australian pharmacy council®

Accreditation Standards

for Pharmacy Programs

2027

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Acknowledgement of Country

We gratefully acknowledge the Ngunnawal people, the traditional owners of the land on which the APC is based. We pay our respects to the Ngunnawal people and recognise their deep connection to this incredible place we now share. We also pay our respects to the resilience, strength, and wisdom of Aboriginal and Torres Strait Islander Elders, past and present across the nation.

We recognise First Nations people's vast knowledge in native plants and their uses. Indigenous Australians were our first pharmacists. Country has provided medicines and healing throughout history. We acknowledge this important connection to Country and the impacts colonisation continues to have on this integral practice.

Canberra means meeting place in Ngunnawal, and is a place where people have been meeting, living, and learning for thousands of years. We hope to continue this tradition as we work toward our vision of collaborative, committed, and safe pharmacy practice.

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Preamble

Use of these Standards

These Accreditation Standards are structured to articulate requirements across domains, criteria, intent statements, and evidence guides. Together, these components support consistent interpretation and application by education providers, accreditation assessment teams, and the APC Accreditation Committee.

The Standards operate in alignment with the Pharmacist Capability Framework, which defines the expected graduate outcomes at different stages of the registration pathway.

Overview of accreditation and regulation

In Australia, the pharmacy profession is regulated by the Pharmacy Board of Australia (PharmBA) under the National Registration and Accreditation Scheme (NRAS). 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 Accreditation Committee (AC) under delegation from the APC Board and include accreditation of pharmacy degree programs, intern training programs, and pharmacy education programs.

For a program graduate to be eligible for registration with PharmBA, pharmacy programs must be accredited by the APC and approved by PharmBA. PharmBA sets any additional requirements for program graduates seeking registration through registration standards, codes, and guidelines. PharmBA pathways to gaining registration are described on the Board's website.

Accreditation of programs against these standards by the APC is undertaken through formal accreditation processes and policies, available on the APC website.

The purpose of accreditation is to assure the quality of pharmacy education programs, and to promote further improvement in their quality. The accreditation of pharmacy programs is intended both to serve and safeguard the public by ensuring that graduates of programs can demonstrate defined capabilities relevant to their stage of education, development, and experience.

Pharmacist Capability Framework

The Pharmacist Capability Framework for entry and re entry to practice defines the graduate outcomes of accredited pharmacy programs, and alignment with, and mapping against, the Capability Framework is a program accreditation requirement.

The Capability Framework replaces the 2020 Performance Outcomes Framework used alongside the 2020 Accreditation Standards.

The Performance Outcomes Framework consisted of two milestones to define outcomes at different points in the education and registration journey of a pharmacist. **Milestone 1** defined the outcomes at the completion of the degree program, and **Milestone 2** related to the point of gaining general registration as a pharmacist. The Pharmacist Capability Framework replaces the milestones with two capability indicators. **Foundation Indicators** need to be met by graduates of programs leading to provisional registration and **Entry-to-Practice Indicators** need to be met by graduates at the point of general registration as a pharmacist.

The Pharmacist Capability Framework underpins these Standards and defines the required graduate outcomes for pharmacy programs. Foundation indicators apply to graduates of programs leading to provisional registration, and Entry-to-Practice indicators apply to graduates at the point of general registration. Detailed guidance on capability mapping and assessment expectations will accompany publication of the Pharmacist Capability Framework. The diagram on page 4 shows the five domains of the Capability Framework.

Pharmacist Capability Framework

Programs accredited against these Standards

The following program types can be accredited against these accreditation standards:

Programs leading to provisional registration

Programs leading to provisional registration are those whose graduates go on to complete an accredited Intern Training Program and meet the Pharmacy Board of Australia's Registration Standard: Supervised practice arrangements.

Graduates of these programs must demonstrate meeting the **Foundation level** indicators of the Pharmacist Capability Framework.

Intern training programs (ITP)

An ITP is a program of study designed to be completed by provisionally registered pharmacists ('interns') as part of meeting the requirements of the PharmBA supervised practice registration standard. An ITP is undertaken by an intern while they complete a period of supervised practice and continue to develop their skills and knowledge. Completion of a pharmacy degree program is a requirement for enrolment in an ITP.

Graduates of these programs must demonstrate meeting the **Entry-to-Practice level** indicators of the Pharmacist Capability Framework.

Programs leading to general registration

These are programs that include curriculum content and appropriate Work Integrated Learning (WIL)/ practice opportunities to meet the **Entry-to-Practice level** indicators of the Pharmacist Capability Framework. Learners are referred to as *students* throughout the entire program, and do not go on to become a provisionally registered pharmacist (intern). These programs lead directly to graduates being able to apply for general registration (without needing to complete an Intern Training Program and other requirements of the Pharmacy Board of Australia's Registration Standard: Supervised practice arrangements).

AQF levels

Degree programs are required to meet minimum AQF levels. They may be either bachelor (with or without honours, AQF 7 or 8) or postgraduate masters (AQF 9) degrees. In accordance with the AQF, Masters degrees may be either Masters Degree (Research), Masters Degree (Coursework), or Masters Degree (Extended). As a result of an AQF Issuance Policy addendum, graduates of Masters Degree (Extended) programs can use the title 'Doctor of Pharmacy'.

ITPs are not required to meet minimum AQF levels and can be delivered by an organisation that is either registered with ASQA or TEQSA.

