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council

Accreditation standards for pharmacist prescriber education programs

Consultation paper two

September 2023

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We would particularly like to thank the following groups who provide us with guidance and advice as we develop the standards:

Members of the APC Governance Group¹

Members of the APC Stakeholder Reference Group² and members of the special working group convened to review the draft Performance Outcomes Framework

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.

¹ The Governance Group is an internal APC Committee with oversight responsibility for the development of the standards. The members of this group can be viewed at <https://www.pharmacycouncil.org.au/education-provider/standards/pharmacist-prescriberhttps://www.pharmacycouncil.org.au/education-provider/standards/pharmacist-prescriber-training-program-standards/training-program-standards/>

² The members of the Stakeholder Reference Group can be viewed at <https://www.pharmacycouncil.org.au/educationhttps://www.pharmacycouncil.org.au/education-provider/standards/pharmacist-prescriber-training-program-standards/provider/standards/pharmacist-prescriber-training-program-standards/>

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Abbreviations

Abbreviation	Meaning
Ahpra	Australian Health Practitioner Regulation Agency
APC	Australian Pharmacy Council
CPD	Continuing Professional Development
NRAS	National Registration and Accreditation Scheme
PharmBA	Pharmacy Board of Australia
RPL	Recognition of Prior Learning
WIL	Work-integrated Learning
WBA	Workplace Based Assessment

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	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 happens when multiple health workers from different professional backgrounds work together with patients, families, carers and communities to deliver the highest quality of care. ³
Consumer	A person who has used, currently uses, or will use health care services. This includes the person's family and carers.

³ World Health Organization. Framework for Action on Interprofessional Education & Collaborative Practice. 2010. [Accessed 31 August 2023]. Available from: <https://www.who.int/publications/i/item/framework-for-action-on-interprofessional-education-collaborative-practice>

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
Graduate	A learner who has successfully completed the training program.
Interprofessional education, Interprofessional learning	Interprofessional education occurs when students 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. Provides observable and measurable statements of the performance to be achieved and demonstrated by graduates of a program.
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.
Program provider	The unit within the provider organisation that is responsible for delivering the program.
Provider organisation	The organisation providing the education program.
Supervisor	A registered health professional who works as a member of a healthcare team and provides work-based supervision to the learner.
Work-integrated Learning (WIL)	Work integrated learning (WIL) describes a range of approaches that integrate theory with practice, usually encompassing opportunities for learners to undertake experiences in a workplace.

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⁴ Ahpra. Aboriginal and Torres Strait Islander Health Strategy. Definition of Cultural Safety for the National Scheme. 2023. [Accessed 30 August 2023] 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>

⁵ World Health Organization. Framework for Action on Interprofessional Education & Collaborative Practice (2010). [Accessed 30 August 2023]. Available from: <https://www.who.int/publications/i/item/framework-for-action-on-interprofessional-education-collaborative-practice>

Introduction

1.1 Who we are

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), which was created in 2010 under the National Law (*Health Practitioner Regulation National Law Act (QLD) 2009*)⁶ and as such, we work under assignment of the Pharmacy Board of Australia (PharmBA), the National Board responsible for the regulation of the pharmacy profession in Australia.

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

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

1.2 Our objective

Our objective is to produce a set of accreditation standards (the Standards) that will:

- ensure graduates are qualified to prescribe medicines according to their scope of practice
- ensure graduates are ethical, safe practitioners for the benefit and well-being of the public we serve
- ensure graduates are flexible, adaptable and responsive to the evolving needs of individuals and communities, and to fully comprehend their role as prescribers within that changing environment.

1.3 Purpose of this paper

This is the second of two consultation papers.

The paper should be read in conjunction with:

- [Environmental Scan and Literature Review](#)
- [Feedback from Consultation paper 1](#)

The purpose of this paper is to progress the development of the Standards following feedback received during consultation 1.

⁶ National Registration and Accreditation Scheme (National Scheme) as established under the National Law in each Australian State and Territory.

The content for this paper has come from:

- [The NPS MedicineWise Prescribing Competencies Framework](#)
- [The Environmental Scan and Literature Review](#)
- [The Accreditation Standards for Pharmacy Programs in Australia \(2020\)](#)
- [The feedback received during consultation 1 \(refer Section 3\)](#)
- The input of members of the Governance Group, Stakeholder Reference Group and working group to review the Performance Outcomes Framework.

