



SEAM Ghana

Licensed Chemical Sellers: Identifying the Training Needs of Auxiliary Pharmaceutical Service Providers

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Background

The Ghana Pharmacy Council authorizes a group of people who are licensed under limited certificate to engage in the retail sale of over-the-counter medicines. They are called licensed chemical sellers (LCS) and are located nationwide, currently numbering over 7,000.

The licensing process is not enough to assure their competence and the quality of services provided; therefore, the Council organizes annual LCS training programs around the country. The continual training of LCS is also imperative to protecting public safety and improving access to high-quality medicines; LCS fill an important health care gap, and in some remote areas may be the only health care providers. Also, given the Pharmacy Council's limited capacity to monitor LCS facilities, training is the most critical and cost-effective strategy for disseminating guidelines and encouraging high standards of performance. In 2004, there were 56 training centers nationwide. The average number of participants per center was 127 (7,079/56).



A cross-section of LCS at a training program

Presently, the training program is not well structured. The program is not based on the needs of LCS; the subjects and topics covered are chosen on an ad hoc basis. The method of delivery is largely didactic and not very conducive for adult learning. Financing the training program is a challenge, and potential sponsors have requested evidence of the program's sustainability and sound structure, based on a needs assessment.

Objectives

The overall aim of the needs assessment is to provide the framework for the Pharmacy Council, or similar institutions, to organize and manage a sustainable training program for LCS, as a way of providing the platform for improving the competence and quality of health care delivery in Ghana by LCS.

Specifically, the objectives are to—

- ❖ Develop a comprehensive and relevant curriculum that better reflects the current and future needs of all LCS
- ❖ Identify suitable methods for training program delivery based on adult learning styles
- ❖ Determine the most effective ways of motivating LCS to attend such training programs
- ❖ Design a sustainable training program for LCS in Ghana
- ❖ Develop an implementation, monitoring, and evaluation plan for the training program itself

Methodology

Phase I

- ❖ The Pharmacy Council took the lead in implementation, contracting two consultants and drawing up a budget and road map.
- ❖ A five-member working group comprising Pharmacy Council staff was created; members of this group had experience with the training programs of the Pharmacy Council as well as postgraduate qualification with some research knowledge.
- ❖ The consultants and the working group developed the background, literature review, implementation plan for field activity, and instruments for data collection.
- ❖ A review of the global literature was conducted regarding needs assessment for training programs in general as well as training programs for either LCS or other informal pharmaceutical providers.
- ❖ Data was collected on the target population, the nature of existing training programs, and existing documentation.
- ❖ The target group consisted of the more than 7,000 practicing LCS in Ghana.
- ❖ Both qualitative and quantitative methods were selected for the fieldwork, including triangulation of methods based on the literature researched.
- ❖ A two-tiered mode was implemented, consisting of (1) focus group discussions (FGDs) and key stakeholder interviews; and (2) structured LCS interviews and instruments to be developed based on the FGD and interview findings.



A group photograph of LCS displaying their training material after a training session.

Phase II

- ❖ A sampling frame for FGDs was developed based on three ecological zones of Ghana (Coastal, Middle, and Northern belts). There will be four FGDs in two regions per zone, for a total of 12 FGDs, each consisting of eight randomly selected LCS.
- ❖ Sampling for key stakeholder interviews will consist of 10 people with special insight or expertise in the area of policies concerning the training of LCS. Sampling will be purposive.
- ❖ Structured LCS interviews will be conducted based on a random sampling of 900 LCS from all regions of Ghana (i.e., 90 respondents per region).

Preliminary Observations

The following observations were made regarding the target population—

- ❖ Education levels are variable—some have had no formal education, some have middle-school leaving certificates, and some have university degrees.
- ❖ Occupational backgrounds are diverse; LCS include teachers, artisans, farmers, catechists, lawyers, retired parliamentarians, unemployed individuals, traders, and others.
- ❖ Age varies from 18 to 75, with a recent upsurge of retirees attempting to acquire licenses.
- ❖ LCS include a greater number of men than women.

The process for acquiring chemical sellers' licenses changed repeatedly during the period. General Council policies concerning the licenses also changed, and these facts contributed to the varying backgrounds of the license holders.

In summary, LCS vary in terms of background and can be identified only as individuals who are licensed to supply over-the-counter drugs through retail. How they go about their business and their levels of competency are dictated by what society exacts from them; classifying them as a homogeneous group is difficult. This fact must be considered when planning or designing a training program for LCS as a group.

Training Programs for Licensed Chemical Sellers since 1998: Characteristics and Weaknesses

Year	Number of LCS Trained	Topics Covered	Weaknesses of Existing Training Program
1998	3,963	<ul style="list-style-type: none"> • Management of selected diseases/conditions, namely diarrhea, pain, and malaria • The Pharmacy Act of 1994 (with emphasis on its relevance to LCS and their business) • Communication skills • Business ethics for LCS 	<ul style="list-style-type: none"> • Initially considered as a regulatory measure to fill a vacuum that had existed in the training of auxiliary pharmaceutical service providers. Modules were not comprehensive nor based on any needs assessment.
1999	4,880	<ul style="list-style-type: none"> • Hematinics • Analgesics • First-aid • Basic management 	<ul style="list-style-type: none"> • Varying backgrounds of licensed chemical sellers made it difficult to standardize training, especially in the area of mode of delivery and level of content. In some cases, licensed chemical sellers are difficult to train.
2000	4,694	<ul style="list-style-type: none"> • The role of the LCS in ensuring rational drug use • Simple mathematical concepts of drug dosage measurement • Management control 	<ul style="list-style-type: none"> • Focus was more on improving standards; thus, the approach of the Pharmacy Council was initially ad hoc. • There were no pretraining evaluations and baseline studies due to constraints, making it difficult to assess impact.
2002	5,973	<ul style="list-style-type: none"> • Family planning • Sexually transmitted diseases and HIV/AIDS • Worms • Practice standards for LCS 	<ul style="list-style-type: none"> • Cost to the licensed chemical sellers was a deterrent to participation in program.
2003	6,342	<ul style="list-style-type: none"> • Customer relations • Records management and drug supply process • Case study on good customer relations and patient counseling • Management of emergency cases 	<ul style="list-style-type: none"> • Limited funding for the program affects program organization. • It is difficult to scientifically evaluate the impact of training due to logistical and funding constraints.
2004	7,079	<ul style="list-style-type: none"> • Over-the-counter drugs • Antacids and laxatives • Licensure and inspections • Case study on prescription reading and interpretation 	

Conclusion

This intervention has helped the Pharmacy Council review its LCS training programs and enhance the development of the LCS as a group. In addition, the general public can now be assured of better pharmaceutical service delivery from LCS, through enhanced competence and capacity development. This will ultimately improve access to quality medicines across the country.