Domains and Standards (statements)

The Accreditation Standards are structured into six domains, with each domain comprising:

- a standard (statement) which outlines the scope of the domain
- criteria against which education providers will provide evidence of compliance.

The following table summarises the Accreditation Standards Framework. Subsequent sections provide details of the criteria and their intent and evidence guide.

Domain	**Standard** (statement)
1. Safe and socially accountable practice	The program is underpinned by the promotion and maintenance of safe and socially accountable practice.
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.
3. Program	Program design and implementation support students to demonstrate relevant capabilities, safe and competent practice, and public accountability.
4. Student/intern experience	Students/interns are provided with equitable and timely access to information and support.
5. Outcomes and assessment	Program graduates demonstrate achievement of all the required capabilities for the level of qualification awarded to ensure competent, safe, and socially accountable professional practice.
6. Cultural safety*	The program and its graduates support Aboriginal and Torres Strait Islander Peoples to work, learn, and receive care in environments that are culturally safe and free from racism.

* NOTE: *In addition to the specific requirements of Domain 6, cultural safety is foundational to all domains of the Standards and is expected to be embedded across program design, delivery, assessment, governance, and student/intern experience.*

While Domain 6 focuses on cultural safety for Aboriginal and Torres Strait Islander Peoples, providers are expected to address racism and discrimination more broadly through organisational culture, policies and practices.

1. Safe and socially accountable practice

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

Criterion	Intent	Evidence Guide
Criterion 1.1 The program promotes the development of student/intern knowledge, skills, and behaviours aligned with a commitment to public safety and person-centred care.	To ensure that students/interns, as health professionals, are committed to safe and socially accountable practice and recognise their responsibility and obligation to serve society by seeking both to prevent harm and to promote optimal health outcomes.	Outline how the program includes and assesses these elements. Demonstrate how professional behaviours and values are promoted through program-level and unit-level learning outcomes, assessment tasks, and associated rubrics. Demonstrate how the program supports the development of capabilities related to medication safety and harm minimisation within the scope of practice. Demonstrate how professional communication, ethical practice, professionalism, and professional representation are developed and assessed within the scope of practice. Evidence for this criterion is likely to be based primarily on mapping curriculum and assessments to the Capability Framework. Providers may make reference to appropriate clinical standards, such as the National Safety and Quality Health Service (NSQHS) Standards[1] or equivalent. **Examples of evidence may include:** Program-level outcomes or equivalent; curriculum and assessment maps; assessment rubrics.

Domain 1. Safe and socially accountable practice

Criterion	Intent	Evidence Guide
Criterion 1.2 Effective fitness-to-practise monitoring and management processes are implemented in relation to students/interns to promote and protect public safety at all times.	To ensure ongoing identification, monitoring and management of fitness-to-practise concerns across the program lifecycle, including in Work Integrated Learning (WIL) environments.	Outline policies and procedures for identifying students/interns at risk of not being fit to practise. Demonstrate how fitness-to-practise concerns are raised, recorded, escalated and managed, including in WIL settings, and how appropriate support and remediation are provided where required. Documented inherent requirements may form part of fitness-to-practise processes and education providers are expected to be aware of, and to fulfil their responsibilities under Ahpra and the National Boards' Guidelines: *Mandatory notifications about registered students and Guidelines: Mandatory notifications about registered health practitioners.* **Examples of evidence may include:** Policies and procedures; informational materials; inherent requirements; protocols for raising concerns; incident reports and logs; screening activities, such as criminal record checks and vaccination records.
Criterion 1.3 All students have demonstrated relevant capabilities before interacting with the public or providing professional services as a component of the program.	To ensure that assessment sequencing allows the education provider to assess that students have relevant competencies to deliver safe (supervised) care prior to undertaking WIL stages.	Describe how relevant prerequisite knowledge, skills, behaviours, and attitudes are demonstrated relative to the nature of the WIL activities and the level and nature of supervision when interacting with members of the public. Demonstrate how curriculum design and assessment sequencing ensure that students achieve required capabilities before progressing to WIL activities involving public or patient contact. Evidence must include curriculum and assessment mapping to the Pharmacist Capability Framework, demonstrating how relevant capabilities are achieved prior to student interaction with the public. **Examples of evidence may include:** Curriculum and assessment maps.

Domain 1. Safe and socially accountable practice

Criterion	Intent	Evidence Guide
Criterion 1.4 The program upholds recognised standards of professional, regulatory, and ethical conduct for staff and students/interns.	To ensure public safety through monitoring and maintaining compliance to professional and ethical standards.	Outline how appropriate standards of professional and ethical practice/conduct are upheld, including pharmacy profession and organisation-specific guidelines and codes. Describe how jurisdictional requirements for participation in experiential placements are met, such as criminal record checks, Working with Children Checks, and other statutory or regulatory screening requirements. Outline the processes used to identify concerns related to staff professional and ethical practice and conduct, and how such concerns are managed, investigated, and resolved. Demonstrate how informed consent is obtained when students/interns are involved in the provision of care. Demonstrate the processes for managing and escalating breaches of professional conduct, and the program-level systems in place to promote, monitor, and reinforce ethical practice. **Examples of evidence may include:** 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 1.5 The quality and quantity of Work Integrated Learning (WIL) in the program is sufficient to produce a graduate capable to practise across diverse patient populations and in a range of environments.	To ensure students/interns can demonstrate achievement of the capabilities in practical 'real-life' environments, across range of settings.	**Degree Programs:** Describe how WIL is integrated into the program and the rationale for its design, specifically addressing the timing and duration of each WIL period within the overall program structure. Outline the goals and/or purposes of each WIL period and explain how students achieve and demonstrate the expected capabilities. Explain how students are exposed to a diverse range of patients and practice settings appropriate to program outcomes, including *continued next page...*

