

**Republic of Macedonia  
Health Sector Management Project**

**IBRD loan # 4733**

**MODERNIZING LICENSING PROCESS FOR DOCTORS,  
DENTISTS AND PHARMACISTS**

**REPORT ON FIFTH VISIT 3 – 8 December 2006**

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**December 2006**

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## Introduction

This report summarises the outcomes of the fifth mission to the Republic of Macedonia by Judy McKimm and her assistant, Anita Underwood (the UK Consultants), from 3 – 8 December 2006. This visit was the fifth in a series of visits planned to take place over a 12 month period from February 2006 until February 2007.

The purpose of the visit was to work with Dr Katerina Venovska (PCU) and the Working Group (WG) which is representative of the three Medical Chambers (Doctors, Dentists and Pharmacists) to deliver Module 1 of the Training the Trainers (TOT) programme to a second cohort of between seventy and eighty educators, examiners and mentors. The consultants also held a meeting with the Working Group on 8 December 2006 to plan the next steps in the project and participated in the ceremony to award the certificates to the first accredited group of educators, mentors and examiners.

## Summary of the visit and action points

The visit focussed on delivering the first Module of the training programme to a second cohort of mentors, educators and examiners. It also provided the opportunity for educators, mentors and examiners from the first cohort to act as facilitators alongside the UK consultants. The visit also allowed the opportunity to identify further training and development needs to support the internship, licensing examinations, CPD and accreditation process relating to doctors, dentists and pharmacists in Macedonia.

### ***The TOT programme evaluation***

The training programme was well attended (the PCU holds the list of attendees) and very well evaluated, see below for the results of evaluations of each of the programmes. The majority of participants stated that the course met their learning needs and that their knowledge and confidence about the TOT programme has increased as a result of attending the course.

The particular aspects of the course highlighted as good by participants were:

- the small group work
- the organisation and time management of the course
- communication skills
- the approach and learning and teaching methods used by the educators on the course (including adult learning theory)
- learning new methods of learning and teaching
- giving and receiving feedback through micro-teaching presentations
- the interactivity and opportunity to meet and work with other teachers

The main area for improvement highlighted by many participants was that more time was needed for the TOT programme to cover all the topics identified: the course was 'too full'; to practice the new teaching/learning techniques and to work in small groups for longer. They also noted that they would have liked the translated materials in advance and did not receive the translated printed versions of the PowerPoint slides.

A range of topics were identified by participants as being those they would like to develop further or cover in future, including communication skills, assessment methods, giving and receiving feedback, practising teaching skills, applying theory to practice and new teaching methods and basic counselling skills.

### ***Working group meeting***

Informal discussions were held with all members of the Working group for Quality Improvement of Health Services and Licensing on an individual and small group basis (namely: Dr Klime Kajmakoski, Chamber of Dentists of Macedonia; Dr Ivanka Stefanovska; Doctors Chamber of Macedonia and Faculty of Medicine; Spec. Dr Zoran Stojanovski, Health Home, Skopje; Prof Dr Lidija Tozi-Petrusevska; President of the Pharmacy Chamber; Dr Katerina Venovska, Assistant Co-ordinator, Ministry of Health PCU) but there were insufficient agenda items to warrant holding a formal meeting.

Informal discussions agreed the activities to be carried out during the February 2007 visit, confirmed the fourth visit report and discussed options for the next steps in the project.

### ***Current workshops***

There were a few non attendees, other than those who had informed the PCU that they were attending conferences. The PCU has details of attendees and non attendees.

The training in February will conclude Module 2 of the training for the second group of educators, examiners and mentors. All participants have received the full set of learning materials for both modules complete with handouts and a CDROM of slides and journal articles. Following discussion with the PCU and Working Group, the timetable will be adjusted in the light of the experience on Module 1 in order to enable all participants to complete the assessments during the face to face teaching in the second module.

Participants from the first cohort who completed Modules 1 and 2 satisfactorily assisted Judy McKimm and Anita Underwood in delivering the TOT programme to the second group of examiners, educators and mentors. Fifteen of each of the three groups each participated in half a day session in December with the remaining fifteen participating in February. This was very effective in that participants from the first cohort noted that they gained and learned more from facilitating and the second group gained value from having Macedonian speaking facilitators to explain issues to them and to work alongside them.

