM STANDARDS FOR STAFF/HUMAN RESOURCES

#### 4.2.1 Quantitative factors

Quantitative factors must comply with established and recognised staff to student ratios in accordance with the school's organogram. The minimum staff to student ratio for clinical teaching is 1:13 senior lecturer equivalent to student full-time equivalents.

#### 4.2.2 Qualitative factors

- Qualitative factors must be used, including establishment, designation of requirements for and appointment procedures for specific posts, with a balance between technical, teaching and research staff. Teaching staff must have a qualification at least one level above the level at which they are teaching.
- All posts must be linked to a job description.
- Staff performance reviews must be carried out in accordance with institutional policy.

#### 4.2.3 Staff responsible for and who participate in teaching and learning

- Teaching staff must receive appropriate training in aspects covered in Section 5.1.4 below and must receive ongoing training in academic methods.
- Teaching staff must be actively involved in practice and/or research.

#### 4.2.4 Staff development

All staff members must participate in regular self-evaluation, peer-evaluations and reviews.

#### 4.2.5 Staff who are appointed to provide voluntary/volunteer service

Staff who perform any of the acts listed in the scope of practice for a pharmacist must comply with Council's document *Criteria for temporary registration of foreign qualified pharmacists for voluntary/volunteer service.*

### 4.3 MINIMUM STANDARDS FOR FINANCIAL RESOURCES

(a) Financial resources of the school must be adequate to ensure that continuing operation and further development of the professional programmes in pharmacy are assured at an acceptable level, based on student enrolment and appropriate staffing levels.

(b) A budget must be available that provides for programmatic needs, including staff resources, materials and supplies, staff development and evaluation. The university budget process applied to the school must be fair and recognise the specific needs of pharmaceutical education.

(c) The school must have input into the development and operation of a budget that is planned, developed, and managed in accordance with sound and accepted business practices.

(d) Financial resources must be deployed efficiently and effectively to:

(i) support all aspects of the mission, goals, and strategic plan;

(ii) ensure stability in the delivery of programmes;

(iii) allow effective faculty, administrator, and staff recruitment, retention, and development;

(iv) maintain and improve physical facilities, equipment, and other educational and research resources;

(v) enable innovation in education, inter-professional activities, research and other scholarly activities and practice.

(e) Student enrolment must be planned and managed in line with the institutional enrolment plan.

(f) Resources obtained from extramural sources must be free of restrictions that may interfere with sound educational and ethical policies.

(g) Resources obtained from extramural sources must be used in a manner that maintains the integrity of and supports the mission of the school.

(h) The head must report to the institution, in a timely manner, budget cuts or other financial factors that could negatively affect the quality of the programmes or other aspects of the mission of the school.

(i) The school must ensure that funds are sufficient to maintain equivalent facilities across all programme pathways. The school's initiatives must not adversely affect its administrative effectiveness, result in staff overload, or cause undue financial stress or instability.

(j) New methods of educational delivery should be cost-effective.

(k) Financial considerations such as developing economies of scale must not overshadow the requirement to develop academically effective educational experiences.

# 5. MINIMUM STANDARDS FOR DELIVERY OF PROGRAMMES

## INTRODUCTION

The purpose of these standards is to ensure that the programmes presented by the school comply with the curricular requirements of the Council and are presented with appropriate delivery, assessment and certification methods.

Substantive changes to the content of the curriculum (50% or more) contemplated by the school must be addressed through its strategic planning process. Planning must take into consideration all resources (including human, technical, financial, and physical) required to implement the change and the impact of the change on the existing programmes. The school must notify Council at least one year in advance of the implementation of any substantive change, allowing sufficient time for evaluation of compliance with standards or the need for additional monitoring.

A substantive change that involves new initiatives for a programme (such as alternate programme pathways to degree completion, including geographically dispersed campuses and distance-learning activities) must result from documented needs and be included in the strategic planning process, ensuring adequate lead time for development and proper notification of Council, per Council policies and procedures. Consultation with Council must occur at least six months before recruiting students into new pathways or programmes.

## 5.1 CURRICULAR GOALS, CONTENT, DESIGN, DEVELOPMENT AND DELIVERY

**These matters must be in line with and comply with quality assurance methods, including guidelines for development of qualifications, compliance with the NQF/CHE requirements, standard operating procedures and quality manuals, programme manuals and handbooks, and the relevant ELOs/competency standards (see Addendum 2).**

### 5.1.1 Teaching and learning methods

These methods may include but are not limited to didactic, remote site and service, and community-based learning, preferably combined with multi-disciplinary effort and activities, and must reflect current and future practice.

### 5.1.2 Curricular content

The curricula must include comprehensive details of relevant and appropriate knowledge, skills, attitudes, and values, using the teaching and learning methods listed in 5.1.4 above.

### 5.1.3 Curricular evaluation

The curricula must be continuously reviewed, evaluated and updated where necessary, taking into account professional competencies, scientific, legal and regulatory changes and developments, and outcome expectations.

