



Pharmacy Council

Pharmacy Council Accreditation Policy

for

Pharmacy Programme(s)

in Ghana

2013

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GLOSSARY

The following definitions describe the way the term is used in this document. The Glossary is not intended to provide or imply a globally adopted definition of the term.

Academic Staff: The members of staff who have an academic title and who are involved in teaching, research, scholarly activity, and service for the school. This includes staff personnel who hold an academic rank with titles such as professor, associate professor, assistant professor, instructor, lecturer, or the equivalent of any of these academic ranks. (Source: adapted from ACPE.)

Action and Recommendations Report (A&R): A report sent to a school of pharmacy detailing the final certification actions taken by the PC Board, the compliance status of each quality criterion, any recommendations and requirements for monitoring and reporting including applicable terms and timelines.

Administrative Warning: A classification assigned to the Professional Degree Program by PC Staff when a school does not comply with administrative requirements for maintaining its accreditation status.

Adverse Accreditation Action: The awarding of the status of Accreditation with Probation, denial of accreditation or withdrawal of a programme's accreditation by PC.

Affirm/Affirmed: An action by the Board to "affirm" implies that a previously established accreditation term has been confirmed.

Applicant for Accreditation: Refers to a school of pharmacy or institution that meets the eligibility criteria, has submitted the required application and documents to PC, and has paid the application fees.

Board: The Pharmacy Council Governing Board.

PC: Refers to the Pharmacy Council

EC: Refers to the Education Committee of the Pharmacy Council

Accreditation Status: The type of public recognition granted or continued by PC; the possible types are:

- Full Accreditation
- Provisional Accreditation
- Accreditation with Probation

Accreditation Term: The number of years of an accreditation status awarded to a Professional Degree Program by PC.

Accreditation with Probation: The Certification Status granted to a Professional Degree Programme that has been identified by PC as being partially or non-compliant with one or more of the quality criteria and that has not made adequate progress towards bringing the criterion/criteria into compliance. A status of Accreditation with Probation is disclosed to the public and listed as such in the Directory.

Chief Executive Officer: The person with the most important position in the institution; examples of specific titles include: Rector and Vice-Chancellor.

Comprehensive On-Site Evaluation: An on-site visit conducted by a team of evaluators to assess the compliance of the program with all quality criteria for the purpose of either (a) an application for accreditation or (b) continuing accreditation after the expiration of the standard review cycle as defined by PC.

Continue/Continued: An action by the Board to “continue” implies that the accreditation term has been extended.

Dean: The person identified as the leader of the school of pharmacy and Professional Degree Program.

Directory: The Directory (detailed listing) of Professional Degree Programs with Accreditation Status on the PC website www.pharmacycouncilghana.org.

Eligibility Criteria: The conditions and pre-requisites, as set by PC from time to time, that must be met by a Professional Degree Program, school and university (if applicable) in order for an application for accreditation to be submitted to PC for consideration.

Enrolment: The number of students enrolled (admitted and currently studying) in the Professional Degree Program of the school of pharmacy.

Evaluation Team Report (ETR): The written report generated by the on-site evaluation team that assesses compliance of the Professional Degree Program with each of the quality criteria as observed during the on-site evaluation. The ETR does not represent a final accreditation action but is an evaluative step in the review process.

Professional Degree Programmes (in pharmacy): A post-secondary academic degree programme offered at an institution of higher education and designed to prepare graduates to practice as pharmacists. It refers to Doctor of Pharmacy (Pharm. D.) and Bachelor of Pharmacy (B. Pharm) programmes.

INTRODUCTION

The Pharmacy Council (PC) is a statutory regulatory body established by Health Professions Regulatory Bodies Act 2013, Act 857. The object of the Council is to secure in the public interest the highest standards in the practice of pharmacy by performing the following functions among others to ensure that competent pharmacy practitioners are trained on approved pharmacy degree programme(s) by accredited training institutions. Section 80 of the Act states that the Council shall

- a. ensure that the education and training of pharmacists and any other pharmaceutical support staff are carried out at approved educational institutions for efficient pharmacy practice,
- g. Provide guidelines for education, training, registration, licensing and the practice of all pharmaceutical support staff
- i. Ensure accreditation for pharmacy programmes in collaboration with appropriate State agencies

Underlying Philosophy

Pharmacy is a dynamic profession. Day in and out there is the introduction of new pharmaceutical products, accumulation of clinical experience with existing pharmaceuticals, discovery of new knowledge regarding disease processes and therapy. Its practitioners therefore must possess knowledge, skills and integrity and this must be reflected in all aspects of their work and formal dealings with others. This high sense of responsible character and attitude should be inculcated in the students by schools of pharmacy. The desirability of displaying these qualities in their dealings with their peers, members of academic staff, patients or healthcare professionals with whom they come into contact with should be impressed upon pharmacy students at all times during their training.

SCOPE OF ACCREDITATION

The Pharmacy Council, through its mandate requires that the Council gives authorization to any institution that intends to embark on pharmacy education in Ghana.

The evaluation and accreditation of Professional Degree Programmes in pharmacy (hereinafter “programmes”) is in accordance with local and International quality criteria for the accreditation of Professional Degree Programmes in Pharmacy (hereinafter “Quality Criteria”). Information concerning specific programmes may be obtained by corresponding directly with the programmes listed in the Pharmacy Council Directory of Professional Degree Programmes.

PURPOSE OF ACCREDITATION

The essential purpose of the accreditation process is to provide a professional judgment of the quality of the Professional Degree Programme(s) of a school of pharmacy and to encourage and facilitate continued improvement thereof.

THE ROLE OF THE PHARMACY COUNCIL

1. To formulate the educational, scientific and professional principles and quality criteria for professional degree programmes in pharmacy which a pharmacy training institution is expected to meet and maintain for accreditation of its programme(s), and to review these principles and quality criteria when deemed necessary or advisable.
2. To formulate policies and procedures for the accreditation process.
3. To evaluate the Professional Degree Programme(s) of any school of pharmacy in Ghana.

