

PHARMACY COUNCIL

REVISED ACCREDITATION

POLICY

ON

TRAINING

OF

MEDICINE COUNTER

PHARMACY COUNCIL ACCREDITATION POLICY ON TRAINING OF MEDICINE COUNTER ASSISTANTS

TABLE OF CONTENT

INTRODUCTION

1.0	Dedication/Acknowledgement	
1.1	Executive Summary	4
1.2	Designation and Job Description	4
1.3	Criteria for Enrolment	5
1.4	Trainees' Qualifications	5
1.5	Special Goals	6
1.6	Eligibility criteria for Trainers	6
1.7	Role of the Pharmacy Council	6

TRAINING AND ACCREDITATION STANDARDS

2.10 Administration and Organization

-	Administrative responsibility	7
-	Administrator qualifications	7
-	Joint/Partnership training Programme	8
-	Programme Announcement Literature	8
-	Award of Credit	9
-	Record Keeping	9
-	Grievance Policy and Procedures	10
-	Budget and Financial Resource	10
-	Certificates of Credit	11
-	Renewal of Accreditation	12

2.20 Resource Persons and Staff

-	Resource Persons – qualitative considerations	12
-	Resource Persons – quantitative considerations	12
-	Support Staff	13

3.00 Educational Programme Development

-	Course outline and modules	13
-	Needs Assessment	19
-	Non-commercialism	19
-	Planning	20
-	Topic Development	20
-	Instructional Materials	20
-	Motivation for programme	21
-	Promotional activities	21

3.10 Methods of Delivery

- Instructional Delivery Methods 22
- Participant Involvement in learning 22
- Learning Assessment 22

3.20 Facilities

- Facilities matched to content and method 23
- Facilities matched to audience and objectives 23

4.00 Monitoring and Evaluation

- Program Evaluation 23

INTRODUCTION

1.1 EXECUTIVE SUMMARY

The Pharmacy Council is a statutory regulatory body established by the Pharmacy Act 1994 (Act 489). It has a legal mandate of securing in the public interest the highest standards in the practice of pharmacy.

It is therefore imperative to ensure that all personnel involved in the provision of pharmaceutical care be trained regularly to meet current trends and challenges in the efficient and appropriate pharmaceutical service delivery.

Personnel in the pharmaceutical service delivery consist of Pharmacists, Dispensing Technologists, Dispensing Technicians, Licensed Chemical Sellers and Medicine Counter Assistants.

All the above service providers receive some form of training regularly except Medicine Counter Assistants (MCAs).

The training of Medicine Counter Assistants therefore is necessary to enhance optimal pharmacare delivery.

This policy covers the role of the Pharmacy Council, special goals, job description, course structure and modules and the accreditation standards for the training institutions.

Accredited training institutions shall be permitted to train Medicine Counter Assistants on approved course structure and modules over a specified period at an approved rate after which the Pharmacy Council shall conduct a final examination for the participants.

1.20 DESIGNATION

A “Medicine Counter Assistant” is a person who has completed the prescribed training equipped to assist other members of the pharmaceutical care team, to provide optimal pharmaceutical care to patients by performing various duties in accordance with the Pharmacy Act, 1994 (Act 489) and any other regulations prescribed by the Pharmacy Council.

1.21 JOB DESCRIPTION

To assist members of the pharmaceutical care team in performing various duties under supervision. These include:

- i. Keeping the Pharmacy tidy
- ii. Customer Service.

- iii. Sale of Over- the- Counter medicines (OTC's) under supervision.
- iv. Assist in Inventory management.
- v. Clerical task
- vi. Basic Health Education.
- vii. Assist in purchasing.
- viii. Assist in Dispensing.
- ix. Assist in pre-packaging of medication.
- x. Sorting out of Medicines under supervision.
- xi. Assist in the receipt of money.
- xii. Other duties that may improve efficiency in pharmaceutical care.

1.3 ENROLMENT CRITERIA FOR TRAINEES

- All applicants must satisfy the minimum qualification for entry
- Training institutions must enrol based on the agreed quota system
- All applicants must be screened by the trainer before enrolment.