1.4 Developing standards

We must follow the Ahpra '[Procedures for development of accreditation standards](#)'.

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

- reflect the objectives and guiding principles of the National Law
- be derived from a wide-ranging public consultation process the outcome of which, is supported by the pharmacy profession
- safeguard and promote the health, safety and well-being of all people particularly those living in Australia
- ensure education and training is quality assured and subjected to a continuous improvement process to maintain the quality and effectiveness of programs and the performance of program providers
- reflect contemporary thinking and accepted good practice (being evidence-based as derived from research, comparative benchmarking and/or similar processes)
- ensure students and graduates receive the education and training they will need to implement and deliver high-quality of health care services that might be reasonably expected of a future well-trained pharmacy workforce
- protect and promote diversity and demonstrate social accountability
- enable innovation in the design, development, and delivery of pharmacy programs.

1.5 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 will be 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 complete an accredited and approved education program are competent to prescribe within their scope of practice.

Should an emerging role require education and training that supports broader prescribing by pharmacists than currently authorised in states and territory medicines legislation the

PharmBA will require appropriate standards for the accreditation of education and training programs. These standards may be included in a proposal to the Ministerial Council to support the development of an endorsement for scheduled medicines for pharmacists⁷.

1.6 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 have completed the first three stages and have developed this paper as part of the second round of 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.

2. Background information

2.1 Prescribing in Australia

Prescribing is defined in Australia as ‘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’⁸.

Prescribing is much more than the generation of a prescription, although this is the part of the process that most people recognise. Before the prescription can be prepared, the prescriber must understand the needs and preferences of the consumer and make decisions regarding the best possible treatment in line with their goals. In some cases, this will result in a prescription; while in other cases, it may be more appropriate not to prescribe a medicine.

⁷ Ahpra & National Boards. [Endorsement for scheduled medicines](#).

⁸ NPS MedicineWise. Prescribing Competencies Framework: embedding quality use of medicines into practice (2nd Edition). Sydney. 2021.

Various health professions are authorised to prescribe medicines in Australia, including dentists, medical practitioners, nurse practitioners, endorsed midwives, endorsed optometrists and endorsed podiatrists.

The medicines a prescriber is authorised to prescribe are specified for some professions, while others can prescribe any medicine, provided they are competent and authorised to do so.

Pharmacists are authorised to supply consumers with medicines that are available without a prescription. This includes those that are unscheduled and those classified in schedule 2 (pharmacy only) and schedule 3 (pharmacist only) of the Poisons Standard.⁹

According to state and territory legislation, pharmacists may also prescribe some medicines according to agreed protocols. This includes vaccinations and antibiotics for the management of uncomplicated urinary tract infections in some states.

2.2 Scope of practice

A pharmacist's scope of practice is defined as *'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.'*¹⁰

This definition, illustrated in Figure 1, highlights that a pharmacist's scope of practice comprises:

- Competence – based on education, training and professional experiences,
- Authority – defined by federal and state/territory legislation and regulation and local systems and policies, and
- Accountability – articulated in applicable professional practice standards, codes and guidelines.

The scope of practice must be applied to the prescribing context, including: the boundaries of their clinical competence; the practice setting and service delivery model; professional relationships with other health practitioners; and the specific preferences and needs of the consumer.

⁹ [The Poisons Standard \(the SUSMP\) | Therapeutic Goods Administration \(TGA\)](#)

¹⁰ Pharmaceutical Society of Australia. National Competency Standards Framework for Pharmacists in Australia. Canberra 2016.

2.3 Prescribing Competencies Framework

The Prescribing Competencies Framework, published by NPS MedicineWise¹¹ defines the competencies required by health practitioner prescribers in Australia. Prescribers apply the competencies to the setting in which they work and within the boundaries of their scope of practice.

For example, the Prescribing Competencies Framework describes the need to assess the consumer to understand their needs. A physical assessment may be required. The examination conducted would be dependent on the scope of practice of the prescriber and therefore may be different for each health professional prescriber.

The Prescribing Competencies Framework is used to inform education and training programs, continuing professional development programs and health professional regulation.

The Accreditation Standards for Pharmacist Prescriber education programs apply to training and education programs that will focus on the development of prescribing competencies, and not clinical updates. They will allow learners to demonstrate their competence in prescribing within their scope of practice.

2.4 National Law

The Health Practitioner Regulation National Law (the National Law) was enacted in each state and territory in 2009/10 and provided authority for the establishment of the National Registration and Accreditation Scheme (NRAS)¹².

