

**REPORT OF THE WORKING GROUP ON THE  
ESTABLISHMENT OF  
NATIONAL TASK FORCE FOR  
QUALITY ASSURANCE IN PHARMACY EDUCATION  
(NTF QAPE)**

## 1. Introduction

The Pharmacy Council of India (PCI), realizing the need for quality assurance in pharmacy education, constituted a Working Group on National Task Force on Quality Assurance in Pharmacy Education (NTF QAPE) with the following constitution:

Convenor

Sh. P.P.Sharma

Members

Sh. M.Venkata Reddy

Dr. S.Y.Gabhe

Dr. G.Parthasarthy

Dr. T.K.Ravi

The terms of reference of the task force were as under:

- (i) to draft guidelines/objectives/mandate for National Task Force
- (ii) to identify the team to prepare documents
- (iii) to decide the time frame for the team

The first meeting of the Working group was held on 09.08.2009 at JSS College of Pharmacy, Mysore. In this meeting, it was decided that the NTF QAPE would be a standing task force. Structure of the task force was also discussed but it could not be finalized.

The 2<sup>nd</sup> meeting of the Working Group was held on 12.01.2010 at JSS College of Pharmacy, Mysore. Based on a concept paper prepared by the convenor and inputs given by other members, this report has been prepared.

## 2. Need for Quality Assurance in Pharmacy Education

Globally, pharmacy profession and education are undergoing unprecedented change as the role of the pharmacist as a provider of healthcare services is increasingly recognized, valued, and expanded. Many countries are, however, faced with critical shortages of pharmacy workforce and other healthcare professionals and workers. The World Health Organization has concluded that in many countries healthcare targets cannot be realized until capacity is built in the healthcare system. A primary focus in this regard is the development of an adequate and appropriate healthcare workforce, along with the academic and institutional infrastructure to deliver the required competency-based education and training. Many countries are introducing, expanding, or undertaking major reform of pharmacy education. Such developments must be accompanied by robust systems to assure the quality of the educational *structures, processes* and *outcomes*; the latter primarily being graduates who are competent and capable of performing safely and effectively in their practice setting and contributing to the delivery of healthcare.

Pharmacy education in India is being imparted in diverse settings and backgrounds viz., government and private pharmacy colleges including deemed universities and departments of pharmacy at state/ central universities; urban vs. rural settings; institutes with strong Industry collaboration vs. practise based

training; integrated postgraduate research institutions vs simple diploma institutions and so on. There is significant variation in the outcome of these institutions i.e. the quality of education and training provided to the students.

In countries such as USA, UK, Australia, and certain European countries the pharmacy profession is developed and hence the pharmacy education is practice oriented while in India the same is industry oriented. However, the Pharmacy Council of India has addressed this issue through the introduction of Pharm.D programme.

Thus there is need for quality assurance in pharmacy education so that the service providers like hospitals, industry, pharmaceutical educational institutions, etc., are assured of quality of the education provided by different types of educational institutions. Pharmacy institutions in India are encouraged to undergo accreditation process with either the National Board of Accreditation of All India Council of Technical Education, New Delhi or the National Accreditation and Assessment Council (NAAC). The former is an accreditation agency for technical institutions (engineering and technology) and the latter an accreditation agency for higher educational institutions (universities, arts and science colleges). As it may be observed that both these agencies do not address the role or policy on *good pharmacy education and practise*, that would incorporate *core principles and elements* considered essential for an effective approach to Pharmacy Profession.

The International Pharmaceutical Federation (FIP) has established the International Forum for Quality Assurance of Pharmacy Education which operates under the auspices of the Academic Section of the FIP. The FIP has also published a Global Framework for Quality Assurance of Pharmacy Education. The International Forum for Quality Assurance of Pharmacy Education recognises the need for global capacity and quality assurance.

The objectives of the Forum are:

- i. to promote excellence in education for the profession of pharmacy
- ii. to provide an international forum for information exchange, collaboration and cooperation in the area of **quality assurance of pharmacy education** for entry-to-practice degree programs, continuing education (CE) and continuing professional development (CPD)
- iii. to facilitate and promote communication between individuals, agencies, associations, and other bodies actively involved in, or interested in, quality assurance of pharmacy education, with a view to:
  - the establishment of systems of quality assurance in countries where no such formal systems exist;
  - the continuous quality improvement of existing systems of quality assurance.

Pharmacy practice, pharmacy education and quality assurance systems for education differ from country to country. While developments in practice and education are reducing this diversity, current differences - on a global scale - are still considered to be fairly significant. In many countries, quality assurance systems for pharmacy education are well-developed; in other countries, they are still emerging.

In India during the last few years there has been phenomenal growth in the number of institutions imparting pharmaceutical education. We may be producing pharmacy professionals in far excess of our needs. There are several countries overseas which are short of trained pharmacy professionals. However, the migration of trained pharmacy professionals can take place only when the quality of education and training is similar to the education and training in these countries. Hence the need for quality assurance in pharmacy education becomes all the more essential.

At present there are four distinct levels of pharmacy education, namely, diploma, degree, post graduate and doctorate. The pharmacy council of India has sent a proposal to the Govt. of India where amongst other amendments that have been proposed, is to make degree in pharmacy as the minimum qualification for registration of pharmacist to practise the profession of Pharmacy in India. Therefore, this report addresses the quality assurance issues and mechanisms for graduate and post-graduate education only.

### **3. National Task Force for Quality Assurance in Pharmacy Education (NTF QAPE)**

Realizing the need for quality assurance in pharmacy education, the PCI had proposed to establish the **National Task Force for Quality Assurance in Pharmacy Education**.