## 5.2 MINIMUM STANDARDS FOR ASSESSMENT

### 5.2.1 Competency and outcome measurement and assessment systems and methods:

(a) must include the evaluation of cognitive learning, mastery of essential practice skills and the ability to use data and information in realistic problem-solving. Assessment must be formative and summative, and include the following methods where appropriate:

(i) self-assessment;

(ii) tutorial-based peer and tutor evaluation;

(iii) individualised process assessment (IPA);

(iv) objectively structured clinical/practice examination (OSCE/OSPE);

(v) community-based education and services (COBES);

(vi) integrated content examinations.

**Details of assessment methods listed**

(i) **Self- and peer-assessment**

In a self-evaluation exercise, the student must make value judgments about his own performance and that of his peers. Students must fill in an assessment form in which they rate their own strengths and weaknesses. A similar form must be completed for each of their peers in the group at the end of each theme.

(ii) **Tutorial-based peer and tutor evaluation**

Each student in a group must be evaluated by tutors and peers at the end of each learning unit in clinical reasoning/problem-solving skills, knowledge acquisition, interpersonal skills and self-directed learning abilities.

(iii) **Individualised process assessment (IPA)**

Part 1: Students must be presented with a paper patient. Clinical reasoning process/problem-solving abilities, as well as the ability to generate relevant learning issues, must be assessed.

Part 2: A modified oral examination where students must be assessed on their ability to search for and synthesise independently basic information pertinent to the paper case. In this way, self-directed learning abilities must be evaluated.

(iv) **Objectively structured clinical/practice examination (OSCE/OSPE)**

These examinations must be based on the practical sessions carried out during the year and assess the knowledge and skills of students.

(v) **Community-based education and services (COBES)**

Knowledge and skills acquired during WIL periods must be assessed.

(vi) **Integrated content examination**

This examination must assess the students' abilities to integrate knowledge across the range of systems covered during a module,

semester or academic year.

**Note:** Assessment and evaluation tools and procedures must include written memoranda with detailed written expected learning outcomes, assessment criteria and mark allocation.

#### 5.2.2 Responsibilities of internal and external assessors/examiners/moderators

(a) Ensure the validity and quality of assessment methods, tools and procedures, guided by university policies. Internal assessors/examiners must be drawn mainly from the academic staff of pharmacy and related disciplines.

(b) External moderation must be used for exit level modules, excluding student research projects.

#### 5.2.3 Security of examination papers and scripts

(a) Standard operating procedures, guided by university policies, must be in place to ensure the safety and security of examination papers and scripts.

(b) Physical measures must include key policies and secure storage, and must ensure that all hard copy materials may only be delivered by hand and are signed for.

(c) Security of computers and electronic storage devices poses particular risks. Machines **must be used and stored in secure work spaces.** Electronic information and data must be accessible only via user accounts, with separate accounts for all users.

(d) Appropriate electronic security systems must be in place. Only file authors may read/edit material. Backing up, checking for viruses and scanning for spyware must be carried out regularly, according to specific schedules.

### 5.3 MINIMUM STANDARDS FOR CERTIFICATION PROCEDURES

Council has delegated the responsibility of issuing certificates for learning achievements to its accredited/approved providers. The purpose of these standards is to ensure that certification of students is managed in a secure and safe manner. Policies and procedures must be in place to ensure the security and accuracy of certificates during printing, filing, distribution and issue.

#### 5.3.1 Certification policies and procedures

The institution/school must have a written policy and standard operating procedures.

#### 5.3.2 The certification process

The institution/school must follow its written policy and standard operating procedures for the certification of students.

#### 5.3.3 Information required for certification of student achievements

(a) Student's full name (first names followed by surname).

(b) Student's identity number.

(c) Date of achievement of competency and date of issue.

(d) Provider logo.

(e) Description of unit standards or qualification achieved.

(f) Credit values where applicable.

(g) Signatories.

(h) Unique certificate number.

(i) Expiry date where applicable.

#### 5.3.4 Security and filing

(a) The integrity of data and student identity must be maintained at all times. Only designated members of staff shall have access to and be authorised to update the database.

(b) Files must be kept in secured filing rooms. Regular internal audits on filing and storage processes must be conducted. Only designated members of staff have access to files and the database. Files, material and the database must be kept in secure, locked premises with appropriate security for database back-up.

### 5.4 MINIMUM STANDARDS FOR RECORD-KEEPING

(a) A system and the facilities for maintaining and updating detailed information about staff and students must exist.

(b) The system and records must comply with the Higher Education Management Information System (HEMIS) and the university's policy and requirements for students and staff records, including confidentiality of information.

(c) Staff records must include job descriptions, evidence of qualifications and progress.

(d) Student records must include details of past and present students. The system must provide for personal and demographic information, education and training background and experience, special and additional learning needs, relevant student performance and achievements and must maintain student confidentiality.

