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# Review of the Accreditation Standards for Pharmacist Prescriber Education Programs

Public Consultation paper

22 June 2026

## 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 and present 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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# Public Consultation paper

22 June 2026

## 1. Consultation Brief

### 1.1. Who we are

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

The APC operates under assignment from the Pharmacy Board of Australia ('the Board'), who is responsible for the regulation of the pharmacy profession in Australia. The review of the APC Accreditation Standards for Pharmacist Prescriber Education Programs is being undertaken as part of the National Registration and Accreditation Scheme (the National Scheme) under the Health Practitioner Regulation National Law Act (National Law).

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.

### 1.2. What we are doing

APC is releasing this public consultation paper to seek feedback on the proposed draft Accreditation Standards for Pharmacist Prescriber Education Programs (the Standards).

At the Health Ministers' Meeting held in June 2025, Ministers noted that the jurisdictional expansion of community pharmacist's scope of practice was at differing stages and approaches, and that there were risks associated with states and territories progressing these trials independently. Following the outcomes of the meeting, the Board began its work in September 2025 to progress an endorsement for scheduled medicines for pharmacists, with the intent to support a consistent, safe, and nationally coordinated approach to pharmacist prescribing.

To support this work, the APC is undertaking a [review of the Accreditation Standards for Pharmacist Prescriber Programs](#) (the Standards) as requested by Health Ministers through the Board.

In April 2026, the Board commenced [public consultation on a draft Endorsement](#) for scheduled medicines for pharmacists. The Board's consultation documents include:<sup>1</sup>

- i. draft Registration standard: Endorsement for scheduled medicines
- ii. draft Guidelines: Endorsement for scheduled medicines

The final scope of the endorsement will inform the review of the Standards.

APC's accreditation standards and processes are critical for ensuring pharmacists are equipped with the education and competencies required to safely and effectively prescribe medicines under evolving legislative frameworks. National consistency in pharmacist prescribing will be underpinned by our work.

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<sup>1</sup> Pharmacy Board of Australia. Public consultation Endorsement for scheduled medicines for pharmacists. [\[Internet\]](#) 2026. Accessed April 21, 2026.

### 1.3. Purpose of public consultation

As outlined in the National Law<sup>2</sup> and Ahpra guidance<sup>3</sup> the purpose of this public consultation is to consult widely on the proposed draft Accreditation Standards. Stakeholders invited to provide feedback on this consultation include but are not limited to; pharmacists, other health professions and professionals, peak professional bodies, education providers, patient safety bodies, regulatory bodies, consumer groups and members of the community.

This paper should be read in conjunction with the [Literature Review and Environment Scan](#) (available on the APC website), the draft Accreditation Standards for Pharmacist Prescriber Education Programs (Appendix A), and the Summary of Proposed Changes (Appendix B). APC has also developed the Learning Domains for Pharmacist Prescriber Education Programs (Appendix C) that will help guide curriculum development.

### 1.4. Options for Consideration

Option 1	Option 2
Status quo - keep the current Standards	Revise and update the Standards to ensure that they are contemporary

#### Preferred option

The preferred option is option 2. For more information regarding the options presented and rationale for our preferred option please refer to section 2.4.

### 1.5. Providing feedback

Stakeholders are invited to provide feedback by addressing the consultation questions via the [online survey form](#) or by emailing your response to us at [research.policy@pharmacycouncil.org.au](mailto:research.policy@pharmacycouncil.org.au) (see the questions on page 6 of this consultation paper).

To ensure that your feedback is considered in the revision of the draft Standards, feedback must be received by APC by close of business 3 August 2026.

### 1.6. How your feedback will be treated

Your feedback will be used to prepare a final version of the draft Standards which will be presented to the Board for their approval.

APC will not publish the comments or feedback we receive in full. In the interest of transparency, 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.

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. Information we receive that is marked confidential or given in confidence will be treated as such.

### 1.7. Next steps

Feedback from this public consultation may be incorporated into the final draft of the Standards. Alternatively, APC may decide to test some proposals more widely and incorporate feedback after the public consultation process.

<sup>2</sup> Queensland Government. Health Practitioner Regulation National Law Act 2009. [\[Internet\]](#). Accessed April 14, 2026.

<sup>3</sup> Ahpra & National Boards. Procedures for the development of accreditation standards. November 2023. [\[Internet\]](#) Accessed January 27, 2026.

## Questions for Public Consultation

APC is seeking your feedback on the following questions in relation to the draft revised Standards:

1. Do you support the update of the 2023 Accreditation Standards to ensure they are contemporary and support the Board's work to progress an endorsement for scheduled medicines (described in this paper as the 'preferred option')?
  - a. Y/N - please provide your reasoning.
  
2. Are there any concepts missing from the proposed draft revised Accreditation Standards and/or Learning Domains for Pharmacist Prescriber Education Programs that should be included?
  - a. Y/N - if yes, could you provide suggestions for improvement?
  
3. Do the draft revised Accreditation Standards support the delivery of suitable training for pharmacists to be able to prescribe in accordance with the Board's draft *Registration Standard: Endorsement for scheduled medicines* and within their defined scope of practice?
  
4. Criterion 2.1 specifies the requirements of all education providers who deliver pharmacist prescriber training to be registered with TEQSA (as a higher education provider). Does this align with expectations for program design and delivery?
  
5. Should entry into, and completion of, pharmacist prescriber training (including work integrated learning) be limited to pharmacists holding general registration? Or should programs be able to enrol and graduate pharmacy students and/or interns (who hold provisional registration)?
  
6. Would the draft revised Standards result in any potential negative or unintended consequences for Aboriginal and/or Torres Strait Islander Peoples?
  
7. Are there any other regulatory impacts of the draft revised Standards that we should be aware of?
  
8. Are there any implementation issues the Board should be aware of for the final Standards?

## 2. Background information

### 2.1 Accreditation standards for pharmacist prescriber education programs

In 2023, to support the progression of national consistency in pharmacist prescriber education, the Board funded the APC to develop the [Accreditation standards for pharmacist prescriber education programs](#) (the Standards) and an accompanying [Accreditation standards for pharmacist prescriber education programs Performance Outcomes Framework](#) (the Performance Outcomes). The 2023 Performance Outcomes are aligned with the NPS MedicineWise Prescribing Competency Framework (2nd Edition)<sup>4</sup> which describes the competencies that must be met by Australian prescribers regardless of profession.

The Standards and the accompanying Performance Outcomes and Evidence Guide for education providers were developed through APC's robust, transparent, and consultative approach that aligns with Ahpra's Procedures for the development of accreditation standards. The Standards were endorsed by the Board in 2023.

The Standards describe the requirements of the education provider and the program in relation to governance, resourcing, educational design, learner experience, outcomes and assessment. Assessment against the Standards also requires programs to demonstrate that the curriculum and assessment framework ensures all graduates will have achieved the defined Performance Outcomes.

### 2.2 Programs accredited against the 2023 Accreditation Standards

After the launch of the Standards in November 2023, the first Pharmacist Prescriber program was accredited against the Standards by APC in March 2024.

Accreditation of education programs follows established accreditation processes used to accredit pharmacy degree and intern training programs. Accreditation assessment is undertaken by a team of trained external assessors including people who have experience in educational design, are health care professionals who are authorised to prescribe, and/or practising pharmacists. Once the revised Standards are implemented the team of assessors will also include members with clinical expertise in prescribing to support the evaluation of prescribing-related clinical components of programs. This broad expertise allows all aspects of program design and delivery to be considered, prior to an accreditation decision being made by the APC Accreditation Committee (AC). The AC is a skills-based committee comprising of academics, practising pharmacists, accreditation experts, consumers, students and Aboriginal and Torres Strait Islander Peoples.

To date there have been multiple programs that have been [granted accreditation](#), and more that are currently undergoing the accreditation process. All accredited programs include:

- work integrated learning
- observation/supervision by a designated prescriber and/or support from a prescriber mentor
- final assessment via an Objective Structured Clinical Exam (OSCE) or oral assessment.

For detailed information on APC's accreditation process, please refer to the [Accreditation Guide | Australian Pharmacy Council](#).

### 2.2 Request for early review of the Standards

State and territory regulators currently determine the requirements and scope for a pharmacist to be able to prescribe in their jurisdiction, including the training requirements.

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<sup>4</sup> Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards Second edition. 2021 [\[Internet\]](#) Accessed April 14, 2026.

Health Ministers' have asked the Pharmacy Board to commence a program of work exploring formal recognition of endorsed pharmacist prescribers, who can perform advanced clinical diagnosis and management.

Ministers specified that the work of the Board is to include establishment of practice, registration, and **accreditation standards** for this group of practitioners. Ministers also expect that patient history taking, examination, diagnostic investigation, electronic record keeping and referral as part of a multidisciplinary team will be areas for national standardisation to ensure clinical appropriateness. These can be addressed in the revised Accreditation Standards and specific program requirements.

In April 2026, the Board commenced [public consultation on a draft Endorsement](#) for scheduled medicines for pharmacists following recommendation from Health Ministers' meeting in June 2025. The consultation documents include:<sup>1</sup>

- i. draft Registration standard: Endorsement for scheduled medicines
- ii. draft Guidelines: Endorsement for scheduled medicines

To align with this work the Board has engaged APC to undertake a review of the Standards. The review includes an environmental scan and literature review looking at pharmacist and other health care professional prescribing in Australia and internationally, as well as identification of key changes in practice since the Standards were first developed. APC's review will be informed by the Board's public consultation on the draft registration standard.

Early APC discussions with key stakeholders have also identified areas that will be considered during the review, including:

- **Reducing duplication in the accreditation process**

This is aligned with the findings of the independent review of complexity in the National Registration and Accreditation Scheme (the Dawson Review) report.

- **Inclusion of specific clinical training requirements**

This has been requested by Health Ministers, states and territories, and the Board. The current APC Performance Outcomes that accompany the 2023 Accreditation Standards are not explicit in the clinical skills required to prescribe. For example, the current Performance Outcomes make reference to a graduate outcome being able to "*Apply current knowledge and use appropriate skills to assess the consumer*". It could be presumed that 'appropriate skills' includes physical examination, but it is not explicitly included. APC understands that stakeholders are asking for this to be more explicit in the revised standards.

Our review process includes wide stakeholder consultation, including a public consultation. The feedback we receive will be used to inform the revisions we make. The revised standards, once approved, will replace the Accreditation Standards for Pharmacist Prescriber Education Programs 2023.

## 2.3 Alignment with the National Prescribing Competencies Framework

Currently, programs seeking accreditation against the 2023 standards are required to align their curriculum to the Accreditation Standards for Prescriber Education Programs Performance Outcomes Framework (Performance Outcomes). During the initial process of review of the Performance Outcomes, the environmental scan identified the National Prescribing Competencies Framework (now published in 3<sup>rd</sup> edition) as a recognised and accepted document used across other health professions.

APC will be replacing the Performance Outcomes Framework 2023 with the [National Prescribing Competencies Framework \(3<sup>rd</sup> Edition\)](#) for the revised Accreditation Standards. This allows for greater consistency and alignment in the education requirements between professions who undertake prescribing.

## 2.4 Options and rationale for preferred option

### Option one – status quo

Option one is to not take any immediate action and to retain the existing Accreditation Standards for Pharmacist Prescriber Education Programs 2023.

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>There are no advantages for this option</li> </ul>	<ul style="list-style-type: none"> <li>Feedback from key stakeholders has stated that the 2023 standards do not support the Board's work to progress and endorsement and the draft registration standard</li> <li>There is a missed opportunity to refresh and update the Standards to ensure that they are contemporary and relevant</li> <li>The Standards are not aligned with demands and evolving changes in the profession and contemporary practice</li> </ul>

### Option two – revising and updating the Standards

Option two is to progress with revising and updating the Standards to ensure that they are contemporary.

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>Supports the Board's work to progress an endorsement for pharmacists</li> <li>The Standards will be contemporary</li> <li>Provides an opportunity to address possible gaps</li> <li>Opportunity to reduce duplication in the accreditation process</li> <li>Meets expectations and broader strategic direction of the profession/sector and in relation to identified risk</li> <li>Ensures alignment with the latest version (3<sup>rd</sup>) of the National Prescribing Competencies Framework</li> </ul>	<ul style="list-style-type: none"> <li>May not meet stakeholder expectations and views on what should be included in the prescriber standards</li> </ul>

### Preferred option and rationale

The expansion of pharmacist prescribing is occurring at different stages and approaches across jurisdictions, creating a risk of inconsistency in practice. The preferred option is option two, which is to progress with the revision of the Standards now, as this will support a nationally consistent, safe and contemporary framework that reflects evolving scope of pharmacist prescribing, as well as supporting the Pharmacy Board's work to progress endorsement for scheduled medicines for pharmacists.

## 3. Potential impacts of the Standards

The implementation of the Standards is expected to have an impact on pharmacy education programs and providers. Education providers will need to ensure their programs meet the revised Standards and meet the competencies in the National Prescribing Competencies Framework. This may result in the need for changes to governance, process and programs. The Board and APC will consider implementation and transition planning as part of the publication of revised standards.

### 3.1 Benefits

The benefits of revising the Standards extend across the healthcare sector and the community. By ensuring the Standards remain contemporary and fit for purpose for the evolving healthcare environment pharmacists are working in, the APC are working towards the shared National Scheme goal of protecting public safety.

APC has developed the Learning Domains for Pharmacist Prescriber Education Programs to accompany the Standards. The Learning Domains will be used together with the National Prescribing Competencies Framework in the development and review of degree program curriculum. The Learning Domains identify critical content areas for programs (i.e. the knowledge and skills underpinning the curriculum). These will support setting relevant standards for pharmacist training to prescribe, provide formal recognition of endorsed pharmacist prescribers and allow greater national consistency in pharmacist prescribing.

### 3.2 Potential implementation costs & issues

APC is seeking feedback on potential impacts or implementation issues as part of this consultation through questions 6-8.

A patient health and safety impact statement has been developed and is included as Appendix D.

## 4. Development of the draft Standards

The draft Standards have been developed in accordance with [Ahpra Procedures for the development of accreditation Standards](#). APC's statement of assessment against the Ahpra procedures is included as Appendix E.

To support the first draft of the revised Standards, discussions during the Pharmacy Board's forum on prescribing held in October 2025 and feedback from a follow-up consultation survey have been considered. In addition, a literature review was undertaken. The review looks at reports on of systematic reviews from 2023 to October 2025, grey literature and models focused and relevant to pharmacist prescribing in the Australian context and internationally.

### 4.1 Literature Review Summary

The review synthesises and addresses three core topics:

#### **a. The evidence base for pharmacist prescribing reviews published between 2023 and 2025**

- *Accessibility:* Reviews consistently report that pharmacist prescribing improves timeliness and convenience of care, particularly in primary care and underserved settings. Models enabling same-day treatment and extended service hours were highlighted as important enablers of access.
- *Clinical Effectiveness:* Evidence indicates that pharmacist prescribing achieves outcomes comparable to medical practitioner-led care for common conditions, chronic disease management, improves adherence and supports guideline-based therapy.
- *Safety:* Reviews indicate that pharmacist prescribing supports safe practice through strong adherence to clinical guidelines. Effective safety outcomes were most evident when programs incorporated structured protocols and collaborative care models, reinforcing the importance of governance and team-based approaches.
- *Economic Impact:* Available evidence suggests pharmacist prescribing can deliver cost savings and efficiency gains, particularly in minor ailments, health risk management, and hospital collaborative models.

#### **b. Accreditation standards for non-medical prescriber programs in Australia**

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The grey literature review identified prescribing accreditation standards across midwifery, nursing, optometry, pharmacy, physiotherapy, and podiatry. Key observations:

- prescribing competencies are embedded in entry-level programs for optometry and podiatry but require postgraduate qualifications for pharmacy, nursing, midwifery, and physiotherapy
- all professions reference the National Prescribing Competencies Framework within their accreditation standards, ensuring potential alignment with national prescribing expectations
- accreditation domains commonly address program governance, curriculum design, learner experience, and assessment strategies. Pharmacy-specific standards emphasise safe, socially accountable practice, governance, and performance outcomes broadly aligned to the National Prescribing Competencies Framework.

### **c. International accreditation standards for pharmacist prescribing programs**

International models reveal diverse approaches to embedding prescribing authority. Some examples of the prescribing models are as follows:

- integrating pharmacy prescribing into pharmacy education, enabling graduates to qualify as independent prescribers at registration
- offering accredited postgraduate prescriber program that is aligned with national competence standards
- embedding entry-level programs prescribing-related competencies but requiring additional jurisdiction-specific training for expanded scope
- pharmacist prescribing which occurs under state-level protocols or collaborative agreements.

