australian pharmacy council

Accreditation standards for Pharmacist Prescriber education programs

Public consultation 2: feedback report

November 2023

[1] Australian Government intellectual property rules

Acknowledgement of Country

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

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

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

Australian Pharmacy Council Ltd

(ACN 126629 785)

The Australian Pharmacy Council (APC) is the national accreditation authority for pharmacy education and training. We do this under the National Registration and Accreditation Scheme (NRAS) working with the Pharmacy Board of Australia and Ahpra.

We're an independent, not-for-profit company. Our work protects public health by setting and maintaining high standards of pharmacy education.

We help pharmacists deliver effective health care to meet our community's changing needs. We do this through skills assessments and accreditation of programs and providers.

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Abbreviations

Abbreviation	Meaning
Ahpra	Australian Health Practitioner Regulation Agency
APC	Australian Pharmacy Council
AQF	Australian Qualifications Framework
ASQA	Australian Skills Quality Authority
CPD	Continuing Professional Development
EPA	Entrustable Professional Activity
HEI	Higher education institute
IPE	Interprofessional Education
NRAS	National Registration and Accreditation Scheme
OSCE	Objective Structured Clinical Examination
PharmBA	Pharmacy Board of Australia
QUM	Qualify Use of Medicines
RPL	Recognition of Prior Learning
RTO	Registered Training Organisation
TESQA	Tertiary Education Quality and Standards Agency
WBA	Workplace-based assessment
WIL	Work-integrated learning

Glossary

For the purposes of this document, the following definitions apply.

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	Gathering evidence to determine a learner knows, understands, and can do the role. Comprehensive assessment approaches include a combination of formal and informal assessment (formative, interim, and summative).
Collaborative practice	Collaborative practice in healthcare occurs when multiple health workers from different professional backgrounds provide comprehensive services by working together with patients, their families, carers and communities to deliver the highest quality of care across settings.[2]
Consumer, Health consumer	A consumer is a person who uses (or may use) a health service, or someone who provides support for a person using a health service. Consumers can be patients, carers, family members or other support people.[3]
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.[4]
Criteria	Specific statements against which the program is to be evaluated, and which are designed to be addressed by an education provider when undergoing accreditation.
Entry criteria	A set of conditions that permits a learner to enrol and commence training.
Graduate	A learner who has successfully completed the pharmacist prescriber education program.

[2] World Health Organisation. Framework for Action on Interprofessional Education & Collaborative Practice. 2010. Available from: https://www.who.int/publications/i/item/framework-for-action-on-interprofessional-education-collaborative-practice

[3] Australian Commission on Safety and Quality in Health Care. Understanding My Healthcare Rights. A guide for consumers. Available from: https://www.safetyandquality.gov.au/sites/default/files/2020-12/11467_acsqhc_consumerguide_a4_web_fa01.pdf

[4] Ahpra. Definition of cultural safety for the National Scheme. Available from: https://www.ahpra.gov.au/about-ahpra/aboriginal-and-torres-strait-islander-health-strategy.aspx#:~:text=Cultural%20safety%20definition&text=Provision%20of%20a%20rights%2Dbased,to%20learning%2C%20education%20and%20training

Term	Definition
Interprofessional education ***Also known as interprofessional learning***	Refers to educational experiences where learners from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.[5]
Learner	A person who has enrolled in the program.
Performance outcomes (framework)	Complement the Accreditation Standards and provide observable and measurable statements of the performance to be achieved and demonstrated by graduates of a program.
Prescribing	An iterative process involving the steps of information gathering, clinical decision making, communication and evaluation which results in the initiation, continuation or cessation of a medicine.[6],[7]
Prescribing Competencies Framework	A national prescribing competencies framework which describes prescribing expectations for prescribers in Australia, regardless of profession.[7]
Primary supervisor	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 defined expectations provided by the education provider.
Program provider	The unit within the provider organisation that is responsible for delivering the program.
Provider organisation	The organisation providing the education program.
Recognition of prior learning (RPL)	Formal acknowledgement of the knowledge, skills, competence, expertise, and capabilities that individuals possess as a result of prior learning that may have occurred through formal, informal or non-formal means, through self-study, work, or other life experiences.
Scope of Practice	A time sensitive, dynamic aspect of practice which indicates those professional activities that a pharmacist is educated, competent and authorised to perform and for which they are accountable.[8]
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 primary supervisor.
Work-integrated Learning (WIL)	A range of approaches that integrate theory with practice, usually encompassing opportunities for learners to undertake experiences in a workplace.

