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AIDS HELPLINE: 0800-0123-22 Prevention is the cure

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BOARD NOTICES

BOARD NOTICE 152 OF 2014

THE SOUTH AFRICAN PHARMACY COUNCIL

SCOPES OF PRACTICE AND QUALIFICATIONS FOR SPECIALIST PHARMACISTS

The South African Pharmacy Council (Council) intends to request the Minister of Health to:

(a) publish amendments to the *Regulations relating to the registration of persons and the maintenance of registers* to make provision for specific categories for existing specialist pharmacists and new categories of specialist pharmacists:

(i) Radiopharmacist (existing);
(ii) Pharmacokineticist (existing);
(iii) Clinical Pharmacist (new);
(iv) Public Health Pharmacy and Management (new).

(b) publish amendments to the *Regulations relating to the practice of pharmacy* to make provision for the scopes of practice of the abovementioned specialist pharmacists; and

(c) publish regulations in terms of Sections 33 and 49(mA) to provide the required qualifications for the specialist pharmacists.

The qualifications and the proposed scopes of practice are published herewith for public comment prior to the said request to the Minister of Health.

SCHEDULE

1. Radiopharmacy:
   (a) Scope of practice for the specialist pharmacist in Radiopharmacy; and
   (b) Qualification for the specialist pharmacist in Radiopharmacy.

2. Clinical Pharmacy:
   (a) Scope of practice for the specialist pharmacist in Clinical Pharmacy; and
   (b) Qualification for the specialist pharmacist in Clinical Pharmacy.

3. Public Health Pharmacy and Management:
   (a) Scope of practice for the specialist pharmacist in Public Health Pharmacy and Management; and
   (b) Qualification for the specialist pharmacist in Public Health Pharmacy and Management.

4. Pharmacokineticist:
   (a) Scope of practice for the Pharmacokineticist.

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).

TA MASANGO
REGISTRAR

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SPECIALITIES FOR PHARMACISTS

AIM AND GOALS

To enable pharmacists to specialise and to meet advanced pharmaceutical care and the service needs of the country.

The goals for creating specialist pharmacists are to:
(a) recognise expertise in pharmacy;
(b) create a career framework, being career progression and job satisfaction;
(c) move the profession forward;
(d) achieve better outcomes for patients;
(e) establish a referral system within the pharmacy profession;
(f) manage risk and public safety; and
(g) support the training of academics (teaching staff).

PRINCIPLES

(a) The creation of specialist pharmacists must be needs driven;
(b) The speciality in pharmacy must be based on advanced knowledge in the field of specialisation;
(c) The speciality in pharmacy must be based on advance practical experience in the field of specialisation;
(d) The speciality will be recognised if the postgraduate degree is pharmacy related; and
(e) Broad specialist pharmacist would be created with an allowance to create sub-specialities within the broad category when that sub-speciality has been well established in practice.

RADIOPHARMACISTS

SCOPE OF PRACTICE

(a) Perform acts and services specially pertaining to the profession of a pharmacist;
(b) Take a leading pharmaceutical role in protocol and guideline development in radiopharmacy and nuclear medicine;
(c) Take a leading pharmaceutical role in compounding and/or manufacturing radiopharmaceuticals;
(d) Act as a leading pharmaceutical partner within a multi-professional healthcare team in nuclear medicine departments and in industry;
(e) Develop, implement, evaluate and provide strategic leadership for radiopharmacy services;
(f) Appraise information, make informed decisions regarding supply and use of radiopharmaceuticals with the evidence available and be able to justify/defend the decisions;
(g) Develop policies and procedures specifically for the specialty area;
(h) Develop a quality and an evaluative culture within radiopharmaceutical services;
(i) Perform pharmaceutical risk management;
(j) Provide education and training related to radiopharmacy; and
(k) Research, reach and publish in the field of radiopharmacy;

QUALIFICATION – PROFESSIONAL MASTER'S DEGREE IN RADIOPHARMACY

SYNOPSIS:

To provide a curriculum for a professional Master's Degree in Radiopharmacy, to enable students to register with the South African Pharmacy Council (hereafter referred to as Council) as specialists with a post-qualification that complies with Council's requirements.

Table 1: Summary of the proposed qualification

	Professional Master's Degree in Radiopharmacy
Duration:	Two years
Entry criteria:	Bachelor's Degree in Pharmacy
HEQF-level:	**Level 9**
Field (CESM):	**09** Health Sciences and Social Services
Sub-field:	Curative Health
SAQA-credits:	360 credits
Qualification type:	Professional, exit-level, career-orientated, whole qualification
Final assessment and evaluation:	• Final, exit-level examination(s) will need to be passed in accordance with the relevant Higher Education provider's rules and regulations. • In addition, a comprehensive portfolio of evidence will need to be submitted and successfully passed by the accredited provider. • Requirements for registration as a specialist after obtaining the professional Master's Degree are presented in Appendix A to this document.
CPD requirements for annual re-registration:	As required by Council
Professional status:	Registration with Council as a practising Radiopharmacist
Articulation:	DPharm / Doctoral Degree

QUALIFICATION OUTLINE:

1. QUALIFICATION TITLE:

Master of Pharmacy in Radiopharmacy
☐ Abbreviation: MPharm (Radiopharmacy)

2. QUALIFICATION TYPE:

Professional Master's Degree

3. FIELD AND SUB-FIELD:

☐ Field: [09] Health Sciences and Social Services
☐ Sub-field: Curative Health

4. LEVEL:

NQF/HEQF **Level 9** (Master's Degree)

5. CREDITS:

Total credits: 360

6. RATIONALE FOR THE QUALIFICATION:

A shortage of radiopharmacists has been identified in South Africa and in Africa as a whole. Currently there are only two Council-registered specialist radiopharmacists in South Africa.

Radiopharmaceuticals are used in the diagnosis and treatment of many end-state organ diseases and life-threatening conditions such as major cardiac, renal, endocrine and cerebral disorders, as well as cancers and obscure infections. Their use is growing as they are key agents in the newer diagnostic modalities such as SPECT-CT and PET scintigraphy. Radiopharmaceuticals must be handled with care for both safety and efficacy. Their dosage form design, production and manipulation are often highly technical and sensitive to poor handling techniques, which render them ineffective or dangerous. Hence Radiopharmacy is a specialised area which is key to the diagnostic and treatment services offered in Nuclear Medicine.

There is a need for a qualified Radiopharmacist in every academic hospital Nuclear Medicine department, as well as in many private hospitals. Currently there are no posts for these professionals in the public sector, which presents a major obstacle. In addition, South Africa has major production centres for radiopharmaceuticals, which are sold and used throughout Africa, yet not one of these facilities has a qualified radiopharmacist. Inappropriate role-substitution therefore occurs in most facilities which handle radiopharmaceuticals. In hospitals, some of the tasks that should be performed by radiopharmacists are performed by radiographers, whilst other radiopharmacy tasks are simply not performed at all. In production facilities there is role-substitution by radiochemists, medical physicists and pharmacists who have been trained in the workplace.

The existence of this speciality does not preclude the current practice of pharmacists already dispensing radiopharmaceuticals. Pharmacists should continue to perform the acts pertaining to the scope of practice of a pharmacist. Radiopharmacists should perform a leading pharmaceutical role in all activities which relate to radiopharmaceuticals. The role includes:

(a) Procurement: Order, receipt, storage and inventory control of radiopharmaceuticals, ancillary drugs, supplies and related materials.
(b) Compounding: Generator elution, kit reconstitution, preparation of products not commercially available and other radiolabelling procedures.
(c) Manufacture: Radionuclide production and quality control of radiopharmaceuticals according to *Good Manufacturing Practice* in an industrial setting.
(d) Quality assurance: Functional checks of instruments, equipment and devices and determination of radiopharmaceutical quality and purity (e.g. radionuclidic purity, radiochemical purity, chemical purity, particle size, sterility, apyrogenicity).
(e) Dispensing: Preparation of bulk vials or individual patient doses for delivery to the user.
(f) Distribution: Packaging, labelling and transport of radiopharmaceuticals to the user.
(g) Health and safety: Radiation protection practices and proper handling of hazardous chemicals and biological specimens.
(h) Provision of information and consultation: Communication of radiopharmaceutical-related information to others, i.e. general applicability (e.g. teaching), organisational (e.g. policies and procedures), or information concerning the care of specific patients.
(i) Monitoring patient outcomes: Activities to assure optimal outcomes for individual patients, which includes patient preparation before radiopharmaceutical administration; prevention, recognition, investigation and rectification of clinical problems, such as drug interactions.
(j) Research and development: Laboratory testing of new radiopharmaceuticals, new compounding procedures, or new quality control methods, and participation in clinical trials of radiopharmaceuticals.

The rationale for the Radiopharmacy postgraduate qualification is to train radiopharmacists who are able to register with Council as specialists in order to ensure safe and effective production and use of radiopharmaceuticals.

7. PURPOSE:

The purpose of this professional **Master's Degree** is to provide pharmacists who meet the minimum requirements for entry (Bachelor's Degree in Pharmacy) with the opportunity of becoming **specialists in the field of radiopharmacy** by expanding their basic knowledge, skills, values and attitudes, and therefore enabling them to meet the minimum requirements of Council. The degree is inherently a practice-based degree with a large component of work-integrated learning.

Council's Scope of Practice for Radiopharmacists

(a) Perform acts and services specially pertaining to the profession of a pharmacist.

(b) Take a leading pharmaceutical role in protocol and guideline development in radiopharmacy and nuclear medicine.
(c) Take a leading pharmaceutical role in compounding and/or manufacturing radiopharmaceuticals
(d) Act as a leading pharmaceutical partner within a multi-professional healthcare team in nuclear medicine departments and in industry.
(e) Develop, implement, evaluate and provide strategic leadership for radiopharmacy services.
(f) Appraise information, make informed decisions regarding supply and use of radiopharmaceuticals with the evidence available and be able to justify/defend the decisions.
(g) Develop policies and procedures specifically for the specialty area.
(h) Develop a quality and an evaluative culture within radiopharmaceutical services.
(i) Perform pharmaceutical risk management.
(j) Provide education and training related to radiopharmacy.
(k) Research, reach and publish in the field of radiopharmacy.

8. RULES OF COMBINATION:

☐	Fundamental credits:	**108**
☐	Core credits:	**236**
☐	Elective credits:	**16**
	Total:	**360**

9. ACCESS TO THE QUALIFICATION:

The minimum admission requirement is a four-year Degree in Pharmacy (NQF level 8) or equivalent; registration with the SA Pharmacy Council as an academic intern or as a pharmacist and placement in the area of specialisation.

10. LEARNING ASSUMED TO BE IN PLACE:

A four-year Degree in Pharmacy (NQF level 8) assuming the following is in place:
☐ Professional and ethical practice
☐ Communication (collaboration with members of the healthcare team) and self-management
☐ Optimal use of medicines (therapeutic decision-making) and medication management
☐ Anatomy and physiology
☐ Pharmaceutics
☐ Pharmacy practice (including aseptic experience, standard operating procedures, GMP and quality assurance)
☐ Pharmacology
☐ Research methodology

Candidates have to comply with all of the theoretical requirements set by Council for registration as a specialist pharmacist as well as annual registration, and must have a thorough understanding and working knowledge of South African *Good Pharmacy Practice* rules.

11. EXIT LEVEL OUTCOMES AND THEIR ASSOCIATED ASSESSMENT CRITERIA:

See Table 2

Table 2: Curriculum Outline

Learning Area	Exit Level Outcome	Credits	Notional Hours
Fundamental	*Exit Level Outcome 1:* Apply scientific knowledge in radiopharmacy services	64	640
Fundamental	*Exit Level Outcome 2:* Promote safe handling of radiation sources and radiopharmaceuticals in compliance with relevant South African legislation	20	200
Fundamental	*Exit Level Outcome 3:* Institute quality management in radiopharmacy according to current *Good Radiopharmacy Practice* (cGRPP [1]) and in compliance with GMP[2] in radiopharmaceutical production	24	240
Core	*Exit Level Outcome 4:* Produce, procure, distribute and dispose of radiopharmaceuticals according to cGRPP and in compliance with GMP in radiopharmaceutical production	16	160
Core	*Exit Level Outcome 5:* Compound and dispense radiopharmaceuticals and radiolabelled blood elements according to GPP, cGRPP and recognised international standards and applicable legislation	28	280
Core	*Exit Level Outcome 6:* Conduct and monitor quality management for radiopharmaceuticals and instrumentation in the radiopharmacy	20	200
Core	*Exit Level Outcome 7:* Monitor and promote diagnostic accuracy and successful treatment outcomes as an active member of the nuclear medicine team	40	360
Core	*Exit Level Outcome 8:* Act as part of a multidisciplinary team to provide information and consultation on radiopharmaceuticals and good radiopharmacy practice in clinical trials	12	160
Core	*Exit Level Outcome 9:* Conduct research and prepare for publication in the field of radiopharmacy	120	1200
Elective	*Exit Level Outcome 10:* Choose an elective topic	16	160
MPharm (Radiopharmacy)	**TOTAL**	**360**	**3600**

[1] Guidelines on current Good Radiopharmacy Practice (cGRPP) in the preparation of radiopharmaceuticals (most current version). EANM Radiopharmacy Committee
[2] Republic of South Africa. [Department of Health] (most current version). Medicines Control Council: South African Guide to GMP. Pretoria: Government Printers.