4. To provide a list (“Directory”) of Professional Degree Programmes of schools of pharmacy with Accreditation Status for the use of interested agencies and the public, and to keep such directory current.
5. To provide assurances to stakeholders that the Professional Degree Programmes continue to comply with quality criteria.

BENEFITS OF ACCREDITATION

Accreditation of professional degree programmes in pharmacy provides a basis for quality assurance. In so doing, programme accreditation serves multiple stakeholders:

General Public

The protection of public health, accreditation assures conformity to general expectations of the pharmacy profession that have been developed and validated through a broad-based, transnational consensus process, and facilitates the identification of schools of pharmacy that have explicitly undertaken activities directed at improving the quality of their professional degree programmes, and are carrying them out successfully. Accreditation also supports improvement of the professional services available to the general public in that schools of pharmacy and universities offering degree programmes are expected to be socially accountable by modifying and updating their requirements to reflect contemporary national and societal needs, as well as advances in knowledge, technology, and practice.

Students and Prospective Students

Accreditation provides an assurance that a programme has been found to provide satisfactory educational preparation for practice.

Institutions of Higher Education

Accreditation provides a framework for self-assessment and improvement as well as the opportunity for external review and counsel, and the exchanging of experience with other institutions. Accreditation also provide a basis for evaluation and decision-making by private and public agencies, including universities evaluating the academic qualifications of candidates applying for graduate programmes.

GOVERNANCE

The Pharmacy Council has established a committee designated the Education Committee (EC), to support the achievement of the Council's mission to assure and advance the quality of pharmacy education in Ghana.

The functions of the EC include:

1. Make recommendations to the Board (the "Pharmacy Council Board") regarding quality criteria, policies and procedures, and other matters related to pharmacy education in Ghana
2. Assist in strategic planning from a global perspective.
3. Identify potential activities and collaborative opportunities.
4. Advise the Board on entering into memorandums of understanding and other collaborations, and the terms thereof.
5. Reviewing applications for accreditation of professional degree programmes and make recommendations to the Board.
6. Soliciting and receive input and advice from stakeholders to obtain broad global perspectives and wisdom to assure the quality, validity and improvement of pharmacy education activities and services of the Board.
7. Advise the Board on matters related to complaints received by the Council.

The EC meets approximately every quarter prior to each meeting of the Board. Additional meetings of the EC may be convened periodically when authorized by the Board.

Prior to evaluation and action by the Board, the EC shall review applications for accreditation and any other accreditation-related matter as determined by the Board. Recommendations of the EC will be reviewed at the Board's regular meetings or such other meetings as the Board shall determine.

The membership, terms of office, meetings, expenses, and responsibilities of members of the EC are determined by the Pharmacy Council Terms of Reference (TOR) for its committees, which may be revised from time to time by the Board.

In order to effectively and efficiently achieve the above-listed functions, the EC may recommend to the Board the establishment of structures and mechanisms that facilitate input and advice from stakeholders as deemed necessary and appropriate.

QUALITY CRITERIA

The Pharmacy Council education policy Quality Criteria (QC) reflect professional and educational qualities identified by the Council through consensus and feedback as essential to programmes leading to a professional degree programme in pharmacy. Based upon the several evaluative steps in the accreditation process, the Board determines the eligibility of the programme to be certified, compliance with the quality criteria, and the likelihood of continued compliance. Specific examples of documentation, data, and descriptive text have been identified for each criterion to illustrate ways for a training institution to provide evidence of the programme's compliance with the criterion.

Review of Quality Criteria

Quality Criteria are revised periodically in keeping with changes in pharmacy education and pharmacy practice globally.

The Pharmacy Council maintains a systematic programme of review that assures that its QC are appropriate to the educational preparedness of the students and graduates and are adequate to evaluate the quality of professional education provided by the programme. The systematic programme of review and revision is comprehensive and involves the local and international community of interest, allows for input by relevant stakeholders, and includes examination of each criterion and evidence of compliance, as well as the QC as a whole. The review and revision process for the examples of evidence of compliance (such as documentation and data) may be separate from that of the QC themselves. The Quality Criteria will be reviewed approximately every six to eight years, or more frequently if required based on specific need, while the requirements for documentation, data, and descriptive text to provide evidence of compliance can be refined and improved as needed based on experience and feedback from stakeholders.

If at any point, it is determined by the Council that a change needs to be made to a Criterion/Criteria, action for change is initiated within 12 months. Completion of the revision process will occur within a reasonable period of time and as soon as feasible, based upon the magnitude of the change necessitated.

Action for establishing or revising criteria requires that advance public notice of the revisions proposed by the Council be provided to relevant stakeholders. A draft of the proposed revisions is posted on the Pharmacy Council web site (www.pcghana.org) and is made available to the general public and to relevant stakeholders with an invitation to comment. Relevant stakeholders include: National Council for Tertiary Education (NCTE), National Accreditation Board (NAB), deans (or equivalent), institutional administrative and executive officers, academic staff, and students of certified programmes; educational and professional organizations and other bodies interested in or affected by the accreditation process. Each comment on the proposed revisions received within the published timeframe for the comment period is taken into account.

Subsequently, proposed revisions are reviewed by the members of the EC, and the recommendations made submitted for the consideration of the Board. The revised QC become effective on a date designated by the Board based upon the magnitude of the change.

ELIGIBILITY FOR ACCREDITATION

In order for an accreditation to be granted, the Professional Degree Programme must be part of an independent school of pharmacy or a school of pharmacy within a university.

The school or university must be a post-secondary educational institution that is regularly incorporated, legally empowered, and authorized to award such a degree in accordance with national laws and regulations. The institutional environment or setting for the Professional Degree Programme must be equivalent to a university and include a mission that encompasses professional education, scholarship, research, and service.