(e) Policies and procedures must be in place for accurate capture, maintenance and regular updating of information. Electronic and paper-based systems must match, where both exist.

## 6. MINIMUM STANDARDS FOR STUDENT MATTERS

### INTRODUCTION

The purpose of these standards is to ensure that the school has adequate resources, fair and equitable policies, procedures and services to support student admission, progression, personal and professional development.

Learners for all qualifications specified above must be registered with Council and have paid up annual registration fees.

### 6.1 MINIMUM STANDARDS FOR STUDENT ADMISSION CRITERIA, POLICIES AND PROCEDURES

(a) The school must apply specific criteria, policies and procedures for admission to its programmes.

(b) These criteria, policies and procedures must be published in clearly stated terms and made available to students and prospective students.

(c) Admission criteria must include information about the satisfactory completion of secondary education requirements, including subjects required for admission to its programmes.

(d) In selection of students to its programmes, the selection criteria must be clearly stated and made known to prospective candidates.

## 6.2 MINIMUM STANDARDS FOR STUDENT AFFAIRS AND SERVICES

(a) A unit within the university must deal specifically with student affairs.

(b) The school must provide leadership in the development and provision of student services, including activities intended to develop professional attitudes and values and foster the professionalisation of students.

(c) Student support services must be offered to provide and promote socialisation, mentoring, counselling, healthcare and responsible sexual conduct.

(d) There must be close co-operation between the school and university student services.

## 6.3 MINIMUM STANDARDS FOR TRANSFER OF CREDITS

(a) The school must have available to students and prospective students a written policy and procedure for credit accumulation and transfer which must comply with statutory requirements, based on rational procedures and defensible assessments.

(b) The school must apply policies and procedures for the evaluation of the equivalence of educational courses.

## 6.4 MINIMUM STANDARDS FOR STUDENT PROGRAMME INFORMATION

(a) The school must have and must make available to students and prospective students complete and accurate descriptions of the programmes offered, including their current accreditation status. The following matters must be described:

(i) the mission, goals and objectives of the school;

(ii) the curricular plan, courses, and credit hours;

(iii) criteria, policies, and procedures related to admissions, progression, exclusion and access to student records;

(iv) the school's assessment policy and standards;

(v) student conduct requirements, including ethics, conduct, and professional behaviour;

(vi) off-campus curricular requirements, such as WIL and practice experiences in other geographic locations;

(vii) graduation requirements;

(viii) tuition and fees, including refund policies;

(ix) financial aid guidance;

(x) satement of non-discrimination;

(xi) current accreditation status of programmes and contact information for Council;

(xii) recent pass rates of graduates in the pre-registration examinations (to be provided by Council);

(xiii) a description of policies regarding student life, such as provision for and responses to disabilities, harassment, violence and other threats;

(xiv) immunisation and other health or WIL site requirements;

(xv) professional indemnity insurance;

(xvi) registration with Council as a PTA, PT or BPharm student.

## 6.5 MINIMUM STANDARDS FOR STUDENT REPRESENTATION

(a) The school must show evidence that professional programme student representation exists on appropriate committees and policy-development bodies of the school, including the curriculum committee.

(b) Students must be given the opportunity to be heard during regular meetings within the school.

## 6.6 MINIMUM STANDARDS FOR STUDENT ADVANCEMENT

(a) Requirements for promotion within and completion of programmes must be clearly described and readily available to students.

(b) The maximum permitted duration of programmes must be clearly stated, including limits to the number of repeat modules and years of study.

## 6.7 MINIMUM STANDARDS FOR STUDENT APPEALS AND COMPLAINTS PROCEDURES

### 6.7.1 Appeals policy and procedure

(a) Assessment systems must include clearly described appeal policies and processes whereby candidates can seek independent assessment in case of disagreement regarding the outcome of an assessment.

(b) Appeals against assessment decisions on the demonstration of competence by candidates must be considered in terms of the appeals processes of the university.

### 6.7.2 Complaints procedure

(a) The school must make available to students a complaints policy that must include procedures to be followed in the event of a written complaint related to one of the accreditation standards, student rights to due process, and appeal mechanisms.

(b) Students must receive information on how they can submit a complaint to Council for unresolved issues on a complaint related to the accreditation standards.

(i) The school must maintain a chronological record of written student complaints related to matters covered by the accreditation standards

and allow inspection of the records during on-site evaluation visits by Council;

(ii) The school must inform Council during an on-site evaluation if any of the student complaints related to the accreditation standards have led to legal proceedings, and the outcomes of such proceedings.

### 6.8 MINIMUM STANDARDS FOR STUDENT SUPPORT/FUNDING

(a) Full details of student support and the support application process must be readily available, in compliance with the university's policy on student support.

(b) A student financial aid office or similar structure must administer student support and funding opportunities.

(c) Application and award procedures for scholarships, bursaries and loans must be widely available, easy to follow and transparent.

(d) Sources of support must be wide-ranging, including public and private sector organisations and institutions.