The models included in the review (the United Kingdom, New Zealand, Canada and the United States), require pharmacist prescribers to complete a post-graduate program, except for the newly introduced (UK) program. It is important to note that pharmacist prescribers trained in the NZ and UK practice in a highly defined area and scope of prescribing. These programs emphasise the role that pharmacists play in a collaborative primary care team. Overall, international standards consistently emphasise diagnostic reasoning, clinical assessment, shared decision-making, and accountability. Supervised practice and competency-based assessment are universal requirements for prescribing authority.

In summary the review provides available evidence across the four key areas of accessibility, clinical effectiveness, safety, and economic impact, which collectively justifies the need for rigorous accreditation requirements. These findings reinforce the standards' mandate for pharmacist prescriber education programs to be aligned with the National Prescribing Competencies Framework, ensuring consistency with prescribing expectations applied to other non-medical professions.

More detailed information on the above are included in the full [literature review](#).

## **4.2 Scope of practice for pharmacist prescribers**

The pharmacist role in medicines management and safety continually evolves to meet the needs of the public and includes prescribing.

The National Prescribing Competencies Framework (3rd Edition September 2025) defines prescribing for all prescribers in Australia as:

*“A dynamic process involving the steps of information gathering, clinical and shared decision making, communication and evaluation which results in the initiation, continuation or cessation of a medicine”<sup>5</sup>*

Prescribing must be undertaken according to the parameters of the prescribing context. Factors such as the practice setting, service delivery model, contribution of other health practitioners within the multidisciplinary team, and the specific preferences and needs of the consumer influence prescribing.

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<sup>5</sup> Department of Health, Disability and Ageing. National Prescribing Competencies Framework- Embedding quality use of medicines into practice (3rd edition). September 2025. [\[Internet\]](#) Accessed April 8, 2026.

The demonstration of prescribing performance by learners must include consideration of, and an appropriate response to, these factors.

Pharmacist prescribers who have completed accredited programs will maintain and update their knowledge and skills by completing the annual requirements for continuing professional development (CPD) as required by the [Board's Registration standard: Continuing professional development](#) according to their scope of practice.

### 4.3 Managing conflicts of interest

Conflicts of interest (COI) should be identified, disclosed, and managed to ensure objectivity, integrity and transparency in pharmacist prescribing. Clear requirements need to be included for the identification and management of COI to support impartial decision making.

Ahpra suggests *“an actual, potential or perceived Conflict of Interest (COI) exists [when a practitioner is] influenced by a personal interest in the course of performing [their] professional duties under the National Law. A COI could arise through a range of personal interests or connections including family, friends and associates, or as a result of financial, employment and/or community or political interests or activities”*.

The Pharmaceutical Society of Australia's (PSA) Code of Ethics defines a COI as *“...a particular relationship or practice leads to risk that professional judgements or actions regarding a primary interest (e.g. the responsibilities of a pharmacist). [is] unduly influenced by a secondary interest (e.g. financial gain).”*<sup>6</sup>

The PSA Code of Ethics (currently under review),<sup>7</sup> clarifies pharmacists' obligations when conflicts of interest arise. Integrity Principle 1 includes a disclosure position: *“disclosing and managing actual, potential or perceived conflicts of interest ensures professional decisions are not (and nor are they perceived to be) improperly impacted by other pecuniary or non-pecuniary interests.”*<sup>8</sup>

The College of Physicians and Surgeons of Ontario (CPSO) also have a disclosure position, *“where avoidance of conflicts of interest is not possible, it may be appropriately managed through disclosure to patients, making them aware of alternatives, and offering reassurance that the patient's choice of an alternative will not affect the quality of care”*.<sup>9</sup>

In pharmacy practice in Australia, pharmacist dispensing of medication prescribed by non-pharmacist prescribers allows for separation of prescribing and dispensing. Where a pharmacist prescribes a medication, it is important to acknowledge the conflict of interest that results if the pharmacist prescriber is also in the position of being the only person able to dispense the medication. It is noted that this is not always the case but may occur in remote areas or after hours.

The primary interest of a pharmacist requires professional judgement and action that is not unduly influenced by secondary interests such as vertically integrated models.<sup>10</sup> The National Prescribing Competencies Framework [competency area 7.6 (f)] requires disclosure of conflicts of interest to minimise the impact on prescribing decisions and ensure transparency.<sup>11</sup> Ongoing monitoring and reporting structures enable regulatory action by Ahpra against individual practitioners where required.<sup>12</sup>

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<sup>6</sup> Ahpra & National Boards. Code of conduct PC011. 2020. [\[Internet\]](#) Accessed April 13, 2026.

<sup>7</sup> Pharmaceutical Society of Australia. Code of Ethics for Pharmacists 2017 (Draft). 2017. [\[Internet\]](#) Accessed April 14, 2026.

<sup>8</sup> Pharmaceutical Society of Australia. Code of Ethics for Pharmacists 2026 (Draft). 2026. [\[Internet\]](#) Accessed April 9, 2026.

<sup>9</sup> The College of Physicians and Surgeons of Ontario. Advice to the Profession: Conflicts of Interest and Industry Relationships. Published online 2024. [\[Internet\]](#) Accessed April 10, 2026.

<sup>10</sup> Pharmaceutical Society of Australia. Code of Ethics for Pharmacists 2026 (Draft). 2026. [\[Internet\]](#) Accessed April 9, 2026.

<sup>11</sup> Department of Health, Disability and Ageing. National Prescribing Competencies Framework- Embedding quality use of medicines into practice (3rd edition). September 2025. [\[Internet\]](#) Accessed April 8, 2026.

<sup>12</sup> Ahpra & National Boards. Immediate action. 2023. [\[Internet\]](#) Accessed April 13, 2026.

The UK Royal Pharmaceutical Society has released a position statement describing “*where there is a risk assessment in place and in the best interests of the patient, the same healthcare professional can be responsible for the prescribing and dispensing/supply/administration of medicines.*”<sup>13</sup>

APC has incorporated the management of conflict of interest into the draft revised Standards as a necessary step to reflect the role of pharmacists in Australia’s healthcare system, ensuring that prescribing pharmacists have the competencies to identify, disclose and manage conflict of interest, ensuring the safety of the public and reinforcing safe and effective prescribing.

#### 4.4 Learner cohort

The 2023 Standards state in the preamble that “The Standards have been developed with the intention that learners will be pharmacists with general registration.” All programs accredited against these standards have been unable to enrol pharmacy students and interns into their program to date. The Pharmacy Board commenced [public consultation on a draft Endorsement](#) for scheduled medicines for pharmacists, in April, and is proposing that applicants for general registration would be able to apply for endorsement. As a result, the draft Standards have included in the intent of criterion 4.1 that ‘Programs must ensure that they limit program enrolment to pharmacists who hold general registration’.

As pharmacist prescribing in the Australian health care system is rapidly developing and the scope and role is being better established, feedback we have received has advised that the experience gained by holding general registration is seen as important to be prepared for prescribing practice. This may evolve in the future. This paper seeks feedback on this approach.

#### 4.5 Provider Governance

Preliminary consultation feedback expressed concern about the suitability of prescriber programs being delivered by education providers registered with the Australian Skills Quality Authority (ASQA). The draft Standards have been amended in response to the feedback to only allow providers registered with TEQSA to deliver a program. This aligns with expectations that education providers have in place the necessary facilities and resources to ensure development of clinical skills in learners.

## 5. Consultation Process and Timeframes

The consultation approach for the revision of the Standards aligns with Ahpra’s [Procedures for the development of accreditation standards](#) and [Consultation process of National Boards](#) as follows:



Figure 1 Ahpra & National Boards - [Consultation process of National Boards](#)

In line with Ahpra’s consultation processes, a range of opportunities for stakeholders, the public and the profession to provide input into the development of the Standards is available. Feedback and input from stakeholders is being gathered through:

- one-on-one meetings
- targeted stakeholder meetings
- written submissions via email (preliminary consultation)

<sup>13</sup> Royal Pharmaceutical Society. Prescribing and dispensing / supply / administration by the same healthcare professional. 2024. [\[Internet\]](#) Accessed April 10, 2026.

- written submissions via an online form or email (public consultation)

## 5.1 Consultation timelines

The phases of consultations are as follows:

### **Preliminary Consultation (28 April – 29 May)**

- Has now concluded.

### **Public Consultation (22 June – 3 August)**

- The public round is being offered via written response format and will be open for 6 weeks. An online form has been published on APC website with other consultation materials. APC will also accept submissions via email.

## Need more information

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## Key contact person

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## Appendices

Appendix A: Accreditation Standards for Pharmacist Prescriber Education Programs draft version 0.3

Appendix B: Summary of proposed changes to Pharmacist Prescriber Standards

Appendix C: Learning Domains for Pharmacist Prescriber Education Programs draft version 0.3

Appendix D: Statement of Health Impact

Appendix E: Statement of assessment against Ahpra's Principles - Accreditation Standards



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# Accreditation Standards for Pharmacist Prescriber Education Programs

22 June 2026 | Draft Version [0.3]

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## Acknowledgement of Country

We acknowledge the Ngunnawal people, the Traditional Owners of the land on which the Australian Pharmacy Council 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 and present, across the nation.

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Canberra, the location of the Australian Pharmacy Council 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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# Executive Summary

## The Accreditation Standards for Pharmacist Prescriber Programs (the Standards)

The Standards are used to accredit programs and ensure that graduates from an accredited program:

- meet the competencies in the [National Prescribing Competencies Framework](#) (3<sup>rd</sup> Edition September 2025)<sup>1</sup> (NPCF) which describes the practice expectations of Australian prescribers regardless of profession
- are competent and qualified to prescribe medicines according to their scope of practice as authorised under state and territory medicines and poisons legislation
- are ethical, safe practitioners for the benefit and well-being of the public
- are flexible, adaptable and responsive to the evolving needs of individuals and communities and fully comprehend their role as prescribers within that changing environment.

### How is it used?

The Standards will be used to support education providers when completing applications for accreditation and for those involved in making accreditation decisions.

The Standards cover concepts about pharmacist prescribing, including conflict of interest management, clinical skills assessment, and education standards. They are underpinned by the NPCF, which articulates the knowledge, skills and professional behaviours that prescribers must demonstrate. APC has also developed the Learning Domains for Pharmacist Prescriber Education Programs to accompany the Standards and NPCF. The Learning Domains will be used together with the NPCF in the development and review of degree program curriculum. The Learning Domains identify critical content areas for programs.

The Standards have been developed with the intention that graduates of accredited programs will be able to, in the future, apply for endorsement on their general registration, should the Pharmacy Board of Australia establish an endorsement for scheduled medicines for pharmacists.

The APC's accreditation standards and processes support, and are aligned with, the Pharmacy Board of Australia's *Draft Guidelines: Endorsement for schedule medicines*, enabling a coordinated, nationally consistent approach to pharmacist prescribing in Australia.

### How are the Standards structured?

The Standards are structured into six Domains:

1. Safe and socially accountable practice
2. Governance and quality
3. Program
4. Learner experience
5. Outcomes and assessment
6. Cultural safety

Each domain comprises a standard (statement) which outlines the scope of the domain and criteria against which education providers will provide evidence of compliance.

# 1. Introduction

The purpose of accreditation is to assure the quality of pharmacy education programs, and to promote ongoing quality assurance. The accreditation of education and training programs is intended both to serve and to safeguard the public by ensuring that graduates of programs are able to demonstrate defined competencies relevant to the activity or role.

## 1.1. Pharmacy regulation

In Australia, the pharmacy profession is regulated by the Pharmacy Board of Australia (PharmBA) under the [National Registration and Accreditation Scheme](#) (the National Scheme, 2010), created under the *Health Practitioner Regulation National Law Act* (the National Law, 2009)<sup>2</sup> and enacted in all states and territories.

The Standards have been developed with the intention that graduates of accredited programs will be able to, in the future, apply for endorsement on their registration, should the Pharmacy Board of Australia establish an endorsement for scheduled medicines for pharmacists.

## 1.2. Accreditation Standards for Pharmacist Prescriber Education Programs

The Standards ensure that graduates from an accredited program:

- meet the competencies in the National Prescribing Competencies Framework (3rd Edition September 2025)<sup>1</sup> which describes the practice expectations of Australian prescribers regardless of profession;
- are competent and qualified to prescribe medicines according to their scope of practice as authorised under state and territory medicines and poisons legislation;
- are ethical, safe practitioners for the benefit and well-being of the public they serve; and
- are flexible, adaptable and responsive to the evolving needs of individuals and communities and fully comprehend their role as prescribers within that changing environment.

The programs are required to meet a minimum [Australian Qualifications Framework \(AQF\)](#)<sup>3</sup> level of 8 (or above), representing postgraduate-level study, including Graduate Certificates, and Graduate Diplomas. AQF Level 8 focuses on advanced knowledge, critical reflection, and technical skills for professional work or further learning.

## 1.3. Education program content

Education providers will be required to develop program content that aligns with the National Prescribing Competencies Framework (3<sup>rd</sup> edition). To be granted accreditation, programs need to demonstrate that learners have been assessed against all of these competencies.

This ensures that programs equip learners with essential clinical competencies, which include but are not limited to:

- undertaking patient history
- clinical examination
- diagnostic investigations and interpretation
- documentation in electronic health records
- referral processes within multidisciplinary teams.

The Pharmacy Board of Australia's [draft endorsement Registration Standard: Endorsement for scheduled medicines](#) proposes requiring pharmacists who gain endorsement to document their scope of prescribing practice. It does not limit the scope or setting that a pharmacist is able to prescribe in outside of legislative requirements in place in their state or territory. The APC supports this position and is not proposing in the draft revised accreditation standards that pharmacist prescriber programs be limited in the scope they teach to. However, there is an expectation of a foundational level of content in accredited pharmacist prescriber programs that will ensure learners are able to demonstrate, practice and be assessed on their prescribing competencies. The APC Learning Domains for Pharmacist Prescriber Education Programs describes the content a program needs to contain.

#### 1.4. Learner supervision

APC recognises that, at times, supervision may be delegated to other members of the healthcare team. As such, the term '**designated prescriber**' is used to describe the suitably qualified **prescriber responsible** for co-ordinating and overseeing learner supervision and the provision of effective mentorship to support their learning, while recognising the valuable contribution of other members of the healthcare team.

The Standards highlight the importance of supervised practical experience (Work-Integrated Learning (WIL)) and experiential learning to the development of safe, effective prescribing skills. It is acknowledged that the role of the designated prescriber is crucial to successful graduate outcomes and that clear responsibilities and robust relationships between the supervisor, learner and education provider will be required to support the education process. The WIL undertaken by a learner should be aligned to their intended scope of practice.

## 2. Pharmacist prescribing and scope of practice

The pharmacist role in medicines management and safety continually evolves to meet the needs of the public and includes prescribing.

The National Prescribing Competencies Framework (3rd Edition September 2025) defines prescribing for all prescribers in Australia as:<sup>1</sup>

*“A dynamic process involving the steps of information gathering, clinical and shared decision making, communication and evaluation which results in the initiation, continuation or cessation of a medicine”.*<sup>1</sup>

Prescribing must be undertaken according to the parameters of the prescribing context. Factors such as the practice setting, service delivery model, contribution of other health practitioners within the multidisciplinary team, and the specific preferences and needs of the consumer influence prescribing. The demonstration of prescribing performance by learners must include consideration of, and an appropriate response to these factors.

The Pharmacy Board of Australia’s draft endorsement Registration Standard: Endorsement for scheduled medicines does not specify pharmacists’ scope of practice.

Pharmacist prescriber programs need to ensure that graduates understand their obligations under the endorsement to define and document their scope of practice as well as requirements to maintain the competence to prescribe.

Programs will need to ensure that graduates have a foundation knowledge of prescribing practices in all areas of contemporary practice.

It is noted that in addition to the Board’s work to progress an endorsement and national consistency in pharmacist prescribing, that some states and territories have legislation in place that allows pharmacist prescribing in defined settings, specific clinical conditions and/or for described medications. It is the responsibility of individual pharmacists to determine the training, experience, legislative and registration requirements for their own jurisdiction when undertaking prescribing.

### Clinical Skills

Safe prescribing requires time, clinical judgement, continuity of care, and shared decision-making. Knowledge of body systems, including pathophysiology and pathology, are extended through existing pharmacist expertise in pharmacology and pharmacotherapeutics. Pharmacotherapeutics knowledge is a prerequisite for rational prescribing and prepares the learner to be an efficient prescriber.<sup>4</sup>

The National Prescribing Competencies Framework,<sup>1</sup> competency areas, describe that prescribers should request, interpret, and act on diagnostic tests. Additionally, clinical skills, including physical examination, clinical assessment, and clinical reasoning relevant to the learner’s scope of prescribing practice have been included in the Standards, requiring programs to provide evidence of compliance.

