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Draft Intern Year Blueprint
Consultation Document

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1. Introduction

The Intern Year Blueprint Project was commissioned by the Australian Pharmacy Council (APC) to inform the Pharmacy Board of Australia (PBA) in its decision making with regard to current best practice in establishing the competency of intern pharmacists for general registration. The project aims to provide transparency and clarity for registered pharmacists, intern training programs (ITP) providers, preceptors and interns regarding how best to measure competence (when, how and by whom) in the existing education pathway structure.

The project has been guided by a Steering Committee of Subject Matter Experts, appointed following an Expression of Interest process. The Steering Committee consists of members from a range of practice areas across the health professions, as well as education providers. The PBA has an observer at the Steering Committee.

The Intern Year Blueprint Project comprises three parts:

1. Literature review of intern competency assessment (including domestic and international processes and assessment methods) to provide an environmental scan and evaluation of the published literature with regard to assessment blueprinting and assessment processes.
2. Documentation and analysis of the current intern year assessment structures.
3. Development of a draft revised assessment blueprint for the intern year, mapped against the *National Competency Standards Framework for Pharmacists in Australia 2016*

The literature review is available on the APC website <https://www.pharmacycouncil.org.au/news-publications/news/>

A report documenting and reviewing the current intern year assessment methods has been completed and ready for submission to the Pharmacy Board Australia. Stakeholders including ITP providers, interns, preceptors and recently registered pharmacists have had the opportunity to contribute to the review through structured interviews and written consultation.

A draft revised assessment blueprint for the intern year has been developed based on the 2016 competency standards. The development was led by the Steering Committee, whose members have commented and reviewed the draft, and APC is now seeking feedback from stakeholders on this prior to final sign off by its Council.

The review process included an international review, and this reviewer concluded that overall 'the draft IYB effectively addresses the expectations of the national framework and utilises a diverse array of assessment measurements, at different points of professional development, in an integrated and defensible manner'.

2. The Draft Intern Year Blueprint (IYB)

The definition of a 'Blueprint' agreed by the Steering Committee having considered the [literature review](#) is:

'A template used to define the content of assessment which depicts the relationship between what has to be assessed and how it is to be assessed'.

The Draft IYB in its current form provides guidance as to which assessment methods may be used to assess the specific competencies applicable to initial general registration. The finalisation of the Draft IYB needs consideration by stakeholders of how the Draft IYB document can inform the coordination of a national assessment process.

2.1. Competencies to be assessed

The Draft IYB lists all competencies which apply at initial general registration from the 2016 Competency Standards. Within this document, the “green shaded” areas are those seen by the profession to apply at general registration.¹

A prospective pharmacist will gain some of these competencies during the pharmacy program of study for registration, and some during the course of their internship. It is important to determine which of these competencies are to be assessed during the intern year.²

2.2. By what method?

Whilst the IYB provides guidance regarding which methods can be employed to assess an individual competency, it provides no direction regarding which methods are more suitable and or/feasible. Having determined which competencies are to be assessed, it is necessary to determine which assessment method/s would be best to be employed. Guidance is sought regarding the most appropriate method for assessment of particular competencies given the choice provided to them in the following material.

2.3. By whom?

Assessments in the intern year are currently conducted by four separate bodies; APC, ITP providers, Preceptors and the PBA (through AHPRA). The decision of who should assess an individual competency is coupled to the decision of what method should be employed, and ideally should be considered concurrently.

2.4. At what stage?

To some extent this question will be answered when the method of assessment is decided, as many of the current assessment processes, such as the written and oral examinations have existing timeframes. It is, however, important to determine if this is appropriate, and whether additional guidance would assist interns, preceptors and ITP providers in the prioritisation of the learning experience. For example, activities such as taking a patient medication history and dispensing are fundamental to the intern role, and competency within these areas should be assessed early in the internship.

3. Description of assessment methods

For the purposes of this Draft blueprint, the following definitions have been used to describe the possible relevant assessment methods determined by the Steering Group.

A full description of assessment methods, and the validity and reliability of each, is described in full in the Intern Year Blueprint Literature Review, to be published by APC in September 2017.

¹ National Competency Standards Framework for Pharmacists in Australia 2016.
http://advancedpharmacypractice.com.au/download/resources/5202%20National%20Competency%20Standards%20Framework%20for%20Pharmacists%20in%20Australia%20_FINAL.pdf

² The 2011 customised tool of entry-level competencies is currently used to clarify the contribution of both pharmacy schools and ITP providers in achieving the requisite competencies. This document is due to be updated, and may subsequently be used in conjunction with the IYB to identify the nature of the competencies needing to be assessed during the intern year.

