PHARMACISTS COUNCIL OF ZIMBABWE

GUIDELINES FOR THE

PRE-REGISTRATION

EXPERIENCE OF

GRADUATE PHARMACISTS

2005

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FOREWORD

The Pharmacists Council of Zimbabwe (PCZ) stipulates completion of one year of practical training experience as a mandatory requirement for registration as a pharmacist in Zimbabwe. This is in accordance with Statutory Instrument 85 of the Health Professions Act (Chapter 27:19).

These guidelines are intended for use by both pre-registration trainee pharmacists and their supervisors. They are a compendium (compilation) of requirements prescribed over the years, now reviewed and published (presented) for convenience, as a single manual for the first time.

The mandate of the Pharmacists Council of Zimbabwe is to ensure, in the interest of public accountability, that pharmacy professionals under its jurisdiction adhere to the principles of good pharmacy practice (GPP). The pre-registration training requirement is one of the structures it has put in place to ensure that professionals acquire in a real-life environment, the necessary knowledge, skills and attitudes to enable them to practise pharmacy expediently and with responsibility and accountability, when later they go out to serve the public independently.

At graduation, the pharmacist will be equipped with detailed knowledge of the science and use of drugs. He or she will have had the opportunity to acquire expert knowledge of the principles and skills related to pharmacy including drug discovery, drug manufacture, drug dispensing and drug utilisation to mention but a few. He or she will be conversant with not only the benefits, but also adverse events associated with medicines use and management. Equally important, an undergraduate, the pharmacy student will also have come to appreciate the value of hands-on, practical experience in such core subjects such as pharmaceutics, pharmaceutical chemistry, pharmacology and microbiology. The pre-registration experience year builds on this, in that the PRTP has an opportunity to apply in practice, the full quantum of knowledge gained in his/her degree course, under the tutelage of an approved competent pharmacist supervisor.

At the end of the training period, the PRTP will be expected to have undertaken his/her work with confidence in accordance with good pharmacy practice, and to have acquired an appreciation of the importance of professional ethics and of life-long learning.

In order to derive maximum benefit from these guidelines, the supervisor and the student are encouraged to follow all procedures and the applicable structured programme as set out. Please contact Council offices for any clarification required.

Council will review the guidelines periodically and will be pleased to receive readers' suggestions for any changes for any changes considered desirable.

Aidan Chidarikire, REGISTRAR

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In addition we would like to acknowledge reference to manuals and guidelines on pre-registration training programmes from pharmaceutical bodies in other countries, namely:

- The South African Pharmacy Council
- The Royal Pharmaceutical Society of Great Britain
- The Pharmacy and Poisons Board of Kenya

1. INTRODUCTION

1.1 The *Pre-Registration Training* Programme

The pharmacist is expected to be a competent and trustworthy custodian of pharmaceuticals, and an expert in issues pertaining to drugs and drug therapy. Whilst university training concentrates on giving the pharmacy graduate academic and scientific information and skills necessary for the effective practice of pharmacy, not enough time is dedicated to ensuring that the graduate is helped to move from the 'student' mindset to a 'professional' mindset, attitudinally and otherwise. Thus it has been recognized that the pharmacy graduate needs to be afforded with an opportunity to gain practical experience and knowledge in the 'professional' practice setting so as to assist him/her to make the smooth transition from being a student to being a competent professional. The training period is therefore of utmost importance to every pharmacy graduate as it helps in this transition, by teaching and instilling in the pharmacist trainee specific acceptable approaches and attitudes towards the practice of the profession of pharmacy in different settings.

Generally, by the end of the training period, the pharmacist trainee should have had exposure to the practice of pharmacy which should consolidate knowledge gained at pharmacy school. In addition the trainee should have also gained other skills that would enable him/her to practise as a competent pharmacist practitioner/professional. Thus, it is expected that at the end of the pre-registration *training* programme, the trainee pharmacist should have achieved the following:-

- Developed the skills required in professional pharmacy practice
- Developed the ability to transfer skills and concepts to new situations
- Demonstrated an application of knowledge gained during academic studies
- Gained new knowledge relating to the practice of pharmacy especially in Zimbabwe

It is important to note that these objectives can only be achieved if the trainee is actively involved in real-life tasks and situations in addition to receiving information and being given the opportunity to observe others. Such experience must be accompanied by adequate self-evaluation feedback on performance which the trainee should then use to improve on future performance. Throughout this period the trainee pharmacist will be expected to display behaviour that enhances the standing of the pharmacy profession and uphold values that are worthy of this profession.

1.2 The Guidelines

These guidelines were drawn up in consultation with practitioners in different sectors of pharmacy and are meant to act as a guide for pharmacist trainees and their supervisors to ensure a successful and beneficial pre-registration experience. They contain details of the training and experience programme, which all trainees must undertake and complete satisfactorily, before becoming eligible to be registered as pharmacists by the Pharmacists Council of Zimbabwe (PCZ also referred here as the Council). Checklists are provided at the appendix of this booklet and are designed to help the trainee keep track of the areas to be covered. This is meant to remind the intern of what areas have been covered and which are yet to be covered. For the purposes of this training period, a supervisor approved by the PCZ will complete the assessment forms accompanying the checklists. Thus the main objectives of these guidelines are to:-

- clearly outline requirements for the pre-registration training period;
- spell out the responsibilities and the role of both the trainee pharmacist and the supervisor;
- explain the manner of assessment of the progress and performance of the trainee pharmacist;
- supply all forms and checklists required during and after the training perio***d***;

For successful use of these guidelines in the programme for the pre-registration training period a number of issues are pertinent and important to note. These include the following:-

- an introduction (orientation) period of two weeks should be allowed;
- the time-table stipulating the main events to take place during the training period must be drafted and submitted to the Council;

- an information session will be organised by Council which must be attended by all first time supervisors and trainees;
- progress reports must be submitted on four occasions during the year for trainees in community pharmacy and institutional pharmacy practice; in the case of academic and any other approved trainees, two progress reports must be submitted;
- a portfolio must be completed by *the trainee under the direction of the supervisor;*
- at least four continuing education sessions recognised by the Council should be attended by the trainee during the pre-registration period;
- the supervisor has the responsibility at the end of the training to confirm that the education and training was conducted to his/her satisfaction;

It is further recommended that exposure to other sectors of pharmacy should take place during *the training* period, for example, community pharmacy trainees should be exposed to hospital pharmacy and *vice versa.* Trainees should also receive exposure to different aspects within the training facility. Pharmacist trainees may thus spend time on a rotation basis in various areas in a hospital, or in an approved community pharmacy. The approved supervisor remains responsible for the training of the trainee during such rotations.

We trust that each trainee pharmacist will find their pre-registration year most useful and exciting, and that these guidelines will be of much benefit in ensuring successful completion of the training programme. Any comments which could enhance the usefulness of these guidelines are most welcome and should be directed to the Council.

2. STANDARD REQUIREMENTS AND PROCEDURES

2.1. **Trainee Supervisor**

One of the most important responsibilities of the supervisor is to be a role model and mentor for the graduate in all aspects of practice with emphasis on the values and attributes of a pharmacist as a professional. Pharmacists should not only be competent to perform certain functions and tasks but be able to perform these tasks with a specific attitude and value

system. Supervisors must thus take particular care to observe the requirements of the Council, including the applicable rules and regulations, the Code of Ethics of the profession, as well as other applicable legislation.

In being aware of the responsibility to educate and train the new graduate in an appropriate and responsible manner, the supervisor should supply the required equipment, materials, programmes, access to information systems and literature as necessary. Supervisors should also attend continuing education courses on a regular basis or as set out by Council. Continuing education will assist in ensuring that supervisors practice competently and in a manner that will make them good role models for the trainee. It should be kept in mind that the trainee will be in possession of theoretical knowledge and will require the assistance of the supervisor in the application thereof.

The supervisor should furthermore be available to the trainee to assist in the performance of day-to-day tasks and to provide guidance in the development of an independent, responsible professional on all drug issues and matters affecting the health of the public.

The ultimate responsibility for passing the competence evaluation lies with the pharmacist trainee. The supervisor should, however, also realise that a specific standard should be maintained. The assessments that must be conducted throughout the year are thus of particular importance as a measure of the progress being made by the trainee.