## Managing Conflicts of Interest

Conflicts of interest (COI) should be identified, disclosed, and managed to ensure objectivity, integrity and transparency. Clear requirements need to be included for the identification and management of COI to support impartial decision making.

Ahpra suggests *“an actual, potential or perceived Conflict of Interest (COI) exists [when a practitioner is] influenced by a personal interest in the course of performing [their] professional duties under the National Law. A COI could arise through a range of personal interests or connections including family, friends and associates, or as a result of financial, employment and/or community or political interests or activities”*.<sup>5</sup>

The Pharmaceutical Society of Australia’s (PSA) Code of Ethics defines a COI as *“...a particular relationship or practice leads to risk that professional judgements or actions regarding a primary interest (e.g. the responsibilities of a pharmacist)...[is] unduly influenced by a secondary interest (e.g. financial gain).”*<sup>6</sup>

The PSA Code of Ethics,<sup>7</sup> (currently under review) clarifies pharmacists’ obligations when conflicts of interest arise. Integrity Principle 1 includes a disclosure position: *“disclosing and managing actual, potential or perceived conflicts of interest ensures professional decisions are not (and nor are they perceived to be) improperly impacted by other pecuniary or non-pecuniary interests.”*<sup>6</sup>

The College of Physicians and Surgeons of Ontario (CPSO) also have a disclosure position, *“where avoidance of conflicts of interest is not possible, it may be appropriately managed through disclosure to patients, making them aware of alternatives, and offering reassurance that the patient’s choice of an alternative will not affect the quality of care”*.<sup>8</sup>

In pharmacy practice in Australia, pharmacist dispensing of medication prescribed by non-pharmacist prescribers allows separation of prescribing and dispensing. Where a pharmacist prescribes a medication, it is important to acknowledge the conflict of interest that results if the pharmacist prescriber is also in the position of being the only person able to dispense the medication. It is noted that this is not always the case but may occur in remote areas or after hours.

The National Prescribing Competencies Framework [Competency area 7.6 (f)] requires disclosure of conflicts of interest to minimise the impact on prescribing decisions and ensure transparency.<sup>1</sup> Ongoing monitoring and reporting structures enable regulatory action by Ahpra against individual practitioners where required.<sup>9</sup>

The UK Royal Pharmaceutical Society has released a position statement that *“where there is a risk assessment in place and in the best interests of the patient, the same healthcare professional can be responsible for the prescribing and dispensing/supply/administration of medicines.”*<sup>10</sup>







APC has incorporated the management of conflict of interest into these Standards as a necessary step to reflect the role of pharmacists in Australia’s healthcare system, ensuring that prescribing pharmacists have the competencies to identify, disclose and manage conflict of interest, ensuring the safety of the public and reinforcing safe and effective prescribing.

### 3. Domains and Standards (statements)

The 2026 Accreditation Standards are structured into six domains, with each domain comprising:


- a standard (statement) which outlines the scope of the domain
- criteria against which education providers will provide evidence of compliance


The following table summarises the Standards, subsequent sections provide details of the criteria, their intent and evidence guide.

DOMAIN	STANDARD (STATEMENT)
 <b>1. Safe and socially accountable practice</b>	The program develops pharmacist prescribers who are competent to prescribe safely with a socially accountable responsible, person-centred approach to practice.
 <b>2. Governance and quality</b>	Program governance, quality assurance, and quality improvement structures and systems are effective in developing and delivering sustainable, high-quality pharmacist prescriber education programs.
 <b>3. Program</b>	Program design and implementation support learners to demonstrate achievement of all the competency areas of the National Prescribing Competencies Framework.
 <b>4. Learner experience</b>	Learners are provided with equitable and timely access to information and support relevant to the program.
 <b>5. Outcomes and assessment</b>	Graduates of the program demonstrate achievement of all the required National Prescribing Competencies Framework competency areas and to a standard commensurate with competent, safe, and socially accountable professional prescribing practice.
 <b>6. Cultural safety*</b>	The program and its graduates support Aboriginal and Torres Strait Islander Peoples to work, learn, and receive care in environments that are culturally safe and free from racism.

**\* Note:** While Domain 6 focuses on cultural safety for Aboriginal and Torres Strait Islander Peoples, providers are expected to address racism and discrimination more broadly through organisational culture, policies and practices.

## Domain 1 Safe and socially accountable practice

 Domain 1 Safe and socially accountable practice The program develops pharmacist prescribers who are competent to prescribe safely with a socially accountable, person-centred approach to practice.		
Criterion	Intent	Evidence guide
<p><b>Criterion 1.1</b></p> <p>The program promotes the development of learners' knowledge, skills and behaviours aligned with a commitment to public safety and person-centred care.</p>	<p>To ensure that learners, as health professionals, are committed to safe and socially accountable practice and recognise their responsibility and obligation to serve society by seeking both to prevent harm and to promote optimal health outcomes.</p>	<p>Outline how the program includes and assesses these elements.</p> <p>Demonstrate how professional behaviours and values are promoted through program-level learning outcomes, assessment tasks and associated rubrics.</p> <p>Demonstrate how the program supports the development of competencies related to medication safety prescribing and harm minimisation within the scope of practice.</p> <p>Demonstrate how professional communication, ethical practice, professionalism and professional representation are developed and assessed within the scope of practice.</p> <p>Evidence for this criterion is likely to be based primarily on mapping curriculum and assessments to the National Prescribing Competencies Framework. Providers may make reference to appropriate clinical standards such as the National Safety and Quality Health Service (NSQHS) Standards<sup>11</sup> or equivalent.</p> <p><b>Examples of evidence may include:</b></p> <p>Program level outcomes or equivalent; curriculum and assessment maps; WIL objectives and assessments; assessment rubrics.</p>
<p><b>Criterion 1.2</b></p> <p>Effective fitness-to-practise monitoring and management processes are implemented in relation to learners which promote and protect public safety at all times.</p>	<p>To ensure ongoing identification, monitoring and management of fitness-to-practise concerns across the program lifecycle, including in Work-Integrated Learning (WIL) environments.</p>	<p>Outline policies and procedures for identifying learners at risk of not being fit-to-practise.</p> <p>Demonstrate how fitness-to-practise concerns are raised, recorded, escalated and managed, including in WIL settings, and how appropriate support and remediation are provided where required.</p> <p>Documented inherent requirements may form part of fitness-to-practise processes and education providers are expected to be aware</p>


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		of, and to fulfil their responsibilities under Ahpra and the National Boards' Guidelines: Mandatory notifications about registered students and Guidelines: Mandatory notifications about registered health practitioners.  <b>Examples of evidence may include:</b> Policies and procedures; informational materials; Curriculum and assessment maps; inherent requirements; protocols for raising concerns; incident reports and logs; screening activities such as criminal record checks, and vaccination records.
<b>Criterion 1.3</b> All learners have demonstrated relevant competencies before interacting with the public or providing professional services as a component of the program.	To ensure that assessment sequencing allows the education provider to assess that learners have relevant competencies to deliver safe (supervised) care prior to undertaking WIL stages.	Describe how learners are adequately prepared and assessed to ensure public safety is protected.  Demonstrate how curriculum design and assessment sequencing ensure that learners achieve required competencies before progressing to WIL activities involving public or patient contact, across different population groups.  Evidence must include curriculum and assessment mapping to the National Prescribing Competencies Framework, demonstrating how relevant competency areas are achieved prior to learner interaction with the public.  <b>Examples of evidence may include:</b> Curriculum and assessment maps
<b>Criterion 1.4</b> The program upholds recognised standards of professional, regulatory, and ethical conduct for staff and learners.	To ensure public safety through monitoring and maintaining compliance to professional,	Outline how appropriate standards of professional, regulatory and ethical practice/conduct and are upheld, including pharmacy profession and organisation-specific guidelines, codes of conduct, and codes of ethics.





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Criterion	Intent	Evidence guide
	<p>regulatory and ethical standards.</p> <p>Learners and supervisors who are registered pharmacists or other health practitioners are accountable for their practice and conduct through the registration standards, code and guidelines of PharmBA or their respective National Board.</p>	<p>Demonstrate how graduates will continue to meet Pharmacy Board requirements for endorsement (including defining, developing, maintaining, and documenting their individual scope of practice).</p> <p>Where relevant, describe how jurisdictional requirements to undertake experiential placements are met (such as criminal record checks, Working with Children Checks, or other statutory screening requirements).</p> <p>Outline the processes used to identify concerns related to staff professional and ethical practice and conduct and how such concerns are managed, investigated, and resolved.</p> <p>Demonstrate how informed consent is obtained when learners are involved in the provision of care.</p> <p>Demonstrate the processes for managing and escalating breaches of professional conduct, and the program-level systems in place to promote, monitor, and reinforce ethical practice.</p> <p><b>Examples of evidence may include:</b></p> <p>Policies and procedures; curriculum and assessment maps; learner orientation and/or induction processes; staff orientation and/or induction processes; Supervisor orientation and/or induction processes; WIL handbook; protocols for raising and addressing concerns; incident reports and logs.</p>
<p><b>Criterion 1.5</b></p> <p>The quality and quantity of Work Integrated Learning (WIL) in the program is sufficient to produce a graduate capable to prescribe across diverse patient</p>	<p>To ensure learners can demonstrate achievement of the prescribing competencies in practical 'real-life' environments.</p>	<p>Describe how WIL is integrated into the program and the rationale for its design, specifically addressing the timing and duration of each period of WIL within the overall program structure.</p> <p>Outline the goals and/or purposes of each WIL period and explain how learners achieve and</p>


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populations and in a range of environments.	The program must include direct supervision by a Designated Prescriber to allow for workplace-based assessment of the prescribing competencies.	<p>demonstrate the expected competencies within their intended scope of practice.</p> <p>Explain how learners are exposed to a diverse range of patients with diverse prescribing needs.</p> <p>Explain how WIL sites are selected and allocated, managed and outline the processes used to evaluate their quality and suitability and alignment with learning outcomes.</p> <p>Outline the scope of competency which is appropriately addressed through WIL.</p> <p>Explain how any gaps in competency are addressed through other means including simulation.</p> <p>Providers are responsible for collecting evidence that learners have achieved the required prescribing competencies by monitoring assessments carried out within WIL.</p> <p><b>Examples of evidence may include:</b></p> <p>Curriculum and assessment maps; WIL map; WIL outlines or descriptions; WIL assessment tasks; Simulation activity details; Summaries of site details; Policies and procedures, including verifying supervisor credentials, managing conflicts of interest; guidelines or manuals for learners, sites and Designated Prescribers; WIL quality evaluation and assurance policies and procedures; learner feedback; learner reflections; feedback to sites and designated prescribers.</p>
<p><b>Criterion 1.6</b></p> <p>All Work Integrated Learning (WIL) sites are compliant with documented standards for quality, suitability and safety.</p>	To ensure the provider has appropriate oversight of the WIL program to deliver a quality and safe experience for learners and allow	<p>Outline how the program documents standards and criteria for sites, including cultural, physical and emotional safety, consistent with workplace health and safety principles and legislation.</p> <p>Describe the mechanisms to ensure all sites maintain ongoing compliance.</p>


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Criterion	Intent	Evidence guide
	<p>them to achieve the required competency areas to an appropriate level.</p>	<p>Outline the mechanisms to ensure WIL designated prescribers are competent, trained and suitably qualified and experienced healthcare professionals, who prescribe in a similar scope to the learner.</p> <p>Describe how WIL capacity and resourcing are sufficient to support the learner cohort.</p> <p>Describe mechanisms to ensure that learning and practice site are accessible, inclusive and fit for purpose, including consideration of diverse needs related to disability, gender, age, cultural background and geographic location are made available to the learners.</p> <p><b>Examples of evidence may include:</b></p> <p>Policies and procedures; handbooks and manuals; contracts and agreements; eligibility criteria for designated prescriber examples of communications with WIL sites managers; emergency protocols for learners; incident reports; site visit reports.</p>
<p><b>Criterion 1.7</b></p> <p>Effective processes are in place to ensure that the education provider maintains compliance with all obligations under the Health Practitioner Regulation National Law Act, of the Pharmacy Board of Australia, and any applicable national and state/territory regulatory frameworks.</p>	<p>To ensure providers meet their obligations under relevant legislative and regulatory frameworks.</p>	<p>Describe the policies, procedures and governance mechanisms in place to support ongoing compliance with legislative and regulatory obligations throughout the program lifecycle.</p> <p>Demonstrate how the provider ensures compliance with:</p> <ul style="list-style-type: none"> <li>• learner impairment provisions under the Health Practitioner Regulation legislation</li> </ul> <p>Ahpra and the National Boards' <i>Guidelines: Mandatory notifications about registered students and Guidelines: Mandatory notifications about registered health practitioners.</i></p> <p>Outline how jurisdictional requirements affecting eligibility to undertake WIL placements are identified and met.</p>


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Criterion	Intent	Evidence guide
		<b>Examples of evidence may include:</b> Policies and procedures; relevant excerpts from committee meeting minutes and action plans; incident reports and logs.

## Domain 2 Governance and quality


<input checked="" type="checkbox"/> 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 programs.		
Criterion	Intent of criterion	Evidence guide
<b>Criterion 2.1</b> Australian provider organisations are registered with the Tertiary Education Quality and Standards Agency (TEQSA) (Higher Education Providers).	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.	Outline the providers organisation's current registration status with the relevant regulatory authority. Where registration is subject to conditions, limitations, or other constraints, describe the nature of these conditions, their implications for delivery of the program, and where applicable, the actions in place to address or mitigate any impact. <b>Examples of evidence may include:</b> Narrative summary of registration status, including regarding details of any conditional registration and associated management or action plans (if where applicable).
<b>Criterion 2.2</b> Academic governance structures are in place within the provider organisation to support the program.	To ensure that the delivery of the program is adequately supported by the provider organisation to be able to deliver the program to required standards.	Describe the academic governance structure supporting the program including: <ul style="list-style-type: none"> <li>the authority, responsibility, and capacity of the delivery to plan, develop, implement, and improve the program</li> <li>Describe how governance arrangements ensure academic oversight and integrity of the program, including curriculum approval, assessment quality assurance, and monitoring of academic standards.</li> </ul> Outline the mechanisms used to identify and manage academic, operational, and financial risks associated with program delivery. Describe the processes in place to identify, declare, and manage actual, potential, or perceived conflicts of interest to the program governance and delivery.


 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 programs.		
Criterion	Intent of criterion	Evidence guide
		<b>Examples of evidence may include:</b> Documentation describing academic governance structures; terms of reference for committees; decision-making authorities and reporting lines; records demonstrating accountability for program oversight; and relevant policy documents.
<b>Criterion 2.3</b> The program has rigorous quality assurance, monitoring and evaluation mechanisms in place.	To ensure that the program has systematic internal quality assurance, monitoring, and evaluation processes that support continuous improvement	Outline the processes by which the education provider assures the quality of the program. Describe the sources of data that inform quality assurance, monitoring, and evaluation activities, and explain how the outcomes of these processes are used to inform the program design, delivery, and management to support continuous improvement. Stakeholder input informing program quality improvement is addressed separately under Criterion 3.3. <b>Examples of evidence may include:</b> Program and delivery review schedules and outcomes; policies and procedures (including conflict of interest policies and procedures); evaluation and review cycles; relevant excerpts from committee meeting minutes and action plans; outcomes of quality assurance processes.
<b>Criterion 2.4</b> The leadership, teaching, and technical staff cohort are adequate for the program requirements and are appropriately qualified and experienced.	To ensure the leadership, teaching, professional and technical staff cohort are suitable, appropriately qualified, experienced, supported, and resourced to meet	Demonstrate that the program has a designated program leader with relevant profession-specific experience and expertise who is responsible for providing effective professional and academic leadership, engagement, and advocacy for the program.