3.1. Multiple choice questions (MCQ)

The intern written examination is an open-book, computer-assisted examination held over three hours, and contains 125 single best option MCQs, with each question having a stem and four or five possible answers. Each paper includes a series of patient profiles with MCQs (related to various common disease states or medical conditions) used to assess clinical knowledge.

The written examination assesses clinical competence including medication management related issues and competence in areas related to law and pharmaceutical calculations.

3.2. Oral Examination

A definition of the viva voce (commonly referred to as the viva) is an '*oral examination characterised by face to face interaction between an examinee and one or more examiners*'.

The current intern oral examination is run over 45 minutes and consists of four parts:

- Part 1 'Medication Knowledge and Counselling', is ten minutes' duration. Candidates are assessed on their knowledge of five medicines e.g. drug class, usual dose, dosage range and timing, indications for use and suitable monitoring and counselling. References are not permitted.
- Part 2 'Primary Healthcare', is ten minutes' duration. Questions are designed to reflect a primary health care scenario in a community pharmacy setting, with candidates required to assess and deliver primary health care. References are not permitted.
- Part 3 'Legal and Ethical Practice' is five minutes' duration. Candidates are presented with a scenario and assessed on their ability to identify legal and ethical issues and articulate a suitable resolution of these issues. References are not permitted.
- Part 4 'Problem Solving & Communication' is twenty minutes' duration and conducted entirely in role play. Candidates are presented with a scenario and assessed on their ability to take a patient history, identify any problems and use effective communication strategies to resolve the problems. Access to references is permitted.

3.3. Objective Structured Clinical Examination (OSCE)

An OSCE is defined as '*An assessment tool based on the principles of objectivity and standardisation, in which the candidates move through a series of time-limited stations in a circuit for the purposes of assessment of professional performance in a simulated environment. At each station candidates are assessed and marked against standardised scoring rubrics by trained assessors*'.

3.4. Mini Clinical Evaluation Exercise (mini-CEX)

The mini-CEX, is a short (usually about 20 minutes) real-life observational assessment, usually of a specific clinical encounter. The assessor uses a structured tool with rating scales to assess clinical, decision making, organisational and communication skills. Strengths and suggestions for development are usually documented, and verbal feedback is also provided by the assessor.

3.5. Case-based Discussion (CbD)

Case-based Discussion (CbD) involves a comprehensive review of a clinical case between a student/practitioner and an assessor. The student/practitioner will typically present a case that they have been significantly involved with. Presentation may include presenting complaint, patient history (including medicines), clinical investigations and findings, management plan and follow up. The assessor will then provide feedback, using a structured tool to 'score' the student/practitioner, and suggestion for ongoing development or training needs will be identified.

CbD tools have been developed, one such pharmacy specific CbD tool has been developed by the Joint Programmes Board in the UK and has ratings for pharmaceutical needs assessment, treatment recommendation, follow up/monitoring, professionalism and overall clinical judgement.

3.6. Multisource Feedback (MSF)

Multisource Feedback (MSF) is the process by which an individual receives feedback on their work performance from peers, managers and subordinates. The MSF process facilitates feedback from a range of co-workers, providing insight into the way that others perceive performance, and identifying areas for change through self-reflection. Candidates nominate several assessors, who are asked to provide feedback to a central coordinator for collation. An educator, mentor or supervisor then facilitates the feedback of anonymous collated information to the candidate.

Healthcare specific tools have been developed and validated to facilitate the MSF process. These tools typically collect information in the form of rating scales, but usually allow the rater to add qualifying statements in the form of free text. Any MSF tool used to assess interns should be validated.

3.7. In-Training Assessment (ITA)

ITA describes the assessment of a candidate's progress during a training program and falls into two categories:

3.7.1. ITA-observation

A longitudinal assessment usually completed by the supervisor, based on personal observation of the candidate or after consultation with colleagues (i.e. equivalent to the current periodic 'sign off' required by the ITPs).

3.7.2. ITA-activity

Specific assessments administered by the ITP provider e.g. case studies, extemporaneous dispensing, healthcare promotion, drug use evaluation.

3.8. Portfolio

A portfolio can be described as a collection of information that is intended to demonstrate achievement. Their intention is to capture longitudinal evidence of both professional and technical development, whilst encouraging self-awareness and self-reflection. Portfolios may be in paper or electronic format. The content will vary depending on the purpose of the portfolio, the requirements of the assessing body and the student/practitioner gathering the evidence for the portfolio. Portfolios can be used to provide evidence of competencies that would otherwise be hard to assess, such as professional behaviour, practice-based improvements, creative endeavours, research activities and professional experience.