For the pre-registration training and experience period, the Pharmacists Council requires every set of premises approved for pre-registration training to have a recognised supervisor who has responsibility for:

- ensuring that the pre-registration training is carried out in accordance with the Pharmacists Council requirements
- coordinating training at the premises
- acting as the liaison person at the premises in dealing with the Pharmacists Council
- undertaking evaluation of training provision at the premises to ensure that it is improved and updated whenever necessary
- making the final decision as to whether the trainee is a fit and proper person to be registered.

Because of these responsibilities, the Pharmacists Council therefore requires that each supervisor should:

- occupy a full time position at the premises

- have been registered as a pharmacist for at least three years or as approved by Council
  have been working for at least one year in the sector of practice in which s/he is acting as supervisor
- meet the Pharmacists Council recognised continuing professional education programme targets
- have not been convicted of malpractice or criminal charges over the preceeding 3 years or otherwise as stipulated by Council.
- not be facing pending malpractice or criminal charges or at the discretion of Council
- not supervise more than 2 trainees concurrently, except as approved by Council.

By setting these criteria, the Pharmacists Council seeks to ensure that the pharmacist has sufficient experience and professional commitment to act as a trainee supervisor.

In addition, the supervisor has the considerable responsibility of ensuring that trainees gain the most out of their internship year and thus, indirectly that the profession gains the most from its newly registered members.

This is achieved by the supervisor fulfilling the following functions:

- acting as a good role model for the trainee(s) and endeavouring always to lead by example and undertaking self-evaluation to improve where necessary
- serving as a learning resource for the trainee(s) by being available to answer questions, provide feedback and guide the trainee(s) learning.
- ensuring that all other supervisors of the trainee(s) have sufficient awareness and understanding of the programme and sufficient skills of coaching, feedback and assessing / appraising.
- providing smooth continuity for the trainee(s) where there is movement from one sector of pharmacy to another

<u>Specific Supervisor's tasks</u>

1. Planning

The Supervisor will be expected to plan how the training will be provided as well as how the competence assessment will be carried out. He/she in doing this will need to ask and answer this following questions amongst others:

a. What needs to be covered and what sort of training will be needed for each of the aspects?

b. Who will be responsible for the training?

c. Who else will be available to provide support to the trainee?

d. What sources of evidence of competence will be acceptable?

e. When and how will assessment take place?

f. How often will a supervisor meet with the intern to discuss progress?

2. Initial assessment

The supervisor will be expected to determine the trainee's competence and previous experience at the start of his/her training i.e. has any previous experience given the trainee some competence in certain areas?

3. Training

The supervisor will be expected to give the trainee training, guidance and relevant experience for all the core performance criteria and sectoral aspects.

4. Assessment of competence

The supervisor will be expected to decide whether the trainee is competent in a particular area or needs further training/practice.

5. Record of achievement

The supervisor will be expected to document whether the trainee has achieved competence or gained sufficient experience in given areas.

6. Review and feedback

The supervisor will be expected to discuss with the trainee how she/he is progressing.

2.2. The Trainee Pharmacist

The trainee pharmacist is perhaps the most important person during the pre-registration period and thus has the greatest responsibility, in the sense that it is s/he who must ultimately demonstrate to the supervisor that s/he is able to function as an independent professional practitioner, fit and proper to be registered as a pharmacist in Zimbabwe.

To this end, the trainee should:-

- adopt a positive and committed approach to the pre-registration year;
- seek to learn at every opportunity, whether through experience, by questioning, through observation of others or by consulting information sources, or through any other beneficial means as agreed upon by the supervisor
- seek to apply existing knowledge in the full range of activities undertaken.

<u>Requirements for Registration as Trainee Pharmacist</u>

Before a pharmacy graduate can undertake pre-registration training during the pre-registration year he/she should satisfy the requirements outlined in this section. The applicant should:

1. hold a graduate degree in pharmacy from a College, School or University accredited by the Pharmacists Council of Zimbabwe.
2. have passed a forensic and any other examination prescribed by Council
3. provide degree certificates and produce evidence in the format specified by the Registrar of Pharmacists Council of Zimbabwe of the following:
    - trainee's identity
    - that the trainee has attained the age of 18
    - that he/she is of good character
    - that he/she is of good health both physical and mental
4. be recommended by his/her college faculty
5. be on the vocational trainees' register and will be required to pay a fee as prescribed by the Pharmacists Council of Zimbabwe.

6. If applicant have been accepted to gain pre-registration training in any of the following pharmaceutical establishments in Zimbabwe approved by the Pharmacists Council of Zimbabwe for these purposes:
    - ❖ a community pharmacy
    - ❖ a hospital pharmacy
    - ❖ pharmaceutical industry
    - ❖ academic pharmacy
    - ❖ regulatory pharmacy
    - ❖ administrative pharmacy

Failure of Pre-Registration Training Programme

A trainee pharmacist will be deemed to have failed their training programme if:

- he/she fails to satisfy the supervisor as set out by the Pharmacists Council of Zimbabwe that he/she has gained the requisite competence and experience to be registered as a pharmacist.
- he/she was brought in front of a Disciplinary Committee or has a pending disciplinary hearing during the period of training.

A trainee who has failed pre-registration training will be required to repeat for a period not less than six calendar months or a period set out by the Pharmacists Council of Zimbabwe in consultation with the supervisor not exceeding 12 calendar months. In cases where the trainee was brought before a disciplinary committee or has a pending disciplinary hearing, he/she will be required to repeat the training for a period of not less than twelve calendar months.

The Pre-Registration *Training* Programme

The following programme acts as a guide to *ensure a successful pre-registration experience for the pharmacist trainee.*

1. Initial discussion between supervisor and pharmacist trainee

An initial discussion should be scheduled and conducted between the trainee and his/her prospective supervisor. During this discussion, the trainee's previous experience can be determined and specific aspects or areas where special focus will be needed, established.

It is recommended that the goals of the training be discussed with the trainee, as well as the contents and the time table of the proposed programme. The specific focus of the programme should be discussed and attention given to the competencies of pharmacists. Specific attention should also be given to the assessments required by the Pharmacists Council and the effect of the trainee's performance on his/her ability to apply for registration as a pharmacist.

2. Orientation

Two weeks should be devoted to the orientation of the training to enable him/her to adjust to the work environment and the other staff members. The trainee should be introduced to all the staff in an institution/organisation and their various positions explained. The trainee should be introduced to medical practitioners and other health professionals as appropriate. Where applicable, the trainee should also be introduced to administrative staff.

The trainee should be informed of the general rules and arrangements in the pharmacy/institution/organisation, for example:

- hours of work, remuneration, time and methods of payment;
- expectations of conduct with regard to punctuality, confidentiality and accuracy;
- expectations regarding appearance and dress code requirements;
- absenteeism and the obligations of the trainee including the effect of the contract signed;
- general household arrangements, e.g. refreshment breaks, canteens, etc.
- other issues deemed necessary by the supervisor for the trainee to settle in and function well in the new environment

The supervisor should take time to show *the trainee* the pharmacy, as well as in the case of institutional pharmacies, the applicable sections of the institution, including facilities such as the library and Human Resources department. Where applicable, the trainee should be shown the other branches and departments linked to the pharmacy or institution.

Pharmacist trainees should be provided with detailed instructions as to how to perform their practice related tasks, which will vary depending on the sector of pharmacy. The following approach should be adhered to wherever possible:

- a brief description of the work area and the type of work done in the area should be supplied;
- the trainee should be introduced to all staff and a description of their tasks and functions be supplied relative to those of the trainee;
- the responsibilities of the trainee should be explained to him/her and other staff members;
- copies of all applicable standard operating procedures (SOPs) in use in the pharmacy/institution must be provided to the trainee.

3. The programme

Suggested training programmes for trainees have been developed for the pre-registration experience. Although these may vary in the different sectors of pharmacy, the final outcome of the programme is the registration of a competent pharmacist.

The training programme should be for a period of continuous twelve calendar months. A trainee may be expected to be placed in one establishment during the period or 2 other sectors for a period of 6 months each. The trainee will be required to undergo elective attachments in at least two establishments different to his/her placement. The elective placements shall be for a period of not less than two weeks and no more than four weeks per establishment.

N.B. For Academic, Regulatory control and administrative pharmacy, and Pharmaceutical industry (manufacturing, wholesaling and distribution) trainees must take note that 400 hours of practical training must be undertaken at an approved community or hospital pharmacy as part of the training. These hours of practical training must be accrued in periods of not less than two weeks per placement. Arrangements for this period should be made well in advance, with written notification to Council.

4. Competence based performance evaluation

The main aim of this approach is to be certain that the trainee is competent by assessing his/her performance and knowledge.

