Accreditation Standards for Pharmacist Education Programs:

Medication Management Review (MMR) Pharmacist

Aged Care On-site Pharmacist

Evidence Guide

August 2023

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List of Abbreviations

Abbreviation	Term
APC AC	APC Accreditation Committee
Ahpra	Australian Health Practitioner Regulation Agency
APC	Australian Pharmacy Council
ASQA	Australian Skills Quality Authority
CPD	Continuing Professional Development
CV	Curriculum Vitae
FAQ	Frequently Asked Question
HEI	Higher Education Institution
MCQ	Multiple Choice Question
NRAS	National Registration and Accreditation Scheme
OSCE	Objective Clinical Structured Examination
PharmBA	Pharmacy Board of Australia
TEQSA	Tertiary Education and Quality Standards Agency
WIL	Work-integrated Learning

How to use this document

Introduction

This document complements and supports the *Accreditation Standards for Pharmacist Education Programs: Medication Management Review Pharmacist; and Aged Care Onsite Pharmacist*. This resource is intended to support education providers when completing applications for accreditation and for those involved in making accreditation decisions.

Accreditation Standards Evidence Guide

When seeking accreditation of a new program, or re-accreditation of an existing program, education providers must demonstrate that the program is compliant with all criteria included in the Accreditation Standards. Compliance is to be demonstrated through a narrative which explains how the program meets each criterion, and the narrative is to be supported by selected relevant evidence, usually in the form of documentation.

The **Evidence Guide** addresses the demonstration of compliance by articulating, for each criterion:

- evidence descriptors, which outline the expected nature of the narrative pertaining to that criterion

- evidence examples, which are potential sources of supporting documentary evidence for the argument presented in the narrative.

Purpose, format and structure

Providing evidence of compliance with the Accreditation Standards requires providers to explain how their processes lead to and facilitate achievement of the intended outcomes. This will best be achieved by a narrative approach to evidence, selectively supported by specific documentary evidence examples.

Each criterion in the Accreditation Standards is accompanied by a *Statement of Intent* and explanatory *Notes* to support providers to understand the purpose or intent of the criterion.

The Evidence Guide further assists by providing an evidence descriptor, which outlines the narrative that providers should articulate as an explanation for how their program meets that criterion.

Documentary evidence that supports the narrative should be provided, and not used solely as the primary evidence. Evidence examples show potentially relevant forms of evidence that could be used and are not intended to be an exhaustive list.

Providers are therefore offered the flexibility to design innovative programs and explain how their specific approach meets the Accreditation Standards based on the most relevant evidence. This approach aligns with the process and outcomes-based nature of the Accreditation Standards.

In line with the APC's aim of reducing regulatory burden to all parties, and to reduce duplication, providers are only expected to submit evidence which relates to the narrative or

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argument advanced in support of compliance with a criterion. Providers are encouraged to use the same documentary evidence to support the narrative associated with multiple criteria as far as practicable, with appropriate explanation and/or cross-referencing within the narrative.

Principles

The Evidence Guide has been developed based on a number of key principles:

1. A "one-size-fits-all" approach to requesting and receiving evidence of compliance with the Accreditation Standards is not appropriate

2. The document provides guidance for providers; it is not intended to be prescriptive or restrictive.

3. It is the responsibility of the provider to explain how and why their program meets the Accreditation Standards, using a concise narrative approach, supplemented, where appropriate, by relevant documentary evidence.

4. The narrative should be focused on addressing the evidence descriptors and should be concise and pertinent. Only those materials which are clearly relevant should be included.

5. Since the narrative is primary, supporting documentation should be restricted to that which provides **relevant** supporting evidence. This may involve provision of selected or edited extracts of larger documents. Documents that are publicly available and issued by a professional organisation or body outside of the education provider organisation do not need to be provided (for example, pharmacist professional standards and codes of conduct).

6. Provision of documents which relate to the provider organisation may be relevant, but providers must explain how these documents are operationalised at the level of program delivery.

7. A document which is provided as an evidence example for multiple criteria should be provided once only, with appropriate cross-referencing in the narrative. The naming/numbering used for evidence examples should facilitate the easy and efficient identification of relevant documents.

8. Visual illustrations of data (e.g. diagrams and charts) are encouraged but must be appropriately labelled and explained in the narrative.

Curriculum and assessment mapping

Reference is made throughout the Evidence Guide to curriculum and assessment mapping. These are likely to differ to some extent in format, reflecting the different, although related, purposes they serve. Curriculum maps are likely to focus on indicating the placement, timing and sequencing of content and learning activities, whereas assessment maps are more likely to focus on the nature and timing of assessments within the program.

For criterion in the accreditation standards that refer to graduates meeting the Performance Outcomes, it is expected that mapping of curriculum content and assessments to the Performance Outcomes will form part of the evidence.

Providers should select an approach which best suits their narrative and circumstances. Maps are one form of evidence example and are therefore intended to support the narrative rather than dominate or replace it.

Evidence Guide

Domain 1 Safe and socially accountable practice

The program is underpinned by the promotion and maintenance of safe and socially accountable practice.