**Observation of dental examinations** – it was agreed that the UK consultants will observe the Dentistry assessments in February 2007.

The translated Revalidation requirements from the doctors' chamber have not yet been received by the UK consultants.

It was agreed that the second module in February 2007 would be carried out in Skopje at the same venue as before as this is well received by participants. Practical arrangements will be made by Katerina Venovska.

The training agenda will be as follows:

[Sunday 11 <sup>th</sup> February	UK consultants travel to Skopje]
Monday 12 <sup>th</sup> February	Educators – Module 2: sessions 1 and 2
Tuesday 13 <sup>th</sup> February	Educator Module 2, session 3 and Examiners Module 2, session 1
Wednesday 14 <sup>th</sup> February	Examiners, Module 2, sessions 2 and 3
Thursday 15 <sup>th</sup> February	Mentors – Module 2: sessions 1 and 2
Friday 16 <sup>th</sup> February	Mentors, Module 2, session 3
	Award ceremony to participants (to be confirmed)
[Friday 16 <sup>th</sup> February	UK consultants travel back to UK]

A Working Group meeting is planned for the evening of Thursday 15<sup>th</sup> February subject to availability.

### ***Observation of the Pharmacy examinations***

(NB much of the following description has been extracted from information provided to candidates and examiners by the Pharmaceutical Chamber)

The state examination comprises 2 parts, which jointly address

1. a) Knowledge in the area of pharmaceutical working under the conditions in a hospital and city pharmacy
  - Analysis of a prescription, identification and resolution of problems before issuing a drug
  - Advising the patient
  - Strategies and skills related to shaping pharmaceutical forms; marking and storing
- b) Clinical pharmacy with pharmacoinformatics
  - Analysis of a clinical case
  - Dosage and following the therapy
  - Using sources of pharmaceutical information
2. The theoretical basis of the pharmaceutical practice
  - Contents encompassed in the internship plan and program
    - Each part of the exam carries a certain number of points as follows
      1. Part 1a carries 30 points
      2. Part 1b carries 30 points
      3. Part 2 carries 40 points
    - Each part of the exam is taken separately during the course of one day
    - In parts 1 and 2 the candidate should answer at least 60% (18+18=36 points)
    - The third day the candidate takes a written test with a total of 40 questions, for a period of 1 hour

- The questions in the written test contain only one correct answer out of a total of 4 offered
- A correctly answered question carries 1 point
- The written test is considered to have been passed if at least 60% of the questions are answered correctly (24 points)
- The exam is considered to have been passed if the candidate scores, on all three segments, at least 60% (total of 60% in all of the above mentioned segments)

#### Assessment of the exam

##### Part 1a: Pharmaceutical working in a hospital and city pharmacy

Prescription analysis	
Identification of problem	
Resolution of problem	
Advising the patient	
Shaping pharmaceutical forms	
Marking and storing	
Scored points	

##### Part 1b: Clinical pharmacy

Analysis of a clinical case	
Dosage and following of therapy	
Using pharmaceutical sources and information	
Identification of drug	
Scored points	

##### Part 2: Written test

Scored points	
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The UK consultants observed Parts 1 and 2 of the examination: working in a hospital pharmacy and the case studies in clinical pharmacy. It was decided that there was little value in observing the written examination.

The first observation was of three students who were being examined by a panel of three examiners (a lawyer, a pharmacist from the pharmacy and a pharmacist from the faculty). The assessment took the form of a role play in which one of the examiners took the role of a patient or carer presenting a pre-prepared set of prescriptions to the pharmacist. The scenarios are held on a database including the prescriptions and possible interactions. Examiners can develop their own role plays as well according to the criteria and rules. There are a set of criteria on which all students were assessed including accuracy at determining the prescription, contra-indications for the patient and drug interactions. They were also assessed on their ability to communicate effectively with the patient or carer in giving and eliciting information. Students were expected to know about the clinical conditions for which the drugs were being prescribed and also about the regulations underpinning prescribing, referral mechanisms and the role of the pharmacist vis a vis other health professionals.

