



australian
pharmacy
council

Accreditation standards for
pharmacist training programs:
Aged care and comprehensive
medication reviews

Consultation paper

April 2023

Acknowledgements

We would like to thank the Department of Health and Aged Care which is funding the development of these standards.

We would also like to thank the contributions of the individuals and organisations who have provide input into this consultation paper, especially members of the APC Expert Advisory Group.

Acknowledgement of Country

We gratefully acknowledge the Ngunnawal people, the traditional owners of the land on which the APC is based. We pay our respects to the Ngunnawal people and recognise their deep connection to this incredible place we now share. We also pay our respects to the resilience, strength and wisdom of Aboriginal and Torres Strait Islander Elders, past, present and emerging across the nation.

We recognise First Nations people's vast knowledge in native plants and their uses. Indigenous Australians were our first pharmacists. Country has provided medicines and healing throughout history. We acknowledge this important connection to Country and the impacts colonisation continues to have on this integral practice.

Canberra means meeting place in Ngunnawal, and is a place where people have been meeting, living and learning for thousands of years. We hope to continue this tradition as we work toward our vision of collaborative, committed and safe pharmacy practice.

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Abbreviations

| | |
|---------|---|
| AACP | Australian Association of Consultant Pharmacists |
| ACOP | Aged Care On-site Pharmacist |
| ACP | Australasian College of Pharmacy |
| Ahpra | Australian Health Practitioner Regulation Agency |
| APC | Australian Pharmacy Council |
| CPA | Community Pharmacy Agreement |
| CPD | Continuing Professional Development |
| FIP | International Pharmaceutical Federation |
| HMR | Home Medicines Review |
| LIPPE | Leaders in Indigenous Pharmacy Professional Education |
| MAC | Medicines Advisory Committee |
| MMR | Medication Management Review |
| NRAS | National Registration and Accreditation Scheme |
| PharmBA | Pharmacy Board of Australia |
| RMMR | Residential Medication Management Review |
| RPL | Recognition of Prior Learning |
| WIL | Work Integrated Learning |
| WPA | Workplace based Assessments |

Glossary

| | |
|--------------------------------|--|
| Accredited | A training program that has been assessed by the authorised organisation as meeting the relevant Accreditation Standards. It is not a self-assessment. |
| Consumer | A person who has used, currently uses, or will use health care services. This includes the person's family and carers. |
| Credentialed | Refers to individual pharmacists who have completed the accredited training program and continue to meet any ongoing requirements to remain credentialed. |
| The 'Measure' | Refers to the Department of Health and Aged Care's new measure to improve medication management and safety for aged care residents. The Aged care on-site pharmacist measure (The 'Measure') provides funding for pharmacists to work in a clinical role on-site in residential aged care homes. |
| Work Integrated Learning (WIL) | Work integrated learning (WIL) describes a range of approaches that integrate theory with practice, usually encompassing opportunities for learners to undertake experiences in a workplace. |

1. Introduction

1.1. Who we are

The Australian Pharmacy Council (APC) is the independent accreditation authority for pharmacy education and training programs in Australia.

We work as part of the *National Registration and Accreditation Scheme* (NRAS or National Scheme), under the *Health Practitioner Regulation National Law Act*¹ (the 'National Law'). We work under assignment of the Pharmacy Board of Australia (PharmBA), the National Board responsible for the regulation of the pharmacy profession in Australia.

APC accreditation helps to protect the health and safety of the Australian community by establishing and maintaining high-quality standards for pharmacy education, training, and assessment.

We also use our expertise in quality assurance of pharmacy education outside the direct functions of the National Scheme to develop standards and supporting resources in response to emerging needs. These include:

- Standards for the accreditation of programs to support administration of vaccines,
- Workplace-based assessment tools used by intern training programs
- establishing the Leaders in Indigenous Pharmacy Professional Education (LIPPE) network dedicated to transforming the pharmacist workforce by enabling Indigenous leadership in the delivery of pharmacist education.

1.2. What we've been asked to do

The Department of Health and Aged Care ('the Department') have engaged us to provide oversight and quality assurance of training programs that will credential pharmacists to work as aged care on-site pharmacists and to conduct comprehensive medication management reviews.

To do this we will develop the following:

- Accreditation standards for the training programs
- Performance Outcomes Framework
- Supporting guidance documents
- Accreditation system

1.3. Purpose of this paper

This is the discussion paper supporting our public consultation round on the draft standards.

¹ National Registration and Accreditation Scheme (National Scheme) as established under the National Law in each Australian State and Territory.

The purpose of this paper is to provide people with the information they need to start a conversation and generate feedback which will influence the decisions we make.

The content for this paper has come from:

- consolidated feedback gathered by the Department on the role of an aged care onsite pharmacist received during their 2022 consultation on the initiative
- our preliminary discussions with key stakeholders via face to face and online meetings
- the work of the Australian Association of Consultant Pharmacists (AACP) (now closed) in delivering medication management review training and assessment prior to 31 December 2022.
- the input of members of the Expert Advisory Group²
- the established systems and standards of APC's accreditation of pharmacy degree programs and intern training programs.

1.4. How we develop standards

The APC has a long history of developing and maintaining accreditation standards through established robust, transparent and consultative processes.

We follow the Ahpra '[Procedures for development of accreditation standards](#)' when we develop standards under the National Scheme. We will use similar procedures to undertake development of these standards.

This means that the accreditation standards we recommend to the Department for approval will need to:

- reflect the objectives and guiding principles of the National Law, namely the primacy of public safety
- be derived from a wide-ranging public consultation process
- ensure education and training is quality assured and subjected to a continuous improvement process to maintain the quality and effectiveness of programs and the performance of program providers
- reflect contemporary thinking and accepted good practice (being evidence-based as derived from research, comparative benchmarking and/or similar processes)
- ensure learners receive the education and training they will need to provide high-quality health care services that is expected of a well-trained pharmacy workforce
- protect and promote diversity within the community and demonstrate social accountability
- enable innovation in the design, development, and delivery of training programs.