This National Scheme protects the public through the registration and regulation of health practitioners against consistent, high-quality professional standards. There are 16 health professions under the National Scheme, and each profession is regulated by a profession-specific National Board. The Australian Health Practitioner Regulation Agency (Ahpra) works in partnership with each National Board to implement the National Scheme.

Pharmacists in Australia are regulated under the National Scheme and must be registered with the Pharmacy Board of Australia (PharmBA) to practise.

Under the National Law, the Australian Health Workforce Ministerial Council (the Ministerial Council) can grant approval for a National Board to endorse the registration of a health practitioner as being qualified to undertake specified activities relating to scheduled medicines, including prescribing.

The PharmBA can seek approval from the Ministerial Council to endorse the registration of an individual pharmacist as being qualified to prescribe scheduled medicines, or a class of scheduled medicines, as specified. Pharmacists who seek endorsement would need to hold an approved qualification and comply with an endorsement registration standard.

¹¹ NPS MedicineWise. Prescribing Competencies Framework: embedding quality use of medicines into practice (2nd Edition). Sydney. 2021.

¹² National Registration and Accreditation Scheme (National Scheme) as established under the National Law in each Australian State and Territory.

3. Summary of Consultation

3.1 Feedback received during Consultation 1

We received a broad range of responses to our first round of consultation. Feedback was provided by individuals, professional, government and regulatory organisations, education providers, health services and accreditation authorities. An analysis of the feedback can be found [here](#) and a summary of how APC has used this feedback in preparing the first draft of the Standards [here](#).

3.2 Impact of feedback on draft standards development

Consistent with the position statement released by the PharmBA in 2019 regarding prescribing, feedback indicated a common view that current education and training would adequately prepare pharmacists to prescribe according to a protocol or under the supervision of an independent prescriber.

In order to prescribe independently however, many respondents felt that additional education and training would be required. The draft standards will be applicable to pharmacist prescriber education programs developed to prepare pharmacists for emerging prescribing roles as required by individual jurisdictions.

The draft standards indicate a requirement for an [Australian Qualifications Framework Level 8](#) program. Where other accreditation standards for non-medical prescriber training programs refer to AQF levels, they range from Level 7 to Level 9.

For example: Accreditation standards for programs addressing the requirements for podiatrists eligible for endorsement of registration for scheduled medicines state that the program must be at the AQF level 7 or higher; the Midwifery accreditation standards for endorsement of scheduled medicines require a level 8 Graduate Certificate; and Nurse Practitioners accreditation standards indicate a program should be at AQF Level 9 Masters.

We will be seeking feedback during this consultation as to whether an AQF Level 8 program meets the expectations of the educational level for pharmacist prescriber training.

Consistent with the feedback received, the draft standards will require education providers to:

- develop clear entry criteria and processes for prospective learners,
- implement an assessment strategy that ensures all graduates have met the relevant performance outcomes and
- offer quality work-integrated learning opportunities.

Feedback supported interprofessional collaboration in the context of prescribing. The development of collaborative practice skills was acknowledged as an inclusion in current entry level pharmacy programs. The draft standards and performance outcomes framework reiterate the importance of collaboration in the context of prescribing practice, consistent with feedback.

The feedback highlighted a significant level of confusion regarding the role of the pharmacist, including how a potential prescribing role may be implemented. Implementation of pharmacist prescribing is outside the scope of our project.

4. Consultation 2

4.1 Purpose

The second round of consultation is designed to seek feedback on the draft Accreditation Standards developed in response to the findings of the Literature Review and first consultation. As a result of this process, the Accreditation Standards for Pharmacist Prescriber education programs (2023) will be presented to the Pharmacy Board of Australia for approval.

4.2 Draft Accreditation Standards

The draft Standards align with existing standards applicable to entry-level pharmacy programs and maintain an outcomes-based focus. The wording of criteria has been formulated to highlight the need for outcomes to be complemented by evidence relating to the underpinning processes and a small number of key inputs.

Consistent with the accreditation standards for entry-level programs, the draft Standards for Pharmacist Prescriber education programs highlight the importance of providing a culturally safe environment for the health care provided to Aboriginal and Torres Strait Islander peoples.

Reflective of global recognition that health care is most effectively provided through collaborative interprofessional health care teams, the draft Standards emphasise the importance of collaboration and effective communication in prescribing practice.