The purpose of the Taskforce is to oversee the implementation of the Pharmacy Council of India's initiative for quality assurance in Pharmacy education. The initiative aims to enable the sustainability of a pharmacy workforce that is relevant to local needs. The initiative is dedicated to three domains of action: quality assurance, academic and institutional capacity, and competency and vision for pharmacy education and profession.

*Pharmacy education refers to the educational design and capacity to develop the workforce for a diversity of settings (e.g. Pharmaceutical industry, research and development, regulatory, academia, community and hospital) across varying levels of service provision and competence (e.g. pharmacy practitioners, pharmaceutical scientists, pharmacy educators) and scope of education (e.g. undergraduate, postgraduate, continuing professional development, practitioner development, life-long learning).*

The proposed task force would be standing task force and would be responsible for external audit of pharmacy educational institutions. The evaluation of audit could be in the form of accreditation or non-accreditation of educational institutions or in the form of grades. This task force could have members from the PCI as well as external members. The criteria of nomination or co-option would be on the basis of their expertise. The tenure of the members on the task force could be 3 or 5 years and these members would be primarily registered Pharmacists and actively involved in pharmacy education/profession and shall not be the inspector of PCI during the said tenure.

Members of the Task Force may be drawn from the following fields of profession:

- a. pharmacy education;
- b. pharmaceutical industry
- c. pharmacy practice
- d. regulatory

Besides these, the Central Government and the PCI members would have appropriate representation in the said Task force.

To give legal status, the concept of National Task Force should be included under the education regulations. The National task Force could appoint assessors to carry out external audit of pharmacy educational institutions. A panel of assessors can be drawn from the experts available in the country.

#### **4. Objectives of the National Task Force for Quality Assurance in Pharmaceutical Education:**

Objectives of the National task Force may include the following:

- a. to promote excellence in education for the profession of pharmacy
  - Define pharmacy service competencies across all settings and levels of the health system.
  - Set educational objectives aligned with competencies and develop a framework that considers the entire pharmacy education continuum from undergraduate education through to continuing professional development at the post-graduate level
  - Develop a national framework for quality assurance and the development of accreditation systems (e.g. development of standards for educational institutions and programs) in pharmacy education.
  - Gather and analyse data on academic/faculty workforce, and review and develop capacity development strategies that meet local, regional national or global needs.
  - Guide stakeholders towards an accepted holistic vision for the entire continuum of pharmacy education at global, national, regional and local levels.
  - Provide advocacy and technical guidance to state level stakeholders and educational institutions.
  - Establish a national platform for ongoing dialogue, sharing of evidence, practices, lessons learned, resources and tools for pharmacy education and workforce planning.
- b. to provide a national forum for exchange of information, collaboration and co-operation in the area of quality assurance with other organizations involved in the quality assurance of education in the country or abroad;

- c. to accredit and/or grade pharmacy educational institutions;
- d. to provide guidelines for continuing education (CE) and continuing professional development (CPD).

## **5. Elements of Quality System**

In general, the elements of quality system are starting materials, production facilities, operations, in-process controls, examination test and analysis, release of product. In case of pharmacy educational institutions these would be:

- a. infrastructure (e.g. buildings, play grounds, medicinal plant garden)
- b. organizational structure and staff;
- c. equipments and teaching aids
- d. curriculum;
- e. examination systems
- f. assessment of outcomes based on the competencies defined
- g. post education feedback

### ***4.1 Infrastructure***

The PCI has already taken up the work of framing regulations for B.Pharm. and M.Pharm. programs. Education regulations are already available for Pharm D. Program. These regulations will lay down the norms for buildings and other facilities and these could be considered for the purpose of auditing by assessors appointed by the National task Force.

### ***4.2 Organizational structure and staff***

There could be different organizational structures depending on the nature of institution running the pharmacy program. It is important to define the responsibilities of persons in the organization. Education regulations prescribe the staff requirement for different courses (both teaching and non-teaching) which could be considered for the purpose of audit by the assessors appointed by the task force. Student feedback/evaluation of teachers would be one of the assessment tools for the learning and teaching methodologies adopted by staff.

### ***4.3 Equipment and Teaching Aids***

Equipment as defined under the education regulations and other teaching aids like books, computers etc. also defined under the education regulations could be considered for external audit.

### ***4.4 Curriculum***

Curriculum should be based on the current needs of pharmaceutical industry, research, pharmacy practice, regulatory and academia.

### ***4.5 Examination***

Examination system for the various programmes shall reflect rigorous mechanisms adopted through internal and external assessment/ examination of students.

### ***4.6 Post Education Feedback***

Post education feedback from the organizations where the pharmacy professionals' work should be obtained for continual improvement in the quality of education through revision of curriculum periodically.

#### **6. Other Requirements**

Other requirements may include:

- (i) Written quality policy or mission of pharmacy educational institution
- (ii) Internal quality audit or self- inspection to find out weaknesses and to take corrective measures
- (iii) Faculty Committees
- (iv) Student services

All these requirements may be assessed by the assessors of the National Task Force to accredit or grade the pharmacy educational institutions for a specified period.

#### **Action Plan Recommended:**

1. PCI should frame regulations for the establishment of National Taskforce for Quality Assurance in Pharmacy Education (NTF QAPE) under section 18(h) read with section 10 of Pharmacy act 1948.
2. The taskforce shall then be given the mandate to frame the tools (norms) for quality assurance for pharmacy education in the country (undergraduate, postgraduate, continuing professional development, practitioner development, life-long learning).
3. The taskforce shall then try and participate in an appropriate global platform and have ongoing dialogue on sharing of evidence, practices, lessons learned, resources and tools for pharmacy education and workforce planning and mutual recognition of pharmacy qualifications.
4. The same working group with one more addition of persons may be requested to suggest structure of NTF QPA and standards to assess outcomes and may be given six months time to complete the job.