
BOARD NOTICES • RAADSKENNISGEWINGS

BOARD NOTICE 34 OF 2019

THE SOUTH AFRICAN PHARMACY COUNCIL

GOOD PHARMACY EDUCATION STANDARDS

The South African Pharmacy Council intends to publish the Good Pharmacy Education Standards (Occupational Qualification Sub-Framework) 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).

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).

SCHEDULE

- (a) Good Pharmacy Education Standards: Occupational Qualification Sub-Framework.

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.



TA Masango REGISTRAR

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

To obtain the full content of this Board Notice please visit the 'Proposed Legislation' section on the South African Pharmacy Council's website:

https://www.pharmcouncil.co.za/Legislation_Proposed



**South African
Pharmacy Council**

**GOOD PHARMACY EDUCATION STANDARDS FOR THE
OCCUPATIONAL QUALIFICATION SUB-FRAMEWORK
(OQSF)**

**South African Pharmacy Council
2019**

TABLE OF CONTENTS

PREAMBLE AND PRINCIPLES	3
DEFINITION AND ABBREVIATION OF TERMS	4
1. BACKGROUND AND OVERVIEW	8
1.1 INSTITUTIONAL BACKGROUND	8
1.2 ENROLMENT PLAN AND ENROLMENT DATA	8
2. MINIMUM STANDARDS FOR VISION, MISSION AND PLANNING	8
2.1 MINIMUM STANDARDS FOR VISION AND MISSION	8
2.2 MINIMUM STANDARDS FOR SYSTEMATIC PLANNING	9
3. MINIMUM STANDARDS FOR ORGANISATION AND ADMINISTRATION	9
3.1 MINIMUM STANDARDS FOR SKILLS DEVELOPMENT PROVIDER AND ORGANISATION RELATIONSHIPS.....	9
3.2 MINIMUM STANDARDS FOR SKILLS DEVELOPMENT PROVIDER ORGANISATION AND ADMINISTRATION.....	10
3.3 MINIMUM STANDARDS FOR QUALIFICATIONS AND RESPONSIBILITIES OF HEAD OF THE SKILLS DEVELOPMENT PROVIDER	10
4. MINIMUM STANDARDS FOR WORK-BASED LEARNING (WBL)	12
4.1 MINIMUM STANDARDS FOR WORK-BASED LEARNING (WBL).....	12
4.2 MINIMUM STANDARDS FOR ORGANISATIONAL AND ADMINISTRATIVE RELATIONSHIPS BETWEEN THE SKILLS DEVELOPMENT PROVIDER AND OTHER ORGANISATIONS/ASSOCIATED HEALTHCARE FACILITIES.....	13
5. MINIMUM STANDARDS FOR FACILITIES, AND FINANCIAL, HUMAN AND PHYSICAL RESOURCES	14
5.1 MINIMUM STANDARDS FOR SUSTAINABILITY, FACILITIES, EQUIPMENT AND RESOURCES	14
5.2 MINIMUM STANDARDS FOR STAFF/HUMAN RESOURCES	15
5.3 MINIMUM STANDARDS FOR FINANCIAL RESOURCES	16
6. MINIMUM STANDARDS FOR DELIVERY OF PROGRAMMES	17
6.1 CURRICULAR GOALS, CONTENT, DESIGN, DEVELOPMENT AND DELIVERY	17
6.2 MINIMUM STANDARDS FOR ASSESSMENT.....	19
6.3 MINIMUM STANDARDS FOR CERTIFICATION PROCEDURES	22
6.4 MINIMUM STANDARDS FOR STAFF RECORD KEEPING.....	23
7. MINIMUM STANDARDS FOR LEARNER MATTERS	24
7.1 MINIMUM STANDARDS FOR LEARNER ADMISSION CRITERIA, POLICIES AND PROCEDURES.....	24
7.2 MINIMUM STANDARDS FOR LEARNER AFFAIRS AND SERVICES	24
7.3 MINIMUM STANDARDS FOR TRANSFER OF CREDITS	25
7.4 MINIMUM STANDARDS FOR LEARNER INFORMATION	25
7.5 MINIMUM STANDARDS FOR LEARNER REPRESENTATION.....	25
7.6 MINIMUM STANDARDS FOR LEARNER PROGRESSION.....	25
7.7 MINIMUM STANDARDS FOR LEARNER CONDUCT, APPEALS AND COMPLAINTS PROCEDURES.....	26
8. MINIMUM STANDARDS FOR LEARNER INFORMATION MANAGEMENT SYSTEM (LIMS).....	27
8.1 MINIMUM STANDARDS FOR LIMS	27
8.2 MINIMUM STANDARDS FOR OCCUPATIONAL HEALTH & SAFETY	27
9. MINIMUM STANDARDS FOR QUALITY ASSURANCE.....	27
9.1 MINIMUM STANDARDS FOR QUALITY MANAGEMENT OF PROGRAMMES.....	28
9.2 MINIMUM STANDARDS FOR QUALITY ASSURANCE.....	29
10. MINIMUM STANDARDS FOR RECOGNITION OF PRIOR LEARNING	29
10.1 MINIMUM STANDARDS FOR SDP ROLES AND RESPONSIBILITIES	29
10.2 MINIMUM STANDARDS FOR RPL REQUIREMENTS THAT SDP HAS TO MEET WITH RESPECT TO RPL	30
BIBLIOGRAPHY	32
ADDENDUM 1: EXIT LEVEL OUTCOMES FOR THE OCCUPATIONAL CERTIFICATE: PHARMACY TECHNICIAN	33
ADDENDUM 2: REQUIREMENTS AND PROCEDURES OF COUNCIL FOR . ACCREDITATION OF PROSPECTIVE PROVIDERS AND REACCREDITATION AND MONITORING OF CURRENT PROVIDERS	34

PREAMBLE AND PRINCIPLES

The South African Pharmacy Council (hereafter referred to as Council) has a statutory obligation in terms of the Pharmacy Act, 53 of 1974 as follows:

- (i) Section 3(e)(i) provides that the objects of Council shall be to establish, develop, maintain and control universally acceptable standards in pharmaceutical education and training; and
- (ii) Sections 33 and 34 read together with the *Regulations relating to pharmacy education and training* state that the Council is to approve providers and qualifications that lead to registration.

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.

Education and training for occupational qualifications are guided by the National Qualifications Framework Act, 67 of 2008 (NQF), the Skills Development Act, 97 of 1998 (SDA), and the National Qualifications Framework Act: Occupational Qualifications Sub-Framework Policy (OQSF) [*Government Gazette No. 37879 dated 31 July 2014*].

The specific NQF levels in the OQSF which apply to pharmacy education and training are:

- Level 4: Pharmacist's Assistant (Basic) – Part Qualification 1
- Level 5: Pharmacist's Assistant (Post-Basic) – Part Qualification 2
- Level 6: Pharmacy Technician

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

According to sub-section 6.7 of the QCTO Policy on Accreditation of Skills Development Providers (SDP), the QCTO "may delegate the accreditation function to anybody capable of performing the accreditation function and such body will be called an Accrediting Agent (AA). This is in accordance with the SDA Chapter 26l Section (1)(e)" and as such Council has been approved as the Quality Assurance Partner.

The purpose of Good Pharmacy Education Standards (GPE) for the OQSF is to ensure quality pharmacy education in South Africa. The GPE for the OQSF must prescribe excellence in education to ensure that pharmacy support staff practising in South Africa are equipped for the roles they have to undertake in practice and that their performance complies with the Exit Level Outcomes (ELOs) and the Associated Assessment Criteria (AAC) specified for the qualification and the part qualifications. In complying with the GPE for the OQSF, 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 the Occupational Certificate: Pharmacy Technician and its part qualifications.

The main aim of a national set of standards, as mandated by the QCTO, is not to displace existing internal means of quality control over qualifications, but to provide for an agreed upon matrix of benchmarks against which organisational assessment criteria and awards can be evaluated.

GOOD PHARMACY EDUCATION STANDARDS (OQSF)

The standards which follow have been drawn up from the most up-to-date international research.

GPE 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), the United Kingdom (General Pharmaceutical Council and General Medical Council – Tomorrow's Doctors), the United States of America (Accreditation Council for Pharmaceutical Education), Egypt, India and South Africa. The comparability exercise for the qualification focused on New Zealand, Ireland, Canada, the United States, Botswana, Tanzania, Zimbabwe and Namibia.

The GPE applies to existing and new programmes for presentation.

DEFINITION AND ABBREVIATION OF TERMS

Accreditation: means 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: means the Pharmacy Act, 53 of 1974.

Approval: means 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 NQF qualifications and part qualifications. Council shall, in terms of both the Act and the delegated accreditation function from the QCTO approve Skills Development Providers.

Assessment: means the process of collecting evidence of learners' work to measure and make judgements about the competence or non-competence of specified NQF occupational standards or qualifications and part qualifications.

Assessment Quality Partner (AQP): A body delegated by the QCTO to manage and coordinate the external integrated summative assessments of specified NQF registered trades and occupational qualifications or part qualifications.

