australian pharmacy council

Accreditation Standards

for Pharmacy Programs
in Australia and New Zealand

2020

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Contents

Preamble

In Australia, the pharmacy profession is regulated by the Pharmacy Board of Australia (PharmBA) under the National Registration and Accreditation Scheme (NRAS), which came into effect on 1 July 2010 through the passage of nationally consistent legislation by the governments of the six Australian states, the Northern Territory and the Australian Capital Territory. 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 Accreditation Committee and include accreditation of pharmacy degree and intern training programs, and continuing professional development (CPD).

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

To be eligible for initial general registration as a pharmacist in Australia, an individual must successfully complete

- an approved degree program
- a period of supervised practice which must include satisfactory completion of an accredited intern training program, and
- mandatory external assessments

To be eligible for initial general registration as a pharmacist in New Zealand, an individual must successfully complete

- an approved degree program
- the intern training program, and
- a pass in the Assessment Centre

The Accreditation Standards for degree programs, last published in 2012, are used as the basis for the accreditation of degree programs in both Australia and New Zealand, however separate Accreditation Standards exist for intern training programs (ITP) in Australia and New Zealand. The APC Accreditation Committee makes accreditation decisions for Australian programs, and accreditation recommendations to PCNZ for New Zealand programs.

Pharmacy programs must be accredited and approved by the relevant authorities in Australia or New Zealand. A pharmacy program may be accredited if it meets all Accreditation Standards; alternatively a program may be accredited with conditions if the program substantially meets the Accreditation Standards and there is good reason to believe that the program will meet all Accreditation Standards within a reasonable time frame. Accreditation may be granted for a maximum period of six years (degree programs) and three years (ITPs). Accredited programs are also subject to regular monitoring to ensure that they continue to comply with all Accreditation Standards throughout their period of accreditation. Provisions exist for conditions to be imposed, or the accreditation of a program to be revoked at any stage should there be evidence that the program is no longer compliant. The accreditation process includes accreditation applications, site evaluations, audit reports and ongoing monitoring to assess compliance, and any changes to programs must be notified in advance of their implementation in order for an assessment to be made of any impact on accreditation status.

At the present time, accreditation is available for both four-year (or equivalent) Bachelor of Pharmacy and three-year (or equivalent) Master of Pharmacy degree programs which provide for the initial education and training of pharmacists. In Australia, graduates of accredited degree programs are entitled to seek provisional registration with the PharmBA, and to complete a period of supervised practice as an intern pharmacist. In New Zealand, graduates of accredited degree programs are entitled to seek registration in the Intern Pharmacist scope of practice and enrolment in the accredited intern training program. The internship is currently separate from the degree program rather than integrated with it as is the case in a number of other jurisdictions internationally.

The NRAS operates under the provisions of the *Health Practitioner Regulation National Law* (the National Law), and is supported by the Australian Health Practitioner Regulation Agency (AHPRA), which is responsible for the implementation of NRAS across Australia. AHPRA has established procedures for the development and review of accreditation standards, which require that proposals for new or revised accreditation standards must

a. take into account the objectives and guiding principles in the National Law
b. meet the consultation requirements in the National Law
c. take account of relevant international standards and statements relating to education and training in the profession, and the accreditation standards applied in countries with comparable education and practice standards for the profession
d. take into account the Council of Australian Governments Principles for Best Practice Regulation[1]

The objectives of NRAS are to

a. provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered
b. facilitate workplace mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction
c. facilitate the provision of high-quality education and training of health practitioners
d. facilitate the rigorous and responsive assessment of overseas-trained health practitioners
e. facilitate access to services provided by health practitioners in accordance with the public interest
f. enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners[2].

The *Accreditation Standards for Pharmacy Programs in Australia and New Zealand 2020* have been developed in accordance with these procedures and objectives. They have also been designed to complement the requirements of accrediting authorities in the higher education and vocational education sectors in Australia and New Zealand.