Competence is then defined as the ability to perform consistently to the required standard. Thus concerning this the following apply:

a. The concern is with the outcome not the process, i.e. the person's ability to perform is the issue and not the learning process.
b. Performance must be consistent, not acceptable only some of the time. Although it is impossible to determine a person's competence at all times or in the future, the supervisor must be satisfied that the performance to date infers consistent competence.
c. Performance is not graded, it is either to the required standard or not yet.

The structure of performance standards

: Personal Effectiveness

i. Manage self
ii. Manage work
iii. Manage problems
iv. Demonstrate a commitment to quality
v. Demonstrate ongoing learning and development

: Interpersonal skills

i. Communication effectiveness
ii. Work effectively with others

: Medicines and Health

i. Manage the dispensing process where applicable
ii. Provide additional clinical, regulatory and pharmaceutical services

Most undergraduate programmes contain courses in management and the practical experience could therefore be utilised to illustrate the practical application of theoretical knowledge already obtained. Where trainees were not provided with the knowledge in their undergraduate education, it is strongly recommended that a management course be undertaken.

Continuing education courses will have to be accessed from providers approved by Council, for example, professional societies. It is strongly *recommended* that the courses trainees attend, be selected by the supervisor and assistance be rendered for attendance. Additional information on the subject to be covered could be made available to the trainee prior to the attendance of the course.

The pre-registration programme for trainees is achievement based. Throughout the pre-registration period the supervisor will be assessing the progress of the trainee against defined outcomes in the assessment forms and checking them off as the trainee becomes competent. The supervisor will also note areas of particular merit or achievement of the trainee, and where necessary, identify areas where the trainee experiences difficulties in order to assist the trainee to achieve the required competency.

The trainee is responsible for his/her own learning and achievement throughout the pre-registration period and must aim to be assessed as competent by the supervisor at the completion of the practical training period.

2.3. Approval of Pharmacy/Institutions

1. All pharmacies/institutions in which *pre-registration* training is undertaken must be approved for this purpose by the Council and the approval will normally be for a period of three years.

2. In every pharmacy/institution, facilities should be available for the ***trainee*** to keep up to date with recent developments in medicines, therapeutics, and in legislation relating to medicines.

3. The following sources, in current editions, must be available for the trainee's use in the pharmacy/institution concerned.

    - Relevant legislations
    - United States Pharmacopoeia & International Pharmacopoeia.
    - A first aid reference book or manual
    - Martindale
    - Merck index
    - Textbook on pharmacology and therapeutics, e.g. Goodman and Gilman, Katzung B
    - Essential Drugs List for Zimbabwe (EDLIZ)
    - British National Formulary (BNF)
    - Good Pharmacy Practice Guidelines
    - Good Dispensing Practice Guidelines

4. Applications for approval of pharmacies/institutions should be made on forms provided by the Council

5. On the application form the training supervisor will be required to give an undertaking that the training required by the Council will be given. S/he will also be asked to describe an acceptable and guaranteed programme of training to be undertaken by the trainee.

<u>Criteria for the approval of pharmacies</u>

The following are considered in the evaluation of an application for approval of a pharmacy for purposes of training:

- whether sufficient activities relating to the scope of practice of pharmacists are performed in the pharmacy, in order to ensure sufficient exposure of the trainee to the profession;
- compliance with the requirements of good pharmacy practice;
- the presence of a private or semi-private counseling area where one of the key functions of the pharmacist, namely the provision of advice on the safe and correct use of medicines, can be carried out;
- evidence of controlled access of the public to specially control medicines (especially narcotics medicines), and compliance with the legal requirements for record-keeping;
- the availability of sufficient literature sources and/or electronic access to such information;
- the availability of appropriate apparatus and equipment;
- sufficient space in the dispensing area for safe dispensing; and
- the general appearance of the pharmacy.
- The size and lay-out of the dispensing area should ensure that there is sufficient clear floor and bench space in the dispensary for all of the normal maximum staff complements plus the training trainee to work safely and with due supervision of dispensing operation.

In the event of the pharmacy moving to new premises or changing ownership, the approval of the supervisor(s) and pharmacy expires. The supervisor(s) involved must re-apply for approval as a supervisor and for the approval of the pharmacy for training purposes.

Criteria for approval of regulatory institution

The following are considered in the evaluation of an application for approval of a pharmaceutical regulatory institution for the purposes of training:

- Whether sufficient activities relating to the scope of practice of pharmacists are performed in order to ensure sufficient exposure to the trainee to the profession
- Compliance with the minimum requirements for a national regulatory authority as recommended by the World Health Organisation from time to time
- Access to contacts with all facets of regulatory control including formulation of legislation, evaluation of quality, safety and efficacy of medicines, and pharmacovigilance
- Availability of effective means for regulatory control including equipment, transport, communication and legal framework
- Effective code of conduct for regulatory function
- Clear staff development and induction program for new regulators
- Written and comprehensive guidelines for effective regulatory funct

3.1. Introduction

Community pharmacists are the health professionals most accessible to the public. The pharmacist's contribution to health care in the community centres around five broad themes: prescription medicines, long-term conditions, common ailments, promotion and support of healthy lifestyles, and advice and support for other health care professionals.

In the management of common ailments, community pharmacists play a pivotal role in supporting responsible self-medication, by giving people advice and reassurance, supplying prescription medicines where appropriate, and referring people to other health professionals where necessary.

This section defines the experience and information specific to community practice, which should be given to trainees. While it is intended to ensure that the supervisors are satisfied with their trainee's competence in these areas at registration, it is recognised that trainees cannot be expected necessarily to achieve competence in all community practice areas outlined in the pre-registration training. However, the supervisor should be satisfied before registration that the trainee's performance indicates the potential for competence after the gaining of further experience.

3.2. Areas to be covered

i. The provision of advice and/or medication in response to the presentation of symptoms or requests.

The following are areas for which the management of commonly presented symptoms will be addressed:

a. Gastrointestinal tract system: peptic ulcers, diarrhoea, constipation, inflammatory bowel disease, haemorrhoids, helminthiasis.
b. Respiratory system: asthma, coughs and colds
c. Cardiovascular system: hypertension, cardiac heart failure, angina pectoris, hyperlipidemia
d. Endocrine system: diabetes, thyroid diseases, reproductive health (contraception and hormone replacement therapy)
e. Musculoskeletal and joint diseases:rheumatoid arthritis, osteoarthritis, osteoporosis, gout, muscle pain
f. Ophthalmology: glaucoma, allergic conjunctivitis, infective conjunctivitis, viral and fungal infections.
g. Ear, nose and throat: otitis externa, otitis media, nasal allergies, nasal infections and epistaxis, mouth and throat ulcers.
h. Skin: acne vulgaris, eczema, psoriasis, pruritus, urticaria, scabies, nappy rash, seborrhoeic dermatitis, warts, dandruff, fungal infections, bacterial infections and viral infections
i. Gynaecology and urinary tract disorders: vaginal infections, urinary tract infections, urinary incontinency, bilharzias
j. Central Nervous System: insomnia, anxiety, depression, epilepsy, parkinsonism, migraine, schizophrenia and bipolar disorders

k. Infectious and tropical diseases: pneumonia, HIV/AIDS, venereal diseases, malaria, rabies and other notifiable diseases
l. Nutrition and blood: anaemias, iron, folic acid, vitamins and minerals supplementation
m. Vaccination: measles, mumps, poliomyelitis, rubella, BCG, yellow fever, typhoid, tetanus, diphtheria, haemophilus influenzae type b, hepatitis A, hepatitis B, influenza, meningococcal, pneumococcal
n. Drug use in special situations: pregnancy, breast-feeding, neonates and children, elderly, liver impairment, kidney failure.

ii. Good dispensing practice

When responding to symptoms, the trainee should use questions to obtain the following information:

a) About the patient
- Identity of patient (whether the enquirer or another person)
- Age, sex (if appropriate to the situation)
- Lifestyle (alcohol, smoking)/occupation
- Risk factors/chronic conditions
- Allergies

b) About the symptom(s) and treatment
- Exact nature of symptom(s)
- Frequency and duration of symptom(s)
- Other medication already tried
- Other medication currently being taken or used

c) Prescription dispensing process

The trainee should familiarise himself/herself with the following steps. The consistent and repeated use of a good dispensing process is vital in ensuring that errors are noticed and corrected at all stages of the process.