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

Candidate: means a person whose performance is being assessed by an assessor registered with the relevant institution.

Certificate: means a document issued by the QCTO indicating attainment of an occupational qualification or part qualification registered on the OQSF.

Certificate of approval: means, in the case of a skills development 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 skills development 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: means the South African Pharmacy Council (SAPC).

GOOD PHARMACY EDUCATION STANDARDS (OQSF)

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.

Development Quality Partner (DQP): means a body delegated by the QCTO to manage the process of developing specific occupational qualifications, curricula and assessment specifications.

DHET: means the Department of Higher Education and Training.

Drop-out: means any learner who discontinued his/her studies in the Pharmacy Technician qualification or any of its part qualifications during the period analysed.

Exit level outcome (ELO): means the outcomes which define the level of performance according to which a candidate completing the qualification is assessed.

External integrated summative assessment (EISA): Means an assessment managed by a body appointed by the QCTO, using nationally developed assessment instruments at the end of sections of learning or the end of the whole learning process to facilitate demonstration of both theory and practical competence in achieving the outcomes of the occupational qualification or part qualification.

External moderation: means verification conducted by a qualified and competent person or body not directly involved in the development and/or delivery of the learning being assessed.

Formal learning: means learning that occurs in an organised and structured education and training environment and that is explicitly designated as such. Formal learning leads to the awarding of a qualification or part qualification registered on the NQF.

Formative Assessment: means on-going assessments, reviews and observations, using a range of formal and informal assessment procedures during the learning process in order to modify teaching and learning activities and to improve learners attainment.

GMP: means Good Manufacturing Practice as published by the South African Health Products Regulatory Agency (SAHPRA), formerly known as the Medicines Control Council (MCC) from time to time.

GPE: means Good Pharmacy Education Standards.

GPP: means Good Pharmacy Practice.

GWDP: means Good Wholesaling and Distribution Practice.

Informal learning: means learning that results from daily activities related to paid or unpaid work, family or community life or leisure.

Institution: means a skills development provider or training organisations.

Internal Moderation: means any moderation conducted internally by a provider of learning. It is a moderation conducted by a person, institution or body directly involved in the development and/or delivery of the learning being assessed.

GOOD PHARMACY EDUCATION STANDARDS (OQSF)

Learner: means an individual participating in a training programme with the purpose of achieving an occupational qualification or part qualification.

“Moderation” in assessment: means internal and external verification that an assessment system is credible and that assessors and learners behave in an ethical way; and that assessments are fair, valid, reliable and practicable.

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

Monitoring: means 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.

NLRD: means the electronic information management system of the South African NQF. It is maintained by the South African Qualifications Authority (SAQA).

NQF: means the National Qualifications Framework. The NQF is a comprehensive system approved by the Minister of Higher Education and Training for the classification, coordination, registration and publication of articulated and quality-assured national qualifications. The South African NQF is a single integrated system comprising three coordinated qualifications sub-frameworks for: General and Further Education and Training; Higher Education; and Trades and Occupations.

NQF Level: means one of the series of levels of learning achievement arranged in ascending order from one to ten according to which the NQF is organised, and to which qualifications types are pegged.

Occupational Qualification: means a qualification associated with a trade, occupation or profession, resulting from work-based learning, developed and quality assured under the auspices of the QCTO and consisting of the knowledge, practical skills and work experience standards and requires an external integrated summative assessment.

Occupational Qualifications Sub-Framework (OQSF): means the sub-framework of qualifications developed and managed by the QCTO, in line with its mandate formulated in the NQF Act, 67 of 2008, as amended.

Part qualification: means an assessed unit of learning with a clearly defined purpose, that is, or will be, registered as part of a qualification on the NQF. Occupational part qualifications must comprise all three learning components.

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

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

Pharmacist’s Assistant (Basic): means a natural person registered as such in terms of the Act.

Pharmacist’s Assistant (Post-Basic): means a natural person registered as such in terms of the Act.

GOOD PHARMACY EDUCATION STANDARDS (OQSF)

Preceptor: means a supervisory pharmacist or pharmacy technician with more than three years' experience, who mentors the learners during the workplace-based learning and is appointed by the provider.

Primary focus: means the activity or objective within the pharmacy sector upon which an institution or body concentrates its efforts.

PSP: means pharmacy support personnel, that is the Pharmacy Technician, Pharmacist's Assistant (Post-Basic) and Pharmacist's Assistant (Basic).

QCTO: means the Quality Council for Trades and Occupations established in terms of the Skills Development Act, 97 of 1998.

Recognition of Prior Learning (RPL): means the principles and processes through which the prior knowledge and skills of a person are made visible, mediated and assessed for the purposes of alternative access and admission, recognition and certification, or further learning and development.

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.

Skills Development Provider (SDP): means a legal entity accredited by the South African Pharmacy Council to offer occupational qualifications or part qualifications registered under the Occupational Qualifications Sub-Framework.

South African Health Products Regulatory Agency (SAHPRA): means the body formerly known as the Medicines Control Council.

South African Qualifications Authority (SAQA): means the statutory authority established in terms of the SAQA Act, 58 of 1995, and continuing in terms of the NQF Act, 67 of 2008, which oversees the implementation and further development of the NQF, the achievement of the objectives of the NQF, and the coordination of the three sub-frameworks.

Statement of results: means a document issued by an accredited skills development provider for theoretical, practical and workplace skills modules completed and successfully assessed.

Summative assessment: means an assessment conducted at the end of a section of learning or at the end of a whole learning programme, to evaluate learning related to a particular qualification, part qualification, or professional designation.

SOP: means a standard operating procedure.

Tutor: means a pharmacist, approved and registered as such by Council, to supervise the internship of a pharmacist intern or the traineeship or WBL of pharmacy.

1. BACKGROUND AND OVERVIEW

INTRODUCTION

The purpose of supplying this information is to ensure that skills development providers give a background or history on the development of the programme(s) and provide an overall understanding of the relevance of the learning programme, how the development and implementation of the programme(s) have progressed, and reflecting on future plans.

Note: SDPs must complete Part 1: Accreditation/monitoring visit cover sheet

1.1 INSTITUTIONAL BACKGROUND

SDPs to provide the following information:

- (a) History of the programme
- (b) Implementation of the programme
- (c) Challenges experienced in the implementation of the programme
- (d) If any of the activities of the institution are going to be outsourced then the SDP must provide a comprehensive Memorandum of Understanding (MoU), the details of which are listed in the accreditation instrument.

1.2 ENROLMENT PLAN AND ENROLMENT DATA

SDPs to submit the following for each of the programmes they provide, namely, Pharmacy Technician, Pharmacist's Assistant (Post-Basic) and Pharmacist's Assistant (Basic), according to the requirements of the accreditation instrument.

- (a) enrolment plans
- (b) enrolment data
- (c) graduation information
- (d) drop-out information

2. MINIMUM STANDARDS FOR VISION, MISSION AND PLANNING

INTRODUCTION

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

2.1 MINIMUM STANDARDS FOR VISION AND MISSION

The skills development provider must have a published statement of its vision and mission in the areas of education, service, professional practice and community engagement. The following matters must be covered in the statement:

GOOD PHARMACY EDUCATION STANDARDS (OQSF)

- (a) A fundamental commitment to the preparation of learners for the pharmacy technician occupation, the 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 support personnel who are trained to provide patient care services in a team with other health professionals.
- (e) A basis for strategic planning.

2.2 MINIMUM STANDARDS FOR SYSTEMATIC PLANNING

- (a) The skills development provider must develop, implement, and revise strategic plans at clearly-stated intervals to facilitate progress in the achievement of its mission, goals and objectives according to the processes/timelines of the institution.
- (b) Strategic plans must be developed through an inclusive process that solicits input and review from and by learners, staff, alumni and other stakeholders.
- (c) Strategic plans must be in line with and have the support of the institution's administration, where applicable.
- (d) Strategic plans must include appropriate goals, objectives and strategies.
- (e) The institution 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.

3. MINIMUM STANDARDS FOR ORGANISATION AND ADMINISTRATION

INTRODUCTION

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

3.1 MINIMUM STANDARDS FOR SKILLS DEVELOPMENT PROVIDER AND ORGANISATION RELATIONSHIPS

- (a) Where applicable, the skills development provider must have an appropriate level of autonomy.
- (b) Responsibility and authority for administration of the professional aspects of the programmes in pharmacy must be vested within the skills development provider.
- (c) The structuring and delivery of curricula are a responsibility of the skills development provider, within the framework of its organisational policies and authorities.

GOOD PHARMACY EDUCATION STANDARDS (OQSF)

- (d) The skills development provider may encourage and promote further study in the field of pharmacy.

The responsibility and authority for administration of pharmacy programmes, including curriculum development and delivery in line with the scopes of practice established by Council and the ELOs of the qualification, is vested in the skills development provider.