Criterion	Intent	Evidence Guide
Criterion 1.5 *continued from previous page...*		patient-facing environments such as hospital, acute care, and community settings. Explain how WIL sites are selected, allocated, and managed and outline the processes used to evaluate their quality, suitability, and alignment with learning outcomes. When selecting or allocating sites the provider should: • outline the scope of performance that is appropriately addressed through WIL, and • explain how any gaps in performance are addressed through other means, including simulation. WIL is undertaken in a clinical or professional practice environment. Simulation-based learning, which is not a replacement for or alternative to WIL, may be included in the program in addition to WIL. Where simulation-based learning is used, demonstrate its quality and purpose and explain how it complements experiential learning. **Intern Training Programs (ITPs):** *ITP providers are not responsible for the selection and/or allocation of a WIL site.* Describe how evidence is collected that demonstrates that interns have achieved the required capabilities by monitoring workplace-based assessments and undertaking additional assessments. **Examples of evidence may include:** 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.

Domain 1. Safe and socially accountable practice

Criterion	Intent	Evidence Guide
Criterion 1.6a All Work Integrated Learning (WIL) sites are compliant with documented standards for quality, suitability and safety. *(Applies to providers responsible for the selection and/or allocation of WIL sites e.g. degree programs.)*	To ensure the provider has appropriate oversight of the WIL program to deliver a quality and safe experience for students and allow them to achieve the required capabilities to an appropriate level.	Outline how the program documents standards and criteria for sites, including cultural, physical and emotional safety, consistent with workplace health and safety principles and legislation. Describe the mechanisms to ensure all sites maintain ongoing compliance with these standards. Describe how WIL capacity and resourcing are sufficient to support the student cohort. Outline the mechanisms to ensure WIL supervisors are competent, trained, and suitably qualified healthcare professionals. Describe how the roles and responsibilities of WIL sites, supervisors/preceptors, and provider oversights are clearly defined and distinguished. Describe mechanisms to ensure that learning and practice environments that are accessible, inclusive, and fit for purpose are made available to learners. This includes consideration of diverse needs related to disability, gender, age, cultural background, and geographic location. **Examples of evidence may include:** Policies and procedures; handbooks and manuals; contracts and agreements; examples of communications with WIL sites; emergency protocols for students/interns; incident reports; site visit reports.
Criterion 1.6b The education provider provides all supervised practice sites with documented expectations relating to the provision of a safe and suitable environment. *(Applies to providers not responsible for the selection and/or allocation of sites, e.g. intern training programs.)*	To ensure the provider has appropriate oversight of the interns to deliver a quality and safe experience and allow them to achieve the required capabilities to an appropriate level.	Describe the provider's documented expectations of approved sites and preceptors in relation to their roles and responsibilities, and how these expectations are communicated to each site. Explain the policies, processes, and/or procedures used by the provider to facilitate the identification of concerns related to a site, preceptor, and/or supervising pharmacist, and how these are implemented in practice. *continued next page...*

Criterion	Intent	Evidence Guide
Criterion 1.6b *continued from previous page...*		Outline how concerns are managed, escalated, and addressed within the scope of the provider's authority and responsibility. Demonstrate the guidance, training, and support mechanisms provided to supervisors and preceptors. **Examples of evidence may include:** Policies and procedures; handbooks and manuals; ITP agreements; concerns raised and addressed; emergency protocols for students/ interns; incident reports and logs; site visit reports.
Criterion 1.7 Effective processes are in place to ensure that the education provider maintains compliance with all obligations under the Health Practitioner Regulation National Law Act, of the Pharmacy Board of Australia, and any applicable national and state/territory regulatory frameworks.	To ensure providers meet their obligations under relevant legislative and regulatory frameworks.	Describe the policies, procedures, and governance mechanisms in place to support ongoing compliance with legislative and regulatory obligations throughout the program lifecycle. Demonstrate how the provider ensures compliance with: • student impairment provisions under the Health Practitioner Regulation legislation (for pharmacy degree programs) • Ahpra and the National Boards' Guidelines: *Mandatory notifications about registered students and Guidelines: Mandatory notifications about registered health practitioners.* ITPs outline how jurisdictional requirements affecting eligibility to undertake WIL placements are identified and met, and how the completion of mandatory intern year activities is monitored and reported, where applicable.' **Examples of evidence may include:** Policies and procedures; relevant excerpts from committee meeting minutes and action plans; incident reports and logs.