The draft Accreditation Standards can be found [here](#).

4.3 Structure of the Accreditation Standards

The structure of the draft Standards is consistent with that of the five-domain model adopted by other health professions. Each domain comprises:

- a Standard – a statement which describes the scope of the domain
- several criteria against which program providers must demonstrate compliance.

Associated with each criterion will be notes that provide additional clarity regarding the intent and application of the criteria. An Evidence Guide will be developed to provide further detail for education providers.

4.4 Performance Outcomes Framework

Throughout the draft Standards reference is made to the achievement/demonstration of performance outcomes. The performance outcomes provide a description of the expected observable behaviours for safe and effective prescribing. Education providers are required to demonstrate established processes that support regular assessment of learner performance along a continuum to achievement of required performance outcomes. The performance outcomes align with the NPS MedicineWise Prescribing Competencies Framework and are required to demonstrate safe and effective prescribing practice consistent with the prescribing context.

It is anticipated that a process will be implemented to facilitate regular review and update of the Performance Outcomes consistent with changes in prescribing practice.

The draft Performance Outcomes Framework can be found [here](#).

The draft Performance Outcomes Framework comprises five domains, aligned with the Prescribing Competencies Framework, as illustrated in the Table below.

Table 1 Structure of the Performance Outcomes Framework and the Prescribing Competencies Framework

Performance Outcomes Framework for Pharmacist Prescriber Education Programs Domains	Prescribing Competencies Framework* Competency Areas (CA)
1 Professional Practice	Prescribe safely and effectively (CA6) Prescribe professionally (CA7)
2 Understand the consumer and their needs	Understand the person and their needs (CA1)
3 Person-centred shared decision-making	Understand the management options (CA2) Agree on a plan for the medicines (CA3)
4 Communicate and collaborate	Prescribe medicines and communicate the agreed treatment decision (CA4)
5 Monitor and Review	Review the outcomes of treatment (CA5)

5. Consultation Questions and Process

5.1 Consultation Questions

The consultation questions ask for general, and where needed, specific, feedback on the Accreditation Standards and are intended to generate comments across each domain. Please provide an explanation, or rationale, for your responses.

The consultation questions then focus on the Performance Outcomes Framework and provide an opportunity to comment on other issues related to the development of the standards.

Consultation area	Consultation Question	Commentary
1 Draft Accreditation Standards	<p>For each domain (Question 1.1.1 - 1.5.3):</p> <p>Question 1.1.1</p> <p>In your opinion, do the draft Accreditation Standards adequately describe the expectations of education providers who provide pharmacist prescriber education programs? Please explain your answers.</p> <p>Question 1.1.2</p> <p>Do you have any suggestions for additional content that should be added to or amended in the draft Standards? Please explain your answers.</p> <p>Question 1.1.3</p> <p>Do you have any suggestions for content you consider should be removed from the draft Standards? Please explain your answers.</p>	

Consultation area	Consultation Question	Commentary
2 Program qualification level	<p>Question 2.1</p> <p>The draft Accreditation Standards state that pharmacist prescriber programs should be classified Level 8 according to the Australian Qualifications Framework (AQF).</p> <p>Does this meet your expectation of the level of learning and qualification type for a pharmacist prescriber education program? Please explain your answer.</p>	<p>Pharmacist prescriber programs have not previously been provided in Australia. The draft criteria is intended to provide guidance to education providers regarding the expected level of learning.</p> <p>Where other accreditation standards for non-medical prescriber training programs refer to AQF levels, they range from Level 7 to Level 9.</p> <p>For example:</p> <ul style="list-style-type: none"> • Accreditation standards for programs addressing the requirements for podiatrists eligible for endorsement of registration for scheduled medicines state that the program must be at the AQF level 7 or higher • Midwifery accreditation standards for endorsement of scheduled medicines require a level 8 Graduate Certificate • Nurse Practitioners accreditation standards indicate a program should be at AQF Level 9 Masters.
3 Work-integrated Learning (WIL)	<p>Question 3.1</p> <p>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?</p>	<p>Evidence indicates that learners benefit from frequent opportunities to practise prescribing skills in relevant contexts.¹ Such opportunities could be provided in many ways, including supervised practical training in the practice setting, case-based discussions conducted after the learner has</p>

