

Accreditation Standards 2020 for Pharmacy Programs

# Performance Outcomes Framework Guidance Document

Effective from 1 January 2020 (Updated September 2023)



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## **List of Abbreviations**

Abbreviation	Term
Ahpra	Australian Health Practitioner Regulation Agency
APC	Australian Pharmacy Council
APC AC	APC Accreditation Committee
CbD	Case-based Discussion
CPD	Continuing Professional Development
EPA	Entrustable Professional Activity
ITA	Intern Training Assessment
ITA-activity	Intern Training Assessment-activity
ITA-observation	Intern Training Assessment-observation
ITP	Intern Training Program
IWE	Intern Written Exam
IYB	Intern Year Blueprint
MCQ	Multiple Choice Question
mini-CEX	Mini-Clinical Evaluation Exercise
OSCE	Objective Clinical Structured Examination
PharmBA	Pharmacy Board of Australia
WIL	Work-integrated Learning

## Background

#### **Preamble**

Education providers must have a framework which allows them to collect and present evidence that their graduates meet the requirements of the profession at a standard commensurate with particular milestones along the path to registration. The **Performance Outcomes Framework** complements the Accreditation Standards and provides this detailed framework.

The performance outcomes outline what an individual is able to do at two milestones:

- successful completion of an accredited and approved degree program and
- at the point of initial general registration (that is, on completion of all required elements of the intern year).

A number of criteria in the <u>Accreditation Standards</u> for <u>Pharmacy Programs 2020</u> require the provision of evidence that program graduates have demonstrated the achievement of the performance outcomes. Such evidence will be primarily, although not exclusively, generated through appropriate and relevant activities and assessment tasks.

This **Guidance Document** outlines possible types of assessment and other activities which may be appropriate supporting evidence for each performance outcome.

#### Structure

The Performance Outcomes Framework comprises five domains which are aligned with the five domains of the *National Competency Standards Framework for Pharmacists in Australia* (2016) as illustrated in the table below.

Competency Standards Domain	Performance Outcomes Domain
1 Professionalism and ethics	1 Professionalism in practice
2 Communication and collaboration	2 Communication and collaboration
3 Medicines management and patient care	3 Professional expertise
4 Leadership and management	4 Leadership and management
5 Research and education	5 Research, inquiry and education

Each domain includes:

- a domain descriptor (a summary statement of the scope of the domain)
- a list of outcomes which describe the scope in more detail.

# Milestones for assessment and who is responsible

In recognition of the continuum of learning and development throughout the full duration of the education pathway leading to general registration, two milestones have been articulated. They describe the level of performance expected of:

- **Milestone One:** completion of an accredited and approved pharmacy degree program capable of leading to eligibility for general registration.
- **Milestone Two:** the point of general registration as a pharmacist, following completion of all elements of the intern year.

The achievement of **Milestone One** correlates with the responsibilities of degree program providers and thus the provider is required to provide evidence that graduates of its program(s) have met the performance outcomes for that milestone.

The achievement of **Milestone Two**, is not solely the responsibility of ITP providers, since they are one of a number of relevant stakeholders in the intern year, and are not able to dictate or monitor all aspects of interns' participation or performance. Assessment of the demonstrated achievement of the performance outcomes required at the point of general registration is shared between regulatory authorities (APC and PharmBA), preceptors, supervising pharmacists, ITP providers and interns themselves.

Intern performance in relation to each performance outcome must be assessed using appropriate methodologies. Since responsibility for assessment of achievement of the performance outcomes required at the point of general registration is shared between a number of stakeholders, close collaboration is necessary to ensure the assessments are appropriate and integrated.

The Intern Year Assessment Blueprint (IYB) provides guidance on the expected roles and responsibilities of different stakeholders. This includes interns themselves, preceptors and supervising pharmacists, ITP providers, providers of external assessments (currently APC and PharmBA) and any other relevant stakeholders. ITP providers are expected to design, implement and evaluate their programs of assessment to ensure that they are evidence based and consistent with best practice for health profession education. The suggestions do not represent all possible options, and providers are encouraged to develop other approaches to assessment which are not listed.

The **Guidance Document table** includes assessments designed to be used within the degree program and assessments designed to be used in the intern year. Assessment within degree programs remains the sole responsibility of the education provider, however assessments of intern performance are of necessity, made by a number of different stakeholders.

For ITP providers, this table should be read in conjunction with the IYB. Key excerpts from the IYB, detailing the type and nature of assessments, are summarised below for convenience.

### Intern Year Blueprint (IYB): Assessment methods

Two standard assessments are mandatory during the intern year; the **Intern Written Exam** (IWE) and the **oral assessment**. It is critical to note that these exams are point-in-time assessments which represent a nationally consistent method of affirming the validity of the diversity of approaches which are an inevitable part of the other assessments undertaken during the intern year.

#### The Performance Outcomes Framework

describes discrete professional behaviours and activities, which allows more defined tailoring of assessment methods.

Rather than provide a range of assessment methods for each performance outcome, the IYB recommends a single optimal assessment method based on the context and responsible entity. In some cases, it may not be feasible to assess certain performance outcomes in the workplace, while it may be possible for multiple assessment of some performance outcomes by different stakeholders, using different approaches. While only **one assessment method is recommended in the IYB**, it is critical to note that the responsibility for delivering assessments which allow interns to demonstrate their performance remains with the individual provider. **Where an alternative assessment method is used, the argument for choosing that method must be included in accreditation documentation.** 

It is recommended that the Objective Structured Clinical Examination (OSCE) be limited to assessment of the performance of students and not pharmacy interns. Therefore, **OSCEs are not** included in the IYB.