1.4 MINIMUM QUALIFICATIONS FOR ENTRY

The minimum qualification shall be GCE "O" Level Certificate or Senior Secondary School Certificate of Education (SSSCE). However person(s) with lower qualification(s) such as Middle School Leaving Certificate (MSLC) and a minimum of three years working experience in a pharmacy may be considered if applicant can still read and write.

There shall be a screening process instituted by the trainers such as interviews, short test or any appropriate means of assessment to help in the selection of prospective trainees.

Training institutions must note that candidates must be of good character, fit (physical and mental) and without any criminal record. However priority must be given to those assistants already on the job. Indeed it is the expectation of the Council that every batch of students admitted by each institution must have not less than sixty percent (60%) of the candidates already on the job.

1.5 SPECIAL GOALS

- i. To build a trusted group of qualified auxiliary pharmacy personnel to provide competent, acceptable and ethical methods of handling medications.
- ii. To formalize the career of Medicine Counter Assistants and make them recognised members of the health care team.

1.6 ELIGIBILITY CRITERIA FOR TRAINING INSTITUTIONS

- Applicant must be a limited liability company dealing in pharmaceuticals.
- Have an un-impeded access to pharmacy facility for practical training.
- A training coordinator
- Adequate and competent resource persons
- Accessible, spacious and well furnished classrooms
- Audio visual equipments, computers and other learning aids

1.7 THE ROLE OF PHARMACY COUNCIL

The Pharmacy Council reserves the right to give accreditation to any institution that applies in the prescribed form and meet laid down accreditation standards and criteria.

All accredited institutions shall be monitored by the Pharmacy Council to ensure that laid down standards are conformed to.

In the event of a Training Institution falling short of laid down standards, the Pharmacy Council shall withdraw/suspend its accreditation, as the case may be, until such time that the institution meets the required standards.

There shall be an accreditation fee payable by all Training Institutions which shall be reviewed from time to time by the Pharmacy Council.

All accredited institutions shall be required to apply for re-accreditation every 3 years.

The Pharmacy Council shall regulate the activities of all Training Institutions to ensure that prescribed standards are met.

Promotional activities of Training Institutions shall be subjected to prior screening by the Pharmacy Council to ensure that ethical standards are maintained.

The Pharmacy Council shall regulate the establishment of Training Institutions to ensure accessibility and sustainability.

TRAINING AND ACCREDITATION STANDARDS

2.10 ADMINISTRATION AND ORGANIZATION

The Pharmacy Council shall be responsible for the overall policy guiding the training of Medicine Counter Assistants, as enshrined in this Policy.

2.11 ADMINISTRATIVE RESPONSIBILITY

There shall be a visible, continuous and identifiable authority charged with the administration of the Training Institution. The administrative authority shall have the responsibility and be accountable for assuring and demonstrating compliance with the quality criteria and this Policy.

The provider shall adopt a statement, which sets forth the mission and goals of the Training Institution.

The administrative authority for coordinating the provider's training activities shall be vested in a Training Coordinator who should be readily accessible on a regular basis.

Administrative stability should always be assured.

2.12 QUALIFICATIONS OF THE TRAINING CO-ORDINATOR

There shall be a training coordinator for every training institution in whom the administrative function is vested. The training coordinator shall be qualified by virtue of his/her background, education, training and/or experience.

The training coordinator shall be a registered pharmacist of not less than three years standing as a pharmacist.

Other important areas of the training coordinator's background include a working knowledge in training, planning and development, and an understanding of the basic principles of adult learning.

Some important areas of training and experience which should be present or developed include program faculty selection, program budget preparation, record keeping, and a general familiarity with contemporary Medicine Counter Assistants training as well as current trends and issues in pharmaceutical needs.

The Training Coordinator and other professional staff, should maintain and seek to improve their knowledge, skills and experience in the areas outlined above.

2.13 JOINT/PARTNERSHIP TRAINING PROGRAMMES

If two or more approved providers work together for the development, distribution, and/or presentation of continuing pharmaceutical education programs, the responsibility for assurance of compliance with the quality criteria is held jointly. Early in the planning, decisions shall be made relative to the specific areas or the division of responsibility of each approved provider and shall be identified and documented.