[5] Ahpra Accreditation Committee. Proposed initial glossary of accreditation terms. Available from: https://www.ahpra.gov.au/About-Ahpra/Who-We-Are/Agency-Management-Committee/Accreditation-Committee/Past-consultations.aspx

[6] Health Workforce Australia. The Health Professionals Prescribing Pathway. Final Report. 2013. Available from: https://www.aims.org.au/documents/item/400

[7] NPS MedicineWise Prescribing. Competencies Framework. Embedding quality use of medicines into practice. Second edition. 2021. Available from: https://www.nps.org.au/prescribing-competencies-framework

[8] National Competency Standards Framework for Pharmacists in Australia. 2016. Available from: https://www.psa.org.au/wp-content/uploads/2018/06/National-Competency-Standards-Framework-for-Pharmacists-in-Australia-2016-PDF-2mb.pdf

Tables

Figures

The Australian Pharmacy Council (APC) would like to express our sincere thanks to the individuals, groups and organisations who provided feedback during the recent public consultation. We appreciate and value your input which will contribute to the development of the accreditation standards for pharmacist prescriber education programs.

This report outlines the process that was undertaken for the second round of public consultation and provides a summary of the feedback and comments received from stakeholders. It also outlines the next steps we will take.

Background

The Australian Pharmacy Council Ltd (APC) is the independent accreditation authority for pharmacy education and training programs in Australia. We work as part of the National Registration and Accreditation Scheme (NRAS or National Scheme)[9], which was created in 2010 under the National Law (Health Practitioner Regulation National Law Act (QLD) 2009),[10] under assignment of the Pharmacy Board of Australia (PharmBA), the National Board responsible for the regulation of the pharmacy profession in Australia.

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

The Pharmacy Board of Australia (PharmBA) has engaged us to develop accreditation standards for pharmacist prescriber education programs.

Objective

Our objective is to produce a set of accreditation standards that will ensure graduates from an accredited program:

- meet the competencies in the NPS MedicineWise Prescribing Competency Framework (2nd Edition) 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

[9] Australian Government Department of Health and Aged Care. National Registration and Accreditation Scheme. 2023. Available from: https://www.health.gov.au/our-work/national-registration-and-accreditation-scheme

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

- are ethical, safe practitioners for the benefit and well-being of the public they serve
- are flexible, adaptable and responsive to the evolving needs of individuals and communities and fully comprehend their role as prescribers within that changing environment.

What we need to achieve

The Pharmacy Board of Australia (PharmBA) has requested APC develop accreditation standards for pharmacist prescriber education programs. The PharmBA has undertaken extensive work to investigate the capacity for competent and safe prescribing by pharmacists. They issued a statement on this work in 2019. Development of the accreditation standards has been informed by the NPS Prescribing Competencies Framework (2021) which describes the expectations and core competencies for all health professional prescribers.

The standards will ensure that pharmacists who successfully complete an accredited and approved education program are competent to prescribe. The PharmBA may use the accreditation standards as part of their submission if they decide to seek Ministerial Council approval of an endorsement for scheduled medicines for pharmacists' registration.

What we have done so far

There are six phases to the development of the standards:

1. Project initiation
2. Preliminary investigations and consultation
3. Publication of findings
4. Public consultation (three rounds)
5. Finalisation
6. Approval

We are currently at phase 4 and have developed this paper as part of the second round of public consultation.

During stages two and three we undertook:

- A review of international and national literature of pharmacist prescribing
- An environmental scan of accreditation standards for prescribing training
- Preliminary stakeholder meetings.

Public consultation round 1

The first round of public consultation occurred between March 9th 2023, and April 10th, 2023, with extensions provided on request up to April 14th, 2023. We received 179 responses from a broad range of stakeholders including pharmacists, education providers, pharmacy professional organisations, consumers, patients, First Nations people and organisations, non-pharmacy accreditation councils, other prescribing professions and pharmacy students.

The feedback was used to inform development of the draft Accreditation Standards and supporting documents including the Performance Outcomes and Evidence Guide for education providers. Refer to the Consultation for Accreditation Standards for pharmacist prescriber education programs webpage, to view the Consultation 1 artefacts including the feedback report and APC Response to Feedback report.

Public consultation round 2

Timeframes

The second round of public consultation was conducted between September 7th, 2023 and September 28th, 2023. Extensions were provided on request to October 3rd, 2023.

Promotion

The consultation process and timeframes were promoted via:

- pharmacy media outlets
- social media
- direct e-mails sent to key stakeholders
- APC website.

