australian pharmacy council

Accreditation Standards 2020

for Pharmacy Programs
in Australia and New Zealand

Supporting Documents

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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
CbD	Case-based Discussion
CUAP	Committee on University Academic Programs
CV	Curriculum Vitae
EPA	Entrustable Professional Activity
FAQs	Frequently Asked Questions
HEI	Higher Education Institution
HPCA Act	Health Practitioners Competence Assurance Act
ITA	Intern Training Assessment
ITA-activity	Intern Training Assessment-activity
ITA-observation	Intern Training Assessment-observation
ITP	Intern Training Program
IWE	Intern Written Examination
IYB	Intern Year Blueprint
MCQ	Multiple Choice Question
mini-CEX	Mini-Clinical Evaluation Exercise
NRAS	National Registration and Accreditation Scheme
NZQF	New Zealand Qualifications Framework
OSCE	Objective Clinical Structured Examination
PCNZ	Pharmacy Council of New Zealand
PharmBA	Pharmacy Board of Australia
SUSMP	Standard for the Uniform Scheduling of Medicines and Poisons
TEC	Tertiary Education Commission
TEQSA	Tertiary Education and Quality Standards Agency
WIL	Work-integrated Learning

How to use this document

Introduction

This document comprises three separate resource guides which complement and support the Accreditation Standards for Pharmacy Programs in Australia and New Zealand 2020 and the accompanying Performance Outcomes Framework. These resources are intended to support education providers when completing applications for accreditation and for those involved in making accreditation decisions. They are:

1. An **Evidence Guide** for use with the Accreditation Standards
2. A **Guidance Document** for use with the Performance Outcomes Framework
3. The **Pharmacy Learning Domains** which inform the content of pharmacy degree program curricula

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

Performance Outcomes Framework Guidance Document

A number of criteria in the Accreditation Standards require the provision of evidence that the graduates of programs have demonstrated the achievement of performance outcomes. Such evidence will be primarily, although not exclusively, generated through appropriate and relevant activities and assessment tasks. The **Guidance Document** outlines possible types of assessment and other activities which may be appropriate supporting evidence for each performance outcome.

Pharmacy Learning Domains

The **Pharmacy Learning Domains** outline the content expected to be included in the curricula of accredited pharmacy degree programs. Degree program providers should use the Pharmacy Learning Domains as guidance for the development of curriculum. The Pharmacy Learning Domains are not relevant to Intern Training Program (ITP) curricula or accreditation.

How these documents interrelate

For criteria which require demonstration of the achievement of performance outcomes, the narrative and supporting evidence outlined in the **Accreditation Standards Evidence Guide** is likely to be based, at least in part, on explaining how performance outcomes are assessed, including aspects such as the rationale for selecting particular assessments and their alignment with the Performance Outcomes. A potential method of demonstrating alignment is through the use of an assessment map, whereby assessments are mapped to performance outcomes. A provider might therefore consider the development of such a map and use it as an evidence example for one or more criteria. Providers are likely to be familiar with mapping assessments to the National Competency Standards Framework; the Performance Outcomes Framework will thereby replace the National Competency Standards Framework as the basis for mapping for the purposes of APC accreditation.

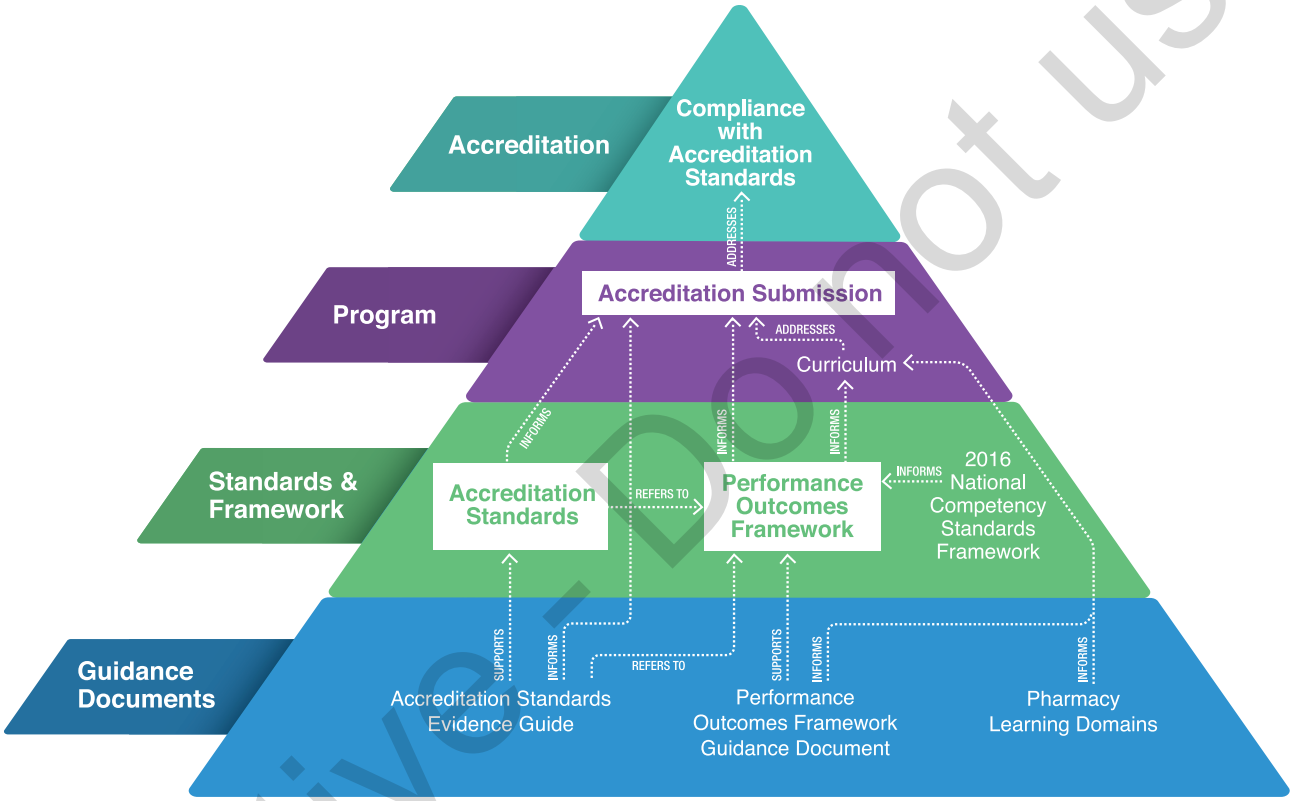
The **Performance Outcomes Framework Guidance Document** is designed to act as a source of guidance as to types of assessment which might be relevant for each performance outcome in the Framework. Once the assessment scheme is confirmed, an assessment map can be generated and act as an evidence example as described in the previous paragraph.

The **Performance Outcomes Framework Guidance Document** also includes suggestions for activities which providers may find useful as part of the evidence for the development of student/intern performance, but which are not necessarily part of the formal assessment scheme. Such developmental activities are critical aspects of the educational process, and while they may not map directly to a specific assessment, their inclusion in the narrative may be relevant evidence of compliance. As an example, participation in cultural safety training or team and group-based activities may provide evidence relating to a performance outcome which complements more formal assessment tasks.

The **Pharmacy Learning Domains** will generally be used in the development and review of degree program curriculum. They may form the basis for curriculum mapping, or providers may choose to include evidence about curriculum in other formats. For specific criteria in the Accreditation Standards, providers will be expected to describe their curricula, and the **Pharmacy Learning Domains** provide guidance as to the content areas which are expected to be included.

The following pyramid illustrates the interrelationship of the three resource guides in this document with each other and with the Accreditation Standards and Performance Outcomes Framework. In particular, it shows how the documents support the process of compiling and submitting an accreditation submission as follows:

- **Teal level (Accreditation)** represents the goal of the accreditation process ('compliance') and is determined by the APC Accreditation Committee (AC).
- **Purple level (Program)** represents the responsibilities of the program provider in demonstrating compliance with the Standards and Framework (green level).
- **Green level (Standards and Framework)** are the documents approved by the Pharmacy Board of Australia (PharmBA) for Australian and New Zealand programs.
- **Blue level (Guidance documents)** provide guidance to program providers about how compliance with the green level documents may be demonstrated.



The highest level of the pyramid represents the requirement of the education provider to demonstrate compliance with the Accreditation Standards in order to achieve or maintain program accreditation. Compliance is demonstrated through the program accreditation submission in which compliance with all Accreditation Standards must be demonstrated. The Accreditation Standards Evidence Guide addresses and informs the preparation of the accreditation submission by the provider by outlining the evidence which should be provided to support demonstration of compliance with the Standards.