Before the accreditation action is taken, the school of pharmacy must have obtained an institutional accreditation from the National Accreditation Board (NAB) for which programme accreditation is being applied. Evaluation for purposes of applying for accreditation requires an invitation by the Chief Executive Officer or designate of the institution and completion of the specific pharmacy programme accreditation forms.

The Pharmacy Council requires that the school is accredited or actively pursuing such accreditation with the NAB. However, the absence of such accreditation will not necessarily preclude the submission of an application for programme accreditation. Accreditation by another accrediting or certifying body may impact the application for programme accreditation but it does not guarantee the granting of accreditation by the Pharmacy Council.

If a school or institution is actively pursuing NAB accreditation at the time of application and the programme is subsequently accredited by the Council, unless the institution can provide evidence that the reasons for the failure were not within the control of the institution, failure to achieve such accreditation within three (3) years of being granted programme

accreditation will constitute grounds for additional monitoring by the Council and may result in an action including, but not limited to one of the following:

- a) the programme being placed on Administrative Warning
- b) the programme being given the status of Accreditation with Probation
- c) the Accreditation Status of the programme being withdrawn.

The Pharmacy Council reserves the right to refuse to accept an application for accreditation of a Professional Degree Programme that otherwise meets the Eligibility Criteria under circumstances which include but are not limited to the following:

- I. Pharmacy Council determines that it is unable to undertake a comprehensive and accurate evaluation of the Professional Degree Programme in accordance with these policies and procedures and ongoing compliance of the programme with the Quality Criteria and Policies and Procedures
- II. Pharmacy Council representatives are prevented from undertaking visits to the applicant's institution thereof in terms of the Council's accreditation visit policies

The Board may, from time to time, apply additional criteria for the acceptance of applications for accreditation. Such criteria will be posted on the Pharmacy Council website.

Pharmacy Council will disclose to the applicant the reasons for its refusal to accept an application for accreditation. Under such circumstances, any application fees paid to the Council shall not be refundable.

TYPES OF ACCREDITATION

Full Accreditation

A programme is granted accreditation if it has demonstrated to the satisfaction of the Board that the programme complies with the eligibility criteria and quality criteria, and there is reasonable assurance of continued compliance. Accredited programmes have the ongoing obligation to continually demonstrate compliance with the quality criteria.

Provisional Accreditation

A programme is granted Provisional Accreditation if it has been demonstrated to the satisfaction of the Board that the programme complies with the eligibility criteria, and the school has demonstrated its preparedness to comply with all quality criteria and has initiated appropriate plans to address factors that compromise compliance. Provisional accreditation may only be granted following a programme's initial application for accreditation. The standard term for provisional accreditation is two years, during which term the Board will monitor progress toward full compliance with quality criteria. If the programme is not granted accreditation within the two-year term, provisional accreditation may be withdrawn at the end of the two-year term.

Accreditation with Probation

A programme that has been determined by the Board to be partially or non-compliant with a quality criterion/criteria and has failed to bring the criterion/criteria into compliance may be given the status of Accreditation with Probation at any time during the period of the programme's partial or non-compliance. Graduates of a programme with a status of Accreditation with Probation will be deemed to have graduated from an accredited programme. Giving the status of Accreditation with Probation is an Adverse Accreditation Action and is appealable.

Administrative Warning

Administrative Warning is a classification assigned by Staff to the Professional Degree Programme when a school does not comply with administrative requirements for maintaining its Accreditation Status. These requirements include, but are not limited to:

- (1) failure to pay any invoiced fees or expenses within the time limitation indicated on the invoice;
- (2) failure to submit interim reporting or annual monitoring requirements by the established deadline;
- (3) failure to submit the self-study report by the established deadline;
- (4) failure to schedule an on-site evaluation at or near the time established by the Council;
- (5) failure to submit timely notification of a substantive change;
- (6) inappropriate use of Pharmacy Council programme accreditation logo.

If Staff determine that a school has failed to meet its administrative obligations as listed above, the school will be notified in writing of each delinquency and given thirty (30) days to fulfil all outstanding requirements, after which continued failure to comply will result in the imposition of administrative warning.

Administrative warning will be removed once all administrative requirements have been met. Failure to remedy any such delinquency within the designated time period will result in a review for Board action at the next regularly scheduled Board meeting and may result in the programme being placed on Probation or subjected to an Adverse Accreditation Action.

Administrative Warning is a classification not subject to reconsideration or appeal. During a period of Administrative Warning, a programme continues to be recognized according to its most recent Accreditation Status and is maintained in the Directory. In addition, the programme will be listed as being on Administrative Warning in all published documents that specify Accreditation Status.

Reference to Accreditation Status

The Accreditation Status of a programme and other information as specified below may be disclosed by the school in its promotional and descriptive materials, such as its web site, catalogue or bulletin. Additionally, the accreditation status of a programme may be included on the diploma or certificate awarded to a graduate. All references must accurately reflect the designation indicated in the current directory. References to accreditation status are regularly monitored by the Council to ensure accuracy; any inaccurate or misleading statements concerning the accreditation status of a programme must be corrected immediately upon notice from the Council. Any time a programme's accreditation status changes, the change shall be reflected within 30 days on the Pharmacy Council web site.

Directory of Professional Degree Programmes

The PC will publish the Directory of Professional Degree Programs with accreditation status ("Directory") on its web site. In addition, the quality criterion/criteria found to be partially or non-compliant are presented for any program with the status of accredited with probation. The Directory presents the name, address (mail and web site), telephone, and fax numbers of the Dean of the school (or equivalent) offering the professional programme.

Report of the Proceedings

Within thirty (30) days following each meeting of the Board, PC may publish on its web site (www.pharmacycouncilghana.org) the Report of the Proceedings ("Report"), which will provide information regarding accreditation actions taken by the Board, as well as a list of programmes with upcoming scheduled comprehensive on-site evaluations. The Report will also be provided to relevant stakeholders.