- Receive and validate prescription (e.g. confirm name of patient)
- Understand and interpret prescription
  - read the prescription
  - correctly interpret any abbreviations used by the prescriber
  - confirm that the doses prescribed are in the normal range for the patient (noting sex and age)
  - correctly perform any calculations of dose and issue quantity
  - identify any common drug-drug interactions
  - identify any contra-indications and cautions
- Prepare items for issue
- Record the action taken
- Issue medicine to the patient with clear instructions and advice

Apart from emphasizing the dose, frequency, length of treatment, and route of administration, the priority should be given to the patient information that will maximise the effect of the treatment. Advice should therefore concentrate on

- When to take the medicine (particularly in relation to food and other medicines)
- How to take the medicine (chewed, swallowed whole, taken with plenty of water)
- How to store and care for the medicine

Warnings about side effects should be given with care. Common but harmless side effects (nausea, mild diarrhoea, urine changing colour) should be mentioned to prevent a frightened patient from stopping treatment. More serious side effects should be mentioned with the agreement of the prescriber, who needs to take those risks into account when prescribing the medicine.

Every effort must be made to ensure that the patient understands the instructions

General guidelines when dispensing

- Identifying the patient (whether it is the enquirer or some other person)
- The identification and approaching of persons who may require advice but who are not overtly seeking it.
- Listening to the client with adequate attention.
- Responding to the client with a positive and clear manner.
- Asking of appropriate questions to clarify the client's needs or to elicit further information.
- To supply the suitable medicine (whether POM, OTC, or P) or suggest a suitable alternative to medication.
- Provide adequate, clear and correct advice as necessary.
- When the need arises, support staff is supervised in their responses to clients and interventions are made which are helpful and tactful.
- To take appropriate action if misuse of a medicine is suspected
- To make referral to an appropriate person or body when necessary
- To ensure that all legal and ethical requirements are met.

iii. The Sale of specific categories of products over the counter and the provision of associated advice

Trainees should be introduced to the principles of the types, uses and supply of the following range of products sold or supplied from community pharmacies. Where appropriate, linkage should be made .

- Baby care products, particularly the main types and uses of nappies and infant feed; and the correct management of infant diarrhoea, colic, coughs and colds and skin conditions including nappy rash and infantile eczema
- Eye care products, including the treatment for allergic and infective conditions and the correct use and supply of contact lens products
- Foot care product, particularly those for corns, verrucae and athletes foot
- Food supplements, particularly the types, uses and limitations of vitamin and iron preparations and products sold as food substitutes.
- Products for the traveller, particularly those for the prophylaxis of malaria, for water purification and for the treatment of traveller's diarrhoea
- Skin care products
- Oral health care products
- Aids for the disabled
- Extemporaneous compounding

iv. Knowledge of relevant legislation

The supervisor should ensure that the *trainee* covers the main principles of the legislation, particularly where they relate to the practice of pharmacy or the conducting of a retail business.

These may be covered in the following Acts:

- Health Professions Act
- Medicines Control Act and Allied Substances
- Medicines and Allied Substances Act (and Regulations)
- Dangerous Drugs Act
- Hazardous Substances Act
- Professional Conduct Regulations
- other Acts related to the conducting of community pharmacy practice

4. HOSPITAL PHARMACY

4.1. Introduction

While many of the pharmacist's activities in hospitals may be similar to those performed by community pharmacists, they differ in a number of ways. Additionally, the hospital pharmacist:

- has more opportunity to interact closely with the prescriber and, therefore, to promote rational prescribing and use of drugs;
- having access to medical records, is in a position to influence the selection of drugs and dosage regimens, to monitor patient compliance and therapeutic responses to drugs, and to recognise and report adverse drug reactions
- serves as a member of policy-making committees (e.g. Drugs and Therapeutic Committee)
- can control hospital manufacture and procurement of drugs to ensure the supply of high-quality products.

Like community pharmacy, hospital pharmacy practice is patient focused, although the essence of the service is the provision of medicines needed by in-patients. In addition to duties confined to the pharmacy, pharmacists visit wards to check for prescription sheets and ward stocks.

This section defines the experience and information specific to hospital practice which should be given to trainees. It is recognized that trainees cannot be expected to achieve competence in all hospital practice activities; it is necessary that they should have hands-on experience in the relatively short period devoted to pre-registration that the trainee's performance indicates the potential for competence after the gaining of further experience.

4.2. Areas to be Covered

i. The Supply of Medicines

- The format and use of the hospital's prescriptions and stock sheets for the supply of medicines:
  - to individual patients
  - as stock items

- The distribution of medicines to wards according to organizational procedures
- Maintaining and replenishing stocks in the Emergency Drug Cupboard (EDC).
- Liasing with casualty nurses and satisfying drug and sundries needs of the casualty department

- The supply of clinical trials material
  - principles and methodologies
  - organization and stock control
  - supply
  - record keeping

ii. Ward-Based pharmacy Services

The role of the pharmacist at ward level in accordance with the hospital's

- procedures and policies and standards documents as applicable.
- Provide medications to all in-patients of the hospital as required by the hospital's procedures
- Inspection and control of all drugs on all treatment areas
- Apply the concept of pharmaceutical care of the patient
- Participate, if any, in medical drug research
- Regular visits to check on ward stocks
- Regular visits to check on the Dangerous Drugs Cupboard and record keeping thereof in the wards
- Maintaining and replenishing the emergency drugs kit in the wards

iii. Drug information services

- Provide drug information on drugs and drug therapy to doctors, nurses, medical and nursing students and the house staff.
- Prepare the hospital's pharmacy newsletter/ bulletin
- Familiarise with hospital formulary and policy
- Familiarise with the Hospital Infection Control policy, Hospital Antibiotic Use Policy

iv. Production of Bulk Sterile and Non-Sterile Pharmaceuticals

- The role and organization of hospital manufacturing units
- The practical application of principles of Good Manufacturing Practice
- Manufacture a wide variety of items in common use at the hospital
- Product services, including:
    - ❖ sterile products
    - ❖ non-sterile products
    - ❖ pre-packaging
    - ❖ radiopharmaceuticals
    - ❖ parenteral nutrition
    - ❖ quality control
    - ❖ quality assurance

v. Quality Issues

- The principles of quality assurance through consideration of Total Quality Management and other approaches
- Standards documents (Good Pharmacy Practice, Good Dispensing Practices, Good Manufacturing Practices)
- The principles and application of professional audit
- Organization and local initiatives to ensure a quality service
- The principles of production quality assurance including provision of a quality control service.

vi. Administrative, Purchasing and Inventory

The *trainee* should participate in the following administrative duties of a pharmacist

- Planning and coordinating departmental activities

- Developing policies
- Schedule personnel and provide supervision
- Coordinate administrative needs of the Pharmacy and Therapeutics Committee
- Maintain drug inventory control
- Purchasing of drugs
- Receive, store and distribute drugs
- Participate in the hospital procurement board
- Guidelines for pharmaceutical representative

vii. The provision of information on drug therapy to doctors, nurses, house staff (and patients in case of out-patients service) will cover the following therapeutic topics.

- Gastrointestinal tract system: peptic ulcers, diarrhoea, constipation, inflammatory bowel disease, haemorrhoids, helminthiasis.
- Respiratory system: asthma, coughs and colds, congestive obstructive pulmonary disease
- Cardiovascular system: hypertension, cardiac heart failure, angina pectoris, hyperlipidemia, cardiac arrhythmias, myocardial infarction and thromboembolic disorders
- Endocrine system: diabetes, thyroid diseases, reproductive health (contraception and hormone replacement therapy), drugs used in obstetrics
- Musculoskeletal and joint diseases : rheumatoid arthritis, osteoarthritis, osteoporosis, gout, muscle pain
- Ophthalmology: glaucoma, allergic conjunctivitis, infective conjunctivitis, viral and fungal infections.
- Ear, nose and throat: otitis externa, otitis media, nasal allergies, nasal infections and epistaxis, mouth and throat ulcers.
- Skin: acne vulgaris, eczema, psoriasis, pruritus, urticaria, scabies, nappy rash, seborrhoeic dermatitis, warts, dandruff, fungal infections, bacterial infections and viral infections
- Gynaecology and urinary tract disorders: vaginal infections, urinary tract infections, urinary incontinency, bilharzias
- Central Nervous System: insomnia, anxiety, depression, epilepsy, parkinsonism, migraine, schizophrenia and bipolar disorders
- Infectious and tropical diseases: pneumonia, Tuberculosis, HIV/AIDS, venereal diseases, malaria, rabies and other notifiable diseases
- Nutrition and blood: anaemias, iron, folic acid, vitamins and minerals supplementation
- Vaccination: measles, mumps, poliomyelitis, rubella, BCG, yellow fever, typhoid, tetanus, diphtheria, haemophilus influenzae type b, hepatitis A, hepatitis B, influenza, meningococcal, pneumococcal
- Drug use in special situations: pregnancy, breast-feeding, neonates and children, elderly, liver impairment, kidney failure.
- Theatre: anaesthetics, skeletal muscle relaxants, pre-medication, resuscitation drugs

viii. Pharmacy Annual Report

The preparation of an annual report to the Administrator of the hospital on the activities of the department of pharmacy services is one of the most important responsibilities of the hospital pharmacist. In addition, it is the pharmacist's duty to prepare the report in such a manner as to make it an informative yet analytical document covering the activities of the past fiscal year.