Those aspects of the accreditation submission which deal with program curriculum and assessment are also informed by the Performance Outcomes Framework against which compliance must be demonstrated. Additional guidance documents are provided for curriculum and assessment in the form of the Performance Outcomes Framework Guidance Document and the Pharmacy Learning Domains. Direct compliance with these documents does not form part of the accreditation submission.

More detail on each of the three documents is included in the following pages.

Evidence Guide 2020

Accreditation Standards for Pharmacy Programs in Australia and New Zealand 2020

Preamble

In Australia, the pharmacy profession is regulated by the PharmBA under the National Registration and Accreditation Scheme (NRAS), which came into effect on 1 July 2010. Under NRAS, the Australian Pharmacy Council (APC) has been appointed as the independent accreditation authority for pharmacy in Australia.

The accreditation functions of the APC are undertaken by the APC AC and include accreditation of pharmacy degree and intern training programs. In New Zealand, the pharmacy profession is regulated by the Pharmacy Council of New Zealand (PCNZ) and has accreditation responsibilities under New Zealand law. APC has a long-standing relationship with PCNZ whereby the APC AC assesses pharmacy programs and makes accreditation recommendations to PCNZ in relation to degree, intern training and pharmacist prescribing programs.

In 2019 the PharmBA approved new Accreditation Standards for Pharmacy Programs in Australia and New Zealand, which came into effect on 1 January 2020. These Standards are significantly different from the previous versions for both degree and intern training programs in several ways. For the first time, the Accreditation Standards apply to both degree and intern training programs; this recognises that the pharmacy education pathway forms a continuum from entry into a degree to initial general registration and beyond. The Standards are framed around the central principle of social accountability and are primarily focused on the quality and relevance of outcomes and processes in producing pharmacists who are fit-to-practise as safe, socially accountable and competent professional practitioners. In addition, the introduction of a Performance Outcomes Framework tailored to the requirements of education providers represents a significant innovation in the approach to evaluating the readiness of students and interns to practise under provisional and general registration respectively. The Framework identifies two distinct milestones along the pathway to general registration, namely the satisfactory completion of a pharmacy degree, and the point of general registration. The Framework then specifies the performance which the individual should be able to demonstrate by the time of reaching each milestone.

The previous version of the degree program Accreditation Standards was complemented by an Evidence Guide which was identified as being a useful document by degree program providers and by those making accreditation recommendations/decisions. No equivalent document accompanied the previous version of the intern training program Accreditation Standards, as they were input focused and they did not permit flexibility in the provision of evidence. The development of an integrated set of Standards for both degree and intern training programs has necessitated the development of an Evidence Guide with applicability to both types of program and provider.

Purpose, format and structure

The 2014 Evidence Guide was developed as a checklist of documents which were suggested as appropriate to support an application for accreditation by a degree program provider. The 2020 version differs significantly, consistent with the focus of the Standards on processes and outcomes, as well as the goal of graduates demonstrating safe, competent, and socially accountable professional practice. As a consequence, providing evidence of compliance with the 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. This represents a shift from the previous approach of requiring the program provider to submit an individual response to each standard.

Each criterion in the 2020 Accreditation Standards is accompanied in this Evidence Guide by an evidence descriptor, which outlines the narrative that providers should articulate as an explanation and/or argument for program compliance with that criterion. Suggestions for potentially relevant evidence examples for each criterion, which should be used in support of the narrative, are also listed. It is important to note that the evidence examples are intended to support the narrative/argument rather than form the primary evidence in themselves. Provision of evidence examples documents without an accompanying

narrative showing how the evidence examples provide compliance with a specific criterion will not be considered satisfactory.

The purpose of the revised format and structure is to highlight and emphasise that providers are free to offer programs of their own design in response to needs and priorities that they have identified as relevant. Rather than requiring providers to conform to a single model or approach, the Evidence Guide outlines the nature of the evidence which is likely to demonstrate compliance, and which can be adapted and aligned to a range of different programs. Providers are thus 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 Standards.

In line with the APC's aim of reducing regulatory burden to all parties, and to reduce duplication, the revised format and structure has also been adopted as a means of streamlining and condensing the evidence required. Providers are only expected to submit evidence which relates to the narrative or 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. It is anticipated that this will result in a reduction in the duplication of evidence included in an accreditation application.

Further, it is expected and encouraged that providers will create a narrative which is coherent and comprehensive. The nature of the Accreditation Standards is such that many criteria are complementary (and in some cases may overlap to some extent), and the evidence for compliance may best be provided for a number of them in an integrated fashion. This is at the provider's discretion, and separate accreditation application forms have been designed for providers who choose to submit a criterion-by-criterion narrative and those providers who choose to present an integrated narrative.

For example:

- criterion 1.6 requires providers to outline their work-integrated learning (WIL) program, and refers to the possibility of WIL in Aboriginal and Torres Strait Islander or Māori health services
- criterion 3.4 requires providers to outline how Indigenous cultures, cultural safety and improved health outcomes are addressed

Evidence of student participation in WIL in Aboriginal and Torres Strait Islander or Māori health services will likely form part of the evidence for both criteria 1.6 and 3.4.

> It is critical to note that the evidence examples are **suggestions only** and may or may not be relevant to a particular program or provider. Similarly, other evidence which is not listed in this Evidence Guide may still be appropriate in particular situations. Providers should develop their narrative and rationale as the primary means of demonstrating compliance, and supplement it with the most relevant, up-to-date and convincing evidence using their own discretion.

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 Standards is not appropriate in the current context.
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.
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.

In general, the curriculum maps are more likely to reflect material from the Pharmacy Learning Domains, and the assessment maps to reflect the content of the Performance Outcomes Framework although there will undoubtedly be overlap.

Maps are also likely to differ in terms of granularity and level of detail. Some maps may be at a macro level, perhaps demonstrating in broad terms the structure of the program overall. Others may be provided with more specific details as a means of illustrating sections of the program.

It is important to note that no single format of curriculum or assessment mapping is mandated. 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 promotes the development by students/interns of knowledge, skills, behaviours and attitudes congruent with a commitment to public service and safety; cultural safety, respect and responsiveness; equity, diversity and inclusiveness; person-centred care; reduction of disparities in health care; and addressing community aspirations for health.	Explain how and where these elements are included in the curriculum, how and where they are assessed and what students/interns must do to demonstrate satisfactory performance. Evidence for this criterion is likely to be based primarily on mapping of curriculum and assessments to performance outcomes. Providers may make reference to appropriate clinical standards such as the National Safety and Quality Health Service (NSQHS) Standards[1] or equivalent.	Program level outcomes or equivalent; curriculum and assessment maps; assessment rubrics.
Criterion 1.2 Effective fitness-to-practise monitoring and management processes are implemented in relation to students/interns which promote and protect the safety of the public at all times.	Explain how fitness-to-practise is defined and communicated to students/interns, outline the processes which are in place to identify concerns about student/intern fitness-to-practise, and describe the ways in which these concerns are managed. Evidence may include (but is not limited to): • inherent requirements • specific learning and teaching activities • screening activities (e.g. criminal record checks, vaccination records etc) • assessments and evaluations	Policies and procedures; informational materials; curriculum and assessment maps; inherent requirements; protocols for raising concerns; incident reports and logs.

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

Criterion	Evidence descriptor	Evidence examples
Criterion 1.3* All students have demonstrated relevant pre-requisite knowledge, skills and behaviours and attitudes before interacting with the public or providing professional services as a component of the program. **This criterion is not applicable to ITPs since all performance outcomes are expected to have been demonstrated prior to commencing the intern year.*	Outline the process for determining the knowledge, skills, behaviours and attitudes which a student must demonstrate before interacting with the public or providing professional services as a component of the program. Identify the points in the program where these interactions and services are included and explain how students are adequately prepared to ensure public safety is protected. Providers should note that the criterion refers to **relevant** pre-requisite knowledge, skills, behaviours and attitudes. The narrative should therefore identify what is relevant based on the nature of the WIL activities and the level and nature of supervision under which the students will interact with members of the public.	Curriculum and assessment maps. Cross-reference to risk management documentation and evidence associated with criteria 1.6 and 1.7a/1.7b may also be relevant.
Criterion 1.4 All staff and students/ interns are held accountable to endorsed standards of professional and ethical practice and conduct.	Identify the professional standards, codes and guidelines to which students/interns are introduced, explain the ways in which they engage with these resources, and how they demonstrate their understanding and application of them. Outline processes which are in place to identify concerns about student/intern professional and ethical practice and conduct and describe the ways in which these concerns are managed. Examples of resources which may be relevant include (but are not limited to): • codes of ethics • codes of conduct • relevant PharmBA/PCNZ guidelines Outline policies of relevance to staff conduct and explain how these are communicated to all staff including casual and sessional staff. Outline the processes which are in place to identify concerns about staff professional and ethical practice and conduct and describe the ways in which these concerns are managed.	Policies and procedures; curriculum and assessment maps; student/intern orientation and induction processes; staff orientation and induction processes; protocols for raising concerns; incident reports and logs.