3.2 MINIMUM STANDARDS FOR SKILLS DEVELOPMENT PROVIDER ORGANISATION AND ADMINISTRATION

- (a) The skills development provider must be a juristic person registered or established in terms of South African law.
- (b) The skills development provider must have a valid tax clearance certificate issued by the South African Revenue Service, if applicable.
- (c) The skills development provider must be organised and staffed to facilitate the accomplishment of its mission and goals. It must have defined lines of authority, responsibility and accountability, foster organisational development and collegiality and allocate resources appropriately.
- (d) The skills development provider must have an organogram which clearly defines lines of management and communication at the institution. The organogram should demonstrate the inter-relationships between various units, departments or structures. It should also include managers and coordinators, tuition staff, assessors, administrative staff, support staff, contracted staff and any other personnel outside of these categories who are involved at the institution. The reporting lines of staff at the institution must be illustrated either through a narrative or a flow diagram and be available.
- (e) The skills development provider 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 uses resources effectively.
- (f) The administrative structure must provide for a head (see sub-section 3.3.1 below), who is charged with final responsibility for the skills development provider.
- (g) The organisational and administrative structure of the skills development provider 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 institution, as well as evidence of acceptance of the responsibilities necessary for their achievement.
- (h) The institution's administrative structure must be supported by administrative equipment and relevant technology in order to demonstrate its capacity to play a supportive role. An inventory of the administrative and technological equipment must be available.
- (i) The institution must indicate the relevant structures or personnel to support the development of relationships with internal and external stakeholders.

3.3 MINIMUM STANDARDS FOR QUALIFICATIONS AND RESPONSIBILITIES OF HEAD OF THE SKILLS DEVELOPMENT PROVIDER

3.3.1 Qualifications of the Head of Skills Development Provider

- (a) Requirements:
 - (i) The head must be qualified to provide leadership in pharmacy professional education and practice.
 - (ii) They must unite and inspire administrators, staff, mentors and learners toward achievement of the institution's mission and goals.
- (b) Extra Qualifications:
 - (i) They must acquire an undergraduate pharmacy qualification which will enable registration with Council as a pharmacist, for example, the Bachelor of Pharmacy (BPharm) degree.
 - (ii) Registration as a pharmacist with Council.

3.3.2 Functions and responsibilities of the Head of Skills Development Provider

- (a) The Head of skills development provider is:
 - (i) the chief administrative and academic officer of the skills development provider and must have direct access to the institution's management at the highest level;
 - (ii) the pharmacist responsible for ensuring that all accreditation requirements of Council are met; and
 - (iii) expected to demonstrate progressive, constructive, academic and professional leadership.
- (b) Together with the institution and members of staff the head is responsible for the:
 - (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 learners;
 - (v) establishment and implementation of standards for quality assurance, academic performance and progression;
 - (vi) monitoring, evaluation, and improvement of staff and learner performance;
 - (vii) resource acquisition, allocation, management and control;
 - (viii) preparation, compilation, presentation and publication of reports;
 - (ix) maintenance of the visibility of the institution both on campus (where applicable) and to external constituencies; and
 - (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 together with adequate staff support, where applicable.
- (d) In instances where the head is assigned other substantial administrative responsibilities within the institution, arrangements for additional administrative support to the office of the head must be made to ensure effective administration of the affairs of the skills development provider.

GOOD PHARMACY EDUCATION STANDARDS (OQSF)

- (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 institution 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.

4. MINIMUM STANDARDS FOR WORK-BASED LEARNING (WBL)

4.1 MINIMUM STANDARDS FOR WORK-BASED LEARNING (WBL)

4.1.1 WBL during training

Learners who are registered as such with the Council for the following categories of pharmacy support personnel (PSP) must undergo WBL during their training:

- (a) Pharmacy Technician
- (b) Pharmacist's Assistant (Post-Basic)
- (c) Pharmacist's Assistant (Basic)

Note: Pharmacy Technician, Pharmacist's Assistant (Post-Basic) and Pharmacist's Assistant (Basic) learners must be registered with Council and have professional indemnity cover as per the rules relating to GPP.

4.1.2 Work-Based Learning sites: access; accommodation; and resources

- (a) SDPs must demonstrate that formal relationships with healthcare providers, practitioners and services exist in order to facilitate access to appropriate experiential placements. Such formal relationships and agreements must be available in writing.
- (b) SDPs must have a learner placement strategy specifically for work experience.
- (c) WBL placement information must be provided to Council for:
 - (i) Pharmacy Technician
 - (ii) Pharmacist's Assistant (Post-Basic)
 - (iii) Pharmacist's Assistant (Basic)

All the details requested in the accreditation instrument pertaining to WBL must be submitted.

- (d) WBL sites must be Grade A pharmacies or accredited with the SAPC in order to provide WBL for the Pharmacy Technician, Pharmacist's Assistant (Post-Basic) and Pharmacist's Assistant (Basic), whichever is applicable.
- (e) WBL sites must be used for the periods specified for each of the categories of PSP.
- (f) For each category of PSP, appropriate criteria in the work experience modules must be applied in the selection of WBL sites.
- (g) There are workplace sites that will not be accessible to learners by virtue of industry or sector constraints, for example, the pharmacy manufacturing sites. Hence, many

GOOD PHARMACY EDUCATION STANDARDS (OQSF)

learners will not acquire the relevant exposure to pharmaceutical manufacturing. Simulations would need to be performed in order to meet the requirements of the qualification. These simulations ought to be meaningful enough to give learners an idea of an authentic work environment.

- (h) Simulation must be in line with the requirements stipulated by Council.
- (i) The manner in which WBL for the Pharmacy Technician, Pharmacist's Assistant (Post-Basic) and Pharmacist's Assistant (Basic) will be implemented must be indicated.
- (j) WBL for Pharmacy Technician, Pharmacist's Assistant (Post-Basic) and Pharmacist's Assistant (Basic) learners must be in line with the requirements stipulated in the curriculum document. The Statement of Work Experience must be completed by the preceptor under whose mentorship the learner completes their work experience.
- (k) It is expected that the preceptor will complete and sign-off the Statement of Work Experience with integrity.
- (l) It is the SDP's responsibility to liaise continuously with the respective personnel at the WBL to ensure that the learner obtains the kind and level of exposure outlined in the curriculum document and that all QCTO/SAPC administrative requirements are fulfilled.
- (m) The WBL site must have all the requisite human and physical resources to carry out the activities described in the curriculum document.

4.2 MINIMUM STANDARDS FOR ORGANISATIONAL AND ADMINISTRATIVE RELATIONSHIPS BETWEEN THE SKILLS DEVELOPMENT PROVIDER AND OTHER ORGANISATIONS/ASSOCIATED HEALTHCARE FACILITIES

- (a) The institution must support the development of suitable relationships between the skills development provider and other academic and service units institutions and external organisations and facilities.
- (b) Written agreements with the WBL sites must be in place covering WBL site responsibilities, health services, immunisation requirements and professional conduct expectations.
- (c) Institutional structure and administrative patterns in the organisation or affiliated healthcare facilities must:
 - (i) promote integrated educational and WBL activities;
 - (ii) provide a working relationship between service and educational units; and
 - (iii) provide the necessary blend of educational and patient care activities.

5. MINIMUM STANDARDS FOR FACILITIES, AND FINANCIAL, HUMAN AND PHYSICAL RESOURCES

INTRODUCTION

The purpose of these standards is to ensure that a skills development provider has adequate and appropriate physical, library, educational, 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.

5.1 MINIMUM STANDARDS FOR SUSTAINABILITY, FACILITIES, EQUIPMENT AND RESOURCES

5.1.1 Sustainability

The institution must:

- (a) Furnish Council with either proof of ownership of the training facility or a formal lease agreement that reflects sustainability over a long term.
- (b) Demonstrate adequate financial and physical resources to enable it to meet the required professional programme responsibilities, to ensure programme stability and continuous quality improvement in teaching and learning.

5.1.2 Physical facilities and equipment

- (a) The physical facilities of the institution must be adequate to achieve its stated mission and goals.
- (b) The physical facilities must be adequately equipped, well-maintained and provide a reasonably attractive environment for teaching and learning.
- (c) The teaching facilities, including laboratories, must be sufficient in number and adequate in size to accommodate the learner body.
- (d) Physical facilities, instrumentation and supplies must be adequate to support the delivery of the theoretical, practical and select work experience modules.
- (e) Physical facilities must include:
 - (i) offices for teaching staff, which must provide privacy for study, and for counselling and advising learners. Adequate facilities must also be available for support and administration staff;
 - (ii) adequate storeroom facilities for administrative records, and for the housing of equipment and supplies;
 - (iii) ablution facilities;
 - (iv) facilities for training the practical skills modules;
 - (v) facilities for the simulation of work experience modules that the learner will not be able to have either access or exposure to in an authentic work environment. An example of possible simulations are the work experience modules related to manufacturing;
 - (vi) classrooms, seminar rooms, meeting rooms, learner amenities and programme support areas; and
 - (vii) adequate space for learner activities, such as study and relaxation areas.

GOOD PHARMACY EDUCATION STANDARDS (OQSF)

- (f) The skills development provider must be appropriately equipped to offer the programme, that is, have available the minimum quantities of equipment as prescribed by Council.
- (g) All the physical facilities provided must meet occupational and safety requirements for the delivery of the full qualification and its part qualifications.