Consultation documents

The second consultation was supported by the following documents:

- Consultation paper 2
- Draft Accreditation Standards
- Draft Performance Outcomes
- Consultation question survey and template

The following documents provided additional background for stakeholders:

- Environmental scan and literature review
- Consultation paper 1
- Consultation question survey and template
- Consultation 1 feedback report
- APC Response to Feedback report

The feedback process

Stakeholders were invited to submit feedback to the areas for consultation via an online survey, written response to targeted consultation questions, a free form written submission or direct conversation with APC.

APC made the following statement on its website during the consultation process and throughout its consultation papers:

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

Consultation outcomes

Respondent profiles

We received feedback from 90 stakeholders in response to Consultation Paper 2 relating to the draft Accreditation Standards.

The consultation paper was supported by directed questions requesting both general, and specific feedback, on key areas, as well as the draft Performance Outcomes.

Table 1 provides a breakdown of the 3 mechanisms of feedback including an online survey, direct written submissions and a public consultation forum held in Sydney.

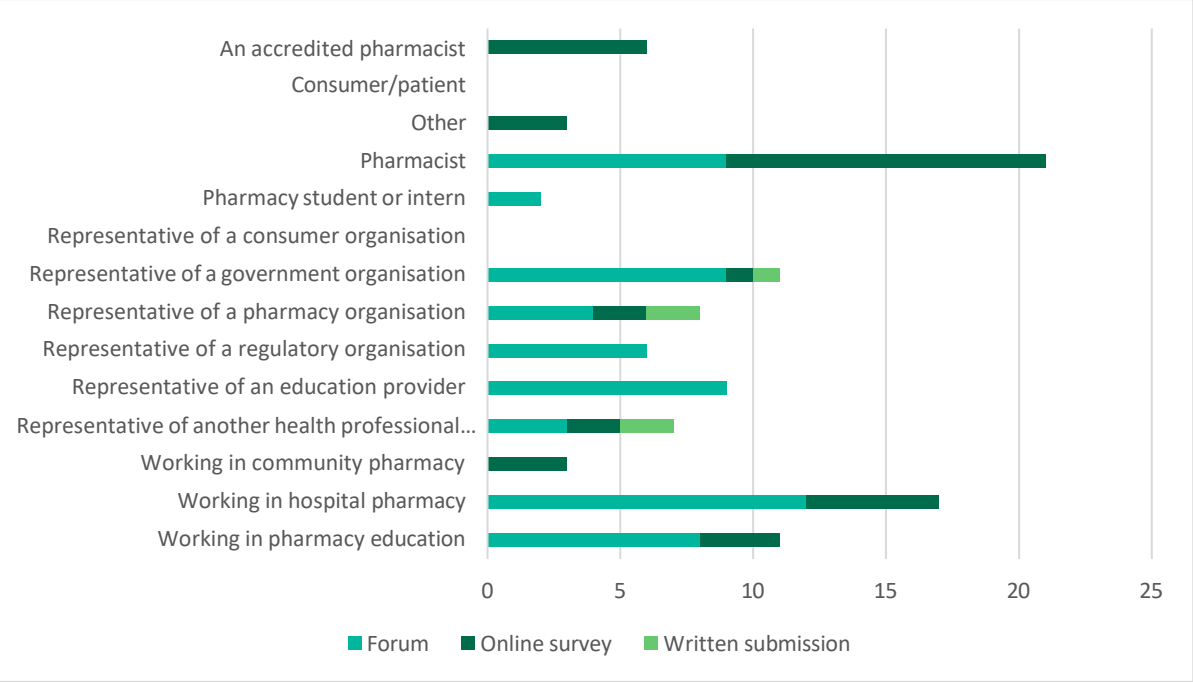
Table 1: Sources of consultation feedback

Feedback mechanism	Number of responses
Online survey	18
Responses that addressed consultation questions	4

Written submissions	5
Submissions that addressed consultation questions	4
Stakeholder Consultation Forum (Sydney, September 15th, 2023 – hybrid in person/zoom format) Participants Participants reviewed each accreditation criterion and provided their views regarding some of the questions posed in the online survey.	67

The following graph provides a demographic breakdown of those who responded, noting that respondents could indicate more than one descriptor.

Figure 1 Consultation two respondent groups



Evaluation of responses

Overview

APC received feedback regarding the draft Accreditation Standards and Performance Outcomes Framework from a broad range of stakeholders. Feedback indicated general support for the draft documents.