Criterion	Evidence descriptor	Evidence examples
Criterion 1.5 Graduates of the program have demonstrated appropriate understanding of their legal, ethical and professional responsibilities, awareness of relevant processes for managing concerns in relation to their practice and/or the practice of others, and recognition of mechanisms for familiarising themselves with changes in requirements.	Identify the professional standards, codes and guidelines to which students/interns are introduced, explain the ways in which they engage with these resources, and how they demonstrate their understanding and application of them, including the differences between jurisdictions. Outline processes which are in place to identify concerns about student/intern professional and ethical practice and conduct and describe the ways in which these concerns are managed. Examples of resources which may be relevant include (but are not limited to): • the Poisons Standard (SUSMP) or equivalent • State or Territory controlled substances, drugs and poisons legislation • Health Practitioner Law • privacy laws • work, health and safety law Explain how students/interns demonstrate that they are familiar with the processes by which laws change and are able to access relevant updates in a timely fashion.	Policies and procedures; curriculum and assessment maps; student/intern orientation and induction processes; staff orientation and induction processes; protocols for raising concerns; incident reports and logs.

Criterion	Evidence descriptor	Evidence examples
Criterion 1.6 The program includes sufficient length and variety of high-quality WIL and practical experience, in a range of practice settings and with exposure to a diverse range of patients, to ensure students/interns are able to demonstrate achievement of the required performance outcomes to the appropriate level.	Describe how WIL is integrated into the program and the rationale for its design, specifically addressing the timing and duration of each period of WIL within the overall program. Outline the goals and/or purposes of each period of WIL and explain how students achieve and demonstrate the expected outcomes. Explain how students are exposed to a diverse range of patients in a range of settings. Explain how WIL sites are chosen and 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 • exposure to a broad mix of patients • opportunities for increasing responsibility and autonomy in care provision commensurate with competence • opportunities to develop confidence in communication and interprofessional interactions It is not necessary for all sites to be able to demonstrate all listed quality elements, but units must provide evidence that the site is a suitable learning environment for students. Where the unit is responsible for the selection and/or allocation of sites, they must additionally: • outline the scope of performance which is appropriately addressed through WIL • explain how any gaps in performance are addressed through other means including simulation	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 students/interns; guidelines or manuals for sites and preceptors; WIL quality evaluation and assurance policies and procedures; student/intern feedback; student/intern reflections; feedback to sites and preceptors.

Criterion	Evidence descriptor	Evidence examples
Criterion 1.6 continued from page 18	ITP providers should provide evidence of how they take steps to complement WIL by exposing interns to opportunities to interact (including via simulation) with a more diverse range of patients, clinicians and/or services than may be possible in all WIL settings. *Refer to the 2020 Accreditation Standards Glossary (page 28) for a definition of WIL.*	
Criterion 1.7a Where the unit delivering the program 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 students/interns, and have sufficient capacity, resources and processes for the appropriate supervision of students/interns by competent and suitably qualified professionals.	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: • 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 students • cultural, physical and emotional safety of students/interns 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	Policies and procedures; handbooks and manuals; contracts and agreements; examples of communications (e.g. emails, newsletters, web forums; feedback requests; concerns raised and addressed); emergency protocols for students/interns; incident reports; site visit reports. Cross-reference to risk management documentation may also be relevant.

Criterion	Evidence descriptor	Evidence examples
Criterion 1.7b Where the unit delivering the program is not responsible for the provision of WIL sites, the unit delivering 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 the appropriate supervision of interns.	Describe the unit's documented expectations of the approved site and preceptor in relation to their responsibilities to: • provide the intern with a safe and suitable site for supervised practice • provide the intern with appropriate opportunities to learn and develop professional knowledge, skills and attributes • comply with PharmBA requirements for sites and supervision • support the activities of the ITP provider • undertake assessments of intern performance according to program requirements • release interns for attendance at compulsory ITP events Explain how the unit communicates these expectations and describe the processes for obtaining signed agreements between the unit, the preceptor, supervising pharmacist (where relevant) and intern. Explain the policies, processes and/or procedures of the unit which facilitate the detection of concerns with a site, preceptor and/or supervising pharmacist, and how these are implemented. Outline how concerns are managed and addressed, within the scope of the ITP provider's authority and responsibility. Evidence may include but is not limited to: • documents outlining the expectations of the site, preceptor and supervising pharmacist • processes for communicating with the site, preceptor and supervising pharmacist, 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	Policies and procedures; handbooks and manuals; ITP agreements; examples of communications (e.g. emails, newsletters, web forums; feedback requests; concerns raised and addressed); emergency protocols for students/interns; incident reports and logs; site visit reports. Cross-reference to risk management documentation may also be relevant.

Criterion	Evidence descriptor	Evidence examples
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 (Australia) or the HPCA Act (New Zealand), PharmBA or PCNZ and/ or equivalent national and State 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 student/intern impairment (and intern conduct) provisions of, where relevant: • the Health Practitioner Regulation legislation (Australia) • the PharmBA Guidelines for Mandatory Notifications • the HPCA Act (New Zealand) together with any jurisdictional requirements for eligibility to undertake WIL placements (e.g. criminal record checks, vaccination records, working with children checks) and requirements for reporting completion of mandatory intern year activities.	Policies and procedures; relevant excerpts from committee meeting minutes and action plans; incident reports and logs.

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 programs.

Criterion	Evidence descriptor	Evidence examples
Criterion 2.1 The program is delivered by a clearly identifiable operational unit (School of Pharmacy or ITP unit) within the provider organisation (Higher Education Institution/Registered Training 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 showing 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 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 **2.2a** Australian provider organisations are registered either with TEQSA (HEIs) or ASQA (RTOs). **2.2b** The qualifications of New Zealand provider organisations are approved by Universities New Zealand quality assurance body, the Committee on University Academic Programs (CUAP), listed on the New Zealand Qualifications Framework (NZQF), and eligible for funding through the Tertiary Education Commission (TEC).	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, ASQA or CUAP/NZQF/TEC) or an excerpt/screenshot from a relevant website. Cross-reference to risk management documentation may also be relevant where conditions on registration have been applied.

Criterion	Evidence descriptor	Evidence examples
Criterion 2.3 Governance structures and processes within the provider organisation direct and support the design, implementation, evaluation and quality improvement at the program level to ensure 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, and how these structures and processes maintain both appropriate oversight by the organisation and autonomy of the unit. 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 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 delivering the program and the provider organisation.	Outline the processes by which the organisation assures the quality of the programs offered by the unit (for example student/intern 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 changes which are made as a result are implemented, documented and reported. 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.	Policies and procedures; evaluation and review cycles; relevant excerpts from committee meeting minutes and action plans; outcomes of quality assurance processes.

Criterion	Evidence descriptor	Evidence examples
Criterion 2.5 The unit delivering the program has a designated leader with requisite profession/pharmacy-specific experience and expertise who is responsible for ensuring the effective provision of professional and academic leadership, engagement and advocacy for the unit and the profession within and beyond the provider organisation.	Outline the qualifications, expertise and experience of the designated leader and explain how these demonstrate suitability for the role. Evidence may include a curriculum vitae (CV), but this must be accompanied by a 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. Where leadership is provided by means of a distributed model, or where significant leadership responsibilities are delegated to others either within or outside the unit, explain how the model ensures that the unit is led effectively and efficiently from both a professional and academic perspective. 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. **Note: Where the designated leader has relevant pharmacy qualifications but is not currently registered in Australia/New Zealand, the provider should provide evidence of how the person provides pharmacy specific leadership relevant to the Australian or New Zealand context.*	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	Evidence descriptor	Evidence examples
Criterion 2.6 There are clearly defined, robust, transparent and effective mechanisms by which the designated leader of the unit delivering the program secures and is accountable for the financial and other resources necessary to ensure the sustainable operation of the unit and its programs.	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. 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 • student services • research facilities • professional development opportunities for staff Evidence may include relevant financial and other reports, encompassing past performance and forecasts for the future, but must be accompanied by a commentary identifying key elements.	Financial delegation policies; financial reports; terms of reference, minutes and action plans of provider organisation committees responsible for resource allocation and/or infrastructure funding; external sources of funding (e.g. education and research grants, philanthropy, discretionary funds). Cross-reference to risk management documentation may also be relevant.