² The Expert Advisory Group includes members of education providers and experts in aged care medication management. It has been established to provide high level advice to APC to inform the development of the standards. The members of this group can be viewed at [Development process | Accreditation Standards for Aged Care and MMR Pharmacist training programs | Australian Pharmacy Council](#)

2. Background

2.1. Royal Commission into Aged Care Quality and Safety

Medication management in residential aged care homes was identified as an essential area for improvement in the recommendations from the Royal Commission into Aged Care Quality and Safety ('the Royal Commission')³.

The Royal Commission was established in October 2018 with the final report handed down in February 2021. The Terms of Reference included the request for advice from the Commissioners on 'what can be done to ensure that aged care services are 'high quality and safe'.

There were 148 recommendations for fundamental reform of the aged care system and of these at least nine make reference to medications, medication reviews, or the need for input of allied health professionals, including pharmacists.

The final report asserts that high quality care must be the foundation of aged care with a shared understanding of what that means. The Commissioner's proposed the following definition for high quality aged care.

*High quality aged care **puts older people first**. It assists older people to live a self-determined and meaningful life through **expert clinical and personal care services** and other support, provided in a safe and caring environment. High quality aged care is **respectful, timely and responsive to older people's preferences and needs** and assists them to live a **dignified life**.*

*High quality aged care is provided by **caring and compassionate people who are educated and skilled in the care they provide**. It enables older people to maintain their capacities for as long as possible, while supporting them when they experience a functional decline or need end-of-life care.*

High quality aged care delivers a high quality of life. It enables people to engage in meaningful activities that provide purpose and provides the opportunity for people to remain connected to their community.

2.2. Aged Care On-site Pharmacist Measure

2.2.1. About the Measure

The Department has initiated the Aged Care On-site Pharmacist Measure (the 'Measure') in response to Recommendation 38 of the Royal Commission.

³ [Royal Commission into Aged Care Quality and Safety](#)

Recommendation 38: Residential aged care to include allied health care

Requires approved providers to employ, or otherwise retain, at least one of each of a list of allied health professionals which includes a pharmacist, to ensure residential aged care includes a level of allied health care appropriate to each person's needs.

The Department states that “having a pharmacist on-site will give residents and their families confidence that medications are regularly reviewed, appropriate, and will provide continuity in medication management”⁴.

Funding for the Measure will be provided for pharmacists to be employed or engaged to:

- provide clinical service on-site in residential aged care homes
- meet the needs of residents and the facility
- address any issues around medication use

2.2.2 The role of the Aged Care On-site Pharmacist

The Aged Care On-site Pharmacist (ACOP) will bring their expertise in medication management and pharmacotherapy to provide collaborative and integrated care for all residents as part of the multidisciplinary healthcare team. They will work closely with GPs, onsite nurses, facility staff and other health care professionals, the resident and their family, to improve health outcomes of residents and build confidence with families and carers.

The role and activities of an on-site pharmacist may vary between residential aged care homes based on the individual needs of the facility and those of their residents. Other factors may be the size, level of care (high vs low, dementia care), access to workforce, and location of the home.

Generally, an ACOP will:

- be **readily available** to aged care staff and residents, building **collaboration with the health care team**, including general practitioners and community pharmacies.
- provide **continuity in medication management**, such as day-to-day monitoring of residents' medication and solving medication related issues promptly.
- assist with **medication management and communication during transitions of care**.
- undertake whole of facility **quality use of medicines activities**, such as medicine use evaluation and implementation of changes to improve the use of psychotropics, antimicrobials and other high-risk medications.
- advise, attend and report to the **Medicines Advisory Committee (MAC)** as part of **governance and oversight** in the residential aged care home, and help set up a MAC where one is not established⁵.

⁴ [Aged Care on-site pharmacists - Australian Government Department of Health - Citizen Space](#)

⁵ Department of Health and Aged Care. PharmCare 2023 Conference presentation. February 2023

2.2.3 Training and credentialing

The Department undertook a consultation process in 2022 in which stakeholders were asked about the training required for an aged care on-site pharmacist.

Whilst recognising the qualifications, training and experience of pharmacists in medication management, interprofessional communication and collaboration, quality use of medicines and delivery of education, stakeholders noted the need for⁶:

- appropriate and effective training to be role ready
- education in issues specific to the aged care setting (e.g., frailty and falls, dementia, palliative care)
- a role for employers in the orientation of pharmacists in residential aged care settings
- mentoring, communities of practice and support networks
- a framework for professional competency requirements that could be used to help pharmacists identify and fill gaps.

Stakeholders also suggested an independent body to ensure oversight of the quality and consistency of training programs.

The Department has stated that funding for the measure will require that pharmacists employed or engaged by residential aged care homes be appropriately trained and credentialed.

2.3. Medication Management Review (MMR) programs

The Department has funded pharmacists to conduct comprehensive medication management reviews for eligible people through the Community Pharmacy Agreements (CPA's) for nearly 25 years.

These programs are known as Home Medicines Reviews (HMRs) and Residential Medication Management Reviews (RMMRs).

Pharmacists undertaking these reviews are required to undertake additional training and assessment to become 'accredited' in order to be eligible for remuneration through the CPA programs. Until recently, a three yearly reaccreditation process was required to maintain accreditation.

Up until the end of 2022, training and accreditation had been provided by two organisations, the Society of Hospital Pharmacists of Australia (SHPA) and the Australian Association of Consultant Pharmacists (AACP). The AACP ceased operation on 31 December 2022, and its two owner organisations have taken over delivery of training and accreditation, namely the Pharmaceutical Society of Australia (PSA) and the Pharmacy Guild of Australia (PGA) via their training arm – the Australasian College of Pharmacy (ACP).