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	Intent	Evidence Guide
Criterion 2.1 Australian provider organisations are registered either with the Tertiary Education Quality and Standards Agency (TEQSA) or Australian Skills Quality Authority (ASQA).	To ensure that the provider has appropriate organisational governance in place to maintain sustainability of the organisation to continue to deliver the program and protect student/ interns' rights.	Outline the provider organisation's current registration status with the relevant regulatory authority. Where registration is subject to conditions, limitations, or other constraints, describe the nature of these conditions, their implications for delivery of the program, and where applicable, the actions in place to address or mitigate any impact. **Examples of evidence may include:** Narrative summary of registration status, including details of any conditional registration and associated management or action plans (where applicable).
Criterion 2.2 Academic governance structures are in place within the provider organisation to support the program.	To ensure that delivery of the program is adequately supported by the provider organisation to be able to deliver the program to required standards.	Describe the academic governance structure supporting the program including the authority, responsibility, and capacity of the unit to plan, develop, implement, and improve the program. Describe how governance arrangements ensure academic oversight and integrity of the program, including curriculum approval, assessment quality assurance, and monitoring of academic standards. *continued next page...*

Criterion	Intent	Evidence Guide
Criterion 2.2 *continued from previous page...*		Outline the mechanisms used to identify, monitor, and manage academic, operational, and financial risks associated with program delivery. Describe the processes in place to identify, declare, and manage actual, potential, or perceived conflicts of interest relevant to the program governance and delivery. **Examples of evidence may include:** Documentation describing academic governance structures; terms of reference for committees; decision-making authorities and reporting lines; records demonstrating accountability for program oversight; and relevant policy documents.
Criterion 2.3 The program has rigorous quality assurance, monitoring and evaluation mechanisms in place.	To ensure that the program has systematic internal quality assurance, monitoring, and evaluation processes that support continuous improvement.	Outline the processes by which the education provider assures the quality of the programs. Describe the sources of data that inform quality assurance, monitoring, and evaluation activities, and explain how outcomes of these processes are used to inform program design, delivery, and management to support continuous improvement. Stakeholder input informing program quality improvement is addressed separately under Criterion 3.3. **Examples of evidence may include:** Program and unit review schedules and outcomes; policies and procedures (including conflict of interest policies and procedures); evaluation and review cycles; relevant excerpts from committee meeting minutes and action plans; outcomes of quality assurance processes.

Domain 2. Governance and quality

Criterion	Intent	Evidence Guide
Criterion 2.4 The leadership, teaching, and technical staff cohort are adequate for the program requirements and are appropriately qualified and experienced.	The leadership, teaching, and professional and technical staff cohort are adequate, appropriately qualified, experienced, supported, and resourced to meet program requirements.	Demonstrate that the program has a designated program leader with relevant profession-specific (pharmacy) experience and expertise, who is responsible for providing effective professional and academic leadership, engagement, and advocacy for the program. Outline how the staff cohort, including sessional or causal staff, is sufficient to meet the needs of program delivery, including consideration of staff qualifications, professional experience and roles. **Examples of evidence may include:** Organisational charts; structured staff listings, including expertise and experience; terms of reference, minutes, and action plans of relevant committees; recruitment planning for vacancies (if relevant); student feedback.
Criterion 2.5 Program resources are fit for purpose, sufficient for the needs of the student/ intern cohort and are regularly reviewed and updated.	To ensure that sufficient resources are available for delivery of the program, including physical facilities, equipment, technology, and information resources. To ensure that effective mechanisms for review and updating of resources are in place.	Demonstrate that sufficient resources are available for current delivery of a fit-for-purpose program. Outline the mechanisms used to regularly review program requirements to ensure they remain appropriate over time, including in response to actual or anticipated changes in cohort size, mode of delivery, or program scope. Demonstrate how program autonomy is supported by access to fit-for-purpose resources, including delegated budgetary control where applicable. **Examples of evidence may include:** 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.

Domain 2. Governance and quality

Criterion	Intent	Evidence Guide
Criterion 2.6 Risks to the sustainable delivery of the program are regularly monitored and evaluated, and appropriate mitigation strategies are clearly documented.	To ensure effective risk identification and management processes are in place to support ongoing program delivery and sustainability.	Explain the processes used at the program level to identify, assess, monitor, mitigate, and manage risks affecting the ongoing and sustainable delivery of the program. **Examples of evidence may include:** Risk management plan, 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).

3. Program

Program design and implementation support students to demonstrate relevant capabilities, safe and competent practice, and public accountability.

Criterion	Intent	Evidence Guide
Criterion 3.1 A coherent and contemporary educational philosophy is aligned with the design and delivery of the program.	To ensure the program is grounded in a clearly articulated educational philosophy.	Demonstrate how the program's structure, learning activities, and assessment approaches align with this philosophy and support achievement of program outcomes. **Examples of evidence may include:** Summary table of program structure (e.g., subjects and placements undertaken each year/ semester); statement of philosophy and/or strategy; program maps highlighting alignment; assessment maps or matrices.
Criterion 3.2 The program design, content and assessments reflect contemporary evidence-based pharmacy practice. The program duration and sequencing support achievement of the required elements described in the Pharmacist Capability Framework over a sufficient time period.	To ensure the program is contemporary and remains fit for purpose. To ensure that the duration of the program is appropriate to allow graduates to achieve and demonstrate the required capabilities, and to avoid negative impacts on staff and student/intern workloads.	**Program currency and contemporary practice** Demonstrate how program design, content, and assessment reflect contemporary, evidence-based pharmacy practice. **Examples of evidence may include:** Curriculum documentation that reflects contemporary pharmacy practice; examples of evidence-based teaching and assessment approaches; details of teaching staff who maintain current pharmacy registration and/or active professional practice. **Program duration and sequencing** Demonstrate that program duration and curriculum sequencing support progressive development of required capabilities over a sufficient time period. *continued next page...*