4. Mapping notes for the Draft Intern Year Blueprint

The Draft IYB outlines a number of assessment tools that are deemed suitable for assessment of each individual competency. The following

- All enabling competencies that contain at least one performance criteria for initial registration are included.
- Not all performance criteria within a specific competency are deemed appropriate for initial registration – see the full National Competency Standards for Pharmacists in Australia, 2016. *National Competency Standards for Pharmacists in Australia, 2016.*
- As outlined above, the content of a portfolio should be specified by the assessing body. A portfolio can contain multiple items and theoretically assess all competencies, it is for that reason this method has been mapped as suitable to assess all competencies
- The ● symbol indicates that the method is suitable for assessment of an individual competency
- The † symbol indicates that special consideration should be given to using this method to assess competency in the given area

5. Engagement and consultation on Draft Intern Year Blueprint

The next steps in the project is for APC to engage with stakeholders for their observations, commentary and recommendations regarding the draft Blueprint.

To assist stakeholders to make comment, a number of specific questions are outlined below for consideration and responses.

If you have any questions about this consultation, please contact Glenys Wilkinson via email: Glenys.Wilkinson@pharmacycouncil.org.au or phone: +61 2 6188 4288.

6. Consultation questions

1. What overarching comments do you have regarding the Draft Blueprint? How would you describe its strengths / weaknesses?
2. Given the Blueprint accepts competencies can be assessed in a number of ways, what is your recommendation as to the most feasible and suitable method to assess each area of competence?
3. Should specification be applied to assessment methods to ensure interns are assessed for 'knows how' as well as 'shows how'?
4. The Draft Blueprint indicates a number of competencies from the 2016 competency standards that would be best assessed in the workplace by the Intern Training Provider, or the Preceptor (see ITA Obs and ITA Act). What might be needed to be changed in the current requirements for preceptors to facilitate these assessments to be robust and reliable?
5. Should a staged approach to competency assessment be considered as part of the Blueprint: For example, activities such as taking a patient medication history and dispensing which are fundamental to the intern role and competency within these areas should be assessed early in the internship?
6. Would additional guidance would support interns, preceptors and ITP providers in the prioritisation of the learning experience and assessment against the Draft Blueprint?
7. Documentation and effective communication through writing is not explicitly addressed in the Draft Blueprint, yet is implicit in some of the standards, but given the ever-present importance of clear and effective documentation in professional practice, an assessment of this competency may be considered. Should writing skills be assessed during the intern year and, if so, how would you recommend this be done? What are the most suitable methods for this assessment?
8. Assessments in the intern year are currently conducted by three separate bodies; APC, AHPRA and ITP providers. How can this process be enhanced or streamlined? Please provide commentary to support your recommendation.
9. Do you have other comments you would like to submit on this Draft Blueprint?

7. Australian Pharmacy Council DRAFT Intern Year Blueprint (Draft IYB) Key

MCQ	Multiple Choice Question	OSCE	Objective Structured Clinical Examination	CbD	Case-based Discussion	ITA Obs	In-Training Assessment Observation
ORAL	Oral examination/viva voce	Mini-CEX	Mini-Clinical Evaluation Exercise	MSF	Multi-source Feedback	ITA Act	In-Training Assessment Activity

Domain 1: Professionalism and ethics

Enabling competency		Summative assessment			Workplace-based assessment			ITA		Portfolio
		MCQ	ORAL	OSCE	mini-CEX	CbD	MSF	Obs	Act	
Standard 1.1: Uphold professionalism in practice										
1	Promote a culture of professionalism		●	●	●		●	●	●	●
2	Uphold the professional role of a pharmacist	●	●	●	●		●	●	●	●
3	Apply understanding and knowledge of medicines management and use in society	●	●		●		●	●		●
4	Accept professional responsibility and accountability				●		●	●		●
5	Work with commitment, diligence and care				●		●	●		●

Enabling competency		Summative assessment			Workplace-based assessment			ITA		Portfolio
		MCQ	ORAL	OSCE	mini-CEX	CbD	MSF	Obs	Act	
Standard 1.2: Observe and promote ethical standards										
1	Support ethical professional practice		●	●				●	●	●
2	Manage ethical issues arising in practice	●	●	●				●	●	●
3	Promote ethical professional practice		●	●				●	●	●
Standard 1.3: Practise within applicable legal framework										
1	Comply with statute law, guidelines, codes and standards	●	●	●	●			●	●	●
2	Respond to common law requirements	●	●	●		●		●	●	●
3	Respect and protect the individual's rights to privacy and confidentiality	●	●					●	●	●
4	Assist individuals to understand and grant informed consent				●			●		●
Standard 1.4: Maintain and extend professional competence										
1	Adopt a scope of practice consistent with competence		●	●			●	●		●
2	Determine professional development needs with reference to the competency standards								●	●
3	Acquire and apply practice expertise								●	●