There has not been a system for independent oversight and quality assurance of MMR training programs to date. The development of this will ensure existing and future training programs only provide credentials to pharmacists who have demonstrated their performance for these roles at the required level.

⁶ [Aged Care On-Site Pharmacist Consultation Feedback - Ageing and Aged Care Engagement Hub \(health.gov.au\)](https://www.health.gov.au/aged-care-on-site-pharmacist-consultation-feedback)

3. Accreditation Standards

3.1. Purpose of accreditation

Accreditation of training programs ensures that program graduates are suitably trained and qualified, and have the skills and knowledge they need for safe, effective practice.

We accredit programs by reviewing them to confirm that they meet clear, evidence-based standards.

3.2. Accreditation Standards and supporting documents

Accreditation standards lay the quality framework for training programs delivered by education providers. The [Quality Assurance of Pharmacy Education: the FIP Global Framework](#) describes the five pillars (context, structure, process, outcomes, impact) and three foundations (science, practice and ethics) to quality pharmacy education (figure 1). Together, accreditation standards and performance outcomes frameworks, address these eight components.

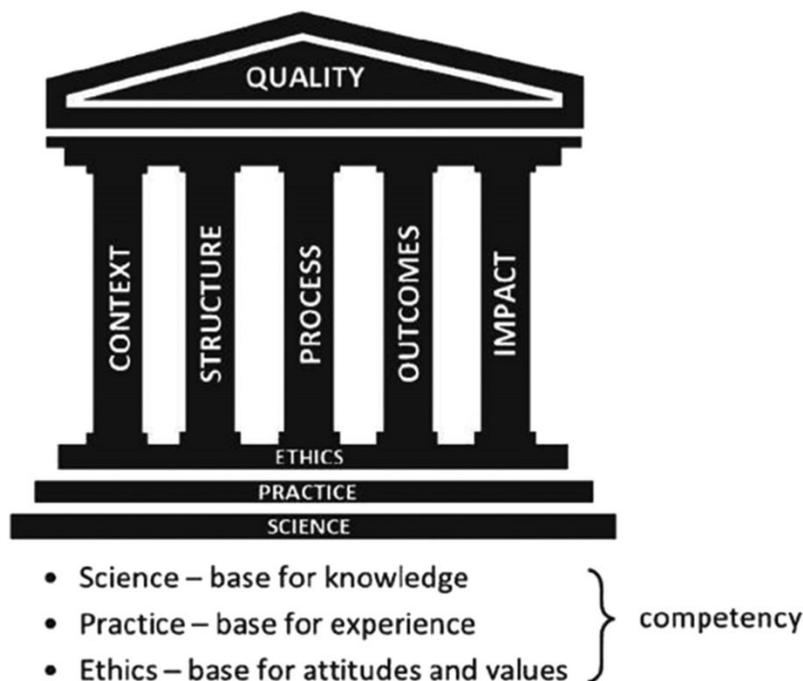


Figure 1. Pillars and Foundations of Educational Quality – Quality Assurance of Pharmacy Education: the FIP Global Framework 2nd Edition 2014⁷

3.2.1. Accreditation Standards

Our existing [accreditation standards](#) for pharmacy degree and intern training programs are structured into five domains, which includes a standards statement, and a number of criteria.

This structure is used across accreditation standards for many of the regulated health professions and their various programs and is considered current best practice.

⁷ [QA Framework 2nd Edition online version.pdf \(fip.org\)](#)

The domains cover core areas that the provider of an accredited program must meet to be compliant with the standards.

| Domain | Standard (statement) |
|--|---|
| 1. Safe and socially accountable practice | The program is underpinned by the promotion and maintenance of safe and socially accountable practice. |
| 2. Governance and quality | Program governance, quality assurance and quality improvement structures and systems are effective in developing and delivering sustainable, high-quality pharmacy programs. |
| 3. Program | Program design, implementation and resourcing enables graduates of the program to demonstrate achievement of the relevant performance outcomes, competent and safe practice, and accountability to the public for their actions |
| 4. Learner experience | Learners are provided with equitable and timely access to information and support relevant to their program and have appropriate formal and informal opportunities to contribute to program governance, planning, design, implementation, evaluation, review, and quality improvement processes. The environment within which learner learn promotes and supports equity, diversity, inclusivity, justice, fairness and non-discrimination. |
| 5. Outcomes and assessment | Graduates of the program demonstrate achievement of all the required performance outcomes for the level of qualification awarded (degree, initial general registration, credential, endorsement), and to a standard commensurate with competent, safe, and socially accountable professional practice. |

3.2.2. Performance Outcomes Framework

Performance outcomes outline the knowledge, skills and behaviours of an individual on completion of a relevant program. They are used to signal curriculum priorities, enable assessments to be relevant and fair, and to highlight expected outcomes for consumers.

Performance outcomes complement the Accreditation Standards and provide a framework for education providers to collect and present evidence that their graduates meet the requirements of the qualification or credential and to the required standard.