Confusion regarding the intended application of the standards was expressed. Whether the standards would apply to entry-level or postgraduate programs was questioned by several respondents with suggestions indicating a desire to amend the language throughout the document to ensure applicability to both.

Clarification of the endorsement process was requested. Although not the remit of APC, the question of whether successful graduates of an accredited pharmacist prescriber program would be qualified to prescribe, subject to jurisdictional legislation, was raised.

Medical colleagues indicated support for pharmacist prescribing in collaborative, medically directed settings, and reiterated previously raised concerns regarding pharmacists undertaking a diagnostic role.

General comments

The importance of prescriber education programs aligning with accepted principles of quality use of medicines was highlighted, with a suggestion this focus be sharpened.

Respondents suggested additional commentary may be required to highlight that the standards focus on the principles of safe and effective prescribing, rather than specifically addressing clinical competence.

The importance of clear communication, and the documentation of decision-making for the benefit of all members of the healthcare team were identified as important prescriber skills and the suggestion made that this be highlighted through the standards.

A suggestion was made to amend the definition of scope of practice included in the preamble to include the practice setting. A further suggestion was made to define scope of practice through reference to the Pharmacy Board of Australia position statement on pharmacist prescribing.

Feedback suggested that education providers should indicate their reasons for providing a pharmacist prescriber program, including where the program fits into the healthcare landscape.

Feedback received in response to the consultation questions

Question 2.1: The draft Accreditation Standards state that pharmacist prescriber programs should be classified Level 8 according to the Australian Qualifications Framework (AQF). Does this meet your expectation of the level of learning and qualification type for a pharmacist prescriber education program?

Domain 2 (Governance and quality) Criterion 2.3

2.3 The program is an Australian Qualifications Framework (AQF) Level 8 program of study.

Respondents were generally supportive that the level of learning for pharmacist prescriber programs meet an AQF level 8. Some respondents indicated that an AQF level 9 may be more appropriate, given that many existing pharmacy entry-level programs are of an AQF level 8 standard. Feedback indicated that consistency in prescriber qualifications, across professions, is required.

Concerns were raised that specifying the AQF level may prevent the inclusion of prescribing specific content in entry-level programs in the future.

Recognition of prior learning (RPL) was identified as an important mechanism to support existing registrants who seek to obtain a prescribing qualification. It was, however, acknowledged that specifying an AQF level has implications for the proportion of the program that can be addressed through RPL processes, which may consequently pose a barrier to current registrants commencing a program and subsequently achieving a prescribing qualification.

There was a suggestion that supervised practical training form an additional component of training to be completed after the graduate certificate/diploma.

Question 3.1: Do you believe that it is the role of the education provider to assure the quality of site and learner experience if it is within the learner's own workplace?

Domain 1 (Safe and socially accountable practice) Criterion 1.6

1.6 The program includes sufficient high quality, supervised WIL in relevant settings to facilitate learners to consolidate prescribing competencies and demonstrate performance outcomes.

Respondents indicated that the education provider must define the expectations of the WIL

experience and implement quality assurance mechanisms to ensure quality is maintained.

Several comments suggested that sites supporting experiential learning should be accredited. Others suggested sites should demonstrate the capacity and resources to provide appropriate and adequate practical experiences to support learning.

The importance of ensuring the safety of learners, particularly in the context of identifying and addressing potential conflicts of interest, was raised by multiple respondents.

Several mechanisms were proposed to ensure the quality of WIL experiences, including:

- Agreements between education providers and the primary supervisor.
- Clear objectives and intended outcomes for WIL experiences.
- Policies and processes for:
    - Identifying, reporting and managing poor quality WIL experiences.
    - Identifying, reporting and managing learner underperformance.
    - Identifying the need for additional learner support.
- Specific quality indicators defined by the education provider.
- Outcomes of workplace-based assessments.

The cost of providing WIL experiences was highlighted as an important consideration for education providers. The need for appropriate site funding was identified as critical to ensure nationally consistent experiences for learners across all settings.

Remuneration for primary supervisors was raised by several respondents as a potential mechanism to secure quality supervision, as was the input of prescribers from other health professions, noting an alternate professional view may be a useful contributor to the learning process.

Question 3.2: What do you see as the important qualifications and/or skills required of a primary supervisor?

The draft standards do not include specific expectations regarding the qualifications and/or experience of a supervisor.

Criterion 1.6, as noted above in the response to Question 3.1, indicates that WIL should be provided of a high quality, which would include quality supervision.

Criterion 1.7 indicates that effective relationships should exist between the education provider and WIL site (not specifically the primary supervisor) and that clear roles and responsibilities be described, including for the primary supervisor and learner.