The second observation was of the same three students who were taking the assessment involving clinical case scenarios. The students have up to three hours to work on developing treatment protocols and prescriptions for clinical pharmacy cases.

These are complex patient cases, often with multiple pathology and a number of issues or pharmacological questions to address. The open book examination is held in a computer room and students have access to the internet, books and other resources as they would in a real life environment. Once the students have identified all the issues and answered the questions they then present their findings back to the examiners. There are two examiners, a pharmacist from the pharmacy and a pharmacist from the faculty, these are the same examiners who assessed the previous assessment. The examiners ask questions of the student who is marked according to set criteria. These include accuracy of information, how they would give advice to a patient and any other relevant issues specific to the case.

Once all the assessments have been carried out the examiners collate and agree their marks and feedback orally to the student on their pass mark as well as on aspects of their performance that were good or which could be improved.

The assessments are criterion-referenced and are very well designed, reliable and valid. There are mark sheets and supporting documents available for the examiners and the students seemed well prepared. Criteria are clear. The combination of the three forms of assessment will give a good profile of the student's readiness to practice safely and competently. Students receive feedback on their performance and thus the assessments are formative as well as summative.

In discussion, we heard that no student has failed the assessment to date although a couple have been borderline, this is because students would not reach this stage without their deficiencies being recognized and addressed by the faculty and the educators and mentors. A good system of communication is in place to identify struggling students and also to improve the assessment and overall learning process.

The assessors appeared very competent and well briefed, they were supportive and encouraging of the students whilst remaining rigorous in their expectations. The facilities are very good and purpose built to deal with this form of assessment and learning. The mock hospital pharmacy in particular enables low level simulation to be carried out very effectively. The assessments, though dealing with relatively small numbers, are very well run and organized and are a model of postgraduate assessment.

## Conclusions and Recommendations

A number of issues have been identified as the project has been ongoing which are timely to mention in this penultimate report for discussion by the Working Group prior to the conclusion of the project.

### **Future training and development**

It is clear that there is a real demand for the Training the Trainers programme, and indeed for educational and curriculum development in general. Due to the success of the training for the first cohort of doctors, dentists and pharmacists to support the modernization of the licensing process, it was agreed to modify the TORs to accommodate training for an additional cohort of 70-80 participants in December 2006 and February 2007. Seventy four people attended the second round of training. A small group of individuals were however unable to attend this training and it appears that there may be additional demand for yet another cohort of doctors, dentists and pharmacists to be trained in introductory educational methods.

Also, many participants on the TOT programme have expressed a wish to continue their professional development in education. It was particularly noticeable that those who had previously attended the CME training programme had a higher level of skills and knowledge than many other participants and this reflects the need for ongoing training and development. Three days of training are insufficient to develop, practice and assess skills and expertise in clinical educational theory and methods and there is much enthusiasm from participants to learn more theoretical knowledge and to practice their teaching skills. It is essential to develop a critical mass of educators, mentors and examiners to support the delivery of high quality healthcare education across the continuum of learning: from diploma programmes (eg, for nurses and other allied health workers); undergraduate (particularly in dentistry and medicine); internship and in ongoing postgraduate professional development.

### **Recommendation**

That a further training needs analysis (TNA) be carried out to identify needs in educational development across the three professions. The TNA should include doctors, dentists and pharmacists who work in undergraduate as well as postgraduate healthcare education.

Possibilities should be explored of:

- (a) running a further TOT programme to meet the needs of those working with interns who were unable to attend the first two programmes
- (b) running a follow up TOT programme for successful participants from the first two programmes. This could focus on developing skills in teaching practice, covering further teaching and learning methods and developing curriculum and educational leadership and management skills.
- (c) working directly with the medical, dental and pharmacy faculties on curriculum review and development activities which would incorporate professional development and training activities (see also below)

### **The relationship between Undergraduate curricula and the internship periods**

Although this project has focused on the professional development of doctors, dentists and pharmacists working to support interns' teaching, learning and assessment, many of the participants also work with undergraduate students. In addition, interns have come straight from studying at undergraduate level. Through discussion and observation, some issues have been identified which, if unaddressed, may lead to increasing differentiation between the undergraduate and postgraduate curricula and learning approaches. The issues vary between the three disciplines/professions, these are describes below.