Criterion	Evidence descriptor	Evidence examples
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 the vision, mission and goals of the unit, and systematically reviewed and updated to ensure fitness-for-purpose and currency with contemporary pharmacy practice.	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, mission, goals and purposes. Additionally, units must 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.	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 excerpts from committee meeting minutes and action plans; planning and review schedules and outcomes.

Criterion	Evidence descriptor	Evidence examples
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 the program level. Risks to the delivery of the program include (but are not limited to): • financial • program demand • leadership • staffing • physical and other resources • placement 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. 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	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.

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 in pharmacy, health and education, and are designed to facilitate the achievement and demonstration by students/interns of the required performance outcomes at an appropriate pace over a sufficient period of time. Emerging developments and scopes of practice relevant to entry-level practice, and new technologies are incorporated into the program (including WIL) in a timely manner to ensure that the program remains fit-for-purpose.	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, and the scopes of practice which are likely or potentially likely to emerge in the near future. When proposing a new program or a major change to an existing program, outline the processes for: • identifying the impetus or stimulus for change • developing the proposal (including input from external stakeholders) • identifying and incorporating the contemporary evidence-base • implementing the change or program • teaching out the current program (if relevant) • evaluating the outcomes of the new or changed program	Curriculum and assessment maps; internal and external program reviews and evaluations; student/intern and other stakeholder feedback; student/intern outcomes (e.g. progression rates, completion rates). Cross-referencing to criterion 3.3 is likely to be relevant.

Criterion	Evidence descriptor	Evidence examples
Criterion 3.2 continued from page 28	When applying for re-accreditation, outline the processes for regular review of the program. Describe the processes for: • undertaking evaluations of the program by relevant stakeholders • identifying areas of strength and areas where improvement is needed • making revisions and minor changes • evaluating and communicating the outcomes of the changes In both cases, 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 students of the required performance outcomes. The description should also include evidence that the curriculum and assessment are aligned with and address all the current performance outcomes. Student/intern perceptions of aspects of the overall program such as quality, relevance, workload and sequencing are likely to be significant, however providers are expected to provide a commentary on the results.	

Criterion	Evidence descriptor	Evidence examples
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, students/interns, graduates, supervisors, practitioners, employers, patients and consumers, Aboriginal and Torres Strait Islander or Māori peoples, and other key external stakeholders to ensure that the program remains fit-for-purpose. Outcomes from these processes are clearly communicated in a timely manner to stakeholders.	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 the 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. Cross-referencing to the outcomes of evaluation activities (e.g. student/ intern 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 in the Australian setting, and Māori cultures, cultural safety and improved health outcomes in the New Zealand setting. Aboriginal and Torres Strait Islander people (Australia) and Māori people (New Zealand) should have direct input into curriculum design and content, and where possible should be involved directly in delivery and assessment.	Outline how and where these elements are included in the curriculum, and the rationale for their inclusion. Explain how the input of Indigenous people is achieved, and their role in design, content, delivery and assessment to ensure appropriateness and relevance.	Curriculum and assessment maps; composition, terms of reference, minutes and action plans of relevant committees/advisory groups; unit outlines; teaching allocations.

Criterion	Evidence descriptor	Evidence examples
Criterion 3.5 Program design, content, delivery and assessment promote an understanding and appreciation of cultural diversity by both staff and students/interns, and the development of skills that enable the provision of culturally safe, inclusive and responsive person-centred care.	Outline how and where these elements are included in the curriculum and the rationale for their inclusion. Evidence relating to this criterion is likely to be varied and to some extent dependent on context. Units are expected to demonstrate that all students/interns 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 significant since it is recognised that geographical and other considerations will restrict the ability for students/interns to interact directly with every possible culture. Units should focus on providing evidence that students/interns 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.	Curriculum and assessment maps; unit outlines; minutes and action plans of relevant committees/advisory groups; staff development and training programs.

Criterion	Evidence descriptor	Evidence examples
Criterion 3.6 Resources including physical facilities, infrastructure, technological capacity and information resources available to students/interns undertaking the program are current, fit-for-purpose, sufficient for the needs of the student/intern 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 • library and/or online information sources • laboratory teaching spaces • spaces (physical and/or virtual) for student interactions • technologies for communication • technologies associated with contemporary educational practice • technologies associated with contemporary 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.	Summaries of available resources; student/intern and staff feedback (e.g. satisfaction); terms of reference, minutes and action plans of relevant committees; needs analysis documentation; review, maintenance and replacement policies and schedules; internal and/or external evaluation documentation. Records of recent changes may be relevant as evidence of current fitness-for-purpose. Cross-referencing to risk management documentation may also be relevant.

Criterion	Evidence descriptor	Evidence examples
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.	The focus of this criterion is on ensuring that the staffing profile is sufficient and appropriate for the quality and sustainability of the program, thus both quantitative and qualitative evidence and analysis are expected. Evidence should also include evaluation of the capacity of the staff to support anticipated changes in enrolment, and key staffing risks to the sustainable delivery of the program. Explain why the staff cohort currently available to the program is sufficient and appropriate. 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 academic staff are aligned with the curriculum content, delivery and assessment • program leadership is structured and provided • the need for sessional, practitioner and/or other supervisory staff is determined and the process for their recruitment, induction and ongoing support • the need for professional, technical and administrative staff is determined and the process for their recruitment, induction and ongoing support • students are exposed to professional practitioners and role models to enable them to develop professional attributes and behaviours Staff CVs are not expected or required. The focus is on the capacity of the staff cohort overall to ensure sustainable delivery of the program, not on the specific capabilities of each individual staff member. Providers should refer to the Notes in the Accreditation Standards document associated with this criterion for additional guidance about	Structured staff listings including relevant details of individuals' expertise and experience; 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 documentation (at the unit level); research support policies and actions (at the unit level); relevant excerpts of enterprise agreements; student feedback; incentive and awards schemes. Evidence relating to staff contributions to the wider society through professional, government, private and community work may be relevant. Cross-referencing to risk management and curriculum documentation is likely to be relevant.

Criterion	Evidence descriptor	Evidence examples
Criterion 3.7 continued from page 33	possible ways of structuring the narrative and evidence. Units with large staff cohorts may find it more appropriate to provide aggregated information. Units with large sessional or casual staff cohorts are not expected to list details for all individuals. 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. Where relevant, explain how individual staff members are provided with appropriate opportunities to undertake research and scholarship, including the processes by which junior academic staff are supported to develop their research careers.	
Criterion 3.8 The program provides sufficient opportunities for all students/interns 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 in the curriculum, and the rationale for their inclusion. Units should provide evidence that students/interns meet the required performance outcomes in the contexts and environments to which they are exposed. Evidence based on simulation is likely to be significant since it is recognised that geographical and other considerations may restrict the ability of students/interns to participate directly and regularly in clinical interprofessional teams. Units should focus on providing evidence that students/interns have consistently demonstrated appropriate interprofessional skills and behaviours in whatever context they are placed.	Curriculum and assessment maps; unit outlines; task descriptions; student/intern feedback; student/intern reflections; stakeholder evaluations.

Criterion	Evidence descriptor	Evidence examples
Criterion 3.9 The unit delivering the program operates in an environment informed by contemporary scholarship, research and enquiry, and promotes the development and utilisation of these skills within its programs to ensure that graduates are able to demonstrate the required performance outcomes.	Explain how evidence derived from contemporary scholarship, research and enquiry is incorporated into the program. This may include evidence relating to the practice of pharmacy and evidence relating to educational processes. Outline how and where opportunities for the development and use of skills in research and enquiry are included in the curriculum, and the rationale for their inclusion. The nature and extent of research and enquiry that students/interns undertake is likely to be varied and dependent on context. Units are not expected to demonstrate that all students/interns are able to undertake formal research of a publishable quality. Units should provide evidence that students/interns meet the required performance outcomes in the contexts and environments to which they are exposed.	Curriculum and assessment maps; assessment rubrics; minutes and action plans of relevant committees; unit outlines. Cross-referencing to descriptions of underlying educational philosophy and/or learning and teaching strategy, and evidence supporting criterion 3.2 are likely also to be relevant.

Domain 4 Student/intern experience

Students/interns 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 students/interns 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.	*For units offering degree programs,* describe how the provider organisation's policies and procedures are implemented for entry into the program. For *units offering ITPs*, describe the specific policies and procedures which relate to entry into the ITP in alignment with PharmBA requirements. *In both cases,* explain how these policies and procedures 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. Outline any inherent requirements (or equivalent) which pertain to the program and explain how they are implemented 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; examples of cases where exceptions are made; minutes and action plans of relevant committees; communications relating to decisions to make or refuse exceptions.