Criterion	Evidence descriptor	Evidence examples
Criterion 1.1 **The program is underpinned by the principles of: cultural safety, respect and responsiveness; equity, diversity and inclusiveness; person-centred care; reduction of disparities in health care; addressing community aspirations for health; and a commitment to public service and safety.**	Explain how and where these principles are underpinned in the curriculum. Evidence for this criterion is likely to be based primarily on mapping of curriculum and assessments to performance outcomes including how opportunities are provided in learning to consider the diversity and specific needs of the population receiving care. Providers may make reference to appropriate quality and clinical standards such as the National Safety and Quality Health Service (NSQHS) Standards[1], Aged Care Safety and Quality[2] or equivalent. Full versions of external standards do not need to be provided.	Program level outcomes or equivalent; Curriculum or assessment examples; **curriculum and assessment maps**; assessment rubrics.
Criterion 1.2 **Effective fitness-to-practise monitoring and management processes are implemented in relation to learners which promote and protect the safety of the public at all times.**	Explain how fitness-to-practise is defined and communicated to learners, outline the processes which are in place to identify concerns about learners' fitness-to-practise, and describe the ways in which these concerns are managed. Evidence may include (but is not limited to): • specific learning and teaching activities	Policies and procedures; informational materials; curriculum and assessment maps; protocols for raising concerns; incident reports and logs.

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[1] https://www.safetyandquality.gov.au/standards/nsqhs-standards

[2] Quality Standards | Aged Care Quality and Safety Commission

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Criterion	Evidence descriptor	Evidence examples
	• screening activities (e.g. criminal record checks, vaccination records etc) • assessments and evaluations.	
Criterion 1.3 **All learners have demonstrated relevant pre-requisite knowledge, skills, behaviours and attitudes before undertaking supervised work-integrated-learning as a component of the program.**	Noting registered pharmacists can practise within their existing individual competency, identify the points in the program where interactions and services are included in WIL that address new competencies that the learner is developing, relevant to the program, and explain how they are adequately prepared and assessed to ensure public safety is protected.	Curriculum and assessment maps. Cross-reference to risk management documentation and evidence associated with Criterion 1.6 and 1.7a/1.7b may also be relevant.
Criterion 1.4 **All staff and learners are held accountable to endorsed standards of professional and ethical practice and conduct.**	Identify the professional standards, codes and guidelines which are in place to ensure appropriate standards of professional and ethical practice/conduct for staff and learners. Explain how staff and learners are made aware of these standards and the processes and procedures in place for monitoring compliance with them. Outline processes which are in place to identify concerns about staff and learners professional and ethical practice and conduct and describe the ways in which these concerns are managed.	Policies and procedures; learner orientation and/or induction processes; staff orientation and/or induction processes; protocols for raising concerns; incident reports and logs.
Criterion 1.5 **Graduates of the program have demonstrated appropriate understanding of their legal, ethical,**	Identify the relevant legal, ethical and professional standards, codes and guidelines to which learners are introduced. Explain the ways in which they engage with these resources, and how they demonstrate their understanding and application of them.	Policies and procedures; curriculum and assessment maps; learning outcomes

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Criterion	Evidence descriptor	Evidence examples
and professional responsibilities in relation to their practice environment.	Outline processes which are in place to identify concerns about learner professional and ethical practice and conduct and describe the ways in which these concerns are managed.	
Criterion 1.6 **The program includes sufficient high-quality work-integrated-learning opportunities in relevant settings to ensure learners are able to demonstrate achievement of the required performance outcomes.**	Describe how WIL is integrated into the program and the rationale for its design and duration. Outline the goals and/or purposes of WIL opportunities and explain how learners achieve and demonstrate the expected outcomes. Explain how WIL sites are chosen and/or allocated and outline how their quality and suitability is evaluated. Relevant aspects include (but are not limited to) the: • quality of the workplace culture • availability of good role models and supervision • opportunities to observe and/or 'shadow' practitioners • opportunities to engage in a range of activities and services and to become competent through repetition • opportunities to develop confidence in communication and interprofessional interactions.	Curriculum and assessment maps; **WIL map**; WIL outlines or descriptions; WIL assessment tasks; simulation activity details; summaries of site details; selection policies and procedures; guidelines or manuals for learners; guidelines or manuals for sites and supervisors; WIL quality evaluation and assurance policies and procedures; learner feedback; learner reflections; feedback to sites and supervisors.
Criterion 1.7a **Where the provider is responsible for the selection and/or allocation of WIL sites, all sites are compliant with documented standards relating to their quality, suitability and safety for learners, and have sufficient capacity,**	Describe the standards with which a WIL site must be compliant, how these standards are communicated to and affirmed by the site, and the processes which are in place to identify concerns that the standards may have been breached. As a minimum, standards should encompass the:	Policies and procedures; handbooks and manuals; contracts and agreements; examples of communications (e.g. emails, newsletters, web forums; feedback requests; concerns raised and