# Description of assessment methods

The following section provides a brief summary of a number of relevant and appropriate assessment methods described in the <u>2017 Intern Year Literature</u> <u>Review</u> and incorporated into the IYB.

#### Multiple choice question (MCQ)

There are a number of formats for MCQs, of which the two most common are true/false and single best option. APC manages the IWE and uses MCQs where it has been determined, through psychometric analysis, that the single best option format is most appropriate for its purposes.

#### **Oral assessment**

Oral assessments usually involve a face-to-face interaction between the candidate and the assessor, where the candidate is required to answer a series of questions or engage in discussion with the assessor. Oral exams typically assess application of knowledge, and can be used to assess communication, clinical reasoning, judgement and decision-making skills. The use of formal structured questions and a structured method of rating can be used to mitigate the problems of variability and reliability typically associated with oral exams. The intern oral assessment is managed by Ahpra on behalf of the PharmBA, and consists of three parts covering provision of primary care, ethical and legal decision-making, and prescription problem-solving.

## Mini-Clinical Evaluation Exercise (mini-CEX)

The mini-CEX is a short, workplace-based, observational assessment 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.

#### **Case-based Discussion (CbD)**

CbD is a workplace-based assessment and involves a comprehensive review of a clinical case between the intern and an assessor. The intern will typically present a case with which they have been significantly involved, and may include presenting the 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 candidate. Suggestions for ongoing development or training needs are discussed and documented. CbDs may also be used as simulation activities by the ITP provider.

#### In-Training Assessment (ITA)

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

#### ITA-observation

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

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#### • ITA-activity

Specific assessments developed and provided by the ITP provider (e.g. EPAs, case studies, extemporaneous dispensing, healthcare promotion and drug use evaluation). These activities may be carried out in the workplace and/or by simulation as part of the ITP workshop activities.

#### Entrustable Professional Activity (EPA)

EPAs are defined as discrete tasks and units of professional pharmacy practice that students and interns undertake with increasing levels of responsibility across a period of time. Individuals are entrusted to perform them with different levels of supervision as they gain competence until they reach the capacity to carry them out independently. Ideally, EPAs should be independently executable, observable, and measurable in their process and outcome<sup>1</sup>. As described by Croft et al (2019)<sup>2</sup>, EPAs "translate fragmented competency frameworks into demonstrable tasks and simplify them by asking:

- (1) What is the healthcare work that must be done?
- (2) Is this person able to perform it?
- (3) With what level of supervision is the learner entrusted to perform the professional activity?".

#### Portfolio

A portfolio is a collection of information that is intended to demonstrate achievement and may be in paper or electronic format. The intention of a portfolio is to capture longitudinal evidence of both professional and technical development, whilst encouraging self-awareness and self-reflection. The content will vary depending on the purpose of the portfolio, the requirements of the assessing body and the candidate 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, practicebased improvements, creative endeavours, research activities and professional experience.

As part of the IYB, portfolios will most usefully be employed to collect and collate records of ITAobservations and ITA-activities, although other assessment elements may also be incorporated. It is expected that ITP providers will act as a 'clearing house' to collate evidence of the application of workplace-based assessments and confirm their successful completion.

This is not to limit the ITPs use of portfolios for their own purposes but to emphasise that the portfolio is the mechanism to collect, review and confirm successful workplace-based assessments.

# Supporting evidence – all programs

The 2020 accreditation standards were developed with a primary focus on the processes and outcomes of pharmacy education, and student/intern performance was considered the primary **outcome** to be demonstrated and assessed. However, for performance to be demonstrated, students/ interns must also be able to participate in a range of developmental activities and practice opportunities so that performance can evolve and improve over time. Some of these activities and opportunities are amenable to direct assessment while other activities may be less so. The latter may however form an invaluable part of the **process** of performance development and providers are encouraged to include them in their programs.

The **Guidance Document table** therefore includes activities which are primarily designed for assessment purposes (e.g. exams) and others which additionally have a developmental purpose (e.g. role plays).

 Haines et al (2017). Core Entrustable Professional Activities for New Pharmacy Graduates. American Journal of Pharmaceutical Education, 81(1). Article 52.
 Croft et al (2019). Development and inclusion of an entrustable professional activity (EPA) scale in a simulation-based medicine dispensing assessment. Currents in Pharmacy Teaching and Learning. <u>https://doi.org/10.1016/j.cptl.2019.11.015</u>

### **Guidance Document table**

The **Guidance Document table** for the Performance Outcomes Framework lists types of assessments which may be relevant and appropriate for assessing the performance of students and interns against all performance outcomes, together with suggestions for additional activities compiled from stakeholder comments which may be appropriate for development and demonstration of performance. Details from the IYB have been incorporated into the right-hand column for convenience.

The table has been structured and colour-coded as follows.

Performance outcome (end of degree)	Performance outcome (at general registration)
	IYB assessments (as described in the IYB)
Assessments and/ or activities that may be suitable for performance development and demonstration	Other assessments and/ or activities that may be suitable for performance development and demonstration

Providers are not expected to use every assessment type suggested as being suitable. The examples provided are for guidance purposes, and other types of assessment may be equally suitable. Providers should keep in mind that the specific assessment selected should provide evidence that the student/intern has demonstrated the particular outcome, and that an overall demonstration of satisfactory performance will be indicated by the assessment mapping against the Performance Outcomes Framework.