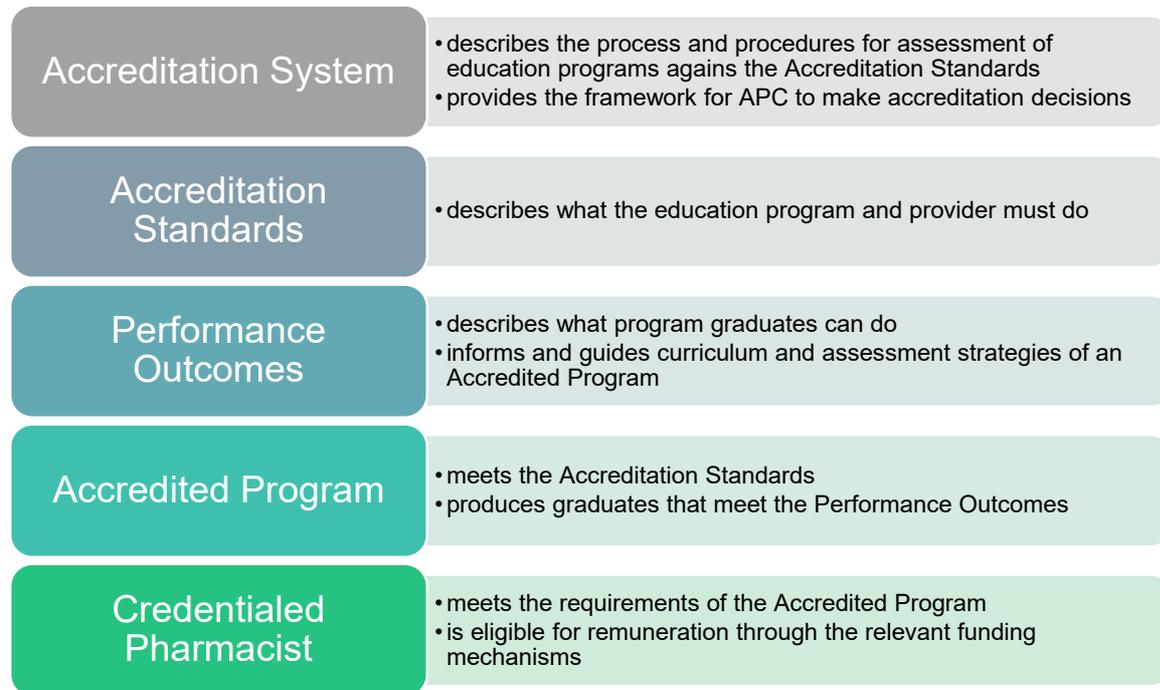
3.2.3. Supporting documents

We develop guidance documents to accompany our standards to assist education providers to meet the requirements. The guidance documents include examples of evidence that can be used by an education provider to prove compliance with the standards. As our standards

are outcomes-focused, the evidence examples are not intended to be prescriptive or restrictive.

3.3. Interrelationship of components

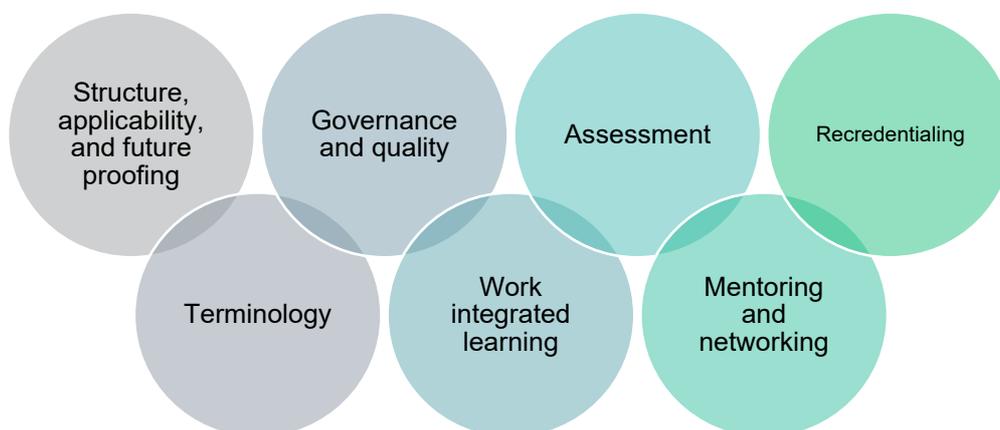
The following diagram outlines the components of aged care and MMR accreditation and how they interrelate.



4. Consultation Questions

We have developed a set of draft accreditation standards for training programs that will credential pharmacists to work as aged care on-site pharmacists and conduct comprehensive medication management reviews. They are provided in [Appendix 1](#).

We are seeking feedback on the draft standards via this consultation, and have identified a number of specific areas. Consultation questions have been posed to explore these ideas further, and to assist in the development of the final accreditation standards.



4.1. Structure, applicability, and future proofing

The accreditation standards have been structured into five domains, with a standards statement and criteria for each domain. A statement of intent has been provided to assist your understanding of the purpose of each criterion.

The draft standards are aligned to the existing [accreditation standards](#) for pharmacy programs and intern training programs.

We propose that this structure is continued for the standards for Aged Care Onsite Pharmacists (ACOP) and Medication Management Review (MMR) training programs.

Question 1:

Do you consider that the draft accreditation standards criteria are applicable to post graduate training programs where a pharmacist will have already met the requirements through existing training and professional obligations as a registered health practitioner?

Question 2:

Which criteria are not applicable, or require amendment, and why?

4.2. Terminology

Various terminology has been used historically to describe pharmacists qualified to conduct MMRs, such as 'consultant pharmacist' and 'accredited pharmacist'.

To reduce confusion and provide clear distinction between the roles of APC, training providers, programs and graduates, it is proposed that the terminology used to describe programs and graduates be amended as follows:

Accredited – refers to training programs only. (It is currently used to describe pharmacists who have completed the MMR training and assessment requirements)

Credentialed – refers to individual pharmacists who have completed the accredited training program and ongoing requirements of the provider of accredited training

Question 3:

Do you agree with the proposed terminology as described above? Please explain your answer.

4.3. Governance and quality

The quality of training is achieved through appropriate governance, structures and processes of the provider of an accredited program.

Program sustainability is an important component of accreditation, not only for the education provider, but for the learner who has enrolled and expects to complete the training.