The Pharmacy curricula at undergraduate and postgraduate levels are currently the most linked, mainly because the Faculty and Chamber take joint responsibility for the curricula and assessment. The undergraduate programme is also currently under review and reform as part of an EU project and this is clearly having benefits in terms of improving teaching, learning and assessment. The numbers involved in Pharmacy are relatively small, however, there are some useful models and learning which could be shared with the other professions in terms of management and organization of teaching and assessment.

The undergraduate Medicine programme is currently under internal review. However, at present the interns graduating from the programme are deficient in clinical practice, experience and skills when compared with other graduates in the EU and in North America, Canada and Australasia. Their theoretical knowledge is good but application of theory to practice and clinical confidence is low. The numbers of teachers and clinicians involved in curriculum development, teaching and assessment are large and so are the student numbers. For these reasons, it is vital that any changes be made in an holistic fashion and not piecemeal and in accordance with international best practice in medical education. Change and reform will of necessity be incremental but it needs to be planned for and linked closely to developments and reforms in the internship period and beyond. There is a real risk of the undergraduate and postgraduate education periods becoming out of step, this coupled with wide ranging health reforms and the shift towards a primary health care led system may lead to graduates and young doctors having very variable experiences and ultimately may lead to attrition from the profession and lower standards of patient care.

The education and training of Dentists is different from the other professions mainly because the majority of dentists work in private practice once qualified and also the opportunities for clinical practice and assessment during the undergraduate and internship periods are changing to become more constrained. Dentists are qualified to practice independently once they have completed the internship period. This is different from dental curricula patterns for example in the UK where dentists are qualified after five years training on graduation and can practice independently. Some dentists mentioned difficulties in finding facilities and clinicians to assess the interns in the way they planned and it may be timely therefore to review the benefit of having a completely separate internship programme for dentists or whether facilities, resources and people could be used more effectively and efficiently through resign of curricula.

### ***Recommendation***

That systematic reviews are undertaken of both the medicine and dental undergraduate curricula in the light of current and planned practice at postgraduate levels and also in the light of the planned health reforms and strategic health objectives.

The curriculum reviews should be comprehensive and take account of international best practice in medical and dental education; they should consider radical options for delivering high quality learning to large numbers of students (e-learning, problem based learning, self directed learning, for dentistry outreach and chair based teaching) and should incorporate outcomes led education with clearly identified assessment criteria at various levels. The curricula for the internship periods should also be included in the review to ensure a seamless transition for graduates with achievement outcomes at the end of the undergraduate or internship periods that are consistent with those in the EU, America, Canada and Australasia.

The reviews should include a training needs analysis of academic and clinical staff to ensure the human capacity to deliver high quality healthcare professional training. They should also include analysis of and recommendations about implementing consistent and effective quality assurance and enhancement systems and for accrediting clinical placement facilities.

The reviews should also include making opportunities available for sharing of practice between and within professional disciplines in order to build on and utilize good practice that already exists in Macedonia.

#### ***Inter-professional working and learning***

There has been real synergy between the different organizations involved in managing the licensing process with highly effective inter-professional learning amongst the participants in the TOT programme. This type of inter-professional development activity at postgraduate level is to my knowledge unique and it would be good to share this achievement in an international forum.

#### ***Recommendation***

That ways are identified to capture this learning, both within Macedonia (eg. through developing networks of educators, mentors and examiners or through the Chambers continuing to work closely together) and also through publicising these achievement overseas, for example through articles in professional or healthcare education journals or by presentations at conferences.