The ***trainee*** will be required, with the supervision of a qualified pharmacist, to lead in the preparation of the draft report. The draft report will be presented to the Pharmacist-in-charge who will evaluate and award points. No specific format is recommended but guidelines presented in Appendix XIII will serve as a good departure point.

ix. The Hospital Service

In addition to the knowledge underpinning the professional competences, trainees should have an awareness of:

- Arrangements for negotiating pay and conditions of service
- Services provided by hospital and community services pharmacists to primary and community care units.
- Services provided by other departments in the hospital
- The roles of nursing and medical staff, the structures of their professions and ward operational procedures.

5. INDUSTRIAL PHARMACY

5.1 Introduction

The range of opportunities available to pharmacists in the pharmaceutical industry is as diverse as the industry itself. However, the main areas in which the pharmacists are employed are: technical, technical support, and commercial.

Technical
It is recommended that the trainee should spend some time in at least three of the following areas:-

- Research: discovery and design of new drugs
- Development: formulation of final product
- Production: manufacturing and packaging of medicines
- Quality control: testing of processes and products

Technical support
It is recommended that the trainee should spend some time in at least two of the following areas:-

- Product registration: registration with licensing authority
- Regulatory affairs: ongoing safety monitoring
- Medical information: support to health professionals, drug information service within the company
- Clinical trials: management of study protocols

Commercial
It is recommended that the ***trainee*** should spend some time in at least three of the following areas:-

- Wholesaling: ensure effective distribution processes
- Distribution: maintaining adequate supplies
- Marketing : bring to consumers and health professionals' attention
- Sales: maintaining competitiveness

5.2. Areas to be Covered

i. Relevant legislation, and its application to the pharmaceutical industry, including:-

- ❖ Good Laboratory Practice Guidelines (GLP)
- ❖ Licences for products
- ❖ Regulation of clinical trials

- Licensing for manufacturing and wholesaling
- Medicines and Allied Substances Act (and Regulations)
- Intellectual Properties Act
- Medicine labelling and leaflets
- Advertising and promotion
- Good Manufacturing Practices (GMP) Guidelines
- Post marketing surveillance
- Other documents and legislation pertaining to the pharmaceutical industry

ii. The principles and practice of Good Manufacturing and Good Laboratory practice

- Concepts of quality practice
- Application of quality systems
- Concept and application of GMP and GLP
- Special requirements for sterile products
- Role of the regulatory inspectorate
- Batch documents review before release of product
- Heating, ventilation and Air Conditioning systems for Pharmaceutical plants (HVAC)

iii. Development of sterile and non-sterile preparations, including:

- The formulation process from pre-formulation screening to the development of a manufacturing method
- Factors influence stability
- Stability testing and shelf life prediction
- Effect of formulation on bioavailability
- In vitro release testing, e.g. dissolution rate evaluation
- Microbiological degradation and its prevention
- Relationship between product quality and product formulation
- The scale-up process

iv. Manufacture of sterile and non-sterile preparations, including:-

- Scheduling and production planning
- Equipment selection
- Validation of manufacturing processes and analytical methods
- Qualification of Equipment and systems
- Documentation
- Purchasing – Approved supplier system
- Clearing
- In-process testing
- Warehousing and distribution – storage conditions and traceability

v. Quality Control of sterile and non-sterile preparations, including:-

- Development of analytical specifications and procedures
- Application of analytical specifications and procedures (including microbiological specifications)
- Sampling
- Final product testing

- Final product release
- Segregation of materials and products according to QC status
- Complaint investigation procedures
- Recall procedures

vi. Regulatory requirements pertaining to the conduct of clinical trials and the licensing of products

This includes the preparation of, and submission to the licensing authority together with the assessment of data and the maintenance of the necessary authorizations.

- Licensing Procedures
- Clinical Trial Exemptions
- Clinical Trial Certificates
- Product Licenses
- Ethical Clearance
- Experts reports
- Trial Protocol
  - Study design
    - Preparation of matching comparators
    - Randomization
    - Treatment allocation and concealment
    - Packaging and labelling
    - Applicability of GMP and correlation with Good Clinical Practice
    - Needs of the investigator and hospital pharmacist
    - Role of ethics committees
    - Role of trial monitors and physicians
    - Trial Termination Procedures
    - Consent forms

6. ACADEMIC PHARMACY

6.1. Introduction

Academic pharmacy is practiced mainly at universities and other academic institutions and is concerned mainly with the teaching of pharmacy students, research and university service. With the increased recognition of academic pharmacy as a separate discipline of pharmacy as well as the academic staff shortages at most pharmacy schools, it has become evident that this sector of pharmacy should also become open for trainee pharmacists to explore. This section defines the experience and information specific to academic pharmacy practice exposure deemed important to the trainee pharmacist. For purposes of these guidelines, the activities and competencies expected of the trainees shall fall under three sub-headings, namely teaching; research and university service. It is expected that the graduate student will be attached to the academic institution during the course of the whole calendar year, but be expected to do a total of 400 hours contact time at either community or hospital pharmacy practice accrued over continuous periods of not less than two weeks each.

6.2. Areas to be covered

As noted above, academic pharmacy covers mainly three areas which are teaching, research and university service. A trainee has to be exposed to all these in order to be defined as having successfully undertaken training in this sub-discipline of pharmacy.

i. Teaching

Teaching is one of the core businesses of pharmacy schools and universities. The trainee will be required to learn how to plan for, prepare and teach (under supervision) at least 30 hours of stipulated courses in pharmacy under any two of the following major sub-disciplines in pharmacy;

- Pharmacy Practice
- Clinical Pharmacy
- Pharmaceutics
- Pharmaceutical Chemistry

Trainees will also be expected to act as demonstrators for selected practical sessions with pharmacy students. It is hoped that by the end of the attachment period, the trainee will have gained exposure to all facets of teaching pharmacy students at an academic institution.

ii. Research

The trainee will be expected to be involved in an on going research project within the university or academic institution for a period of at least three months, after which time the trainee is expected to write a paper for publication in a journal or newsletter or other publication. Moreover the intern will be expected to make at least two academic presentations to academic members of staff or other colleagues or at scientific or professional meetings. In some instances where there is no on going research which the trainee can be involved in, he/she will be expected to come up with their own topic. In cases where the student may decide to carry out post graduate courses by research, the topic could then be expanded and submitted to the relevant university authorities for registration as a higher degree.

iii. University Service

Most drug and poisons information centres are run by academic pharmacists and housed in teaching hospitals. In most cases this constitutes university service for academic pharmacists. Therefore, in cases where a drug or poisons information centre is in existence, the ***trainee*** will be expected to undertake the training necessary for their competent practice in this setting as a drug and/or poisons information pharmacist. Supervision at such institutions should be by pharmacist members of the academic staff. Where possible the ***trainee*** should also attend academic board meetings and workshops. Other university service duties can be given to the ***trainee*** by the supervisor.

7.1 Introduction

The Ministry of Health has units directly or delegated to deal with the pharmaceutical affairs. In view of the importance of drugs in government health services, and of related expertise within the pharmaceutical section, the pharmaceutical affairs section plays a pivotal role in the proper use of medicines and the protection of the public against dangers that are inherent in their use.