Criterion	Evidence descriptor	Evidence examples
Criterion 4.2 Program information, including selection policies, criteria and processes, inherent requirements, English language proficiency requirements, experiential and WIL requirements, PharmBA or PCNZ requirements, current accreditation status and any other relevant information, is accurate, accessible and comprehensive to ensure that potential applicants are given sufficient guidance to make an informed decision.	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. Explain how these processes and the provision of information are appropriate and sufficient to facilitate the making of informed decisions.	Promotional and informational materials; excerpts/screenshots from websites; minutes and action plans of relevant committees; FAQs; enquiry logs.
Criterion 4.3 The unit delivering the program ensures that students/interns 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 program information with students/interns and explain how they are used by both staff and students/interns, including an analysis of their effectiveness. These may include orientation and induction processes; academic, general welfare and wellbeing support; learning resources (such as physical spaces, online learning management system, information and library resources, self-directed learning resources); peer support networks and effective supervision and mentoring. Describe how the timing of communications appropriately addresses and balances both student/intern and staff needs and explain how urgent communication with students is facilitated.	Informational materials; excerpts/screenshots from websites; electronic and other communications; student/intern feedback.

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 students/interns with backgrounds or circumstances which create challenges for equitable participation in the program (including but not limited to cultural and linguistic diversity, English language proficiency, socioeconomic circumstances, 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 increased equity, how students/interns are advised about the options open to them, and how outcomes for students/interns 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, English language support, financial support, counselling, and other relevant student/intern services; informational materials; minutes and action plans of relevant committees; decision logs.
Criterion 4.5 The unit delivering the program ensures that students/interns 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 students/interns are treated justly.	Describe the unit's policies and processes for responding to: 1. student/intern appeals against decisions which affect them 2. concerns and grievances raised by students/interns 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 students/interns are made aware of these policies and processes, and how it ensures: • consistency of approach • procedural fairness • transparency • impartiality • appropriate confidentiality • timeliness of resolution	Policies and procedures; informational materials; excerpts/screenshots from websites; electronic and other communications; records of appeals and outcomes; records of complaints and outcomes; student/intern feedback.

Criterion	Evidence descriptor	Evidence examples
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 Students/interns are actively engaged with governance and program management structures and decision-making processes, through both formal and informal mechanisms.	Describe the mechanisms for involving students/interns in the governance and operational aspects of the program and explain how their participation and engagement influences decisions relating to the program and student experiences of it.	Organisational charts; processes for student/intern consultation and engagement; membership, terms of reference and minutes of committees with student/intern members; examples of specific student/intern contributions; feedback to student/intern cohort.

Domain 5 Outcomes and assessment

Graduates of the program demonstrate achievement of all the required performance outcomes for the level of qualification awarded (degree, initial general registration), 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 required to ensure graduates are competent to practise safely, legally, professionally and ethically as a member of an interprofessional health care team.	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, and where provided must be well described in the narrative.	Curriculum and assessment maps; assessment matrices; internal and external review policies and reports; external moderation reports; student/intern feedback; preceptor and employer feedback; policies and procedures for evaluating student/intern performance as a whole (e.g. Boards of Examiners).
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 student/intern competency and safety.		

Criterion	Evidence descriptor	Evidence examples
Criterion 5.3 The unit delivering the program has effective policies and procedural controls in operation for external evaluation or moderation to assure integrity, reliability, fairness and transparency in the assessment of students/interns, and uses the feedback received to develop the program.	Outline the policies and processes for **independent or external review** of assessments for the purposes of quality assurance and improvement. Explain how these are implemented, and how the outcomes are used to develop the program, including the scope of the reviews and how: • reviewers are selected and recruited • the timing and cycles of reviews are determined • recommendations are considered • changes are implemented • outcomes are communicated • effects of changes are evaluated Where relevant, explain how the policies and processes of a provider organisation are implemented at the level of program delivery.	Policies and procedures; review/moderation schedules; review/moderation agreements; external moderation reports; excerpts of committee meeting minutes and action plans; student/intern 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 students/interns in each area to be assessed is explicit and clearly communicated to students/interns and staff involved in the assessment.	Outline the policies and processes for **internal development and review** of assessments, and where relevant, explain how the policies and processes of a provider organisation are implemented at the level of program delivery. Explain how: • expected standards of performance are determined • criteria for successful completion of assessment tasks are established ("pass marks") • criteria for assessment of student/intern performance are developed and reviewed, and rubrics developed where relevant • assessment tasks are reviewed/validated prior to delivery • criteria and rubrics are communicated to students/interns and staff • outcomes of assessments are reviewed and evaluated • any problems identified with an assessment task are addressed appropriately and in a timely manner	Policies and procedures as implemented at the program level (e.g. use of text-matching software); assessment task descriptions and rubrics; examples of completed assessments (representing different levels of performance) and feedback provided; feedback from assessors; external moderation reports; incident and appeal reports; policies and procedures for assessment of group work.

Criterion	Evidence descriptor	Evidence examples
Criterion 5.5 Staff and other professionals who assess students/interns in academic, practice and WIL environments are suitably qualified, experienced and prepared for the role, are provided with appropriate guidance and support, and are held accountable for their decisions to ensure that assessment is carried out fairly, impartially and consistently.	Outline the policies and processes for ensuring that assessments 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: • the number of assessors for particular assessment tasks is determined • assessors are allocated to particular assessment tasks • 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.	Assessment policies and procedures as implemented at the program level (e.g. double-marking, expectations of feedback to be provided by assessors); assessor recruitment, selection (e.g. for OSCEs), induction, training and briefing documentation; peer review or moderation processes for individual assessment tasks. Cross-referencing to evidence associated with criterion 3.7 is likely to be relevant.
Criterion 5.6 Students/interns 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 students/interns on performance in assessments, and explain the expectations and rationale for: • turnaround times • extent of personalised feedback • inclusion of suggestions for future improvement Describe the extent to which these expectations are met. Student/intern 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); student/intern feedback and satisfaction, including through formal evaluations and informal mechanisms.

Guidance Document

Performance Outcomes Framework for Pharmacy Programs in Australia and New Zealand 2020

Preamble

A key principle underpinning the review of the Accreditation Standards was that the Standards should be future-focused and provide significant flexibility to enable education providers to adapt their programs in response to new and emerging scopes of practice. This principle is consistent with and forms part of a commitment to social accountability in the education and training of pharmacists in Australia and New Zealand. The Performance Outcomes complement the Accreditation Standards and provide a more detailed framework of the means by which pharmacists and pharmacy education providers can articulate and enact social accountability at the milestone completion points of degree programs and at initial general registration. 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. Specifically, the Performance Outcomes outline what an individual is able to do on successful completion of a relevant degree program and at the point of initial general registration (that is, on completion of all required elements of the intern year).

The intent of publishing a Performance Outcomes Framework as a complement to the Accreditation Standards is to streamline the alignment of curriculum and assessment for providers of pharmacy education programs, and to provide transparency regarding the demonstrable performance to be expected by graduates of degree programs and initial general registrants. This transparency is intended to assist ITP providers (and intern preceptors) in particular, by clarifying the expected entry performance of individuals commencing the intern year irrespective of the degree program from which they have graduated. It is also intended to assist providers to design and implement appropriate and authentic assessments which provide evidence of the achievement of relevant practice capabilities.

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 which is a summary statement of the scope of the domain, followed by a list of outcomes which describe the scope in more detail. In order to foreground the continuum of learning and development throughout the full duration of the education pathway leading to general registration, two parallel streams have been articulated. The wording of each parallel outcome in the two streams is consistent but not always identical in order to account for the differential level of performance expected of:

- graduates of approved Australian and New Zealand pharmacy programs, and
- applicants for initial general registration as a pharmacist in Australia.

Milestones for assessment and who is responsible

The two milestones articulated in the Performance Outcomes Framework are:

- Milestone One: completion of an approved pharmacy degree program capable of leading to eligibility for general registration (the left-hand side of the table)
- Milestone Two: the point of general registration as a pharmacist in Australia, following completion of all elements of the intern year (the right-hand side of the table)

The achievement of Milestone One clearly correlates with the responsibilities of degree program providers and thus the provider is expected to provide evidence that graduates of its programs have met the Performance Outcomes for that milestone.

The achievement of Milestone Two, on the other hand, does not correlate solely with the responsibilities 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.