## Detailed evaluation results from the TOT programme

### Number of completed evaluation forms:

<b>Educators</b>	<b>29</b>
<b>Examiners</b>	<b>22</b>
<b>Mentors</b>	<b>23</b>

### General information

We asked:

Generally, the **course** was interesting/useful in terms of:

- ☐ Content
- ☐ Organisation
- ☐ Presentation and availability of information

Responses are summarised in the tables below:

#### Educators

	Strongly agree	Agree	Disagree	Strongly disagree
Content	14	16		
Organisation	9	19	1	
Presentation/availability	19	15		

#### Examiners

	Strongly agree	Agree	Disagree	Strongly disagree
Content	11	10		
Organisation	13	8		
Presentation/availability	15	6		

#### Mentors

	Strongly agree	Agree	Disagree	Strongly disagree
Content	15	11		
Organisation	18	8		
Presentation/availability	16	10		

We asked:

Generally, the **small group teaching** sessions were:

- ☐ Well organised
- ☐ Helpful
- ☐ Of adequate content
- ☐ A good learning experience
- ☐ A welcome opportunity to talk to teachers

Responses are summarised in the table below:

### Educators

	Strongly agree	Agree	Disagree	Strongly disagree
Well organised	12	16		
Helpful/useful	8	22		
Of appropriate content	6	15	1	
A good learning experience	11	18	1	
A welcome opportunity to talk to teachers	11	13	2	

### Examiners

	Strongly agree	Agree	Disagree	Strongly disagree
Well organised	13	10		
Helpful/useful	12	10	1	
Of appropriate content	9	13		
A good learning experience	11	11		
A welcome opportunity to talk to teachers	15	7		

### Mentor

	Strongly agree	Agree	Disagree	Strongly disagree
Well organised	21	5		
Helpful/useful	15	11		
Of appropriate content	17	14		
A good learning experience	10	19		
A welcome opportunity to talk to teachers	20	6		

Finally, we asked if generally, the handouts for this course were excellent, whether the level of the course was appropriate and also if, by attending this course, confidence about the TOT programme has increased.

### Educators

	Strongly agree	Agree	Disagree	Strongly disagree
Handouts for this course were excellent	11	16	1	
My knowledge and confidence about the TOT programme has increased as a result of attending this	11	27	1	

course				
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### Examiners

	Strongly agree	Agree	Disagree	Strongly disagree
Handouts for this course were excellent	15	7		
My knowledge and confidence about the TOT programme has increased as a result of attending this course	13	9		

### Mentors

	Strongly agree	Agree	Disagree	Strongly disagree
Handouts for this course were excellent	13	13	1	
My knowledge and confidence about the TOT programme has increased as a result of attending this course	17	6		

### We asked: Do you feel the course met your learning needs?

**Educator** Yes (19), No (0), not completed (5), partly (5)

**Examiners** Yes (14), No (), Not completed (5), partly (2)

**Mentors** Yes (16), No (1) Not completed (6)

### We asked: Which THREE aspects of the course were particularly good?

#### Educators

- Professional Conversations (1)
- Principles of learning(1)
- Mixed group working (1)
- Small Group teaching (22)
- Evaluation, assessment and QA (4)
- Presentation skills(3)
- Reinforcement of module(1)
- Networking, exchange of ideas, augmenting knowledge and experiences (5)
- Own professional development (5)
- Open discussion (2)
- Feedback (8)
- Communication skills (7)
- Teaching content, relevance (6)

- Spontaneity and concrete quality of teaching (1)
- Time management (3)
- Curriculum development (2)
- Materials and Handouts (2)
- Theory (4)
- Teaching skills, micro teaching (4)
- Case studies (1)
- Facilitates planning(2)
- Exercises (3)
- Assessment and evaluation methods (2)

#### **Examiners**

- Own professional development and personal development plans (1)
- Methods, techniques and principles of assessment, practical application (18)
- Ice breakers (1)
- Presentations (2)
- Giving and receiving feedback (8)
- Teaching process, theory, adult learning theory (9)
- Small group working (5)
- Communication skills (5)
- Micro teaching (2)
- Constructivism (1)
- Organisation (4)
- Handouts (3)
- Visual aids (2)
- Developing learning outcomes (1)
- The teachers (1)

#### **Mentors**

- Communication skills (9)
- Body language and behaviour (1)
- Presentations (5)
- Organisation (7)
- Content (4)
- New teaching and learning methods (11)
- Assessment methods (8)
- Encouraging independent thought (2)
- Adult learning theory (1)
- Theory to practice ( 2)
- Principles of teaching and learning(4)
- Small group work (10)
- Micro teaching ( 1)
- Interactive sessions(2)
- Expertise of teachers (1)
- Relaxed atmosphere, ice breakers (2)
- Time management (1)
- Opportunity for reflection (2)