PROCEDURE FOR ACCREDITATION APPLICATION

A flowchart depicting the process for application, granting, denial, appeal, and re-application for accreditation is provided.

Letter of Intent

Prior to the formal submission of an application for accreditation, a school or institution must submit a Letter of Intent (LOI) in the format required by the PC. The letter of intent initiates the process of applying for accreditation. While the LOI is a formal indication of the school or institution's intent to apply for accreditation, it is not a binding contract; i.e., the school or institution is not obligated to submit an application for accreditation in the future. The LOI must be signed by representatives of the school and institution who are duly authorized to sign such documents.

Documentation specified by PC must be submitted with the LOI, primarily to provide evidence that the school, institution, and degree program meet the Eligibility Criteria. In addition, the LOI should provide the school or institution's best estimate of the likely/requested dates for: the required pre-application consultation with PC; initiation and completion of the school's self-study; submission of an Invitation to Evaluate; and the on-site evaluation visit. The dates for these events will subsequently be established by mutual agreement between the school or institution and PC.

PC staff will review the documentation provided by the school or institution and advise whether or not the school or institution may apply to PC for accreditation. During the on-site evaluation visit, members of the on-site evaluation team will further evaluate the documentation to confirm that the school, institution and program meet the eligibility criteria.

Pre-Application Consultation

Prior to the formal submission of an application, a school or institution that is interested in applying for accreditation must consult with staff to ensure that it has full knowledge and understanding of:

- a. the policies, procedures, and fees for accreditation
- b. the expectations of the quality criteria
- c. the requirements for and format of the self-study report that must be submitted with the application for accreditation
- d. the short and long-term responsibilities of the school and programme for achieving and maintaining accreditation, including the financial commitments
- e. the purpose and benefits of Pharmacy Council accreditation programme
- f. the implications for graduates of an accredited programme

Such consultation must occur sufficiently in advance of the submission of the application for accreditation to ensure that the school or institution have adequate time to comply with all the requirements of the application, primarily the conduct of a comprehensive programmatic self-study based on the quality criteria.

Application for Accreditation

To formally apply for accreditation, a school must submit an application, a self-study report of the programme, the required application fee, and any additional materials specified, in the required format. Written instructions regarding required documents, format, length, content, and timeline shall be made available by PC.

An invitation to evaluate a pharmacy programme for purposes of granting accreditation is required from the Chief Executive Officer of the applying institution or his/her representative. The invitation to evaluate must be in the format established, from time to time by PC, and include any statements and disclosures required by PC. It is the school's and/or institution's responsibility to advise all necessary agencies or authorities about their application for accreditation, and to obtain any applicable permission.

At any time after submission of an application for accreditation, the school or institution may voluntarily withdraw their application or request the Board to postpone taking action on the application. If the school or institution subsequently re-submits the application (in its original or an amended form) or requests the Board to take action on the application (in its original or an amended form), the provisions of this policy as applicable with respect to the payment of a re-submission fee shall apply.

After receipt of the application, self-study report, other required materials and supporting documentation and payment of the fee, the application documents will undergo a preliminary review, as follows:

1. The first stage of the preliminary review will be undertaken by a member of the EC or a consultant appointed for the purpose. The review will evaluate the completeness of the required documentation and data and the adequacy of responses to the focused questions provided in PC's self-assessment Instrument. If the self-study report and/or supporting documentation are deemed to be inadequate to allow evaluation by the EC and the Board, the PC will provide details of the deficiencies and request the school to resubmit the report and/or documentation within a specified period of time. An application for accreditation will not progress to the second stage of preliminary review until it is determined that the report and/or supporting documentation are complete and adequate.
2. The second stage of the preliminary review will be undertaken by the EC of the Council

The EC will review the application, self-study report and supporting documents to evaluate the school and program's readiness for an on-site evaluation visit.

If the EC recommends an on-site evaluation, its findings, conclusions and recommendations will be presented to the Board at a regular or special meeting. If the preliminary review of the application, self-study report, and other materials submitted suggests that the programme is ready for an on-site evaluation visit, i.e., has a reasonable likelihood of being granted Accreditation, the EC will recommend to the Board that an on-site evaluation be authorized by the Board, requesting a prompt response thereto.

If the Board authorizes an on-site evaluation, it will be scheduled in accord with standard evaluation and operational procedures. Prior to the on-site evaluation, PC will provide to the school or institution applying for accreditation a copy of the preliminary review report, with any modifications made by the EC and/or Board and any requests for additional information. PC will post on its website details of forthcoming on-site evaluation visits for the purpose of an application for accreditation and in the report of proceedings following the regularly scheduled meetings of the Board.

If the review of the application, self-study report, and other materials by the EC or Board, finds that they do not provide sufficient evidence that suggests that the programme is ready for an on-site evaluation visit, i.e., the program does not have a reasonable likelihood of being granted accreditation, an on-site evaluation will not be authorized by the Board and the school will be advised to defer its application and to resubmit an appropriately revised application. Specific details of deficiencies that need to be addressed in the programme and the relevant quality criterion/criteria will be provided to the applicant. The PC may provide comments and recommendations regarding how deficiencies could be remedied.

Following a recommendation to defer, revise and re-submit, a revised application submitted within twelve (12) months of the date of receipt by PC of the original application shall not incur an application re-submission fee. Following a recommendation to defer, revise and re-submit, a revised application submitted later than twelve (12) months after the date of receipt by PC of the original application shall incur an application re-submission fee in accordance with the approved schedule of fees.

If the EC recommends that an accreditation status be granted, the application will be forwarded to the Board with suggested actions and recommendations, including a compliance status for each quality criterion and monitoring where applicable.

The Board may grant accreditation, grant provisional accreditation, advise the school or institution to defer its application and to resubmit an appropriately revised application, deny accreditation, or take such action as it may deem to be appropriate.