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Criterion	Evidence descriptor	Evidence examples
resources and processes for the appropriate supervision of learners by competent and suitably qualified professionals.	• quality and suitability of the site for the WIL required (as set out under Criterion 1.6) • rights, responsibilities and expectations of all providers, sites and learners • cultural, physical and emotional safety of learners Evidence may include (but is not limited to): • documents (e.g. contractual agreements) outlining the standards for the site • processes for communicating with the site and obtaining a commitment to meet the standards • processes for reporting concerns about site standards • policies for managing concerns • records of concerns raised, and actions taken • processes for closing the loop.	addressed); emergency protocols for learners; incident reports; site visit reports. Cross-reference to risk management documentation may also be relevant.
Criterion 1.7b **Where the program is not responsible for the provision of WIL sites, the provider of the program provides all WIL sites with documented expectations relating to the provision of a safe and suitable WIL environment and requires signed agreements confirming the availability of sufficient capacity, resources and processes for**	Describe the unit's documented expectations of the approved site and supervisor in relation to their responsibilities to: • provide the learner with a safe and suitable site for supervised practice • provide the learner with appropriate opportunities to learn and develop professional knowledge, skills and attributes • support the activities of the education provider • undertake assessments of learner performance according to program requirements	Policies and procedures; handbooks and manuals; WIL agreements; examples of communications (e.g. emails, newsletters, web forums; feedback requests; concerns raised and addressed); emergency protocols for learners; incident reports and logs; site visit reports.

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Criterion	Evidence descriptor	Evidence examples
the appropriate supervision of learners.	Explain how the unit communicates these expectations and describe the processes for obtaining signed agreements between the unit, the supervisor, and learner. Explain the policies, processes and/or procedures of the unit which facilitate the detection of concerns with a site or supervisor, and how these are implemented. Outline how concerns are managed and addressed, within the scope of the provider's authority and responsibility. Evidence may include but is not limited to: • documents outlining the expectations of the site and supervisor • processes for communicating with the site and supervisor, and obtaining signed agreements • processes for identifying concerns about site standards • policies for managing concerns • records of concerns raised, and actions taken • processes for closing the feedback loop.	Cross-reference to risk management documentation may also be relevant.
Criterion 1.8 **Effective processes are in place to ensure that the unit delivering the program maintains compliance with all obligations under the Health Practitioner Regulation National Law Act, PharmBA and relevant national and state/territory frameworks.**	Outline the processes which are in place to ensure that the unit delivering the program is aware of and meets its obligations under the learner impairment provisions of, where relevant: • the Health Practitioner Regulation legislation • the PharmBA Guidelines for Mandatory Notifications and Code of Conduct.	Policies and procedures; relevant excerpts from committee meeting minutes and action plans; incident reports and logs.

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Criterion	Evidence descriptor	Evidence examples
	Outline any jurisdictional requirements for eligibility to undertake WIL placements (e.g. criminal record checks, vaccination records, working with vulnerable people checks).	

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Domain 2 Governance and quality

Program governance, quality assurance and quality improvement structures and systems are effective in developing and delivering sustainable, high-quality pharmacy education programs.

Criterion	Evidence descriptor	Evidence examples
Criterion 2.1 **The program is delivered by a clearly identifiable operational unit within the provider organisation. The unit delivering the program has appropriate autonomy, authority and responsibility for designing, implementing, evaluating and resourcing the program.**	Outline the structure of the organisation within which the unit operates. Clearly show the reporting lines of the unit and the authority delegated to it by the organisation which ensure that the unit has sufficient autonomy and responsibility for designing, implementing, evaluating and resourcing the program. The primary focus should be on aspects of the organisation which are relevant to the delivery of the program.	Organisational charts highlighting the relationship between the provider organisation and the unit; program/curriculum approval policies and procedures; delegation policies (or equivalent) of relevance to the program (from the provider organisation to the unit).
Criterion 2.2 **The provider organisations are registered either with the Tertiary Education Quality and Standards Agency (TEQSA) (HEIs) or Australian Skills Quality Authority (ASQA) (RTOs) or meet an equivalent recognised standard.**	Indicate the registration and/or approval details, and the approval timeframe (e.g. expiry or renewal date). If the provider organisation has conditions or other constraints on its registration, state whether or not they are relevant to the sustainable delivery of the program, and if they are, explain how they are being addressed and the implications for the unit and/or program if these issues cannot be resolved.	Written notification from the relevant authority (TEQSA or ASQA) or an excerpt/screenshot from a relevant website. Cross-reference to risk management documentation may also be relevant where