 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 programs.		
Criterion	Intent of criterion	Evidence guide
	<p>program requirements.</p>	<p>Outline how the staff cohort, including sessional or casual staff meet the needs of program delivery, including consideration of staff qualifications, professional, experience, expertise in prescribing and roles.</p> <p><b>Examples of evidence may include:</b>            Structured staff listings including expertise and experience; CVs; recruitment planning for vacancies (if relevant); learner feedback</p>
<p><b>Criterion 2.5</b>            Program resources are fit-for-purpose, sufficient for the needs of the learner cohort, and regularly reviewed and updated.</p>	<p>To ensure that sufficient resources are available for delivery of the program, including physical facilities, equipment, technology, and information resources.</p> <p>To ensure that effective mechanisms for review and updating of resources are in place.</p>	<p>Demonstrate that sufficient resources are available for current delivery of a fit-for-purpose program.</p> <p>Outline the mechanisms used to regularly review program requirements to ensure they remain appropriate over time, including in response to actual or anticipated changes cohort size, mode of delivery or program scope.</p> <p>Demonstrate how program autonomy is supported by access to fit-for-purpose resources, including budgetary control where applicable.</p> <p><b>Examples of evidence may include:</b>            Summaries of available resources; learner and staff feedback (e.g., satisfaction); terms of reference, minutes, and action plans of relevant committees; needs analysis documentation; review, maintenance, and replacement policies and schedules; internal and/or external evaluation documentation.</p>


 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 programs.		
Criterion	Intent of criterion	Evidence guide
<b>Criterion 2.6</b> Risks to the sustainable delivery of the program are regularly monitored and evaluated, and appropriate mitigation strategies are clearly documented.	To ensure effective risk identification and management processes are in place to support ongoing program delivery and sustainability.	Explain the processes used at the program level to identify, assess, monitor, mitigate, and manage risks affecting the ongoing and sustainable delivery of the program. <b>Examples of evidence may include:</b> Risk management plan, at program level; risk reporting and assessment; business continuity plan; relevant excerpts from committee meeting minutes and action plans; risk records (e.g., registers, logs).

## Domain 3 Program


 Domain 3 Program Program design and implementation support learners to demonstrate achievement of all the competency areas of the National Prescribing Competencies Framework.		
Criterion	Intent of criterion	Evidence guide
<p><b>Criterion 3.1</b></p> <p>A coherent and contemporary educational philosophy is aligned with the design and delivery of the program.</p>	<p>To ensure the program is grounded in a clearly articulated educational philosophy.</p>	<p>Demonstrate how the program's structure, learning activities and assessment approaches align with the philosophy and support the achievement of program competencies.</p> <p><b>Examples of evidence may include:</b></p> <p>Summary table of program structure (e.g., subjects and WIL undertaken); statement of philosophy and/or strategy; program maps highlighting alignment; assessment maps or matrices.</p>
<p><b>Criterion 3.2</b></p> <p>The program design, content and assessments reflect contemporary evidence-based prescribing practice.</p> <p>The program duration and sequencing support achievement of the required competency areas described in the National Prescribing Competencies Framework over a sufficient time period.</p>	<p>To ensure the program is contemporary and remains fit-for-purpose.</p> <p>To ensure that the duration of the program is appropriate to allow learners to achieve and demonstrate the required prescribing competencies, and to avoid negative impacts on staff and learner workloads.</p>	<p><b>Program currency and contemporary practice</b></p> <p>Demonstrate how program design, content, and assessment reflect contemporary, evidence-based pharmacy practice.</p> <p><b>Examples of evidence may include:</b></p> <p>Curriculum documentation that reflects contemporary pharmacy practice; examples of evidence-based teaching and assessment approaches; details of teaching staff who maintain current pharmacy registration and/or active professional practice.</p> <p><b>Program duration and sequencing</b></p> <p>Demonstrate that program duration and curriculum sequencing support progressive development of required competencies over a sufficient time period. This includes:</p> <ul style="list-style-type: none"> <li>curriculum structure and sequencing that enable competency development over time, and</li> </ul>


 <b>Domain 3 Program</b> Program design and implementation support learners to demonstrate achievement of all the competency areas of the National Prescribing Competencies Framework.		
Criterion	Intent of criterion	Evidence guide
		<ul style="list-style-type: none"> <li>workload and study design that allow learners to achieve required outcomes within realistic and appropriate timeframes</li> </ul> <p><b>Examples of evidence may include:</b></p> <p>Curriculum and assessment mapping showing learner study load, contact hours, and program sequencing; evidence of learner and staff feedback on workload and program structure; documentation demonstrating how program duration supports achievement of the required competency areas in the National Prescribing Competencies Framework.</p> <p><b>Alignment with frameworks and regulatory requirements</b></p> <p>Demonstrate that the program is aligned with relevant professional and regulatory requirements, including:</p> <ul style="list-style-type: none"> <li>explicit alignment with, and mapping to, the National Prescribing Competencies Framework, and</li> <li>AQF Level 8 (or above)</li> </ul> <p><b>Examples of evidence may include:</b></p> <p>Competencies mapping; regulatory alignment statements.</p>


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Criterion	Intent of criterion	Evidence guide
<p><b>Criterion 3.3</b></p> <p>Key stakeholder input into program design, evaluation, and quality improvement processes are sought, considered, and incorporated into the program where appropriate.</p>	<p>To ensure that a wide range of stakeholders can provide ongoing feedback on the program.</p>	<p>Outline the formal and informal mechanisms used to gather feedback from staff, learners, graduates, supervisors, practitioners, employers, professional bodies and patients and consumers. Learners are considered to be a critical stakeholder group and should be included in formal governance structures and decision-making processes.</p> <p>Describe the mechanisms used to record, consider, action, and communicate the outcomes of feedback that is gathered, including how feedback informs program changes and enhancements.</p> <p><b>Examples of evidence may include:</b></p> <p>Terms of reference and current membership of committees or stakeholder groups; meeting minutes; governance/program structures that consider feedback; examples of change made in response to feedback; examples of feedback outcomes shared with stakeholders.</p>
<p><b>Criterion 3.4</b></p> <p>All learners learn with, about, and from other health professions through structured interprofessional education that supports collaboration and improved health outcomes.</p>	<p>To ensure all graduates are prepared to collaborate effectively with other health professionals to improve health outcomes.</p>	<p>Outline how interprofessional education is included in the program.</p> <p>Describe how learners engage and collaborate effectively with other health professions in both real and simulated learning environments, and how these activities support the development of collaborative practice competencies as prescribers to support safe, person-centred care and continuity of care.</p> <p>Provide examples of interprofessional learning activities that reflect diverse practice settings.</p>


 <b>Domain 3 Program</b> Program design and implementation support learners to demonstrate achievement of all the competency areas of the National Prescribing Competencies Framework.		
Criterion	Intent of criterion	Evidence guide
		<p><b>Examples of evidence may include:</b></p> <p>Curriculum and assessment maps; program outlines; learning objectives, and task descriptions; learner feedback and reflections; stakeholder evaluations, including where possible, those from consumers.</p>
<p><b>Criterion 3.5</b></p> <p>The program content explicitly includes training in physical examination, clinical assessment, and diagnostic reasoning.</p>	<p>To ensure learners can demonstrate foundational clinical skills and reasoning necessary for safe and effective prescribing across contemporary settings.</p>	<p>Demonstrate that the program content includes structured teaching and practice in physical examination techniques, interpretation of clinical signs, and diagnostic reasoning.</p> <p>Demonstrate that learners are able to use diagnostic tools and interpret results to inform prescribing decisions.</p> <p>Outline where simulation, case-based learning, and supervised clinical practice is used to reinforce clinical skills.</p> <p>Demonstrate how the program content detailed above aligns with the Learning Domains for Pharmacist Prescriber Education Programs.</p> <p><b>Examples of evidence may include:</b></p> <p>Curriculum and assessment maps; assessment rubrics; program outlines.</p>

## Domain 4 Learner experience


 Domain 4 Learner experience Learners are provided with equitable and timely access to information and support.		
Criterion	Intent of criterion	Evidence guide
<b>Criterion 4.1</b>  Program admission and progression requirements and processes are fair and transparent.	To ensure that learners will experience admission and progression processes that are fair and reasonable.  Programs must ensure that they limit program enrolment to pharmacists who hold general registration.	Outline how program admission and progression requirements and related policies are applied consistently across the program.  Outline any program inherent requirements (or equivalent) and describe how these requirements are communicated, assessed and applied.  <b>Examples of evidence may include:</b>  Published entry criteria; inherent requirements or equivalent; policies and procedures for special consideration and reasonable accommodations relating to admission; examples of cases where exceptions are made; minutes and action plans of relevant committees; communications relating to decisions to make or refuse exceptions.
<b>Criterion 4.2</b>  Program information is clear and accessible.	To ensure that prospective learners are to make an informed decision about the program.	Provide details of the program information made available to prospective learners, such as selection policies, entry criteria and processes, inherent requirements, experiential and WIL requirements, PharmBA requirements and current accreditation status.  Outline how prospective learners can access this program information, including the timing, format, and channels through which this information is provided.  <b>Examples of evidence may include:</b>  Promotional and informational materials excerpts/screenshots from websites minutes and action plans of relevant committees; FAQs; enquiry logs.
<b>Criterion 4.3</b>		


 Domain 4 Learner experience Learners are provided with equitable and timely access to information and support.		
Criterion	Intent of criterion	Evidence guide
<p>The education provider ensures that learners can access relevant resources and support systems in a timely manner to facilitate achievement of the required competencies.</p>	<p>To ensure learners are supported throughout the duration of the program, including academic support, general welfare, and wellbeing</p>	<p>Outline the range of resources and support systems available to learners which may include, but not limited to:</p> <ul style="list-style-type: none"> <li>• orientation and induction processes;</li> <li>• academic support, general welfare and wellbeing services;</li> </ul> <p>learning resources such as physical spaces, online learning management system, information and library resources, and self-directed learning resources;</p> <ul style="list-style-type: none"> <li>• peer support networks; and</li> <li>• effective supervision and mentoring.</li> </ul> <p>Describe how communications with learners is planned and delivered to balance both learners' and staff needs, including how urgent communications are facilitated when required.</p> <p><b>Examples of evidence may include:</b>            Informational materials;            excerpts/screenshots from websites;            electronic and other communications;            learner feedback; required resources including software and other technology to support learning, including during WIL experiences.</p>
<p><b>Criterion 4.4</b></p> <p>The education provider ensures that the principles of equity and diversity are applied.</p>	<p>To ensure learners are informed of their rights, treated fairly and lawfully, and supported through equitable access to learning opportunities, reasonable adjustments, and appropriate supports to enable</p>	<p>Outline the processes for identifying learners whose backgrounds or circumstances may present challenges for equitable participation in the program, including (but not limited) to cultural and linguistic diversity, English language proficiency, socioeconomic circumstances, disability, and health issues.</p> <p>Describe the program, services, and mechanisms available to support these learners and explain how mechanisms</p>


 Domain 4 Learner experience Learners are provided with equitable and timely access to information and support.		
Criterion	Intent of criterion	Evidence guide
	<p>progression through the program.</p>	<p>enhance equity of access and participation.</p> <p>Outline how learners are informed about available support options, and how outcomes for learners are monitored.</p> <p>Explain how regarding reasonable accommodations are made and applied, including how relevant policies and procedures of the provider organisation are implemented at the level of program delivery.</p> <p>Demonstrate how equity and diversity principles are operationalised within the program, including mechanisms to monitor outcomes and evaluate the effectiveness of support strategies.</p> <p><b>Examples of evidence may include:</b></p> <p>Policies and procedures for reasonable accommodations; accessibility options; financial support, counselling, and other relevant learner services; informational materials; minutes and action plans of relevant committees; decision logs.</p>
<p><b>Criterion 4.5</b></p> <p>Learners can access effective appeals and grievance processes.</p>	<p>To ensure the provider has in place processes to manage appeals and grievances from learners.</p>	<p>Outline how the education provider manages learners appeals and grievances, including the policies, procedures, and frameworks applied to ensure natural justice, procedural fairness, and timely resolution.</p> <p>Describe how learners are informed about appeals and grievance processes, how matters are escalated and reviewed, and how outcomes are communicated to relevant parties.</p> <p>Demonstrate how appeals and grievances are recorded, monitored and reviewed to inform quality assurance and continuous improvement.</p> <p><b>Examples of evidence may include:</b></p>


 Domain 4 Learner experience Learners are provided with equitable and timely access to information and support.		
Criterion	Intent of criterion	Evidence guide
		Policies and procedures; records of appeals and outcomes; records of complaints and outcomes; student/intern feedback.


## Domain 5 Outcomes and assessment


 Domain 5 Outcomes and assessment Graduates of the program demonstrate achievement of all the required National Prescribing Competencies Framework competency areas and to a standard commensurate with competent, safe, and socially accountable professional prescribing practice.		
Criterion	Intent of criterion	Evidence guide
<b>Criterion 5.1</b>  The program has a contemporary evidence-based assessment strategy.	To ensure the overall program assessment methodology and approach is planned and regularly reviewed, and that emerging technologies, such as artificial intelligence are considered.	Describe the overall assessment strategy that underpins the program, including the principles guiding assessment design and the relevant assessment-related policies and procedures.  Demonstrate the mechanisms in place to identify, monitor and respond to emerging risks in assessment practices, including risks associated with technological developments such as artificial intelligence.  <b>Examples of evidence may include:</b>  Assessment strategies or frameworks; assessment-related policies and procedures; guidance on acceptable use of digital technologies and artificial intelligence in assessment; academic integrity policies and resources; records of assessment review and quality assurance activities; assessment maps; and examples of assessment tasks and marking rubrics.
<b>Criterion 5.2</b>  Program assessments, including during Work Integrated Learning (WIL) are contemporary, evidence based and diverse.	To ensure that the program includes a range of assessment types that are appropriate for each learning outcome.	Outline the types of assessment tools used across the program, including assessments undertaken in WIL settings.  Explain how assessment types are aligned with learning outcomes and learning activities and describe the rationale for the assessment approaches adopted, including reference to relevant prescribing or professional standards where appropriate.


 Domain 5 Outcomes and assessment Graduates of the program demonstrate achievement of all the required National Prescribing Competencies Framework competency areas and to a standard commensurate with competent, safe, and socially accountable professional prescribing practice.		
Criterion	Intent of criterion	Evidence guide
		Describe how the validity and reliability of assessment practices are evaluated and monitored, including mechanisms for moderation, benchmarking and review, where relevant.  <b>Examples of evidence may include:</b>  Examples of assessment types; evidence of alignment with APC and PharmBA assessment requirements, including WBAs.
<b>Criterion 5.3</b>  All required professional competencies and program learning outcomes are assessed, aligned with the National Prescribing Competencies Framework.	To ensure graduates are competent to practise prescribing safely, legally, professionally, and ethically as a member of an interprofessional health care team.	Outline how program assessment approaches ensure that learners demonstrate achievement of the required competencies and program learning outcomes, with alignment to professional, regulatory and registration frameworks and codes.  Demonstrate inclusion of assessment of strategies to manage conflict of interest when prescribing and supply is unable to be separated.  <b>Examples of evidence may include:</b>  Curriculum and assessment maps demonstrating alignment between program learning outcomes, assessment tasks, and the National Prescribing Competencies Framework.
<b>Criterion 5.4</b>  The program has effective policies and procedural controls in operation for external moderation of assessments.	To ensure the external moderation of assessments as part of continuous quality improvement to assure validity, integrity, reliability, fairness and transparency in the	Outline the policies and processes in place for independent and external review of assessments tasks and outcomes for quality assurance and improvement purposes.  Explain how assessment moderation processes are implemented in practice, and how the feedback and findings from

 Domain 5 Outcomes and assessment Graduates of the program demonstrate achievement of all the required National Prescribing Competencies Framework competency areas and to a standard commensurate with competent, safe, and socially accountable professional prescribing practice.		
Criterion	Intent of criterion	Evidence guide
	assessment of learners, with outcomes used to inform program development and enhancement.	<p>moderation activities are analysed, actioned and used to improve assessment design and program delivery.</p> <p>Demonstrate that assessment moderation and review activities involve appropriately qualified and experienced internal and/or external staff.</p> <p><b>Examples of evidence may include:</b></p> <p>Policies and procedures; review/moderation schedules; review/moderation agreements; examples of external moderation reports; excerpts of committee meeting minutes and action plans; learners feedback.</p>
<p><b>Criterion 5.5</b></p> <p>All assessments are fair, valid and reliable.</p>	<p>To ensure that there are clear criteria for assessments that are shared with learners, supervisors, and assessors undertaking the assessments for consistency.</p>	<p>Outline the policies and processes in place to ensure that assessment criteria are clearly defined, communicated, and applied consistently across assessment tasks, including WIL.</p> <p>Describe how assessments are conducted by suitably qualified, trained assessors and/or designated prescriber, including the recruitment, induction, briefing, training, and ongoing support of assessors.</p> <p>Explain how fairness in assessment is promoted, including the identification, declaration, and management of actual, potential, or perceived conflicts of interest.</p> <p><b>Examples of evidence may include:</b></p> <p>Examples of assessment task descriptions and rubrics; external moderation reports including inter-rater reliability; incident and</p>