## 7. MINIMUM STANDARDS FOR QUALITY ASSURANCE

### INTRODUCTION

The purpose of these standards is to ensure that ongoing and effective processes for quality assurance and improvement are in place and are subject to regular review.

### 7.1 MINIMUM STANDARDS FOR EVALUATION OF ACHIEVEMENT

(a) The school must establish, implement and maintain an evaluation plan that assesses achievement of the mission and goals.

(b) The evaluation plan must measure the extent to which the desired outcomes of the academic programmes (including assessments of student learning and evaluation of the effectiveness of curricula) are being achieved.

(c) The information must be gathered in a systematic way from a variety of sources. Similarly, the extent to which the desired outcomes of research and other academic and service activities, including community service and pharmacy practice programmes, are being achieved must be measured.

(d) The school must apply the outcomes of the analysis in its continuous development and improvement processes.

(e) The evaluation plan must reflect a commitment to quality improvement through continuous and systematic processes of assessment and evaluation covering all aspects of the school mission and goals and Council accreditation standards.

(f) The evaluation plan must be evidence-based and embrace the principles and methodologies of continuous quality improvement.

(g) The evaluation plan and the specific assessments must be reviewed for completeness, appropriateness, and effectiveness by internal and external stakeholders on an ongoing basis.

(h) The evaluation plan must include the school's periodic self-assessment, using Council accreditation standards and guidelines to assure ongoing compliance.

(i) The evaluation plan must describe the:

(i) desired outcomes of the school's mission and goals, including the educational programmes, research and other scholarly activities, professional and community service, inter-professional education, and pharmacy practice programmes;

(ii) process and outcome assessments that will be evaluated, and with what frequency;

(iii) individual(s) responsible for data collection, analysis, and dissemination;

(iv) parties that will be responsible to receive and be authorized to act on the findings;

(v) manner by which resultant changes (e.g. revisions in the curriculum, modifications of faculty and student policies and procedures) will be implemented, evaluated, documented, and communicated;

(vi) comparisons that will be made with data from all Council accredited programmes and, if desired, a group of peer schools, with the basis for their selection;

(vii) resources (such as, faculty, staff, preceptors, technical, financial, and physical) needed for successful implementation.

(j) The assessments employed in the evaluation plan must:

(i) include defined formative and summative measures;

(ii) address all aspects of the programme's mission and goals;

(iii) involve the full range of relevant internal and external stakeholders, including faculty, students, staff, preceptors, administrators, and alumni;

(iv) permit anonymous input and provide for collective analyses of findings;

(v) be used to evaluate trends over time;

(vi) evaluate student achievement of desired competencies, in aggregate and at the level of the individual student.

(k) The institution/school must make available to key stakeholders, on an annual basis, the major findings and actions resulting from its evaluation plan through, for example, a written annual report or through a posting on its website.

(l) The evaluation plan must include a variety of assessments that will allow comparison and establishment of substantial comparability of alternative programme pathways to degree completion, including geographically dispersed campuses and distance-learning activities.

## 7.2 MINIMUM STANDARDS FOR POLICIES AND PROCEDURES

### 7.2.1 Quality management system

(a) A quality management system which includes at least the following aspects must be in place.

(i) quality management policies defining quality aims;

(ii) quality management procedures which enable the school to implement the defined policies;

(iii) quality assurance processes that cover aspects related to admission, curriculum content, teaching and WIL delivery, clinical placements, assessment and research;

(iv) quality assurance processes that have effective input from all stakeholders;

(v) standard operating procedures for assessment and record-keeping activities;

(vi) review mechanisms which ensure that the defined quality management policies and procedures are applied. These may include surveys of graduate employers and other stakeholders to evaluate graduate competence and the performance of graduates in registration examinations;

(vii) reliable and valid research, which is incorporated into the quality management processes of the provider, to ensure continued improvement of course structure, content and presentation.

**N.B. See ADDENDUM 3 for the requirements and procedures of Council for the accreditation and re-accreditation of prospective and current providers (public and private)**

## 8. MINIMUM STANDARDS FOR SHORT COURSES REGISTERED WITH COUNCIL

### INTRODUCTION

Short courses are programmes of learning which do not result in a qualification but confer additional knowledge and skills on learners to enable them to carry out specific tasks. They may or may not comply with unit standards.

An example of a short course in pharmacy is the Primary Care Drug Therapy course which enables successful learners to identify and respond to patient needs. Short courses in pharmacy comply with the following standards.

### 8.1 MINIMUM STANDARDS FOR SHORT COURSES OF LEVEL 5 OR ABOVE

Such short courses provided/offered by institutions or organisations approved for HET must comply with this standards document.

### 8.2 MINIMUM STANDARDS FOR SHORT COURSES OF LEVELS 3 AND 4

Such programmes provided/offered by institutions approved for Further Education and Training (FET) must comply with the requirements of the FET GPES document.

