



australian
pharmacy
council

Notification of Change

Designated leader change only

Version 1.2

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Overview

Purpose of the notification of change

This form is to notify APC of a change in the 'designated leader' of the program in accordance with Criterion 2.5 in the [Accreditation Standards for Pharmacy Programs 2020](#).

Further information about notifying planned program changes and examples of possible types of changes are listed on our [website](#).

To seek approval from APC of any other program changes (or to notify a change in the designated leader and seek approval of one or more other changes), please use the [Notification of Change to a pharmacy program](#) template.

Timelines

You should provide us with a NoC as soon as possible when you become aware the designated leader of the program(s) will change to allow sufficient time for our AC to consider the NoC.

Summary of change process

When you are aware the designated leader (as per Criterion 2.5) of the program will be changing:

1. Submit a NoC form to us (using this template). Please contact our [accreditation team](#) for any assistance.
2. If the NoC is incomplete or there is additional information required about the change, we will contact you to request this information.
3. Our AC will consider the NoC at an AC meeting.
4. We will advise you of the AC decision in writing via an Accreditation Outcome Notification (AON).

Completing this form

Please use this NoC form to describe the change to the designated leader of your program(s) including the likelihood of impacting on the ability of the program(s) to meet the [Accreditation Standards](#).

Refer to the [Accreditation Standards 2020 Evidence Guide](#) for examples of relevant evidence to provide in support of your submission e.g. designated leader's CV.

Section 1: Applicant details

Name of the provider organisation	
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Name of the unit delivering the program(s)	
Address	

Accredited program(s) of study	
Program type	
Program name	

Pre-NoC designated leader of the unit delivering the program	
Name	
Job title	
Telephone	
Email	

New permanent or acting designated leader (primary contact)	
Name	
Job title	
Telephone	
Email	

Primary contact (if different to the new permanent/acting designated leader)

Name	
Job title	
Telephone	
Email	

Campuses affected by the proposed changes (campus, state, country)

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Section 2: Background

Please provide a summary of the designated leader change including the commencement date for the new designated leader, the type of appointment (e.g. permanent, acting, etc.) and any other staffing changes taking place.

[Add response here]

Section 3: The Standards

Please provide details of the proposed change against Criterion 2.5. Include a statement of the impact of the proposed change on the intent of the criterion and how this will be managed.

Provide a copy of the designated leader's CV as evidence of how the change will meet the [Accreditation Standards](#).

Criterion 2.5

The unit delivering the program has a designated leader with requisite profession/pharmacy-specific experience and expertise who is responsible for ensuring the effective provision of professional and academic leadership, engagement and advocacy for the unit and the profession within and beyond the provider organisation.

Statement against criterion

[Add response here]

Declaration

I understand that this form is only to notify APC of a change in the designated leader of our accredited program(s) and have provided a response to Criterion 2.5.

I confirm that this change does not impact the ability of the program(s) to meet the other 37 criteria of the Accreditation Standards.





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