Enabling competency		Summative assessment			Workplace-based assessment			ITA		Portfolio
		MCQ	ORAL	OSCE	mini-CEX	CbD	MSF	Obs	Act	
Standard 1.5: Apply expertise in professional practice										
1	Apply expert knowledge and skills	●	●	●	●	●	●	●	●	●
2	Use reasoning and judgement	●	●	●	●	●	●	●	●	●
3	Demonstrate accountability and responsibility		●	●	●		●	●		●
4	Use professional autonomy		●	●	●		●	●		●
Standard 1.6: Contribute to continuous improvement in quality and safety										
1	Collaborate to improve quality and safety across the continuum of care	●						●	●	●
2	Monitor and respond to sources of risk							●	●	●
3	Follow up incidents or lapses in care							●	●	●

Domain 2: Communication and collaboration

Enabling competency		Summative assessment			Workplace-based Assessment			ITA		Portfolio
		MCQ	ORAL	OSCE	mini-CEX	CbD	MSF	Obs	Act	
Standard 2.1: Collaborate and work in partnership for the delivery of patient-centred, culturally responsive care										
1	Respect the personal characteristics, rights, preferences, values, beliefs, needs and cultural and linguistic diversity of patients and other clients, including Aboriginal and Torres Strait Islander peoples	●	● [‡]	● [‡]	●		●	●		●
2	Support and respect the rights of patients and other clients to contribute to decision-making		● [‡]	● [‡]	●		●	●		●
3	Promote patient/client engagement with feedback and follow-up systems	●	●	●	●		●	●		●
4	Consider the impact of the physical environment	●		● [‡]	●			●		●
Standard 2.2: Collaborate with professional colleagues										
1	Show a commitment to interprofessional practice			●	●		●	●		●
2	Engage in teamwork and consultation			●	●		●	●		●
3	Promote effective interprofessional practice			●	●		●	●		●

Standard 2.3: Communicate effectively										
1	Use appropriate communication skills		•	•	•		•	•		•
2	Confirm the effectiveness of communication		•	•	•		•	•		•
Standard 2.4: Apply interpersonal communication skills to address problems										
1	Analyse the problem or issue to be addressed and the possible solutions		•	•	•			•		•
2	Engage with others as appropriate to resolve the identified problem or issue		•	•	•		•	•		•
3	Review outcomes achieved and assess follow-up requirements			•	•			•		•

Domain 3: Medicines management and patient care

Enabling competency		Summative assessment			Workplace-based Assessment			ITA		Portfolio
		MCQ	ORAL	OSCE	mini-CEX	CbD	MSF	Obs	Act	
Standard 3.1 Develop a patient-centred, culturally responsive approach to medication management										
1	Obtain relevant health and medicines information	•	•	•	•			•		•
2	Assess medication management practices and needs	•	•	•	•	•		•	•	•
3	Collaborate to develop a medication management strategy or plan	•	•	•	•			•		•
Standard 3.2: Implement the medication management strategy or plan										
1	Administer medicines	•	•	•	•			•		•
2	Provide primary care and promote judicious use of medicines	•	•	•	•	•		•	•	•
3	Dispense medicines (including compounded medicines) in consultation with the patient and/or prescriber	•	•	•	•	•		•	•	•
4	Prescribe medicines	•	•	•	•	•		•		•
5	Provide counselling and information for safe and effective medication management	•	•	•	•	•		•	•	•

Enabling competency		Summative assessment			Workplace-based Assessment			ITA		Portfolio
		MCQ	ORAL	OSCE	mini-CEX	CbD	MSF	Obs	Act	
6	Facilitate continuity of care including during transitions of care	•	•	•	•	•	•	•		•
Standard 3.3: Monitor and evaluate medication management										
1	Undertake a clinical review	•	•	•	•	•	•	•	•	•
2	Apply clinical review findings to improve health outcomes	•	•	•	•	•	•	•	•	•
3	Document clinical review findings and changes in medication management	•			•	•	•	•		•
Standard 3.4: Compound medicines										
1	Determine the required formulation	•						•	•	•
2	Confirm the availability of suitable resources							•	•	•
3	Apply risk management strategies	•						•	•	•
4	Prepare products non-aseptically	•						•	•	•
5	Prepare products aseptically	•						•		•
6	Prepare cytotoxic or other hazardous drug products	•						•		•
7	Complete appropriate documentation							•	•	•