ITP providers should regard the IYB as the **primary reference for assessment**, since it represents consensus recommendations developed as part of a stakeholder consultation process and has been endorsed by both the PharmBA and APC.

## **Guidance Document**

Performance Outcomes Framework

### **Domain 1 Professionalism in practice**

Pharmacists are responsible and socially accountable for achieving and maintaining high standards of behaviour in order to earn and uphold the trust of the public and meet the expectations of the profession.

On successful completion of an approved pharmacy degree program capable of leading to general registration, pharmacy graduates have demonstrated evidence of competency in educational, simulated and/or work-integrated learning environments, in	At the point of general registration as a pharmacist, pharmacists are competent in and committed to
<b>1.1 promoting</b> both the best interests and safety of patients and the public	<b>1.1 promoting</b> and <b>ensuring</b> both the best interests and safety of patients and the public
	ITA-observation, oral exam
Case studies; direct observation; "hypotheticals"; role plays; OSCE	Case studies; role plays
<b>1.2 promoting</b> and <b>advocating</b> for cultural safety, respect and responsiveness, particularly in relation to Aboriginal and Torres Strait Islander peoples	<b>1.2 promoting, maintaining</b> and <b>advocating</b> for cultural safety, respect and responsiveness, particularly in relation to Aboriginal and Torres Strait Islander peoples
	ITA-activity, MCQ
Cultural safety training; role plays; OSCE; reflective activities	Cultural safety training; preceptor observation; reflective activities; role plays
<b>1.3 recognising</b> the presence and causes of health inequities and disparities, including the impact of social determinants of health	<b>1.3 recognising</b> the presence and causes of health inequities and disparities, including the impact of social determinants of health, and <b>seeking</b> to address them
	ITA-activity
Assignments; cultural safety training; direct observation; presentations; projects; reflective activities	Assignments; cultural safety training; health promotions; presentations; reflective activities

### **Domain 1 Professionalism in practice**

Pharmacists are responsible and socially accountable for achieving and maintaining high standards of behaviour in order to earn and uphold the trust of the public and meet the expectations of the profession.

<ul> <li><b>1.4 practising</b> legally by</li> <li>a. demonstrating contemporary knowledge and application of legal requirements relating to community and hospital pharmacy practice within their jurisdiction</li> <li>b. demonstrating awareness of the processes for maintaining contemporary familiarity with key legislative instruments</li> </ul>	<ul> <li><b>1.4 practising</b> legally by</li> <li>a. complying with all legal obligations in their practice</li> <li>b. maintaining contemporary familiarity with key legislative instruments</li> </ul>
	ITA-observation, MCQ, oral exam
Exams; legal and ethical scenarios; role plays; case studies; OSCE; direct observation	Exams; legal and ethical scenarios; role plays; case studies
<ul> <li><b>1.5 practising</b> ethically and with integrity by <ul> <li>a. identifying potential ethical issues and</li> <li>dilemmas, including conflicts of interest,</li> <li>relating to practice</li> </ul> </li> <li>b. considering alternative strategies and</li> <li>choosing an appropriate course of action</li> <li>in response to ethical issues and dilemmas</li> <li>c. demonstrating awareness of relevant</li> <li>professional codes, guidelines and standards</li> <li>and their content</li> <li>d. recognising and formulating strategies</li> <li>to respond appropriately to situations which</li> <li>fall outside their expected scope of practice</li> </ul>	<ul> <li><b>1.5 practising</b> ethically and with integrity by <ul> <li>a. recognising ethical issues and dilemmas, including conflicts of interest, in practice as they arise</li> <li>b. considering alternative strategies and adopting an appropriate course of action in response to ethical issues and dilemmas</li> <li>c. maintaining current familiarity and compliance with professional codes, guidelines and standards</li> <li>d. recognising and responding appropriately to situations which fall outside their current scope of practice or competence</li> </ul> </li> </ul>
	ITA-observation, MCQ, oral exam
Case studies; exams; legal and ethical scenarios; OSCE; reflective activities; role plays; situational judgement tests	Case studies; exams; legal and ethical scenarios; preceptor observation; reflective activities; role plays

## **Domain 1 Professionalism in practice**

Pharmacists are responsible and socially accountable for achieving and maintaining high standards of behaviour in order to earn and uphold the trust of the public and meet the expectations of the profession.

<b>1.6 demonstrating</b> a proactive and reflective approach to <b>developing</b> their own professional competence and expertise	<b>1.6 adopting</b> a proactive and reflective approach to <b>maintaining</b> and <b>developing</b> their own professional competence and expertise in order to <b>remain</b> fit-to-practise
	ITA-activity (CPD plan and log)
Learning plans; reflective activities; self- assessment activities	Reflective activities; self-assessment activities
<b>1.7 demonstrating</b> awareness of appropriate change management principles and strategies	<b>1.7 responding</b> to change in a flexible and adaptable manner
	ITA-observation
Assignments; direct observation; presentations; reflective activities	Reflective activities
<b>1.8 accepting</b> personal responsibility and accountability for decisions and actions	<b>1.8 accepting</b> personal responsibility and accountability for decisions and actions in professional practice
	ITA-observation, oral exam
Direct observation; peer assessment; reflective activities; role plays; self-assessment	Peer assessment; reflective activities; self- assessment
<b>1.9 upholding</b> and <b>maintaining</b> the reputation and value of the profession	<b>1.9 upholding</b> and <b>advancing</b> the reputation and value of the profession
	ITA-observation, oral exam
Direct observation; peer assessment; self- assessment	Peer assessment; self-assessment

#### **Domain 2 Communication and collaboration**

Pharmacists communicate appropriately and effectively with others, both within the profession and outside it, and work collaboratively with patients and within interprofessional health care teams in order to optimise patient and societal outcomes.