Specific Exit Level	Learning Area	Exit Level Outcomes	Associated Assessment Criteria	Notional Hours
Master's Degree in Radiopharmacy (MPharm)	Fundamental	*Exit Level Outcome 1:* Apply scientific knowledge in radiopharmacy services Range statement: The range of scientific knowledge will include, but is not limited to: • Radiation theory and medical physics instrumentation • Production and properties of radionuclides • Radiopharmaceutical localisation, mode of action, half-life and dosimetry • Aseptic preparation and quality control or radiopharmaceuticals **[64 credits]**	*Assessment Criteria for Exit Level Outcome 1:* 1. Discuss the role of Radiopharmacy in Nuclear Medicine in diagnosis and therapy. 2. Medical physics: Explain atomic theory, decay processes, mathematics of radioactivity decay, interaction of radiation with matter, types of radioactivity and radiation detection (instrumentation and cameras at basic level only). 3. Radiochemistry: Describe and explain production of radionuclides (natural, reactor, cyclotron, generators). Explain properties of commonly-used diagnostic and therapeutic radionuclides, their chemistry and the principles of the use of ligands and chelating agents. 4. Radiopharmacology: Explain the localisation and mode of action of common radionuclides and radiopharmaceuticals, physical and biological half-life and dosimetry. 5. Radiopharmaceutics: Explain and demonstrate aseptic radiolabelling techniques and quality control for radiopharmaceuticals.	640

Master's Degree in Radiopharmacy (MPharm)	Fundamental	*Exit Level Outcome 2:* Promote safe handling of radiation sources and radiopharmaceuticals in compliance with relevant South African legislation. **[20 credits]**	*Assessment Criteria for Exit Level Outcome 2:* 1. Explain and apply legislation relevant to radiopharmacy services in the South African context[3]. 2. Discuss and apply local and international guidelines relevant to the production, distribution, use and disposal of radionuclides and radiopharmaceutical products. 3. Describe and demonstrate the principles of the "as low as reasonably achievable" (ALARA) concept and the importance of distance, shielding and time in radiation protection and radiation exposure limits. 4. Demonstrate the practical implementation of radiation protection principles.	200

[3] Department of Minerals and Energy (most current version). Radioactive Waste Management Policy and Strategy for the Republic of South Africa, Pretoria, South Africa AND Department of Health (most current version). Directorate Radiation Control. Code of Practice for the Management and Disposal of Non-Nuclear Radioactive Waste.WSCP91-1, Pretoria, South Africa AND Republic of South Africa. [Department of Health]. 1965. Medicines and Related Substances Control Act (Act 101 of 1965). Pretoria.

Master's Degree in Radiopharmacy (MPharm)	Fundamental	*Exit Level Outcome 3:* Institute quality management in radiopharmacy according to current *Good Radiopharmacy Practice* (cGRPP) and in compliance with GMP in radiopharmaceutical production. **[24 credits]**	*Assessment Criteria for Exit Level Outcome 3:* 1. Introduce and maintain a quality management system. 2. Design and implement environmental requirements for a radiopharmacy, including choice, operation and maintenance requirements of laminar flow hoods and isolators. 3. Undertake facility inspections and audits. 4. Prepare, apply and monitor standard operating procedures (SOPs) for radiopharmacy processes. 5. Assure radiopharmacy equipment calibration and implement maintenance and cleaning programmes. 6. Complete documents and maintain and review records in accordance with applicable legislation and SOPs. 7. Discuss the role of international organisations in training and standards. 8. Describe the GMP approach for radiopharmaceuticals and explain validation processes.	240

Master's Degree in Radiopharmacy (MPharm)	Core	*Exit Level Outcome 4:* Produce, procure, distribute and dispose of radiopharmaceuticals according to cGRPP and in compliance with GMP in radiopharmaceutical production. **[16 credits]**	*Assessment Criteria for Exit Level Outcome 4:* 1. Describe the legislative status of key radiopharmaceuticals and radionuclides. 2. Explain and apply the production principles of radiopharmaceuticals in nuclear reactors, cyclotrons and generators. 3. Order, receive, store and maintain the inventory of radiopharmaceuticals, ancillary drugs, supplies and related materials according to cGRPP. 4. Distribute radiopharmaceuticals to the user according to cGRPP (packaging, labelling and transport). 5. Conduct radionuclide and radiopharmaceutical waste management according to current South African legislation[4] and cGRPP. 6. Manage the ordering of and record-keeping for Section 21 radiopharmaceuticals.	160

[4] Department of Minerals and Energy. (most current version). Radioactive Waste Management Policy and Strategy for the Republic of South Africa. Pretoria. South Africa. AND Department of Health. (most current version) .Directorate Radiation Control. Code of Practice for the Management and Disposal of Non-Nuclear Radioactive Waste.WSCP91-1, Pretoria, South Africa.

Master's Degree in Radiopharmacy (MPharm)	Core	*Exit Level Outcome 5:* Compound and dispense radiopharmaceuticals, radiolabelled blood elements, biologicals and other novel radiopharmaceutical dosage forms according to GPP, cGRPP and recognised international standards and applicable legislation[5]. **[28 credits]**	*Assessment Criteria for Exit Level Outcome 5:* 1. Compound radiopharmaceuticals according to GPP and cGRPP. Perform generator elution, kit reconstitution, preparation of products not commercially available and other radiolabeling procedures. 2. Dispense radiopharmaceuticals according to GPP and cGRPP, including evaluation of the prescription, preparation of bulk vials or individual patient doses for delivery to the user and prepare and reconstitute cold kits. 3. Blood products: Prepare radiolabelled red and white cells and other blood elements according to local or ISORBE protocols. 4. Compound, manipulate and prepare sterile admixtures according to SOPs, in accordance with aseptic techniques and principles of GMP and/or GPP. 5. Appraise sterilisation methods for commonly used radiopharmaceuticals. 6. Manage radiopharmacy cleaning programmes so that sources and risks of microorganism contamination are reduced. 7. Manage record systems for radiopharmaceutical preparations produced in accordance with legal requirements and organisational policies and procedures.	280

[5] Medicines Control Council (Most current version). Guidelines for similar biological medicines (biosimilar medicines). Non-clinical and clinical requirements. AND. The National Health Act (61 of 2003). Chapter 8. Control of use of blood, blood products, tissue and gametes in humans. Sections 53-68 and all relevant Regulations thereunder.

Master's Degree in Radiopharmacy (MPharm)	Core	*Exit Level Outcome 6:* Conduct and monitor quality for management and radiopharmaceuticals in instrumentation in radiopharmacy. **[20 credits]**	*Assessment Criteria for Exit Level Outcome 6:* 1. Describe in detail the principles of radiopharmacy quality management in hospitals and in production facilities. 2. Conduct functional checks of instruments, equipment and devices. 3. Determine radiopharmaceutical quality and purity requirements for radionuclidic, radiochemical and chemical purity. 4. Evaluate and ensure particle size, sterility and apyrogenicity of radiopharmaceuticals. 5. Ensure completion and filing of appropriate records in accordance with cGRPP.	200

Master's Degree in Radiopharmacy (MPharm)	Core	*Exit Level Outcome 7:* Monitor and promote diagnostic accuracy and successful treatment outcomes as an active member of the nuclear medicine team. Range statement: The range of conditions includes but is not limited to disorders and diseases, commonly seen in nuclear medicine, of the following systems: • Cardiovascular • Central Nervous System • Endocrine • Gastrointestinal • Hepatobiliary • Lymphatic • Pulmonary • Renal • Skeletal **[40 credits]**	*Assessment Criteria for Exit Level Outcome 7:* 1. Describe the pathophysiology of key disease states seen in nuclear medicine. 2. Apply the principles of pharmaceutical care and patient monitoring. 3. Interpret clinical laboratory results. 4. Interpret laboratory tests associated with the identification and quantification of pathogens. 5. Explain the mode of action of common radionuclides and radiopharmaceuticals. 6. Analyse the rationale for the choice of specific radiopharmaceuticals in common conditions (disease or suspected diagnosis, age and gender of the patient, contra-indications, radio-pharmaceutical availability and cost-containment issues). 7. Evaluate patient preparation with regard to prevention or recognition of drug or food interactions before radiopharmaceutical administration. 8. Appraise the administration and clinical use of commonly used radionuclides and radio-pharmaceuticals. 9. Demonstrate active participation in decision-making in the nuclear medicine team.	400

Master's Degree in Radiopharmacy (MPharm)	Core	*Exit Level Outcome 8:* Act as part of a multidisciplinary team to provide information and consultation on radiopharmaceuticals and *Good Radiopharmacy Practice* and in clinical trials. **[12 credits]**	*Assessment Criteria for Exit Level Outcome 8:* 1. Communicate radiopharmacy information (e.g. teaching, policies and procedures for the care of specific patients) to members of the healthcare team. 2. Record, identify and address radiopharmaceutical causes of scintigraphic anomalies. 3. Explain and demonstrate clinical trial methodology and *Good Clinical Practice*.	120

Master's Degree in Radiopharmacy (MPharm)	Core	*Exit Level Outcome 9:* Conduct research and prepare for publication in the field of radiopharmacy. Range statement: Research may include, but is not limited to, the following areas: Development of new radiopharmaceuticals, Laboratory testing of radiopharmaceuticals, Compounding procedures, Quality assurance or quality control methods, Clinical use of radiopharmaceuticals, Radiopharmaceuticals management. **[120 credits]**	*Assessment Criteria for Exit Level Outcome 9:* 1. Critically evaluate information sources, literature and research on medicines and practices in terms of evidence for decision-making and implementation in practice. 2. Apply the principles of research methodology in the development of a research protocol. Obtain ethical clearance if necessary. 3. Conduct research in accordance with established research methodology and ethics, as well as *Good Clinical Practice* where necessary. 4. Analyse data, interpret findings and/or results and formulate conclusions and recommendations. 5. Write and submit a technical report, manuscript for publication or minor dissertation and obtain approval.	1200

Master's Degree in Radiopharmacy (MPharm)	Elective	*Exit Level Outcome 10:* Choose an elective topic. Topics for electives may include but are not limited to: • Hospital radiopharmacy • Radiopharmaceutical manufacture, production or compounding • Radiopharmaceutical clinical trials • Regulation of radiopharmaceuticals **[16 credits]**	*Assessment Criteria for Exit Level Outcome 10:* Demonstrate a deep knowledge of the chosen elective field of radiopharmacy, for transition to independent practice.	160

12. CRITICAL CROSS-FIELD OUTCOMES:

The following critical cross-field outcomes will form an integral part of the exit level outcomes of this programme:

- ☐ Identify and solve problems in which responses display that responsible decisions using critical and creative thinking have been made;
- ☐ Work effectively with others as a member of a team, group, organisation and community;
- ☐ Organise and manage oneself and one's activities responsibly and effectively;
- ☐ Collect, analyse, organise and critically evaluate information;
- ☐ Communicate effectively using visual, mathematical and/or language skills in the modes of oral and/or written persuasion;
- ☐ Use science and technology effectively and critically, show responsibility towards the environment and health of others;
- ☐ Demonstrate an understanding of the world as a set of related systems by recognising that problem-solving contexts do not exist in isolation;
- ☐ Promote the personal and professional development of each learner in the programme, and the social and economic development of the society at large, by creating an awareness of the importance of:
  - reflecting on and exploring a variety of strategies to learn more effectively;
  - participating as responsible citizens in the life of local, national and global communities;
  - being culturally and aesthetically sensitive across a range of social contexts;
  - exploring education and career opportunities; and
  - developing entrepreneurial opportunities.

13. INTERNATIONAL COMPARABILITY:

The following examples are provided to illustrate the proposed curriculum's competitiveness and comparability among both developed and developing countries.

Radiopharmaceuticals fall into two major groups – those used for scintigraphy and single photon emission computed tomography (SPECT) and those used for positron emission tomography (PET). PET radiopharmaceuticals are often produced in cyclotrons. Cyclotron operation necessitates specialised training. In Sub-Saharan Africa, there are very few cyclotrons. In other parts of the world, some radiopharmaceutics degrees deal only with cyclotron-produced radiopharmaceuticals. South Africa has four cyclotrons (two in Pretoria and two in Cape Town). In the Southern African context, a degree which deals with cyclotron produced-radiopharmaceuticals as well as SPECT radiopharmaceuticals is required.

In addition, South Africa has a need for radiopharmacists in the clinical setting, hence the clinical use of diagnostic and therapeutic radiopharmaceuticals is an essential area for postgraduate study.

Few Radiopharmacy / nuclear pharmacy postgraduate degrees are listed internationally. Some qualifications for nuclear medicine are stated to lead to radiopharmacy careers.

Radiopharmacy/Nuclear Pharmacy Degrees
The following degree courses have been identified and are summarised below. More details follow.

United Kingdom (Kings College MSc Radiopharmaceutics and PET Radiochemistry)

Core programme content:
- ☐ Module 1 – Introduction to Medical Imaging Sciences
- ☐ Module 2 – Radiopharmacology Formulation and Manufacture
- ☐ Module 3a – Radiopharmaceutical Chemistry
  or
- ☐ Module 3b – Radiopharmaceutical Chemistry and Radiopharmaceutical Design
- ☐ Module 4a – Cyclotron Engineering and Nuclear Chemistry
  or
- ☐ Module 4b – Radiopharmaceuticals in Practice
- ☐ Module 5 – Research Project

FORMAT AND ASSESSMENT
Written examinations (modules 1, 2, 3a, 3b and 4a); practical laboratory work and reports (modules 1, 2, 3a, 3b, 4a and 5); case studies and oral presentation (module 4b); workshops (all modules); audio-visual presentations (all modules); laboratory or library-based research project (module 5).

Iran (Tehran University of Medical Sciences)

The course includes the following topics:
- Health physics and radiobiology
- Radiochemistry
- Instrumental and analytical methods
- Synthesis of radiolabelled compounds
- Pharmacology
- Medical statistics

Macedonia (University of Goce Delcev – Stip)

- Basic applied pharmacy
- Radiopharmaceutical chemistry
- Radiopharmaceutical preparation
- Quality control of radiopharmaceuticals
- Nuclear physics, radiation safety and regulations
- Nuclear medicine – aspects of clinical practice
- Radiopharmaceutical preparation – SPECT, PET and therapeutic
- Operation of a GMP facility
- Quality control of radiopharmaceuticals
- Clinical application of radiopharmaceuticals in nuclear medicine
- Master's thesis

United States of America (USA)

Radiopharmacy (nuclear pharmacy) services in the USA are often centralised.