Trainees will be required to spend at least three months and at most six months in each of the following:

i. Administrative pharmacy
ii. Regulatory Control

7.2 Administrative Pharmacy and Pharmaceuticals Affairs

The trainee will be employed in the department of pharmacy services within the Ministry of Health and Child Welfare head quarters. It is recommended that a trainee should participate in the following areas

- Coordinate the national drug procurement and distribution programme
- Participate in the preparation of pharmacy newsletters, bulletins and publications
- Participate in review and implementation of the National Health policy and National Drug Policy
- Drafting and implementation of policy on pharmacy manpower
- Drafting and administration of legislation pertaining to pharmacy services
- Coordinate pharmacy services at central, provincial, district and primary health care levels
- Participate in the Zimbabwe Essential Drugs Action Programme (ZEDAP)
- Participate in the review of the Essential Drugs List (EDLIZ)
- Coordinate Hospital Drugs and Therapeutics Committees

Structures

To provide equitable, accessible and appropriate health services, requires a proper organisational and institutional framework, and thus part of the restructuring of the health system involved the division of health functions between the national and provincial departments of health.

The Ministry of Health and Child Welfare includes, *inter alia*, the Directorate of Pharmacy Services, which is responsible for the pharmaceutical services provided for by the state hospitals and clinics.

The guiding principles for the reconstruction and development of the health sector are:

- to promote equity, accessibility and utilisation of health services;
- to extend the availability and ensure the appropriateness of health services;
- to develop health promotion activities;
- to develop the human resources available to the health sector;
- to foster community participation across the health sector; and
- to improve planning in the health sector and the monitoring of health status and health services.

The National Drug Policy

Some important issues addressed by the National Drug Policy are summarized here.

The pharmaceutical sector, as an integral part of the health sector will be able to ensure equitable access to medicines that are appropriately selected and meet real health need by the implementation of the National Drug Policy. This has largely been achieved through the Zimbabwe Essential Drugs Action Programme (ZEDAP).

The cornerstone of the process is the selecting of essential drugs and rationalising the use and expenditure of drugs from a published Essential Drug List of Zimbabwe (EDLIZ).

Objectives

i. Health objectives

- to ensure the availability and accessibility of essential drugs to all citizens;
- to ensure the safety, efficacy and quality of drugs;
- to ensure good dispensing and prescribing practices;
- to promote the rational use of drugs by prescribers, dispensers and patients through the provision of the necessary training, education and information;
- to promote the concept of individual responsibility for health, preventative care and informed decision making.

ii. Economic objectives

- to provide low cost but quality cost of drugs to both the public and private sectors;
- to promote the cost-effective and rational use of drugs;
- to establish a complementary partnership between Government bodies and private providers in the pharmaceutical sector;
- to optimise the use of scarce resources through co-operation with international and regional agencies.

iii. National development objectives

- to improve the knowledge, efficiency and management skills of pharmaceutical personnel;
- to re-orientate medical, paramedical and pharmaceutical education towards the principles underlying the National Drug Policy;
- to support the development of the local pharmaceutical industry and the local production of essential drugs;

- to promote the acquisition, documentation and sharing of knowledge and experience through the establishment of advisory groups in rational drug use, pharmacoeconomics and other areas of the pharmaceutical sector.

A comprehensive National Drug Policy has been developed for Zimbabwe, which covers a wide range of activities that contribute to the effective production, supply, storage, distribution and use of medicines, ensuring that the people of Zimbabwe receive the drugs that they need at a cost that they and the system as a whole can afford.

7.3 Regulatory Control

The *trainee* will be employed at the Medicines Control Authority of Zimbabwe (MCAZ). He/she will be expected to cover the following:

i. Structure of the Regulatory Authority (RA)

- Orientation/Induction
- Organisation of the MCAZ and its Committees
- Functioning of the MCAZ secretariat

ii. Regulatory Database

- Electronic and manual registers
- Pharmacovigilance
- Archiving of records

iii. Legal Aspects

- Background to medicine regulation
- National applicable legislation
- International and national control of drugs of abuse

iv Licensing Of Premise And Person

- Receipt of applications
- Refusals, cancellation and appeal processes
- Fees
- Guidelines and Circulars

v Post Market Surveillance

- Counterfeit medicines
- Complaints and recalls/Withdrawals
- Movement of medicines in international markets – use of certification schemes
- Control of Advertising/Promotion of medicines

vi Quality Control of Pharmaceuticals

- Visit to National Control laboratory
- Instrumentation
- Regulatory tests
- International referencing
- Good Laboratory Practice

vii Pharmacovigilance and Clinical Trials

- Adverse Drug Reaction monitoring – local and international cooperation
- Clinical trials – receipt, review of applications
- Guidelines – Good Clinical Trail Practice, Clinical Trail Pharmacy e.t.c
- Bioavailability/Bioequivalence testing
- Operational research studies
- Inspections – trial sites and contract research organisations

viii Registration Of Medicines

- evaluation of applications for registration
- evaluation of information on medicines

ix Inspection Of Distribution Channels

- Qualities of Inspectorate
- Guidelines
- Types Of Inspection report writing

X General

- Attachment to various functional units of the (RA) regarding authority
- Attachment of manufacturing facility
- Attending technical meetings of the (RA) regulatory authority
- Meeting with regulatory clients

PHARMACISTS COUNCIL OF ZIMBABWE

DECLARATION BY SUPERVISOR

(To be sent with the appraisal form CTF-010)

The Registrar
Pharmacists Council

I (*full name in block letter)*

_____

National Registration number_____

Being the ***pre-registration*** supervisor for the pre-registration training undertaken at the following establishment

_____

_____

_____

_____

Hereby certify that (insert ***trainee***'s full name and reference code number)

_____

_____

Has completed a period of ***pre-registration*** training in the above named establishment totalling _____ calendar months between _____ and

_____

And that the ***pre-registration*** training conformed to the requirements of the Pharmacists Council.

Signature_____

Date_____

OFFICIAL STAMP

PHARMACISTS COUNCIL OF ZIMBABWE

PRE-REGISTRATION **TRAINING REPORT BY** ***TRAINEES***

The principal purpose of this report is to keep the Council informed of the experience being provided in each establishment. The acceptability of a completed period of pre-registration training will not be prejudiced by the contents of the report provided that the training has been gained in an establishment approved by the Council.

This report must be submitted to the Council at the end of training at each establishment

Do not include in the report any reference to matters that could be regarded as confidential e.g. reference to turnover, profitability etc

NAME (IN FULL) _____

ADDRESS_____

_____

_____

_____

_____

NAME OF SUPERVISOR_____

NAME AND ADDRESS OF ESTABLISHMENT/INSTITUTION

_____

_____

PERIOD OF ***PRE-REGISTRATION*** TRAINING:

COMMENCED ON _____

COMPELTED ON _____

1. Has the period of training been in accordance with the requirements of ***pre-registration*** training as laid down by the Council?

   Yes/No If "No" state as briefly as possible, why not?

_____

_____

_____

_____

2. What approximate proportion of your time was spent on the competences (i.e. core aspects of training)

_____

_____

_____

3. Give the title and duration of any scientific, professional or management courses, including study days attended during the period.

_____

_____

_____

_____

4. Other comments, if any (NB-Not of a confidential business nature)

_____

_____

_____

5. I know of no reason, on the grounds mental or physical health, why I should not be able to discharge the responsibilities of a registered pharmacist, which I understand may include taking sole charge of a community or hospital pharmacy.

Signature _____ Date_____

If you wish to make any additional comments in confidence, these should be sent separately to the Registrar, Pharmacists Council.

OFFICIAL STAMP

CPCF-001

PHARMACISTS COUNCIL OF ZIMBABWE

HEALTH DECLARATION

CONFIDENTIAL

Trainee reference code_____

Declaration by a Medical Practitioner (registered in Zimbabwe and in Public Service)

This declaration should be completed by either:

i. The applicant's usual medical practitioner or
ii. A medical practitioner who has carried out a full medical examination of the applicant

This medical examination must be within the twelve month period to the ***trainee's*** registration as a pharmacist.

_____

(full name of applicant)

has been a patient of mine for _____ years _____months.

Has been examined by me on _____(date)

I know of no reason, on grounds of mental or physical health, why she/he should not be able to discharge the responsibilities of registered pharmacist which I understand may include taking sole charge of a community or hospital pharmacy.