5.2 MINIMUM STANDARDS FOR STAFF/HUMAN RESOURCES

5.2.1 Quantitative factors

Quantitative factors must comply with established and recognised staff to learner ratios in accordance with the institution's organogram. The minimum staff to learner ratio for the teaching of the occupational qualification must be aligned with the Department of Higher Education and Training (DHET) staffing norms for health sciences. The institution must be appropriately staffed to offer the programme (a staff to learner ratio will be prescribed by Council).

5.2.2 Qualitative factors

- (a) Qualitative factors must be used, including the designation of requirements and appointment procedures for specific posts, with a balance between technical and teaching staff.
- (b) All teaching – which includes training the knowledge and practical skills modules – must be conducted by a qualified and registered pharmacist. This applies to the Pharmacy Technician qualification as well as to its two-part qualifications – the Pharmacist's Assistant (Basic) and the Pharmacist's Assistant (Post-Basic). Cognisance must be taken of the requirements of the South African Health Products Regulatory Agency (SAHPRA) in the manufacturing related practical skills modules.
- (c) The coordinator or head of the teaching and learning programme must be a pharmacist.
- (d) Information on staffing must be provided by completing the tables for:
 - Staffing for the Pharmacist's Assistant (Basic) programme
 - Staffing for the Pharmacist's Assistant (Post-Basic) programme
 - Staffing for the Pharmacy Technician programme
- (e) The information on staffing must indicate the staff complement for each programme and the type of employment, as specified in the SAPC accreditation instrument.
- (f) Abbreviated CVs of each staff member (head, teaching, support and administrative) must be available at all times. The "Template for Abbreviated CV" in the SAPC accreditation instrument must be completed for each staff member. CVs must include the types of industry experience of the person and the number of years of experience.
- (g) All contracts or formal agreements with external training-related providers must be valid and available. Examples of such agreements include the outsourcing of services related to facilitation, assessment, moderation and administration.
- (h) All posts must be linked to a job description.

GOOD PHARMACY EDUCATION STANDARDS (OQSF)

- (i) All facilitators and assessors must be made thoroughly acquainted with the occupational qualification.
- (j) All facilitators must be registered with the SAPC as assessors. The list of facilitators must be uploaded onto the SAPC electronic system.
- (k) Staff performance reviews must be carried out in accordance with organisational policy.

5.2.3 Staff training in teaching and learning, theory and practice

- (a) The skills development provider must demonstrate how teaching staff will be oriented in every aspect pertaining to the design, structure and components of the occupational qualification, including the External Integrated Summative Assessment (EISA).
- (b) Teaching staff must receive appropriate training in the components of the occupational qualification and must receive ongoing training in appropriate teaching and learning theory and practice.
- (c) Teaching staff must be actively involved in practice.

5.2.4 Staff development

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

5.3 MINIMUM STANDARDS FOR FINANCIAL RESOURCES

- (a) Financial resources of the institution must be adequate to ensure that continuing operation and further development of each of the programmes (Pharmacy Technician, Pharmacist's Assistant (Post-Basic) and Pharmacist's Assistant (Basic) is assured at an acceptable level, based on learner enrolment and appropriate staffing levels.
- (b) A training budget that provides for programmatic needs, including staff resources, materials and supplies, staff development and evaluation must be available. The institution's budget process must be fair and recognise the specific needs of pharmaceutical education for the pharmacy technician.
- (c) The budget must be planned, developed, and managed in accordance with sound and accepted business practices. The budget should also be based on current and the previous year's budgets.
- (d) The SDP should demonstrate proper budgetary and financial management processes to carry out the training function.
- (e) While the presentation of financial policies and procedures, financial statements and business plans are not compulsory, they contribute significantly to the financial sustainability and efficient operation of the institution.
- (f) 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;

GOOD PHARMACY EDUCATION STANDARDS (OQSF)

- (iii) allow for effective staff recruitment, retention, and development;
 - (iv) maintain and improve physical facilities, equipment, and other educational and research resources; and
 - (v) enable innovation in education, inter-professional activities, research and other scholarly activities and practices.
- (g) Resources obtained from external sources must be free of restrictions that could interfere with sound educational and ethical policies.
- (h) Resources obtained from external sources must be used in a manner that maintains the integrity of and supports the mission of the institution.
- (i) Any budget-related changes or amendments or other financial factors that could negatively affect the quality of the programmes or other aspects of the mission of the institution must be reported timeously.
- (j) The skills development provider must ensure that funds are sufficient to maintain equivalent facilities across the various programmes, namely, Pharmacy Technician, Pharmacist's Assistant (Post-Basic) and Pharmacist's Assistant (Basic) pathways. The skills development provider's initiatives must not adversely affect its administrative effectiveness, result in staff overload, or cause undue financial stress or instability.
- (k) New methods of educational delivery should be cost-effective.
- (l) Financial considerations such as developing economies of scale must not overshadow the requirement to develop academically effective educational experiences.
- (m) Details required for the Finance Table in the accreditation instrument must be supplied.

6. MINIMUM STANDARDS FOR DELIVERY OF PROGRAMMES

INTRODUCTION

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

6.1 CURRICULAR GOALS, CONTENT, DESIGN, DEVELOPMENT AND DELIVERY

These matters must be in line and comply with the curriculum, qualification and external integrated summative assessment documents, quality assurance methods, including guidelines for compliance with NQF/QCTO requirements, standard operating procedures and quality manuals, programme manuals and handbooks, and the relevant competency standards (see Addendum 2).

6.1.1 Curricular content

- (a) The curricular content is comprehensively described in the curriculum document. The SDP will use the curriculum document to design and develop the learning materials for the programme/s it intends delivery. The learning materials should be developed in a way that integrates the three components of the occupational qualification or its part qualification/s.

GOOD PHARMACY EDUCATION STANDARDS (OQSF)

- (b) Although Council is not prescriptive regarding the form and structure of the learning material that will be used to implement the curriculum, it is nevertheless still important to indicate how the content will be covered. The SDP must be cognisant of the fact that the learning material for this qualification should be aimed at the implementation of all three components that would best facilitate the achievement of all competencies.
- (c) It is to this end that the SDP is expected to submit a detailed learning material matrix to Council. Guidelines of such a learning material matrix can be found on www.gcto.org.za and www.sapc.za.org.
- (d) The SDP must indicate how skills, attitudes, and values will be infused or embedded into the learning materials.

6.1.2 Teaching and learning methods

- (a) These methods may include but are not limited to didactic, remote site, and community-based learning, preferably combined with multidisciplinary effort and activities and must reflect current and future practice.
- (b) Teaching and learning strategies should integrate theory (knowledge modules) and practice (practical skills modules), skills, knowledge, values and attitudes. This integration is referred to as applied competence. Applied competence is described as “a combination of practical competence, foundational competence and reflexive competence” (see SAQA’s Criteria and Guidelines for Assessment of NQF Registered Unit Standards and Qualifications”).
- (c) It is expected that the SDP will use a variety of teaching and presentation strategies that are appropriate to the content and that sustain learner interest facilitate content acquisition by the learners.
- (d) The SDP must also indicate the mode of delivery of the programme/s. Such modes include, but are not limited to, face-to-face, distance, E-learning or other.

6.1.3 Education and information technology and communication resources

- (a) The skills development provider must have, or must have access to, information and communication technology (ICT), including educational technology (ET), based on relevant instructional and learning theory to provide an excellent learning experience.
- (b) The ICT/ET systems and processes must have the following characteristics and must:
 - (i) respond to varying learner 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; and
 - (iv) recognise encourage and exploit the synergies between teaching and learning and research with ICT.

6.1.4 Curricular evaluation

GOOD PHARMACY EDUCATION STANDARDS (OQSF)

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. The skills development provider should:

- (a) evaluate learner competency and the performance of learners in EISAs; and
- (b) ensure continued improvement of course structure, content and presentation.

6.1.5 Curricular details

The SDP must complete the tables for programme delivery – depending on the SDP's scope of provision. The tables are designed to elicit information on either the qualification and/or one or both of its part qualifications. The SDP must complete only those tables applicable to the programme the SDP is offering or intends to deliver.

6.2 MINIMUM STANDARDS FOR ASSESSMENT

6.2.1 General guidelines

The QCTO document entitled “Assessment Policy for Qualifications and Part Qualifications on the Occupational Qualifications Sub-Framework (OQSF)” (19 March 2014) has reference.

- (a) The QCTO has introduced a compulsory external assessment (EISA) (summative) as a prerequisite for certification for all occupational qualifications. The purpose of this is to establish and maintain a national standard for each occupational qualification.
- (b) A learner will only be allowed access to the EISA once they successfully complete the knowledge, practical skills and work experience modules.
- (c) Internal formative and summative assessments are conducted by providers in line with the guidelines given in the curriculum for each curriculum component.
- (d) A range of assessment techniques to ensure that assessment is educationally sound, appropriate to the discipline or field of study ought to be used.