Criterion	Intent	Evidence Guide
Criterion 3.2 *continued from previous page...*		This includes: • curriculum structure and sequencing that enable capability development over time, and • workload and study design that allow learners to achieve required outcomes within realistic and appropriate timeframes. **Examples of evidence may include:** Curriculum and assessment mapping showing student study load, contact hours, and unit or course sequencing; evidence of student and staff feedback on workload and program structure; documentation demonstrating how program duration supports achievement of the required capabilities. **Alignment with frameworks and regulatory requirements** Demonstrate that the program is aligned with relevant professional and regulatory requirements, including: • explicit alignment with, and mapping to, the Pharmacist Capability Framework, and • alignment with PharmBA and APC requirements for Workplace Based Assessment (WBA). **Examples of evidence may include:** Capability mapping; regulatory alignment statements; assessment frameworks demonstrating eligibility to sit registration examinations.
Criterion 3.3 Key stakeholder input into program design, evaluation, and quality improvement processes are sought, considered, and incorporated into the program where appropriate.	To ensure that a wide range of stakeholders can provide ongoing feedback on the program.	Outline the formal and informal mechanisms used to gather feedback from staff, students/ interns, graduates, supervisors, placement partners, practitioners, employers, professional bodies, and patients and consumers. Students are recognised as a critical stakeholder group and should be included in formal governance structures and decision-making processes. Describe the mechanisms used to record, consider, action, and communicate the *continued next page...*

Criterion	Intent	Evidence Guide
Criterion 3.3 *continued from previous page...*		outcomes of feedback that is gathered, including how feedback informs program changes and enhancements. **Examples of evidence may include:** Terms of reference and current membership of committees or stakeholder groups; meeting minutes; governance/program structures that consider feedback; examples of changes made in response to feedback; examples of feedback outcomes shared with stakeholders.
Criterion 3.4 All students/interns learn with, about, and from students from other health professions through structured interprofessional education that supports collaboration and improved health outcomes.	To ensure all graduates are prepared to collaborate effectively with other health professionals to improve health outcomes.	Outline how interprofessional education is included in the program. Describe how students/interns engage with learners from other health professions in both real and simulated learning environments, and how these activities support the development of collaborative practice capabilities. Provide examples of interprofessional learning activities that reflect diverse health system contexts and practice settings. **Examples of evidence may include:** Curriculum and assessment maps; unit outlines; task descriptions; student/intern feedback; student/intern reflections; stakeholder evaluations.
Criterion 3.5 The program content supports students to develop and use skills to ensure that graduates can demonstrate research capabilities.	To ensure that graduates can critically appraise, apply, and contribute to the evidence base appropriate to their level of training.	Demonstrate that the program content related to research is aligned with the level and type of the program. Demonstrate how research literacy, critical thinking, reflective learning, and evidence-based practice skills are developed across the curriculum and assessed at appropriate stages of the program. **Examples of evidence may include:** Curriculum and assessment maps; assessment rubrics; unit outlines.

4. Student/intern experience

Students/interns are provided with equitable and timely access to information and support.

Criterion	Intent	Evidence Guide
Criterion 4.1 Program admission and progression requirements and processes are fair and transparent.	To ensure that students will experience admission and progression processes that are fair and reasonable.	Outline how admission and progression requirements and related policies are applied consistently across the program. Outline any program inherent requirements (or equivalent) and describe how these requirements are communicated, assessed and applied. **Examples of evidence may include:** 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 4.2 Program information is clear and accessible.	To ensure that prospective students/interns are to make an informed decision about the program.	Provide details of the program information made available to prospective students, such as selection policies, entry criteria and processes, inherent requirements, English language proficiency requirements, experiential and WIL requirements, PharmBA requirements, and current accreditation status. Outline how prospective students/interns can access this program information, including the timing, format, and channels through which this information is provided. **Examples of evidence may include:** Promotional and informational materials; excerpts/screenshots from websites; minutes and action plans of relevant committees; FAQs; enquiry logs.

Domain 4. Student/intern experience

Criterion	Intent	Evidence Guide
Criterion 4.3 The education provider ensures that students/interns can access relevant resources and support systems in a timely manner to facilitate achievement of the required capabilities.	To ensure students/interns are supported throughout the duration of the program, including academic support, general welfare, and wellbeing.	Outline the range of resources and support systems available to students/interns which may include, but are not limited to: • orientation and induction processes • academic support, general welfare and wellbeing services • learning resources such as physical spaces, online learning management systems, information and library resources, and self-directed learning materials, • peer support networks, and • effective supervision and mentoring arrangements. Describe how communication with students/interns is planned and delivered to balance both student/intern and staff needs, including how urgent communications are facilitated when required. **Examples of evidence may include:** Informational materials; excerpts/screenshots from websites; electronic and other communications; student/intern feedback.
Criterion 4.4 The education provider ensures that the principles of equity and diversity are applied.	To ensure students/interns are informed of their rights, treated fairly and lawfully, and supported through equitable access to learning opportunities, reasonable adjustments, and appropriate supports to enable progression through the program.	Outline the processes to identify students/interns whose backgrounds or circumstances may present challenges to equitable participation in the program, including (but not limited to) cultural and linguistic diversity, English language proficiency, socioeconomic circumstances, disability, and health issues. Describe the programs, services, and mechanisms available to support these students/interns and explain how these mechanisms enhance equity of access and participation. Outline how students/interns are informed about available support options, and how uptake and outcomes are monitored. Explain how decisions regarding reasonable accommodations are made and applied, *continued next page...*