Respondents indicated that education providers have a responsibility to provide appropriate supervisor training and to ensure the primary supervisor meets expected qualifications and skill requirements.

There was a request for clarity regarding:

- The expected attributes of the primary supervisor and selection criteria for the role.
- The definition of supervisor and primary supervisor.

Suggested specific qualifications and general skills required of the primary supervisor were identified and are summarised below.

Specific qualifications of a supervisor:

- A registered health practitioner (free of restrictions or relevant conditions)
- A prescribing qualification
- Contemporary prescribing experience relevant to the learner's intended scope of practice.
- Specific qualifications in supervision (respondents frequently indicated the potential usefulness of a supervisory framework and/or training program to support supervision).
- Recent relevant supervisory experience.

General skills of a supervisor:

- A capacity to commit to the supervisory role.
- Accessibility to the learner (noting that this may be supported by technology).
- The ability to provide flexible supervision e.g., direct and via technology.
- Effective communication skills, including the provision of feedback.
- Proficient in the use of required software.
- Ethical and professional conduct.

A counter view was offered, suggesting that too onerous requirements for supervision will

potentially reduce the number of available supervisors, with a resultant impact on program completion.

Question 4.1: Do you agree with the inclusion of criterion 5.7 that requires a final summative assessment as evidence that the learner has met the required performance outcomes?

Domain 5 (Outcomes and assessment) Criterion 5.7

5.7 A final comprehensive summative assessment/s of prescribing performance will be completed to provide evidence of the ability to perform the entire prescribing process consistent with defined performance outcomes.

Respondents indicated general support for criterion 5.7, particularly when viewed in conjunction with the other criteria included in Domain 5.

Comments reflected the view that the final summative assessment/s should incorporate all performance outcomes and complement other assessments undertaken progressively throughout the program, using a range of assessment tools, to provide an overall indication of learner performance.

There was a suggestion that the final assessment/s should be completed without time pressure and that learners should have access to all relevant information to inform their decision-making.

The criterion was identified as a link between the performance outcomes framework and the prescribing competencies framework. The importance of aligning expected performance with underpinning prescribing competencies was highlighted.

Domain specific feedback

Respondents were asked to provide their views regarding each domain, including whether aspects of the draft criteria should be amended and/or removed.

Domain 1: Safe and socially accountable prescribing

The following summarises the feedback received in addition to responses to consultation Questions 3.1 and 3.2 (summarised above).

Work-integrated Learning

Respondents requested guidance regarding the words “sufficient” and “high quality” as included in criterion 1.6.

Suggested indicators of quality provided by respondents included: relevance to the learner’s scope of practice, a specified duration of WIL and clear criteria for the choice of primary supervisor. A counter view was offered that learners should be required to demonstrate their prescribing abilities consistent with the performance outcomes framework, rather than complete a defined duration of WIL.

Some respondents indicated a breadth of prescribing experiences would be a useful component of training, while others felt experiential learning should focus on a defined area of practice supervised by a prescriber with expertise in that practice area.

The suggestion was made that assessments conducted in WIL sites be adequately flexible to allow ease of application in all contexts.

The importance of a constructive relationship between the learner and primary supervisor was raised and a suggestion made that this is more important than a relationship between the site supporting WIL and the program provider.

Choice of supervisor

Suggestions for primary supervisor eligibility included a range of attributes, as described in Question 3.2 above.

Other considerations raised by respondents included:

- Clear definition of the responsibilities of the primary supervisor, including their role in undertaking assessments.
- The proportion of supervision that is permitted via technology.
- The roles and responsibilities of additional supervisors in the workplace, including members of other professions, and their contribution to ensuring a quality WIL

experience.

- The role of entrustable professional activities (EPAs) in directing WIL supervision.
- The accountability of the primary supervisor.
- The relationship between the primary supervisor, learner and education provider.
- Practical considerations, including learner-to-primary-supervisor ratios, whether supervision can be conducted jointly (e.g., across multiple sites with a supervisor in each site), the expected procedure for delegation of supervision responsibilities, whether an agreement is required to support all forms of supervision and whether the supervisor requires the approval of the education provider.

The following table summarises the feedback received regarding other criteria in Domain 1.