On successful completion of an approved pharmacy degree program capable of leading to general registration, pharmacy graduates have demonstrated evidence of competency, in educational, simulated and/or work-integrated learning environments, in	At the point of general registration as a pharmacist, pharmacists are competent in and committed to
<ul> <li>2.1 communicating appropriately and effectively with a socially and culturally diverse range of people in a manner which inspires confidence and trust by</li> <li>a. demonstrating appropriately tailored verbal, written and non-verbal communication</li> <li>b. engaging with all persons in a respectful, culturally appropriate, compassionate, responsive and empathetic manner</li> <li>c. demonstrating awareness of and sensitivity to Aboriginal and Torres Strait Islander history, communication styles and community protocols</li> <li>d. demonstrating appropriate communication and interpersonal behaviours</li> </ul>	<ul> <li>2.1 communicating appropriately and effectively with a socially and culturally diverse range of people in a manner which inspires confidence and trust by</li> <li>a. using verbal, written and non-verbal communication which is appropriately tailored to the professional practice context and the capabilities and health literacy of the other person(s)</li> <li>b. engaging with all persons in a respectful, culturally appropriate, compassionate, responsive and empathetic manner in professional practice</li> <li>c. engaging in culturally appropriate and sensitive communication with Aboriginal and Torres Strait Islander people in professional practice which respects their history, culture and protocols</li> <li>d. using appropriate communication and interpersonal behaviours in professional practice interactions</li> </ul>
Direct observation; OSCE; peer assessment; reflective activities; role plays; written assignments	Direct observation; peer assessment; reflective activities; role plays

### **Domain 2 Communication and collaboration**

Pharmacists communicate appropriately and effectively with others, both within the profession and outside it, and work collaboratively with patients and within interprofessional health care teams in order to optimise patient and societal outcomes.

<b>2.2 documenting,</b> communicating and recording relevant information, findings, decisions, recommendations and other information accurately and concisely, taking due account of privacy and confidentiality	<b>2.2 documenting,</b> communicating and recording relevant information, findings, decisions, recommendations and other information accurately, concisely and in a timely manner, taking due account of privacy and confidentiality
	EPA
EPA; written assignments; OSCE; exams; medication histories; medication reconciliation, review and management activities; incident reporting; practical dispensing and compounding activities	Written assignments; medication histories; medication reconciliation, review and management activities; incident reporting; practical dispensing and compounding activities
<ul> <li>2.3 contributing to the interprofessional collaborative health care team in order to optimise patient outcomes by <ul> <li>a. demonstrating an understanding and appreciation of the roles of pharmacists and other members of the interprofessional collaborative care team</li> <li>b. creating and maintaining effective intraand interprofessional relationships, and working in partnership to achieve negotiated, agreed-upon objectives</li> <li>c. demonstrating appropriate teamwork behaviours</li> <li>d. demonstrating appropriate communication at transition points in patient care to reduce risks to patients and ensure safe and effective continuity of patient care</li> </ul> </li> </ul>	<ul> <li>2.3 contributing to, and taking prominent roles where appropriate in the interprofessional collaborative health care team, in order to optimise patient outcomes, by <ul> <li>a. respecting and appreciating the complementary roles of pharmacists and other members of the interprofessional collaborative care team</li> <li>b. creating and maintaining effective intraand interprofessional relationships, and working in partnership to achieve negotiated, agreed-upon objectives</li> <li>c. consistently engaging in appropriate teamwork behaviours</li> <li>d. using appropriate communication at transition points to reduce risks to patients and ensure safe and effective continuity of patient care</li> </ul> </li> </ul>
	ITA-observation
Direct observation; assignments; projects; reflective activities; role plays; peer assessment; group and team-based activities; case conferences; communication with prescribers; medication reconciliation, review and management activities	Reflective activities; role plays; case conferences; communication with prescribers; medication reconciliation, review and management activities; patient transitions (e.g. discharge); education of other health care professionals

#### **Domain 2 Communication and collaboration**

Pharmacists communicate appropriately and effectively with others, both within the profession and outside it, and work collaboratively with patients and within interprofessional health care teams in order to optimise patient and societal outcomes.

<ul> <li>2.4 collaborating with patients, carers and other clients in shared decision-making by</li> <li>a. supporting the rights of patients, carers and other clients to access relevant information and participate in decisions relating to their care</li> <li>b. respecting their choices</li> </ul>	<ul> <li>2.4 collaborating with patients, carers and other clients in shared decision-making by</li> <li>a. supporting and advocating for the rights of patients, carers and other clients to access relevant information and participate in decisions relating to their care</li> <li>b. respecting their choices</li> </ul>
	ITA-observation
Case studies; role plays; OSCE; medication reviews; direct observation	Case studies; role plays; patient/carer feedback

Pharmacists are trusted professionals who use their specialist expertise proactively to make clinically, ethically and scientifically sound decisions commensurate with their role and experience, in collaboration where appropriate, in order to deliver socially accountable person-centred care.