6.2.2 Roles and responsibilities of the skills development providers with respect to assessment

According to the QCTO policy, skills development providers will:

- (a) Coordinate the provision and assessment of the knowledge and practical skills curriculum components of the Pharmacy Technician, Pharmacist's Assistant (Post-Basic) and Pharmacist's Assistant (Basic) qualifications based on the recommendations from Council.
- (b) Conduct internal assessment in line with the guidelines given in the curriculum for each component of the curriculum document.
- (c) Record the learner achievements resulting from internal assessment in statements of results.
- (d) Issue statement of results to learners for components completed to enable competent learners to register for the EISA.

GOOD PHARMACY EDUCATION STANDARDS (OQSF)

- (e) Enrol candidates with assessment centres when they become eligible for external assessment, in the form and manner required.
- (f) Liaise with workplaces to assist candidates to have access to work experience.

6.2.3 Principles of assessment

Adherence to the following principles of assessment is required:

- (a) Validity
- (b) Validation
- (c) Reliability
- (d) Transparency and accountability
- (e) Fairness
- (f) Absence of bias
- (g) Sensitivity to language

6.2.4 Competency and outcome measurement and assessment systems and methods

- (a) May include the evaluation of cognitive learning, mastery of essential practice skills and the ability to use data and information in realistic problem-solving. The assessment should 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

NB: A list of possible ways of including these methods follows:

- | |
|--|
| <ul style="list-style-type: none">(i) Self- and peer-assessment
In a self-evaluation exercise, learners may make value judgements about their own performance and that of their peers. Learners 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 learner 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: Learners 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 learners 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 learners.(v) Community-based education and services (COBES) |
|--|

GOOD PHARMACY EDUCATION STANDARDS (OQSF)

Knowledge and skills acquired during WBL periods must be assessed.

- (vi) Integrated content examination
This examination must assess the learners' 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.

- (b) Each assessment must be analysed in accordance with the Bloom's Taxonomy levels of cognition.

6.2.5 Assessment and moderation policy and guidelines

- (a) The SDP's Assessment Policy should be based on the QCTO's Assessment Policy and Council's policy.
- (b) The SDP is expected to develop an Assessment and Moderation Policy which must be as comprehensive as possible. Some aspects to be covered include: guidelines on internal assessment, guidelines on internal moderation.
- (c) The SDP Assessment and Moderation Policy must address the programme/s that are being offered by the SDP. These could be the Pharmacy Technician and/or the Pharmacist's Assistant (Post-Basic) and/or the Pharmacist's Assistant (Basic) qualifications.
- (d) The Assessment and Moderation Policy must have internal assessment guidelines for the knowledge, practical skills and work experience modules. SDPs must take cognisance of the fact that internal assessments must be based on the qualification and/or its part qualifications, learners must be adequately informed about assessment requirements, the assessment activities must be appropriate, information on how formative assessments will take place must be provided and the appointment of external moderators must be addressed.
- (e) The SDP must have internal moderation guidelines for knowledge, practical skills and work experience modules. Among the various aspects that need to be addressed are:
- (i) keeping stakeholders involved in the moderation informed;
 - (ii) moderation of formative assessments is planned and conducted according to the plan;
 - (iii) at least 25% of the assessments are selected for moderation; and
 - (iv) moderation reports are prepared to indicate, *inter alia*, ways of improving training provisioning.
- (f) The SDP to indicate how assessment methods are applied to the knowledge and practical skills and work experience modules, taking into cognisance the mode of delivery, NQF level and needs of the learners. This must be done for each knowledge and practical skill module.
- (g) The SDP must indicate how moderation is performed and whether the moderation conducted was internal or external, for each module. In the case of external moderation, the SDP must indicate when it is performed.

6.2.6 Responsibilities of internal and external assessors/examiners/moderators

- (a) Ensure the validity and quality of assessment methods, tools and procedures, guided by the institution's policies. Internal assessors/examiners must be drawn mainly from the teaching staff of the institution.
- (b) External moderation must be used for exit level modules.

6.2.7 Security of examination papers and scripts

- (a) Standard operating procedures, guided by organisation 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 pose particular risks. All electronic storage devices must be used and stored securely. 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.

6.3 MINIMUM STANDARDS FOR CERTIFICATION PROCEDURES

6.3.1 QCTO guidelines

The QCTO policy entitled "Policy for the certification of learner achievements for trades and occupational qualifications on the Occupational Qualifications Sub-Framework (OQSF)" (1 April 2018) has reference.

- (a) The QCTO has the responsibility of issuing certification for those qualifications registered on the OQSF.
- (b) The QCTO is responsible for ensuring that, through rigorous quality assurance processes, the certificate it issues meets the minimum requirements for the occupational qualification/part qualification or trade.
- (c) The certification process is intricately linked to the assessment and quality assurance processes of the QCTO.
- (d) Certificates will be issued once the learner has completed the:
 - (i) Knowledge component of the curriculum
 - (ii) Practical skills component of the curriculum
 - (iii) Work experience component of the curriculum
 - (iv) The External Integrated Summative Assessment (EISA)Note: The learner is only allowed access to the EISA once the three curriculum components are successfully completed.

GOOD PHARMACY EDUCATION STANDARDS (OQSF)

- (e) Council is responsible to the QCTO for the quality assurance and finalisation of assessment results. Furthermore, Council submits recommendations of learner results for certification to the QCTO in terms of first issues, re-issues and replacement certificates for learner records.
- (f) The QCTO will ensure that the certified data is valid and reliable and that learner achievements are verifiable.
- (g) It is the responsibility of Council as the AQP to recommend valid and reliable data to the QCTO with regard to certification of learner achievements for occupational qualification/part qualification on the OQSF.
- (h) The QCTO will issue certificates for:
 - (i) Occupational Certificate: Pharmacy Technician;
 - (ii) Occupational Certificate: Pharmacist's Assistant (Post-Basic); and
 - (iii) Occupational Certificate: Pharmacist's Assistant (Basic).

6.3.2 Responsibilities of Council in certification

Council must:

- (a) verify learner information and details;
- (b) verify qualification or part qualification information;
- (c) request certification within 21 working days after QCTO verification and approval;
- (d) submit information electronically to the QCTO in the prescribed format;
- (e) distribute certificates to learners;
- (f) keep records of all assessment (EISA) results; and
- (g) establish processes for requesting the re-issue of certificates.

6.3.3 Security and filing

- (a) The integrity of data and learner 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 may have access to files and the database. Files, material and the database must be kept in secure, locked premises with appropriate security for database backup.

6.4 MINIMUM STANDARDS FOR STAFF RECORD KEEPING

- (a) A system and the facilities for maintaining and updating detailed information about staff and learners must exist.
- (b) The system and records must comply with the requirements of the National Learner Record Database (NLRD), the institution's policy and requirements for learner and staff records.

GOOD PHARMACY EDUCATION STANDARDS (OQSF)

- (c) The confidentiality of information is of utmost importance.
- (d) Staff records must include job descriptions, evidence of qualifications and progress.
- (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.

7. MINIMUM STANDARDS FOR LEARNER MATTERS

INTRODUCTION

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

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

7.1 MINIMUM STANDARDS FOR LEARNER ADMISSION CRITERIA, POLICIES AND PROCEDURES

- (a) The institution's Selection and Admission Policy must be available.
- (b) The skills development provider must apply specific criteria, policies and procedures for recruitment and admission to its programmes. Recruitment must indicate how the institution establishes the target group, that is, the learner cohort.
- (c) These criteria, policies and procedures must be published in clearly stated terms and made available to learners and prospective learners.
- (d) Admission criteria must include information about the satisfactory completion of secondary education requirements, including subjects required for admission to its programmes.
- (e) The selection criteria for each programme must be clearly stated and made known to prospective learners.
- (f) An orientation, induction or introductory programme is designed to thoroughly acquaint learners with occupational qualifications and the EISA.

7.2 MINIMUM STANDARDS FOR LEARNER AFFAIRS AND SERVICES

- (a) A unit or person/s within the institution must deal specifically with learner affairs.
- (b) The skills development provider must provide leadership in the development and provision of learner services, including activities intended to develop professional attitudes and values and foster the professionalization of learners.
- (c) Learner support services must be offered to provide and promote amongst others socialisation, mentoring, counselling, healthcare and responsible sexual conduct.
- (d) There must be close cooperation between the skills development provider and the organisation's learner services or person in charge of learner affairs.

7.3 MINIMUM STANDARDS FOR TRANSFER OF CREDITS

- (a) The skills development provider must have available to learners and prospective learners 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 skills development provider must apply policies and procedures for the evaluation of the equivalence of educational courses.

7.4 MINIMUM STANDARDS FOR LEARNER INFORMATION

The skills development provider must have and must make available to learners and prospective learners complete and accurate descriptions of the programmes offered, including their current accreditation status. The following matters must be described:

- (a) the goals and objectives of the skills development provider;
- (b) the curricular plan, courses, credits and notional hours;
- (c) current accreditation status of programmes and contact information for Council;
- (d) learner conduct requirements, including ethics, conduct, and professional behaviour;
- (e) off-campus curricular requirements such as WBL in other geographic locations;
- (f) graduation requirements;
- (g) tuition and fees;
- (h) financial aid guidance;
- (i) statement of non-discrimination;
- (j) immunisation and other health or WBL site requirements;
- (k) professional indemnity insurance; and
- (l) registration with Council as a Pharmacy Technician, Pharmacist's Assistant (Post-Basic), and/or Pharmacist's Assistant (Basic) learner.