Higher education providers can register with national education quality and standards bodies which will assess that they have appropriate organisational governance in place to maintain sustainability of the organisation to continue to deliver the program and protect learners' rights.

Question 4:

If an education provider is not registered with a national education quality standards body, how else can they demonstrate their capacity for ongoing sustainability, and be accountable for protecting learner rights?

4.4. Work Integrated Learning (WIL)

A period of WIL provides context to the development of competence in the area of training, that is, providing a place to apply knowledge, skills and competency gained through training to real-life practice.

There are various examples of WIL that are used in training and education such as placements, supervised practice, shadowing or observation, case-based discussion, videoconferencing, simulation and induction processes.

Question 5:

Should these training programs be required to include an element of WIL and what could it look like?

Question 6:

What are the potential barriers, risks and benefits of WIL within the training programs?

Question 7:

What would be the expected outcomes for the learner of a period of WIL?

Question 8:

Could WIL opportunities include interprofessional supervision and what would be the benefits or outcomes? What members of a consumer's care team would be appropriate as a supervisor of WIL?

Question 9:

What are the elements of WIL that we need to consider from a quality perspective (e.g., site identification and induction, learning objectives, supervisor availability and contribution)? Should education providers be required to ensure the quality of WIL?

4.5. Assessment

Assessments are important for training programs as it allows learners to demonstrate their understanding, skills and competence of the subject matter and is essential for the learning process.

Assessment methods must be valid, fair and reliable. They should be designed to measure achievement of the learning outcomes and demonstration of the required performance outcomes for awarding of a qualification or credential.

It is likely that programs will have a variety of assessments that assess performance of different competencies and in relevant learning environments including in the workplace.

Question 10:

What assessment tools or strategies would be effective in determining achievement of the required performance outcomes? Should they be the same or different for a pharmacist working on-site in a residential aged care home and/or a conducting a comprehensive medication management review such as a Home Medicines Review?

Question 11:

Could WIL opportunities include work-place based assessments (WBA)? Who would be an appropriate assessor of WBAs and how would a provider ensure the consistency, fairness and reliability of the assessment?

4.6. Mentors and networking

Training programs for roles such as the aged care on-site and MMR pharmacist will have learners, and be delivering graduates, that may be working in professionally isolated environments.

Question 12:

Should provision of mentoring or networking opportunities for learners/graduates be the responsibility of the training provider of an accredited program, and if so, what could it look like? Please explain your answer.

4.7. Recredentialing requirements

Previous accreditation processes for MMR pharmacists included annual continuing professional development (CPD) requirements (in addition to the Pharmacy Board of Australia requirements) and a three-year cycle of recredentialing via a multiple-choice question (MCQ) examination.

Regulators, governments, funders and/or organisations may require pharmacists to undergo activities or assessment to be assured of the practitioners ongoing competency. For

example, the Pharmacy Board of Australia has registration standards describing requirements for recency of practice and annual CPD to ensure pharmacists maintain competence to practice within their defined scope of practice.

Although recredentialing requirements for Aged Care Onsite Pharmacists (ACOP) and Medication Management Review (MMR) credentialed pharmacists are outside the scope of the development of these accreditation standards, we are seeking feedback on credentialing.

Question 13:

Do you consider there is a need for recredentialing of ACOP and/or MMR pharmacists after the completion of an accredited program? Please comment with consideration of the current [Pharmacy Board annual re-registration requirements](#)

4.8 General questions

Question 14:

Is there anything else you think we need to consider when finalising the standards?

5. Consultation process and timeframes

5.1. Consultation timeframes

The consultation period will remain open until COB AEST on **Wednesday 10 May 2023**.

5.2. How to provide us with your feedback

We have multiple ways that you can provide us with your feedback. You can choose one or more of the methods below.

| Options | What's involved |
|---|--|
| 1. Attend our Stakeholder Consultation Forum in Adelaide | <p>For individuals who want to discuss, workshop, and provide commentary face-to-face</p> <p>Face-to-face only:</p> <ul style="list-style-type: none"> • Wednesday, 26 April 2023 • 10.30am – 2.30pm (ACST) • Atura Adelaide Airport 1 Atura Cct, Adelaide Airport, SA, 5950 |
| 2. Take our survey | <p>Ideal for sending us your views and comments to our consultation questions.</p> <p>The survey uses response buttons with the choice of supporting your response through a short (free text) comment box.</p> <p>Our survey carries links to background information</p> <p>Start survey</p> |
| 3. Make a written submission by completing our Consultation Questions Template | <p>For individuals, groups or organisations who want to make a general submission to the APC on the consultation questions.</p> <p>Download template</p> <p>Submissions need to carry the name and contact details (phone number and e-mail address) of the writer.</p> <p>Submissions need to be sent by e-mail to:</p> <p>standards@pharmacycouncil.org.au</p> <p>or be sent by post or delivered to:</p> <p>APC Standards Development Australian Pharmacy Council Level 1, 15 Lancaster Place Majura Park CANBERRA AIRPORT ACT 2609</p> |

| Options | What's involved |
|--|--|
| 4. You can e-mail us your phone contact number, and one of our review team members will call you to get your feedback | Ideal for a short statement on one or more of the areas for consultation (relevant to the review), which is of a significant or personal interest. standards@pharmacycouncil.org.au |

5.3. Publication of submissions and feedback

We will publish a summary of the major themes derived from the comments and feedback we receive from stakeholders, along with our response to the matters raised from this consultation.

We will publish submissions and feedback on the APC website unless it is requested that part or all of the submission remains confidential. Material supplied in confidence, should be clearly marked 'IN CONFIDENCE' and be provided as a separate attachment to any non-confidential material or feedback you give us.

Published submissions will include the names of the respondent and/or organisation making the submission. All personal contact details will be removed from submissions before publication.

