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Accreditation Standards for Pharmacist Prescriber Education Programs

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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.

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, 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](#) (3rd Edition September 2025)¹ (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)² 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)¹ 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 \(AQF\)](#)³ 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 (3rd 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:¹

*“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”.*¹

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.⁴

The National Prescribing Competencies Framework,¹ 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”*.⁵

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).”*⁶

The PSA Code of Ethics,⁷ (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.”*⁶

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”*.⁸

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.¹ Ongoing monitoring and reporting structures enable regulatory action by Ahpra against individual practitioners where required.⁹

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.”*¹⁰





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)
 1. Safe and socially accountable practice	The program develops pharmacist prescribers who are competent to prescribe safely with a socially accountable responsible, person-centred approach to practice.
 2. Governance and quality	Program governance, quality assurance, and quality improvement structures and systems are effective in developing and delivering sustainable, high-quality pharmacist prescriber education programs.
 3. Program	Program design and implementation support learners to demonstrate achievement of all the competency areas of the National Prescribing Competencies Framework.
 4. Learner experience	Learners are provided with equitable and timely access to information and support relevant to the program.
 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.
 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.

*** 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>Criterion 1.1</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) Standards¹¹ or equivalent.</p> <p>Examples of evidence may include:</p> <p>Program level outcomes or equivalent; curriculum and assessment maps; WIL objectives and assessments; assessment rubrics.</p>
<p>Criterion 1.2</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>

 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>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.</p> <p>Examples of evidence may include:</p> <p>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.</p>
<p>Criterion 1.3</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>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.</p>	<p>Describe how learners are adequately prepared and assessed to ensure public safety is protected.</p> <p>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.</p> <p>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.</p> <p>Examples of evidence may include:</p> <p>Curriculum and assessment maps</p>
<p>Criterion 1.4</p> <p>The program upholds recognised standards of professional, regulatory, and ethical conduct for staff and learners.</p>	<p>To ensure public safety through monitoring and maintaining compliance to professional,</p>	<p>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.</p>



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>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>Examples of evidence may include:</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>Criterion 1.5</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>




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
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>Examples of evidence may include:</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>Criterion 1.6</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>


 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>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>Examples of evidence may include:</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>Criterion 1.7</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"> • learner impairment provisions under the Health Practitioner Regulation legislation <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>


 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
		Examples of evidence may include: 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
Criterion 2.1 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. Examples of evidence may include: Narrative summary of registration status, including regarding details of any conditional registration and associated management or action plans (if where applicable).
Criterion 2.2 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"> the authority, responsibility, and capacity of the delivery to plan, develop, implement, and improve the program Describe how governance arrangements ensure academic oversight and integrity of the program, including curriculum approval, assessment quality assurance, and monitoring of academic standards. 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
		Examples of evidence may include: 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.
Criterion 2.3 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. Examples of evidence may include: 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.
Criterion 2.4 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>Examples of evidence may include: Structured staff listings including expertise and experience; CVs; recruitment planning for vacancies (if relevant); learner feedback</p>
<p>Criterion 2.5 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>Examples of evidence may include: 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
Criterion 2.6 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. Examples of evidence may include: 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>Criterion 3.1</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>Examples of evidence may include:</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>Criterion 3.2</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>Program currency and contemporary practice</p> <p>Demonstrate how program design, content, and assessment reflect contemporary, evidence-based pharmacy practice.</p> <p>Examples of evidence may include:</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>Program duration and sequencing</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"> curriculum structure and sequencing that enable competency development over time, and


 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
		<ul style="list-style-type: none"> workload and study design that allow learners to achieve required outcomes within realistic and appropriate timeframes <p>Examples of evidence may include:</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>Alignment with frameworks and regulatory requirements</p> <p>Demonstrate that the program is aligned with relevant professional and regulatory requirements, including:</p> <ul style="list-style-type: none"> explicit alignment with, and mapping to, the National Prescribing Competencies Framework, and AQF Level 8 (or above) <p>Examples of evidence may include:</p> <p>Competencies mapping; regulatory alignment statements.</p>


 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>Criterion 3.3</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>Examples of evidence may include:</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>Criterion 3.4</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>


 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>Examples of evidence may include:</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>Criterion 3.5</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>Examples of evidence may include:</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
Criterion 4.1 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. Examples of evidence may include: 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.
Criterion 4.2 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. Examples of evidence may include: Promotional and informational materials excerpts/screenshots from websites minutes and action plans of relevant committees; FAQs; enquiry logs.
Criterion 4.3		