A radiopharmacist must possess an active pharmacist licence and have received didactic instruction (200 hours) and/or supervised professional experience in the practice of nuclear pharmacy (500 hours). (APhA-APPM Section on Nuclear Pharmacy: Nuclear Pharmacy Practice Guidelines).

- **University of Purdue** – 200 hours clerkships in industry, centralised radiopharmacy or nuclear medicine. The coursework covers: radiation physics, radiation safety, regulatory issue, proper use of equipment, and radiation biology. The advanced clinical clerkship includes information resources pertaining to nuclear medicine and nuclear pharmacy practice, information services, centralised unit dose radiopharmacy service and nuclear medicine department-based hot labs, the receipt of orders, preparation of prescriptions, compounding of radiopharmaceuticals, performance of quality control and quality assurance tests of compounded radiopharmaceuticals and the compounding environment, and the packaging and delivery of nuclear pharmacy products. Also knowledge of the risks associated with administered radiopharmaceuticals and radiation exposure.
- **University of New Mexico.** The certificate course has 200 hours of didactic learning and 500 hours of experiential training. It includes an introduction to radiopharmacy, nuclear pharmacy instrumentation, radiopharmaceutical chemistry, chemistry, radiopharmacy health and radiation biology, and radiopharmacology. Experiential training is in clinical and institutional radiopharmacy.
- **Nuclear Education Online (NEO)** offers an online course for certification purposes. The course covers: nuclear physics, instrumentation, radiation safety and regulations, radiation biology and radiochemistry.

European specialisation certificate in radiopharmacy

The Radiopharmacy Committee of the European Association of Nuclear Medicine (EANM) has established a European postgraduate specialisation certificate in radiopharmacy. A certificate after successful attendance may be awarded to participants, who, in the view of the EANM Radiopharmacy Board, are suitably qualified, in that they have:

- acquired a university postgraduate diploma through attendance at appropriate courses teaching the theoretical components of the radiopharmacy syllabus;
- completed a two-year period of experience in a radiopharmacy department during which they have completed the practical components of the syllabus; and
- completed a nationally acceptable course on radiation safety.

14. INTEGRATED ASSESSMENT:

A combination of integrated assessment strategies, which will combine both formative and summative assessment and evaluation, will be used to ensure that the purpose of the qualification is achieved. Assessments may include, but are not limited to, the following strategies:

- ☐ Portfolios of evidence
- ☐ Practical experience work-place assessments

- ☐ Written and oral assessments and examinations
- ☐ Written assignments
- ☐ OSPEs
- ☐ Case studies
- ☐ Journal clubs
- ☐ Self-assessment strategies, peer-group assessment and preceptor evaluation

15. CREDIT ACCUMULATION AND TRANSFER:

Candidates may apply for recognition of credits obtained as part of an incomplete qualification at the same or a different institution, depending on individual institutional policies.

16. ARTICULATION (PROGRESSION):

Completion of a Master's Degree meets the minimum entry requirement for admission to a Doctoral Degree, usually in the area of specialisation in the Master's Degree.

Articulation may also be horizontal to entries into other Master's Degrees in a similar or related field, or area of specialisation.

17. MODERATION OPTIONS:

Suitable moderating options should be included in each application for accreditation to provide this qualification in accordance with the stipulations of the Council on Higher Education (CHE), as well as the relevant ETQA (i.e. Council). Both internal and external moderation should form an integral part of the provision of this qualification.

18. CRITERIA FOR THE APPOINTMENT OF ASSESSORS:

Assessors in the field of radiopharmacy must have a suitable background with a proven track record and relevant experience to enable them to make sound judgements through their expert application of the assessment criteria specified for this qualification.

19. NOTES:

- ☐ All candidates must, in addition to their current registration as academic interns or pharmacists, be registered with Council for study towards the specialisation for the duration of the period of learning as specified in current relevant legislation.
- ☐ The range of elective learning areas offered will be dependent on the approval of the provider and ETQA.
- ☐ Credit values reflected for each exit level outcome in Table 2 should be regarded only as a guideline.
- ☐ The respective assessment criteria aim to test the achievement of the specific learning outcomes. Some of these criteria are practice-based, thus providers are required to include periods in their curricula for this purpose.
- ☐ After attaining the Master's Degree, the candidate may commence with the process for registration as a specialist pharmacist in radiopharmacy

with Council. Requirements for this registration process will be determined by Council.

(See Appendix A)

APPENDIX A

Requirements for registration as a specialist after obtaining the Professional Master of Pharmacy in Radiopharmacy

The prospective candidate should be a registered pharmacist with Council

Training Site

A site registered with the Council as a training institution, pharmacy, health or manufacturing facility where radiopharmaceuticals are routinely handled.

Tutor or supervisor

A postgraduate pharmacist or specialist medical practitioner in nuclear medicine, with at least two years' experience in the field.

Practical training

As stipulated by Council

Evaluation and panel

As stipulated by Council.

CLINICAL PHARMACIST

SCOPE OF PRACTICE – CLINICAL PHARMACIST

(a) Perform acts and services pertaining to the profession of a pharmacist;
(b) Provide advanced clinical pharmacy services to a variety of specialities;
(c) Act as a leading pharmaceutical partner within a multi-professional healthcare team;
(d) Develop, implement, evaluate and provide strategic leadership for clinical pharmacy services;
(e) Appraise clinical pharmacy information, make informed decisions with the evidence available and be able to justify/defend the decisions;
(f) Take a pharmaceutical leadership role in clinical protocol and guideline development;
(g) Lead clinical audits of medicine use;
(h) Develop policies and procedures specifically for clinical pharmacy;
(i) Provide education and training related to clinical pharmacy;
(j) Perform research, teach and publish in clinical pharmacy; and
(k) Initiate and participate in pharmacovigilance related to clinical practice.

QUALIFICATION – PROFESSIONAL MASTER'S DEGREE IN CLINICAL PHARMACY

SYNOPSIS:

The aim is to provide a curriculum for a Professional Master's Degree in Clinical Pharmacy, to enable students to register with the South African Pharmacy Council (hereafter referred to as "Council") as specialists.

Table 1: Summary of the proposed qualification

	Professional Master's Degree in Clinical Pharmacy
Duration:	Two years
Entry criteria:	Bachelor's Degree in Pharmacy (Level 8)
HEQF-level:	**Level 9**
Field:	**09** Health Sciences and Social Services
Sub-field:	Curative Health
SAQA-credits:	360 credits
Qualification type:	Professional, exit level, career-orientated, whole qualification
Final assessment and evaluation:	• Final, exit level examination(s) will need to be passed in accordance with the relevant Higher Education provider's rules and regulations. • In addition, a comprehensive portfolio of evidence will need to be submitted and successfully passed by the accredited provider. • Requirements for registration as a specialist after obtaining the professional Master's Degree are presented in Appendix A to this document.
CPD requirements for annual re-registration:	As required by Council
Professional status:	Registration with Council as a practising clinical pharmacist
Articulation:	DPharm / Doctoral Degree

QUALIFICATION OUTLINE:

1. QUALIFICATION TITLE:

Master of Pharmacy in Clinical Pharmacy
☐ Abbreviation: MPharm (Clinical Pharmacy)

2. QUALIFICATION TYPE:

Professional Master's Degree

3. FIELD AND SUB-FIELD:

☐ Field: [09] Health Sciences and Social Services
☐ Sub-field: Curative Health

4. LEVEL:

NQF/HEQF **Level 9** (Master's Degree)

5. CREDITS:

Total credits: 360

6. RATIONALE FOR THE QUALIFICATION:

The rationale for the qualification is to train advanced level clinical pharmacists who are able to register with Council as specialists who contribute to capacity building in the field of clinical pharmacy, and to create specialists in the field of pharmacy for the advancement of healthcare in South Africa.

According to Van Mil (2004): "If we want to try to prove that the structured provision of pharmaceutical care has an effect on outcomes, we must first of all make sure that the care provided matches the needs of the patients in that specific health system".[6]

Historically, the role of the pharmacist, regardless of the health setting, was to ensure prompt and efficient medication supply, adequate stock, accurate dispensing, compounding, storage and transport, and to ensure that medicines were easily accessible to patients who needed them. The pharmacist was also responsible for the selection of medicines, dosage forms, and monitoring of patient compliance.[7]

Clinical pharmacy is aimed at the development and promotion of rational and appropriate use of medicines and pharmaceutical care, in the interest of the patient and the community.[8]

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[6] Van Mil F. 2004. Proving the benefits of pharmaceutical care. *Pharmacy World and Science,* 26:123.
[7] Hepler CD, and Strand LM.1990. Opportunities and responsibilities in pharmaceutical care. American Journal of Hospital Pharmacy, 47:533–43.
[8] The South African Society of Clinical Pharmacy (SASOCP). 2011. Constitution of the South African Society of Clinical Pharmacy. Available from: http://www.sasocp.co.za. (Accessed: 01/08/2014).

Patients with advanced, untreatable diseases have multiple symptoms and treatment becomes complicated[9]. This makes it difficult for carers to manage their patients' medication, which leads to patients' symptoms being inadequately controlled and a low level of compliance[10]. Pharmacists have the responsibility to identify, resolve, and prevent each patient's medicine therapy problems. These responsibilities are met by using the caring paradigm in a patient-centred manner.

Pharmaceutical care mandates that pharmacists should not only dispense medication, but also assume the responsibility of improving the quality of life of patients and improving therapy outcomes[11].

Pharmaceutical care involves the implementation of the following steps[12]:

- The assessment of patient health and formulation of a treatment plan to treat disease and symptoms
- Monitoring of patient response to therapy to ensure optimum therapeutic effects
- Performing medication reviews to detect and resolve medication-related problems
- Documentation of the care provided and provision of advice to patients in a way that patients understand.

In South Africa, clinical pharmacists are currently not part of the traditional ward staff, as seen in the United States (US) or the United Kingdom (UK)[1]. This situation may be due to lack of human resources and inadequate training and the occupational levels of pharmacists. There is a need to develop and accredit formal qualifications which will enable qualifying pharmacists to render professional services within a recommended scope of practice, and under the auspices of the statutory body, namely Council.

7. PURPOSE:

The primary purpose of a professional Master's Degree is to educate and train graduates who can contribute to the development of knowledge at an advanced level so they are prepared for specialised professional employment.

In some cases, a professional Master's Degree may be designed in consultation with a professional body, or fulfil all or part of the requirements for professional registration or recognition, and may include appropriate forms of work-integrated learning.

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[9] MacRobbie A, Addie S, & Grant E. 2009. The pharmacist in palliative care. Scottish Palliative Care Pharmacists Association (SPCPA). Available from: http://www.nes.scot.nhs.uk/media/347752/14551_20nes_20pall_care_20dl_20v9_20final.pdf(Accessed: 01/08/2014).

[10] MacRobbie A, Addie S, & Grant E. 2009. The pharmacist in palliative care. Scottish Palliative Care Pharmacists Association (SPCPA). Available from: http://www.nes.scot.nhs.uk/media/347752/14551_20nes_20pall_care_20dl_20v9_20final.pdf(Accessed: 01/08/2014).

[11] Hughes CM, Hawwa AF, Scullin C, Anderson C, Bernsten CB, Bjo¨rnsdo´ttir I, Cordina MA, Alves da Costa M, De Wulf I, Eichenberger P, Foulon V, Henman MC, Hersberger KE, Schaefer MA, Sondergaard M , Tully MP, Westerlund T & McElnay JC. 2010. Provision of pharmaceutical care by community pharmacists: a comparison across Europe. Springer science & business media. Available from: http://upload.sitesystem.ch/B2DBB48B7E/EE929BDFA5/4D7608D543.pdf. (Accessed: 01/08/2014).

[12] Minnesota Senate. 2005. Medication management care. 8th Legislative session, No. 973,1st Engrossment. Available from: https://www.revisor.leg.state.mn.us/bin/bldbill.php?bill=SO973.1&session=ls84. (Accessed: 01/08/2014).

Successful completion of a programme requires a high level of theoretical engagement and intellectual independence as well as a demonstration of the ability to relate knowledge to the resolution of complex problems in appropriate areas of professional practice. In addition, a professional Master's Degree must include an independent study component that comprises at least a quarter of the credits at NQF level 9, consisting of either a single research or technical project or a series of smaller projects demonstrating innovation or professional expertise.

Master's graduates must be able to deal with complex issues both systematically and creatively, design and critically appraise analytical writing, make sound judgements using data and information at their disposal and communicate their conclusions clearly to specialist and non-specialist audiences, demonstrate self-direction and originality in tackling and solving problems, act autonomously in planning and implementing tasks with a professional orientation, and continue to advance their knowledge, understanding and skills relevant to a particular profession.

The purpose of this professional **Master's Degree** is to provide pharmacists, who meet the minimum requirements for entry (Bachelor's Degree in Pharmacy) with the opportunity of becoming **specialists in the field of clinical pharmacy** by expanding their basic knowledge, skills, values and attitudes, and therefore enabling them to meet the minimum requirements of Council. The degree is inherently a practice-based degree with a large component of work-integrated learning.

Council's Scope of Practice for Clinical Pharmacists

1. Perform acts and services pertaining to the profession of a pharmacist.
2. Provide advanced clinical pharmacy services to a variety of specialities.
3. Act as a leading pharmaceutical partner within a multi-professional healthcare team.
4. Develop, implement, evaluate and provide strategic leadership for clinical pharmacy services.
5. Appraise clinical pharmacy information, make informed decisions with the evidence available and be able to justify/defend the decisions.
6. Take a pharmaceutical leadership role in clinical protocol and guideline development.
7. Lead clinical audits of medicine use.
8. Develop policies and procedures specifically for clinical pharmacy.
9. Provide education and training related to clinical pharmacy.
10. Perform research, teach and publish in clinical pharmacy.
11. Initiate and participate in pharmacovigilance related to clinical practice.