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## ADDENDUM 1: AN EXAMPLE OF SPACE REQUIREMENTS FOR A BPHARM PROGRAMME
**(ACCORDING TO DEPARTMENT OF EDUCATION'S SPACING NORMS DOC, 2009)**

**TABLE A.1: PHARMACY (CESM CATEGORY 07: EDUCATION)**

A = ASM classroom facilities' space per classroom station
U = Annual utilisation hours per classroom station
C = Annual student classroom contact hours per FTE non-research student of a particular CESM (classification of educational subject matter) category

(1100) Standard Space Norms for Classroom Facilities (Contact hours)
AxC/U
1.5x360/540 = 1 $m^2$

(1210, 1215, 1220, 1225) Standard Space Norms for Class / Open Laboratory Facilities (Contact hours)
AxC/U
3.5x170/600 = 0.1 $m^2$

(1300) Standard Space Norms for Office Facilities (Contact hours)
Based on 20 FTE students per FTE academic personnel member = 15 $m^2$ = 0.75 $m^2$ / FTE student

*Extract from Section 2.5.1*
*Remember that the average of 15 ASM also include office service (1315) space such as file rooms, duplicating rooms, vaults and waiting rooms, as well as small conference room (1355) areas not used for scheduled classes, together with any conference room service areas.*

(1315) Filing Space, Duplicating Rooms, Waiting Rooms and other Office Service Areas
15 $m^2$

(1355) Conference Room Service
15 $m^2$

(1350) Conference Rooms: These fall under Office Facilities (1330)
15$m^2$

**(TABLE A.4) (CESM CATEGORY 2.0)**
(1250, 1255) Research/Non-class Laboratory (provided for under Research Programme)
0.8$m^2$ / FTE student

(CESM CATEGORY 4.1)
Library Service (study and office use): (Table A.4)
1.550$m^2$ / FTE student

| UNIT | 240 BPharm + 80 PG students p.a. | | |
|---|---|---|---|
| **Based on: DoE's ratio of 20 FTE students per FTE academic staff member: 15 $m^2$ ÷ 20 = 0.75 $m^2$ / FTE student<br>Pharmacy's ratio of 13 FTE students per FTE academic staff member: 0.75 $m^2$ x 13 = 9.75 $m^2$/office** | **No. of units** | **Unit area (sq m)** | **Total area (sq m)** |
| Office (Head of Department) | 1 | 9.75 | 9.75 |
| Office (Secretary to HoD) | 1 | 9.75 | 9.75 |
| Office (Administrative Officer) | 1 | 9.75 | 9.75 |
| **UNDERGRADUATE PROGRAMME: BPHARM** | | | |
| Office (Course Coordinator) | 1 | 9.75 | 9.75 |
| Office (Lecturers) | 16 | 9.75 | 156 |
| Office (Secretary) | 1 | 9.75 | 9.75 |
| Office (Technical Staff) | 2 | 9.75 | 19.5 |
| Pharmaceutical Chemistry Laboratory (calculation based on annual intake of BPharm students, i.e. 60 students) | 1 | 0.8 / FTE student | 48 |
| Pharmaceutics Formulation Laboratory (calculation based on annual intake of BPharm students, i.e. 60 students) | 1 | 0.8 / FTE student | 48 |
| Pharmaceutics: Aseptic Laboratory (calculation based on annual intake of BPharm students, i.e. 60 students) | 1 | 0.8 / FTE student | 48 |
| Analytical Pharmaceutical Chemistry Research Laboratory – Share with Postgraduates (calculation based on annual intake of BPharm students, i.e. 60 students) | 1 | 0.8 / FTE student | 48 |
| Pharmaceutics: Production Simulation Laboratory (calculation based on annual intake of BPharm students, i.e. 60 students) | 1 | 0.8 / FTE student | 48 |
| Simulation Pharmacy: Dispensing Area (calculation based on annual intake of BPharm students, i.e. 60 students) | 1 | 0.8 / FTE student | 48 |
| Lecture Halls (75 students) (60sq m) | 4 | 0.8 / FTE student | 240 |
| Small Rooms (10 students) | 24 | 0.8 / FTE student | 192 |
| Computer Laboratory (Teaching) (70 students) | 1 | 0.8 / FTE student | 56 |
| Computer Laboratory (Student Centre) (70 students) | 2 | 0.8 / FTE student | 112 |
| Meeting Room – Small | 2 | 8 | 16 |
| Meeting Room – Medium | 2 | 9.75 | 19.5 |
| Store Rooms (Laboratory) | 2 | 9.75 | 19.5 |
| Archive Room | 2 | 9.75 | 19.5 |
| **POSTGRADUATE PROGRAMME** | | | |
| Office (Secretary) | 1 | 9.75 | 9.75 |
| Office (16 full-time Postgraduate Students) | 1 | 0.8 / FTE student | 12.8 |
| Filing Room | 1 | 9.75 | 9.75 |
| Archive Room | 1 | 9.75 | 9.75 |
| **Clinical Pharmacy** | | | |
| Office | 3 | 9.75 | 29.25 |
| Lecture Hall (all postgraduate programmes) (50 students) | 1 | 0.8 / FTE student | 40 |
| Meeting Room (share for all postgraduate programmes) | 1 | 9.75 | 9.75 |
| **Pharmaceutical Sciences** | | | |