Consultation area	Consultation Question	Commentary
	<p>Question 3.2</p> <p>What do you see as the important qualifications and/or skills required of a primary supervisor?</p>	<p>interacted with the consumer and/or simulated learning opportunities.</p> <p>Pharmacists work in a range of settings and may be required to complete their WIL in their workplace. It will be important for learners to experience meaningful supervised training and mentorship to support their learning, regardless of their practice setting.</p> <p>Critical to a quality learning experience and the achievement of program outcomes will be:</p> <ul style="list-style-type: none"> • The experience, knowledge and skills of the primary supervisor in the context of prescribing practice, • The primary supervisor’s tutoring skills and • The relationship between the primary supervisor, the learner and the education provider
4 Assessments	<p>Question 4.1</p> <p>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? Explain your answer.</p>	<p>Graduates are expected to demonstrate the ability to meet all performance outcomes detailed in the Performance Outcomes Framework.</p> <p>To achieve this, learners must successfully complete assessments that provide clear evidence of prescribing ability, obtained using valid and reliable assessment tools.</p>

Consultation area	Consultation Question	Commentary
		<p>Evidence indicates that completing the entire prescribing process is an important component of learning to prescribe.¹³</p> <p>A range of appropriate assessment tools should be used regularly throughout the program and final assessments could be used to provide evidence that the learner has achieved competence in all aspects of the prescribing process.</p>
5 Performance Outcomes Framework	<p>For each domain (Question 5.1.1 - 5.5.5):</p> <p>Question 5.1.1</p> <p>In your opinion, do the Performance Outcomes adequately reflect the required knowledge, skills and behaviour of a pharmacist prescriber?</p> <p>Question 5.1.2</p> <p>In your opinion, are the Performance Outcomes observable?</p> <p>Question 5.1.3</p> <p>In your opinion, are the Performance Outcomes measurable?</p> <p>Question 5.1.4</p>	<p>The Performance Outcomes Framework details the expected performance of pharmacist prescribers. Prescribing performance will consist of required prescribing competencies integrated and applied according to the prescribing context and consumer need.</p> <p>The Performance Outcomes need to be observable and measurable to support effective assessment, including both summative and formative assessment, throughout the program.</p> <p>Additional detail will be provided in an evidence guide.</p>

¹³ Lucy McLellan, Mary Patricia Tully, Tim Dornan. How could undergraduate education prepare new graduates to be safer prescribers? Br J Clin Pharmacol. 2012;74(4):605-13.

Consultation area	Consultation Question	Commentary
	<p>Do you have any suggestions for additional content that should be added to or amended in the Performance Outcomes?</p> <p>Question 5.1.5</p> <p>Do you have any suggestions for content you consider should be removed from the Performance Outcomes?</p>	
6 General Questions	<p>Question 6.1 Is there anything else you think we need to consider when finalising the standards and performance outcomes?</p>	

5.2 Consultation Process

Options	What's involved
<p>1. Take our survey</p>	<p>Ideal for sending us your views and comments to our questions.</p> <p>Start survey</p>
<p>2. Attend our Stakeholder Consultation Forum in Sydney or virtually</p>	<p>For individuals who want to discuss and provide commentary on the key areas for consultation.</p> <p>It is a hybrid event so you can join either face-to-face or virtually.</p> <p>Option 1: Face-to-face</p> <ul style="list-style-type: none"> • Friday 15th September 2023 • 10:00am – 2:00pm (arrival from 9:30am) <i>Lunch will be provided</i> • The Hilton Sydney 488 George Street, Sydney, NSW <p>Register for face-to-face</p> <p>Option 2: Virtual</p> <ul style="list-style-type: none"> • Friday 15th September 2023 • 10:00am – 2:00pm (open from 9:30am) • Zoom teleconference, streaming from The Hilton Hotel <p>Register for virtual</p>
<p>3. Make a written submission by downloading our Consultation Questions Template</p>	<p>Ideal for individuals, groups and organisations who want to download the questions and use the feedback template to provide us with comments or detailed feedback.</p> <p>Submissions need to carry the name and contact details (phone number and e-mail address) of the writer.</p> <p>Download consultation question template</p>
<p>4. You can e-mail us your phone contact number, and one of our review team members will call you to get your feedback</p>	<p>Ideal for a short statement on one or more of the areas for consultation (relevant to the review), which is of a significant or personal interest.</p> <p>standards@pharmacycouncil.org.au</p>

5.3 Publication of submissions and feedback

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

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

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

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

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

5.4 Need more information?

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