We will not place on our website, or make available to the public, submissions containing offensive or defamatory comments, or submissions outside the scope of this consultation.

We will e-mail a link to stakeholders when we publish the summary of the major themes (and our response) on the APC website.

5.4. Need more information

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Appendix 1: DRAFT APC Accreditation standards for Aged Care/MMR training programs

Introduction

The APC has developed draft accreditation standards for training programs that will credential pharmacists to work on-site in aged care facilities and conduct medication management reviews. The draft standards align with the format of the [APC Accreditation Standards for Pharmacy Programs](#).

The structure of the draft standards includes five domains, each with a standards statement and a number of criteria. This 'five domain' model of accreditation standards is used across other regulated Australian health professions and provides consistency and efficiency for education providers to meet the standards for various programs that they deliver.

For the purposes of consultation, we have provided a 'statement of intent' for each criterion, to ensure respondents understand the reason for each criterion. We have also provided some explanatory notes to indicate how providers may meet the standards. These will be transferred to supporting documents following approval of the standards.

Draft accreditation standards

The draft accreditation standards are set out in the below table with the following columns:

Criterion

The proposed wording which aligns with the current degree and Intern Training Program (ITP) standards

Intent

A description of the intent of the criteria to ensure that an accredited program is suitable for the needs of the profession and the public. This intent is to assist consultation participants to understand the rationale for each criterion.

Additional notes

Explanatory notes to assist in contextualising the standards to the training programs for Aged Care and MMR pharmacists.

| Domain 1 Safe and socially accountable practice | | | |
|---|--|--|--|
| <i>The program is underpinned by the promotion and maintenance of safe and socially accountable practice</i> | | | |
| | Criterion | Intent | Additional notes |
| 1.1 | The program promotes the development by learners of knowledge, skills, behaviours and attitudes congruent with a commitment to public service and safety; cultural safety, respect and responsiveness; equity, diversity and inclusiveness; person-centred care; reduction of disparities in health care; and addressing community aspirations for health. | To ensure that learners, as health professionals, are committed to safe and socially accountable practice. | These are general criteria related to safe and socially accountable practice of which a registered pharmacist is already professionally accountable for. Pharmacists are required to be aware of and meet their legal and professional obligations in their practice environment and within their individual scope of practice. |
| 1.2 | Effective fitness-to-practise monitoring and management processes are implemented in relation to learners which promote and protect the safety of the public at all times. | To ensure that the program provider is aware of, monitors, and manages learners' capacity to perform to an appropriate and safe standard during the program, including in work-integrated learning (WIL) environments. | There may be no additional requirements over and above the Pharmacy Board of Australia's registration standards, however, a pharmacist must be aware of any requirements specific to their environment. |
| 1.3 | All learners have demonstrated relevant <u>pre-requisite</u> knowledge, skills, behaviours and attitudes before | To ensure learners have demonstrated a level of competency before providing | Training providers may assist learners in understanding any |

| Domain 1 Safe and socially accountable practice | | | |
|---|---|---|--|
| | interacting with the public or providing professional services as a component of the program. | services to patients related to the scope of practice of the program. | specific requirements they need to be aware of. |
| 1.4 | All staff and learners are held accountable to endorsed standards of professional and ethical practice and conduct. | To ensure public safety through monitoring and maintaining compliance to professional and ethical standards. | |
| 1.5 | Graduates of the program have demonstrated appropriate understanding of their legal, ethical and professional responsibilities, awareness of relevant processes for managing concerns in relation to their practice and/or the practice of others, and recognition of mechanisms for familiarising themselves with changes in requirements. | To ensure pharmacists develop and maintain current knowledge and application of legal, ethical and professional responsibilities related to their practice environment. | |
| 1.6 | The program includes sufficient length and opportunity for high-quality work-integrated learning (WIL) ¹ and practical experience in relevant practice settings. This is to ensure learners are able to demonstrate achievement of the required performance outcomes to the appropriate level. | To ensure learners are able to demonstrate achievement of the performance outcomes in practical 'real-life' environments. | WIL may vary depending on the training program and the prior experience of the learner. Training providers should consider opportunities that will allow the learner to familiarise themselves with new roles, tasks or activities in the practice, ensuring appropriate supervision or access to a mentor. |

¹ Work integrated learning (WIL) describes a range of approaches that integrate theory with practice, usually encompassing opportunities for learners to undertake experiences in a workplace.

| Domain 1 Safe and socially accountable practice | | | |
|--|---|--|--|
| 1.7a | Where the provider is responsible for the selection and/or allocation of WIL sites, all sites are compliant with documented standards relating to their quality, suitability and safety for learners, and have sufficient capacity, resources and processes for the appropriate supervision of learners by competent and suitably qualified professionals. | To ensure the provider has appropriate oversight of the WIL program to deliver a quality and safe experience for learners and allow them to achieve the required performance outcomes to an appropriate level. | Training providers should consider the quality of WIL experiences for their learners and provide guidance and support to learners, sites and supervisors as required. |
| 1.7b | Where the program is not responsible for the provision of WIL sites, the provider of the program provides all WIL sites with documented expectations relating to the provision of a safe and suitable WIL environment, and requires signed agreements confirming the availability of sufficient capacity, resources and processes for the appropriate supervision of interns. | To ensure providers meet their obligations under relevant legislative and regulatory frameworks. | Providers of training programs may be required to meet specific obligations under legislative, regulatory or other frameworks relevant to the program. For example, there may be a requirement to provide lists of pharmacists holding current credentials to the Department. |
| 1.8 | Effective processes are in place to ensure that the provider maintains compliance with all obligations under the Health Practitioner Regulation National Law Act, PharmBA and/or equivalent national and state/territory frameworks. | | |