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Criterion	Evidence descriptor	Evidence examples
	Non-TEQSA or Non-ASQA registered provider organisations should provide evidence of meeting an equivalent recognised standard and how that standard is equivalent.	conditions on registration have been applied.
Criterion 2.3 **Governance structures and processes within the provider organisation direct and support the design, implementation, evaluation and quality improvement of the program and that graduates are able to demonstrate the required performance outcomes.**	Explain how the provider organisation's governance structures and processes are implemented at the level of the program. Explain how these structures and processes and relationships provide both appropriate oversight by the organisation and autonomy of the unit, to ensure the quality of the program. Evidence may include but is not limited to: • descriptions of the specific means by which the organisation's structures are implemented or operationalised within the unit • records of meetings and/or communications relating to decisions made by the unit and/or organisation which demonstrate oversight and/or autonomy.	Organisational charts highlighting the communication lines between the provider organisation and the unit; committee structures highlighting how the unit is represented when decisions affecting the program are made; committee terms of reference; relevant excerpts from committee meeting minutes and action plans; review schedules and outcomes.
Criterion 2.4 **The maintenance, assurance and improvement of program quality are facilitated by effective relationships and accountability between the unit**	Outline the processes by which the organisation assures the quality of the programs offered by the unit (for example learner feedback, internal reviews, audits, external evaluations, stakeholder feedback, benchmarking). Explain how the outcomes of quality assurance processes are communicated between the organisation and the unit, and how recommendations for changes are made and as a result are	Policies and procedures; evaluation and review cycles; relevant excerpts from committee meeting minutes and action plans; outcomes of quality assurance processes.

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Criterion	Evidence descriptor	Evidence examples
delivering the program and the provider organisation.	implemented, documented and reported with the support of the organisation. Evidence for this criterion may include quantitative and qualitative data from quality assurance and improvement processes, which, if included, should be accompanied by appropriate analysis and interpretation.	
Criterion 2.5 **The unit delivering the program has a designated leader with relevant experience and expertise who is responsible for ensuring the effective provision of leadership, engagement and advocacy for the unit and the profession within and beyond the provider organisation**	Outline the qualifications, expertise and experience of the designated leader and explain how these demonstrate suitability and relevance for the role. Evidence may include a curriculum vitae (CV), accompanied by commentary on the relevant elements of the CV and other aspects of the individual's leadership qualities and professional background/contributions. Where the designated leader is not a pharmacist, describe how and by whom pharmacy-specific leadership is provided, and how the leader of the unit communicates with the pharmacy leader. Outline the place of the leader of the unit within the organisation's hierarchy, and the extent to which the unit is represented on critical committees or task groups which have a significant impact on the operations of the unit.	Position description including level of autonomy, responsibilities, reporting lines and delegations; organisational charts highlighting place of designated leader in provider organisation structure (including representation on committees); CV.
Criterion 2.6 **There are clearly defined, robust, transparent and effective mechanisms by which the designated leader of the unit delivering the program secures**	Outline and explain the financial responsibilities delegated to the leader of the unit, clearly highlighting the constraints within which the leader may act autonomously, and the processes for securing additional resources when needed.	Financial delegation policies; financial reports; terms of reference, minutes and action plans of provider organisation committees responsible

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Criterion	Evidence descriptor	Evidence examples
and is accountable for the financial and other resources necessary to ensure the sustainable operation of the unit and its program.	Explain the implications of the financial delegations and constraints for the unit's capacity to sustain its operations and offer viable programs. Where the leader does not have complete financial autonomy, outline any organisational policies and/or undertakings which provide assurance of the necessary ongoing financial support. Where the provision of resources other than financial is delegated to persons other than the unit leader, explain how the leader influences decisions relating to the resources necessary to sustain the unit and offer viable programs. These resources include (but are not limited to): • staffing • physical facilities and infrastructure • access to sufficient number of quality WIL sites • technological capacity • information and communication services • learner support services	for resource allocation and/or infrastructure funding; external sources of funding Cross-reference to risk management documentation may also be relevant.
Criterion 2.7 **The unit delivering the program operates under a clearly defined strategic plan which is aligned with that of the provider organisation, congruent with their vision, purpose and goals, and systematically reviewed and updated to ensure fitness-for-purpose**	Units must have a specific (tailored) strategic plan at program delivery level which may differ significantly from that of the provider organisation but should be demonstrably consistent with the relevant elements of it. Specifically, the plan is required to include only those elements of the organisation's plan which are applicable to the unit or delivery of the program. The plan should be structured in a format which is appropriate to the unit's vision, purpose and goals.	Strategic plan at unit level which demonstrates consistency with the principles of the strategic plan at provider organisation level; delegation of responsibility for strategic planning; relevant

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Criterion	Evidence descriptor	Evidence examples
and currency with contemporary pharmacy practice.	Explain how the strategic plan is implemented, evaluated and reviewed, and how this contributes to the ongoing fitness-for-purpose of the program. The provision of the organisation's strategic plan alone is not sufficient for demonstrating compliance with this criterion.	excerpts from committee meeting minutes and action plans; planning and review schedules and outcomes.
Criterion 2.8 **Risks to the sustainable delivery of the program are regularly monitored and evaluated, and appropriate mitigation strategies are clearly documented.**	Explain the processes by which risks to the ongoing, sustainable delivery of the program are identified, assessed, monitored, mitigated and managed at program level. Risks to the delivery of the program include (but are not limited to): • financial • program demand • leadership • staffing • physical and other resources • WIL/supervisor capacity • reputational • catastrophic event. Evidence may take the form of a risk management plan, which must be relevant at program delivery level. Provision of the organisation's risk management plan is not sufficient as evidence of compliance with this criterion as it is unlikely to include sufficient detail in relation to the specific risks associated with program delivery and is likely to contain much material which is not relevant to program delivery.	Risk management plan (or equivalent) at program level; risk reporting and assessment; business continuity plan; relevant excerpts from committee meeting minutes and action plans; risk records (e.g. registers, logs). It is likely that evidence provided in support of this criterion will be cross-referenced to other criteria.