 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"> • orientation and induction processes; • academic support, general welfare and wellbeing services; <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"> • peer support networks; and • effective supervision and mentoring. <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>Examples of evidence may include: 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>Criterion 4.4</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>Examples of evidence may include:</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>Criterion 4.5</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>Examples of evidence may include:</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
<p>Criterion 5.1</p> <p>The program has a contemporary evidence-based assessment strategy.</p>	<p>To ensure the overall program assessment methodology and approach is planned and regularly reviewed, and that emerging technologies, such as artificial intelligence are considered.</p>	<p>Describe the overall assessment strategy that underpins the program, including the principles guiding assessment design and the relevant assessment-related policies and procedures.</p> <p>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.</p> <p>Examples of evidence may include:</p> <p>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.</p>
<p>Criterion 5.2</p> <p>Program assessments, including during Work Integrated Learning (WIL) are contemporary, evidence based and diverse.</p>	<p>To ensure that the program includes a range of assessment types that are appropriate for each learning outcome.</p>	<p>Outline the types of assessment tools used across the program, including assessments undertaken in WIL settings.</p> <p>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.</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
		Describe how the validity and reliability of assessment practices are evaluated and monitored, including mechanisms for moderation, benchmarking and review, where relevant. Examples of evidence may include: Examples of assessment types; evidence of alignment with APC and PharmBA assessment requirements, including WBAs.
Criterion 5.3 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. Examples of evidence may include: Curriculum and assessment maps demonstrating alignment between program learning outcomes, assessment tasks, and the National Prescribing Competencies Framework.
Criterion 5.4 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>Examples of evidence may include:</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>Criterion 5.5</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>Examples of evidence may include:</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>Criterion 5.6</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>Examples of evidence may include:</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>Criterion 5.7</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>Examples of evidence may include:</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.
Criterion 5.8 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"> • Elicit an accurate, structured medical history from the patient • Diagnose prior to prescribing • Recognise and communicate when it is clinically appropriate not to prescribe medicines • 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) • Prescribe medicines safely and communicate the agreed treatment decision with the patient • Know when and how to refer for further assessment when outside their scope of practice


 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"> • Monitor, review, stop or modify existing medicines and other treatments, where appropriate • Accept responsibility and accountability for prescribing decisions • Prescribe medicines compliant with relevant legislation, regulatory frameworks, guidelines, codes of practice, scope of practice, and organisational policies and procedures. <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>Examples of evidence may include:</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>Criterion 6.1</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>Examples of evidence may include:</p> <p>Curriculum and assessment mapping to the Aboriginal and Torres Strait Islander Health Curriculum Framework,¹² examples of curriculum activities, and/or assessments.</p>
<p>Criterion 6.2</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>Examples of evidence may include:</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.
Criterion 6.3 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. Examples of evidence may include: 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.
Criterion 6.4 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>Examples of evidence may include:</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>Criterion 6.5</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>Examples of evidence may include:</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
		<p>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.</p>
<p>Criterion 6.6</p> <p>Learners have authentic practice-based learning experiences that enable them to apply culturally safe care for Aboriginal and Torres Strait Islander Peoples.</p>	<p>To ensure that learners can apply their program learning about cultural safety in the practice of prescribing.</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>Examples of evidence may include:</p> <p>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.</p>

Abbreviations

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

Glossary

Term	Definition
Accreditation	Evaluation of a program against defined standards that ensures that the education and training is rigorous and prepares individuals to practise safely.
Accredited	A training program that has been assessed by the authorised organisation as meeting the relevant Accreditation Standards. It is not a self-assessment.
Assessment	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).
Competencies	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. ¹³
Criteria	For each domain , 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 criteria .
Cultural diversity	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. ¹⁴
Cultural safety	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. ^{15,16}
Domain	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.

Designated prescriber	<p>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.</p>
Education provider	<p>A university, tertiary education institution, or another institution or organisation, that provides vocational training, or a specialist medical college or other health profession college.¹⁷</p>
Fitness-to-practise	<p>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.^{17–19}</p>
Interprofessional collaborative practice	<p>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.¹³</p>
Interprofessional education	<p>The Health Professions Accreditation Collaborative (HPAC) Forum has endorsed World Health Organization's (WHO) definition of interprofessional education:</p> <p><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>²⁰</p>
Moderation of assessment	<p>Quality assurance and control processes and activities such as peer review that aim to assure:</p> <ul style="list-style-type: none"> • consistency or comparability, appropriateness, and fairness of assessment judgments • the validity and reliability of assessment tasks, criteria and standards. <p>Moderation of assessment processes establish comparability of standards of student performance across, for example, different markers, locations, subjects, providers and/or courses of study.³</p>

Patients	<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.¹³</p>
Person-centred care	<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.¹⁴</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.²¹</p>
Scope of Practice	<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.¹</p>
Simulation-based learning	<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.²²</p>
Social accountability	<p>Pharmacists are willing and able to:</p>

	<ul style="list-style-type: none"> • deliver culturally safe and responsive person-centred care • address the health care needs of individuals and the wider society • assume responsibility for the sustainable use of healthcare resources • contribute to the ongoing improvement of individual and societal health outcomes. <p>For education providers, it is an obligation to:</p> <ul style="list-style-type: none"> • provide education that promotes the development of socially accountable pharmacists <p>undertake research and service activities targeted towards addressing the current and future priority health concerns of society.^{23,24}</p>
Standard (statement)	For each domain , a standard (statement) describes the overall scope of the domain .
Supervisor	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.
Work-integrated Learning (WIL)	<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.²²</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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