| **UNIT** | **240 BPharm + 80 PG students p.a.** | | |
|---|---|---|---|
| **Based on: DoE's ratio of 20 FTE students per FTE academic staff member: 15 $m^2$ ÷ 20 = 0.75 $m^2$ / FTE student<br>Pharmacy's ratio of 13 FTE students per FTE academic staff member: 0.75 $m^2$ x 13 = 9.75 $m^2$/office** | **No. of units** | **Unit area (sq m)** | **Total area (sq m)** |
| Office | 2 | 9.75 | 19.5 |
| Lecture Hall (share for all postgraduate programmes) (50 students) Sharing | 1 | 0.8 / FTE student | 40 |
| Research Pharmaceutics Laboratory (50 students) | 2 | 0.8 / FTE student | 80 |
| Analytical Pharmaceutical Chemistry Research Laboratory – Share with BPharm (calculation based on annual intake of BPharm students, i.e. 60 students) | 1 | 0.8 / FTE student | 48 |
| Meeting Room (share for all postgraduate programmes) Sharing | 1 | 9.75 | 9.75 |
| **Hospital Pharmacy and Medicine Supply Management** | | | |
| Office | 2 | 9.75 | 19.5 |
| Lecture Hall (share for all postgraduate programmes) Sharing | 1 | 0.8 / FTE student | 40 |
| Meeting Room (share for all postgraduate programmes) Sharing | 1 | 9.75 | 9.75 |
| **Radiopharmacy** | | | |
| Office | 1 | 9.75 | 9.75 |
| Lecture Hall (share for all postgraduate programmes) (50 students) Sharing | 1 | 0.8 / FTE student | 40 |
| Meeting Room (share for all postgraduate programmes) Sharing | 1 | 9.75 | 9.75 |
| **Pharmacy Education** | | | |
| Office | 1 | 9.75 | 9.75 |
| Lecture Hall (share for all postgraduate programmes) (50 students) Sharing | 1 | 0.8 / FTE student | 40 |
| Meeting Room (share for all postgraduate programmes) Sharing | 1 | 9.75 | 9.75 |
| **SELF-GENERATED SUPPORT PROGRAMMES (where applicable)** | | | |
| Project Coordination Unit | | | |
| Office (Project Manager) | 2 | 9.75 | 19.5 |
| Office (Staff/ Research Associates) | 4 | 9.75 | 39 |
| Store Room | 2 | 9.75 | 19.5 |
| Project Laboratory (50 students) | 4 | 0.8 / FTE student | 160 |
| **DEPARTMENTAL** | | | |
| Library (80 students) | 1 | 1.550 / FTE student | 124 |
| Filing Room | 1 | 9.75 | 9.75 |
| Boardroom | 1 | 9.75 | 9.75 |
| Reception area | 2 | 9.75 | 19.5 |
| Staff Rooms | 2 | 9.75 | 19.5 |
| Cold Room | 1 | 9.75 | 9.75 |
| Kitchen | 2 | 9.75 | 19.5 |
| **TOTAL SPACE REQUIREMENT** | | | **2103.05** |

## ADDENDUM 2: EXIT LEVEL OUTCOMES FOR THE QUALIFICATIONS IN PHARMACY

### Higher Certificate in Pharmacy Technical Support

**ELO1:** Apply scientific knowledge in the provision of basic pharmaceutical support services.

(Range of basic pharmaceutical support services include, but are not limited to: weighing of active ingredients, mixing, packing, labelling etc., and excluding any functions related to interpretation, evaluation, validation and quality assurance.)

**ELO2:** Provide functional support to compound, manipulate and prepare medicines (non-sterile) for specific patients in compliance with standard operating procedures (SOPs) under the supervision of a pharmacist.

**ELO3:** Provide functional support in the manufacture, package and/or re-package of non-sterile and scheduled substances/medicines in compliance with *Good Manufacturing Practice* (GMP) guidelines under the supervision of a pharmacist.

**ELO4:** Provide functional support in the management of medicine stock, scheduled substances, medical supplies and devices in compliance with *Good Wholesale and Distribution Practice* (GWDP) and legal requirements under the supervision of a pharmacist.

**ELO5:** Provide functional support in Phase 2 of dispensing under the supervision of a pharmacist.

**ELO6:** Perform general housekeeping and administrative tasks in a pharmacy and/or dispensary.

**ELO7:** Provide information to promote health and wellness related to the *Standard Treatment Guidelines* (STG) and the *Essential Medicines List* (EML).