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Criterion	Evidence descriptor	Evidence examples
	A suitable risk management plan will include (but is not limited to): • analysis of key risks • assessment of the likelihood of their occurrence • potential consequences • risk mitigation strategies • risk management strategies • mechanisms at the program level by which risks are monitored and reviewed • timeframes and responsible persons • outcomes resulting from undertaking risk mitigation and/or management activities.	

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Domain 3 Program

Program design, implementation and resourcing enable graduates of the program to demonstrate achievement of the relevant performance outcomes, competent and safe practice, and accountability to the public for their actions.

Criterion	Evidence descriptor	Evidence examples
Criterion 3.1 **The program is underpinned by a coherent, contemporary, and clearly articulated educational philosophy and/or learning and teaching strategy, which is clearly reflected and articulated in the program goals/objectives, curriculum, learning and teaching approaches, and assessment methodology.**	Describe the educational **rationale** for the design and delivery of the program, and show how it has shaped goals/objectives, curriculum, learning and teaching approaches, and assessment methodology. The focus should be on the coherence of the structure, content and approach of the program as a whole, rather than a detailed breakdown of individual teaching and learning episodes.	Statement of philosophy and/or strategy; program maps highlighting alignment; assessment maps or matrices.
Criterion 3.2 **Program design, content, delivery, and assessment reflect contemporary evidence-based practice and are designed to facilitate the achievement and demonstration by learners of the required performance outcomes.**	Explain how the unit undertakes the **process** of curriculum design, review and renewal in order to ensure content, delivery and assessment remain fit-for-purpose. This will generally include a discussion of the nature of contemporary evidence-based practice. The focus should be on describing how the processes support the development/review of a program which is appropriate for the contemporary context in which it is delivered and is directed towards the achievement and demonstration by learners of the required performance outcomes.	Curriculum and assessment maps; RPL policies and procedures, internal and external program reviews and evaluations; learner and other stakeholder feedback; learner outcomes (e.g. progression rates, completion rates).

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Criterion	Evidence descriptor	Evidence examples
	The description should also include evidence that the curriculum and assessment are aligned with and address all the required performance outcomes. Explain how the program has been designed to allow RPL to take place, including strategies for learning and assessment that considers the skills and experience of individual learners. The explanation should include: • how assessments are designed to ensure demonstration of all the required performance outcomes • how RPL is awarded for individual units of the program • how learning and assessment tasks requiring completion are determined.	Cross-referencing to Criterion 3.3 is likely to be relevant.
Criterion 3.3 **Program planning, design, implementation, evaluation, review and quality improvement processes are carried out in a systematic and inclusive manner, involving input where relevant from staff, learners, graduates, supervisors, practitioners, employers, patients and consumers, carers, Aboriginal and Torres Strait Islander peoples, and other key external stakeholders to ensure that the program remains fit-for-purpose.**	Describe how the processes of **stakeholder consultation** both internally (within the unit) and externally (involving persons outside the unit) assure the quality of the program overall and facilitate quality improvement. The narrative should explain: • the rationale for inclusion of the stakeholders who are consulted • processes and mechanisms through which their input is received • how their input is used • how the outcomes of stakeholder consultations are evaluated • how outcomes are communicated to stakeholders.	Organisational flowchart highlighting specifically where internal and external stakeholders are involved in the processes described; policies, procedures and schedules for the processes described; composition, terms of reference, minutes and action plans of relevant committees/advisory groups.

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Criterion	Evidence descriptor	Evidence examples
Outcomes from these processes are clearly communicated in a timely manner to stakeholders.		Cross-referencing to the outcomes of evaluation activities (e.g. learner feedback, other stakeholder feedback surveys), and outcomes of external moderation and review processes (Criterion 5.3) may be relevant.
Criterion 3.4 **Program design, content, delivery and assessment specifically emphasise and promote Aboriginal and Torres Strait Islander cultures, cultural safety and improved health outcomes.** **Aboriginal and Torres Strait Islander peoples should have direct input into curriculum design and content, and where possible should be involved directly in delivery and assessment.**	Explain how the program promotes appreciation of cultural differences and the ongoing development of cultural safety among both staff and learners. Explain how the input of Indigenous people is achieved, and their role in design, content, delivery and assessment to ensure appropriateness and relevance. Describe how the delivery and assessment of material relation to Aboriginal and Torres Strait Islander cultures, cultural safety and improved health outcomes are culturally appropriate and fit-for-purpose.	Curriculum and assessment maps; composition, terms of reference, minutes and action plans of relevant committees/advisory groups; unit outlines.
Criterion 3.5 **Program design, content, delivery and assessment promote an understanding and appreciation of cultural diversity by both staff and learners, and the**	Outline how and where these elements are included in the curriculum and the rationale for their inclusion. Explain of the unique considerations in providing care to a culturally diverse population is addressed in the program.	Curriculum and assessment maps; unit outlines; learning opportunities; minutes and action plans of relevant