**We asked: What, if anything needs improving the most about the course?**

**Educators**

- Needs to be less abstract in teaching methods(2)
- More small group work (4)
- More on assessment criteria, related to practical application (3)
- More time, breaking up into more days (5)
- Translated materials in advance (1)
- More communication skills (2)
- Better explanation of tasks and preparation of facilitators (1)
- Venue (1)
- This is good
- More on feedback

**Examiners**

- Need shorter breaks more often
- Better explanation of terminology (1)
- Assessment of learning outcomes(1)
- Practical examples and exercises (2)
- Need translated materials in advance (2)
- More specific assessment methods (1)
- Content too full
- Course should be longer (1)
- More opportunities to practice (1)

**Mentors**

- More practical subjects, not dry
- Shorter theoretical presentations
- Try to cover less scope (2)
- More concrete examples (1)
- Requires more time (2)

**We asked, are there any further comments:**

**Educators**

- Helped build confidence(1)
- More practical work is needed (1)
- More work on communication skills and self evaluation(1)
- More of the courses should be organised for the future (1)
- Bravo and thank you (1)
- I like the programme and materials (2)
- More interactive teaching is needed (1)
- Would like more methods and models (1)
- Very useful for our own education (2)
- Too much information in short sessions (2)
- Course materials needed in advance (2)

**Examiners**

- More practical training for examiners (2)
- More on assessment criteria (2)
- More on feedback (1)
- Introduce experiences from other countries (1)
- Guidance on developing a dress code for students (1)

- Instructions on conducting micro teaching sessions (1)

**Mentors**

- Well conceived content
- More on examination and assessment
- I would like to think that all my colleagues would have opportunity to do this course
- More on communication skills

**We asked, are there any topics that you would like us to cover in future?****Educators**

- More teaching methodology needed
- More practical examples

**Examiners**

- Experiences from successful education programmes
- Assessment criteria
- Exercises to increase confidence

**Mentors**

- Need course for new mentors
- Counselling skills need to be included (2)
- Work in larger groups
- Please continue
- Very professional
- Need more time to deliver the excellent materials
- Informatics and databases need to be included
- Need to be specific to mentors
- Thank you to presenters and organisers

## Updated workplan and key milestones

<b>Dates</b>	<b>Key activities</b>	<b>Deliverable(s)</b>
<b>2006</b>		
March 26 – 31 (7 days)	Inception visit	Inception report Work plan Framework for training programmes
May 14 – 19 (6 days)	Consultation with associations, chambers and selected co-ordinators Mon 15 <sup>th</sup> - working group meeting 1400 Tues 16 <sup>th</sup> - am Workshop, time TBC Wed 17 <sup>th</sup> – briefing meetings with all groups of educators, examiners and mentors Observation of licensing examination (Doctors)	Visit report Finalised training programmes Detailed training materials: workbooks and presentations
June 19 – 23 (5 days)	Round 1 - Training of examiners, educators and mentors Review training and finalise second round of training content and materials	Visit report Educators, examiners and mentors attended first training programme Reviewed set of training materials
September 22 – 28 (7 days)	Round 2 - Training of examiners, educators and mentors Observation of licensing assessments Meetings with sample of educators and mentors to assess progress and development needs	Visit report A cohort of trained educators, mentors and examiners
December 3 – 8 (6 days)	Review of internship programmes Observation of Pharmacy Chamber licensing assessments Round 3 - Training of second cohort of examiners, educators and mentors (approximately 75 participants)	Visit report Educators, examiners and mentors attended second training programme Group of facilitators from first programme worked alongside the UK consultants to develop skills
February 11 – 16 (6 days)	Final visit Observation of Dentistry licensing assessments (TBC) Round 4 - Training of second cohort of examiners, educators and mentors (approximately 75 participants)	Final report Includes review of process and recommendations for improvement and ongoing activities A second cohort of trained educators, mentors and examiners Group of facilitators from first programme worked alongside the UK

consultants to develop skills