Domain 2 Governance and Quality

Program governance, quality assurance and quality improvement structures and systems are effective in developing and delivering sustainable, high-quality pharmacy education programs

| | Criterion | Intent | Additional notes |
|-----|--|--|------------------|
| 2.1 | The program is delivered by a clearly identifiable operational unit within the provider organisation. The unit delivering the program has appropriate autonomy, authority and responsibility for designing, implementing, evaluating and resourcing the program. | To ensure that the provider organisation has a unit which is responsible for the program and its outcomes. | |
| 2.2 | Australian provider organisations are registered either with the Tertiary Education Quality and Standards Agency (TEQSA) (HEIs) or Australian Skills Quality Authority (ASQA) (RTOs). | To ensure that the provider has appropriate organisational governance in place to maintain sustainability of the organisation to continue to deliver the program and protect learners' rights. | |
| 2.3 | Governance structures and processes within the provider organisation direct and support the design, implementation, evaluation and quality improvement of the program to ensure that graduates are able to demonstrate the required performance outcomes. | To ensure processes are in place for appropriate design, implementation and continuous quality improvement of the program and the capability of the program to produce graduates | |

| Domain 2 Governance and Quality | | | |
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| | | who meet the performance outcomes. | |
| 2.4 | The maintenance, assurance and improvement of program quality are facilitated by effective relationships and accountability between the unit delivering the program and the provider organisation. | To ensure that the unit delivering the program has the support of the organisation to deliver the program. | |
| 2.5 | The unit delivering the program has a designated leader with requisite professional experience and expertise who is responsible for ensuring the effective provision of leadership, engagement and advocacy for the unit and the profession within and beyond the provider organisation. | To ensure effective professional leadership of the program. | |
| 2.6 | There are clearly defined, robust, transparent and effective mechanisms by which the designated leader of the unit delivering the program secures and is accountable for the financial and other resources necessary to ensure the sustainable operation of the unit and its program. | To ensure there are effective financial and administrative resources for the unit, and that they contribute to sustainability of the program. | |
| 2.7 | The unit delivering the program operates under a clearly defined strategic plan which is aligned with that of the provider organisation, congruent with the vision, purpose and goals of the unit, and systematically reviewed and updated to ensure fitness-for-purpose and currency with contemporary pharmacy practice. | To ensure the unit has a specific, unit-level strategic plan that contributes to the ongoing fitness-for-purpose of the program. | |

| Domain 2 Governance and Quality | | | |
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| 2.8 | Risks to the sustainable delivery of the program are regularly monitored and evaluated, and appropriate mitigation strategies are clearly documented. | To ensure a focus on the identification, monitoring and mitigation of risks to the ongoing and sustainable delivery of the program. | |

| Domain 3 Program | | | |
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| <i>Program design, implementation and resourcing enable graduates of the program to demonstrate achievement of the relevant performance outcomes, competent and safe practice, and accountability to the public for their actions.</i> | | | |
| | Criterion | Intent | Additional notes |
| 3.1 | The program is underpinned by a coherent, contemporary, and clearly articulated educational philosophy and/or learning and teaching strategy, which is clearly reflected and articulated in the program goals/objectives, curriculum, learning and teaching approaches, and assessment methodology. | To ensure the program is based on a clearly articulated educational philosophy. | |
| 3.2 | Program design, content, delivery, and assessment reflect contemporary evidence-based practice in pharmacy, health and education, and are designed to facilitate the achievement and demonstration by learners of the required performance outcomes at an appropriate pace over an | To ensure the program is designed and delivered to support learners to achieve and demonstrate the required performance outcomes. | |

| Domain 3 Program | | | |
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| | appropriate period of time. Emerging developments in practice and new technologies are incorporated into the program (including WIL) in a timely manner to ensure that the program remains fit-for-purpose. | To ensure the program remains contemporary and responsive to changes in practice. | |
| 3.3 | Program planning, design, implementation, evaluation, review and quality improvement processes are carried out in a systematic and inclusive manner, involving input where relevant from staff, learners, graduates, supervisors, practitioners, employers, patients and consumers, carers, Aboriginal and Torres Strait Islander peoples, and other key external stakeholders to ensure that the program remains fit-for-purpose. Outcomes from these processes are clearly communicated in a timely manner to stakeholders. | To ensure that the program is responsive to the needs, expectations and feedback of stakeholders. | |
| 3.4 | Program design, content, delivery and assessment specifically emphasise and promote Aboriginal and Torres Strait Islander cultures, cultural safety and improved health outcomes. Aboriginal and Torres Strait Islander peoples should have direct input into curriculum design and content, and where possible should be involved directly in delivery and assessment. | To ensure that the content, delivery and assessment of material relating to First Nations cultures, cultural safety and improved health outcomes are culturally appropriate and developed and delivered with input from First Nations peoples. | <p>Cultural safety and diversity are core competencies expected of registered pharmacists and covered in programs leading to registration.</p> <p>Providers should include cultural safety and diversity content related</p> |

| Domain 3 Program | | | |
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| 3.5 | Program design, content, delivery and assessment promote an understanding and appreciation of cultural diversity by both staff and learners, and the development of skills that enable the provision of culturally safe, inclusive and responsive person-centred care. | To ensure that providers promote appreciation of cultural diversity by both staff and learners. | to the context of the training program. |
| 3.6 | Resources including physical facilities, infrastructure, technological capacity and information resources available to learners undertaking the program are current, fit-for-purpose, sufficient for the needs of the learner cohort, and systematically reviewed and updated on a regular basis. | To ensure that sufficient resources are available for delivery of a fit-for-purpose program. | |
| 3.7 | The provider maintains a leadership and staff complement which is demonstrably sufficient for the needs of the program, appropriately qualified and experienced, sustainably resourced and supported, and provided with regular opportunities for relevant professional review and development. | To ensure that the experience and qualifications of the staff is suitable, and the staffing numbers are sufficient, for program delivery. | |
| 3.8 | The program provides sufficient opportunities for all learners to engage in interprofessional learning and practice to enable graduates to provide person-centred care as a collaborative member of an interprofessional team. | To ensure participation in collaborative interprofessional practice during the program. | Interprofessional collaboration and communication are core competencies expected of registered pharmacists. Programs leading to registration are required to have opportunities for |