#### For Domain 3, the performance outcomes have been clustered under four broad sub-domains.

On successful completion of an approved pharmacy degree program capable of leading to general registration, pharmacy graduates have demonstrated evidence of competency, in educational, simulated and/or work-integrated learning environments, under appropriate supervision and/or with appropriate support, in At the point of general registration as a pharmacist, pharmacists are independently competent and confident in, and committed to

#### Sub-domain A: Quality use of medicines, encompassing

3.1 formulating appropriate and effective actions	3.1 implementing appropriate and effective actions
and recommendations which support safe,	and recommendations which support safe,
rational and cost-effective use of medicines and	rational and cost-effective use of medicines and
other healthcare options and optimise socially	other healthcare options and optimise socially
accountable person-centred care by	accountable person-centred care by
a. applying relevant underpinning knowledge	a. applying relevant underpinning knowledge
b. using a systematic approach to access,	b. using a systematic approach to access,
critically evaluate and apply relevant evidence	critically evaluate and apply relevant evidence
c. applying effective critical thinking, reasoning	c. applying effective critical thinking, reasoning
and problem-solving strategies to	and problem-solving strategies to
conceptualise problems, formulate a	conceptualise problems, formulate a
range of potential solutions, and support	range of potential solutions, and support
decision-making	decision-making
d. making decisions which are tailored to	d. making decisions which are tailored to
the person's individual circumstances,	the person's individual circumstances,
and reflect a balanced consideration of both	and reflect a balanced consideration of both
the potential benefits and potential harms	the potential benefits and potential harms
	EPA, MCQ, oral exam
Assignments; role plays; OSCE; case studies	Assignments; role plays; case studies

<b>3.2 making</b> and <b>prioritising</b> recommendations to manage health, medical and medication needs of patients, including both pharmacological and non-pharmacological strategies, based on the Quality Use of Medicines Framework and the best available evidence	<b>3.2 making</b> and <b>prioritising</b> recommendations to manage heath, medical and medication needs of patients, including both pharmacological and non-pharmacological strategies, based on the Quality Use of Medicines Framework and the best available evidence
	EPA, MCQ, oral exam
Assignments; role plays; OSCE; case studies	Assignments; role plays; case studies
<b>3.3 prescribing</b> medications in accordance with current jurisdiction-specific legislation, scope of practice and PharmBA Guidelines	<b>3.3 prescribing</b> medications in accordance with current jurisdiction-specific legislation, scope of practice and PharmBA Guidelines
	EPA, MCQ, oral exam
EPA; direct observation; exams; role plays; OSCE; appropriate supply of Schedule 2 and Schedule 3 medications according to protocols and guidelines	Role plays; appropriate supply of Schedule 2 and Schedule 3 medications according to protocols and guidelines
<b>3.4 carrying</b> out systematic medication reviews, informed by the Quality Use of Medicines Framework, in order to identify and resolve potential medication-related issues and optimise the impact of medications on health outcomes in collaboration with patients, carers and other members of the health care team	<b>3.4 carrying</b> out systematic medication reviews, informed by the Quality Use of Medicines Framework, in order to identify and resolve potential medication-related issues and optimise the impact of medications on health outcomes in collaboration with patients, carers and other members of the health care team
	EPA
Assignments; case studies; medication review activities; role plays	Assignments; case studies; medication review activities; role plays

Sub-domain B: Person-centred care, encompassing	
<ul> <li>3.5 demonstrating the delivery of person-centred care including</li> <li>a. respecting the personal characteristics, rights, preferences, values, beliefs, needs and diversity of patients, carers and other persons</li> <li>b. maintaining privacy and confidentiality in interactions with patients, carers and other persons</li> <li>c. optimising as far as is practicable the physical environment in which care takes place</li> <li>d. ensuring that the best interests of patients, carers and other persons are foremost in the provision of care</li> <li>e. ensuring that patients, carers and other persons are provided with sufficient information and advice to enable them to consider options and give informed consent where appropriate</li> <li>f. ensuring that informed consent is obtained, respected and appropriately recorded when appropriate</li> </ul>	<ul> <li>3.5 implementing and delivering <ul> <li>person-centred care by</li> <li>a. respecting the personal characteristics, <ul> <li>rights, preferences, values, beliefs, needs</li> <li>and diversity of patients, carers and</li> <li>other persons</li> </ul> </li> <li>b. maintaining privacy and confidentiality <ul> <li>in interactions with patients, carers and</li> <li>other persons</li> </ul> </li> <li>c. optimising as far as is practicable the physical environment in which care takes place</li> <li>d. ensuring that the best interests of patients, carers and other persons are foremost in the provision of care</li> <li>e. ensuring that patients, carers and other persons are provided with sufficient information and advice to enable them to consider options and give informed consent where appropriate</li> <li>f. ensuring that informed consent is obtained, respected and appropriately recorded when appropriate</li> </ul></li></ul>
	EPA, MCQ, oral exam
Assignments; case studies; role plays; OSCE	Case studies; role plays
<b>3.6 obtaining</b> relevant health, medical and medication information from patients, carers and other clients	<ul> <li><b>3.6 obtaining</b> relevant health, medical and medication information from patients, carers and other clients</li> <li><b>EPA, oral exam</b></li> </ul>
EPA; case studies; role plays; OSCE	Case studies; role plays