**ELO8:** Demonstrate the use of ICT in the management of inventory in a manufacturing, wholesale, community or institutional pharmacy/dispensary (either the public or the private sector)

### Advanced Certificate in Pharmacy Technical Support

**ELO1:** Apply scientific knowledge to provide technical support in pharmaceutical services.

**ELO2:** Provide technical support to compound, manipulate and prepare sterile and non-sterile medicines and scheduled substances in compliance with standards as described in *Good Pharmacy Practice* (GPP) rules and GMP guidelines under the supervision of a pharmacist.

**ELO3:** Provide technical support to manufacture, package and re-package sterile and non-sterile medicines and scheduled substances in compliance with GMP guidelines under the supervision of a pharmacist.

**ELO4:** Provide technical support to order, manage, despatch and dispose of medicines, scheduled substances, medical supplies and devices in compliance with GWDP and legal requirements.

**ELO5:** Provide technical support to dispense prescriptions for patients in compliance with applicable legislation, including GPP.

**ELO6:** Provide Schedule 0 and 1 medicines in accordance in accordance with legal requirements, including GPP.

**ELO7:** Manage the dispensary in a primary healthcare clinic under the indirect supervision of a pharmacist.

**ELO8:** Demonstrate an understanding of the principles of management of common chronic conditions.

**ELO9:** Demonstrate an understanding of principles of traditional African medicines.

**ELO10:** Demonstrate an understanding of principles of complementary medicines.

**ELO11:** Demonstrate an understanding of principles of nutraceuticals and functional foods.

**BPharm Exit Level Outcomes**

**ELO1:** Integrate and apply foundational scientific principles and knowledge to pharmaceutical sciences. Range of scientific principles and knowledge must include, but is not limited to: chemistry, microbiology, biochemistry, mathematics, physics, physiology, pathophysiology, anatomy, social and behavioural sciences, including biomedical ethics.

**ELO2:** Apply integrated knowledge of product development and formulation in the compounding, manufacturing, distribution and dispensing of pharmaceutical products.

**ELO3:** Compound, manipulate and prepare medication in compliance with GPP rules, GMP and/or Good Clinical Practice (GCP) guidelines.

**ELO4:** Manage the manufacture, packaging and registration of pharmaceutical products in compliance with GMP and GCP.

- Range of pharmaceutical products must include, but is not limited to: medicines, veterinary products, biological products.

**ELO5:** Manage the logistics of the selection, procurement, storage, distribution and disposal of pharmaceutical products.

**ELO6:** Dispense medication and ensure optimal pharmaceutical care for the patient in compliance with GPP and, where applicable, GCP.

- Range of dispensing process must include but is not limited to: interpretation and evaluation, preparation and labelling, provision of information and instructions, therapeutic intervention and supply of medicines to the patient and monitoring of compliance.

**ELO7:** Apply a pharmaceutical care management approach to ensure rational medicine use.

**ELO8:** Initiate and/or modify therapy, where appropriate, within the scope of practice of a pharmacist and in accordance with GPP and GCP, where applicable.

**ELO9:** Promote public health.

**ELO10:** Integrate and apply management principles in the practice of pharmacy.

**ELO11:** Participate in research.

**Professional Master's Degrees**

The exit level outcomes for these qualifications are contained in the respective qualification and curriculum outline documents.

## ADDENDUM 3: REQUIREMENTS AND PROCEDURES OF COUNCIL FOR ACCREDITATION OF PROSPECTIVE PROVIDERS AND RE-ACCREDITATION AND MONITORING OF CURRENT PROVIDERS (PUBLIC AND PRIVATE)

## A. PURPOSES OF AND PROCESSES FOR THE ACCREDITATION/RE-ACCREDITATION, EVALUATION AND ASSESSMENT OF PROSPECTIVE AND CURRENT PROVIDERS

### 1. Purposes of accreditation/re-accreditation of providers

**Note:** The purposes of the evaluation and accreditation/re-accreditation of providers of education and training, including universities and other institutions, are to:

(a) Advance the quality of education and training, thereby advancing the quality of the provision of pharmaceutical services.

(b) Establish criteria and characteristics for approved education and training experiences.

(c) Provide pharmacy employers and personnel with a dependable basis for selecting accredited/re-accredited providers of education and training.

(d) Provide for a uniform basis of provision of education and training, facilitating the portability of credits and qualifications among pharmacy sectors and providers.

(e) Provide feedback to providers about their courses and encourage self-evaluation with a view towards the continual improvement and strengthening of the education and training activities of pharmacy personnel.

(f) The minimum requirements for the accreditation/re-accreditation of providers of learning programmes for pharmacy personnel must be based on the criteria set out in Section 3 below. Private providers that offer full qualifications must be accredited by the Department of Higher Education and Training (DHET) as a provider.

### 2. The process of evaluation and assessment of providers for accreditation/re-accreditation

(a) The evaluation of a provider must be conducted by persons and/or institutions appointed by Council.

(b) Evaluators must receive appropriate training from the Council about the requirements for the evaluation of courses. This includes that the language used is appropriate to the level of the course(s) being offered, as well as guidance on the way in which the requirements are applied in order to ensure consistency across providers, particularly in respect of the assessment of outcomes, so that qualified students are able to perform their designated tasks in the workplace.