 Domain 5 Outcomes and assessment Graduates of the program demonstrate achievement of all the required National Prescribing Competencies Framework competency areas and to a standard commensurate with competent, safe, and socially accountable professional prescribing practice.		
Criterion	Intent of criterion	Evidence guide
		<p>appeal reports; policies and procedures for assessment of group work; induction, training, and briefing documentation; peer review or moderation processes for individual assessment tasks.</p>
<p><b>Criterion 5.6</b></p> <p>Learners are provided with effective, appropriate, and timely assessment feedback.</p>	<p>To ensure learners are able to improve their performance.</p>	<p>Outline the mechanisms through which learners receive feedback from assessors.</p> <p>Describe how feedback practices are designed to promote future learning and development, with a focus on the quality, specificity and developmental nature of feedback, in addition to administrative considerations such as turnaround times and modes of delivery.</p> <p>Demonstrate how feedback supports learners learning and improvement across the program.</p> <p><b>Examples of evidence may include:</b></p> <p>Examples of completed assessments and quality feedback provided; feedback from assessors and/or designated prescriber; learner feedback and satisfaction, including through formal evaluations and informal mechanisms.</p>
<p><b>Criterion 5.7</b></p> <p>Program content and assessments ensure graduates are able to undertake comprehensive patient assessment and differential diagnosis in practice.</p>	<p>To ensure graduates are competent and safe to complete patient assessment and differential diagnosis that informs prescribing decisions.</p>	<p><i>The competency areas below are adapted from the National Prescribing Competencies Framework:</i></p> <p>Demonstrate how program, WIL, and/or assessment activities include a comprehensive assessment of the patient and their needs, including but not limited to, anatomy, physiology, pathology, pathophysiology, microbiology, and immunology.</p>


 Domain 5 Outcomes and assessment Graduates of the program demonstrate achievement of all the required National Prescribing Competencies Framework competency areas and to a standard commensurate with competent, safe, and socially accountable professional prescribing practice.		
Criterion	Intent of criterion	Evidence guide
		<p>Outline how diagnosis and treatment are assessed during the prescribing process, within the program.</p> <p>Demonstrate how program, WIL, and/or assessment activities include assessment of the patient according to the clinical context and the learner scope of practice.</p> <p>Demonstrate how the program ensures learners accurately diagnose or understand a diagnosis of illness according to their scope of practice.</p> <p>Demonstrate how the program ensures learners are able to use equipment to make observations in the context of the patient's medical history, and during examination.</p> <p>Demonstrate how the program ensures familiarity with a range of disease states and their evidence-based management essential to guide treatment, both non-pharmacological and pharmacological.</p> <p>Demonstrate how clinical assessment, including clinical reasoning and differential diagnosis to reduce missed, delayed, or incorrect diagnoses, is incorporated in the program.</p> <p>Outline how prescribing a particular medicine has implications to the wider community is incorporated in the program.</p> <p>Demonstrate how the program ensures learners prioritise the patient's needs and health above all considerations in prescribing decisions.</p> <p>The program content must cover all areas within the Learning Domains for Pharmacist Prescriber Programs.</p> <p><b>Examples of evidence may include:</b></p>


 Domain 5 Outcomes and assessment Graduates of the program demonstrate achievement of all the required National Prescribing Competencies Framework competency areas and to a standard commensurate with competent, safe, and socially accountable professional prescribing practice.		
Criterion	Intent of criterion	Evidence guide
		Assessment map (including formative, summative, WBA), rubrics, cross referenced to the National Prescribing Competencies Framework; examples of assessments, including those that review the ability to perform whole process (OSCE); examples of feedback provided to learners.
<b>Criterion 5.8</b> Learners complete comprehensive assessments that ensure they are competent to undertake the full prescribing process.	To ensure learners are assessed on their ability to complete the entire prescribing process and demonstrate consolidated prescribing competencies.  It is expected that the program includes a capstone (final) assessment.	Outline the mechanisms used to ensure opportunities for learners to practise and demonstrate achievement of all competencies across the prescribing process.  Demonstrate how the program ensures learners demonstrate the competency areas below (adapted from the National Prescribing Competencies Framework): <ul style="list-style-type: none"> <li>• Elicit an accurate, structured medical history from the patient</li> <li>• Diagnose prior to prescribing</li> <li>• Recognise and communicate when it is clinically appropriate not to prescribe medicines</li> <li>• Follow a clinical reasoning and iterative decision-making process supporting a person-centre care approach (including patient history, clinical examination, diagnostic investigations and interpretation, and documentation aligning with health system requirements)</li> <li>• Prescribe medicines safely and communicate the agreed treatment decision with the patient</li> <li>• Know when and how to refer for further assessment when outside their scope of practice</li> </ul>


 Domain 5 Outcomes and assessment Graduates of the program demonstrate achievement of all the required National Prescribing Competencies Framework competency areas and to a standard commensurate with competent, safe, and socially accountable professional prescribing practice.		
Criterion	Intent of criterion	Evidence guide
		<ul style="list-style-type: none"> <li>• Monitor, review, stop or modify existing medicines and other treatments, where appropriate</li> <li>• Accept responsibility and accountability for prescribing decisions</li> <li>• Prescribe medicines compliant with relevant legislation, regulatory frameworks, guidelines, codes of practice, scope of practice, and organisational policies and procedures.</li> </ul> <p>Describe how the learners will be assessed on completing an entire patient consultation, demonstrating consolidated competencies across the full prescribing process consistent with the competency areas.</p> <p><b>Examples of evidence may include:</b></p> <p>Assessment map (including formative, summative, WBA, logbook), rubrics; examples of assessments, including those that review the ability to perform whole process (OSCE).</p>

## Domain 6 Cultural safety

 Domain 6 Cultural safety The program and its graduates support Aboriginal and Torres Strait Islander Peoples to work, learn, and receive care in environments that are culturally safe and free from racism.		
Criterion	Intent of criterion	Evidence guide
<p><b>Criterion 6.1</b></p> <p>Program design, content, delivery, and assessment specifically emphasise and promote Aboriginal and Torres Strait Islander cultures, cultural safety, and improving health outcomes, and support the development of skills that enable the provision of culturally safe care.</p>	<p>To ensure that the program supports the development of cultural responsiveness, knowledge, and reflective practice among staff and learners, enabling the provision of culturally safe care as determined by Aboriginal and Torres Strait Islander Peoples.</p>	<p>Outline how, where, and at what stages cultural safety is embedded within curriculum, including Aboriginal and Torres Strait Islander cultures, histories, and knowledges, and how these inform learning, teaching, and assessment activities.</p> <p>Demonstrate how curriculum design, content and delivery related to Aboriginal and Torres Strait Islander Peoples adopts a strengths-based approach, avoids deficit framing and align with principles of self-determination, respect, and partnership.</p> <p><b>Examples of evidence may include:</b></p> <p>Curriculum and assessment mapping to the Aboriginal and Torres Strait Islander Health Curriculum Framework,<sup>12</sup> examples of curriculum activities, and/or assessments.</p>
<p><b>Criterion 6.2</b></p> <p>Aboriginal and Torres Strait Islander Peoples have input into curriculum design and management.</p>	<p>To ensure that the program provider actively engages with Aboriginal and Torres Strait Islander Peoples to ensure the program reflects Indigenous perspectives and supports the development of culturally safe graduates.</p>	<p>Outline how Aboriginal and Torres Strait Islander Peoples input informs curriculum design, governance', and continuous improvement processes within the program.</p> <p>Describe how this input is considered, actioned, and reflected in curriculum development, teaching, and learning activities, assessment practices, and program review.</p> <p>Explain the mechanisms used to engage Aboriginal and Torres Strait Islander Peoples, including the frequency, scope, and formality of engagement, and how feedback and advice are documented and incorporated into program decision-making.</p> <p><b>Examples of evidence may include:</b></p>

 Domain 6 Cultural safety The program and its graduates support Aboriginal and Torres Strait Islander Peoples to work, learn, and receive care in environments that are culturally safe and free from racism.		
Criterion	Intent of criterion	Evidence guide
		Descriptions of engagement with Aboriginal and Torres Strait Islander individuals or groups; minutes and action plans of relevant committees/advisory groups; description of frequency of input.
<b>Criterion 6.3</b>  Staff delivering the program have the knowledge, expertise, and cultural capability to guide and support student learning about Aboriginal and Torres Strait Islander cultures, cultural safety, and improved health outcomes.	To ensure that program content relating to Indigenous cultures and cultural safety is delivered by or with the involvement of Aboriginal and Torres Strait Islander Peoples, or people with relevant knowledge and expertise.	Explain how staff involved in delivering the program build, maintain, and demonstrate their understanding of Aboriginal and Torres Strait Islander cultures, cultural safety, and their application within pharmacy education and practice.  Demonstrate the mechanisms that support the ongoing development and maintenance of staff cultural capability, including professional learning, reflective practice and engagement with Aboriginal and Torres Strait Islander Peoples and communities.  Outline how Aboriginal and Torres Strait Islander Peoples are involved in the delivery, codesign or oversight of curriculum content related to Indigenous cultures, cultural safety and health outcomes.  <b>Examples of evidence may include:</b> how Description of how Indigenous Peoples are involved with program delivery; documentation of relevant training completed by staff; description of staff expertise and knowledge to deliver content on Indigenous cultures and cultural safety.
<b>Criterion 6.4</b>  The education provider promotes and supports the recruitment, admission, participation,	To ensure that Aboriginal and Torres Strait Islander learners are supported through the program to	Describe the recruitment, admission, and retention strategies in place to support Aboriginal and Torres Strait Islander students within the program.  Outline the culturally safe, tailored supports available to Aboriginal and Torres Strait

 Domain 6 Cultural safety The program and its graduates support Aboriginal and Torres Strait Islander Peoples to work, learn, and receive care in environments that are culturally safe and free from racism.		
Criterion	Intent of criterion	Evidence guide
retention, and completion of the program by Aboriginal and Torres Strait Islander Peoples.	increase the number of Indigenous pharmacists prescribers in Australia.	<p>Islander learners once enrolled, including academic, pastoral, mentoring, and wellbeing supports.</p> <p>Demonstrate preparedness to provide culturally safe learning environments and responsive support mechanisms that promote participation, progression, and completion for Aboriginal and Torres Strait Islander learners.</p> <p><b>Examples of evidence may include:</b></p> <p>Targeted recruitment and outreach activities; Indigenous-specific entry or support pathways (where applicable); involvement of Aboriginal and Torres Strait Islander staff, advisors, or mentors; dedicated cultural, academic, or wellbeing support services; and documentation outlining support strategies and outcomes for Aboriginal and Torres Strait Islander learners.</p>
<p><b>Criterion 6.5</b></p> <p>Staff and learners work and learn in a culturally safe environment that is free from racism.</p>	<p>To ensure that providers demonstrate how they promote appreciation of cultural differences and development of cultural safety among both staff and learners.</p>	<p>Describe the mechanisms in place to create, promote, and maintain a culturally safe learning and working environment for staff and learners.</p> <p>Explain how racism, discrimination, and culturally unsafe behaviours are identified, prevented, and addressed through organisational culture, policy, education, and practice.</p> <p>Demonstrate how staff and learners are supported to develop cultural safety awareness, reflective practice, and accountability, and how feedback is used to strengthen culturally safe environments.</p> <p><b>Examples of evidence may include:</b></p>

 Domain 6 Cultural safety The program and its graduates support Aboriginal and Torres Strait Islander Peoples to work, learn, and receive care in environments that are culturally safe and free from racism.		
Criterion	Intent of criterion	Evidence guide
		Staff training and professional development related to cultural safety and anti-racism (including frequency and participation rates); cultural safety, anti-racism, and discrimination policies and procedures; reporting and response mechanisms; and feedback from staff and students/interns regarding cultural safety and inclusion.
<b>Criterion 6.6</b>  Learners have authentic practice-based learning experiences that enable them to apply culturally safe care for Aboriginal and Torres Strait Islander Peoples.	To ensure that learners can apply their program learning about cultural safety in the practice of prescribing.	Describe how WIL opportunities include and/or support engagement with Aboriginal and Torres Strait Islander patients, communities, or organisations in a manner appropriate to the practice of prescribing.  Explain how learning activities are designed to support culturally safe practice while avoiding unnecessary cultural load or tokenistic participation by Aboriginal and Torres Strait Islander Peoples.  Demonstrate how culturally safe learning experiences are designed in alignment with Aboriginal and Torres Strait Islander community prescribing needs and expectations, and how feedback from communities or partners informs program quality improvement.  <b>Examples of evidence may include:</b>  WIL mapping; examples of activities (real or simulated); on-Country learning experiences; supervised community engagement; partnerships with Aboriginal and Torres Strait Islander organisations; other context-appropriate learning activities.

## Abbreviations

Abbreviation	Meaning
<b>Ahpra</b>	Australian Health Practitioner Regulation Agency
<b>APC</b>	Australian Pharmacy Council
<b>AQF</b>	Australian Qualifications Framework
<b>NRAS</b>	National Registration and Accreditation Scheme
<b>OSCE</b>	Objective Structured Clinical Examination
<b>PharmBA</b>	Pharmacy Board of Australia
<b>QUM</b>	Quality Use of Medicines
<b>RTO</b>	Registered Training Organisation
<b>TESQA</b>	Tertiary Education Quality and Standards Agency
<b>WBA</b>	Workplace Based Assessment
<b>WIL</b>	Work-integrated learning

## Glossary

Term	Definition
<b>Accreditation</b>	Evaluation of a program against defined standards that ensures that the education and training is rigorous and prepares individuals to practise safely.
<b>Accredited</b>	A training program that has been assessed by the authorised organisation as meeting the relevant Accreditation Standards. It is not a self-assessment.
<b>Assessment</b>	An activity that gathers evidence to determine that a learner knows, understands, and meets the required competencies. Comprehensive assessment approaches include a combination of formal and informal assessment (formative, interim, and summative).
<b>Competencies</b>	Used by National Scheme entities to describe the knowledge, skills, and professional attributes needed to safely and competently practice the relevant health profession in Australia. <sup>13</sup>
<b>Criteria</b>	For each <b>domain</b> , the criteria are the specific statements against which the program is to be evaluated, and which are designed to be addressed by an education provider when undergoing accreditation. For accreditation of a program (without conditions), it is necessary for compliance to be demonstrated against all <b>criteria</b> .
<b>Cultural diversity</b>	Cultural diversity means having a mix of people from different cultural backgrounds; it can include differences in cultural/ethnic identity (how we identify ourselves and how others identify us), language, country of birth, religion, heritage/ancestry, national origin, and/or race. <sup>14</sup>
<b>Cultural safety</b>	Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families, and communities.  Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours, and power differentials in delivering safe, accessible, and responsive healthcare free of racism. <sup>15,16</sup>
<b>Domain</b>	A high-level thematic grouping that brings together related accreditation expectations under a single area of focus, expressed through a Standard Statement and supported by multiple criteria.