Criterion	Intent	Evidence Guide
Criterion 4.4 *continued from previous page...*		including how relevant policies and procedures of the provider organisation are implemented at the level of program delivery. Demonstrate how equity and diversity principles are operationalised within the program, including mechanisms to monitor outcomes and evaluate the effectiveness of support strategies. **Examples of evidence may include:** 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 Students/interns can access effective appeals and grievance processes.	To ensure the provider has in place processes to manage appeals and grievances from students/interns.	Outline how the education provider manages student/intern appeals and grievances, including the policies, procedures, and frameworks applied to ensure natural justice, procedural fairness, and timely resolution. Describe how students/interns are informed about appeals and grievance processes, how matters are escalated and reviewed, and how outcomes are communicated to relevant parties. Demonstrate how appeals and grievances are recorded, monitored and reviewed to inform quality assurance and continuous improvement. **Examples of evidence may include:** Policies and procedures; records of appeals and outcomes; records of complaints and outcomes; student/intern feedback.

5. Outcomes and assessment

Graduates of the program demonstrate achievement of all the required capabilities for the level of qualification awarded, to ensure competent, safe, and socially accountable professional practice.

Criterion	Intent	Evidence Guide
Criterion 5.1 The program has a contemporary evidence-based assessment strategy.	To ensure the overall program assessment methodology and approach is planned and regularly reviewed, and that emerging technologies, such as artificial intelligence, are considered.	Describe the overall assessment strategy that underpins the program, including the principles guiding assessment design and the relevant assessment-related policies and procedures. Demonstrate the mechanisms in place to identify, monitor, and respond to emerging risks in assessment practices, including risks associated with technological developments such as artificial intelligence. **Examples of evidence may include:** Assessment strategies or frameworks; assessment-related policies and procedures; guidance on acceptable use of digital technologies and artificial intelligence in assessment; academic integrity policies and resources; records of assessment review and quality assurance activities; assessment maps; and examples of assessment tasks and marking rubrics.
Criterion 5.2 Program assessments (including during Work Integrated Learning (WIL)) are contemporary, evidence based, and diverse.	To ensure that the program includes a range of assessment types that are appropriate to each learning outcome.	Outline the types of assessment tools used across the program, including assessments undertaken in WIL settings. Explain how assessment types are aligned with learning outcomes and learning activities and describe the rationale for the assessment approaches adopted, including reference to relevant educational or professional standards where appropriate. *continued next page...*

Domain 5. Outcomes and assessment

Criterion	Intent	Evidence Guide
Criterion 5.2 *continued from previous page...*		Describe how the validity and reliability of assessment practices are evaluated and monitored, including mechanisms for moderation, benchmarking and review, where relevant. **Examples of evidence may include:** Examples of assessment types; evidence of alignment with APC and PharmBA assessment requirements, including WBAs.
Criterion 5.3 All required professional capabilities and program learning outcomes are assessed, aligned with the Pharmacist Capability Framework.	To ensure graduates are competent to practise safely, legally, professionally, and ethically as a member of an interprofessional health care team.	Outline how program assessment approaches ensure that students/interns demonstrate achievement of the required capabilities and program learning outcomes, with alignment to professional, regulatory, and registration frameworks and codes. **Examples of evidence may include:** Curriculum and assessment maps demonstrating alignment between program learning outcomes, assessment tasks, and the Pharmacist Capability Framework.
Criterion 5.4 The program has effective policies and procedural controls in operation for external moderation of assessments.	To ensure the external moderation of assessments as part of continuous quality improvement to assure validity, integrity, reliability, fairness, and transparency in the assessment of students/interns, with outcomes used to inform program development and enhancement.	Outline the policies and processes in place for independent and external review of assessment tasks and outcomes for quality assurance and improvement purposes. Explain how assessment moderation processes are implemented in practice, and how the feedback and findings from moderation activities are analysed, actioned, and used to improve assessment design and program delivery. Demonstrate that assessment moderation and review activities involve appropriately qualified and experienced internal and/or external staff. **Examples of evidence may include:** Policies and procedures; review/moderation schedules; review/moderation agreements; examples of external moderation reports; excerpts of committee meeting minutes and action plans; student/intern feedback.

Domain 5. Outcomes and assessment

Criterion	Intent	Evidence Guide
Criterion 5.5 All assessments are fair, valid and reliable.	To ensure that there are clear criteria for assessments that are shared with students/ interns, supervisors, and assessors undertaking the assessments for consistency.	Outline the policies and processes in place to ensure that assessment criteria are clearly defined, communicated, and applied consistently across assessment tasks and settings, including WIL. Describe how assessments are conducted by appropriately qualified and trained assessors, including the recruitment, induction, briefing, training, and ongoing support of assessors. Explain how fairness in assessment is promoted, including the identification, declaration, and management of actual, potential, or perceived conflicts of interest. **Examples of evidence may include:** Examples of assessment task descriptions and rubrics; external moderation reports; incident and appeal reports; policies and procedures for assessment of group work; induction, training and briefing documentation; peer review or moderation processes for individual assessment tasks.
Criterion 5.6 Students/interns are provided with effective, appropriate, and timely assessment feedback.	To ensure students/interns can improve their performance.	Outline the mechanisms through which students/interns receive feedback from assessors. Describe how feedback practices are designed to promote future learning and development, with a focus on the quality, specificity, and developmental nature of feedback in addition to administrative considerations, such as turnaround times and modes of delivery. Demonstrate how feedback supports student/ intern learning, improvement, and progression across the program. **Examples of evidence may include:** Completed assessments with feedback; feedback from assessors; student/intern feedback and satisfaction, including through formal evaluations and informal mechanisms.