| Domain 3 Program | | | |
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| | | | <p>interprofessional learning to cover these competencies.</p> <p>Practice settings will have varying professionals providing care or support to consumers. Providers should consider including interprofessional learning in the context of the training program to ensure the learner can demonstrate performance within that environment.</p> <p>For example, IPL in a residential aged care home should include an understanding of the roles of personal care workers and other non-health care staff and how to work together to improve outcomes for consumers. This could include induction or familiarisation sessions during WIL.</p> |
| 3.9 | The unit delivering the program operates in an environment informed by contemporary scholarship, research and enquiry, and promotes the development and utilisation of | To ensure the program is informed and supported by current and emerging evidence. | |

| Domain 3 Program | | | |
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| | these skills within its program to ensure that graduates are able to demonstrate the required performance outcomes. | To ensure that graduates have the skills to maintain and contribute to evidence-based practice that optimises health outcomes for patients. | |

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Domain 4 Learner Experience

Learners are provided with equitable and timely access to information and support relevant to their program and have appropriate formal and informal opportunities to contribute to program governance, planning, design, implementation, evaluation, review and quality improvement processes. The environment within which learners learn promotes and supports equity, diversity, inclusivity, justice, fairness and non-discrimination.

| | Criterion | Intent | Additional notes |
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| 4.1 | Selection policies and criteria for entry into the program are transparent, equitable, and applied fairly and consistently to ensure that applicants are not subject to unfair/unlawful discrimination. | To ensure that providers have selection policies and criteria that are consistent, fair, lawful and do not discriminate. | Registered pharmacists enrolling in programs will have varying levels of experience, competency and training. |
| 4.2 | Program information, including selection policies, criteria and processes, inherent requirements, English language proficiency requirements, recognition of prior learning (RPL) processes, experiential and WIL requirements, PharmBA requirements, current accreditation status and any other relevant information, is accurate, accessible and comprehensive to ensure that potential learners are given sufficient guidance to make an informed decision. | To ensure that program information is accurate, comprehensive, and accessible. | <p>Clear and transparent information and processes for recognition of prior learning (RPL) should be made available to learners.</p> <p>RPL processes should consider assessment methods are appropriate to ensure a learner has demonstrated the required performance outcomes at a standard commensurate with the qualification or credential.</p> |

| Domain 4 Learner Experience | | | |
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| 4.3 | The provider ensures that learners are able to access relevant resources and support systems in a timely manner to facilitate achievement of the required performance outcomes. | To ensure learners are well supported throughout their journey. | |
| 4.4 | Providers ensure that the principles of equity and diversity are embedded in the program to ensure the absence of unfair/unlawful discrimination. | To ensure learners are aware of their rights and are treated fairly. | |
| 4.5 | Providers ensure that learners are aware of and able to access effective appeals and grievance processes, and that these processes are managed consistently, fairly and with appropriate impartiality and confidentiality to ensure that learners are treated justly. | To ensure the provider has in place processes to manage appeals and grievances from learners. | |
| 4.6 | The provider identifies and manages all actual, perceived and potential conflicts of interest proactively, consistently and fairly. | To ensure the provider manages conflicts of interest fairly. | |
| 4.7 | Learners are actively engaged with governance and program management structures and decision-making processes, through both formal and informal mechanisms. | To ensure learners have the opportunity to provide feedback on the program. | |

Domain 5 Outcomes and Assessment

Graduates of the program demonstrate achievement of all the required performance outcomes to be credentialed and to a standard commensurate with competent, safe and socially accountable professional practice.

| | Criterion | Intent | Additional notes |
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| 5.1 | The scope of assessment covers all learning and performance outcomes required to ensure graduates are competent to practise safely, legally, professionally and ethically as a member of an interprofessional health care team. | That the assessments in the program ensure that graduates have met the performance outcomes. | |
| 5.2 | A range of relevant, contemporary, and evidence-informed assessment tools (including direct observation) are used in academic, practice and WIL environments to ensure that the overall assessment system is valid and reliable and provides evidence of learner competency and safety. | To ensure that a range of suitable assessments are included in the program as part of an overall assessment system. | |
| 5.3 | The provider has effective policies and procedural controls in operation for external evaluation or moderation to assure integrity, reliability, fairness, and transparency in the assessment of learners, and uses the feedback received to develop the program. | To ensure peer review/moderation of assessments as part of a cyclical quality improvement process. | |
| 5.4 | All assessments carried out in academic, practice and WIL environments are fair and undertaken against clear criteria. The standard of performance expected of learners in each | To ensure that there are clear criteria for assessments that are shared with learners and the staff | |

| Domain 5 Outcomes and Assessment | | | |
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| | area to be assessed is explicit and clearly communicated to learners and staff involved in the assessment. | or supervisor undertaking the assessments. | |
| 5.5 | Staff and other professionals who assess learners in academic, practice and WIL environments are suitably qualified, experienced, and prepared for the role, are provided with appropriate guidance and support, and are held accountable for their decisions to ensure that assessment is carried out fairly, impartially, and consistently. | To ensure that assessors have the necessary skills and support to undertake the role, and make judgements objectively, fairly and impartially. | |
| 5.6 | Learners are provided with appropriate, timely and sufficient feedback to enable them to improve future performance. | To ensure learning is future focussed, giving learners the ability to respond and learn from feedback. | |