<b>Designated prescriber</b>	A registered health professional with current prescribing qualifications and experience relevant to the learner's scope of practice who formally agrees to supervise and provide mentorship to a learner consistent with the defined expectations provided by the education provider.
<b>Education provider</b>	A university, tertiary education institution, or another institution or organisation, that provides vocational training, or a specialist medical college or other health profession college. <sup>17</sup>
<b>Fitness-to-practise</b>	Fitness-to-practise encompasses both readiness-to-practise from a competency perspective (including knowledge, skills, behaviours and attitudes), and the capacity to undertake professional practice safely from the perspective of wellbeing and impairment. As outlined in the National Law, fitness-to-practise can be framed using the categories of conduct, performance, and health where the first two relate to readiness-to-practise and the third to wellbeing and impairment. <sup>17–19</sup>
<b>Interprofessional collaborative practice</b>	Refers to health care practice where multiple health workers from different professional backgrounds work together, with patients, families, carers and communities to deliver the highest quality of care that is free of racism and other forms of discrimination. <sup>13</sup>
<b>Interprofessional education</b>	The Health Professions Accreditation Collaborative (HPAC) Forum has endorsed World Health Organization's (WHO) definition of interprofessional education: <i>“Interprofessional education occurs when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.”</i> <sup>20</sup>
<b>Moderation of assessment</b>	Quality assurance and control processes and activities such as peer review that aim to assure: <ul style="list-style-type: none"> <li>• consistency or comparability, appropriateness, and fairness of assessment judgments</li> <li>• the validity and reliability of assessment tasks, criteria and standards.</li> </ul> Moderation of assessment processes establish comparability of standards of student performance across, for example, different markers, locations, subjects, providers and/or courses of study. <sup>3</sup>

<b>Patients</b>	<p>Also known as health consumer, clients, family, community, carers and secondary consumers. A person with lived or living experience who receives care from health practitioners either directly or in a secondary capacity as a family member, carer or community.<sup>13</sup></p>
<b>Person-centred care</b>	<p>Care that is respectful of, and responsive to, the preferences, needs and values of the individual consumer/patient/client and recognises the role of family and community. It involves seeking out and understanding what is important to the consumer/patient/client and their family, community and/or carer, fostering trust, establishing mutual respect and working together to share decisions and plan care, whilst recognising that consumer/patient/client safety remains paramount.<sup>14</sup></p> <p>Person-centred care is an approach to the planning, delivery and evaluation of health care that is founded on mutually beneficial partnerships among healthcare providers and patients. Person-centred care is respectful of, and responsive to, the preferences, needs and values of patients and consumers. Key dimensions of person-centred care include respect, emotional support, physical comfort, information and communication, continuity and transition, care coordination, involvement of carers and family, and access to care. Also known as patient-centred care or consumer-centred care.<sup>21</sup></p>
<b>Scope of Practice</b>	<p>Professional activities that a health professional is educated (skill and knowledge), competent and authorised to perform, and for which they are accountable. Individual scope is time-sensitive and dynamic. Scope of practice for individual health professionals is influenced by the settings in which they practise, the health needs of people, the level of their individual competence and confidence and the policy requirements (authority/governance) of the service provider.<sup>1</sup></p>
<b>Simulation-based learning</b>	<p>Interactive educational methods or clinical experiences that evoke or replicate real-life characteristics of an event or situation as the basis for developing skills, confidence and problem-solving abilities in a safe, controlled and monitored environment.<sup>22</sup></p>
<b>Social accountability</b>	<p>Pharmacists are willing and able to:</p>

	<ul style="list-style-type: none"> <li>• deliver culturally safe and responsive person-centred care</li> <li>• address the health care needs of individuals and the wider society</li> <li>• assume responsibility for the sustainable use of healthcare resources</li> <li>• contribute to the ongoing improvement of individual and societal health outcomes.</li> </ul> <p>For education providers, it is an obligation to:</p> <ul style="list-style-type: none"> <li>• provide education that promotes the development of socially accountable pharmacists</li> </ul> <p>undertake research and service activities targeted towards addressing the current and future priority health concerns of society.<sup>23,24</sup></p>
<b>Standard (statement)</b>	For each <b>domain</b> , a standard (statement) describes the overall scope of the <b>domain</b> .
<b>Supervisor</b>	A registered health professional who works as a member of a healthcare team and provides work-based supervision to the learner under direction or delegation by the designated prescriber.
<b>Work-integrated Learning (WIL)</b>	<p>The component of a program of study, undertaken with supervision, in a clinical or professional practice environment that assists students to put theoretical knowledge into practice.<sup>22</sup></p> <p>For the purpose of these standards, the APC considers supervised practice undertaken by an intern as a type of WIL.</p>

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## Summary of Proposed Changes to the Pharmacist Prescriber Standards

The following table describes the changes that have been made to the 2023 Accreditation Standards for Pharmacist Prescriber Education Programs based on feedback gathered in the preliminary consultation stage.

The changes to the 2023 Standards to create the draft version for public consultation also include a format/style change. Within each criterion, the notes from the Standards and the evidence guide document have been revised into the Proposed Draft revised Standards.

Current Prescribing standards (2023)	Proposed Draft revised Standards	Reason for change
<b>Domain 1 – Safe and socially accountable practice</b>		
<p><b>Criterion 1.1</b></p> <p>The program is underpinned by the principles of cultural safety, respect and responsiveness; equity, diversity and inclusiveness; person-centred care; reduction of disparities in health care; addressing community aspirations for health; and a commitment to public service and safety.</p>	<p><b>Criterion 1.1</b></p> <p>The program promotes the development of learners' knowledge, skills and behaviours aligned with a commitment to public safety and person-centred care.</p>	<p>Simplified wording.</p>
<p><b>Criterion 1.2</b></p> <p>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.</p>	<p><b>Criterion 1.2</b></p> <p>Effective fitness-to-practise monitoring and management processes are implemented in relation to learners which promote and protect public safety at all times.</p>	<p>No change.</p>

Current Prescribing standards (2023)	Proposed Draft revised Standards	Reason for change
<p><b>Criterion 1.3</b></p> <p>All learners have demonstrated relevant pre-requisite knowledge, skills, behaviours and attitudes before undertaking supervised work-integrated-learning (WIL) as a component of the program.</p>	<p><b>Criterion 1.3</b></p> <p>All learners have demonstrated relevant competencies before interacting with the public or providing professional services as a component of the program.</p>	<p>Simplified wording.</p>
<p><b>Criterion 1.4</b></p> <p>All teaching staff, supervisors and learners are held accountable to endorsed standards of professional and ethical practice and conduct at all times, including during WIL.</p>	<p><b>Criterion 1.4</b></p> <p>The program upholds recognised standards of professional, regulatory, and ethical conduct for staff and learners.</p>	<p>Simplified wording.</p>
<p><b>Criterion 1.5</b></p> <p>Program graduates have demonstrated an understanding of their legal, ethical and professional responsibilities in relation to prescribing.</p>	<p><b>Removed</b></p>	<p>Incorporated into Criterion 1.4</p>
<p><b>Criterion 1.6</b></p> <p>The program includes sufficient high quality, supervised WIL in relevant settings to facilitate learners to consolidate prescribing competencies and demonstrate performance outcomes.</p>	<p><b>Criterion 1.5</b></p> <p>The quality and quantity of Work Integrated Learning (WIL) in the program is sufficient to produce a graduate capable to practise across diverse patient populations and in a range of environments.</p>	<p>Simplified wording and new numbering.</p>

Current Prescribing standards (2023)	Proposed Draft revised Standards	Reason for change
<p><b>Criterion 1.7</b></p> <p>Processes support effective relationships between the program provider, the learner, the WIL site, and the primary supervisor. All parties agree to, and comply with, documented processes to support a safe and quality WIL experience.</p>	<p><b>Criterion 1.6</b></p> <p>All Work Integrated Learning (WIL) sites are compliant with documented standards for quality, suitability and safety.</p>	<p>Simplified wording and new numbering.</p>
<p><b>Criterion 1.8</b></p> <p>Effective processes are in place to ensure that the program provider complies with all obligations under the Health Practitioner Regulation National Law Act, Pharmacy Board of Australia and relevant national and state/territory legislation and frameworks.</p>	<p><b>Criterion 1.7</b></p> <p>Effective processes are in place to ensure that the <b>education provider maintains compliance</b> with all obligations under the Health Practitioner Regulation National Law Act, of the Pharmacy Board of Australia, and any applicable national and state/territory regulatory frameworks.</p>	<p>Minor rewording and new numbering.</p>
<b>Domain 2 – Governance and Quality</b>		
<p><b>Criterion 2.1</b></p> <p>The program is delivered by a clearly identifiable operational unit (the ‘program provider’) within the provider organisation. The program provider operates with appropriate autonomy, authority and responsibility for designing, implementing, evaluating and resourcing the program.</p>	<p>Removed. Covered in the proposed criteria 2.2, 2.3 and 2.5</p>	<p>This criterion relates to the unit delivering the program having autonomy for the design, implementation and resourcing of the program. The requirement for ‘autonomy, authority and responsibility’ for the program can be assessed through proposed Criterion 2.2 (academic governance structures), proposed Criterion 2.3 (quality assurance) and proposed Criterion 2.5 (program resources).</p>

Current Prescribing standards (2023)	Proposed Draft revised Standards	Reason for change
		Removing the requirement for a 'clearly identifiable operational unit' aligns with other health profession accreditation standards.
<p><b>Criterion 2.2</b></p> <p>The program provider is registered with either the Tertiary Education Quality and Standards Agency (TEQSA) (HEIs) or Australian Skills Quality Authority (ASQA) (RTOs).</p>	<p><b>Criterion 2.1</b></p> <p>Australian provider organisations are registered with the Tertiary Education Quality and Standards Agency (TEQSA) (Higher Education Providers).</p>	<p>New numbering.</p> <p>Revised based on preliminary consultation feedback expressed concern about the suitability of education providers registered with Australian Skills Quality Authority (ASQA) to deliver prescribing programs. The draft Standards have been amended in response to the feedback to only allow providers registered with TEQSA to deliver a program. This aligns with expectations that education providers have in place the necessary facilities and resources to ensure development of clinical skills in learners.</p>
<p><b>Criterion 2.3</b></p> <p>Governance structures and processes within the provider organisation direct and support the design, implementation, evaluation and quality improvement at the program level and ensure that graduates are able to demonstrate the performance outcomes.</p>	<p><b>Criterion 2.2</b></p> <p>Academic governance structures are in place within the provider organisation to support the program.</p>	<p>Simplified wording and new numbering.</p> <p>Alignment with other health profession accreditation standards.</p>
<p><b>Criterion 2.4</b></p> <p>The maintenance, assurance and improvement of program quality is facilitated by effective relationships and accountability between the program provider and the provider organisation.</p>	<p><b>Criterion 2.3</b></p> <p>The program has rigorous quality assurance, monitoring and evaluation mechanisms in place.</p>	<p>Simplified wording and new numbering.</p> <p>Alignment with other health profession accreditation standards.</p>

Current Prescribing standards (2023)	Proposed Draft revised Standards	Reason for change
<p><b>Criterion 2.5</b></p> <p>The program provider has a designated leader with relevant experience and expertise who is responsible for ensuring the effective provision of professional and academic leadership, engagement and advocacy for the program provider and the profession within and beyond the provider organisation.</p>	<p><b>Criterion 2.4</b></p> <p>The leadership, teaching and technical staff cohort are suitable for the program requirements and are appropriately qualified and experienced.</p>	<p>Simplified wording and new numbering.</p> <p>Alignment with other health profession accreditation standards.</p> <p>Revised based on the preliminary consultation feedback.</p>
<p><b>Criterion 2.6</b></p> <p>There are clearly defined, robust, transparent and effective mechanisms by which the designated leader secures and is accountable for the financial and other resources necessary to ensure the sustainable operation of the program.</p>	<p><b>Criterion 2.5</b></p> <p>Program resources are fit-for-purpose, sufficient for the needs of the learner cohort, and regularly reviewed and updated.</p>	<p>Simplified wording and new numbering.</p>
<p><b>Criterion 2.7</b></p> <p>The program provider 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 program provider, and systematically reviewed and updated to ensure fitness-for-purpose and currency with contemporary prescribing practice.</p>	<p>Removed.</p>	<p>Alignment with other health profession accreditation standards.</p> <p>Experience with current standards has shown that requiring development of a strategic plan separate to that of the provider organisations' plan hasn't added value to the accredited programs and has not been an essential part of program review, quality improvement and sustainability.</p>

Current Prescribing standards (2023)	Proposed Draft revised Standards	Reason for change
<p><b>Criterion 2.8</b></p> <p>Risks to the sustainable delivery of the program are regularly monitored and evaluated, and appropriate mitigation strategies are clearly documented.</p>	<p><b>Criterion 2.6</b></p> <p>Risks to the sustainable delivery of the program are regularly monitored and evaluated, and appropriate mitigation strategies are clearly documented.</p>	<p>New numbering.</p>
<p><b>Domain 3 – Program</b></p>		
<p><b>Criterion 3.1</b></p> <p>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.</p>	<p><b>Criterion 3.1</b></p> <p>A coherent and contemporary educational philosophy is aligned with the design and delivery of the program.</p>	<p>Simplified wording.</p>
<p><b>Criterion 3.2</b></p> <p>Program design, content, delivery, and assessment align with contemporary evidence-based prescribing practice and are designed to facilitate achievement and demonstration by learners of the performance outcomes. Emerging developments and legislation relevant to prescribing are reflected in the program (including WIL) in a timely manner consistent with the defined program purpose.</p>	<p><b>Criterion 3.2</b></p> <p>The program design, content and assessments reflect contemporary evidence-based prescribing practice.</p> <p>The program duration and sequencing support achievement of the required competency areas described in the National Prescribing Competencies Framework over a sufficient time period.</p>	<p>Simplified wording.</p> <p>Reference to AQF Level 8 (or above) has been included in the Evidence guide column.</p>

Current Prescribing standards (2023)	Proposed Draft revised Standards	Reason for change
<p><b>Criterion 3.3</b></p> <p>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, health professionals with prescribing expertise, employers, patients and consumers, Aboriginal and Torres Strait Islander peoples, and other key external stakeholders to ensure that the program remains consistent with its defined purpose. Outcomes from these processes are clearly communicated in a timely manner to stakeholders.</p>	<p><b>Criterion 3.3</b></p> <p>Key stakeholder input into program design, evaluation and quality improvement processes are sought, considered, and incorporated into the program where appropriate.</p>	<p>Simplified wording.</p>
<p><b>Criterion 3.4</b></p> <p>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.</p>	<p>Moved to new Domain 6.</p>	<p>Proposed new Domain 6 – Cultural safety.</p> <p>Alignment with <a href="#">Ahpra’s Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy</a>.</p> <p>Alignment with APC’s <a href="#">Reconciliation Action Plan</a>.</p> <p>Alignment with other health profession accreditation standards.</p>
<p><b>Criterion 3.5</b></p> <p>Program design, content, delivery and assessment promote an understanding and appreciation of cultural diversity by both staff and learners, and the</p>	<p>Moved to new Domain 6.</p>	<p>As above.</p>

Current Prescribing standards (2023)	Proposed Draft revised Standards	Reason for change
development of learner skills that enable the provision of culturally safe, inclusive and responsive person-centred care.		
<b>Criterion 3.6</b> 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.	Moved to Domain 2 (merged with proposed criterion 2.5)	Alignment with other health profession accreditation standards.  Resource management fits with governance and quality.  Reducing duplication.
<b>Criterion 3.7</b> The program 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.	Moved to Domain 2 (merged with proposed criterion 2.6)	Alignment with other health profession accreditation standards.  Staff management fits with governance and quality.  Reduces duplication.

Current Prescribing standards (2023)	Proposed Draft revised Standards	Reason for change
<p><b>Criterion 3.8</b></p> <p>The program provides sufficient opportunities for all learners to engage in interprofessional learning and practice (in real and/or simulated environments) to enable graduates to achieve the required performance outcomes including the provision of person-centred care, as a collaborative member of an interprofessional team.</p>	<p><b>Criterion 3.4</b></p> <p>All learners learn with, about, and from other health professions through structured interprofessional education that supports collaboration and improved health outcomes.</p>	<p>Simplified wording and new numbering.</p> <p>Evidence guide revised based on preliminary consultation feedback.</p>
<p><b>Criterion 3.9</b></p> <p>The program provider operates in an environment informed by contemporary scholarship, research and enquiry.</p>	<p>Moved to Criterion 3.2</p>	<p>Alignment with other health profession accreditation standards.</p> <p>Reduces duplication.</p>
	<p><b>NEW Criterion 3.5</b></p> <p>The program content explicitly includes training in physical examination, clinical assessment, and diagnostic reasoning relevant to the learner's scope of prescribing practice across contemporary settings.</p>	<p>New numbering.</p> <p>Expanded based on preliminary consultation feedback in the intent of criterion column.</p> <p>Evidence guide includes the program content needs to align with the Learning Domains for Pharmacist Prescriber Education Programs.</p>

Current Prescribing standards (2023)	Proposed Draft revised Standards	Reason for change
<b>Domain 4 – Learner experience</b>		
<p><b>Criterion 4.1</b></p> <p>Selection policies and criteria for entry to the program are transparent, equitable, and applied fairly and consistently to ensure that applicants are not subject to unfair/unlawful discrimination.</p>	<p><b>Criterion 4.1</b></p> <p>Program admission and progression requirements and processes are fair and transparent.</p>	<p>Simplified wording.</p> <p>Expanded based on preliminary consultation feedback in the intent of criterion column, to include Programs must ensure that they limit program enrolment to pharmacists who hold general registration.</p>
<p><b>Criterion 4.2</b></p> <p>Program information, including program purpose, selection policies, criteria and processes, program structure, inherent 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 applicants are given sufficient guidance to make an informed decision.</p>	<p><b>Criterion 4.2</b></p> <p>Program information is clear and accessible.</p>	<p>Simplified wording.</p>
<p><b>Criterion 4.3</b></p> <p>The program provider ensures that learners are able to access relevant resources and support systems that assist learners to achieve the performance outcomes regardless of practice setting.</p>	<p><b>Criterion 4.3</b></p> <p>The education provider ensures that learners can access relevant resources and support systems in a timely manner to facilitate achievement of the required competencies.</p>	<p>Simplified wording.</p>