2.14 PROGRAM ANNOUNCEMENT LITERATURE

The promotion and advertising of each continuing education activity shall be conducted in a responsible fashion.

Adequate information should be provided to prospective participants in advance, in order to enable them to be well-informed consumers of the education programs. Promotional materials (e.g. brochures, advertisements, memoranda, letters of invitation etc.) should clearly and explicitly include at least the following key informational items:

- i. The educational goals and specific learning objectives of the particular program.
- ii. The nature of the target audience(s) that may best benefit from participation in the program.
- iii. The training resource persons and their credentials.
- iv. The fees for the program and a clear statement of the items that are and are not covered by those fees, as well as any applicable deadlines for program cancellations and fee refunds.
- v. The schedule of the educational activities.
- vi. The number of training credits, specified in contact hours that can be earned through participation and successful completion of the program.
- vii. A statement identifying the training provider as an institution accredited by the Pharmacy Council.
- viii. A full description of all requirements established by the provider for successful completion of the training programme and subsequent awarding of credit (e.g., passing a post-test at a pre-specified proficiency level, completing a program evaluation form, participating in all sessions or certain combinations of sessions which have been designed as a program package, etc.).

In programmes where both core and elective sessions are used, the sessions being offered, as core sessions for credit should be clearly identified, and a statement indicating when and how a participant should expect to receive a certificate should be clearly made.

Promotional materials should represent the educational programme being offered in a fair and responsible manner.

2.15 AWARD OF CREDITS

Providers shall adhere to a uniform quantitative system of measurement for training credits based on the contact hours, defined as 45-60 minutes of participation or its equivalent.

In cases where the method of educational delivery does not lend itself to straightforward and direct translation into contact hours, as may be the case with home work and other mediated instructional approaches, a determination of the number of educational credits which may be awarded shall be made by realistically appraising the amount of time required for participants to successfully complete the program.

2.16 RECORD KEEPING

The provider shall maintain and assure the availability of records adequate to serve the needs of the participants and others requiring such information.

Records of participation should be kept for a minimum period of five years, and Training Institutions shall keep full documentation on the following:

- i. Duration of program.
- ii. Personal information data of participants.
- iii. Dates of commencement and completion of programme.
- iv. Drop-out rates (with reasons).
- v. A copy of the documentation shall be submitted to the Pharmacy Council.
- vi. Documentation on Resource Persons and their relevant qualifications and field of instruction.
- vii. Records of daily attendance.

- viii. Records of resource persons and their relevant qualifications and their fields of instruction.

2.17 POLICY AND PROCEDURES FOR GRIEVANCES

The provider shall develop and promulgate policies and procedures for the management of grievances including tuition and fee refunds.

The provider's policies and procedures should be formalized in a written format and should facilitate quick and smooth resolution of grievances/complaints.

2.18 BUDGET AND RESOURCES

A sound resource base is a requirement for the running of the training program and their improvement. To provide adequately for quality programs and necessary improvements, sufficient resources must be available.

The budget and resources for training programs shall be adequate to the activities undertaken and their continued improvement.

Available resources should provide for both direct and indirect program costs, including provisions for non-operational expenses like training evaluation and development.

2.19 CERTIFICATES OF CREDIT

A. PHARMACY COUNCIL MEDICINE COUNTER ASSISTANT CERTIFICATE

The Pharmacy Council shall issue a certificate to participants who have successfully completed their training. The successful participant shall be deemed to have completed the requisite total number of credits, and has been assessed and certified to have passed. The certificate shall include the following information:

- i. The full name of the participant,
- ii. The title and date(s) of the program,
- iii. The approved provider(s) of the program,
- iv. The official logo of the Pharmacy Council,
- v. Courses taken,

- vi. The name and signature of the Registrar of the Pharmacy Council,
- vii. The assigned Training Batch Number,
- viii. The name of the Training Institution, and

Duly completed and signed certificates shall be awarded only following the completion of the program. Replaced certificates should be clearly marked as “Replacement Copy” or “Duplicate Copy”.