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Criterion	Evidence descriptor	Evidence examples
development of skills that enable the provision of culturally safe, inclusive and responsive person-centred care.	Evidence relating to this criterion is likely to be varied and to some extent dependent on context. Units are expected to demonstrate that all learners are able to provide culturally safe and responsive care, are able to recognise the influence of cultural diversity, and to tailor their interactions and care to the individuals with whom they come into contact. Evidence based on simulation may be used since it is recognised that geographical and other considerations will restrict the ability for learners to interact directly with every possible culture. Units should focus on providing evidence that learners have consistently demonstrated cultural safety and responsiveness in whatever context they are placed. Describe how staff demonstrate their understanding and appreciation of cultural diversity. Evidence for this aspect may include relevant training, and examples from their teaching or other activities.	committees/advisory groups; staff development and training programs.
Criterion 3.6 **Resources including physical facilities, infrastructure, technological capacity and information resources available and applicable to learners undertaking the program are current, fit-for-purpose, sufficient for the needs of the learner cohort, and systematically reviewed and updated on a regular basis.**	Describe the resources available and explain how they meet the current needs of the program. Evidence may include a list of available resources but must also include an explanation of how their fitness-for-purpose is evaluated. This may include the quality and sufficiency of: • teaching spaces for classes of the required size (if applicable) • access to information sources • spaces (physical and/or virtual) for learner interactions (if applicable) • technologies for communication	Summaries of available resources; learner and staff feedback (e.g. satisfaction); terms of reference, minutes and action plans of relevant committees; needs analysis documentation; internal and/or external evaluation documentation. Records of recent changes may be relevant as

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Criterion	Evidence descriptor	Evidence examples
	• technologies associated with contemporary educational and professional practice Describe the processes by which the sufficiency and quality of resources are reviewed and evaluated, and improvements are undertaken. Outline the processes by which adequate financial support is gained for both urgent and longer-term resource requirements. The focus of this criterion is on ensuring that the resources are fit-for-purpose. Evidence should also include evaluation of the capacity of the resources to support anticipated changes in enrolment, and key resource risks to the sustainable delivery of the program.	evidence of current fitness-for-purpose. Cross-referencing to risk management documentation may also be relevant.
Criterion 3.7 **The unit delivering the program maintains a leadership and staff complement which is demonstrably sufficient for the needs of the program, appropriately qualified and experienced, sustainably resourced and supported, and provided with regular opportunities for relevant professional review and development.**	Explain why the staff cohort currently available to the program is sufficient and appropriate to ensure sustainable delivery of the program. Evidence may include a staff list outlining qualifications, experience, expertise, responsibilities and other indicators but must also include an explanation of how the program requirements are met. This may include a description of how: • the expertise and experience of teaching staff are aligned with the curriculum content, delivery and assessment • program leadership is structured and provided • the need for casual, specialist practitioner and/or other supervisory staff is determined and the process for their recruitment, induction and ongoing support • the need for professional and administrative staff is determined and the process for their recruitment, induction and ongoing support	Structured staff listings including relevant details of individuals' expertise and experience/CVs; organisational charts; terms of reference, minutes and action plans of relevant committees; staff professional/performance review and development policies and procedures (at the unit level); recruitment policies and procedures (at the unit level); staff induction processes and

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Criterion	Evidence descriptor	Evidence examples
	• learners are exposed to professional practitioners and role models to enable them to develop professional attributes and behaviours. Outline the relevant support, guidance and resources available to staff, and the processes for regular review of their performance. Explain how professional development needs are identified, and appropriate opportunities for development activities are made available, including those relating to leadership roles.	documentation (at the unit level). Cross-referencing to risk management and curriculum documentation is likely to be relevant.
Criterion 3.8 **The program provides sufficient opportunities for all learners to engage in interprofessional learning and practice (in real and/or simulated environments) to enable graduates to provide person-centred care as a collaborative member of an interprofessional team.**	Outline how and where opportunities for interprofessional learning are included and the rationale for their inclusion. Describe how opportunities address the required performance outcomes for interprofessional and collaborative practice. Opportunities may include The use of simulation may be used as evidence since it is recognised that geographical and other considerations may restrict the ability of learners to participate directly and regularly in interprofessional teams. However, the unit should focus on providing evidence that learners have consistently demonstrated appropriate interprofessional skills and behaviours.	Curriculum and assessment maps; unit outlines; task descriptions; learner feedback; learner reflections; stakeholder evaluations.
Criterion 3.9 **The unit delivering the program operates in an environment informed by contemporary scholarship, research and enquiry, and promotes the utilisation of these skills to ensure that**	Explain how the program incorporates the outcomes of relevant contemporary research and emerging evidence into the curriculum. This may include evidence relating to the practice of pharmacy and evidence relating to pedagogy. Explain how the program promotes the utilisation of skills in research, analysis, and application of current evidence base to advice and	Curriculum and assessment maps; assessment rubrics; unit outlines.