8. RULES OF COMBINATION:

- ☐ Fundamental credits: **60**
- ☐ Core credits: **284**
- ☐ Elective credits: **16**

Total: **360**

9. ACCESS TO THE QUALIFICATION:

The minimum admission requirement is a four-year Degree in Pharmacy (NQF level 8) or equivalent; registration with Council as an academic intern or as a pharmacist, and placement in the area of specialisation.

10. LEARNING ASSUMED TO BE IN PLACE:

A four-year Degree in Pharmacy (NQF level 8), or equivalent, assuming the following is in place:

- ☐ Professional and ethical practice
- ☐ Communication (collaboration with members of the healthcare team) and self-management
- ☐ Optimal use of medicines (therapeutic decision-making) and medication management
- ☐ Pharmacology
- ☐ Research methodology.

Candidates have to comply with all of the theoretical requirements set by Council for registration as a specialist pharmacist as well as annual registration, and must have a thorough understanding and working knowledge of South African *Good Pharmacy Practice* rules.

11. EXIT LEVEL OUTCOMES AND THEIR ASSOCIATED ASSESSMENT CRITERIA:

See Table 2

Table 2: Curriculum Outline

Learning Area	Exit Level Outcome	Credits	Notional Hours
Fundamental	*Exit Level Outcome 1:* Formulate pharmaceutical care plans and interpret prescriptions to guide treatment for individual patients, and counsel patients to improve treatment outcomes	20	200
Fundamental	*Exit Level Outcome 2:* Use clinical information, laboratory and diagnostic tests and results to assist with, or support, therapeutic assessments and decisions, including medicine therapy	20	200
Fundamental	*Exit Level Outcome 3:* Apply basic and clinical pharmacokinetics, pharmacogenomics and pharmacodynamics in medicine therapy for individualised patient care	20	200
Core	*Exit Level Outcome 4:* Optimise therapy for infectious diseases	28	280
Core	*Exit Level Outcome 5:* Optimise therapy for disorders related to the endocrine system, including obstetric, gynaecological and urological conditions	20	200
Core	*Exit Level Outcome 6:* Optimise therapy for disorders related to the gastrointestinal system	20	200
Core	*Exit Level Outcome 7* Optimise therapy for disorders related to the cardiovascular system	28	280
Core	*Exit Level Outcome 8:* Optimise therapy for disorders related to the renal system	20	200
Core	*Exit Level Outcome 9:* Optimise therapy for neurological and psychiatric disorders	28	280
Core	*Exit Level Outcome 10:* Optimise therapy for disorders related to the respiratory system	20	200
Core	*Exit Level Outcome 11:* Conduct research and prepare for publication in the field of clinical pharmacy	120	1200
Elective	*Exit Level Outcome 12:* Optimise therapy for disorders and/or optimise clinical pharmacy practice related to any one (1) chosen elective topic	16	160
MPharm (Clinical Pharmacy)	**TOTAL**	**360**	**3600**

Specific Exit Level	Learning Area	Exit Level Outcomes	Associated Assessment Criteria	Notional Hours
Master's Degree in Clinical Pharmacy (MPharm)	Fundamental	*Exit Level Outcome 1:* Formulate pharmaceutical care plans and interpret prescriptions to guide treatment for individual patients, and counsel patients to improve treatment outcomes. Range statement: The range of pharmaceutical care topics will include, but is not limited to, the following points: • The pharmaceutical care concept • The concept and coping skills needed for dealing with death and bereavement as encountered in clinical practice • The basic skills necessary to communicate and act in a professional and assertive manner within the multi-disciplinary team • Essential patient information collection and organisation • Patient medical charts • Patient database establishment • Drug therapy problem list construction and resolution of problems • Pharmacist care plan design and recommendation • Pharmacist's care plan monitoring **[20 credits]**	*Assessment Criteria for Exit Level Outcome 1:* 1. Define, review, appraise and evaluate the pharmaceutical care concept against the patient's medical and/or surgical history. 2. Evaluate patient medical charts. 3. Construct, analyse, appraise and maintain a patient database. 4. Identify and explain the different stages of the bereavement process. 5. Display and apply the necessary communication skills to function effectively with patients and as a member of the multidisciplinary team in the clinical practice setting. 6. Construct, describe, categorise and appraise patients' medicine therapy problem lists and make suggestions for resolving the identified problems. 7. Plan and construct care plans and recommend interventions. 8. Monitor and evaluate care plans against the changing environment of the patient's on-going therapy. 9. Conduct the process within the ethical and legal framework as defined by the legislation.	200

Specific Exit Level	Learning Area	Exit Level Outcomes	Associated Assessment Criteria	Notional Hours
Master's Degree in Clinical Pharmacy (MPharm)	Fundamental	*Exit Level Outcome 2:* Use clinical information, laboratory and diagnostic tests and results to assist with, or support, therapeutic assessments and decisions, including medicine therapy. Range statement: The range of topics will include, but is not limited to, the following points: • Vital signs and clinical condition • Urea and electrolytes • Medical microbiology, immunology • Genetics • Full blood count • Organ function tests • Pathology and pathophysiology as related to these tests **[20 credits]**	*Assessment Criteria for Exit Level Outcome 2*: 1. Describe, analyse, review and apply normal/reference ranges for commonly used tests. 2. Appraise and explain the possible aetiology of, and pathology related to, clinical laboratory results which are outside these ranges. 3. Interpret and apply the impact of the aetiology of, or pathology related to, clinical laboratory test results on medicine therapy of individual patients.	200

Specific Exit Level	Learning Area	Exit Level Outcomes	Associated Assessment Criteria	Notional Hours
Master's Degree in Clinical Pharmacy (MPharm)	Fundamental	*Exit Level Outcome 3:* Apply basic and clinical pharmacokinetics, pharmacogenomics and pharmacodynamics in medicine therapy for individualised patient care. Range statement: The range of topics will include, but is not limited to, the following points: • Principles of pharmacokinetics, pharmacogenomics and pharmacodynamics • Individualised dosing calculations • Patient disease state and the interpretation of laboratory values and its influence on medicine therapy **[20 credits]**	*Assessment Criteria for Exit Level Outcome 3:* 1. Explain pharmacokinetic and pharmacodynamic definitions and terminology. 2. Describe basic genetic/genomic concepts and nomenclature. 3. Identify medicine and disease associated genetic variations that facilitate development of prevention, diagnostic and treatment strategies. 4. Calculate individualised dosing calculations, including loading dose, maintenance dose and dosing intervals, when appropriate patient information is interpreted (e.g. clearance, volume of distribution and half-life). 5. Relate patient disease states and laboratory results to alterations in medicine therapy and perform appropriate calculations where necessary. 6. Manage disease states using appropriate blood levels and interpret to make appropriate recommendations. 7. Use pharmacodynamic endpoints to make appropriate therapeutic decisions using alterations in pharmacokinetic and pharmacodynamic dosing alterations.	200

Specific Exit Level	Learning Area	Exit Level Outcomes	Associated Assessment Criteria	Notional Hours
Master's Degree in Clinical Pharmacy (MPharm)	Core	*Exit Level Outcome 4:* Optimise therapy for infectious diseases. Range statement: The range of topics will include, but is not limited to, the following points: • Pathogens and laboratory tests • Pathophysiology of the conditions • Medication-related problems • Evidence-based, patient-specific medication treatment plans • Treatment plans, including assisting the patient • Patient response to and modification of pharmacotherapy • Patient interventions and antimicrobial stewardship **[28 credits]**	*Assessment Criteria for Exit Level Outcome 4:* 1. Classify common pathogens and describe mechanisms related to the development of acquiring resistance. 2. Interpret and understand laboratory tests associated with the identification and quantification of pathogens and the use of antimicrobials. 3. Identify, describe and implement antimicrobial stewardship principles as applicable to clinical practice. 4. Define, discuss and appraise pathophysiology of the diseases as induced by microorganisms. 5. Use pharmacodynamic principles to guide and ensure effective antimicrobial therapy. 6. Define, discuss and apply infectious disease principles to the various infective conditions. 7. Appraise, organise and evaluate patient information. 8. Recognise, categorise and interpret medication-related problems and make appropriate interventions. 9. Formulate patient-specific, evidence-based medication treatment plans. 10. Formulate and implement treatment plans (including non-medicine treatment) and assist the patient with implementation. 11. Monitor and evaluate pharmacotherapy to assess patient response. 12. Document patient interventions in accordance with professional and legal requirements.	280

Specific Exit Level	Learning Area	Exit Level Outcomes	Associated Assessment Criteria	Notional Hours
Master's Degree in Clinical Pharmacy (MPharm)	Core	*Exit Level Outcome 5:* Optimise therapy for disorders related to the endocrine system, including obstetric, gynaecological and urological conditions. Range statement: The range of topics will include, but is not limited to, the following conditions: • Diabetes mellitus • Diabetes insipidus • Thyroid disorders • Disorders of the pituitary gland • Medicine use during pregnancy and lactation • Contraception (including emergency contraception) • Hormone replacement therapy • Erectile dysfunction • Benign prostatic hyperplasia • Urinary incontinence **[20 credits]**	*Assessment Criteria for Exit Level Outcome 5:* 1. Define, discuss and appraise pathophysiology of the diseases related to the endocrine system, including gynaecological and urological conditions. 2. Appraise, organise and evaluate patient information. 3. Recognise, categorise and interpret medication-related problems and carry out appropriate interventions. 4. Formulate and apply patient-specific, evidence-based medication treatment plans. 5. Formulate and implement treatment plans (including non-medicine treatment) and assist the patient with implementation. 6. Monitor and evaluate pharmacotherapy to assess patient responses. 7. Document patient interventions in accordance with professional and legal requirements.	200

Specific Exit Level	Learning Area	Exit Level Outcomes	Associated Assessment Criteria	Notional Hours
Master's Degree in Clinical Pharmacy (MPharm)	Core	*Exit Level Outcome 6:* Optimise therapy for disorders related to the gastrointestinal system. Range statement: The range of topics will include, but is not limited to, the following matters: • Anatomy and physiology of the gastrointestinal tract • Gastro-oesophageal reflux (GORD) • Peptic ulcer disease • Inflammatory bowel disease • Treatment of nausea and vomiting • Irritable bowel syndrome • Treatment of constipation and diarrhoea • Hepatic medicine metabolism • Alcoholic liver disease • Drug-induced liver disease • Pancreatitis • Hepatitis (viral, acute and chronic) • Identify and manage diseases related to nutritional disorders (including a basic understanding of clinical nutrition) **[20 credits]**	*Assessment Criteria for Exit Level Outcome 6:* 1. Define, discuss and appraise the pathophysiology of disorders related to the gastrointestinal system. 2. Appraise, organise and evaluate patient information. 3. Identify, categorise and interpret medication-related problems and make appropriate interventions. 4. Formulate and apply patient-specific, evidence-based medication treatment plans. 5. Monitor and evaluate clinical nutrition when required according to patient specific disease states. 6. Formulate and implement treatment plans (including non-medicine treatment) and assist the patient with implementation. 7. Monitor and evaluate pharmacotherapy to assess patient response. 8. Document patient interventions in accordance with professional and legal requirements.	200

Specific Exit Level	Learning Area	Exit Level Outcomes	Associated Assessment Criteria	Notional Hours
Master's Degree in Clinical Pharmacy (MPharm)	Core	*Exit Level Outcome 7*: Optimise therapy for disorders related to the cardiovascular system. Range statement: The range of topics will include, but is not limited to, the following conditions: • Hypertension • Heart failure • Ischaemic heart disease • Myocardial infarction (MI) • Arrhythmias • Dyslipidaemia • Thromboembolic disease • Acute coronary syndrome • Tests used to evaluate the cardiovascular system **[28 credits]**	*Assessment Criteria for Exit Level Outcome 7:* 1. Define, discuss and appraise pathophysiology of various cardiac disorders. 2. Appraise, organise and evaluate patient information including laboratory tests specific to the cardiac system. 3. Recognise, categorise and interpret medication-related problems and make appropriate interventions. 4. Formulate and apply patient-specific, evidence-based medication treatment plans. 5. Formulate and implement treatment plans (including non-medicine treatment) and assist the patient with implementation. 6. Monitor and evaluate pharmacotherapy to assess patient response. 7. Document patient interventions in accordance with professional and legal requirements.	280

Specific Exit Level	Learning Area	Exit Level Outcomes	Associated Assessment Criteria	Notional Hours
Master's Degree in Clinical Pharmacy (MPharm)	Core	*Exit Level Outcome 8:* Optimise therapy for disorders related to the renal system. Range statement: The range of topics will include, but is not limited to, the following points: • Assessment and quantification of renal function • Acute renal failure • Chronic renal failure and end stage renal failure • Drug-induced renal disease • Appropriate calculations in adjustment of medicine therapy in renal failure • Assessment and management of the hydration status of a hospitalised patient **[20 credits]**	*Assessment Criteria for Exit Level Outcome 8:* 1. Define, discuss and appraise pathophysiology of disorders related to the renal system. 2. Appraise, organise and evaluate patient information. 3. Recognise, categorise and interpret medication-related problems and make appropriate interventions. 4. Formulate and apply patient-specific, evidence-based medication treatment plans. 5. Formulate and implement treatment plans (including non-medicine treatment) and assist the patient with implementation. 6. Monitor and evaluate pharmacotherapy to assess patient response. 7. Document patient interventions in accordance with professional and legal requirements.	200