In the event of a recommended deferral, the school or institution applying for accreditation will be provided with a list of issues that must be addressed before an application for accreditation can be reconsidered. In the event of a denial, the school or institution applying for accreditation will be provided with a detailed explanation of the reasons, citing the applicable quality criterion/criteria.

Re-Submission of Application for Accreditation

Following an on-site evaluation, a recommendation from either the EC or Board to defer and re-submit an application is not an Adverse Accreditation Action and is not appealable. Following a recommendation to defer, revise and re-submit, a revised application submitted within twelve (12) months of the date of receipt by PC of the original application shall not incur an application re-submission fee. Following a recommendation to defer, revise and re-submit, a revised application submitted later than twelve (12) months after the date of receipt by PC of the original application shall incur an application re-submission fee in accordance with the fee schedule.

A revised application for accreditation shall first be reviewed by a member of the EC or a consultant appointed for the purpose to ensure that all required issues have been addressed. Incomplete re-submissions will be returned to the school or institution with an appropriate explanation. Complete re-submissions will be sent to the EC for its consideration and recommended action.

If the EC does not recommend the granting of an accreditation status, the school or institution will be invited to submit a new application and self-study report. If the EC recommends the granting of an accreditation status, the re-submitted application will be forwarded to the Board for its consideration and action. If the Board does not grant accreditation or provisional accreditation, the school or institution may be invited to submit a new application and self-study report.

Denial of Accreditation

Denial of accreditation by the Board is an Adverse Accreditation Action and is subject to appeal.

Programmes denied accreditation may re-apply for accreditation after a minimum period of twelve (12) months from the date of the accreditation action by the Board. Re-application shall include at a minimum an updated application and self-study report, preliminary paper-based review of the application, a comprehensive on-site evaluation (if authorized), and the payment of all applicable fees.

GRANTING OF ACCREDITATION

Programmes granted accreditation will have an initial term of two (2) years. Prior to the expiration of the two-year term, PC will communicate with the school to schedule a focused on-site visit for the purpose of evaluating compliance with all quality criteria. No less than six (6) weeks prior to the on-site visit, the school must submit a written report to PC, in the required format, that summarizes progress and achievements made by the school and programme and provides evidence of continued compliance with all quality criteria. The school or institution shall pay PC the applicable fee and cover all expenses related to the evaluation in accordance with these policies and procedures.

In addition to the report to be submitted ahead of the focused on-site visit, the school must submit an interim written report that provides details of progress and other changes since the granting of accreditation. The report must be in the required format and must be submitted on or before the due date specified by PC. Based on the school's interim report, the Board may request additional monitoring of the programme.

Based on the Evaluation Team Report (ETR) following the focused on-site visit, any additional data or documentation provided by the school, and the recommendations of the EC, the Board shall take an accreditation action in accordance with the policy.

Following the initial two-year term, the standard term for a programme that is in compliance with the quality criteria, is four (4) years, to bring the program onto the standard review cycle of six (6) years.

The Board may grant an exemption from the two-year post-accreditation focused on-site visit if an on-site evaluation was carried out during a period of provisional accreditation. Under these circumstances, the school will only be required to submit a written report, as described above.

Provisional Accreditation

Programmes granted Provisional Accreditation will have a term of two (2) years. Prior to the expiration of the two-year term, PC will communicate with the school to schedule a focused on-site visit for the purpose of evaluating compliance with all quality criteria. No less than six (6) weeks prior to the on-site visit, the school must submit a written report to PC, in the required format, that summarizes progress and achievements made by the school and programme and provides evidence of compliance with all quality criteria. The school or institution shall pay the applicable fee and cover all expenses related to the evaluation in accordance with these policies and procedures. Based on the ETR following the focused on-site visit, any additional data or documentation provided by the school, and the recommendations of the EC, the Board shall take an accreditation action.

In addition to the report to be submitted ahead of the focused on-site visit, the school must submit a written report that provides details of progress and other changes since the granting of Provisional Accreditation. The report must be in the required format and must be submitted on or before the due date specified by PC. Based on the school's report, the Board may request additional monitoring of the programme.

At any regularly scheduled meeting of the Board within the two-year term, the Board may re-evaluate the program to consider the granting of accreditation. The Board may grant Accreditation to the programme provided the issues identified in the Actions and

Recommendations Report (AAR) have been addressed to the satisfaction of the Board. If the issues identified in the AAR have not been addressed to the satisfaction of the Board, the Board will withdraw Provisional Accreditation - which constitutes an Adverse Accreditation Action at the end of the two-year term.

A school with a provisionally accredited programme may submit to PC a petition to be granted an extension of the two-year term, The Board may grant an extension of the term if the school can demonstrate good cause as to why such an extension may be warranted. Examples of potential circumstances that may warrant an extension of the term include natural or man-made disasters, such as flood, fire and war, as well as major programmatic factors affecting a school's ability to achieve accreditation, such as a sudden change in leadership or major national change in direction for education or the profession of pharmacy.

The school's petition must be submitted to PC no later than seventy-five (75) days before the expiration of the term. The petition must include a detailed description and timeline of the school's plan to address the area(s) of partial and/or non-compliance and evidence of adequate support from the school and/or institution to ensure effective and timely implementation of the plan. Monitoring in accordance with the Board's direction will be conducted to ensure that the plan is being effectively implemented.

Continued Accreditation

The procedures for evaluation for purposes of continuing accreditation are determined by the Board. PC will inform the Chief Executive Officer of the institution and the Dean of the school of the approach of a period during which a comprehensive re-evaluation would normally be conducted, as determined during the previous evaluation of the programme, presented in the last Action and Recommendation Report, and published on the PC web site. The standard review cycle between comprehensive on-site evaluations is six (6) years. The exact dates of the on-site evaluation are established in consultation with the

Dean. Instructions concerning the details of the evaluation, the materials required (e.g., invitation to evaluate, self-study report), the evaluative procedures employed, and the fees will be made available by PC.