Criterion	Evidence descriptor	Evidence examples
graduates are able to demonstrate the required performance outcomes.	recommendations in order to demonstrate the required performance outcomes.	

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Domain 4 Learner experience

Learners are provided with equitable and timely access to information and support relevant to their program and have appropriate formal and informal opportunities to contribute to program governance, planning, design, implementation, evaluation, review and quality improvement processes. The environment within which learners learn promotes and supports equity, diversity, inclusivity, justice, fairness and non-discrimination.

Criterion	Evidence descriptor	Evidence examples
Criterion 4.1 **Selection policies and criteria for entry into the program are transparent, equitable, and applied fairly and consistently to ensure that applicants are not subject to unfair/unlawful discrimination.**	Explain how the policies and criteria for entry into the program ensure that applicants are treated fairly and without unfair/unlawful discrimination. Explain how and when exceptions to selection policies and criteria are made in the case of individual applicants, outline the criteria which are taken into consideration, and explain how these criteria are applied consistently to ensure applicants are treated fairly and without unfair/unlawful discrimination.	Published entry criteria; inherent requirements or equivalent; policies and procedures for special consideration and reasonable accommodations relating to admission; RPL policies and procedures examples of cases where exceptions are made; minutes and action plans of relevant committees; communications relating to decisions to make or refuse exceptions.
Criterion 4.2 **Program information, including selection policies, criteria and processes, inherent requirements, English language proficiency**	Explain how, when and where the relevant information is made available, including who is responsible for ensuring currency and accuracy. Outline the processes for receiving, managing and responding to enquiries from potential applicants.	Promotional and informational materials; excerpts/screenshots from websites; minutes and action plans of relevant committees;

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Criterion	Evidence descriptor	Evidence examples
requirements, recognition of prior learning (RPL) processes, experiential and WIL requirements, PharmBA requirements, current accreditation status and any other relevant information, is accurate, accessible and comprehensive to ensure that potential learners are given sufficient guidance to make an informed decision.	Explain how these processes and the provision of information are appropriate and sufficient to facilitate learners to make informed decisions.	FAQs; enquiry logs; selection policies, criteria and processes; RPL policies and procedures.
Criterion 4.3 **The unit delivering the program ensures that learners are able to access relevant resources and support systems in a timely manner to facilitate achievement of the required performance outcomes.**	Outline the processes and mechanisms for communicating available resources and support systems with learners and explain how they are used by both staff and learners, including an analysis of their effectiveness. These may include: • orientation and induction processes • learning, general welfare and wellbeing support • learning resources (such as online learning management system, information resources, self-directed learning resources) • peer support networks • effective supervision and mentoring. Describe how the timing of communications appropriately address and balance both learner and staff needs and explain how urgent communication with learners is facilitated.	Informational materials; excerpts/screenshots from websites; electronic and other communications; learner feedback.

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Criterion	Evidence descriptor	Evidence examples
Criterion 4.4 **The unit delivering the program ensures that the principles of equity and diversity are embedded in the program to ensure the absence of unfair/unlawful discrimination.**	Outline the processes for identifying learners with backgrounds or circumstances which create challenges for equitable participation in the program (including but not limited to cultural diversity, disability and health issues), and describe the programs and mechanisms which are available for their support. Explain how these programs and mechanisms provide opportunities for equity, how learners are advised about the options open to them, and how outcomes for learners are monitored. Explain how decisions are made and applied regarding reasonable accommodations, and in particular how any policies and/or procedures of the provider organisation are implemented at the level of program delivery.	Policies and procedures for reasonable accommodations, accessibility options, counselling, and other relevant learner services; informational materials; minutes and action plans of relevant committees; decision logs.
Criterion 4.5 **The unit delivering the program ensures that learners are aware of and able to access effective appeals and grievance processes, and that these processes are managed consistently, fairly and with appropriate impartiality and confidentiality to ensure that learners are treated justly.**	Describe the unit's policies and processes for responding to: • learner appeals against decisions which affect them • concerns and grievances raised by learners Where relevant, explain how the policies and processes of a provider organisation are implemented at the level of program delivery. Explain how the unit ensures learners are made aware of these policies and processes, and how it ensures: • consistency of approach • procedural fairness • transparency • impartiality • appropriate confidentiality	Policies and procedures; informational materials; excerpts/screenshots from websites; electronic and other communications; records of appeals and outcomes; records of complaints and outcomes; learner feedback.