Specific Exit Level	Learning Area	Exit Level Outcomes	Associated Assessment Criteria	Notional Hours
Master's Degree in Clinical Pharmacy (MPharm)	Core	*Exit Level Outcome 9:* Optimise therapy for neurological and psychiatric disorders. Range statement: The range of topics will include, but is not limited to, the following conditions: Psychiatric Disorders • Assessment of psychiatric illness • Schizophrenic disorders • Depression • Bipolar disorders • Anxiety • Obsessive compulsive disorders • Pharmacological involvement in intellectual disabilities Neurological Disorders • Epilepsy syndromes • Parkinson's disease • Alzheimer's disease • Stroke • Multiple sclerosis • Attention deficit hyperactivity disorder **[28 credits]**	*Assessment Criteria for Exit Level Outcome 9:* 1. Define, discuss and appraise pathophysiology of disorders related to the central nervous system (including neurologic and psychiatric disorders). 2. Appraise, organise and evaluate patient information. 3. Recognise, categorise and interpret medication-related problems and make appropriate interventions. 4. Formulate and apply patient-specific, evidence-based medication treatment plans. 5. Formulate and implement treatment plans (including non-medicine treatment) and assist the patient with implementation. 6. Monitor and evaluate pharmacotherapy to assess patient response. 7. Document patient interventions in accordance with professional and legal requirements.	280

Specific Exit Level	Learning Area	Exit Level Outcomes	Associated Assessment Criteria	Notional Hours
Master's Degree in Clinical Pharmacy (MPharm)	Core	*Exit Level Outcome 10:* Optimise therapy for disorders related to the respiratory system. Range statement: The range of topics will include, but is not limited to, the following points: • The assessment of pulmonary function • Asthma • Chronic obstructive pulmonary disease • Drug-induced lung disease • Pulmonary hypertension • Occupational pulmonary diseases **[20 credits]**	*Assessment Criteria for Exit Level Outcome 10:* 1. Define, discuss and appraise pathophysiology of the disorders related to the respiratory system. 2. Appraise, organise and evaluate patient information. 3. Recognise, categorise and interpret medication-related problems and make appropriate interventions. 4. Formulate and apply patient-specific, evidence-based medication treatment plans. 5. Formulate and implement treatment plans (including non-medicine treatment) and assist the patient with implementation. 6. Monitor and evaluate pharmacotherapy to assess patient response. 7. Document patient interventions in accordance with professional and legal requirements.	200

Specific Exit Level	Learning Area	Exit Level Outcomes	Associated Assessment Criteria	Notional Hours
Master's Degree in Clinical Pharmacy (MPharm)	Core	*Exit Level Outcome 11:* Conduct research and prepare for publication in the field of clinical pharmacy. Range statement: The range of topics will encompass any suitable postgraduate research study in the field of clinical pharmacy. **[120 credits]**	*Assessment Criteria for Exit Level Outcome 11* 1. Critically evaluate information sources, literature and research on medicines and practices in terms of evidence for decision-making and implementation in practice. 2. Apply the principles of research methodology in the development of a research protocol. Obtain ethical clearance if necessary. 3. Conduct research in accordance with established research methodology and ethics, as well as *Good Clinical Practice* where necessary. 4. Analyse data, interpret findings and/or results and formulate conclusions and recommendations. 5. Write and submit a technical report, manuscript for publication or minor dissertation based on the research outcomes and obtain approval.	1200

Specific Exit Level	Learning Area	Exit Level Outcomes	Associated Assessment Criteria	Notional Hours
Master's Degree in Clinical Pharmacy (MPharm)	Elective	*Exit Level Outcome 12:* Optimise therapy for disorders and/or optimise clinical pharmacy practice related to any one (1) chosen elective topic. Range statement: The range of topics may include, but is not limited to, the following selected examples: • Paediatrics • Clinical drug development • Critical care in adults • Oncological pharmacy • Pharmacovigilance • Dermatology • Geriatrics • Pharmacogenomics • Pharmacoeconomics **[16 credits]**	*Assessment Criterion for Exit Level Outcome 12:* Demonstrate extensive knowledge of the chosen elective field of clinical pharmacy, for transition to independent practice.	160

12. CRITICAL CROSS-FIELD OUTCOMES:

The following critical cross-field outcomes will form an integral part of the exit level outcomes of this programme:

- ☐ Identify and solve problems in which responses display that responsible decisions using critical and creative thinking have been made;
- ☐ Work effectively with others as a member of a team, group, organisation and community;
- ☐ Organise and manage oneself and one's activities responsibly and effectively;
- ☐ Collect, analyse, organise and critically evaluate information;
- ☐ Communicate effectively using visual, mathematical and/or language skills in the modes of oral and/or written persuasion;
- ☐ Use science and technology effectively and critically, show responsibility towards the environment and health of others;
- ☐ Demonstrate an understanding of the world as a set of related systems by recognising that problem-solving contexts do not exist in isolation;
- ☐ Promote the personal and professional development of each learner in the programme, and the social and economic development of the society at large, by creating an awareness of the importance of:
  - reflecting on and exploring a variety of strategies to learn more effectively;
  - participating as responsible citizens in the life of local, national and global communities;
  - being culturally and aesthetically sensitive across a range of social contexts;
  - exploring education and career opportunities; and
  - developing entrepreneurial opportunities.

13. INTERNATIONAL COMPARABILITY:

The following examples are provided to illustrate the proposed curriculum's competitiveness and comparability among both developed and developing countries.

Africa: Example Ethiopia

An Eastern African country classified as a low income country with a high prevalence of infectious diseases. Ethiopia has similar health-related issues to South Africa and is also experiencing an epidemiological transition with diabetes, hypertension and other cardiovascular diseases.[13]

As in South Africa, Ethiopia is experiencing a shortage of pharmacists and pharmacy support staff, and has also identified the need for pharmaceutical care services to meet and respond to healthcare needs. In 2009 the School of Pharmacy of Jimma University launched its first postgraduate programme, a Master of Science in Clinical Pharmacy. The initiative was started as part of a partnership with the Ethiopian Pharmaceutical Association, Strengthening Pharmaceutical Systems Programme of Management Sciences for Health, and the University of Washington.

The following points pertain to Ethiopia's training and education:

- Undergraduate and postgraduate students and faculty members are trained – in South Africa, an emphasis on introducing clinical pharmacy in undergraduate programmes to train true specialists has been made, and postgraduate programmes similar to this programme exist.
- The objectives and priority areas of their Master's Degree include a strong emphasis on pharmaceutical care and pharmacovigilance – in South Africa pharmaceutical care is

[13] Odegard PS, Tadeg H, Downing D, Suleman S, Bedada W, Paulos, G, Mekonnen H, Negussu M, Barlein R and Stergachis A. Strengthening Pharmaceutical Care Education in Ethiopa through collaboration. American Journal of Pharmaceutical Education. 2011;75 (7)134

a core component of the curriculum. However, due to the disease burden in South Africa strong emphasis is placed on a disease-driven Master's Degree. Pharmacovigilance is included as an elective. Pharmacovigilance is part of the Master's Degree in Medicines Management. Other courses are available.

Europe: Example Germany

In Europe, general specialisation towards clinical pharmacy follows the same route as that proposed in South Africa – a basic BPharm degree (in some countries it is three years, in others four years), followed by an internship plus a final examination by a competent entity. Formal education in a university, with a practical component, allows entrance to a specialisation. Special degrees for pharmacists are possible after advanced training of at least three years in specialities such as clinical pharmacy (as proposed in this document). Clinical pharmacy, as part of the basic undergraduate programme in Germany, has also been included in recent years – as in South Africa.[14]

United States of America (USA)

Pharmacy practice has shifted to include more clinical services. This has been supported in the schools of pharmacy by education and training. The USA has moved from a Bachelor of Science in Pharmacy to a Doctor of Pharmacy, with additional years of training – from four years of training (Bachelor of Science in Pharmacy) to a minimum of six years of training.

The core curriculum is comparable with the subjects presented in a Master's Degree in Clinical Pharmacy, as the basic pharmacy degree presented in South Africa is still very reliant on natural sciences. The Doctor of Pharmacy core curriculum includes:

- ☐ Pathophysiology
- ☐ Pharmacology
- ☐ Therapeutics
- ☐ Clinical problem solving
- ☐ Laboratory monitoring
- ☐ Physical assessment skills for many diseases.

This curriculum is supported by practical clinical rounds with medical students accompanying physicians. The latest curricular guidelines from the Accreditation Council for Pharmacy Education (ACPE) mandates early pharmacy practice experience through training/shadowing in a physician's office and clinical hospital setting, exposing the pharmacist student to collaborative practice environments. Master's and Doctoral level training are still being undertaken in clinical pharmacy, with additional residencies to encourage advanced level practice and specialisation, similar to the proposal in this document.

Clinical speciality certifications, endorsed by the Board of Pharmacy Specialties (BPS), are available for pharmacists in the following areas:

- ☐ Pharmacotherapy Specialist (BCPS)
- ☐ Nuclear Pharmacist (BCNP)
- ☐ Nutrition Support Pharmacist (BCNSP)
- ☐ Oncology Pharmacist (BCOP)
- ☐ Psychiatric Pharmacist (BCPP)
- ☐ Ambulatory Care Pharmacist (BCACP)

The board certification is NOT required for pharmacists, and is different from that required for specialist physicians – this is different from the proposed South African degree outlined in this document.[15]

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[14] Buschauer A. Pharmacy Education in Germany. Presentation. 2011.

[15] Office of the Chief Pharmacist. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice: A Report to the U.S. Surgeon General. 2011.

Australia

The principal pharmacy degree in Australia remains the four year Bachelor of Pharmacy, but some universities have started offering an entry level Master's Degree in Pharmacy. The curricula for the two degrees remain the same and the one has no advantage/disadvantage over the other. As in South Africa, no pharmacy school currently offers a Doctor of Pharmacy (PharmD) as the entry point for registration as a pharmacist. However, clinical pharmacy is being offered as part of postgraduate degrees such as the Master of Clinical Pharmacy, Doctor of Clinical Pharmacy, graduate diploma or graduate certificate awards, in addition to research degrees such as research master's and PhD degrees. The emphasis in the curricula for these postgraduate programmes in clinical pharmacy differs from institution to institution. What is similar to the proposal in this document is that they generally include components of therapeutics and, at the master's level and beyond, completion of a practice-based research project.[16]

India

The Master of Pharmacy in Clinical Pharmacy is offered as a two-year degree programme by seventeen institutions across India. Students who have passed their Bachelor of Pharmacy are eligible to enrol. In India, clinical pharmacy is the branch of pharmacy in which pharmacists provide patient care that optimises the use of medicines and promotes health, wellness and disease prevention. The degree is designed to prepare pharmacists for expanded roles as providers of direct patient care with emphasis on physiology, applied therapeutics and pharmacy practice skills.

The subjects in the first year include clinical pharmacy practice, clinical pharmacokinetics, pharmacotherapeutics, biostatistics and research methods. Second year studies include a research project, general medicine clerkship and biotechnology. Specialisation areas include clinical trials, new medicine discovery and hospital pharmacy.

The role of a clinical pharmacist in India is to support and provide the best quality medicine therapy for patients. This role may include:

- Prescription monitoring to maximise medicine efficiency, minimise medicine toxicity and promote cost effectiveness;
- Therapeutic medicine monitoring of medicines with narrow therapeutic index;
- Medicine information services;
- Patient services and counselling;
- Improving patient compliance through collecting past medical history; and
- Offering recommendations to the physician for an optimised medical treatment that is completely patient oriented.[17]

14. INTEGRATED ASSESSMENT:

A combination of integrated assessment strategies, which will combine both formative and summative assessment and evaluation, will be used to ensure that the purpose of the qualification is achieved. Assessments may include, but are not limited to, the following strategies:

- ☐ Portfolios of evidence
- ☐ Simulations, role play and workplace assessments
- ☐ Written and oral assessments and examinations
- ☐ Written assignments

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[16] Marriot JL, Nation RL, Roller L, Costelloe M, Galbraith K, Stewart P & Charman WN. Pharmacy Education in the Context of Australian Practice. American Journal of Pharmaceutical Education. 2008;72 (6):131

[17] Viswanad V, Prabhakar V. 2011. The emergence of the clinical pharmacist and the Indian scenario. Inventi Rapid: Pharmacy Practice 2, (1). Published on Web 21/02/2011, www.inventi.in

- ☐ Case studies
- ☐ Journal clubs
- ☐ Self-assessment strategies, peer-group assessment and preceptor evaluation
- ☐ Objective structured clinical examination (OSCEs).

15. CREDIT ACCUMULATION AND TRANSFER:

Candidates may apply for recognition of credits obtained as part of an incomplete qualification at the same or a different institution, depending on individual institutional policies.

16. ARTICULATION (PROGRESSION):

Completion of a Professional Master's Degree meets the minimum entry requirement for admission to a Doctoral Degree, usually in the area of specialisation in the Master's Degree.

Articulation may also be horizontal to entries into other Master's Degrees in a similar or related field or area of specialisation.

17. MODERATION OPTIONS:

Suitable moderating options should be included in each application for accreditation to provide this qualification in accordance with the stipulations of the Council on Higher Education (CHE), as well as the relevant ETQA (i.e. Council). Both internal and external moderation should form an integral part of the provision of this qualification.

18. CRITERIA FOR THE APPOINTMENT OF ASSESSORS:

Assessors in the field of clinical pharmacy must have a suitable background with a proven track record and relevant experience to enable them to make sound judgements through their expert application of the assessment criteria specified for this qualification.