Signed_____ Date_____

Printed Name_____

Medical and Dental Practitioners Council Registration Number_____

PHARMACISTS COUNCIL OF ZIMBABWE

HOSPITAL PHARMACY *TRAINEE* CHECKLIST

Name of *Trainee*

_____

Reference Code_____

HOSPITAL:_____

CATEGORY: (Central, Provincial, District, Mission, Private)

_____

PERIOD OF TRAINING

From:_____ To: _____

GRADE: S = Satisfactory U= Unsatisfactory

ITEM	GRADES	REMARKS	SUPERVISOR'S INTIALS
1. The Supply of Medicines			
2. Ward-Based Pharmacy services			
3.Drug Information services			
4. Production of Bulk Sterile and Non-Sterile Pharmaceuticals			
5.Quality Control Issues			
6. The Hospital Service			
7. Annual Pharmacy Report			
8. Continued education			

Name_____Designation_____

Other Comments

_____

_____

PHARMACISTS COUNCIL OF ZIMBABWE

INDUSTRIAL PHARMACY *TRAINEE* CHECKLIST

Name of *Trainee*_____

Reference Code_____

INSTITUTION NAME_____

Period: From: _____To: _____

GRADE: S = satisfactory U=Unsatisfactory

ITEM	GRADE	REMARKS	SUPERVISOR 'S INTIALS
1.Relevant legislation and its application to the pharmaceutical industry			
2. Responsibilities of the qualified pharmacist in industry			
3. Development of sterile and non-Sterile preparations			
4.The principles and practice of Good Manufacturing and Good Laboratory Practice			
5.Manufacture of sterile and non –sterile preparations			
6. Quality Control of sterile and non-sterile preparations			
7. Regulatory requirements pertaining to the conduct of clinical trials and the licensing of products			
8.Conduct of Clinical Trials			
9.Provision of drug information			
10. Continued education			

Name_____Designation_____

Other Comments_____

_____

OFFICIAL STAMP

PHARMACISTS COUNCIL OF ZIMBABWE

COMMUNITY PHARMACY *TRAINEE* CHECKLIST

Name of *Trainee*_____

Reference Code_____

Name of institution: _____

Period:-From:_____To_____

GRADE: S=Satisfactory U=Unsatisfactory

ITEM	**GRADE**	**REMARKS**	**SUPERVISOR'S INTIALS**
1. The provision of advice in response to the presentation of symptoms or requests.			
2. The sale of specific categories of products over the counter and the provision of associated advice			
3. Knowledge of relevant legislation			
4. Extemporaneous preparations			
5. Good dispensing practices			
6. Health promotion			
7. Continued education			

Name:_____Designation_____

Other Comments_____

_____

_____

PHARMACISTS COUNCIL OF ZIMBABWE

ACADEMIC PHARMACY TRAINEE CHECKLIST

Name of Trainee

Reference
Code_____

Name of institution:

From:
Period:_____To_____

GRADE: S=Satisfaction U=Unsatisfaction

ITEM	GRADE	REMARKS	SUPERVISOR
1.Preparational lecture notes			
2. Delivery of lectures			
3. Oral presentation			
4. Writing research proposal			
5. Report research work			
6. Writing academic articles			
7. Provision of drug information			
8. Provision of information			
9. Demonstrating practical sessions			
10.Conducting research work			
11.Attending board meetings			

Signature_____Date_____

Other Comments_____

_____

PHARMACISTS COUNCIL OF ZIMBABWE

REGULATORY CONTROL *TRAINEE* CHECKLIST

Name of *Trainee*

_____

Reference Code_____

Name of institution: _____

Period:-From:_____To_____

GRADE: S=Satisfactory U=Unsatisfactory

ITEM	GRADE	REMARKS	SUPERVISOR
Database and guidelines/manuals			
Legal aspects			
Post Market Surveillance			
Quality Control of Pharmaceuticals			
Pharmacovigillance and clinical trials			
Registration of medicines			
Licensing and inspectorate functions			
Evaluation of medicines			
Control of drugs of abuse			
Continuing Education			

Comments on attachment (s) participated in:

Signed_____Name_____

Designation_____Date_____

OFFICIAL STAMP

PHARMACISTS COUNCIL OF ZIMBABWE

ADMINSTRATIVE PHARMACY *TRAINEE* CHECKLIST

Name of ***Trainee***_____

Reference Code_____

Name of institution: _____

Period:-From:_____To_____

GRADE: S=Satisfactory U=Unsatisfactory

ITEM	GRADE	REMARKS	SUPERVISOR
1. Formulation and review of policies			
2. National drug procurement and distribution programme			
3. Preparation of pharmacy newsletters, bulletins and other publications			
4. Coordinating pharmacy services at central, provincial, and primary health care levels			
5. Participation in the Zimbabwe Essential Drugs Action Programme (ZEDAP)			
6. Participation in the review EDLIZ			
7. Coordination of Hospital Drugs and Therapeutics Committees			
8. Pharmacy and other laws in the health delivery system			
9. Health promotion			
10. Continuing education			

Name_____Desgnation_____

OFFICIAL STAMP

PHARMACISTS COUNCIL OF ZIMBABWE

DECLARATION BY SUPERVISOR

ROTATION COMPLETION FORM

NAME OF INSTITUTION:_____

TITLE: _____

PHYSICAL ADDRESS OF PREMISES:

_____

_____

POSTAL ADDRESS:

FAX NO._____

EMAIL ADDRESS:_____

PERIOD: FROM_____TO_____

NAME OF SUPERVISOR_____

REGISTRATION NO._____

Trainee declaration: I declare that I am not an owner, a director, or a majority shareholder of the establishment mentioned on this form.

Signed: _____Date_____

OFFICIAL STAMP

PHARMACISTS COUNCIL OF ZIMBABWE

NOTIFICATION OF CHANGE OF SUPERVISOR

(A) VOCATIONAL TRAINEE'S DETAILS

First Name:_____Surname:_____

Registration No._____

Name of Current Supervisor:_____

Period of Training Covered From:_____ To:_____

Full name and contact address:

E-Mail:_____

Fax:----------

Telephone:_____

Signed: _____DATE_____

(B) NEW SUPERVISOR INFORMATION

First
Name:_____Surname:_____

Registration
No._____

Date of takeover as
Supervisor_____

Name (s) of Current **Trainee(s)** under my supervision

_____

_____

_____

_____

_____

Full name and address of premises:

_____

_____

_____

_____

_____

E-Mail:_____

Fax:_____

Telephone:_____

Are you a Council registered supervisor? Yes/No

If Yes, state date of
Registration_____

DECLARATION

I work full time at these and undertake to provide pre-registration training in accordance with the laid down Council procedures.

Signed:

_____ DATE_____

OFFICIAL STAMP

PHARMACISTS COUNCIL OF ZIMBABWE

APPLICATION FOR REGISTRATION AS A PHARMACIST

I _____

(Full name)

_____

Reference Code

OF

(a)Physical Address_____

(b)Mailing Address_____

(c)E-Mail Address_____

do wish to register as a pharmacist in Zimbabwe in the Pharmacists Register kept by Council.

I enclose with this form:

Two passport size photos

Registration fee

Pre-Registration Training appraisal form

Stage 1 examination results

Health Declaration form

I have read and fully understood and agree to be bound by the Pharmacists regulations for the examination.

Signed_____

Date:_____

PHARMACISTS COUNCIL OF ZIMBABWE

ASSESSMENT OF QUALIFICATIONS IN PHARMACY

ASSESSMENT OF QUALIFICATIONS IN PHARMACY

Explanatory Notes

The information on the form is collected by the Pharmacists Council for the purpose of assessing qualifications in Pharmacy.

All personal information will be handled confidentially.

Important - Please read these explanatory notes carefully before completing the form.

Introduction

Use this form for an assessment of your Pharmacy qualifications to determine your eligibility to undertake the Pharmacists examination process.

Completing the form

You will need to provide all the information and documents requested before your application can be finalized. Incomplete applications may be returned to you.

Answer all questions in English.

Initial and date any alterations to the form.

Documents you must include:

To support your application, you will need to provide certified copies of all the documents listed in the Checklist Section of the application form. These are certified copies of:

1. O'level certificate or equivalent
2. Degree certificate
3. Current registration certificate as a pharmacist where applicable
4. Transcript of Pharmacy degree course completed showing subjects, hours and examination results.
5. Evidence of registrability as a pharmacist in the country in which the pharmacy training was obtained, where applicable
6. Application form for registration as a pharmacist under Zimbabwean Laws.
7. Certified translation in English of all documents must be provided and attached to the document to which they refer (extract translations will not be accepted).
8. Certified copies of the documents should be sent. **Please do not send the originals.** See the note on "Certification" below.

Certification

It is essential that copies of the documents include legal practitioners and officials of Zimbabwean Embassies. To have your copies certified you will need to present both the original and the copy of each document to the person certifying the copies.

Each copy of the document must be certified separately and must show clearly:

1. The words "certified true copy of the original"
2. The signature of the certifying officer: and
3. The name and address of the certifying officer legibly printed under the signature.