<b>3.7 assessing</b> current health, medical and medication histories and profiles of patients	<b>3.7 assessing</b> current health, medical and medication histories and profiles of patients
	CbD, MCQ, oral exam
EPA; case studies; role plays; OSCE	EPA; role plays
<b>3.8 formulating</b> health, medical and medication management plans in collaboration with patients, carers and other health team members	<b>3.8 formulating</b> and <b>implementing</b> health, medical and medication management plans in collaboration with patients, carers and other health team members
	CbD, oral exam
Assignments; case studies; role plays; OSCE	Assignments; role plays
<b>3.9 recommending</b> appropriate monitoring of the outcomes of health, medical and medication management plans and <b>recommending</b> adjustments to them where appropriate in collaboration with patients, carers and other health team members	<b>3.9 formulating</b> and <b>implementing</b> appropriate monitoring of the outcomes of health, medical and medication management plans and <b>adjusting</b> them where appropriate in collaboration with patients, carers and other health team members
	CbD, MCQ, oral exam
Assignments; case studies; role plays; OSCE	Assignments; role plays
<b>3.10 facilitating</b> patient self-management of health through education, intervention, monitoring and health promotion services in order to optimise patient health outcomes and wellbeing, and reduce the risk of complications	<b>3.10 facilitating</b> patient self-management of health through education, intervention, monitoring and health promotion services in order to optimise patient health outcomes and wellbeing, and reduce the risk of complications
	CbD, MCQ, oral exam
Assignments; case studies; health promotion assignments/presentations; role plays; OSCE	Assignments; health promotion assignments/ presentations; role plays

<b>3.11 responding</b> to the needs of individuals and communities by advocating with and for them to optimise health and societal outcomes	<b>3.11 responding</b> to the needs of individuals and communities by advocating with and for them to optimise health and societal outcomes
	ITA-observation
Assignments/presentations; case studies; health promotion; role plays	Assignments; health promotion activities/ projects; patient education and awareness raising; clinical interventions; projects
Sub-domain C: Provision of medications and ot	her management options, encompassing
<b>3.12 consistently</b> making accurate arithmetic calculations relating to health care	<b>3.12 consistently</b> making accurate arithmetic calculations relating to health care
	ITA-observation, MCQ
Dispensing activities; dosage calculations; exams; assignments; practical application in a range of contexts	Extemporaneous compounding activities; dosage calculations; direct observation of practical application
<b>3.13 administering</b> injectable formulations in accordance with current jurisdiction-specific legislation, scope of practice and PharmBA Guidelines	<b>3.13 administering</b> injectable formulations in accordance with current jurisdiction-specific legislation, scope of practice and PharmBA Guidelines
	EPA
EPA; vaccination and other injectable training according to jurisdiction	Vaccination and other injectable training according to jurisdiction (if not already completed within degree program)
<b>3.14 dispensing</b> medicines safely and accurately in accordance with current legislation, scope of practice, PharmBA Guidelines and other relevant jurisdictional requirements to optimise patient outcomes	<b>3.14 dispensing</b> medicines safely and accurately in accordance with current legislation, scope of practice, PharmBA Guidelines and other relevant jurisdictional requirements to optimise patient outcomes
	EPA, MCQ, oral exam
EPA; practical assessments; role plays; OSCE; reflective activities	Error and near miss logs; reflective activities

<b>3.15 preparing</b> and <b>supplying</b> extemporaneously compounded medications safely and accurately in accordance with current legislation, scope of practice, PharmBA Guidelines and other relevant jurisdictional requirements	<b>3.15 preparing</b> and <b>supplying</b> extemporaneously compounded medications safely and accurately in accordance with current legislation, scope of practice, PharmBA Guidelines and other relevant jurisdictional requirements
	EPA, MCQ
EPA; practical assessments; written assessments	Error and near miss logs; reflective activities
<b>3.16 demonstrating</b> awareness of the appropriate conditions for secure and safe storage and distribution of medications to ensure stability and efficacy	<b>3.16 storing</b> and <b>distributing</b> medications appropriately, securely, safely and in accordance with the available evidence to ensure stability and efficacy
	ITA-observation, MCQ
Dispensing and extemporaneous compounding activities; practical assessments; written assessments	Dispensing and extemporaneous compounding activities; incident reports and logs; reflective activities
<b>3.17 providing</b> appropriate tailored counselling, information and education to enable safe and effective medication, disease state and lifestyle management	<b>3.17 providing</b> appropriate tailored counselling, information and education to enable safe and effective medication, disease state and lifestyle management
	EPA, MCQ, oral exam
Direct observation; role plays; OSCE	Direct observation; role plays
<b>3.18 assessing</b> ambulatory conditions and <b>recommending</b> appropriate management approaches, including pharmacological, non-pharmacological and referral options where appropriate	<b>3.18 assessing</b> ambulatory conditions and <b>providing</b> appropriate management approaches, including pharmacological, non-pharmacological and referral options where appropriate
	EPA, MCQ, oral exam
Practical assessments; direct observation; role plays; OSCE; appropriate supply of Schedule 2 and Schedule 3 medications according to protocols and guidelines	Direct observation; role plays; appropriate supply of Schedule 2 and Schedule 3 medications according to protocols and guidelines