PC may review programmes for purposes of continued accreditation at any time within the six (6) year cycle. Shorter review cycles are designed to monitor progress on specified issues. Such reviews may be based upon a written report of progress (interim report) from the school, an on-site evaluation (focused visit), or another method of review as deemed appropriate. A focused on-site evaluation requires a written report to be submitted in accordance with standard evaluation and operational procedures. Modifications to the review cycle may be made by PC for administrative reasons, and PC will also consider requests from a school for an alteration in the review cycle; however, the review cycle will not extend beyond six (6) years without due cause.

Failure of a school to cooperate in any part of the accreditation review process after due notice of the scheduled review has been given may constitute grounds for an Adverse Accreditation Action by the Board.

Accreditation with Probation

In the event that the Board determines that a programme is in partial or non-compliance with a quality criterion/criteria and has not made adequate progress toward bringing the criterion/criteria into compliance, the program may be given the status of accreditation with Probation. The awarding of the status of accreditation with Probation is an Adverse Accreditation Action and it is appealable.

In the event that a program is given the status of accreditation with probation, or following an appeal the status is affirmed, such status and the quality criterion/criteria found to be partially or non-compliant will be published in the Directory on the PC web site. Any response of the school to the accreditation action should be presented in advance of the next meeting at which the programme is scheduled for consideration. The Chief Executive

Officer of the institution or a designate, and the Dean are invited to present comments at this Board meeting, either in person or via an appropriate form of telecommunication.

Failure by the school to address the deficiencies that resulted in the status of accreditation with probation within the timeframe designated by PC may result in an additional Adverse Accreditation Action.

CONFIDENTIALITY AND CONFLICT OF INTEREST

All information pertaining to the applicant/school and the program is accessible only to those authorized to have access and is protected throughout the accreditation process.

PC maintains internal policies and procedures to avoid conflicts or appearances of conflict of interest which are applicable to and enforced in respect to all aspects of the accreditation programme.

To avoid any perception of conflict of interest, it is standard policy that neither PC, its staff, nor any other representative acting on behalf of PC, may accept from an individual, school, institution, or organization any gift, payment, payment-in-kind, or any other consideration of material value, other than the agreed fees for accreditation, evaluation, training, or consultation.

SELF-STUDY

For the purposes of applying for accreditation, submission of a self-study report and other administrative details are required. The self-study process should be in-depth and broad-based, involving a representative portion of the school's administrative leaders, academic staff, professional, technical and administrative staff, students, graduates of the programme, practitioners, governing body, and other appropriate stakeholders.

The self-study report should include:

- a. required documentation and data as specified by PC
- b. a qualitative and quantitative assessment of the strengths and limitations of the programme
- c. qualitative and quantitative information on both academic staff and student achievements, and
- d. evidence of outcomes that demonstrate the school's successes in achieving its mission and goals, including success in student learning.

The self-study report should:

- a. provide a description and analysis of the Professional Degree Programme
- b. present findings and conclusions
- c. provide the school's self-assessment of compliance with the quality criteria
- d. appraise strengths and weaknesses, and where deficiencies exist:
 - i. outline plans for improvement, with appropriate implementation strategies, resource implications, and timelines, and
 - ii. describe progress with implementation of the plan and provide evidence of success towards achieving full compliance of the program with the quality criterion/criteria.

As an integral component of its accreditation review, PC conducts its own analyses and evaluations of the self-study process, self-study report, and other data and documentation provided. The self-study report should serve as a point of reference for the institution's future strategic planning.

To ensure adequate evaluation of educational quality and to effectively present efforts to improve quality, PC requires schools to submit a printed or electronic self-study report directly to PC using the Self-Assessment Instrument (SAI) for Accreditation of Professional Degree Programs in Pharmacy as a template. The final determination of a programme's compliance with quality criteria is made by the Board.

ON-SITE EVALUATION

Prior to the on-site evaluation, the self-study report and other pertinent materials are distributed by staff to members of the evaluation team for their independent analysis. Evaluation teams shall generally include a minimum of two evaluators, qualified by experience and training, which may include members of the EC, Board and staff. In order to be trained as an evaluator, an individual must have held an academic appointment in a school of pharmacy or have been employed as a pharmacy practitioner for a minimum of five years.

The Dean of the school to be visited is given the opportunity to review the proposed team for potential or real conflicts of interest. With the agreement of the institution and PC, other individuals may be invited to observe the on-site evaluation to facilitate a better understanding of and engender confidence in the accreditation process. The size of the evaluation team, the specific dates of the on-site evaluation, and the number of days necessary for completion of the evaluation are established in consultation with the Dean.

During the on-site evaluation, the members of the evaluation will confirm that the school, institution, and programme meet the eligibility criteria. An inspection is made of physical facilities, the library and educational resources, and the facilities utilized for pharmacy practice experiences. Team members are provided with guidelines for the conduct of meetings and interviews and a criterion-by-criterion evaluation instrument to assist in their review. At the conclusion of the on-site evaluation, the evaluation team presents findings verbally to the Dean of the school and to the Chief Executive Officer of the institution or a designate. These findings serve as the framework for the written ETR, which is first provided to the members of the evaluation team for their review and comment, then to the Dean for correction of any factual errors, and subsequently (in final version) to the institution, EC and Board for action.

The school is expected to demonstrate that it systematically obtains outcome information, and that it applies this information to foster programmatic improvements and to enhance student learning and achievement of the required competencies. Other activities of the

school may markedly influence the instruction given in professional programs. Accordingly, the evaluation for purposes of accreditation will include a review of other activities that may be sponsored by the school, such as non-practice undergraduate degree programmes in pharmacy-related disciplines, graduate offerings including master and doctor of philosophy degree programs in pharmacy-related disciplines, continuing education activities, research and scholarly activities, and professional and public service programmes.