6. Cultural safety

The program and its graduates support Aboriginal and Torres Strait Islander Peoples to work, learn, and receive care in environments that are culturally safe and free from racism.

Criterion	Intent	Evidence Guide
Criterion 6.1 Program design, content, delivery, and assessment specifically emphasise and promote Aboriginal and Torres Strait Islander cultures, cultural safety, and improving health outcomes, and support the development of skills that enable the provision of culturally safe care.	To ensure that the program supports the development of cultural responsiveness, knowledge, and reflective practice among staff and students/interns, enabling the provision of culturally safe care as determined by Aboriginal and Torres Strait Islander Peoples.	Outline how, where, and at what stages cultural safety is embedded within curriculum, including Aboriginal and Torres Strait Islander cultures, histories, and knowledges, and how these inform learning, teaching, and assessment activities. Demonstrate how curriculum design, content and delivery related to Aboriginal and Torres Strait Islander Peoples adopts a strengths-based approach, avoids deficit framing, and aligns with principles of self-determination, respect, and partnership. **Examples of evidence may include:** Curriculum and assessment mapping to the Aboriginal and Torres Strait Islander Health Curriculum Framework,[5] examples of curriculum activities, and/or assessments.
Criterion 6.2 Aboriginal and Torres Strait Islander Peoples have input into curriculum design and management.	To ensure that the program provider actively engages with Aboriginal and Torres Strait Islander Peoples to ensure the program reflects Indigenous perspectives and supports the development of culturally safe graduates	Outline how Aboriginal and Torres Strait Islander Peoples' input informs curriculum design, governance, and continuous improvement processes within the program. Describe how this input is considered, actioned, and reflected in curriculum development, teaching, and learning activities, assessment practices, and program review. *continued next page...*

Criterion	Intent	Evidence Guide
Criterion 6.2 *continued from previous page...*		Explain the mechanisms used to engage Aboriginal and Torres Strait Islander Peoples, including the frequency, scope, and formality of engagement, and how feedback and advice are documented and incorporated into program decision making. **Examples of evidence may include:** Descriptions of engagement with Aboriginal and Torres Strait Islander individuals or groups; minutes and action plans of relevant committees/advisory groups; description of frequency of input.
Criterion 6.3 Staff delivering the program have the knowledge, expertise, and cultural capability to guide and support student learning about Aboriginal and Torres Strait Islander cultures, cultural safety, and improved health outcomes.	To ensure that program content relating to Indigenous cultures and cultural safety is delivered by or with the involvement of Aboriginal and Torres Strait Islander people, or people with relevant knowledge and expertise.	Explain how staff involved in delivering the program build, maintain, and demonstrate their understanding of Aboriginal and Torres Strait Islander cultures, cultural safety, and their application within pharmacy education and practice. Demonstrate the mechanisms that support the ongoing development and maintenance of staff cultural capability, including professional learning, reflective practice and engagement with Aboriginal and Torres Strait Islander Peoples and communities. Outline how Aboriginal and Torres Strait Islander Peoples are involved in the delivery, co-design, or oversight of curriculum content related to Indigenous cultures, cultural safety, and health outcomes. **Examples of evidence may include:** Description of how Indigenous Peoples are involved with program delivery; documentation of relevant training completed by staff; description of staff expertise and knowledge to deliver content on Indigenous cultures and cultural safety.

Domain 6. Cultural safety

Criterion	Intent	Evidence Guide
Criterion 6.4 The education provider has processes to promote and support the recruitment, admission, participation, retention, and completion of the program by Aboriginal and Torres Strait Islander students.	To ensure that Aboriginal and Torres Strait Islander students are supported through the program to increase the number of Indigenous pharmacists in Australia.	Describe the recruitment, admission, and retention strategies in place to support Aboriginal and Torres Strait Islander students within the program. Outline the culturally safe, tailored supports available to Aboriginal and Torres Strait Islander students once enrolled, including academic, pastoral, mentoring, and wellbeing supports. Demonstrate preparedness to provide culturally safe learning environments and responsive support mechanisms that promote participation, progression, and completion for Aboriginal and Torres Strait Islander students. **Examples of evidence may include:** Targeted recruitment and outreach activities; Indigenous-specific entry or support pathways (where applicable); involvement of Aboriginal and Torres Strait Islander staff, advisors, or mentors; dedicated cultural, academic, or wellbeing support services; and documentation outlining support strategies and outcomes for Aboriginal and Torres Strait Islander students.
Criterion 6.5 Staff and students work and learn in a culturally safe environment that is free from racism.	To ensure that providers demonstrate how they promote appreciation of cultural differences and development of cultural safety among both staff and students/interns.	Describe the mechanisms in place to create, promote, and maintain a culturally safe learning and working environment for staff and students/interns. Explain how racism, discrimination, and culturally unsafe behaviours are identified, prevented, and addressed through organisational culture, policy, education, and practice. Demonstrate how staff and students are supported to develop cultural safety awareness, reflective practice, and accountability, and how feedback is used to strengthen culturally safe environments. *continued next page...*