Table 2: Domain 1 feedback

Criteria	Comments
1.1	Most pharmacists have demonstrated skills in these areas. For pharmacists who completed programs prior to the philosophies [included in criterion 1.1] being a requirement for accreditation, who is responsible for upskilling? Specific examples of expected behaviours were provided.
1.2	Management of underperforming learners should be included in the fitness-to- practice policy.
1.3	Request for further clarity regarding the expected behaviours to be assessed prior to undertaking WIL and how this would be assessed. Suggested tools to assess were provided, including consideration of the Prescribing Skills Assessment[11], a UK-developed online assessment tool derived from the Prescribing Safety Assessment (PSA). Registered pharmacists are safe to practise prior to commencing the program. This should be considered, as for vaccination programs.
1.4	Ensuring the accountability of supervisors and managing potential conflicts of interest was the focus of comments in relation to this criterion.

[11] BPS Assessment. Prescribing Skills Assessment. Accessed 05 October 2023. Available from: https://www.bpsassessment.com/products-services/prescribing-skills-assessment/

	The communication to learners of the processes to be followed to raise and address potential supervision conflicts of interest should be evident. Supervisors were noted to be accountable to the applicable professional practice standards relevant to their profession.
1.8	Suggested addition of the word 'legislation' in addition to 'frameworks'.

Domain 2: Quality and governance

In addition to Question 2.1, which sought feedback regarding the inclusion of a specified AQF level for pharmacist prescriber programs (criterion 2.3) described above, respondents provided the following feedback regarding Domain 2.

Quality improvement

The addition of a criterion which describes mechanisms for learners to provide feedback was suggested.

Program leader

Feedback indicated support for the program leader being a prescriber but not necessarily a pharmacist. Respondents noted this would provide both prescribing and broader professional experience. Several respondents requested clarification of the words 'relevant experience and expertise' in the description of a program leader (criterion 2.6).

Risk mitigation

Criterion 2.9 discusses the management of potential risks to program delivery. Feedback suggested broadening of this criterion to encourage accountability for all risks associated with the program, including the potential impact of identified risks on the learner. The inclusion of risk reporting and review mechanisms in the criterion was suggested.

Domain 3: Program

Feedback indicated the need for a clear definition of program purpose to ensure all domains and criteria align with the foundational intentions of the program. It was suggested that the term 'fit-for-purpose' be replaced with 'program purpose' to facilitate this.

Educational philosophy

Feedback suggested the educational philosophy and learning/teaching strategy (criterion 3.1) should include peer review, peer support and mentoring opportunities.

Program quality assurance

Comments focused on criterion 3.2 indicated that the program should reflect the fact that prescribing is one aspect of clinical management. There was a suggestion that education providers should seek synergy with other professions who provide prescriber training. In addition, it was suggested that program completion be subjected to a time limit.

Suggested wording changes in criterion 3.2 included: replacement of the word 'reflect' with 'align'; emerging developments to include legislation.

The involvement of key stakeholders in program design, implementation and quality assurance processes (criterion 3.3) was supported, with the suggestion that greater emphasis be placed on stakeholders from a variety of professional backgrounds, the possible inclusion of regulators and a focus on continuous program improvement. It was noted that it may be challenging for learners and supervisors to provide independent feedback regarding the program.

Diversity

Respondents suggested strengthening of language in criteria 3.4 and/or 3.5 to include a broader range of culturally diverse groups, consideration of a person's health literacy and the provision of a private location to support respectful patient encounters.

Separation of the expectations for staff and students in criterion 3.5 was suggested, noting that the appreciation of diversity should be expected of both groups, while development of skills in this area is particular to the student cohort.

Consumer involvement in assessments was suggested as an additional inclusion in the program design (criterion 3.5).

Program resourcing

Feedback related to the resourcing of programs (criterion 3.6) questioned how technology-based resources in the WIL setting would be supported by education providers.

Role of technology

The role of technology in prescriber education programs was raised in relation to Domain 3. The availability of appropriate technology to facilitate the development of prescribing skills was considered important to prepare prescribers. The requirement for prescribers to adequately communicate their decision-making, and the outcome of consultations (including dispensing details) to the healthcare team was noted as an important component of training. The contribution of technology in this context was acknowledged.

A lack of access to prescribing software, digital health records and patient specific information was identified as a hindrance to the development of required prescribing skills. Feedback indicated that, consistent with other professions, access to supported technology during prescribing training will be important for pharmacist prescriber programs.

From a practical perspective, technology facilitated links between the learner and primary supervisor was suggested as an important consideration for education providers, including access to communication and assessment tools.

Interprofessional learning

Criterion 3.8 describes program requirements in relation to interprofessional learning.