PC may rely upon the assessments made by any applicable accrediting/quality assurance agencies concerning the basic science and general education components of the professional programmes. Additionally, the evaluations of the national or regional accrediting/quality assurance agency concerning general institutional policies and central administrative support may be used in the evaluation/assessment process. However, PC is not obliged to consider the evaluations of any other agency.

EVALUATION TEAM REPORT

As a result of the on-site evaluation, a written ETR that describes the evaluation team's findings and conclusions regarding compliance of the program with each of the quality criteria is provided to the Dean of the school and the Chief Executive Officer of the institution at a reasonable time after the on-site visit. The ETR also comments on the programme's areas of strength and areas needing improvement; mentions specific areas, if any, where the team believes that the program is partially or non-compliant with the quality criteria; and may offer suggestions concerning means of improvement for the school to consider. The Dean of the school is given the opportunity to correct factual errors and to comment on the draft ETR prior to finalization and distribution of the ETR to the school, institution, EC and Board. The Chief Executive Officer of the institution and the Dean of the school may also provide supplemental materials related to the facts and conclusions presented in the ETR prior to the time the ETR is reviewed by the EC and the Board for action. Any such materials must be received by PC no later than twenty-one (21) days prior to the start of the EC meeting at which initial review of the ETR will be undertaken. The ETR is not an accreditation action but is an evaluative step in the accreditation process. The evaluation team validates the school's self-study report, providing the perspective of an independent external peer review.

ACCREDITATION ACTIONS

Based on the ETR, the self-study report, communications received from the institution, if invited a presentation by the Chief Executive Officer of the institution or a designate and/or the Dean of the school, and the recommendation of the Board determines the programme's compliance with the quality criteria, takes an accreditation action and presents comments and recommendations. A copy of the Accreditation Action and Recommendations ("A&R") indicating the accreditation status granted by the Board, along with accreditation term and conditions, comments, required interim monitoring, and the timeframe within which PC will conduct its next on-site evaluation of the program is sent to the Chief Executive Officer of the institution and the Dean of the school. PC staff will schedule on-site evaluations within the designated timeframe.

In the unlikely event that an on-site evaluation cannot be scheduled during the timeframe specified in an A&R, PC in conjunction with the school shall determine when such an on-site evaluation can be scheduled for a date falling outside the timeframe specified in the A&R.

The ETR and the A&R are confidential documents and are considered to be the property of the institution. Except in the instance of exercise of the appeal procedure as provided in these policies and procedures, these documents will not be released by PC to third parties

without the authorization of the Chief Executive Officer of the institution. Without such authorization, the sole information available to the public consists of that information contained in the Directory and in the Report of Proceedings from the meeting at which the accreditation action was taken. If the institution publishes or releases any portion of the ETR or the A&R, or releases any statement concerning such documents and/or the accreditation status of the programme or presents a misleading impression, PC may publish an appropriate response or require the release of such documents in their entirety.

Except where circumstances require immediate action, accreditation actions shall be made by the Board only during a regularly scheduled meeting of the Board.

FINDINGS OF PARTIAL OR NON-COMPLIANCE

In the event that the Board determines a program is in Partial or Non-compliance with a quality criterion/criteria, the A&R will include notification of the finding of partial or non-compliance and outline the requirements for bringing the criterion/criteria into compliance. Failure to bring any criterion found to be partially compliant or non-compliant into compliance in a timely manner may result in the status of accreditation with probation or another adverse accreditation action.

The PC Board may grant an extension of time to bring a Criterion into compliance if the school can demonstrate good cause as to why such an extension may be warranted. Examples of potential circumstances that may warrant an extension of time include natural or man-made disasters, such as flood, fire, and war.

Demonstration of good cause must include a detailed description of the school's plan to address the area(s) of partial and/or non-compliance, the provision of adequate support from the school and/or institution to ensure effective implementation of the plan, and evidence that the plan will be effectively implemented within a period of time acceptable to and specified by the Board. Monitoring in accordance with the Board's direction will be conducted to ensure that the plan is being effectively implemented.

CHANGES AND TRENDS IN ENROLMENT

At least once per year, the Board will review data relating to enrolment of students in the programme for the purpose of identifying changes and trends in enrolment that may impact the ability of a programme to remain in compliance with the quality criteria.

ACADEMIC STAFF RESOURCES

At least once per year, the Board will review data provided by the school relating to the academic staff resources available to the programme for the purpose of identifying changes

and trends that may impact the ability of a programme to remain in compliance with the quality criteria.

NON-COMPLIANCE WITH REQUIREMENTS FOR ANNUAL MONITORING

PC reserves the right to reasonably request from schools with accredited programme(s) annual monitoring data and/or other relevant information that allows PC to evaluate ongoing compliance of the programme with the quality criteria.

The programme of any school that does not provide data and/or information in accordance with the above policies and procedures and within the timelines specified in communications from PC will be placed on administrative warning.

DOCUMENT RETENTION

All documentation, data and correspondence relating to accreditation of a Professional Degree Program will be retained by PC for a minimum of six (6) years from the date of creation or receipt and thereafter it may be destroyed.

SUBSTANTIVE CHANGE

PC is responsible for reviewing all substantive changes that occur between regularly scheduled comprehensive on-site evaluations to determine whether or not the change has affected the quality of the program and to ensure the public that all aspects of the Professional Degree Program continue to comply with the quality criteria. While the decision to implement a substantive change is the prerogative and responsibility of the school and institution, PC is obligated to determine the effect of any substantive change on the programme's ability to comply with the quality criteria.

It is the responsibility of the Dean of a programme with accreditation status that proposes to implement a substantive change to provide written notification of the proposed change to PC in advance of the implementation of the change. If a school is unclear as to whether a change is substantive in nature, the Dean should consult with PC staff.