7.5 MINIMUM STANDARDS FOR LEARNER REPRESENTATION

- (a) The skills development provider must show evidence that professional programme learner representation exists on appropriate committees and policy-development structures of the skills development provider. In the absence of such committees and structures, learners must have interactions with or access to SDP personnel responsible for the professional programme.
- (b) Learners must be given the opportunity to be heard during regular meetings within the skills development provider.

7.6 MINIMUM STANDARDS FOR LEARNER PROGRESSION

GOOD PHARMACY EDUCATION STANDARDS (OQSF)

- (a) Requirements for promotion within and completion of programmes must be clearly described and readily available to learners.
- (b) The maximum permitted duration of programmes must be clearly stated, including limits to the number of repeat modules and years of study.

7.7 MINIMUM STANDARDS FOR LEARNER CONDUCT, APPEALS AND COMPLAINTS PROCEDURES

7.7.1 Learner code of conduct and disciplinary procedures

The SDP will have:

- (a) Learner Code of Conduct; and
- (b) Learner Disciplinary procedures.

7.7.2 Appeals policy and procedure for assessment

- (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 institution.

7.7.3 Complaints procedure

- (a) The skills development provider must develop procedures to be followed in the event of a written complaint regarding programme delivery or any other institutional matter. The procedures must indicate learners' rights to due process and appeal mechanisms.
- (b) Learners must receive information on how they can submit a complaint to Council for unresolved issues on a complaint.
 - (i) The skills development provider must maintain a chronological record of written learner complaints and allow inspection of the records during on-site evaluation visits by Council.
 - (ii) The skills development provider must inform Council at any time if any of the learner complaints have led to legal proceedings and the outcomes of such proceedings.

7.7.4 Other policies and agreements for learner support

The following policies related to learners must be available:

- (a) Criteria, policies, and procedures related to learner progression, exclusion, and access to learner records
- (b) Money/fees refund policy
- (c) Policies regarding learner life, such as provision for and responses to disabilities, harassment, violence and other threats.

8. MINIMUM STANDARDS FOR LEARNER INFORMATION MANAGEMENT SYSTEM (LIMS)

INTRODUCTION

The purpose of these standards is to ensure that the SDP has in place a system to manage learner information. This system must ensure security of information, privacy of learners' details and only authorised access and be able to facilitate a range of activities related to learners.

8.1 MINIMUM STANDARDS FOR LIMS

The SDP must demonstrate a Learner Information Management (LIM) system.

- (a) The SDP must keep an updated learner information and learner performance records that comply with Council requirements.
- (b) The system and records must comply with the institution's policy and requirements for learners' records, including confidentiality of information.
- (c) Learner records must include details of past and present learners. The system must provide for personal and demographic information, education and training background and experience, special and additional learning needs, relevant learner performance and achievements, and must maintain learner confidentiality.
- (d) The LIMS must adhere to:
 - (i) Minimum field requirements for reporting to Council.
 - (ii) Confidentiality and the Protection of Personal Information (POPI) Act.
 - (iii) Back-ups and system security (access control).
- (e) The integrity of data and learner identity must be maintained at all times. Only designated members of staff shall have access to and be authorised to update the database.

8.2 MINIMUM STANDARDS FOR OCCUPATIONAL HEALTH & SAFETY

- (a) SDPs should present substantial evidence of safety compliance.
- (b) Evidence of evacuation routes and places of training during emergencies must be provided.
- (c) SDPs must have fire prevention equipment.
- (d) SDPs must have first aid equipment.
- (e) SDPs must indicate how they deal with public and learner liability.

9. 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.

9.1 MINIMUM STANDARDS FOR QUALITY MANAGEMENT OF PROGRAMMES

- (a) The skills development provider 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 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 engagement and pharmacy practice programmes, are being achieved must be measured.
- (d) The skills development provider 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 skills development provider's 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 skills development provider'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 skills development provider'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 authorised to act on the findings;
 - (v) manner by which resultant changes (for example revisions in the curriculum, modifications of faculty and learner 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 skills development providers, with the basis for their selection; and
 - (vii) resources (such as staff, preceptors, technical, financial and physical) needed for successful implementation.
- (j) The assessments employed in the evaluation plan must:

GOOD PHARMACY EDUCATION STANDARDS (OQSF)

- (i) include defined formative and summative measures. These summative assessments are internal to the institution and are not to be confused with the EISA;
- (ii) address all aspects of the programme's mission and goals;
- (iii) involve the full range of relevant internal and external stakeholders, including learners, staff, preceptors, administrators, and alumni;
- (iv) permit anonymous input and provide for collective analyses of findings;
- (v) be used to evaluate trends over time; and
- (vi) evaluate learner achievement of desired competencies, in aggregate and at the level of the individual learner.

9.2 MINIMUM STANDARDS FOR QUALITY ASSURANCE

A quality assurance system which includes at least the following aspects must be in place.

- (a) Quality assurance policy defining quality assurance aims; and
- (b) Quality assurance procedures which enable the skills development provider to implement the defined policies.

NB: See Addendum 2 for the requirements and procedures of Council for the accreditation and reaccreditation of prospective and current providers (public and private).

10. MINIMUM STANDARDS FOR RECOGNITION OF PRIOR LEARNING

INTRODUCTION

Council and the QCTO acknowledge that Recognition of Prior Learning (RPL) is a fundamental tenet of the NQF and provides for access, progression, support and career guidance for learners at all levels in formal education and training as well as workplace.

The QCTO's "Policy for the implementation of Recognition of Prior Learning (RPL)" (25 June 2014) has reference.

10.1 MINIMUM STANDARDS FOR SDP ROLES AND RESPONSIBILITIES

The roles and responsibilities of SDPs include:

- (a) Progressively develop and enhance capacity to implement RPL in accordance with this policy.
- (b) Ensure that they have the necessary staff capacity to deliver RPL services and programmes.
- (c) Ensure effective planning and funding for RPL administrative and logistical systems to support all programmes and services.
- (d) Put systems and procedures in place to incentivise and support the registration and continuing professional development of RPL practitioners.
- (e) Provide advice, counselling and support services to assist RPL candidates prior to, during and after RPL processes.
- (f) Establish an appeal process for RPL candidates to engage with RPL-related judgements.

10.2 MINIMUM STANDARDS FOR RPL REQUIREMENTS THAT SDP HAS TO MEET WITH RESPECT TO RPL

SDPs must declare that:

- (a) They have policies and procedures available for RPL.
- (b) Provide allowance for accelerated access to learning for learners through RPL.
- (c) They determine the learning gaps through a process of RPL either before or after a learner has registered with them.
- (d) A portfolio of evidence is always submitted for RPL.
- (e) They guide the learner regarding the contents of the portfolio of evidence to be submitted.
- (f) Candidates are informed about RPL.
- (g) The learner gathers evidence to demonstrate RPL.
- (h) Learner is monitored and supported on an ongoing basis.
- (i) There is a link between RPL and assessment.
- (j) An information system which contains guidance about RPL is available.
- (k) RPL concentrates on competency and not on qualifications or learning.
- (l) The people involved in the RPL process are indicated. These include the learner/candidate, the RPL advisor, the facilitator, the manager/supervisor, the assessor.
- (m) The evidence to be provided by the institution to confirm the RPL process followed by the institution included:
 - (i) Identification of what the candidate knew and could do.
 - (ii) Matching the candidate's skill, knowledge and experience to specific standards and the associated assessment criteria of the qualification.
 - (iii) The assessment of the candidate against those specific standards.
- (n) The candidate being credited for skills, knowledge and experience built-up through formal, informal and non-formal learning.
- (o) The following evidence is considered for RPL:
 - (i) Certificates from previous education and training courses, including short learning programmes and skills programmes.
 - (ii) Licenses to practice (SAPC registration certificate).
 - (iii) Samples of completed work.
 - (iv) Employment-related documents such as resumes, performance appraisals.
 - (v) Statutory declaration outlining previous types of work and experience.
 - (vi) References from current and past employers, supervisors and colleagues.

GOOD PHARMACY EDUCATION STANDARDS (OQSF)

- (vii) Testimonials from persons holding relevant qualifications in the area being assessed.
- (viii) If self-employed in the past, evidence of running of a business, using the skills and knowledge being claimed.

- (p) The assessment methods used for RPL of a candidate are specified.
- (q) The internal moderator always moderates the RPL process.

In the event that the SDP is unable to confirm any of the above, an explanation must be provided for each aspect.