19. NOTES:

- ☐ All candidates must, in addition to their current registration as academic interns or pharmacists, be registered with Council for study towards the specialisation for the duration of the period of learning as specified in current relevant legislation.
- ☐ The range of elective learning areas offered will be dependent on the approval of the provider and ETQA.
- ☐ Credit values reflected for each exit level outcome in Table 2 should be regarded only as a guideline.
- ☐ The respective assessment criteria aim to test the achievement of the specific learning outcomes. Some of these criteria are practice-based, thus providers are required to include periods in their curricula for this purpose.
- ☐ After attaining the professional Master's Degree, the candidate may commence with the process for registration as a specialist pharmacist in clinical pharmacy with Council. Requirements for this registration process will be determined by Council.

(See Appendix A)

APPENDIX A

Requirements for registration as a specialist after obtaining the professional Master of Pharmacy in Clinical Pharmacy

The prospective candidate should be a registered pharmacist with Council.

Training Site

A site registered with Council as a training institution, pharmacy or health facility where clinical pharmacy is routinely practised.

Tutor or supervisor

A registered clinical pharmacist or postgraduate pharmacist tutor/trainer with at least two years' experience in clinical pharmacy.

Practical training

As stipulated by Council.

Evaluation and panel

As stipulated by Council

PUBLIC HEALTH PHARMACY AND MANAGEMENT

SCOPE OF PRACTICE – PUBLIC HEALTH PHARMACY AND MANAGEMENT

(a) Perform acts and services specially pertaining to the profession of a pharmacist;
(b) Lead and manage surveillance and assessment of the pharmaceutical services;
(c) Lead projects to protect and promote health and wellbeing, including communicable disease control and environmental health;
(d) Manage, analyse and interpret information and statistics;
(e) Develop and analyse pharmaceutical public health policy for the better use of existing and new medicines/technologies and rational use of all medicines, to improve health services;
(f) Provide strategic leadership for medicine supply management;
(g) Provide education and training related to public health and management;
(h) Manage knowledge and transfer research evidence into practice;
(i) Develop policies and procedures for public health and management;
(j) Manage, analyse, interpret and advise on pharmacoeconomic information for rational use of medicines; and
(k) Perform research, teach and publish in the field of public health and management.

QUALIFICATION: PROFESSIONAL MASTER'S DEGREE IN PUBLIC HEALTH PHARMACY AND MANAGEMENT

SYNOPSIS:

To provide a curriculum for a professional Master's Degree in Public Health Pharmacy and Management to enable students to register with the South African Pharmacy Council (hereafter referred to as Council) as specialists with a post-qualification that complies with Council's requirements.

Table 1: Summary of the proposed qualification

	Professional Master of Pharmacy in Public Health Pharmacy and Management
Duration:	Two years
Entry criteria:	Bachelor's Degree in Pharmacy (NQF Level 8)
NQF-level:	**Level 9**
Field:	**09** Health Sciences and Social Services
Sub-field:	Curative Health
SAQA-credits:	360 credits
Qualification type:	Professional, exit level, career-orientated, whole qualification
Final assessment and evaluation:	• Final, exit level examination(s) will need to be passed in accordance with the relevant Higher Education provider's rules and regulations. • In addition, a comprehensive portfolio of evidence will need to be submitted and successfully passed by the accredited provider. • Requirements for registration as a specialist after obtaining the Professional Master's Degree will be determined by Council.
CPD requirements for annual re-registration:	As required by Council
Professional status:	Registration with Council as a Pharmacist Specialist in Public Health Pharmacy and Management
Articulation	DPharm /Doctoral Degree

QUALIFICATION OUTLINE:

1. Qualification Title:

Master of Pharmacy in Public Health Pharmacy and Management
☐ Abbreviation: MPharm (Public Health Pharmacy and Management)

2. Qualification Type:

Professional Master's Degree

3. Field and Subfield:

☐ Field: [09] Health Sciences and Social Services
☐ Subfield: Curative Health

4. Level:

NQF/HEQF **Level 9** (Master's Degree)

5. Credits:

Total credits: 360

6. Rationale for the Qualification:

There is a need in South Africa, especially with the implementation of the National Health Insurance (NHI) and the re-engineering of primary healthcare, for pharmacists to have the necessary skills and expertise to implement public health standards and management principles in the delivery of pharmaceutical services to the population. This need is in line with current local and international efforts to stop the increase of chronic non-communicable diseases. The commitment of pharmacists to combat non-communicable diseases (including cardiovascular diseases, diabetes, chronic respiratory diseases and cancers) was noticeably evident in 2011 when the Durban Declaration was issued at a conference jointly hosted by the Commonwealth Pharmacists' Association, the Pharmaceutical Society of South Africa and the South African Pharmacy Council (SAPC).[18]

Internationally, the professional practice role of the pharmacist in public health, and the increasing contribution pharmacists should be making to the provision of public health, has been highlighted.

Postgraduate specialisation for pharmacists in pharmaceutical public health was advocated at the 9th International Conference on Life Long Learning in Pharmacy in New Zealand in 2011.[19] Having specialist public health pharmacists within the profession would be in line with the progressive move away from the main role of the pharmacist as a dispenser or distributor of medicine towards a more patient-oriented focus.
In March 2014, the Royal Pharmaceutical Society in the United Kingdom published *Professional Standards for Public Health Practice for Pharmacy*,

[18] Commonwealth Pharmacists' Association. The Durban Declaration. S Afr Pharm J. 2011; 78:10.
[19] Shaw.J. 20:20 Vision Focusing on the Future of Pharmacy Practice and Education. School of Pharmacy. Life Long Learning in Pharmacy Conference, Rotorua, New Zealand, 29 June 2011.

which sets out a best practice framework for the delivery of public health services across all pharmacy settings in England and Wales.[20] These standards emphasise the pharmacy profession's integral part in public health and the public health workforce aimed at delivering a service that will improve the health and wellbeing of the public health community.

The professional Master's Degree in Public Health Pharmacy and Management, NQF Level 9, was developed to meet the requirements of Council, the statutory body for the pharmacy profession, for specialists in pharmacy with specific reference to public health pharmacy and management. With this qualification, specialist pharmacist training is aligned to the needs of the health system and will contribute to capacity building for better management of pharmaceutical services, provide for professional recognition of the pharmacist's role in public health activities and preserve pharmacists, as a scarce resource, in South Africa.

'Public health' is defined as *the science and art of promoting and protecting health and wellbeing, preventing ill-health and prolonging life through the organised efforts of society.*[21] The World Health Organisation (WHO)[22] further states explicitly that public health refers to all organised measures, whether **public or private**, to prevent disease, promote health, and prolong life among the population as a whole. Public health activities are therefore aimed at improving health for entire populations and not only individual patients or a particular disease. The WHO[5] and the Royal Pharmaceutical Society[3] identified three main public health functions or domains. The pharmacy profession has a role to play across all three:

- Health protection which entails the assessment and monitoring of the health of communities and populations at risk to identify health problems and priorities. This includes infectious diseases, environmental hazards and emergency preparedness.
- Health service delivery and quality, including service planning, efficiency, audit, evaluation and the formulation of public policies designed to solve identified local and national health problems and priorities.
- Health improvement, which includes health promotion and disease prevention services, to ensure that all populations have access to appropriate and cost-effective care.

'Public health pharmacy' and **'pharmaceutical public health'** are terminology used commonly to describe the role or involvement of the pharmacist in public health. Pharmaceutical public health has been defined as the *application of pharmaceutical knowledge, skills and resources to the science and art of preventing disease, prolonging life, promoting, protecting and improving health for all through organised efforts of society*.[23]

The focus of pharmaceutical public health is on the development of pharmacy services and expertise to enhance the health and wellbeing of a whole population. This definition does not however cover all the key aspects and potential roles of pharmacists in public health, categorised previously as micro-

[20] Royal Pharmaceutical Society. Professional Standards for Public Health Practice for Pharmacy. March 2014.
[21] Adapted from the original definition in the Public Health in England report by Sir Donald Acheson, 1988. In: Royal Pharmaceutical Society. Professional Standards for Public Health Practice for Pharmacy. March 2014.
[22] World Health Organisation (WHO). Public health. Trade, foreign policy, diplomacy and health. Available from: http://www.who.int/trade/glossary/story076/en/.
[23] Walker R. Pharmaceutical public health: the end of pharmaceutical care? Pharmaceutical Journal. 2000; 264:340-341.

and macro-level activities.[24] **Micro-level activities** focus on individual health promotion and disease prevention services, while **macro-level activities** comprise population-wide approaches, including policy formulation, planning and management functions.[25] The specialist qualification in public health pharmacy and management will predominantly be appropriate for pharmacists involved in macro-level activities in the public and private sectors.

This professional Master's Degree is designed to meet the needs of pharmacists who have completed the BPharm degree and who wish to further their competencies in the field of pharmaceutical services and develop their careers in the public health pharmacy and management practice area. An increase in the number of pharmacists with specialised knowledge in public health pharmacy and management will contribute to capacity building in this field, for the overall development of healthcare in South Africa. Pharmacists with this qualification will practise at a higher level and be senior in the health system. Positions of practice would include, for example, pharmaceutical management in the public sector (facility pharmacy manager, sub-district or district pharmacist, provincial head office, policy or human resources, medical depot, national level positions), academia (especially pharmacy practice or public health), private sector (medical aid, community pharmacy), non-profit organisation (USAID–funded, MSH, MSF), general management positions in health systems or hospital management (public, private, non-profit) and public private partnerships (part of non-governmental organisations (NGOs) and NHI).

The development and introduction of this qualification and curriculum outline will assist higher education institutions in the training of these specialist pharmacists who can register with Council as specialists in public health pharmacy and management. Although the sub-field for this qualification at present is listed as curative health, it also includes preventative health, health promotion, health education, environmental health and occupational health.

7. Purpose:

The purpose of this professional **Master's Degree** is to extend the public health and pharmaceutical management competencies of pharmacists to become **specialists in the field of public health pharmacy and management,** apply their expertise in this field and add value to the provision of pharmaceutical services within the health system. Successful completion of this qualification will enable specialist pharmacists to contribute to public health outcomes and pharmaceutical services management. The degree is inherently a practice-based degree with a large component of work-integrated learning.

Council's Scope of Practice for Public Health Pharmacy and Management Pharmacists

1. Perform acts and services specially pertaining to the profession of a pharmacist.
2. Lead and manage surveillance and assessment of the pharmaceutical services.
3. Lead projects to protect and promote health and wellbeing, including communicable disease control and environmental health.

[24] Rappaport H, et al. Assessment of realistic public health roles for pharmacists. Journal of Social and Administrative Pharmacy. 1984; 2(2):57-66.
[25] Bradley H, Sanders D, Bheekie A. Public health: every pharmacist's business! S Afr Pharm J. 2011; 78(10):34-36.

4. Manage, analyse and interpret information and statistics.
5. Develop and analyse pharmaceutical public health policy for the better use of existing and new medicines/technologies and rational use of all medicines, to improve health services.
6. Provide strategic leadership for medicine supply management.
7. Provide education and training related to public health and management.
8. Manage knowledge and transfer research evidence into practice.
9. Develop policies and procedures for public health and management.
10. Manage, analyse, interpret and advise on pharmacoeconomic information for rational use of medicines.
11. Perform research, teach and publish in the field of public health and management.

8. RULES OF COMBINATION:

- ☐ Fundamental credits: **64**
- ☐ Core credits: **264**
- ☐ Elective credits: **32**
- ☐ Total: **360**

9. ACCESS TO THE QUALIFICATION:

The minimum admission requirement is a four-year Degree in Pharmacy (NQF level 8) or equivalent, registration with Council as a pharmacist post-community service, and placement in the area of specialisation.

10. LEARNING ASSUMED TO BE IN PLACE:

A four-year Degree in Pharmacy (NQF level 8) assuming the following is in place:

- ☐ Professional and ethical practice
- ☐ Communication (collaboration with members of the healthcare team) and self-management
- ☐ Optimal use of medicines (therapeutic decision-making) and medication management
- ☐ Basic knowledge of healthcare and pharmaceuticals management
- ☐ Pharmacology
- ☐ Research methodology.

Candidates have to comply with all of the theoretical requirements set by Council for registration as a specialist pharmacist as well as annual registration, and must have a thorough understanding and working knowledge of South African *Good Pharmacy Practice* rules.