Payment of fees

You will be required to pay fees as instructed at a later date if you are eligible to sit for the examinations.

Assessing skills by examination

Examinations for trained pharmacists are designed to assess your skills and competence. There are two examinations for this purpose:

1. Stage I Examination – Written multiple choice questions and oral examination covering basic pharmaceutical sciences.
2. Stage II Examination – Written multiple choice and short answer questions and oral examination covering the Practice of Pharmacy and Pharmacy Laws.

In order to be eligible to undertake these examinations, it is necessary for you to meet the Pharmacists Council requirements.

PHARMACISTS COUNCIL OF ZIMBABWE

Application for Assessment of Professional Qualifications in Pharmacy

PLEASE READ THE ACCOMPANYING EXPLANATORY NOTES BEFORE COMPLETING THIS FORM. MAKE SURE YOU PROVIDE ALL THE DOCUMENTS REQUIRED AND SIGN THE DECLARATION ON PAGE 5

If you require more space to answer the questions, attach a signed and dated sheet giving the necessary details.

This is not an application to sit for an examination.

Your personal details

Preferred title Mr ( ) Mrs ( ) Miss ( ) Ms ( ) Dr ( )

1. Surname ……

2. Other names ……

3. Any other names you have used (i.e. before marriage etc) Surname…….
   Other names……

4. Sex Male ( ) Female ( )

5. Date of birth day month year …….

6. Country of birth …….

8. Country of permanent residence ……..

11. Address for Correspondence

Name (see accompanying notes)…….

Address……

……

E-Mail Address……

Fax No……

12. Telephone numbers (Work)……Home……

Your general school education

13. In which years did you start and finish primary and secondary school?

	Primary		Secondary	
Start:	Month……	Year……..	Start:	Month…….Year…
Finish:	Month……	Year……..	Finish	Month…….Year…

14. Details of your education

	Number of years	Name of qualification	Country
Primary:			
Secondary:			

Your professional education

12. Give details of ALL post-secondary or higher education courses which you have completed. If you have more than two (2)

Name of Institution attended…….

Full address of institution……..

What was the normal entry requirement for the course (or name of examination)?

……..

Normal length of full time-time course

Years ( ) or Semester ( )

Normal length of semester

Weeks ( ) Months ( )

What was the length of time, which you took to complete the course?

Years ( ) MonthS ( ) Date course Commenced (D/M/Y)…

Date course Completed 9D/M/Y)…..

Did you study full time or part time? Full time ( ) Part time ( )

Hours per week ( )
Other ( ) Please describe……

Was a period of compulsory practical or clinical experience a requirement of the course?

No ( ) Yes ( )
What was the length of the time involved i.e Years, months, weeks or semester hours?

What is the name of the qualifications that you have obtained?

What is the name of the qualifications that you have obtained?

In English……..

Name of Institution attended……

Full address of institution……

What was the normal entry requirement for the course (or name of examination)?

.....

Normal length of full-time course

Years ( ) or Semester ( )

Normal length of semester

Weeks ( ) Months ( )

What was the length of time, which you took to complete the course?

Years ( ) Months ( ) Date course Commenced (D/M/Y)……

Date course Completed (D/M/Y)…….

Did you study full time or part time? Full time ( ) Part time ( )

Hours per week ( )
Other ( ) Please describe……...

Was a period of compulsory practical or clinical experience a requirement of the course?

No ( ) Yes ( )
What was the length of time involved i.e. Years, months, weeks or semester hours?

What is the name of the qualifications that you have obtained?

In English……..

Name of Institution attended……..

Full address of institution……

What were the normal entry requirements for the course (or name of examination)…

Normal length of full time course

Years ( ) OR semesters ( )

Normal length of semester

Weeks ( ) OR Months ( )

What was the length of time, which you took to complete the course?

Years ( ) Months ( ) Date course Commenced (D/M/Y)…….

Date course Completed (D/M/Y)…….

Did you study full time or part time? Full time ( ) Part time ( )

Hours per work ( )

Other ( ) Please describe……

Was a period of compulsory practical or clinical experience a requirement of the course?
Yes ( ) No ( )

What was the length of time involved in years, months, weeks or semester hours?

Registration

13. What is the name and country of authority of first registration?

What was the date of first registration?

Day		Month		Year

Was a period of practical attachment a requirement for registration? Yes ( )
No ( )

If yes, give the names and addresses of the institutions at which you undertook the attachment?

Institution……Duration…….

Institution……Duration…….

Institution…….Duration……**.....**

14. What is the name and country of authority of the most recent registration?

What is the date of current registration?

Day	Month	Year

15. Have you ever been refused a license or registration, No ( ) Yes ( )
or had a license or registration withdrawn?

If yes give reason(s)…….

16. Give the names of any professional bodies of which you are number?

……

Professional employment experience as a Pharmacist

17. Applicants must provide a summary below of their professional employment experience over the last 10 years. If space is insufficient attach a signed sheet.

Please include details of:

i. the dates of period of employment (indicate full time or part time)
ii. the name of the employer, and country location and the nature of the business
iii. your job title and description
iv. the nature of your employment, including most important tasks performed or projects completed.

Checklist

18. Documents you must include with this application are:

    i. Certified copy of the O-level certificate or equivalent
    ii. Certified copy of Degree certificate
    iii. Certified copy of current registration certificate as a pharmacist where applicable
    iv. A certified transcript of Pharmacy degree course completed showing subjects, hours and examination results
    v. Evidence of registrability as a pharmacist in the country in which pharmacy training was obtained, where applicable
    vi. Application form for registration as a pharmacist under the Zimbabwean Laws.

Applicant's declaration

19. You must read and sign this declaration

I declare that:

    i. The information I have supplied on this form and any attachments is complete, correct and up-to-date.
    ii. I undertake to inform the Council of any changes to my circumstances (e.g. Address) while my application is being considered
    iii. I authorize the Pharmacists Council to make any inquiries necessary to assist in the assessment of my qualifications and use any information supplied in this application for that purpose
    iv. I have read and understood the information supplied to me in the explanatory notes accompanying this application.

Signature…… Date……..

How to lodge your application

20. Detach the explanatory notes and mail your application form and the documents to:

The Registrar

Pharmacists Council

192 Hebert Chitepo/Mazowe

P.O Box CY 2817

Causeway

HARARE, ZIMBABWE

Tel: 263-4-798392/4

PHARMACISTS COUNCIL OF ZIMBABWE

HOSPITAL PHARMACY ANNUAL REPORT

I. Introduction

The introductory remarks should be brief and be confined to a statement of introduction and transmittal.

II. The Pharmacy and Therapeutics Committee

The report should include a statement on the present membership, the number of meetings held, programs undertaken by the committee and plans for the next fiscal year.

III. The Formulary

This should include a general review of the revisions made, that is, additions or deletions, and a statement concerning plans or the process being made relative to a total revision and publication.

NB: In a hospital with no existing Formulary, the intern will be expected to spearhead the development of such during the period of placement.

IV. The Pharmacy Bulletin

Comments on the pharmacy publication by both pharmacy and other health professional staff

V. Teaching Activities

The report should include a resume of teaching of student nurses, pre-registration trainees and residents as well as the trainees in the hospital pharmacy training program.

VI. Professional Activities

Attendance at seminars, conferences or other professional meetings as well as papers given or published.

VII. Personnel

Additions or departures from the staff may be reported

VIII. Business Statistics

The following will serve to acquaint the trainee and the hospital pharmacist with the type of statistical data which can be accomplished and presented in annual report:

General Statistics

Opening inventory value
Closing inventory value
Rate of inventory turn over
Income
Expenditure
Ratio of income to expenses
Number of pharmacists employed
Number of Pharmacy Technicians employed
Average income generated/pharmacist
Number of hours of service/week
Gross revenue/hour of service

In-patient prescription data

Number of requisition dispensed

a. Total number of items ordered
b. Average number items/requisition
c. Total dollar value of items dispensed
d. Cost to hospital of (c)

Out-patient prescription data

Prescriptions dispensed

a. New prescriptions
b. Refill prescriptions
c. Total gross income
    i. Cash
    ii. Charge
    iii. Free
d. Average price/prescription

Manufacturing statistics

Number of products manufactured
Quantities in litres and grams

IX. Drug information centre

A brief report on the addition of new subscriptions to journals or the purchase of new book or computer drug information services which may be of benefit to other segments.

Drug surveillance and Utilisation Review

X. *Proposed New Programs*: programs need not be discussed in detail