Approved providers must have a sound basis for providing evidence of participation in Medicine Counter Assistants training programs.

B. MCA TRAINING INSTITUTIONS ACCREDITATION CERTIFICATE

The Pharmacy Council shall issue a certificate of accreditation to training institutions in accordance with the statutory functions of the Pharmacy Council and upon inspection and supervisory visits certifies that the said institution has adequate human resources, physical infrastructure and teaching/learning facilities to train Medicine Counter Assistants

The certificate shall include the following information:

- i. The full name of the training institution,
- ii. The title and date(s) of accreditation,
- iii. The location of the training institution,
- iv. The official logo of the Pharmacy Council,
- v. The name and signature of the Registrar of the Pharmacy Council,
- vi. The assigned Training Institution Number,

Duly completed and signed accreditation certificates shall be issued only after the Council has considered application(s) and satisfied itself accordingly with the terms and conditions of the Pharmacy Council accreditation policy. Replaced certificates should be clearly marked as “Replacement Copy” or “Duplicate Copy”.

RENEWAL OF ACCREDITATION

Accreditation certificates issued to training institution(s) shall be renewable every three years subject to compliance to terms and conditions of the Pharmacy Council accreditation policy and the payment of a prescribed fee.

TESTIMONIALS BY TRAINING INSTITUTIONS

The provider shall give evidence to each participant, in the form of a testimonial or other official document, of successful completion of the training having passed the final assessment by the Pharmacy Council.

2.20 RESOURCE PERSONS – QUALITATIVE CONSIDERATIONS

The quality of training programs and their value to participants depends heavily on the ability and expertise of the resource persons and support staff.

The resource persons for the training program shall be competent in the subject areas and qualified by experience, training and/or preparation for the tasks and methods of delivery.

In order to facilitate effective teaching and learning, the provider shall provide systematic and effective guidance and development support, particularly related to the development of training goals and specific learning objectives, preparation of suitable and appropriate supporting and supplementary instructional materials, design and implementation of appropriate learning activities in both structure and process, and development of appropriate learning assessment instruments and activities.

The Pharmacy Council shall, through the program monitoring and evaluation processes, ensure the effectiveness of this Policy, and shall make adjustments and modifications, as it deems fit.

The provider shall put in place monitoring and evaluation systems to ensure that the training policies and objectives are fully implemented.

2.21 RESOURCE PERSONS – QUANTITATIVE CONSIDERATIONS

An appropriate number of resource persons shall be engaged for each training program.

In determining the appropriate number of resource persons for the training programs, consideration should be given to the topics to be covered, the need for appropriate balance, and the overall duration of the program.

2.22 SUPPORT STAFF

There shall be adequate support personnel to assist with the administrative and technical matters related to the preparation, presentation and implementation of the training programs.

The provider shall ensure not only the availability of support personnel, but also the provision to them of adequate training and information to ensure the quality of program and programming.

3.00 EDUCATIONAL PROGRAMMES DEVELOPMENT

Educational program development requires thorough advance planning. Means of determining educational needs of the participants should be developed and used. Input from stakeholders shall be included in this process. Training goals and learning objectives shall be appropriate for the intended program.

Training programs shall address topics and subject areas that are pertinent to pharmacy, and shall be well balanced in presentation.

Topics and subject matter shall include the syllabus outlined below.

COURSE OUTLINE AND MODULES

MODULE 1: INTRODUCTION TO PHARMACEUTICAL CARE

- i. PHARMACY APPRECIATION
 - a) Definition of Pharmacy
 - b) History of Pharmacy
 - c) Modern Concepts of Pharmacy
 - d) The place of the Medicine Counter Assistant in Pharmaceutical Care

ii. LAWS AND ETHICS

- a) Law affecting Pharmacy Practice
- b) Code of Ethics for Pharmacists
- c) Practice Standards for Licensed Chemical Sellers

iii. PHARMACY AS A HEALTH CARE SERVICE

- a) Place of Pharmacy in the Health care system
- b) Chain of referral in the Pharmacy setting
- c) Role of the various players in the Pharmaceutical care (skill mix)