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Criterion	Evidence descriptor	Evidence examples
	• timeliness of resolution.	
Criterion 4.6 **The unit delivering the program identifies and manages all actual, perceived and potential conflicts of interest proactively, consistently and fairly.**	Outline the unit's conflict of interest policy and processes, and explain how conflicts of interest are: • identified • documented • communicated • managed. Outline the mechanisms for the development, implementation, communication and regular review of the policy and processes, and where relevant explain how the policies and processes of the provider organisation are implemented at the level of program delivery.	Conflict of interest policy and procedures directly relating to the unit and/or program; conflict of interest registers; incident reports and logs; policy review schedule; minutes and action plans for relevant committees/advisory groups; examples of communications following incidents.
Criterion 4.7 **Learners are actively engaged with governance and program management structures and decision-making processes, through both formal and informal mechanisms.**	Describe the mechanisms for involving learners in the governance and operational aspects of the program and explain how their feedback, participation and engagement influences decisions relating to the program and learner experiences of it.	Organisational charts; processes for learner consultation and engagement; membership, terms of reference and minutes of committees with learner members; examples of specific learner contributions; feedback to learner cohort.

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Domain 5 Outcomes and assessment

Graduates of the program demonstrate achievement of all the required performance outcomes and to a standard commensurate with competent, safe and socially accountable professional practice.

Criterion	Evidence descriptor	Evidence examples
Criterion 5.1 **The scope of assessment covers all learning and performance outcomes and assessed in relevant contexts.**	Describe the overall assessment matrix, and the types of assessment tools which are used. Outline how assessments are aligned with learning outcomes and learning activities and explain the rationale for the choice of assessment approaches adopted, including any relevant evidence. Explain how validity and reliability are evaluated and/or measured, where relevant. Maps of curriculum and assessments to the performance outcomes are likely to form a major part of the evidence.	**Curriculum and assessment mapping to the APC Performance Outcomes**; assessment matrices; internal and external review policies and reports; learner feedback; supervisor and employer feedback; policies and procedures for evaluating learner performance as a whole
Criterion 5.2 **A range of relevant, contemporary, and evidence-informed assessment tools (including direct observation) are used in academic, practice and WIL environments to ensure that the overall assessment system is valid and reliable and provides evidence of learner competency and safety.**		
Criterion 5.3 **The unit delivering the program has effective policies and procedural controls in operation**	Outline the policies and processes for **independent or external review** of assessments for the purposes of quality assurance and improvement. Explain how suggested improvements are implemented, and how the outcomes are used to develop the program.	Policies and procedures; review/moderation schedules and agreements; external review/moderation reports; excerpts of committee meeting

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Criterion	Evidence descriptor	Evidence examples
for external evaluation or moderation to assure integrity, reliability, fairness, and transparency in the assessment of learners, and uses the feedback received to develop the program.		minutes and action plans; learner or assessor feedback.
Criterion 5.4 **All assessments carried out in academic, practice and WIL environments are fair and undertaken against clear criteria. The standard of performance expected of learners in each area to be assessed is explicit and clearly communicated to learners and staff involved in the assessment.**	Explain how assessments are designed to be carried out fairly across the learner cohort and a variety of practice settings. Explain how assessment requirements and expected performance are communicated to learners and staff involved in the assessment.	Assessment task descriptions and rubrics; instructions for learners and assessors; examples of completed assessments (representing different levels of performance) and feedback provided; feedback from assessors; incident and appeal reports.
Criterion 5.5 **Staff and other professionals who assess learners in academic, practice and WIL environments are suitably qualified, experienced, and prepared for the role, are provided with appropriate guidance and**	Outline the policies and processes for ensuring that assessments (including evaluation of RPL) are carried out consistently by appropriate assessors, and where relevant, explain how the policies and processes of a provider organisation are implemented at the level of program delivery. Explain how: • assessors are allocated to particular assessment tasks	RPL policies; assessor recruitment, selection (e.g. for OSCEs), induction, training and support for assessors; peer review or moderation processes for individual assessment tasks.

Criterion	Evidence descriptor	Evidence examples
support, and are held accountable for their decisions to ensure that assessment is carried out fairly, impartially, and consistently.	• assessors are provided with assessment criteria, rubrics, other necessary resources and opportunities to seek clarification • where relevant, appropriate assessment briefing and/or training is provided. Outline the processes for recruitment of assessors, including those who are external to the unit, and describe the training and other support available to them. Outline the mechanisms for monitoring intra- and inter-assessor consistency in applying assessment criteria, and procedures for moderating or adjusting assessment outcomes where appropriate. Explain the unit's expectations of assessors for providing justification of their assessment decisions, particularly where the assessor judges that the assessment fails to meet the minimum criteria.	Cross-referencing to evidence associated with Criterion 3.7 is likely to be relevant.
Criterion 5.6 **Learners are provided with appropriate, timely and sufficient feedback to enable them to improve future performance.**	Outline the policies and procedures relating to the provision of feedback to learners on performance in assessments, and explain the expectations and rationale for: • turnaround times • extent of personalised feedback Describe the extent to which these expectations are met. Learner feedback is likely to be a primary source of evidence.	Assessment policies and procedures as implemented at the program level (e.g. turnaround times, expectations of feedback to be provided by assessors); learner feedback and satisfaction, including through formal evaluations and informal mechanisms.

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