11. EXIT LEVEL OUTCOMES AND THEIR ASSOCIATED ASSESSMENT CRITERIA:

See Table 2

Table 2: Curriculum Outline

Learning Area	Exit Level Outcome	Credits	Notional Hours
Fundamental	*Exit Level Outcome 1:* Practise as a specialist pharmacist within the regulatory and policy framework of public health pharmacy	28	280
Fundamental	*Exit Level Outcome 2:* Apply basic epidemiology and biostatistics in disease prevention, health promotion, healthcare delivery and policy development	36	360
Core	*Exit Level Outcome 3:* Apply strategic management and leadership to ensure an effective and efficient health system	36	360
Core	*Exit Level Outcome 4:* Implement the concepts and principles of public health to protect and promote general health and wellbeing	36	360
Core	*Exit Level Outcome 5:* Provide strategic leadership for pharmaceuticals management in the health system	36	360
Core	*Exit Level Outcome 6:* Design and implement strategies for the rational use of pharmaceuticals to improve health services	36	360
Core	*Exit Level Outcome 7:* Conduct research and prepare for publication in one of the specialisation fields of public health pharmacy and management	120	1200
Elective	*Exit Level Outcome 8:* Deepen knowledge of work in research interest area for transition to independent work in public health pharmacy and management	32	320
MPharm (Public Health Pharmacy and Management)	**TOTAL**	**360**	**3600**

Specific Exit Level	Learning Area	Exit Level Outcomes	Associated Assessment Criteria	Notional Hours
Master's Degree in Public Health Pharmacy and Management (MPharm)	Fundamental	*Exit Level Outcome 1:* Practise as a specialist pharmacist within the regulatory and policy framework of public health pharmacy. **[28 credits]**	*Assessment Criteria for Exit Level Outcome 1:* 1. Interpret and explain the sources of South African law, how it is developed and the interrelationship between the constitution, legislation and the functioning of the courts. 2. Identify, analyse and interpret relevant legislation and policy in the delivery and management of public health pharmacy services. 3. Examine and evaluate the implementation of National Health Insurance within the regulatory and policy framework of public health. 4. Analyse the Bill of Rights (equity), Patient Rights Charter and Batho Pele Principles and appraise their application to the health sector. 5. Appraise and apply the process of development and amendment of legislation and policies. 6. Identify, appraise and apply professional responsibilities and obligations within an ethical framework in providing optimal care to communities.	280

Specific Exit Level	Learning Area	Exit Level Outcomes	Associated Assessment Criteria	Notional Hours
Master's Degree in Public Health Pharmacy and Management (MPharm)	Fundamental	*Exit Level Outcome 2:* Apply basic epidemiology and biostatistics in disease prevention, health promotion, healthcare delivery and policy development. **[36 credits]**	*Assessment Criteria for Exit Level Outcome 2:* 1. Critically evaluate and use the common causes of death, disease and disability in a particular community in the planning and design of health programmes. 2. Identify, analyse and evaluate the main determinants of health for potential implementation into health policy and health services. 3. Conduct and interpret a community health needs assessment to plan healthcare and public health programmes. 4. Apply the principles and methods of epidemiology in public health. 5. Use epidemiological data to appraise the effectiveness and efficiency of healthcare delivery. 6. Design appropriate studies to determine causes of disease, prognosis, prevention and the evaluation of therapy. 7. Design and demonstrate the ability to implement in practice interventions to prevent and control disease. 8. Apply key biostatistical concepts and methods to summarise, display, evaluate and interpret medical and healthcare data.	360

Specific Exit Level	Learning Area	Exit Level Outcomes	Associated Assessment Criteria	Notional Hours
Master's Degree in Public Health Pharmacy and Management (MPharm)	Core	*Exit Level Outcome 3:* Apply strategic management and leadership to ensure an effective and efficient health system. **[36 credits]**	*Assessment Criteria for Exit Level Outcome 3:* 1. Identify, appraise and adhere to principles of good corporate governance. 2. Apply appropriate management styles and skills at the different managerial levels to ensure efficient and effective service. 3. Appraise and practise effective leadership in a healthcare environment. 4. Analyse and apply concepts and principles of change management in areas of organisational development. 5. Evaluate and apply coaching, mentoring and counselling skills to improve organisational performance. 6. Apply motivational theories in performance management and development of human resources. 7. Establish and maintain effective organisational and interdisciplinary teams to ensure quality patient care. 8. Apply strategic management in the design of a public health project to promote community health.	360

Specific Exit Level	Learning Area	Exit Level Outcomes	Associated Assessment Criteria	Notional Hours
Master's Degree in Public Health Pharmacy and Management (MPharm)	Core	*Exit Level Outcome 4:* Implement the concepts and principles of public health to protect and promote general health and wellbeing. **[36 credits]**	*Assessment Criteria for Exit Level Outcome 4:* 1. Outline and appraise the context of the public health environment. 2. Critically explore and analyse health systems. 3. Explain, appraise and apply the design, implementation, evaluation and review of public health policies and procedures. 4. Explain and evaluate the application of the pharmaceutical policy process at the relevant levels of pharmaceutical service delivery. 5. Demonstrate the ability to develop public health policies for the management and rational use of medicines to improve health services. 6. Analyse policy instruments for the delivery of pharmaceutical services. 7. Compile a policy and procedure manual for the healthcare organisation. 8. Demonstrate the ability to implement policy instruments and a policy and procedure manual. 9. Design and implement screening services for health promotion. 10. Apply social, psychological and behavioural aspects in health promotion, education and the design of interventions for the health and wellbeing of the community. 11. Apply and appraise the principles of cold chain management and immunisation according to required standards. 12. Design and use surveillance tools to collect information on community health.	360

Specific Exit Level	Learning Area	Exit Level Outcomes	Associated Assessment Criteria	Notional Hours
Master's Degree in Public Health Pharmacy and Management (MPharm)	Core	*Exit Level Outcome 5:* Provide strategic leadership for the management of pharmaceuticals in the health system. **[36 credits]**	*Assessment Criteria for Exit Level Outcome 5:* 1. Evaluate and critically appraise access to medicines in South Africa. 2. Appraise and apply the essential medicines concept in the selection of medicines for essential medicines lists. 3. Analyse and implement the framework and components of pharmaceutical supply systems. 4. Utilise a health management information system for decision-making and to improve access to pharmaceuticals. 5. Appraise and apply good financial management principles to ensure continuous medicines supply. 6. Demonstrate the ability to manage and develop human resources for effective supply of pharmaceuticals. 7. Demonstrate the ability to implement a quality and risk management programme for effective pharmaceutical supply and use. 8. Design tools to monitor and evaluate the supply chain system and provide feedback to relevant stakeholders.	360

Specific Exit Level	Learning Area	Exit Level Outcomes	Associated Assessment Criteria	Notional Hours
Master's Degree in Public Health Pharmacy and Management (MPharm)	Core	*Exit Level Outcome 6:* Design and implement strategies for the rational use of pharmaceuticals to improve health services. **[36 credits]**	*Assessment Criteria for Exit Level Outcome 6:* 1. Evaluate the use of pharmaceuticals within the medicines management cycle and health system. 2. Appraise and enhance rational drug use through implementation of and participation in all the activities of the pharmacy and therapeutics committee by all stakeholders. 3. Distinguish and apply the different types of costs in pharmacoeconomic analysis. 4. Appraise and correctly apply the appropriate pharmacoeconomic tools to conduct analyses for the rational use of pharmaceuticals. 5. Critique pharmacoeconomic literature for application in pharmacoeconomic analyses and decision-making. 6. Construct a simple model for pharmacoeconomic evaluation and decision-making. 7. Identify and analyse priorities for rational drug use interventions and design strategies for interventions. 8. Demonstrate the ability to implement and monitor drug use interventions. 9. Design, apply and evaluate programmes for quality assurance of medicines use (e.g. adherence, medicine safety, medication errors). 10. Design pharmacovigilance and surveillance programmes for patient safety. 11. Demonstrate the ability to implement pharmacovigilance, surveillance and quality assurance programmes.	360

Specific Exit Level	Learning Area	Exit Level Outcomes	Associated Assessment Criteria	Notional Hours
Master's Degree in Public Health Pharmacy and Management (MPharm)	Core	*Exit Level Outcome 7:* Conduct research and prepare for publication in one of the specialisation fields of public health pharmacy and management. **[120 credits]**	*Assessment Criteria for Exit Level Outcome 7:* 1. Critically evaluate information sources, literature and research on medicines and practices in terms of evidence for decision-making and implementation in practice. 2. Apply the principles of research methodology in the development of a research protocol and obtain ethical clearance. 3. Conduct research in accordance with established research methodology and ethics, as well as *Good Clinical Practice* where necessary. 4. Analyse data, interpret findings and/or results and formulate conclusions and recommendations. 5. Write and submit a technical report, manuscript for publication or minor dissertation and obtain approval.	1200

Specific Exit Level	Learning Area	Exit Level Outcomes	Associated Assessment Criteria	Notional Hours
Master's Degree in Public Health Pharmacy and Management (MPharm)	Elective	*Exit Level Outcome 8:* Deepen knowledge of work in an appropriate interest area from the options in the range statement. Range statement: The range of topics for electives may include, but is not limited to, the following examples: • Pharmaceutical policy • Pharmacoeconomics • Logistics management in medicines supply • Pharmacovigilance • Health promotion • Preventative health, e.g. Expanded Programme on Immunisation (EPI) **[32 credits]**	*Assessment Criteria for Exit Level Outcome 8:* 1. Perform a literature review of an interest area. 2. Enhance skills in scientific analysis and debate by means of the assessment submissions for this exit level outcome. 3. Improve the ability to engage in independent research and writing by assessment submissions for this exit level outcome.	320

12. CRITICAL CROSS-FIELD OUTCOMES:

The following critical cross-field outcomes will form an integral part of the exit level outcomes of this programme:

- ☐ Identify and solve problems in which responses display that responsible decisions using critical and creative thinking have been made;
- ☐ Work effectively with others as a member of a team, group, organisation and community;
- ☐ Organise and manage oneself and one's activities responsibly and effectively;
- ☐ Collect, analyse, organise and critically evaluate information;
- ☐ Communicate effectively using visual, mathematical and/or language skills in the modes of oral and/or written presentation;
- ☐ Use science and technology effectively and critically, showing responsibility towards the environment and health of others;
- ☐ Demonstrate an understanding of the world as a set of related systems by recognising that problem-solving contexts do not exist in isolation;
- ☐ Promote the personal and professional development of each learner in the programme, and the social and economic development of the society at large, by creating an awareness of the importance of:
  - reflecting on and exploring a variety of strategies to learn more effectively;
  - participating as responsible citizens in the life of local, national and global communities;
  - being culturally and aesthetically sensitive across a range of social contexts;
  - exploring education and career opportunities; and
  - developing entrepreneurial opportunities.

13. INTERNATIONAL COMPARABILITY:

The professional Master's Degree in Public Health Pharmacy and Management has been designed and generated with the standards and guidelines as displayed in the qualifications being offered by institutions in South Africa, Tanzania, Australia, the United States of America and the United Kingdom.

Although these countries offer training in pharmacy administration, public health and management, the training is not identical to the qualification proposed in this document. Certain courses or modules offered by the programmes are comparable and were therefore used for benchmarking. The following examples are provided to illustrate the proposed curriculum's competitiveness and comparability among both developed and developing countries.

Africa: South Africa

The Master of Public Health (MPH) is offered by a number of institutions in South Africa – University of Pretoria, University of the Witwatersrand, University of Limpopo (Medunsa Campus), University of the Western Cape, University of Cape Town and the University of KwaZulu-Natal. The general focus of the MPH programme is to prepare professionals for leadership roles in the evaluation of health, health interventions, management and the healthcare system. Similar to the qualification proposed in this document, "public health" refers to the health of entire populations and is not limited to public sector health. Another similarity is that the MPH is a practice-oriented degree and not a research degree.

The MPH exposes students to different disciplines. However, the field of health systems and public health is very wide and students cannot become a specialist in all its aspects, which is also the situation with the proposed qualification. The MPH programmes are structured in a way that students will acquire a good understanding of the entire field of health systems and

public health, but they select one particular track or focus area in which they will develop detailed and sufficient competence.

The course content of the various MPH programmes examined are different, however there are certain topics covered by most MPH programmes that are also covered, to a certain extent, by the qualification proposed in this document.

Comparable modules or courses include the following topics:
- ☐ Epidemiology and Biostatistics
- ☐ Health Policy and Management
- ☐ Environmental and Occupational Health
- ☐ Disease Control
- ☐ Health Research Ethics
- ☐ Health Promotion
- ☐ Financial Management in the Public Sector
- ☐ Project Management

Africa: Tanzania

The Muhimbili University of Health and Allied Sciences (MUHAS), Dar-es-Salaam, Tanzania, offers two degrees, of which some of the components are comparable with the proposed qualification.

The School of Pharmacy offers a Master of Science in Pharmaceutical Management, which is a four-semester degree programme, each semester consisting of 24 weeks.

The degree contains a dissertation comprising 45% of the total credits for the degree. This is similar to the coursework of the South African general Master's Degree, which contains a research project comprising a minimum of 60 credits at NOF Level 9, and culminates in a mini-dissertation, technical report, one or more creative performances or works, or a series of peer-reviewed articles or other research-equivalent outputs.

The degree programme contains the following courses:
- ☐ Bioethics
- ☐ Epidemiology & Research
- ☐ Healthcare Delivery and Pharmaceutical Regulatory Framework
- ☐ General Management
- ☐ Financial Management
- ☐ Educational Principles and Practices for the Health Sciences Professionals
- ☐ Pharmaceutical Supply Chain Management
- ☐ Managing Rational Use of Medicines
- ☐ Drug and Commodity Management in Health Facilities
- ☐ Pharmaceutical Marketing
- ☐ Fieldwork in Pharmaceutical Management
- ☐ Dissertation

The School of Public Health and Social Sciences offers a Master of Public Health (MPH) Executive Track, which is a modular programme. The aim of the programme is to train candidates to become public health specialists in government and non-governmental organisations (NGOs) as well as national and international organisations. The Research Methods module constitutes 8.5% and the Dissertation 20% of the total credits of the MPH, which is in line with the Higher Education Qualifications Sub-Framework recommendation for professional Master's Degrees in South Africa.

The MPH programme contains the following courses, which illustrates the similarity with the qualification outlined in this document:

- ☐ Principles of Public Health
- ☐ Epidemiology and Biostatistics
- ☐ Implementing Change
- ☐ Special Public Issues
- ☐ Health Policy, Planning and Management
- ☐ Health Economics Financing and Evaluation
- ☐ Research Methods
- ☐ Dissertation

Australia: Queensland

The James Cook University School of Pharmacy offers a Master of Pharmaceutical Public Health over a period of two years. They define pharmaceutical public health as the development of pharmacy services and expertise to enhance the health and wellbeing of a whole population. The programme is designed to enable pharmacists to focus beyond the specific needs of individual patients and meet health goals for the whole community. The course is structured for pharmacists who want to learn the principles of public health and develop services in their different fields of practice. These principles are in line with the scope of practice for this qualification.

The course consists of the following three core subjects:

- ☐ Epidemiology for public health
- ☐ Management of pharmaceutical services
- ☐ An option between public health management and public health leadership and crisis management.

For the degree to be awarded, students should complete a dissertation, the three core subjects (above) and additional elective subjects.