iv. PHARMACY AS A BUSINESS

- a) Identification of products and services
- b) Some methods of improving profitability

v. HEALTH SERVICE ENVIRONMENT

- a) Scope of the health service environment
- b) Listing Health providing institutions
- c) List members of the health care team
- d) Roles members of the health care team in patient care
- e) List Bodies in charge of the different teams in the Health Service
- f) Coordination and roles of the Bodies in charge of the different teams in the Health service

vi. PHARMACY LAYOUT

- a) Minimum space size of Pharmacy and Licensed Chemical Shop
- b) Patient counselling unit
- c) Store

- d) Medicines/Cosmetics disposition for display
- e) Arrangement of medicines by formulations/dosage forms
- f) Arrangement of medicines by therapeutic activity
- g) Counter disposition

**MODULE 2:
RUDIMENTS OF DISPENSING**

i. DISPENSING I

- a) Definition of a medicine
- b) Laws governing the manufacture, distribution, sale and consumption of medicines
- c) Basic precautions in medicine use
- d) Commonly misused and abused medicines
- e) Introduction to the Rational Medicine Use
- f) Consequences of over dosing and under dosing
- g) Handling of unwholesome, deteriorated or expired medicines
- h) Common dosage forms, their applications and uses
- i) Proprietary and generic preparations
- j) Prescription appreciation
- k) Overview/general features of a prescription

ii. DISPENSING II

- a) Supply of Over The Counter (OTC)/Class C medicines
- b) Labelling Appreciation
- c) General labelling requirements in Ghana
- d) Minimum information requirement of labels (e.g. name of medicine, dosage, storage, expiry date, user's name)

- e) Clarity, neatness, legibility and indelibility of ink for labelling
- f) Appreciation of the ability to read the labels (literacy and illiteracy)
- g) Suitability of containers for the medications
- h) Appropriate use of plastic and paper envelopes
- i) Appreciation of feedback from patients

iii. MEDICINE MEASUREMENT

- a) Basic Concept in Medicine measurement
- b) Appreciation of basic Dispensing Equipments
- c) Weight measurements
- d) Volume measurements

**MODULE 3:
DOCUMENTATION, INVENTORY CONTROL AND HUMAN RELATIONS**

i. BOOKING KEEPING

- a) Recording of daily sales
- b) Reconciliation of physical cash and recorded sales
- c) Filing of vouchers, invoices and receipts books
- d) Preparation of medicine orders
- e) Shelving of medicines
- f) Some aspects of inventory control
- g) Storage temperatures
- h) Tally cards
- i) Stock taking process
- j) Checking of the expiration of medicines

k) Minimization of the expiration of medicines

l) Role of the computer

ii. SOME ASPECTS OF PURCHASING

a) Appreciation of working tools

b) Determination of medicine needs

c) Identification of suppliers

d) Placing of orders

e) Appropriate transportation of medicines (cold chamber, frangibility, etc.)

f) Introduction to telephones, facsimiles, calculators, cash registers, etc.

g) Computer Applications (Elective)

iii. HUMAN RELATIONS

a) Personal grooming

b) Front desk

c) Comportment

d) Outfit

e) Customer care (with scenario demonstrations)

f) Relating to colleagues

g) Conflicts and conflict resolution

iv. COMMUNICATION SKILLS

a) Communication in the Health Care System

b) Language barriers

- c) Good communication skills
 - d) Dangers of poor communication
 - e) Dangers of poor information/lack of information
- v. PSYCHE OF THE ILL PERSON
- a) Assessment of the state of mind of a client (e.g. Is patient so ill he or she cannot understand instructions covering prescriptions?)