Suggestions relevant to this criterion included:

- A range of IPE experiences should be available to contribute to learning.
- Opportunities to foster interprofessional collaboration in the WIL environment should be provided and may include supervised practice for multiple professions simultaneously.
- The use of simulation was identified as a valuable tool to support IPE in the context of prescribing.

Respondents provided examples of specific content considered important to include in a pharmacist prescriber education program. For example, effective communication of decision making, including prescribing decisions, to support collaboration with other health professionals and the development of a clear understanding of prescriber responsibilities in the context of the broader interprofessional team.

Domain 4: Learner experience

Comments received in relation to domain 4 focused primarily on criterion 4.1.

4.1 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.

In the context of this criteria, several comments were received indicating a lack of clarity regarding the intended program audience (registered pharmacists, pre-registration students).

Entry criteria, recognition of prior learning

The potential importance of learners having (a) post-registration experience and (b) a defined

area of practice prior to undertaking a prescribing qualification was raised as important foundations for prescriber training, with the suggestion that the intended prescribing area may influence the required post-registration experience.

The counter view offered is that these requirements would preclude entry-level programs from meeting the standards.

The important role of the primary supervisor was acknowledged, and the suggestion made that entry criteria include the requirement for learners to supply the details of their intended primary supervisor when accepting an offer.

Possible alternative program structures were posed, including a generic prescribing qualification that is subsequently applied to a specific area of practice and combined with relevant clinical learning.

A counter view was raised indicating the requirement to demonstrate competence prior to undertaking WIL (criterion 1.3) is the significant consideration and that additional program entry requirements may not be relevant if this is appropriately enforced.

Feedback suggested further details regarding the RPL processes and criteria are required.

Future prescriber programs

Several respondents suggested the importance of looking to the future and the possibility of including prescribing preparation in entry-level programs. It was noted that a number of criteria may be met by existing entry-level programs, but that entry criteria that specify post-registration experience would not be met by undergraduates.

The possibility that pharmacists who have achieved a prescribing qualification internationally be endorsed to prescribe in Australia was raised, and the potential for this to contribute to the pharmacist prescriber workforce.

Whether clinical skills could be developed in parallel with the prescribing program was raised as an alternate structure to gain required clinical experience prior to program entry.

Access to resources

Feedback indicated that support for learners to access relevant resources and achieve performance outcomes (criterion 4.3) was important with the suggestion that this be strengthened to ensure support for learners in the workplace.

The question of who defines ‘relevant resources’ was raised.

Domain 5: Outcomes and assessment

Feedback regarding Domain 5 primarily centred around criterion 5.7 (summarised above under consultation Question 4.1). The following summarises additional comments relevant to this domain.

Assessment methods

Several respondents highlighted the assessment methods they considered useful for prescriber programs. Many indicated support for a range of assessments that include workplace-based assessments. Support was expressed for formative assessments to support learning.

Suggested assessment methods included:

- A portfolio of experiences to provide evidence of learner competence. The portfolio should be reviewed in combination with other assessments and final summative assessment/s. The inclusion of self-reflection in the portfolio was considered important to develop an essential prescriber skill.
- The use of assessment methods that are consistent with other health professions.
- Use of the (UK-developed) Prescribing Skills Assessment (PSA).
- An independent assessment, possibly supported by technology and involving a number of patient encounters, could be used to observe performance and provide a rigorous final assessment.
- Simulation was considered potentially valuable, although it was acknowledged that face to face interaction requires assessment.
- Oral assessments were viewed as a useful assessment method.
- Additional methods proposed included: case-based discussions, OSCEs, EPAs, role-play.

Assessment process

The following feedback was received:

- A clear separation of assessment and supervision functions was considered important by some.
- A time limit to complete all required assessments was considered appropriate.
- The involvement of consumers in assessments, including in the provision of feedback to the learner, was considered an important aim.

Assessors

The qualifications of the primary supervisor to undertake assessments in the workplace was considered important for the education provider to verify.

Mixed views were expressed regarding who should be responsible for the final assessment/s. There was a suggestion that the final assessment should be undertaken jointly by the education provider and primary supervisor to ensure a balanced view of learner performance. The potential involvement of other members of the healthcare team in the assessment process was supported. However, clarity regarding who criterion 5.5 addresses was requested. Some respondents felt the final assessment should be completed by the education provider, while others considered the primary supervisor most appropriate to oversee the final assessment/s.

Respondents raised concern regarding the availability of trained assessors to undertake the final assessment/s, particularly in geographically remote areas.

Content to be assessed

It was suggested that interdisciplinary communication, including the documentation of decision-making for the benefit of the healthcare team, should be specifically assessed. The benefit of engaging with other health professions in the context of work-place based assessments was raised.