The evaluation of prospective providers of education and training must include measuring the applicant against specified criteria to assess the capacity of the provider, using compliance with the respective ELOs as the main point of reference.

### 3. Criteria for accreditation/re-accreditation of providers

(a) The criteria for accreditation/re-accreditation of a provider of education and training must be based on an evaluation of:

(i) the provider of education and training;

(ii) the course in question, including the curriculum and method of instruction.

(b) The following criteria, inter alia, must be considered by Council when a provider is evaluated in relation to a specific course:

(i) registration as a provider with the Department of Higher Education and Training in terms of any other applicable legislation;

(ii) adequate strategic planning;

(iii) a demonstrable quality management system;

(iv) competent facilitators of learning;

(v) an appropriate system for the assessment of students;

(vi) courses of a suitable quality;

(vii) appropriate practical training and WIL, where applicable.

## 4. Evaluation of prospective providers of education and training

Prospective providers of education and training must comply with the following standards (See also B below: Minimum standards for accreditation visits).

(a) Three years prior to the planned admission of BPharm 1 students, notify Council of its intention to do so. This step will be evaluated at Council offices.

(b) Two years prior to the admission of BPharm 1 students, provide Council with a business plan which describes the intentions of the provider in regard to compliance with Standard 2 – minimum standards for organisation and administration, and Standard 3 – minimum standards for training. This step will be evaluated during an accreditation visit to the intending provider.

(c) One year prior to the admission of BPharm 1 students, provide Council with a strategic plan which describes how Standards 2 and 3 will be met and its intentions and progress with the implementation of Standard 4 – minimum standards for facilities, and financial, human and physical resources; Standard 5 – minimum standards for delivery of programmes; Standard 6 – minimum standards for students; and Standard 7.2.1 – minimum standards for the quality management system. This step will be evaluated during an accreditation visit to the intending provider.

(d) During the initial and subsequent years of introduction of the BPham programme accreditation visits will be carried out on an annual basis.

(e) Full accreditation may only be conferred on a provider on completion of the first cycle of training.

## 5. Registration as a provider

Providers must be registered with Council. Where whole qualifications are offered by providers other than public education institutions, such institutions must be registered as private providers/educational institutions with the Department of Higher Education and Training, as indicated above. Accreditation with the Council on Higher Education is mandatory.

### 6. University/institution registration

The institution must be registered with the appropriate state education body, i.e. the Department of Higher Education and Training and the Council on Higher Education.

## B. REQUIREMENTS FOR ACCREDITATION VISITS

Accreditation visits for the qualification offered by the school must be conducted on a yearly basis until the first student group graduates. The aim of these visits is to ensure adherence to the prescribed minimum standards listed below:

**Learning assumed to be in place**
The actual knowledge and skills base the learner will need to have in order to be able to embark on a learning programme must be specified.

**Qualification rules**
The structure of the curriculum to show the allocation of modules into fundamental, core and elective components and their credit value must be provided.

**Exit level outcomes (ELOs) in relation to the curriculum**
All module codes that cover the ELOs and specify the number of credits allocated to each ELO must be provided. Motivation must be provided if the number of credits per ELO deviates by more than 30% from the required credits.

**Critical cross-field outcomes in relation to the curriculum**
Module codes where the critical cross-field outcomes are found must be provided.

**Detailed module content and learning outcomes with reference to assessment criteria**
The module names and codes that constitute the programme must be provided and the associated assessment criteria for each module must be specified.

**Teaching and learning strategies**
The teaching and learning strategy/strategies for different modules or clusters of modules must be described.

**Assessment and moderation**
How assessment methods are aligned to outcomes must be indicated, referring also to the mode of delivery, level and needs of students. How moderation is carried out and when external moderation takes place must be specified.

**Compliance with requirements relating to spacing norms for physical facilities**

**Compliance with requirements relating to WIL**

## C. REQUIREMENTS FOR MONITORING VISITS

Ongoing adherence to quality assurance measures is required to ensure that premises, systems and procedures are of an acceptable standard. The Council will therefore conduct monitoring visits to each institution as determined by Council. The aim of these visits is to ensure adherence to the prescribed criteria listed below for the programmes and courses offered by the respective school.

- **Compliance with the rules for the PTA qualification**
- **Compliance with the rules for the PT qualification**
- **Compliance with qualification rules for the BPharm degree**
- **Compliance with applicable exit level outcomes (ELOs)**
- **Compliance with associated assessment criteria**
- **Compliance with critical cross-field outcomes**
- **Compliance with requirements relating to assessment and moderation**

Monitoring visits for PTA and PT qualifications are performed by a Council team every year. Monitoring visits for the BPharm qualification are performed by a Council team every four years. Wherever possible, monitoring visits for the various programmes and courses offered by the school are integrated so that only one comprehensive visit is carried out every four years.