**MODULE 4:
ROLES AND RESPONSIBILITIES OF THE MEDICINE COUNTER ASSISTANT**

- i. BASIC CONCEPTS IN HYGIENE
- a) General neatness (e.g. keeping measuring spoons/cups clean)
 - b) Handling of medicines
 - c) Use of dispensing trays
 - d) Dangers of dispensing with fingers
- ii. AWARENESS OF DISEASES OF PUBLIC HEALTH IMPORTANCE
- a) Diarrhoea
 - b) Malaria
 - c) Common cold
 - d) Sexually Transmitted Diseases (STDs and HIV/AIDS)
- iii. FIRST AID AND EMERGENCIES
- a) Fire, Flood, Earthquakes
 - b) Defensive driving (elective)

iv. CAREER BUILDING

- a) Polytechnics (e.g. Dispensing Technologists/Technicians courses)
- b) Universities (Faculty of Pharmacy)

v. PRACTICAL TRAINING

- a) Attachment in relevant pharmaceutical facilities

RESPONSIBILITY FOR TRAINING NEEDS ASSESSMENT

- i. The Pharmacy Council shall be responsible for the training needs assessment of the programs.
- ii. A balanced strategy for assessing training needs should be used. Strategies shall include the following:
- iii. Periodic surveys of the targeted participants,
- iv. Establishment and use of an Advisory Committee which should include representative of the targeted stakeholders,
- v. Inclusion of an item or items in the provider's program evaluation instrument(s) which solicit(s) participant's suggestions for future program topics, and
- vi. Analysis of literature and trends in the practice, audits of pharmacy practice to identify areas in need of strengthening.

NON-COMMERCIALIZATION

Training programs should provide for an in-depth presentation of materials with fair, full disclosure and equitable balance of information. Appropriate topics and learning activities shall be distinguished from topics and learning activities which are promotional or appear to be intended for the purpose of endorsing either a specific commercial medicine or other commercial product.

Training programmes may be supported by funds received from external sources. Approved Training Institutions shall be held responsible for the administration, content, quality, and integrity of all training activities.

Approved providers are responsible for the quality, content, and utilization of instructional materials or post-program documents that are prepared with the support of outside organisations.

PLANNING

Training programs shall involve planning, which includes written training goals, and specific learning objectives that are measurable, and which may serve as a basis for an evaluation of the program's effectiveness.

Educational goals and specific learning objectives should reflect the relationship of the program topic(s) or content to contemporary trends in pharmacy.

Training goals shall be developed early in the programme planning process so as to enable them to provide guidance and direction for all subsequent developmental aspects including content, supplementary instructional materials, learning assessment activities, and program evaluation.

Goals and objectives should be appropriate for the amount of time allocated to the program.

TOPIC DEVELOPMENT

Each training activity shall be designed to explore one subject or a group of closely related subjects. If the activity involves multiple components, such as in a lecture series, all segments shall be devoted to integrally related subjects.

Providers should seek to develop topics related and logically sequenced programs in an effort to provide opportunities for well-coordinated training.

INSTRUCTIONAL MATERIALS

All supporting and supplementary instructional materials shall be suitable and appropriate, and shall be periodically reviewed to ensure technical quality, timeliness and currency of content.

A syllabus or other handout material providing a general outline of the training should be developed and made available to participants at each program offered.

All supporting and supplementary instructional materials used (e.g., handouts, outlines, background materials, selected bibliographies, audiovisual aids, etc.) should be developed to enhance the participants' understanding of the topic(s) being treated.

MOTIVATION FOR PROGRAMMES

The following general issues shall be considered to motivate all stakeholders:

- i. Certificates shall be issued to successful participants.
- ii. Pharmacy facilities shall be encouraged to train their assistants.
- iii. Qualification for training shall be standardized.
- iv. Course fees shall be within an agreed range.
- v. The Pharmacy Council before implementation shall approve course fee increments.

PROMOTIONAL ACTIVITIES

The Pharmacy Council shall draw Guidelines for the promotional activities of the training of Medicine Counter Assistants.

Training Institutions shall be rigorous in their efforts to ensure that all training programmes and associated materials are free from promotional influence and/or content.

Issues to be addressed include the following:

- i. The disclosure of written agreements to the Pharmacy Council when external support is obtained,
- ii. Appropriate disclosure to the Pharmacy Council of any significant relationship between funding organisation(s) and the resource persons,
- iii. The avoidance of promotional activities or materials as an integral part of the programme or programme materials or in any manner which interferes with or interrupts the training activity, and
- iv. The disclosure to the Pharmacy Council of limitations on information, including data that represent ongoing research, interim analysis, preliminary data, and unsupported opinion. Also included are opinions or approaches to care that, while supported by some research studies, do not represent the only opinion or approach to care supported by research.