Domain 6. Cultural safety

Criterion	Intent	Evidence Guide
Criterion 6.5 *continued from previous page...*		**Examples of evidence may include:** Staff training and professional development related to cultural safety and anti racism (including frequency and participation rates); cultural safety, anti racism, and discrimination policies and procedures; reporting and response mechanisms; and feedback from staff and students/interns regarding cultural safety and inclusion.
Criterion 6.6 Students have authentic practice-based learning experiences that enable them to apply culturally safe care for Aboriginal and Torres Strait Islander Peoples.	To ensure that students can apply their program learning about cultural safety in a practice setting.	Describe how WIL opportunities include and/or support engagement with Aboriginal and Torres Strait Islander patients, communities, or organisations in a manner appropriate to the practice context. Explain how learning activities are designed to support culturally safe practice while avoiding unnecessary cultural load or tokenistic participation by Aboriginal and Torres Strait Islander Peoples. Demonstrate how culturally safe learning experiences are designed in alignment with Aboriginal and Torres Strait Islander community needs and expectations, and how feedback from communities, placements sites, or partners informs program quality improvement. **Examples of evidence may include:** WIL mapping; examples of activities (real or simulated); on-Country learning experiences; supervised community engagement; partnerships with Aboriginal and Torres Strait Islander organisations; workshops or other context-appropriate learning activities.

Glossary

Term	Definition
Capabilities	Used by National Scheme entities to describe the knowledge, skills, and professional attributes needed to safely and competently practice the relevant health profession in Australia.[2]
Criteria	For each **domain,** the criteria are the specific statements against which the program is to be evaluated, and which are designed to be addressed by an education provider when undergoing accreditation. For accreditation of a program (without conditions), it is necessary for compliance to be demonstrated against all **criteria.**
Cultural diversity	Having a mix of people from different cultural backgrounds; it can include differences in cultural/ethnic identity (how we identify ourselves and how others identify us), language, country of birth, religion, heritage/ancestry, national origin, and/or race.[3]
Cultural safety	Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families, and communities. Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours, and power differentials in delivering safe, accessible, and responsive health care free of racism.[4,5]
Domain	A high-level thematic grouping that brings together related accreditation expectations under a single area of focus, expressed through a Standard Statement and supported by multiple criteria.
Education Provider	A university, tertiary education institution, or another institution or organisation that provides vocational training, or a specialist medical college or other health profession college.[6]

Term	Definition
Fitness-to-practise	Encompasses both readiness-to-practise from a competency perspective (including knowledge, skills, behaviours, and attitudes), and the capacity to undertake professional practice safely from the perspective of wellbeing and impairment. As outlined in the National Law, fitness-to-practise can be framed using the categories of conduct, performance, and health where the first two relate to readiness-to-practise and the third to wellbeing and impairment.[6–8]
Interprofessional education	The Health Professions Accreditation Collaborative (HPAC) Forum has endorsed the World Health Organisation's (WHO) definition of interprofessional education: 'Interprofessional education occurs when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.'[9]
Moderation of assessment	Quality assurance and control processes and activities, such as peer review, that aim to assure: • consistency or comparability, appropriateness, and fairness of assessment judgments • the validity and reliability of assessment tasks, criteria, and standards. Moderation of assessment processes establish comparability of standards of student performance across, for example, different markers, locations, subjects, providers, and/or courses of study.[10]
Person-centred care	Care that is respectful of, and responsive to, the preferences, needs and values of the individual consumer/patient/client and recognises the role of family and community. It involves seeking out and understanding what is important to the consumer/ patient/client and their family, community and/or carer, fostering trust, establishing mutual respect and working together to share decisions and plan care, whilst recognising that consumer/patient/client safety remains paramount.[2] Person-centred care is an approach to the planning, delivery and evaluation of health care that is founded on mutually beneficial partnerships among healthcare providers and patients. Person-centred care is respectful of, and responsive to, the preferences, needs and values of patients and consumers. Key dimensions of person-centred care include respect, emotional support, physical comfort, information and communication, continuity and transition, care coordination, involvement of carers and family, and access to care. Also known as patient-centred care or consumer-centred care.[11]

Term	Definition
Simulation-based learning	Interactive educational methods or clinical experiences that evoke or replicate real-life characteristics of an event or situation as the basis for developing skills, confidence, and problem-solving abilities in a safe, controlled, and monitored environment.[12]
Social accountability	Pharmacists being willing and able to: • deliver culturally safe and responsive person-centred care • address the healthcare needs of individuals and the wider society • assume responsibility for the sustainable use of healthcare resources • contribute to the ongoing improvement of individual and societal health outcomes. For education providers, it is an obligation to: • provide education that promotes the development of socially accountable pharmacists • undertake research and service activities targeted towards addressing the current and future priority health concerns of society.[13,14]
Standard (statement)	For each **domain,** a standard (statement) describes the overall scope of the **domain.**
Work-integrated learning (WIL)	The component of a program of study, undertaken with supervision, in a clinical or professional practice environment that assists students to put theoretical knowledge into practice.[12] For the purpose of these standards, the APC considers supervised practice undertaken by an intern as a type of WIL.

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