BIBLIOGRAPHY

Courses and Assessors. (SAPC, 2018)

Criteria and Guidelines for Assessment of NQF Registered Unit Standards and Qualifications (SAQA, 2001)

FIP Statement of Policy on Good Pharmacy Education Practice (FIP, 2000)

Government Gazette No. 36943: National Qualifications Framework (NQF) Act (67/2008): National Policy and Criteria for Designing and Implementing Assessment for NQF Qualifications and Part Qualifications and Professional Designation in South Africa Guidelines and Minimum Criteria for Approval/Accreditation and Registration of Providers

Government Gazette No. 37879: National Qualifications Framework (NQF) Act (67/2008): Occupational Qualifications Sub-Framework (OQSF) Policy

National policy and criteria for designing and implementing assessment for NQF qualifications and part-qualifications and professional designations in South Africa (2017)

National Qualifications Framework Act (67 of 2008)

Occupational Qualifications Development Facilitator Manual (QCTO, 2014)

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

Policy and Criteria for Recognising a Professional Body and Registering a Professional Designation for the Purposes of the National Qualifications Framework Act, 67 of 2008 (as amended in 2018)

Policy and Procedures for Certification – Policy No. 3 (SAPC, 2010)

Policy for credit accumulation and transfer within the NQF (2014)

Policy for the certification of learner achievements for trades and occupational qualifications on the Occupational Qualifications Sub-Framework (OQSF) (QCTO, 2017)

Policy for the Implementation of Recognition of Prior Learning (RPL) (QCTO,2016)

Section 33 and Section 34 of the Pharmacy Act (53 of 1974)

The Regulations Relating to the Registration of Persons and the Maintenance of Registers under the Pharmacy Act, 53 of 1974

**ADDENDUM 1: EXIT LEVEL OUTCOMES FOR THE OCCUPATIONAL
CERTIFICATE: PHARMACY TECHNICIAN**

- (1) Apply scientific knowledge to provide technical support in delivering pharmaceutical services.
- (2) Provide technical support for the ordering, managing, despatching and disposing of medicines, scheduled substances, medical supplies and devices in compliance with Good Wholesaling and Distribution Practice (GWDP) and legal requirements.
- (3) Provide technical support for the manufacture, packaging and re-packaging of sterile and non-sterile medicines and scheduled substances in compliance with GMP guidelines under the supervision of a Pharmacist.
- (4) Provide technical support for the compounding, manipulation and preparation of sterile and non-sterile medicines and scheduled substances (extemporaneous compounding) in compliance with standards as described in the GPP rules and GMP guidelines under the supervision of a Pharmacist.
- (5) Provide technical support to dispense prescriptions and to sell Schedule 0, 1 and 2 medicines in compliance with legal requirements, including GPP.
- (6) Provide technical support in the management of pharmacy resources.

ADDENDUM 2: REQUIREMENTS AND PROCEDURES OF COUNCIL FOR ACCREDITATION OF PROSPECTIVE PROVIDERS AND REACCREDITATION AND MONITORING OF CURRENT PROVIDERS

A. The Criteria for Evaluation

The criteria for evaluation of the curricula of providers and prospective providers of the Occupational Certificate: Pharmacy Technician which comprises of 2 part qualifications: Pharmacist's Assistant (Basic) and Pharmacist's Assistant (Post-Basic).

1. PRINCIPLES

- 1.1 Robust criteria.
- 1.2 Use of the criteria should promote the application of the principles of good governance in the process of the evaluation of curricula submitted to Council for approval.
- 1.3 Any decisions taken with regard to the approval or non-approval of a curriculum must be defensible by Council.
- 1.4 Compliance with the criteria will be considered to be a minimum requirement for the accreditation/approval of the curricula leading to the qualification and/or one or both of its part qualifications.
- 1.5 The institutional autonomy of SDPs must be respected.
- 1.6 Portability would not at this stage be used as a basis for approval of courses.

2. CRITERIA FOR EVALUATION OF LEARNING PROGRAMMES LEADING TO THE AWARDING OF THE OCCUPATIONAL CERTIFICATE: PHARMACY CERTIFICATE

2.1 Criteria for entry into the Pharmacist's Assistant (Basic) and Pharmacist's Assistant (Post-Basic) and Pharmacy Technician programme

2.1.1 Learners who wish to enter into study must:

- (a) demonstrate compliance with the relevant institutional requirements; and
- (b) be in possession of a Senior Certificate with Matriculation Exemption; or
- (c) an equivalent NQF Level 4 qualification.

2.1.2 Learners must be in possession of the Pharmacist's Assistant (Basic) qualification to gain admission to the Pharmacist's Assistant (Post-Basic) qualification.

2.1.3 Learners must be in possession of the Pharmacist's Assistant (Post-Basic) qualification to gain admission to the Pharmacy Technician qualification.

2.2 Criteria for compliance with the rules for the qualification and its part qualifications.

2.2.1 Evidence must be provided by the prospective provider that –

- (a) The curriculum for the Occupational Certificate: Pharmacy Technician constitutes at least 362 credits
- (b) The part qualification: Pharmacist's Assistant (Basic), NQF Level 4 must constitute at least 62 credits
- (c) The part qualification: Pharmacist's Assistant (Part-Basic), NQF Level 5 must constitute at least 133 credits
- (d) The remaining component that will lead to the acquisition of the Pharmacy Technician, NQF Level 6 qualification and constitutes at least 167 credits

2.2.2 The module outcomes must be mapped to the Knowledge Modules, Practical Skills Modules and Work Experience Modules as stated in the Curriculum Document for the Occupational Certificate: Pharmacy Technician as stipulated in tables 1 to 3:

GOOD PHARMACY EDUCATION STANDARDS (OQSF)

Table 1: Part Qualification: Pharmacist's Assistant (Basic), NQF Level 4 constitutes at least 62 credits

Knowledge Modules	Qualification Module Codes	Name of the Module	NQF level	Credit	Contact (hours)
Total Credits = 25	321301000-KM-01	Introduction to the pharmaceutical environment	4	10	80
	321301000-KM-02	Stock distribution and control	4	4	32
	321301000-KM-05	Non-sterile medicine manufacture	4	6	48
	321301000-KM-08	Compounding of non-sterile extemporaneous preparations	4	3	24
	321301000-KM-15	General housekeeping	4	2	16
Practical Skill Modules	Qualification Module Codes	Name of the Module	NQF level	Credit	Contact (hours)
Total Credits = 21	321301000-PM-01	Distribute and control stock	4	4	36
	321301000-PM-04	Manufacture non-sterile medicines	4	6	54
	321301000-PM-07	Compound non-sterile extemporaneous preparations	4	5	45
	321301000-PM-12	Perform general housekeeping and administrative tasks in the pharmacy	4	2	18
	321301000-PM-18	Operate computers and computer software	4	4	36
Work Experience Modules	Qualification Module Codes	Name of the Module	NQF level	Credit	Contact (hours)
Total Credits = 16	321301000-WM-01	Processes to distribute and control stock	4	5	50
	321301000-WM-04	Processes to manufacture non-sterile medicines	4	4	40
	321301000-WM-07	Processes to compound non-sterile extemporaneous preparations	4	5	50
	321301000-WM-12	Processes to perform general housekeeping and administrative tasks in the pharmacy	4	2	20

GOOD PHARMACY EDUCATION STANDARDS (OQSF)

Table 2: Part Qualification: Pharmacist's Assistant (Post-Basic), NQF Level 5 constitutes at least 133 credits

Knowledge Modules	Qualification Module Codes	Name of the Module	NQF level	Credit	Contact (hours)
Total Credits = 44	321301000-KM-03	Stock management	5	4	28
	321301000-KM-06	Non-sterile and sterile medicine manufacture	5	6	42
	321301000-KM-09	Compounding of non-sterile and sterile extemporaneous preparations	5	4	28
	321301000-KM-11	Dispensing	5	12	84
	321301000-KM-16	Administration and housekeeping	5	3	21
	321301000-KM-17	Body systems, disorders and commonly used medicines	5	15	105
	Practical Skill Modules	Qualification Module Codes	Name of the Module	NQF level	Credit
Total Credits = 52	321301000-PM-02	Manage stock	5	6	54
	321301000-PM-05	Manufacture non-sterile and sterile medicines	5	8	72
	321301000-PM-08	Compound non-sterile and sterile extemporaneous preparations	5	6	54
	321301000-PM-10	Dispense medicines	5	14	126
	321301000-PM-13	Perform housekeeping and administrative tasks in the pharmacy	5	3	27
	321301000-PM-16	Identify anatomical structures	5	15	135
	Work Experience Modules	Qualification Module Codes	Name of the Module	NQF level	Credit
Total Credits = 37	321301000-WM-02	Processes to manage stock	5	8	80
	321301000-WM-05	Processes to manufacture non-sterile and sterile medicines	5	5	50
	321301000-WM-08	Processes to compound non-sterile and sterile extemporaneous preparations	5	6	60
	321301000-WM-10	Processes to dispense medicines	5	15	150
	321301000-WM-13	Processes to perform housekeeping and administrative tasks in the pharmacy	5	3	30

GOOD PHARMACY EDUCATION STANDARDS (OQSF)

Table 3: Qualification: Pharmacy Technician, NQF Level 6 constitutes at least 167 credits