<b>3.19 demonstrating</b> the delivery of measures designed to enhance adherence with dosage regimens and support safe and effective administration of medications	<b>3.19 delivering</b> measures designed to enhance adherence with dosage regimens and support safe and effective administration of medications
	EPA, MCQ
Dose administration aids; staged supply; opioid replacement programs; EPA; practical assessments; direct observation; role plays; OSCE	Dose administration aids; staged supply; follow- up activities to monitor adherence; role plays
Sub-domain D: Health promotion and harm min	imisation, encompassing
<b>3.20 providing</b> evidence-based screening, assessment, prevention and referral services to detect and manage potential risk of adverse medical conditions and outcomes	<b>3.20 providing</b> evidence-based screening, assessment, prevention and referral services to detect and manage potential risk of adverse medical conditions and outcomes
	ITA-activity
Assignments; presentations; projects	Follow-up evaluations; presentations; projects
<b>3.21 demonstrating</b> the delivery of harm minimisation approaches and strategies to reduce harm to patients and the community from misuse of legal and illegal drugs	<b>3.21 delivering</b> harm minimisation approaches and strategies to reduce harm to patients and the community from misuse of legal and illegal drugs
	EPA
EPA; opioid replacement programs; presentations; projects	By simulation where opportunities for direct delivery are unavailable; opioid replacement programs
<b>3.22 participating</b> in health promotion activities, health services and public health initiatives intended to maintain and improve health	<b>3.22 endorsing</b> and <b>participating</b> in health promotion activities, health services and public health initiatives intended to maintain and improve health
	ITA-activity, MCQ, oral exam
Health promotion/public health activities; presentations; projects	Health promotion/public health activities; presentations; projects

On successful completion of an approved pharmacy degree program capable of leading to general registration, pharmacy graduates have demonstrated evidence of competency, in educational, simulated and/or work-integrated learning environments, in	At the point of general registration as a pharmacist, pharmacists are competent in and committed to
<b>4.1 undertaking</b> structured reflection as a means of enhancing learning and practice	<b>4.1 engaging</b> in regular and systematic reflection to enhance professional learning and practice
	ITA-activity (reflection)
Reflective activities; journals; learning plans	Journals; CPD plan and log
<b>4.2 demonstrating</b> awareness of <b>professional</b> limitations and <b>adopting</b> appropriate strategies where necessary, including additional professional education and/or referral of patients to other health care professionals	<b>4.2 identifying</b> and <b>acknowledging professional</b> limitations and <b>seeking</b> appropriate support where necessary, including additional professional education and/or referral of patients to other health care professionals
	ITA-activity (reflection)
Reflective activities; journals; learning plans	Direct observation; journals; CPD plan and log
<b>4.3 demonstrating</b> self-awareness and self- regulation of <b>personal</b> attributes, strengths and weaknesses which may affect professional performance and/or personal development	<b>4.3 identifying</b> situations where <b>personal</b> attributes, strengths and weaknesses may affect professional performance and/or personal development and <b>taking</b> appropriate actions (including self-regulation and seeking support where necessary) to minimise risks to public safety
	ITA-activity (reflection)
Direct observation; mental health first aid training; reflective activities; disclosure to appropriate persons where relevant	Direct observation; journals; disclosure to appropriate persons where relevant; mental health first aid training

<b>4.4 demonstrating</b> awareness of the signs which indicate that a potential risk to public safety may exist if observed in another practitioner, and <b>formulating</b> appropriate responses including support, advice, assistance, referral or reporting where necessary	<b>4.4 recognising</b> the signs in others where personal attributes and/or professional limitations pose a risk to public safety, and <b>adopting</b> appropriate strategies including support, advice, assistance, referral or reporting where necessary
	ITA-activity (reflection)
Role plays; case studies; mental health first aid training; complaints and notifications processes (mandatory and voluntary notifications); reflective activities; situational judgement tests	By simulation if no opportunity to demonstrate in practice (role plays; case studies); mental health first aid training; complaints and notifications processes (mandatory and voluntary notifications)
<b>4.5 recognising</b> situations likely to compromise performance and <b>developing</b> effective strategies to minimise their impact	<b>4.5 recognising</b> situations in professional practice likely to compromise performance and <b>implementing</b> effective strategies to minimise their impact
	ITA-observation
Case studies; reflective activities; direct observation	Reflective activities; CPD plan and log
<b>4.6 evaluating</b> personal health and wellbeing status, identifying situations where health or wellbeing may be challenged, and <b>developing</b> appropriate strategies and mechanisms to minimise their impact on personal and professional life	<b>4.6 evaluating</b> personal health and wellbeing status, identifying situations where health or wellbeing may be challenged, and <b>adopting</b> appropriate strategies and mechanisms to minimise their impact on personal and professional life
	ITA-observation
Case studies; mental health first aid training; reflective activities; resilience training; direct observation	Mental health first aid training; resilience training; reflective activities

<b>4.7 demonstrating</b> effective leadership skills, including taking the initiative when appropriate, managing own roles, and understanding and accepting appropriate responsibility and accountability for organising, planning, prioritising, influencing and negotiating within a team context	<b>4.7 providing</b> effective leadership by taking the initiative when appropriate, managing own roles, and understanding and accepting appropriate responsibility and accountability for organising, planning, prioritising, influencing and negotiating within a professional team context
	ITA-observation
Direct observation; group tasks and projects; self-assessment; peer assessment	Group tasks and projects; general workplace activities; reflective activities; self-assessment; peer assessment
<b>4.8 demonstrating</b> awareness of the importance of, and strategies for, promoting responsible and socially accountable stewardship of health care resources	<b>4.8 contributing</b> to the responsible and socially accountable stewardship of resources to promote equitable, viable and sustainable access to health care
	ITA-activity
Assignments; presentations; projects; quality use of medicines; health care costs; antimicrobial stewardship; cost-effective practice	Drug use audits; presentations; research projects; quality use of medicines; health care costs; antimicrobial stewardship; cost-effective practice
<b>4.9 promoting</b> quality assurance and continuous quality improvement strategies through <b>utilising</b> skills in collaboration, critical thinking, curiosity and creativity	<b>4.9 contributing</b> to assurance of quality and continuous quality improvement processes through collaboration, critical thinking, curiosity and creativity
	ITA-activity
Assignments; projects; presentations	Projects; presentations