Individual performance in relation to each performance outcome must be assessed using appropriate methodologies and by appropriate assessors. 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 will be necessary to ensure the assessments are appropriate and comprehensive, particularly as they involve WIL. The APC and PharmBA have published the Intern Year Blueprint (IYB) for assessment of performance during the intern year. The IYB delineates the roles and responsibilities of the stakeholders involved in assessments undertaken in the intern year, including interns themselves, preceptors and supervising pharmacists, ITP providers, providers of external assessments (currently the APC and PharmBA) and any other relevant stakeholders. It is noted that the role of ITP providers in the direct assessment of intern performance is currently limited and it is not anticipated that their role will increase or change substantially.

In order to demonstrate that they have achieved the required performance outcomes, students and interns must be assessed using relevant and appropriate assessment tools. Providers are free to design, implement and evaluate their assessment schemes in order to meet their specific program requirements, however some suggested options have been provided in the following table as guidance. It is important to note that these 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 Examination (IWE) and the oral assessment. It is critical to note that these examinations 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 allow 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.

Selection of the assessment method was informed by consideration of the 2017 Intern Year Literature Review[2] which extensively described the advantages and disadvantages of different assessment methods, and the Criteria for Good Assessment: Consensus statement and recommendations from the Ottawa 2010 Conference[3]. According to the Intern Year Literature review, the most important criteria for high stakes assessments are validity, reproducibility and equivalence. The Consensus Statement describes validity as the degree to which a method assesses what it claims to assess, reproducibility/reliability refers to the extent to which the results of the assessment would be the same if repeated under similar circumstances, and equivalence means that the assessment yields similar scores or decisions when administered across different cycles of testing. Feasibility (the assessment is practical, realistic and sensible given the circumstances and context) and acceptability (stakeholders find the process and results to be credible) are additional criteria for good assessments.

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.

Entrustable professional activities (EPAs), were not included in the 2017 Literature Review but they are increasingly employed and are useful methods for assessment of certain types of performance. The different levels of supervision and guidance described in an EPA can be aligned with the level of supervision associated with the two milestones outlined in the Performance Outcomes Framework. In particular, the structure of an EPA provides a means to determine the level achieved by an intern on commencement of the intern year, and to monitor their progress towards independent performance of the activity. EPAs are also highly compatible with a performance framework, since they are a practical means of determining how students/interns integrate multiple competencies to provide optimal patient care[4]. EPAs have therefore been included where appropriate 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 2017 Intern Year Literature Review and incorporated into the IYB.

Multiple choice question (MCQ)

MCQs have been used extensively as a method of assessment in education. There are a number of formats for MCQs, of which the two most common are true/false and single best option.

MCQs are the basis for the IWE which is managed by APC. This examination consists of 125 four-option questions, to be completed in three hours.

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,

2. APC (2017). Intern Year Blueprint Literature review available at https://www.pharmacycouncil.org.au/news-publications/internyearblueprint-lit-review.pdf
3. Norcini et al (2011). Criteria for good assessment: consensus statement and recommendations from the Ottawa 2010 Conference. Medical Teacher, 33(3): 206-214.
4. 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. https://doi.org/10.1016/j.cptl.2019.11.015

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 examinations.

The intern year oral assessment is managed by Ahpra on behalf of the PharmBA, and consists of four parts covering communication, medication knowledge, 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).
- **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[5]. As described by Croft et al (2019)[1], 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.

5. Haines et al (2017). Core Entrustable Professional Activities for New Pharmacy Graduates. American Journal of Pharmaceutical Education, 81(1). Article 52.

Portfolios can be used to provide evidence of competencies that would otherwise be hard to assess, such as professional behaviour, practice-based improvements, creative endeavours, research activities and professional experience.

As part of the IYB, portfolios will most usefully be employed to collect and collate records of ITA-observations 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 Table therefore includes activities which are primarily designed for assessment purposes (e.g. examinations) and others which additionally have a developmental purpose (e.g. role plays).

Guidance Document table

The Guidance Document table for the Performance Outcomes 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 Australian or New Zealand pharmacy degree program capable of leading to general registration, pharmacy graduates have demonstrated evidence of competency in educational, simulated and/or WIL environments, in	At the point of general registration as a pharmacist, pharmacists are competent in and committed to
1.1 promoting both the best interests and safety of patients and the public	**1.1 promoting** and **ensuring** 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
1.2 promoting and **advocating** for cultural safety, respect and responsiveness, particularly in relation to Aboriginal and Torres Strait Islander and/or Māori peoples	**1.2 promoting, maintaining** and **advocating** for cultural safety, respect and responsiveness, particularly in relation to Aboriginal and Torres Strait Islander and/or Māori peoples
	ITA-activity, MCQ
Cultural safety training; role plays; OSCE; reflective activities	Cultural safety training; preceptor observation; reflective activities; role plays
1.3 recognising the presence and causes of health inequities and disparities, including the impact of social determinants of health	**1.3 recognising** the presence and causes of health inequities and disparities, including the impact of social determinants of health, and **seeking** 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.

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

1.6 **demonstrating** a proactive and reflective approach to **developing** their own professional competence and expertise	1.6 **adopting** a proactive and reflective approach to **maintaining** and **developing** their own professional competence and expertise in order to **remain** fit-to-practise
	ITA-activity (CPD plan and log)
Learning plans; reflective activities; self-assessment activities	Reflective activities; self-assessment activities
1.7 **demonstrating** awareness of appropriate change management principles and strategies	1.7 **responding** to change in a flexible and adaptable manner
	ITA-observation
Assignments; direct observation; presentations; reflective activities	Reflective activities
1.8 **accepting** personal responsibility and accountability for decisions and actions	1.8 **accepting** 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
1.9 **upholding** and **maintaining** the reputation and value of the profession	1.9 **upholding** and **advancing** 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 Australian or New Zealand pharmacy degree program capable of leading to general registration, pharmacy graduates have demonstrated evidence of competency, in educational, simulated and/or WIL environments, in	At the point of general registration as a pharmacist, pharmacists are competent in and committed to
2.1 communicating appropriately and effectively with a socially and culturally diverse range of people in a manner which inspires confidence and trust by a. **demonstrating** appropriately tailored verbal, written and non-verbal communication b. engaging with all persons in a respectful, culturally appropriate, compassionate, responsive and empathetic manner c. **demonstrating** awareness of and sensitivity to Aboriginal and Torres Strait Islander and/or Māori history, communication styles and community protocols d. **demonstrating** appropriate communication and interpersonal behaviours	**2.1 communicating** appropriately and effectively with a socially and culturally diverse range of people in a manner which inspires confidence and trust by 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) b. engaging with all persons in a respectful, culturally appropriate, compassionate, responsive and empathetic manner in professional practice c. **engaging** in culturally appropriate and sensitive communication with Aboriginal and Torres Strait Islander and/or Māori people in professional practice which respects their history, culture and protocols d. **using** appropriate communication and interpersonal behaviours in professional practice interactions
	Mini-CEX, oral exam
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.

2.2 documenting, communicating and recording relevant information, findings, decisions, recommendations and other information accurately and concisely, taking due account of privacy and confidentiality	**2.2 documenting,** 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; examinations; 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
2.3 contributing to the interprofessional collaborative health care team in order to optimise patient outcomes by a. **demonstrating** an understanding and appreciation of the roles of pharmacists and other members of the interprofessional collaborative care team b. creating and maintaining effective intra- and interprofessional relationships, and working in partnership to achieve negotiated, agreed-upon objectives c. **demonstrating** appropriate teamwork behaviours d. **demonstrating** appropriate communication at transition points in patient care to reduce risks to patients and ensure safe and effective continuity of patient care	**2.3 contributing to,** and **taking** prominent roles where appropriate in the interprofessional collaborative health care team, in order to optimise patient outcomes, by a. **respecting** and **appreciating** the complementary roles of pharmacists and other members of the interprofessional collaborative care team b. creating and maintaining effective intra- and interprofessional relationships, and working in partnership to achieve negotiated, agreed-upon objectives c. consistently **engaging** in appropriate teamwork behaviours d. **using** appropriate communication at transition points to reduce risks to patients and ensure safe and effective continuity of patient care
	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.

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

Domain 3 Professional expertise

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 Australian or New Zealand pharmacy degree program capable of leading to general registration, pharmacy graduates have demonstrated evidence of competency, in educational, simulated and/or WIL 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 and recommendations which support safe, rational and cost-effective use of medicines and other healthcare options and optimise socially accountable person-centred care by a. applying relevant underpinning knowledge b. using a systematic approach to access, critically evaluate and apply relevant evidence c. applying effective critical thinking, reasoning and problem-solving strategies to conceptualise problems, formulate a range of potential solutions, and support decision-making d. making decisions which are tailored to the person's individual circumstances, and reflect a balanced consideration of both the potential benefits and potential harms	**3.1 implementing** appropriate and effective actions and recommendations which support safe, rational and cost-effective use of medicines and other healthcare options and optimise socially accountable person-centred care by a. applying relevant underpinning knowledge b. using a systematic approach to access, critically evaluate and apply relevant evidence c. applying effective critical thinking, reasoning and problem-solving strategies to conceptualise problems, formulate a range of potential solutions, and support decision-making d. making decisions which are tailored to the person's individual circumstances, and reflect a balanced consideration of both the potential benefits and potential harms
	EPA, MCQ, oral exam
Assignments; role plays; OSCE; case studies	Assignments; role plays; case studies

Domain 3 Professional expertise

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.