3.10 METHODS OF DELIVERY AND ASSESSMENT

The methods employed in delivery play an important role in the effectiveness of the training programme. Innovation and experimentation with delivery methods are encouraged.

3.11 INSTRUCTIONAL DELIVERY METHODS

The method(s) of delivery utilized in a program shall be determined giving appropriate consideration to such factors as the content and learning objectives, and the size and the composition of the target participants.

The learning format preference(s) of the target participants should be taken into consideration when selecting the delivery method(s) to be used.

3.12 INVOLVEMENT OF PARTICIPANTS IN LEARNING

The method of delivery shall allow for and encourage active participation and involvement of the participants.

Every Training Institution shall design and implement active and/or interactive learning activities for the program.

3.13 CONTINUOUS LEARNING ASSESSMENT

An evaluation mechanism shall be provided at each program for the purpose of allowing all participants to assess their achievements in accordance with the programme's learning objectives.

The evaluation mechanism should assess participant learning by ascertaining the level of fulfilment of the stated educational goals and specific learning objectives established for the program. Learning assessment activities should be considered integral components of the program, and should be taken into consideration when determining the number of credits to be awarded.

The results of this evaluation should be provided to the participants in an appropriate and constructive manner. This feedback should be provided with an indication of correct answers or solutions. Supplementary information, explanations, or discussions of answers and solutions are considered important and would be most useful if provided to participants immediately after completion of learning assessment exercises.

Each participant shall undergo a final assessment in the form of written and oral examination at the end of the program. This shall form the basis of award of certificate by the Pharmacy Council.

Training Institutions should be encouraged to experiment with a variety of self-assessment mechanisms such as pre and post-testing, post-testing alone with group discussions and critique of answers, and problem solving exercises.

Test items or other learning documentation activities should be designed to go beyond the simple recall of facts and seek to demonstrate learning with an emphasis on integration and utilisation of knowledge in their places of work.

3.20 FACILITIES

An appropriate facility or environment conducive to teaching and learning is essential to the training programme. The facilities utilized shall be appropriate and adequate for the content and method of delivery of the program and shall be appropriately equipped.

In order to effectively support the training program(s), the facilities shall be suitably equipped. Appropriate systems for ventilation and lighting, adequate sound systems for public address, and any other equipment necessary for the effective delivery of any audiovisual materials and support for instructional activities shall be used.

The facilities shall be adequate to the size of the audience and promote the attainment of the objectives of the programme.

The Training Institutions shall make space arrangements on the basis of anticipated attendance and selected delivery methods.

4.00 PROGRAMME MONITORING AND EVALUATION

Evaluation of the training programs and the assessment of participants are crucial for the maintenance and improvement of quality. Participants should therefore view the evaluation as an essential element of the training offered by the provider.

The Pharmacy Council shall organize periodic monitoring and evaluation sections with stakeholders.

The Training Institutions shall develop and implement systems of monitoring and evaluation for each training program.

Educationally sound methods and/or techniques should be used. Evaluative data should be analysed, summarized, interpreted and utilized for future decision making towards the continuing improvement of the provider's training programmes.

All participants should be afforded an opportunity to evaluate the quality of each programme in which they have participated.

Key components of programme quality, which should be monitored and evaluated, shall include:

- i. The participants (e.g. qualification, experiences, overall programme satisfaction, achievement of personal goals and objectives, etc.),
- ii. The Instructors (e.g. qualification, continuing education/training, experiences, suitability of instructional materials, pacing of presentation, knowledge of subject matter, clarity of presentation, responsiveness to participant questions, etc.),
- iii. The Topic (e.g. appropriateness, the level and scope, relevance to practice, currency of information and materials, overall balance, etc., and
- iv. The general context (e.g. the facilities, the administration of the programme, convenience of location, etc.).