<b>4.10 demonstrating</b> awareness of, and <b>complying</b> with appropriate policies, processes and protocols	<b>4.10 contributing</b> to, <b>maintaining, complying</b> with and regularly <b>reviewing</b> appropriate policies, processes and protocols to ensure safe and socially accountable provision of health care
	ITA-observation
General compliance with university policies and processes; practical assessments; incident reports	General workplace compliance; incident reports
<b>4.11 demonstrating</b> skills in the identification, assessment, monitoring, mitigation and management of risk	<b>4.11 engaging</b> proactively in the identification, assessment, monitoring, mitigation and management of risk to minimise harm and maximise patient and public safety
	ITA-observation
Direct observation; assignments; presentations; laboratory assessments	Presentations; incident reports and logs

#### **Domain 5 Research, inquiry and education**

Pharmacists contribute their expertise to the education and development of others, and engage in research and inquiry in response to identified gaps or uncertainties in practice.

On successful completion of an approved pharmacy degree program capable of leading to general registration, pharmacy graduates have demonstrated evidence of competency, in educational, simulated and/or work-integrated learning environments, in	At the point of general registration as a pharmacist, pharmacists are competent in and committed to
<b>5.1 demonstrating</b> skills as a role model, facilitator and/or mentor which are appropriate to their context	<b>5.1 acting</b> as a role model, facilitator and/or mentor to students, colleagues, other pharmacy team members and other health care professionals
	ITA-observation
Direct observation; group work (e.g. as facilitator); peer teaching (e.g. as mentor); self- assessment; peer assessment	Group work (e.g. interprofessional activities, ITP activities); conversations/counselling others in the workplace (e.g. other pharmacists, staff, students on placement, patients, carers, other health care professionals); self-assessment; peer assessment
<b>5.2 demonstrating</b> awareness of effective processes for facilitating learning, including aims, learning outcomes, learning activities, assessment and feedback	<b>5.2 educating</b> others and evaluating the effectiveness of the education
	ITA-activity
Peer and/or patient education with appropriate design, presentation, evaluation of outcomes; presentation of research; presentations	Formal educational activities for other pharmacists, staff, students, patients, carers, other health care professionals; presentations; articles; other professional development activities; follow-up evaluations
<b>5.3 demonstrating</b> awareness of the inherent complexity, ambiguity and uncertainty of contemporary and future professional practice	<b>5.3 recognising</b> and <b>responding</b> to the inherent complexity, ambiguity and uncertainty of contemporary and future professional practice

### **Domain 5 Research, inquiry and education**

Pharmacists contribute their expertise to the education and development of others, and engage in research and inquiry in response to identified gaps or uncertainties in practice.

	CbD
Case studies; direct observation; reflective activities; peer assessment; willingness to explore multiple options; recognition that there may not be a single correct answer in a given situation; acknowledgement of and comfort with ambiguity; evidence of rational process for decision-making	Reflective activities; ability to explore multiple options; recognition that there may not be a single correct answer in a given situation; evidence of rational process for decision- making; acceptance of responsibility for outcome of decisions made
<ul> <li>5.4 demonstrating knowledge and skills in research and inquiry, including <ul> <li>a. formulating questions</li> <li>b. identifying and critically appraising relevant source materials</li> <li>c. undertaking relevant investigations, where appropriate</li> <li>d. drawing conclusions by synthesising the results of research and inquiry activities</li> <li>e. reporting and disseminating the outcomes appropriately</li> <li>f. identifying ways in which the outcomes can be applied to practice</li> </ul> </li> </ul>	<ul> <li>5.4 contributing to the evidence base through engaging in research and inquiry, including <ul> <li>a. formulating questions relating to gaps and uncertainties in practice</li> <li>b. identifying and critically appraising relevant source materials</li> <li>c. undertaking relevant investigations, where appropriate</li> <li>d. drawing conclusions by synthesising the results of research and inquiry activities</li> <li>e. reporting and disseminating the outcomes appropriately</li> <li>f. implementing practice change in response to the outcomes</li> </ul></li></ul>
	ITA-activity
Any form of assessment which requires use of any of the listed skills, e.g. written, oral or poster presentation as an individual or group. Could be demonstrated progressively throughout the program or in a small number of assessment tasks. Emphasis is on skills development and demonstration, can include literature review, qualitative and/or quantitative methodology, theoretical and/or science-based and/or practice-based	Engaging in research and/or inquiry relevant to context. Does not need to be publishable research, may involve a very wide range of options (including but not limited to underpinning science, medication usage, patient behaviour, consumer opinion, other health care practitioners)

### **Domain 5 Research, inquiry and education**

Pharmacists contribute their expertise to the education and development of others, and engage in research and inquiry in response to identified gaps or uncertainties in practice.

<b>5.5 accessing,</b> using, adapting and sharing information and/or other technologies to meet the needs of current and emerging professional practice	<b>5.5 accessing,</b> using, adapting and sharing information and/or other technologies to meet the needs of current and emerging professional practice
	ITA-activity
Assignments; projects; presentations; research activities; technologies can be defined broadly	Assignments; projects; presentations; research activities; implementation of technology-enabled services; technologies can be defined broadly; MyHealthRecord





for Pharmacy Programs

### Performance Outcomes Framework Guidance Document

Effective from 1 January 2020 (Updated September 2023)