Current Prescribing standards (2023)	Proposed Draft revised Standards	Reason for change
<p><b>Criterion 4.4</b></p> <p>The program provider ensures that the principles of equity and diversity are embedded in the program to ensure the absence of unfair/unlawful discrimination.</p>	<p><b>Criterion 4.4</b></p> <p>The education provider ensures that the principles of equity and diversity are applied.</p>	<p>Simplified wording.</p>
<p><b>Criterion 4.5</b></p> <p>The program provider ensures 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.</p>	<p><b>Criterion 4.5</b></p> <p>Learners can access effective appeals and grievance processes.</p>	<p>Simplified wording.</p>
<p><b>Criterion 4.6</b></p> <p>The program provider identifies and manages all actual, perceived and potential conflicts of interest proactively, consistently and fairly.</p>	<p>Removed, included in proposed Criterion 2.2</p>	<p>Alignment with other health profession accreditation standards.</p> <p>Managing conflict of interest is part of good governance. Evidence descriptor for Criterion 2.2 states that the governance structure should include mechanisms to identify and manage conflict of interest.</p> <p>Reducing duplication.</p>

Current Prescribing standards (2023)	Proposed Draft revised Standards	Reason for change
<p><b>Criterion 4.7</b></p> <p>Learners are actively engaged with governance and program management structures and decision-making processes, through both formal and informal mechanisms.</p>	<p>Removed, included in proposed Criterion 3.3</p>	<p>Criterion 3.3 relates to input from relevant stakeholders, including students. The evidence descriptor states that students are considered to be a very important stakeholder group and should be included in formal governance structures and decision-making processes.</p> <p>Reducing duplication.</p>
<p><b>Domain 5 - Outcomes and assessment</b></p>		
<p><b>Criterion 5.1</b></p> <p>The program has an assessment strategy that describes the purpose and range of assessments, aligns assessments to program learning outcomes, and ensures all performance outcomes are assessed in relevant prescribing contexts including WIL settings.</p>	<p><b>Criterion 5.1</b></p> <p>The program has a contemporary evidence-based assessment strategy.</p>	<p>Revised to ensure that assessment design and planning consider the overall program, as well as emerging assessment areas and challenges, such as Artificial Intelligence.</p> <p>Alignment with other health profession accreditation standards.</p> <p>Simplified wording.</p>
<p><b>Criterion 5.2</b></p> <p>A range of relevant, evidence-informed assessment methods including formative, summative, and workplace based are implemented progressively throughout the program to ensure that the overall assessment system is valid, reliable and provides progressive evidence of learner competence leading to demonstration of all performance outcomes.</p>	<p><b>Criterion 5.2</b></p> <p>Program assessments, including during Work Integrated Learning (WIL) are contemporary, evidence based and diverse.</p>	<p>Alignment with other health profession accreditation standards.</p> <p>Simplified wording.</p>

Current Prescribing standards (2023)	Proposed Draft revised Standards	Reason for change
	<p><b>NEW Criterion 5.3</b></p> <p>All required professional competencies and program learning outcomes are assessed, aligned with the National Prescribing Competencies Framework.</p>	<p>Ensuring programs provide evidence of alignment of assessments with the National Prescribing Competencies Framework.</p>
<p><b>Criterion 5.3</b></p> <p>The program 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 to develop the program.</p>	<p><b>Criterion 5.4</b></p> <p>The program has effective policies and procedural controls in operation for external moderation of assessments.</p>	<p>Simplified wording and clarification of the requirements for moderation. This has previously been an area of confusion in the 2023 Standards.</p> <p>New numbering.</p>
<p><b>Criterion 5.4</b></p> <p>All assessments are undertaken fairly and according to clear criteria. The standard of performance expected of learners is explicit and clearly communicated to learners, staff and health professionals involved in the assessment.</p>	<p><b>Criterion 5.5</b></p> <p>All assessments are fair, valid and reliable.</p>	<p>Simplified wording.</p> <p>New numbering.</p>

Current Prescribing standards (2023)	Proposed Draft revised Standards	Reason for change
<p><b>Criterion 5.5</b></p> <p>Staff and health professionals who assess learners in the academic and WIL environments are suitably qualified, experienced and prepared for the role, provided with appropriate guidance and support and are held accountable for their decisions to ensure that assessment is carried out fairly, impartially and consistently.</p>	<p>Removed, covered in Criterion 2.4</p>	<p>Criterion 2.4 relates to staff, elements within this criterion are already covered there.</p> <p>Reducing duplication.</p>
<p><b>Criterion 5.6</b></p> <p>Learners are provided with appropriate, timely and sufficient feedback to enable them to improve future performance.</p>	<p><b>Criterion 5.6</b></p> <p>Learners are provided with effective, appropriate, and timely assessment feedback.</p>	<p>Simplified wording.</p>
<p><b>Criterion 5.7</b></p> <p>Comprehensive assessment/s of prescribing performance is/are completed to provide evidence of the learner's ability to perform the entire prescribing process consistent with defined performance outcomes.</p>	<p><b>Criterion 5.7</b></p> <p>Program content and assessments ensure graduates are able to undertake comprehensive patient assessment and differential diagnosis in practice.</p> <hr/> <p><b>Criterion 5.8</b></p> <p>Learners complete comprehensive assessments that ensure they are competent to undertake the full prescribing process.</p>	<p>Split Criterion into two, to reflect the differing prescribing competencies required.</p> <p>Evidence descriptor for new Criterion 5.8 includes, but is not limited to, taking a patient history, clinical examination, diagnostic investigations and interpretation, and documentation aligning with health system requirements.</p> <p>New numbering.</p> <p>Evidence guide revised based on preliminary consultation feedback</p>

Current Prescribing standards (2023)	Proposed Draft revised Standards	Reason for change
<b>NEW   Domain 6 - Cultural Safety</b>		
	<p><b>Criterion 6.1</b></p> <p>Program design, content, delivery, and assessment specifically emphasise and promote Aboriginal and Torres Strait Islander cultures, cultural safety, and improving health outcomes, and support the development of skills that enable the provision of culturally safe care.</p>	n/a
	<p><b>Criterion 6.2</b></p> <p>Aboriginal and Torres Strait Islander Peoples have input into curriculum design and management.</p>	n/a
	<p><b>Criterion 6.3</b></p> <p>Staff delivering the program have the knowledge, expertise, and cultural capability to guide and support student learning about Aboriginal and Torres Strait Islander cultures, cultural safety, and improved health outcomes.</p>	n/a
	<p><b>Criterion 6.4</b></p> <p>The education provider promotes and supports the recruitment, admission, participation, retention, and completion of the program by Aboriginal and Torres Strait Islander Peoples.</p>	n/a

Current Prescribing standards (2023)	Proposed Draft revised Standards	Reason for change
	<b>Criterion 6.5</b> Staff and learners work and learn in a culturally safe environments that is free from racism.	n/a
	<b>Criterion 6.6</b> Learners have authentic practice-based learning experiences that enable them to apply culturally safe care for Aboriginal and Torres Strait Islander Peoples.	n/a



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# Learning Domains

for pharmacist prescriber education programs

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## 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 and present 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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## Preamble

The purpose of accreditation is to assure the quality of pharmacy education programs, and to promote continuous improvement. The accreditation of pharmacy education programs is intended both to serve and safeguard the public by ensuring that graduates of programs can demonstrate defined competencies relevant to their stage of education, development, and experience. The [Accreditation Standards for Pharmacist Prescriber Education Programs 2027](#) (the Standards) are structured to articulate requirements for pharmacist prescriber programs across domains, criteria, intent statements, and evidence guides. Together, these components support consistent interpretation and application by education providers, accreditation assessment teams, and the APC Accreditation Committee.

The standards are accompanied by the [National Prescribing Competencies Framework](#) (3<sup>rd</sup> edition) (the Framework) which describe prescribing expectations for all prescribers, regardless of profession, and are a description of safe and effective prescribing. The Framework is also used by a number of non-medical prescribers as the graduate outcomes of their training. Education providers will be required to develop program content that aligns with the Framework. To be granted accreditation, programs need to demonstrate that learners have been assessed against all of these competencies. Program graduates who become endorsed to prescribe should apply the competencies to their individual prescribing context, including their scope of practice and the professional and legislative boundaries within which they prescribe.

When designing a pharmacist prescriber education program, in order to ensure that the competencies can be demonstrated, the curriculum must include a number of elements relating to knowledge, skills and behaviours which are generally recognised as critical for developing the capacity for safe and socially accountable prescribing practice.

The Accreditation Standards allow flexibility in the design and delivery of programs, and describe the governance, quality assurance, and learner support of programs. The Learning Domains identify critical content areas for programs (i.e. the knowledge and skills underpinning the curriculum) and are aligned with the National Prescribing Competencies Framework (NCPF). Both the Framework and these Learning Domains describe essential graduate outcomes for pharmacist prescriber programs and are used together.

The **Learning Domains** will be used together with the National Prescribing Competency Framework in the development and review of degree program curriculum. They are not intended to define or limit pharmacists' prescribing scope. Instead, they are intended to describe what pharmacist prescriber programs will need to contain at a minimum (but not limited to) and are based on the current common health conditions (see [appendix 1](#)) authorised by the jurisdictions for pharmacist prescribing outside of Pharmacy Board endorsement requirements (see [appendix 2](#)).

These are expected to be used during programs as part of the teaching and assessment of prescribing skills and will give assurance that all pharmacist prescribers have knowledge of these common health conditions in which pharmacist prescribing is occurring. This will build on the knowledge gained by a pharmacist in their pre-registration training to be able to recognise, describe and differentiate common health conditions to inform accurate diagnosis and management during a consultation, including their knowledge of biomedical sciences and medicines.

These Learning Domains were prepared referring to the policies and guidance documents included in the following jurisdictional pharmacist prescribing pilots and trials.

The **Learning Domains** will be reviewed regularly as scope of practice evolves. Pharmacist prescribers who have concluded the programs will maintain and update their knowledge and skills by completing the annual requirements for continuing professional development as required by the Board's [Registration standard: Continuing professional development](#).

## Learning Domain 1: Clinical assessment

Building on clinical assessment skills developed in their pre-registration training, pharmacist prescribers will demonstrate they can elicit an accurate structured medical history, competently perform relevant physical examinations and integrate the findings from the history and examination to make an initial assessment including a differential diagnosis for conditions within their scope of practice. This is a key graduate outcome for pharmacist prescriber programs.

Pharmacist prescribers must be familiar with consultation assessment tools and measures within their scope of practice and be skilled in how to use them to support better patient care and optimise health outcomes.

## Learning Domain 2: Clinical reasoning and further investigations

Building on clinical assessment skills developed in their pre-registration training, pharmacist prescribers must demonstrate that they can apply the principles of clinical reasoning to patient presentations in their scope of practice including history, examination and the appropriate selection of diagnostic investigations with a view to their diagnostic accuracy and sustainability. Pharmacist prescribers must then demonstrate they can interpret the results of these investigations to refine their diagnoses within their scope of practice.

## Learning Domain 3: Professional practice supporting prescribing

Building on clinical assessment skills developed in their pre-registration training, pharmacist prescribers must demonstrate safe, ethical, and evidence-based professional practice to support effective and responsible prescribing in a range of contemporary settings.

The following knowledge is required by pharmacist prescribers. Pharmacist prescribers need to ensure their knowledge in these areas is contemporary and specific to their prescribing practice.

Pharmacist prescriber programs are required to assess learners on the following areas of professional practice:

- chronic conditions that require collaborative management
- clinical audit of prescribing practice, benchmarking and evaluating patient outcomes
- clinical governance
- continuity of care, particularly for managing undifferentiated presentations and follow-up
- defining scope of practice:
  - pharmacist prescribers must be able to define, document and review their scope of practice ensuring that is transparent, justifiable, and aligned with contemporary expectations for safe, competent and ethical prescribing
  - programs must include training on how graduates can meet the requirements of the Board's endorsement and guidance in relation to their personal prescribing scope and how it can be maintained and/or expanded/changed
- how to critically evaluate AI outputs and engage with AI technologies in practice
- initiating and responding to professional communication, sharing relevant clinical information in a timely manner, and incorporating input from other health professionals into patient management

- interprofessional collaboration and communication pathways with a patient's usual healthcare provider (e.g. GP)
- mechanisms for clinical escalation and safety netting
- public health (preventing disease and promoting healthy lifestyle):
  - health risks, trends in drug-resistant infections and impact of social determinants on health
  - current and accurate information of the global epidemiology of infections and non-infectious diseases
- travel destination specific regulations regarding immunisation and the importation and use of medications

## Appendix 1 | Health conditions

Table 1 lists the health conditions covered by services at participating pharmacies determined by each jurisdictional legislation and the history, assessment tools, examination and investigations associated with each condition.

Body system / General	Common health conditions	History	Assessment tools	Examination	Investigations
<b>Ear, Nose and Throat</b>	Otitis externa and media Rhinitis	History and risk factors for common ENT conditions		Physical examination of the ear, nose and throat including otoscopy	
<b>Gastrointestinal</b>	Gastroenteritis Gastro-oesophageal reflux disease (GORD) Nausea and vomiting	History and risk factors for common gastrointestinal conditions	SCOFF Questionnaire and InsideOut Screener	Physical examination of the abdomen	
<b>General health and health promotion</b>	Cardiovascular disease risk reduction Oral health Overweight and Obesity Smoking cessation Travel health Vaccines	History and risk factors for general health and health promotion	Australian type 2 Diabetes Risk Assessment Tool (AUSDRISK) Body Mass Index and waist circumference Weight related co-morbidities screening Smoking cessation assessment Travel risk assessment Kessler Psychological Distress Scale Oral health risk assessment Hydration status	Vital signs including blood pressure, heart rate, respiratory rate, and temperature	HbA1c and fasting blood glucose Serum lipids including LDL-C, HDL-C and triglycerides Hepatitis A, hepatitis B, measles, mumps, rubella and varicella serology
<b>Musculoskeletal</b>	Musculoskeletal pain	History and risk factors of common joint conditions	Pain history and assessment	Physical examination of joints	
<b>Respiratory</b>	Asthma Chronic obstructive pulmonary disease (COPD)	History and risk factors for common respiratory conditions		Physical examination of the chest	

Body system / General	Common health conditions	History	Assessment tools	Examination	Investigations
<b>Reproductive</b>	Hormonal contraception Urinary Tract Infection (UTI)	History and risk factors for common reproductive health conditions	UK Medical Eligibility Criteria [UKMEC] 3 and 4 (in relation to hormonal contraception)		Serum human Chorionic Gonadotropin (hCG) levels STI screening
<b>Skin</b>	Acne Dermatitis Herpes zoster - shingles Impetigo Psoriasis Wound	History and risk factors for common skin conditions	SCORing Atopic Dermatitis (SCORAD) index Psoriasis Area and Severity Index (PASI) score and Dermatology Life Quality Index (DLQI) score Clinical acute wound assessment Eczema Area and Severity Index (EASI)	Physical examination of skin	Microbial Gram stain, culture and antibiotic sensitivity

## Appendix 2 | Initiatives or programs of pharmacist prescribing

Table 2 provides the jurisdictional prescribing initiatives or programs of pharmacist prescribing currently authorised across Australia.

Jurisdiction	Program/Initiative	More information
<b>Australian Capital Territory</b>	Expanded scope pharmacy services	<a href="#">Expanded scope pharmacy services – Information for pharmacists</a>
<b>New South Wales</b>	Expanded scope pharmacy services	<a href="#">Expanded scope pharmacy services – Information for pharmacists</a>
<b>Northern Territory</b>	Community Pharmacy Expanded Scope of Practice Program	<a href="#">Community Pharmacy Expanded Scope of Practice Program   NT Health</a>
<b>Queensland</b>	Community pharmacy prescribing	<a href="#">Community pharmacy prescribing in Queensland   Queensland Health</a>
<b>South Australia</b>	Community Pharmacy Expanded Scope of Practice	<a href="#">Community Pharmacy Expanded Scope of Practice   SA Health</a>
<b>Victoria</b>	Community Pharmacist Program	<a href="#">Community Pharmacist Program   health.vic.gov.au</a>
<b>Tasmania</b>	Community Pharmacy Program	<a href="#">Tasmanian Community Pharmacy Program   Tasmanian Department of Health</a>
<b>Western Australia</b>	Enhanced Access Community Pharmacy Pilot	<a href="#">Enhanced Access Community Pharmacy Pilot</a>



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## Appendix D

### Patient and consumer health and safety impact statement

April 2026

#### Statement purpose

This Health impact statement has been developed to accompany APC's preliminary consultation paper for the revised *Accreditation Standards for Pharmacist Prescriber Education Programs* and in accordance with Ahpra guidance. Its purpose is to assess the potential effects of the proposed changes on patient and consumer health and safety, particularly for vulnerable members of the community and Aboriginal and Torres Strait Islander Peoples.