PC's definition of substantive change includes, but is not limited to:

- a. A substantial change in the established mission or goals of the institution or school;
- b. Curricular change that represent a significant departure in either content or method of delivery, from those that were offered during the programme's previous accreditation review including:
 - i. development of a joint delivery of programme agreement
 - ii. use of distance learning technologies or other unique methodologies to deliver a substantial portion of the curriculum (e.g., 25% or higher);
- c. A substantial change in enrolment in the professional program (defined as 20% or more in one year or cumulatively over two consecutive years);
- d. A substantial change in the number of credit hours required for successful completion of the programme;
- e. A significant change in the length of the programme;
- f. The establishment of an additional geographic location at or from which substantial portions of the programme are delivered;
- g. A substantial change in academic staff composition or capacity;
- h. Change in the legal status, governance, or ownership of the school or institution;
- i. Changes in financial resources that could affect the quality of the program;
- j. Changes in leadership;
- k. Changes in organizational structure;
- l. Change in status with another accrediting or quality assurance agency; and
- m. Any other changes that the Dean feels require notification to PC.

Documentation that the program will continue to comply with the quality criteria must be provided. The notification must allow sufficient time for evaluation of continued compliance

with the quality criteria by PC.

PC reserves the right to review and reconsider the terms of accreditation in accordance with standard evaluation and operational procedures or appropriate monitoring, such as an on-site review.

If a school fails to follow this substantive change policy and its procedures, the accreditation of the program may be placed in jeopardy.

ADVERSE ACCREDITATION ACTIONS

Accreditation with Probation

A program that has been determined by the Board to be partially or non-compliant with a quality criterion/criteria and has failed to bring the criterion/criteria into compliance may be given the status of Accreditation with Probation at any time during the period of the programme's partial or non-compliance.

Denial of Accreditation

Denial of Accreditation will occur when there is evidence that the programme applying for accreditation exhibits substantial deficiencies that prevent compliance with the quality criteria.

Withdrawal of Accreditation

Withdrawal of accreditation status by PC will occur when there is documented evidence that an accredited programme exhibits ongoing deficiencies in achieving or maintaining compliance with a quality criterion/criteria and that the deficiencies are sufficiently serious to raise concerns regarding overall programmatic quality.

NOTIFICATION OF ADVERSE ACCREDITATION ACTION

Notification of an Adverse Accreditation Action by the Board shall be in writing and delivered to the Chief Executive Officer of the institution and to the Dean of the school affected. Such notification shall provide a statement of the reasons for the Adverse Accreditation Action, along with notice of the right to appeal and the time constraints for initiating such an appeal.

Within thirty (30) days of a final decision (after appeal or expiration of the opportunity to appeal) of an Adverse Accreditation Action, written notification shall be made to the institution, any applicable agency, and published on the PC web site within 24 hours of its notice to the school.

A brief statement summarizing the reasons for the Adverse Accreditation Action and any comments from the affected institution shall be made available to any applicable agency and to the public via presentation on the PC web site not later than 60 days after such final action.

In the event of withdrawal of Accreditation Status, within thirty (30) days of such notification, or in the case of enduring materials, as soon as practically possible, the school or institution must discontinue and remove all references to accreditation status of the program by PC.

RE-APPLICATION FOR ACCREDITATION

Not less than twelve (12) months after the effective date of denial of accreditation or withdrawal of accreditation but at any time thereafter, the Chief Executive Officer of the institution may reapply for Accreditation. The application shall follow the application procedure in its entirety as detailed under these policies and procedures.

ACCREDITATION FEES

Fees for the evaluation of an application for Pharmacy Professional Degree/HND programmes by the Pharmacy Council (PC) for the purpose of consultation and certification are set at three (3) levels intended to assist in the support and continued improvement of certification services and to defray actual costs involved in the evaluation of professional degree/HND programmes.

The following fees as determined by the Governing Board shall be paid at each level of the accreditation process;

1. Application forms, accreditation policy and indicative syllabus where applicable.
2. Request for accreditation visit by team of evaluators
3. Accreditation fees (To be paid only when accreditation is given)

The Pharmacy Council reserves the right to adjust the fees and set effective dates for such adjustments at any regular or special meeting of the Governing Board.

PC reserves the right to require that certain fees are paid in advance and/or are non-refundable in the event that an activity cannot be completed in accordance with an agreement or contract. In the event that an activity cannot be completed as agreed or contracted, PC reserves the right to levy a pro-rated charge for time spent on the activity, and/or any other expenses incurred by PC directly related to the activity.

PC will not accept any liability for expenses incurred by the institution that cannot be recovered in the event that an activity cannot be completed as agreed or contracted.

All fees paid in relation to the accreditation process are transparently presented in advance of the provision of the service. Information regarding the current fees and assessment policy is available upon request and may be published on the PC web site. Failure to pay fees and costs within the time limit indicated on the invoice issued by PC may result in an Administrative Warning.

RIGHT TO APPEAL OF ACCREDITATION STATUS

An institution may appeal only the following negative decisions: (1) awarding the status of Accreditation with Probation; (2) denial of Accreditation as a result of a decision by the Board, or (3) withdrawal of Accreditation Status as a result of a decision by the Board. The appeal procedure specified herein is the exclusive remedy for an institution that believes a negative decision was unwarranted.

After receipt of notice of an Adverse Accreditation Action, the Chief Executive Officer of the institution involved may appeal the decision of the Board on the grounds that the decision of the Board was arbitrary, prejudiced, biased, capricious, or based upon incorrect facts or incorrect interpretation of facts. The Accreditation Status of the program existing prior to the Adverse Accreditation Action shall continue, pending the disposition of the appeal, and such status shall continue to be reflected in the Directory until the appeal procedure is finalized.

Notice of appeal by the institution shall be in writing and delivered to PC within 30 days after receipt of notification of the Adverse Accreditation Action.

ANY NOTICE OF APPEAL NOT FILED WITHIN THE 30-DAY PERIOD SHALL RESULT IN A DISMISSAL OF THE APPEAL.

Both parties of the appeal have the right to representation by counsel throughout the appeals procedure.