3.2 making and **prioritising** 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	**3.2 making** and **prioritising** 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
3.3 prescribing medications in accordance with current jurisdiction-specific legislation, scope of practice and PharmBA Guidelines	**3.3 prescribing** medications in accordance with current jurisdiction-specific legislation, scope of practice and PharmBA Guidelines
	EPA, MCQ, oral exam
EPA; direct observation; examinations; 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
3.4 carrying 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	**3.4 carrying** 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

Domain 3 Professional expertise

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.

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

Domain 3 Professional expertise

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.

3.7 **assessing** current health, medical and medication histories and profiles of patients	**3.7** **assessing** current health, medical and medication histories and profiles of patients
	CbD, MCQ, oral exam
EPA; case studies; role plays; OSCE	EPA; role plays
3.8 **formulating** health, medical and medication management plans in collaboration with patients, carers and other health team members	**3.8** **formulating** and **implementing** 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
3.9 **recommending** appropriate monitoring of the outcomes of health, medical and medication management plans and **recommending** adjustments to them where appropriate in collaboration with patients, carers and other health team members	**3.9** **formulating** and **implementing** appropriate monitoring of the outcomes of health, medical and medication management plans and **adjusting** 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
3.10 **facilitating** 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	**3.10** **facilitating** 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

Domain 3 Professional expertise

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.

3.11 responding to the needs of individuals and communities by advocating with and for them to optimise health and societal outcomes	**3.11 responding** 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 other management options, encompassing	
3.12 consistently making accurate arithmetic calculations relating to health care	**3.12 consistently** making accurate arithmetic calculations relating to health care
	ITA-observation, MCQ
Dispensing activities; dosage calculations; examinations; assignments; practical application in a range of contexts	Extemporaneous compounding activities; dosage calculations; direct observation of practical application
3.13 administering injectable formulations in accordance with current jurisdiction-specific legislation, scope of practice and PharmBA Guidelines	**3.13 administering** 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)
3.14 dispensing medicines safely and accurately in accordance with current legislation, scope of practice, PharmBA Guidelines and other relevant jurisdictional requirements to optimise patient outcomes	**3.14 dispensing** 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

Domain 3 Professional expertise

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.

3.15 preparing and **supplying** extemporaneously compounded medications safely and accurately in accordance with current legislation, scope of practice, PharmBA Guidelines and other relevant jurisdictional requirements	**3.15 preparing** and **supplying** 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**
3.16 demonstrating awareness of the appropriate conditions for secure and safe storage and distribution of medications to ensure stability and efficacy	**3.16 storing** and **distributing** 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**
3.17 providing appropriate tailored counselling, information and education to enable safe and effective medication, disease state and lifestyle management	**3.17 providing** 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**
3.18 assessing ambulatory conditions and **recommending** appropriate management approaches, including pharmacological, non-pharmacological and referral options where appropriate	**3.18 assessing** ambulatory conditions and **providing** 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**

Domain 3 Professional expertise

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.

3.19 **demonstrating** the delivery of measures designed to enhance adherence with dosage regimens and support safe and effective administration of medications	3.19 **delivering** 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 minimisation, encompassing	
3.20 **providing** evidence-based screening, assessment, prevention and referral services to detect and manage potential risk of adverse medical conditions and outcomes	3.20 **providing** 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
3.21 **demonstrating** the delivery of harm minimisation approaches and strategies to reduce harm to patients and the community from misuse of legal and illegal drugs	3.21 **delivering** 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
3.22 **participating** in health promotion activities, health services and public health initiatives intended to maintain and improve health	3.22 **endorsing** and **participating** 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

Domain 4 Leadership and management

Pharmacists engage in self-management and management of others actively, responsibly and accountably, and undertake leadership roles commensurate with their context, professional role and experience in order to optimise the quality of health care.

On successful completion of an approved Australian or New Zealand pharmacy degree program capable of leading to general registration, pharmacy graduates have demonstrated evidence of competency, in educational, simulated and/or WIL environments, in	**At the point of general registration as a pharmacist, pharmacists are competent in and committed to**
4.1 undertaking structured reflection as a means of enhancing learning and practice	**4.1 engaging** in regular and systematic reflection to enhance professional learning and practice
	ITA-activity (reflection)
Reflective activities; journals; learning plans	Journals; CPD Plan and log
4.2 demonstrating awareness of **professional** limitations and **adopting** appropriate strategies where necessary, including additional professional education and/or referral of patients to other health care professionals	**4.2 identifying** and **acknowledging professional** limitations and **seeking** 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
4.3 demonstrating self-awareness and self-regulation of **personal** attributes, strengths and weaknesses which may affect professional performance and/or personal development	**4.3 identifying** situations where **personal** attributes, strengths and weaknesses may affect professional performance and/or personal development and **taking** 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

Domain 4 Leadership and management

Pharmacists engage in self-management and management of others actively, responsibly and accountably, and undertake leadership roles commensurate with their context, professional role and experience in order to optimise the quality of health care.

4.4 demonstrating awareness of the signs which indicate that a potential risk to public safety may exist if observed in another practitioner, and **formulating** appropriate responses including support, advice, assistance, referral or reporting where necessary	**4.4 recognising** the signs in others where personal attributes and/or professional limitations pose a risk to public safety, and **adopting** 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)
4.5 recognising situations likely to compromise performance and **developing** effective strategies to minimise their impact	**4.5 recognising** situations in professional practice likely to compromise performance and **implementing** effective strategies to minimise their impact
	ITA-observation
Case studies; reflective activities; direct observation	Reflective activities; CPD plan and log
4.6 evaluating personal health and wellbeing status, identifying situations where health or wellbeing may be challenged, and **developing** appropriate strategies and mechanisms to minimise their impact on personal and professional life	**4.6 evaluating** personal health and wellbeing status, identifying situations where health or wellbeing may be challenged, and **adopting** 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

Domain 4 Leadership and management

Pharmacists engage in self-management and management of others actively, responsibly and accountably, and undertake leadership roles commensurate with their context, professional role and experience in order to optimise the quality of health care.

4.7 demonstrating 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	**4.7 providing** 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
4.8 demonstrating awareness of the importance of, and strategies for, promoting responsible and socially accountable stewardship of health care resources	**4.8 contributing** 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
4.9 promoting quality assurance and continuous quality improvement strategies through **utilising** skills in collaboration, critical thinking, curiosity and creativity	**4.9 contributing** to assurance of quality and continuous quality improvement processes through collaboration, critical thinking, curiosity and creativity
	ITA-activity
Assignments; projects; presentations	Projects; presentations

Domain 4 Leadership and management

Pharmacists engage in self-management and management of others actively, responsibly and accountably, and undertake leadership roles commensurate with their context, professional role and experience in order to optimise the quality of health care.

4.10 demonstrating awareness of, and **complying** with appropriate policies, processes and protocols	**4.10 contributing** to, **maintaining, complying** with and regularly **reviewing** 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
4.11 demonstrating skills in the identification, assessment, monitoring, mitigation and management of risk	**4.11 engaging** 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 Australian or New Zealand pharmacy degree program capable of leading to general registration, pharmacy graduates have demonstrated evidence of competency, in educational, simulated and/or WIL environments, in	At the point of general registration as a pharmacist, pharmacists are competent in and committed to
5.1 **demonstrating** skills as a role model, facilitator and/or mentor which are appropriate to their context	5.1 **acting** 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
5.2 **demonstrating** awareness of effective processes for facilitating learning, including aims, learning outcomes, learning activities, assessment and feedback	5.2 **educating** 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

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.

5.3 demonstrating awareness of the inherent complexity, ambiguity and uncertainty of contemporary and future professional practice	**5.3 recognising** and **responding** to the inherent complexity, ambiguity and uncertainty of contemporary and future professional 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
5.4 demonstrating knowledge and skills in research and inquiry, including a. formulating questions b. identifying and critically appraising relevant source materials c. undertaking relevant investigations, where appropriate d. drawing conclusions by synthesising the results of research and inquiry activities e. reporting and disseminating the outcomes appropriately f. identifying ways in which the outcomes can be applied to practice	**5.4 contributing** to the evidence base through **engaging** in research and inquiry, including a. formulating questions relating to gaps and uncertainties in practice b. identifying and critically appraising relevant source materials c. undertaking relevant investigations, where appropriate d. drawing conclusions by synthesising the results of research and inquiry activities e. reporting and disseminating the outcomes appropriately f. implementing practice change in response to the outcomes
	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.