The four key components considered in this Statement:

1. The potential impact of the proposed revised Standards on the health and safety of patients and consumers, particularly vulnerable members of the community, including approaches to mitigate any potential negative or unintended effects.
2. The potential impact of the proposed revised Standards on the health and safety of Aboriginal and Torres Strait Islander Peoples, including approaches to mitigate any potential negative or unintended effects.
3. Engagement with patients and consumers about the proposal, particularly vulnerable members of the community.
4. Engagement with Aboriginal and Torres Strait Islander Peoples about the proposal.

The Statement aligns with the *National Scheme's [Aboriginal and Torres Strait Islander Cultural Health and Safety Strategy 2020–2025](#), [National Scheme engagement strategy 2020–2025](#), [National Scheme Strategy 2020–2025](#)* and reflects key aspects of the revised consultation process in the [Procedures for the development of registration standards, codes and guidelines and of accreditation standards](#).

**Below is our initial assessment of the potential impact of the proposed revised Standards for Pharmacist Prescriber Education Programs (the Standards) on the health and safety of patients, and consumers, particularly vulnerable members of the community, and Aboriginal and Torres Strait Islander Peoples. This statement will be updated after consultation feedback.**

1. How will this proposal affect patient, client and consumer health and safety, particularly vulnerable members of the community? Will the impact be different for vulnerable members compared to the general public?

The Standards support the paramount principle of protecting the public and maintaining public confidence in the safety of services provided by health practitioners by ensuring that learners from APC accredited pharmacist prescriber education programs are competent and qualified to prescribe medicines according to their scope of practice as authorised under State and Territory legislation.

The proposed revision of the Standards has the potential to positively impact patient, client, and consumer health and safety by supporting more consistent, high quality prescribing practices. Strengthened accreditation requirements may improve clinical decision-making, promote safe and appropriate use of medicines, and enhance continuity of care. The revised standards will ensure the high quality of training required for pharmacists to support the Pharmacy Board's work to progress an endorsement for pharmacist prescribing.

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For the general public, the proposal will help improve access to quality health care services delivered by pharmacists for minor ailments and the management of chronic and ongoing conditions (in accordance with state and territory legislation relating to prescribing). This will benefit members of the public, including vulnerable members of the community, Aboriginal and Torres Strait Islander Peoples, and people living in remote and rural areas who do not always have access to a wide range of health professionals.

APC estimates that the proposed revised Standards will have minimal, if any, adverse impacts on the health and safety of patients, clients and consumers, particularly people vulnerable to harm within the community or Aboriginal and Torres Strait Islander Peoples. The Standards will promote the health and cultural safety of Aboriginal and Torres Strait Islander Peoples by building the capacity of the Australian health workforce to provide culturally safe health services to Aboriginal and Torres Strait Islander Peoples. However, our engagement through the consultation process will help us to better understand possible outcomes and meet our responsibilities to protect patient safety and healthcare quality.

### 2. How will consultation engage with patients, clients and consumers, particularly vulnerable members of the community?

In line with Ahpra's consultation processes, a range of opportunities for stakeholders, patients and consumers, the public and the profession to provide input into the development of the revised Standards will be provided. The consultations will include a targeted preliminary phase with specific key stakeholders and a public phase which will be open for all to contribute by providing feedback, including the public.

APC will ensure that the consultation is wide-ranging to capture feedback on the proposed revised Standards from patients, clients and consumers, peak bodies, communities and other relevant organisations to gain input, including from people vulnerable to harm within the community.

Questions 5 – 7 in the preliminary consultation paper specifically ask whether the proposed changes will impact Aboriginal and Torres Strait Islander Peoples; patient, client and consumer health and safety; and particularly any impacts on people vulnerable to harm within the community. Responses will help us better understand possible outcomes and address them.

### 3. What might be the unintended impacts for patients, clients and consumers, particularly vulnerable members of the community? How will these be addressed?

APC has considered what the possible unintended impacts of the proposal might be. Consulting with relevant organisations and people vulnerable to harm within the community will help us to identify any other potential impacts. We will consider and take actions to address any potential negative effects for patients, clients and consumers that may be raised during consultation, particularly for people vulnerable to harm within the community.

### 4. How will this proposal affect Aboriginal and Torres Strait Islander Peoples? How will the impact be different for Aboriginal and Torres Strait Islander Peoples compared to non-Aboriginal and Torres Strait Islander Peoples?

APC has considered potential impacts of the proposal on Aboriginal and Torres Strait Islander Peoples. The proposed revised Standards are not expected to have a greater impact on Aboriginal and Torres Strait Islander Peoples. APC Accreditation Standards consider and explicitly refer to and support the development of culturally responsive program graduates. However, the consultation feedback will help us understand if there anything that may require addressing.

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### 5. How will consultation about this proposal engage with Aboriginal and Torres Strait Islander Peoples?

APC has considered the [Aboriginal and Torres Strait Islander Cultural Health and Safety Strategy 2020–2025](#), which focuses on achieving patient safety for Aboriginal and Torres Islander Peoples as the norm, and on the inextricably linked elements of clinical and cultural safety.

We have ensured that there is Aboriginal and Torres Strait Islander Peoples representation in the Governance Group for this project, as well as in our Accreditation Committee, to guide the project and the development of APC Accreditation Standards. In addition, APC is committed to engaging with our Indigenous Health Strategy Group (IHSG) to ensure we incorporate Indigenous ways of knowing, being and doing. This approach aligns with APC's values and strategic plan, the guiding principles of the National Scheme, and the Ahpra Indigenous Health Strategy.

As part of our consultation process, we will explore the best ways to continue to meaningfully engage with Aboriginal and Torres Strait Islander Peoples.

### 6. What might be the unintended impacts for Aboriginal and Torres Strait Islander Peoples? How will these be addressed?

APC has considered the unintended impacts for Aboriginal and Torres Strait Islander Peoples and do not believe that there will be any. However, continuing to engage with relevant organisations and Aboriginal and Torres Strait Islander Peoples will help us to identify any potential impacts that have not yet come to light. We will consider and take actions to address any potential negative impacts for Aboriginal and Torres Strait Islander Peoples that may be raised during consultation.

### 7. How will the impact of this proposal be actively monitored and evaluated?

APC and the Pharmacy Board have procedures for regularly reviewing standards, codes and guidelines. If approved, the proposed Standards will be reviewed at least every five years.

APC may review the Standards earlier, if required, in response to any issues that arise or new evidence that emerges to ensure the standards' continued relevance, workability and maintenance of public safety. In particular, it will review the standards earlier if unintended consequences arise for the health and safety of the public, vulnerable members of the community or Aboriginal and Torres Strait Islander Peoples.

## Appendix E

# Statement of assessment against Ahpra's Procedures for the development of accreditation standards

## Preliminary consultation on the of the Accreditation Standards for Pharmacist Prescriber education

### Introduction

Section 25 of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law) requires the Australian Health Practitioner Regulation Agency (Ahpra) to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice.

The Ahpra *Procedures for the development of accreditation standards* (2023) is available at on the [Ahpra Resources webpage](#).

Under the National Law, proposed new or revised accreditation standards are submitted by the accreditation authority to the relevant National Board/s for approval.

### Context

At the Health Ministers' Meeting held in June 2025, Ministers noted that the jurisdictional expansion of community pharmacist's scope of practice was at differing stages and approaches, and there were risks associated with states and territories progressing these trials independently. Following the outcomes of the meeting, the Pharmacy Board of Australia (the Board) began its work in September 2025 to progress an endorsement for scheduled medicines for pharmacists, with the intent to support a consistent, safe, and nationally coordinated approach to pharmacist prescribing.

To support this important initiative, the Australian Pharmacy Council (APC) is reviewing the Accreditation Standards for Pharmacist Prescriber programs as requested by Health Ministers through the Board.

APC's accreditation standards and processes are critical for ensuring pharmacists are equipped with the education and competencies required to safely and effectively prescribe medicines under evolving legislative frameworks. National consistency in pharmacist prescribing will be underpinned by our work.

### Assessment

Below is the APC assessment of Accreditation Standards for Pharmacist Prescriber Education Programs (the Standards) taking account of the Ahpra procedures.

#### 1. Describe how the proposal

- 1.1 takes into account the paramount principle, objectives and guiding principles in the National Law<sup>1</sup>
- 1.2 draws on available evidence, including regulatory approaches by health practitioner regulators in countries with comparable health systems

The APC proposal takes into account the National Scheme's paramount principle of protecting the public and maintaining public confidence in the safety of services provided by health practitioners by ensuring that graduates from APC accredited pharmacy prescriber education programs are competent and

<sup>1</sup> See section 3 and section 3A of the National Law

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qualified to prescribe medicines according to their scope of practice as authorised under State and Territory medicines poisons legislation.

The proposal to review the Standards has considered and will ensure that the following National Law objectives are met:

- 2(b) to facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction. While different jurisdictions will continue to have their own legislation and prescribing requirements, pharmacists will benefit from consistent training standards across all jurisdictions.
- 2(c) to facilitate the provision of high-quality education and training of health practitioners. Education providers are required to map course content to the revised Standards. The Proposed Standards are aligned with the National Prescribing Competency Framework (3rd Edition)<sup>2</sup> which describes the practice of safe and effective prescribing regardless of profession. In addition, the proposal has considered alignment with documents that are currently being finalised, which are Accreditation Standards for Pharmacy Programs and the Pharmacist Capability Framework, current contemporary workforce requirements, and emerging public health expectations.
- 2(ca) to build the capacity of the Australian health workforce to provide culturally safe health services to Aboriginal and Torres Strait Islander Peoples. The Standards consider, explicitly refer to and support the development of culturally responsive graduates.
- 2(e) to facilitate access to services provided by health practitioners in accordance with the public interest. Successful roll out of the Urinary Tract Infection Pharmacy Pilot – Queensland (UTIPP-Q) saw 87% of 6531 women across Queensland with minor UTIs access pharmacy services and be successfully treated by pharmacists.<sup>3</sup> This paved the way for other pilots, such as the Queensland community pharmacy pilots with the primary aim to improve healthcare access and allow pharmacist prescribing by suitably trained practitioners for certain conditions in some jurisdictions.<sup>4,5</sup> Literature has also shown that pharmacist prescribing in other countries improves patient access to services, as well as clinical effectiveness, safety, and overall economic outcomes.
- 2(f) to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners by ensuring the Standards reflect contemporary practice, support an adaptable workforce by considering emerging practice settings and technologies in the Standards, and considers the broader context of regulatory and educational developments across the National Scheme.

The review of the Standards supports the National Scheme to operate in a transparent, accountable, efficient, effective and fair way by ensuring standards are clearly articulated, regularly reviewed, and developed in partnership with stakeholders, including education providers, practitioners, and consumers.

The draft Standards are underpinned by an extensive Literature Review that has been undertaken by APC. The Literature Review consisted of three parts:

- Part A evaluated the available evidence published between 2023 and 2025 regarding pharmacist prescribing
- Part B examined the grey literature review specifically across identified prescribing accreditation standards in midwifery, nursing, optometry, pharmacy, physiotherapy, and podiatry
- Part C reviewed international accreditation standards for pharmacist prescribing programs.

<sup>2</sup> Department of Health, Disability and Ageing. National Prescribing Competencies Framework- Embedding quality use of medicines into practice (3rd edition). September 2025. [\[Internet\]](#) Accessed April 8, 2026.

<sup>3</sup> Nissen, Lisa, Lau, Esther, & Spinks, Jean. The management of urinary tract infections by community pharmacists: A state-wide trial: Urinary Tract Infection Pharmacy Pilot - Queensland (Outcome Report). [\[Internet\]](#)

<sup>4</sup> Queensland Government. MEDIA STATEMENT: Delivering Easier Access to Health Services at the pharmacy [\[Internet\]](#). 2025

<sup>5</sup> Queensland Government. About the Pilot. [\[Internet\]](#). 2025

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### 2. Outline steps that been taken to:

- achieve greater consistency within the National Scheme (for example, by adopting any available template, guidance or good practice approaches used by National Scheme bodies)
- meet the wide-ranging consultation requirements of the National Law

The review of the Standards has been informed by the Guidance on embedding good practice in health practitioner education: clinical placements, simulation-based learning and virtual care, Principles to strengthen the involvement of consumers in accreditation, Interprofessional Collaborative Practice Statement of Intent and Glossary of accreditation terms. Utilising these guidance documents ensures the Standards remain consistent with the National Scheme.

The National Law requires wide-ranging consultation on the proposed standards. The National Law also requires accreditation authorities to consult each other on matters of shared interest. APC develops and maintains accreditation standards in accordance with the Ahpra [Procedures for the development of accreditation standards](#) and the [Principles to strengthen the involvement of consumers in accreditation](#). This ensures effective and broad stakeholder consultation via preliminary and public consultation phases, and accreditation standards that align with best practice and contemporary design. In line with the guidance, APC will provide a range of opportunities for stakeholders, including the public and the profession, to provide input into the development of the Standards.

Preliminary consultation is the first step in the consultation process and will be progressed with key stakeholders via one-on-one interviews, targeted stakeholder meetings, and email submissions.

The APC will ensure that there is the opportunity for broader public feedback via a six-week public consultation. This includes publishing a public consultation paper and relevant documents on the [Consultation on Standards for Pharmacist Prescriber programs | Australian Pharmacy Council](#) webpage and informing health practitioners and the community of the review via email, newsletters, social media posts and Media Releases.

The APC will consider all feedback received and prepare advice to the National Board to help inform the review of the Accreditation Standards for Pharmacist Prescriber Education Programs.

### 3. Address the following principles:

- a. whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public

The following options and rationale for consideration are as follows:

Option one – status quo. This option means that APC is to not take any action now and to keep the current existing Accreditation Standards for Pharmacist Prescriber Education Programs 2023.

Option two – revising and updating the Standards. Updating the Standards will ensure that they are contemporary.

The preferred option is option two. The expansion of pharmacist prescribing is occurring at different stages and approaches across jurisdictions, creating a risk of inconsistency in practice. Option two is to progress with the revision of the Standards now, as this will support a nationally consistent, safe and contemporary framework that reflects evolving scope of pharmacist prescribing. This option will also align with the Pharmacy Board's request for the revision and support their work in progressing a national endorsement for pharmacist prescribing to help achieve greater consistency across the jurisdictions.<sup>6</sup>

<sup>6</sup> Pharmacy Board of Australia. Development of a proposal for an endorsement for scheduled medicines for pharmacists [[Internet](#)].2025

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- b. whether the proposal results in an unnecessary restriction of competition among health practitioners or education providers

The proposal is unlikely to restrict competition as it provides transparency and clarity in relation to education requirements to support any education provider to develop and seek accreditation to deliver a pharmacist prescriber program, increasing the opportunity for competition in the sector.

- c. whether the proposal results in an unnecessary restriction of consumer choice

The proposal is unlikely to restrict consumer choice as it is not expected to reduce the number of accredited pharmacist prescriber education programs, the number of registered pharmacists or restrict their professional practice.

- d. whether the overall costs of the proposal to members of the public and/or education providers and/or registrants and/or governments are reasonable in relation to the benefits to be achieved

The APC has considered the potential costs associated with the proposal during the development of this consultation paper.

APC does not consider this proposal will have a more than minor impact on education providers who currently deliver an accredited program who will be required to review their programs for alignment with the new Standards, as this work will be undertaken as part of their established quality improvement processes/cycles. However, this will be tested with education providers as part of a targeted consultation and feedback will be sought.

APC considers the overall costs for the development of the Standards to be reasonable and notes that the Board funding has been cross-subsidised by APC through the contribution of additional funds to reduce the overall costs to the National Scheme.

- e. whether the proposal's requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants, and

The APC is committed to using plain English and structuring the revised standards clearly to support understanding and implementation by education providers and learners. A plain language review will be undertaken prior to finalisation. The inclusion of consumer representation in the Governance Group for the revision of the Standards will provide us with valuable feedback into the readability of the document that will continue until the final version is delivered.

- f. whether the Accreditation Authority/National Board has procedures in place to ensure that the proposed standard remains relevant and effective over time.

The Pharmacy Board of Australia has procedures in place to support a review of the Standards at least every five years as good regulatory practice.

However, the Board has asked APC to review the Accreditation Standards for Pharmacist Prescribing Education Programs earlier, in response to the outcomes from the Health Minister's meeting held in June 2025, that the jurisdictional expansion of community pharmacists practice is at varying stages and approaches. As a result, Pharmacy Board was requested to establish a proposal for an endorsement for pharmacist prescribing.

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### 4. Closing statement

APC will provide any further regulatory impacts identified during the consultation process and/or in developing the revised Standards (via an updated Statement of assessment against Ahpra's Procedures for the development of accreditation standards), to the Pharmacy Board of Australia to inform decision-making.

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