The subjective nature of cultural safety in the context of conducting a consultation was acknowledged. It was considered challenging to assess this skill without specifically discussing with the consumer.

There was a suggestion that the word ‘links’ in criterion 5.1 be amended to ‘aligns’.

Feedback regarding the draft Performance Outcomes Framework

Respondents were asked whether the draft Performance Outcomes adequately reflect the expected performance of a pharmacist prescriber. Comments received are provided by domain.

Performance Outcomes Framework

Domain 1: Professional Practice

Feedback highlighted the following:

- Possible challenges in observing and/or measuring indicators 1.4 and 1.6.

- Suggestion that 1.4 be moved to Domain 3
- Suggestion that 1.6 be removed as considered a responsibility for all health professionals.
- Scepticism that proposed programs could adequately develop the skills required to provide person-centred shared decision-making and to understand the needs of the consumer.
- The required software to document prescribing decisions was identified as currently inaccessible to pharmacists.
- The profession was viewed as lacking 'fit-for-purpose information technology and practice systems' to manage consumer recalls.
- Accountability for prescribing was not considered evident in domain 1.
- Medical colleagues raised concerns regarding prescribing in the community setting, citing a range of issues including the potential for conflicts of interest arising from the community pharmacy business model, safety concerns resulting from a perceived lack of separation of dispensing and prescribing roles and the inability for community pharmacists to ensure the privacy of consultations.
- Suggested re-ordering of indicators in 1.3 to highlight expected good practice.
- Respectful engagement with consumers should reflect person-centred care and the Australian Charter of Healthcare Rights.
- A request to clarify use of the term 'as appropriate' in relation to engagement with members of the consumer's healthcare team. This was suggested to highlight risks to the consumer associated with fragmented care.
- The centrality of the consumer's general practitioner was highlighted by medical colleagues who suggested that all interventions be communicated to the GP as an essential component of continuity of care and collaborative practice.
- Documentation of prescribing decisions should be undertaken according to established processes, reflective of the practice of other professions.

Performance Outcomes Framework

Domain 2: Understand the consumer and their needs

Feedback highlighted the following:

- 2.1 considered subjective. Measurement would require input of the consumer.
- Respectful consultations require the prescriber to ensure privacy.
- Medical colleagues suggested that pharmacists do not have the skills to establish or

review, and understand, the diagnosis, indicating that this role can only be performed by a medical professional and that prescribing needs to be understood in the broader care context.

Performance Outcomes Framework
Domain 3: Person-centred shared decision-making

Feedback highlighted the following:

- Performance outcome 3.2 should sit within Domain 1.
- Concern that 'respond accordingly' does not constitute the provision of optimal care, with the suggestion that further details be provided to ensure safety and reiterate pharmacist accountability.

Performance Outcomes Framework
Domain 4: Communicate and collaborate

Feedback highlighted the following:

- Pharmacist access to My Health Record will require system-wide change. Suggest removal as an example.
- The preparation of a prescription in 4.1 was viewed as an aspect of professional practice rather than communication with the suggestion it move to Domain 1.

Performance Outcomes Framework
Domain 5: Monitor and Review

No comments were specifically highlighted in relation to this Domain.

General Comments (Performance Outcomes Framework)

The following comments were provided:

- The performance outcomes framework contains duplication and reiteration of information.
- Concern that the following comment highlights the patient safety issues of pharmacist prescribing and that the complexity and risks of pharmacist prescribing have not been adequately addressed.

"Recognising that many consumers will experience multiple morbidities and receive treatment from more than one health professional, the importance of accurate, timely communication is critical to effective collaborative care and optimal health outcomes." [Performance Outcomes Framework, page 6]

- Suggestion that pharmacists are ill-equipped to prescribe antibiotics and may contribute to antimicrobial resistance.
- Clear parameters should be provided to indicate what medicines pharmacists are authorised to prescribe.
- Suggestion that the cost-effectiveness of pharmacist prescribing be explored.
- Suggestion that APC consider who will be responsible for monitoring prescribing quality.

What will APC do next

The feedback provided during Consultation round 2 will inform any amendments to the draft Accreditation Standards and supporting documents including the Performance Outcomes and Evidence Guide for education providers.

The APC project team will finalise the standards under the guidance of the Governance Group and Stakeholder Reference Group.

A short 3rd round of public consultation will be an opportunity for stakeholders to view the final version of the Accreditation Standards prior to APC Board endorsement, and submission to the Pharmacy Board of Australia for approval.

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