Knowledge Modules	Qualification Module Codes	Name of the Module	NQF level	Credit	Contact (hours)
Total Credits = 57	321301000-KM-04	Medicine supply management	6	6	36
	321301000-KM-07	Medicine manufacture	6	6	36
	321301000-KM-10	Compounding of non-sterile and sterile extemporaneous preparations	6	4	24
	321301000-KM-12	Dispensing	6	11	66
	321301000-KM-13	Screening and testing patients	6	2	12
	321301000-KM-14	Managing pharmacy resources	6	10	60
	321301000-KM-18	Pharmacological and non-pharmacological management of common communicable and non-communicable disease states and conditions	6	18	108
Practical Skill Modules	Qualification Module Codes	Name of the Module	NQF level	Credit	Contact (hours)
Total Credits = 60	321301000-PM-03	Manage medicine supply	6	5	45
	321301000-PM-06	Manufacture non-sterile and sterile medicines	6	8	72
	321301000-PM-09	Compound non-sterile and sterile extemporaneous preparations	6	7	63
	321301000-PM-11	Dispense medicines	6	12	108
	321301000-PM-14	Conduct screening tests	6	3	27
	321301000-PM-15	Manage pharmacy resources and self-development	6	10	90
	321301000-PM-17	Conduct practical activities to optimise therapy for patients	6	15	135
Work Experience Modules	Qualification Module Codes	Name of the Module	NQF level	Credit	Contact (hours)
	321301000-WM-03	Processes to manage medicine supply and supervise the medicine supply chain	6	10	100
	321301000-WM-06	Processes to manufacture non-sterile and sterile medicines and to supervise select manufacturing activities	6	6	60

GOOD PHARMACY EDUCATION STANDARDS (QSF)

Total Credits = 50	321301000-WM-09	Processes to compound and supervise the compounding of non-sterile and sterile extemporaneous preparations	6	7	70
	321301000-WM-11	Processes to dispense and supervise dispensing of medicines	6	15	150
	321301000-WM-14	Processes to conduct screening tests	6	2	20
	321301000-WM-15	Management of pharmacy resources	6	10	100

GOOD PHARMACY EDUCATION STANDARDS (OQSF)

2.3 Criteria for Compliance with Exit Level Outcomes (ELOs)

2.3.1 Evidence must be provided by the prospective provider that –

2.3.1.1 Credits of Part Qualification: Pharmacist's Assistant (Basic) are allocated to the following ELOs

ELO NO.	EXIT LEVEL OUTCOMES
ELO 1	Apply scientific knowledge to provide technical support in delivering pharmaceutical services
ELO 2	Provide technical support for the ordering, managing, despatch and disposal of medicines, scheduled substances, medical supplies and devices in compliance with GWDP and legal requirements
ELO 3	Provide technical support for the manufacture, packaging and re-packaging of sterile and non-sterile medicines and scheduled substances in compliance with GMP guidelines under the supervision of a Pharmacist
ELO 4	Provide technical support for the compounding, manipulation and preparation of sterile and non-sterile medicines and scheduled substances (extemporaneous compounding) in compliance with standards as described in the GPP rules and GMP guidelines under the supervision of a Pharmacist
ELO 5	Provide technical support to dispense prescriptions and to sell Schedule 0, 1 and 2 medicines in compliance with legal requirements, including GPP
ELO 6	Provide technical support in the management of pharmacy resources

2.3.1.2 Credits of Part Qualification: Pharmacist's Assistant (Post-Basic) are allocated to the following ELOs

ELO NO.	EXIT LEVEL OUTCOMES
ELO 1	Apply scientific knowledge to provide technical support in delivering pharmaceutical services
ELO 2	Provide technical support for the ordering, managing, despatch and disposal of medicines, scheduled substances, medical supplies and devices in compliance with GWDP and legal requirements
ELO 3	Provide technical support for the manufacture, packaging and re-packaging of sterile and non-sterile medicines and scheduled substances in compliance with GMP guidelines under the supervision of a Pharmacist
ELO 4	Provide technical support for the compounding, manipulation and preparation of sterile and non-sterile medicines and scheduled substances (extemporaneous compounding) in compliance with standards as described in the GPP rules and GMP guidelines under the supervision of a Pharmacist
ELO 5	Provide technical support to dispense prescriptions and to sell Schedule 0, 1 and 2 medicines in compliance with legal requirements, including GPP
ELO 6	Provide technical support in the management of pharmacy resources

2.3.1.3 Credits of Qualification: Pharmacy Technician are allocated to the following ELOs

ELO NO.	EXIT LEVEL OUTCOMES
ELO 1	Apply scientific knowledge to provide technical support in delivering pharmaceutical services
ELO 2	Provide technical support for the ordering, managing, despatch and disposal of medicines, scheduled substances, medical supplies and devices in compliance with GWDP and legal requirements
ELO 3	Provide technical support for the manufacture, packaging and re-packaging of sterile and non-sterile medicines and scheduled substances in compliance with GMP guidelines under the supervision of a Pharmacist
ELO 4	Provide technical support for the compounding, manipulation and preparation of sterile and non-sterile medicines and scheduled substances (extemporaneous compounding) in compliance with standards as described in the GPP rules and GMP guidelines under the supervision of a Pharmacist
ELO 5	Provide technical support to dispense prescriptions and to sell Schedule 0, 1 and 2 medicines in compliance with legal requirements, including GPP
ELO 6	Provide technical support in the management of pharmacy resources

2.4 Criteria for compliance with associated assessment criteria

2.4.1 Evidence must be provided by the prospective provider that –

- (a) All associated assessment criteria for the exit level outcomes are addressed in the modules; and
- (b) A module may incorporate more than one exit level outcome and its associated assessment criteria.

2.4.2 The distribution of all associated assessment criteria must be mapped to module outcomes.

2.5 Criteria for compliance with the rules for the qualification and its part qualifications

2.5.1 Evidence must be provided by the prospective provider that –

- (a) The curriculum for the Occupational Certificate: Pharmacy Technician constitutes at least 362 credits
- (b) The part qualification: Pharmacist's Assistant (Basic), NQF Level 4 must constitute at least 62 credits
- (c) The part qualification: Pharmacist's Assistant (Post-Basic), NQF Level 5 must constitute at least 133 credits
- (d) The remaining component that will lead to the acquisition of the Pharmacy Technician, NQF Level 6 qualification constitutes at least 167 credits

2.5.2 The module outcomes must be mapped to the Knowledge Modules, Practical Skill Modules and Work Experience Modules as stated in the Curriculum Document for the Occupational Certificate: Pharmacy Technician, as in tables 1 to 3 above.

2.6 Criteria for compliance with requirements relating to assessment and moderation

2.6.1 The SDP must provide evidence that –

- (a) Both formative and summative forms of assessment are implemented appropriately throughout the teaching and learning process; and
- (b) Integrated assessment of learners (defined as the demonstration of the integration of concepts, ideas and activities across exit level outcomes to achieve competence that is grounded and coherent in relation to the purpose of the qualification) takes place.
 - (i) Integrated assessment tools assess both observable performance and critical thinking.
 - (ii) Integrated assessment shows how the demonstrated competence in individual areas can be linked to the achievement of the exit level outcomes.

2.6.2 A broad range of task-orientated, theoretical and practical assessment tools are used.

2.6.3 External moderation takes place for all summative assessments and internal moderation takes place for formative assessments.

GOOD PHARMACY EDUCATION STANDARDS (OQSF)

2.6.4 The provider must comply with the relevant requirements relating to quality assurance in the assessment process.

2.7 Criteria for compliance with requirements relating to Work Based Learning (WBL)

2.7.1 Evidence must be provided by the prospective provider that periods of structured experiential learning are included in the curriculum. Such periods aggregate to a minimum of 16 credits for the Pharmacist's Assistant (Basic) qualification, 37 credits for the Pharmacist's Assistant (Post-Basic) qualification and 50 credits for the component that leads to the Pharmacy Technician qualification.

2.7.2 Appointment of preceptors

2.7.3 MoUs

2.7.4 Assessment rubrics

2.7.5 Workbook

B. REQUIREMENTS FOR ACCREDITATION VISITS

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

- (a) 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.
- (b) Qualification rules
The structure of the curriculum must show the allocation of modules into fundamental, core and elective components and their credit value must be provided.
- (c) Exit level outcomes (ELOs) in relation to the curriculum
All module codes that cover the ELOs must be provided.
- (d) Teaching and learning strategies
The teaching and learning strategy/strategies for different modules or clusters of modules must be described.
- (e) Assessment and moderation
How assessment methods are aligned with outcomes must be indicated, referring also to the mode of delivery, level and needs of learners. How moderation is carried out and when external moderation takes place must be specified.
- (f) Compliance with requirements relating to spacing norms for physical facilities
- (g) Compliance with requirements relating to WBL

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 over 3 days on a 3-year cycle or as and when determined by Council, to ensure adherence to the prescribed criteria for the programmes and courses offered by the respective skills development provider. Compliance with all aspects in this GPE is mandatory.