Enabling competency		Summative assessment			Workplace-based Assessment			ITA		Portfolio
		MCQ	ORAL	OSCE	mini-CEX	CbD	MSF	Obs	Act	
8	Optimise packaging and supplementary labelling	●						●	●	●
Standard 3.5: Support Quality Use of Medicines										
1	Review trends in medicine use	●	●	●					●	●
2	Promote evidence-based medicine use	●	●	●					●	●
Standard 3.6: Promote health and well-being										
1	Assist development of health literacy		●	●	●	●		●	●	●
2	Support health promotion activities and health services intended to maintain and improve health	●	●	●	●	●		●	●	●
3	Support evidence-based public health programs							●	●	●

Domain 4: Leadership and management

Enabling competency		Summative assessment			Workplace-based Assessment			ITA		Portfolio
		MCQ	Oral	OSCE	mini-CEX	CbD	MSF	Obs	Act	
Standard 4.1: Show leadership of self										
1	Display emotional awareness and effective self-regulation of emotions						•	•		•
2	Apply reflective skills for self-assessment								•	•
3	Display self-motivation, an innovative mindset and motivate others						•	•		•
Standard 4.2: Manage professional contribution										
1	Work with established systems						•	•		•
2	Plan and prioritise work		•	•	•		•	•		•
3	Maintain productivity						•	•		•
4	Monitor progress and priorities						•	•		•
Standard 4.3: Show leadership in practice										
1	Inspire a strategic vision and common purpose						•	•		•
2	Foster initiative and contribute to innovation, improvement and service development						•	•		•

Enabling competency		Summative assessment			Workplace-based Assessment			ITA		Portfolio
		MCQ	Oral	OSCE	mini-CEX	CbD	MSF	Obs	Act	
3	Encourage, influence and facilitate change						•	•		•
4	Serve as a role model, coach and mentor for others						•	•		•
Standard 4.4: Participate in organisational planning and review										
3	Establish suitable premises and infrastructure							•		•
5	Develop and maintain supporting systems and strategies							•		•
Standard 4.5: Plan and manage physical and financial resources										
2	Maintain the physical environment and acquire required resources							•		•
3	Contribute to the efficient and effective use of resources							•		•
Standard 4.6: Plan, manage and build human resource capability										
2	Establish role clarity and performance standards							•		•
3	Supervise personnel						•	•		•

Enabling competency		Summative assessment			Workplace-based Assessment			ITA		Portfolio
		MCQ	Oral	OSCE	mini-CEX	CbD	MSF	Obs	Act	
4	Develop personnel and promote improved performance						•	•		•
5	Manage interpersonal relationships with supervised personnel						•	•		•
Standard 4.7: Participate in organisational management										
1	Understand and contribute to organisational/corporate and clinical governance							•	•	•
2	Support and assist implementation of health care priorities				•	•	•	•	•	•
3	Undertake project management							•	•	•
4	Contribute to professional activities planning with consideration of strategic context							•	•	•
5	Apply and monitor standards of practice							•		•
6	Work across service delivery boundaries						•	•		•
7	Contribute to the effective management of risk, including threats to service continuity							•	•	•

Domain 5: Education and research

Enabling competency		Summative assessment			Workplace-based Assessment			ITA		Portfolio
		MCQ	Oral	OSCE	mini-CEX	CbD	MSF	Obs	Act	
Standard 5.1: Deliver education and training										
2	Conduct education and training consistent with educational practice	•						•	•	•
3	Contribute to continuing professional development of others							•	•	•
4	Link practice and education							•	•	•
Standard 5.2: Participate in research										
3	Undertake critical evaluation activities	•		•	•	•		•	•	•
4	Design and deliver research projects to address gaps in the evidence-base and identify areas for innovation and advances in practice							•	•	•
Standard 5.3: Research, synthesise and integrate evidence into practice										
1	Identify information needs and resource requirements	•	•					•	•	•
2	Retrieve relevant information/evidence in a timely manner							•	•	•

Enabling competency		Summative assessment			Workplace-based Assessment			ITA		Portfolio
		MCQ	Oral	OSCE	mini-CEX	CbD	MSF	Obs	Act	
3	Apply research evidence into practice	●					●	●	●	●
4	Provide advice and recommendations	●						●	●	●



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