5.5 accessing, using, adapting and sharing information and/or other technologies to meet the needs of current and emerging professional practice	**5.5 accessing,** 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

Pharmacy Learning Domains

for degree programs

Curriculum content

The Accreditation Standards for Pharmacy Programs in Australia and New Zealand 2020 incorporate an increased focus on the processes and outcomes of pharmacy degree programs as a basis for accreditation, and are accompanied by a tailored Performance Outcomes Framework which outlines the performance expected of pharmacy degree program graduates and applicants for general registration. However, in order to ensure that the Performance Outcomes can be demonstrated, the curriculum must include a number of elements relating to knowledge, skills and behaviours which are generally recognised as critical for developing the capacity for safe and socially accountable pharmacy practice.

The previous Pharmacy Learning Domains were originally developed simultaneously with the 2014 degree program Accreditation Standards and represented a move away from the concept of an indicative curriculum to be replicated in all degree programs. The Pharmacy Learning Domains instead represented a set of content, subject matter and topic areas which would be expected to be evident within the curriculum of an accredited degree program. They were intended, however, to be used by providers in different ways as appropriate for the specific program. Further, they were not intended to be perceived as discrete elements but were expected to be included in curricula using an integrated approach. They therefore represented guidance to degree program providers about curriculum content which was expected to be covered across the duration of the degree program, without prescribing how that content was to be delivered.

The 2020 Accreditation Standards and Performance Outcomes Framework have increased the flexibility for degree program providers in the design and implementation of their programs, and therefore the Pharmacy Learning Domains remain relevant in identifying critical content areas to be covered. In the current context, the Pharmacy Learning Domains are regarded as the knowledge and skills underpinning the curriculum.

Consultation on revision of the Pharmacy Learning Domains was undertaken in 2019 as part of the overall consultation process for the 2020 Performance Outcomes and Evidence Guide. This consultation process revealed few suggestions for change, and thus a major revision was considered unnecessary.

A number of minor modifications have been made in the 2020 version of the Pharmacy Learning Domains. The number of domains has been reduced from six to four by amalgamating and integrating content, wording has been updated in some cases to reflect the current context, and minor deletions and additions have been made in line with contemporary practice. The Pharmacy Learning Domains are intended to be subject to periodic review to reflect developments in the profession and educational needs in pharmacy practice, and/or health and educational systems.

> This base knowledge is to be contained within the degree programs, and therefore the Pharmacy Learning Domains do not apply to ITPs.

Learning domain 1: The health care consumer

The health care consumer is central to the practice of pharmacy. Degree programs must reflect this by ensuring that the program focuses on person-centred health care, and by incorporating the promotion of wellness and the prevention of poor health outcomes in addition to the treatment of disease. A focus on social accountability, including both the prevention of harm and the active promotion of person and societal good, should underpin the curriculum. This requires pharmacists to apply their understanding of the biological, physiological, cultural, environmental, psychological and social foundations of treatment.

Indicative elements

- Social determinants of health and health disparities
- Health, wellbeing and illness: definitions, models and perceptions
- Social accountability and duty of care to the health care consumer and the wider public
- The unique expertise of the pharmacist in the healthcare team in contributing to the optimal use of medicines
- Cultural awareness, competence, responsiveness and safety
- Indigenous history and culture, communication approaches and health
- Promotion of good health and disease prevention
- Population and global health
- Personal and interpersonal skills, including written and oral communication skills to build trust, support, motivate and influence professional colleagues and heath care consumers with varying levels of health literacy
- Adherence to medicines use
- Normal bodily functions including anatomy, biochemistry, genetics, nutrition, immunology, physiology, pathology, pathophysiology and infective processes and how these alter with aging and disease
- Aetiology and epidemiology of major diseases and the principles of their treatment
- Symptom recognition and management, differential diagnosis, diagnostic methods and tests, and medical terminology
- Clinical reasoning, collaborative decision-making and documentation
- Disease state, health, medical, medication management and health care consumer self-management using an evidence-based, person-centred approach
- Management of ambulatory conditions (primary care) including the need for referral when appropriate
- Dressings and other wound management products and treatments
- Drug and substance misuse, physiological and psychological dependence, clinical toxicology associated with medication overdose, substance misuse or accidental exposure, harm minimisation approaches

Learning domain 2: Medicines – the drug substance and drug action

Pharmacists have a unique role within the health care team as medicines experts and must therefore have a sound understanding of the sources, properties and actions of medicinal substances.

Indicative elements

- Sources and purification of medicinal substances (including natural, synthetic, immunological, biotechnological, radiopharmaceutical and emerging sources)
- Physicochemical aspects of medicines and medicinal action in biological systems (including thermodynamics and chemical kinetics)
- Specifications and quality of substances used in medicine, including physical and chemical tests
- Analytical methods, including principles, design, development, validation and application
- Prediction of medicinal properties from molecular structure
- Medicine design and discovery: principles, approaches and future prospects
- Cell and molecular biology, including genomics, proteomics and gene therapy, relevant to pharmacy
- Biotechnology and biotechnological processes
- Molecular basis of medicines action and the actions of medicines within living systems; molecular, cellular, biological and physical aspects
- Drug absorption, distribution, metabolism and excretion processes; influences on these processes including formulation, route of administration, dosage regimen, age, genetics, disease state, co-morbidities
- Clinical therapeutic uses of drugs and medicines in humans, including contraindications for, adverse reactions to, and interactions of medicines and their relevance to treatment
- Mechanisms of toxicity and clinical toxicology
- Personalised medicines
- Evidence-based complementary and alternative therapies, and their interactions with medicines
- Clinical evaluation of new and existing medicines, including post-marketing surveillance
- Emerging approaches in therapeutics and health promotion

Learning domain 3: Medicines – the medicinal product

The formulation of medicines to produce safe, efficacious and high-quality medicinal products, together with the compounding of personalised dosage forms tailored to individual needs remain central aspects of patient care, and pharmacists must possess appropriate knowledge and skills to ensure safety and high-quality person-centred care.

Indicative elements

- Materials used in formulations and devices for the delivery of medicines, their biological, chemical and physical properties, and the development and application of standards
- Biopharmaceutics, pre-formulation and formulation studies; design and standardisation of medicines for administration by different routes and for delivery to specific target sites
- The influence of manufacture and distribution processes on product quality with respect to biological safety, bioavailability (including bioequivalence), dosage uniformity and stability
- Quality assurance of pharmaceutical products and processes, including Good Manufacturing Practice
- Quality assurance of compounded pharmaceutical products and the processes for producing them
- Microbiological contamination: sources, determination, consequences and control
- Sterilisation procedures and aseptic procedures in the preparation of pharmaceutical products and medical devices; monitoring of sterilisation processes
- Environmental control in manufacturing and compounding facilities, and in the supply chain
- Degradation of medicines; evaluation and control of biological, chemical and physical degradation
- Packaging and labelling; purpose, design and evaluation

Learning domain 4: Health care systems and the wider context

Pharmacists must be familiar with the health care systems, legal, ethical and professional frameworks and economic systems within which they practise, and be skilled in functioning in interprofessional teams. Pharmacists also need a realistic and well-informed view of how health care and pharmacy operate within the health care system.

Indicative elements

- Health care systems in Australia/New Zealand including roles of pharmacists and other health care professionals in primary, secondary and tertiary health care. Rural and remote health care systems, including Aboriginal and Torres Strait Islander/Māori Health Services
- Laws related to medicines, poisons and controlled substances
- Medicines: schedules of medicines, poisons and controlled substances; PBS (Australia) and Pharmacy scheduling (NZ); consumer protection, including product liability and unapproved medicines
- Professional and ethical standards, and guidelines for practice
- Self-reflection and reflective practice, self-audit, CPD and maintenance of competency
- Interprofessional practice, communication, teamwork and collaborative decision-making
- Clinical governance: clinical audit and risk management, quality assurance and improvement, managing and learning from errors
- Use of information technology in the provision of health care
- The political and legal framework, requirements and processes relevant to pharmacy
- Occupational and environmental health and safety
- Health policy and economics, including pharmacoeconomics
- Scientific, clinical, health services and social services research; methods, results and their application and dissemination as they are relevant to pharmacy

australian pharmacy council

Accreditation Standards 2020

for Pharmacy Programs
in Australia and New Zealand

Supporting Documents