United States: Boston University

Boston University School of Public Health offers a Public Health Pharmaceuticals Programme for students to gain knowledge and expertise to address pharmaceutical issues from a public health perspective. The programme is offered at a master's level for students considering careers in the pharmaceutical industry, service delivery programmes, or pharmaceutical policy-making agencies. The pharmaceuticals programme prepares students for positions in both the public and private sectors, including positions in federal and state government agencies, the pharmaceutical industry, contracting research organisations and international agencies. Students are given a solid foundation in pharmaceuticals while providing flexibility to tailor their coursework towards a specific career path in policy, industry, or health programmes and non-governmental organisations.

The following three main tracks are offered, with a mandatory 'Pharmaceuticals in Public Health' course for all tracks:

Policy track

- ☐ Health policy
- ☐ Health services research methods
- ☐ Pharmacovigilance
- ☐ Clinical trials
- ☐ Patent law
- ☐ Insurance systems
- ☐ Qualitative research methods

Industry track
- ☐ Project management
- ☐ Good clinical practice
- ☐ Discovery and development
- ☐ Clinical trials
- ☐ Regulatory affairs
- ☐ Intellectual property

Service delivery track
- ☐ Project management
- ☐ Infectious diseases
- ☐ Rational drug management and medication adherence
- ☐ Vaccines
- ☐ Corruption
- ☐ Qualitative research

United States: Virginia

The School of Business, Virginia Commonwealth University, offers a combined Doctor of Pharmacy (PharmD) and Master of Business Administration (MBA). The programme is designed to take advantage of efficiencies and electives in both the PharmD and MBA programmes and seeks to prepare pharmacists for careers that encompass pharmacy and business theories and principles. Students in the combined programme can earn both degrees and save a year or more over the time required for enrolling in the programmes separately.

To obtain both degrees, students need to take all the pharmacy courses, the seven business foundation courses, the nine MBA core courses and three elective courses (see below). Many of the topics covered in the MBA programme compare well with the topics covered in the proposed qualification.

Business Foundation courses:
- ☐ Fundamentals of Accounting
- ☐ Concepts in Economics
- ☐ Financial Concepts of Management
- ☐ Statistical Elements of Quantitative Management
- ☐ Fundamentals of the Legal Environment of Business
- ☐ Management Theory and Practice
- ☐ Concepts and Issues in Marketing

MBA courses:
- ☐ Managerial Economics
- ☐ Organisation Leadership and Project Team Management
- ☐ Financial Management
- ☐ Remainder of the Advanced Programme
- ☐ Managerial Accounting
- ☐ Information Systems for Managers
- ☐ Information Systems for Business Intelligence
- ☐ Business Policy
- ☐ Operations Management
- ☐ Marketing Management

United Kingdom: Professional Standards for Public Health Practice for Pharmacy[26]

The Professional Standards for Public Health Practice for Pharmacy, published by the Royal Pharmaceutical Society in the UK, set out a best practice framework for the delivery of public health services. The standards are intended to provide a framework to help pharmacy teams, commissioners and those contracting services to design, implement, deliver and monitor high quality public health practice through pharmacy, regardless of the pharmacy settings from which services are delivered. The following nine key areas are covered by the standards:

- ☐ *Surveillance and assessment of the population's health and wellbeing:* Data are collected from a variety of sources to support a better understanding of the health and wellbeing needs of a population or community.
- ☐ *Public health intelligence:* Information and analysis of the health and wellbeing needs of the population or community are used to inform the development of pharmacy public health practice.
- ☐ *Assessing the evidence of effectiveness of health and healthcare interventions, programmes and services:* Population health is improved by the assessment and application of evidence-based public health interventions, programmes and public health services.
- ☐ *Health improvement:* Pharmacists and their teams improve the health and wellbeing of the population and help to reduce health inequalities by: proactively promoting health and wellbeing messages; supporting and enabling people to adopt healthier lifestyles and to take responsibility for their own and their family's health; and supporting the concept of self-care.
- ☐ *Health protection:* The population's health and wellbeing are protected by supporting the prevention and transmission of communicable and other infectious diseases, screening for risk factors and disease, ensuring prudent use of antibiotics in helping to mitigate the risks of antimicrobial resistance, protecting against pharmaceutical hazards, and supporting the pharmacy response to an emergency.
- ☐ *Health and social service quality (also known as Healthcare Public Health):* Innovative, high quality pharmacy public health services improve health outcomes and ensure fair and effective targeting of available resources.
- ☐ *Policy and strategy development and implementation:* Local and national policies and strategies are developed and implemented in accordance with local and national needs to improve and protect the health of the community or population.
- ☐ *Strategic leadership and collaborative working for health:* Pharmacists and their teams take the lead in ensuring pharmacy's contribution to public health is recognised strategically and collaboratively in partnership with other practitioners and agencies to improve and protect the health and wellbeing of populations, helping to reduce health inequalities.
- ☐ *Academic public health:* Everyone working in pharmacy has a role in contributing to the evidence base for the contribution of pharmacy in improving and protecting the health of the population. This is strengthened by academic research and pharmacy practice research across the profession.

Conclusion:

Although the Master of Pharmacy in Public Health Pharmacy and Management is a unique qualification and is geared towards meeting the specific needs of South Africa, it is evident that it compares favourably with modules or courses offered by postgraduate programmes internationally, as well as the Royal Pharmaceutical Society of the UK's recently published *Professional Standards for Public Health Practice for Pharmacy*.

[26] Royal Pharmaceutical Society. Professional Standards for Public Health Practice for Pharmacy. March 2014.

14. INTEGRATED ASSESSMENT:

A combination of integrated assessment strategies, which will combine both formative and summative assessment and evaluation, will be used to ensure that the purpose of the qualification is achieved. Assessments may include, but are not limited to, the following strategies:

- ☐ Portfolios of evidence
- ☐ Simulations, role play and work-place assessments
- ☐ Written and oral assessments and examinations
- ☐ Written assignments
- ☐ Case studies
- ☐ Journal clubs
- ☐ Self-assessment strategies, peer-group assessment and preceptor evaluation.

15. CREDIT ACCUMULATION AND TRANSFER:

Candidates may apply for recognition of credits obtained as part of an incomplete qualification at the same or a different institution, depending on individual institutional policies.

16. ARTICULATION (PROGRESSION):

Completion of a Professional Master's Degree meets the minimum entry requirement for admission to a Doctoral Degree, usually in the area of specialisation in the Master's Degree.

Articulation may also be horizontal to entries into other Master's Degrees in a similar or related field or area of specialisation. Horizontal articulation possibilities with this qualification include a Master of Public Health.

17. MODERATION OPTIONS:

Suitable moderating options should be included in each application for accreditation to provide this qualification in accordance with the stipulations of the Council on Higher Education (CHE), as well as the relevant ETQA (i.e. Council). Both internal and external moderation should form an integral part of the provision of this qualification.

18. CRITERIA FOR THE APPOINTMENT OF ASSESSORS:

Assessors in the field of public health pharmacy and management must have a suitable background, with a proven track record and relevant experience, to enable them to make sound judgements through their expert application of the assessment criteria specified for this qualification.

Assessors should be in possession of suitably related postgraduate qualification (i.e. Master's Degree and/or Doctoral Degree level) in public health pharmacy and Management, and/or other related fields of study, and have a good working knowledge of the higher education environment in South Africa.

19. NOTES:

- ☐ All candidates must, in addition to their current registration as academic interns or pharmacists, be registered with Council for study towards the specialisation for the duration of the period of learning as specified in current relevant legislation.
- ☐ The range of elective learning areas offered will be dependent on the approval of the provider and ETQA.
- ☐ Credit values reflected for each exit level outcome in Table 2 should be regarded only as a guideline.

- ☐ The respective assessment criteria aim to test the achievement of the specific learning outcomes. Some of these criteria are practice based, thus providers are required to include periods in their curricula for this purpose.
- ☐ After attaining the Master's Degree, the candidate may commence with the process for registration as a specialist pharmacist in public health and management with Council. Requirements for this registration process will be determined by Council.

(See Appendix A)

APPENDIX A

Requirements for registration as a specialist after obtaining the professional Master's degree in Public Health Pharmacy and Management

The prospective candidate should be a registered pharmacist with Council.

Training Site

A site recognised by or registered with Council as having the necessary scope to train specialist pharmacists in public health pharmacy and management at any of the levels of pharmaceutical services and public health (operational level, middle management or strategic management). Different rotation sites must be available for the candidate to gain experience in various fields of public health pharmacy and management.

Tutor or supervisor

An appropriately trained and qualified person, with extensive experience in the fields of public health pharmacy and management, jointly approved by the training institution and SAPC.

Practical training

As stipulated by Council.

Evaluation and panel

As stipulated by Council.

PHARMACOKINETICIST

SCOPE OF PRACTICE – PHARMACOKINETICIST

(a) Perform acts and services specially pertaining to the profession of a pharmacist Provide pharmacokinetic consultations to a variety of specialities;
(b) Take a leading role in identifying drug groups that require pharmacokinetic monitoring due to their increased risk of toxicity, narrow therapeutic index and challenges with adherence or efficacy;
(c) Take a leading role in identifying patients that need a pharmacokinetic consultation due to a high risk of non-adherence, experiencing adverse drug reactions or drug toxicity due to their specific condition or diagnosis;
(d) Take a leading role in requesting and interpreting drug concentrations in patients at risk;
(e) Act as a leading pharmaceutical partner within a multi professional health care team;
(f) Appraise information, make informed decisions with the drug concentrations available and be able to justify/defend the decisions;
(g) Advise on dosing adjustment and patient monitoring based on drug concentrations;
(h) Take a leading role in pharmacokinetic input for clinical protocol and guideline development;
(i) Provide education and training related to pharmacokinetics; and
(j) Perform research and publish in pharmacokinetics.

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).

TA Masango
REGISTRAR

Address: 591 Belvedere Street, Arcadia, Pretoria, 0083, Private Bag X40040, Arcadia, 0007. Telephone: 0861 7272 00. Facsimile 012-321 1479/92

South African
Pharmacy Council

SOUTH AFRICAN PHARMACY COUNCIL

2014

GOOD PHARMACY EDUCATION STANDARDS

Higher Education and Training

CONTENTS

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.

BIBLIOGRAPHY

A Framework for Qualification Standards in Higher Education. Council on Higher Education. Second Draft. January 2013.

Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree. Accreditation Council for Pharmaceutical Education. Chicago, USA. 2011.

Accreditation Standards. Australian Pharmacy Council. December 2009.

Criteria for the Accreditation/Approval by the South African Pharmacy Council of a Curriculum Leading to the Awarding of a BPharm Degree. South African Pharmacy Council. 2012.

Criteria for temporary registration of foreign qualified pharmacists for voluntary/volunteer service. South African Pharmacy Council. Undated.

FIP Statement of Policy on Good Pharmacy Education Practice. FIP. 2000.

Future pharmacists: Standards for the initial education and training of pharmacists. General Pharmaceutical Council (UK). 2011.

Government Gazette No 30353: The Higher Education Qualifications Framework, Higher Education Act, 1997 (Act No. 101 of 1997).

Guidelines and Minimum Criteria for Approval/Accreditation and Registration of Providers, Courses and Assessors. South African Pharmacy Council. Undated.

Guidelines for persons who hold qualifications in Pharmacy obtained outside the Republic. South African Pharmacy Council. 2012.

Higher Education Amendment Act, 2008 (Act No. 39 of 2008).

National Academic Reference Standards for Pharmacy Education. Egypt. 2008.

National Qualification Framework Act (Act No. 67 of 2008).

Pharmacy Education and Accreditation Reviews (PEARS) Project. Pharmaceutical Society of Ireland. 2007.

Policy and Procedures for Certification. Policy No. 3. South African Pharmacy Council. 27 May 2010.

Professional Accreditation Body, ETQA – Quality Assurance, Verification Checklist. 2008.

Quality Management Document (Draft). South African Pharmacy Council. 2012.

Report on a Visit to a University in Terms of Section 33 and Section 34 of the Pharmacy Act (Act No. 53 of 1974). South African Pharmacy Council. Undated.

Space and Cost Norms for Buildings and Other Land Improvements at Higher Education Institutions. Department of Education. April, 2009.

Standards Inspection Format for Institutions Conducting DPharm course (SIF A) Pharmacy Council of India. Undated.

The Further Education and Training Colleges (Act No.16 of 2006).

The Pharmacy Act 53 of 1974, as amended.

The Regulations relating to the registration of persons and the maintenance of registers under the Pharmacy Act.

Work-integrated Learning: Good Practice Guide. Council on Higher Education. HE Monitor No. 12, August 2011.

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)
15m^2

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

(CESM CATEGORY 4.1)
Library Service (study and office use): (Table A.4)
1.550m^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 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 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.

NOTICE – CHANGE OF TELEPHONE NUMBERS: GOVERNMENT PRINTING WORKS

As the mandated government security printer, providing world class security products and services, Government Printing Works has adopted some of the highly innovative technologies to best serve its customers and stakeholders. In line with this task, Government Printing Works has implemented a new telephony system to ensure most effective communication and accessibility. As a result of this development, our telephone numbers will change with effect from 3 February 2014, starting with the Pretoria offices.

The new numbers are as follows:

- Switchboard : 012 748 6001/6002
- Advertising : 012 748 6205/6206/6207/6208/6209/6210/6211/6212
- Publications Enquiries : 012 748 6052/6053/6058 GeneralEnquiries@gpw.gov.za

  Maps : 012 748 6061/6065 BookShop@gpw.gov.za

  Debtors : 012 748 6060/6056/6064 PublicationsDebtors@gpw.gov.za

  Subscription : 012 748 6054/6055/6057 Subscriptions@gpw.gov.za
- SCM : 012 748 6380/6373/6218
- Debtors : 012 748 6236/6242
- Creditors : 012 748 6246/6274

Please consult our website at www.gpwonline.co.za for more contact details.

The numbers for our provincial offices in Polokwane, East London and Mmabatho will not change at this stage.

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