1. COAG (2007). Best Practice Regulation: A guide for ministerial councils and national standard setting bodies. Accessed 2-Jun-19 at https://www.pmc.gov.au/resource-centre/regulation/best-practice-regulation-guide-ministerial-councils-and-national-standard-setting-bodies

2. AHPRA (2014). Procedures for the development of accreditation standards. Accessed 2-Jun-19 at https://www.ahpra.gov.au/Publications/Procedures.aspx

Introduction

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 to safeguard the public and society more generally by ensuring that graduates of programs are able to demonstrate defined performance outcomes relevant to their stage of education, development and experience. These performance outcomes have been formulated to ensure that graduates of degree programs and applicants for initial general registration meet all of the competencies required for practice under supervision as an intern, and unsupervised practice as a pharmacist respectively.

The 2020 Accreditation Standards differ from older versions in a number of ways.

Firstly, the Accreditation Standards for degree and intern training programs have been formulated into a single set which applies to both types of program.

The rationale for this approach is that

- the journey from commencement of a pharmacy degree program to the point of initial general registration represents a continuum of learning and development along the same pathway
- a single set of Accreditation Standards will permit (although not require) education providers to consider different models, including programs which integrate degree and intern training programs
- internationally, pharmacy Accreditation Standards are increasingly being formulated as a single integrated set

It is important to acknowledge, however, that degree and intern training programs differ to some extent in purpose, design and delivery, and as a consequence, provision has been made for these differences to be reflected in the Accreditation Standards.

Secondly, reflecting the recent approach of a number of the regulated health professions in Australia, the 2020 pharmacy Accreditation Standards have been structured into five 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 five Domains are:

1. Safe and socially accountable practice
2. Governance and quality
3. Program
4. Student/intern experience
5. Outcomes and assessment

Domain 1 reflects the framing of the 2020 Accreditation Standards around the overarching principle of social accountability, which encompasses the responsibilities and obligations of individuals and organisations to serve society, by seeking both to prevent harm and to promote optimal health outcomes. This represents an innovative approach compared with the Accreditation Standards of the other regulated health professions using this structure, where Domain 1 refers to public safety or safe practice. The use of social accountability focuses attention on a broader approach to the public service aspect of health professions, by acknowledging the importance not only of harm prevention, but of active health promotion and optimisation.

Thirdly, the 2020 Accreditation Standards have been developed to create an appropriate balance between the processes and outcomes of education and the key relevant underpinning inputs.

The Accreditation Standards are intended to reflect that the initial education and training of pharmacists should provide the foundation for practice in a wide range of settings, including both traditional and emerging. Pharmacists entering the profession must be equipped not only with the knowledge, skills and behaviours necessary for contemporary practice, but also with the skills and flexibility to adapt to new scopes of practice as they emerge. They must have the capacity to respond over the length of their careers to the changing health care needs of society, evolving priorities in health care and changing technologies for the delivery of health care services. They must understand and engage appropriately with a diverse range of individuals and communities, and must be able to identify and respond to disparities in access to and provision of health care. They must be able to work collaboratively and effectively with a range of other health care professionals, and to demonstrate resilience as they navigate the inherent ambiguity and uncertainty of the health care environment. They must be able to engage in lifelong professional development and learning, and to take responsibility for their professional contributions and actions.

Domains and Standard (statements)

The following table summarises the Accreditation Standards Framework. Subsequent sections provide details of the criteria and their accompanying notes.

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, implementation and resourcing enable graduates of the program to demonstrate achievement of the relevant performance outcomes[3], competent and safe practice, and accountability to the public for their actions.
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.
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.

3. In the context of the Accreditation Standards, the performance outcomes for Australian programs are those described in the *Performance Outcomes Framework* (APC, in draft); the performance outcomes for New Zealand programs are the *Competence Standards for the Pharmacy Profession* (PCNZ, 2015).

Criteria and Notes

Domain 1 Safe and socially accountable practice

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

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.

Notes

It is expected that the principles of 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 will be evident in the objectives/outcomes of the program, and that students/interns are assessed in relation to them.

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.

Criterion 1.3[4]

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.

Notes

Fitness-to-practise includes both personal (capability) and competency (readiness-to-practise) aspects and both are intended to protect the safety of patients and the public. The former is designed to ensure that students/interns are physically and mentally capable of performing to an appropriate and safe standard during their education and training, including in work-integrated learning (WIL) environments.

Units delivering programs are expected to have documented policies/procedures for identifying students/interns at risk of not being fit-to-practise, and to implement them consistently.

The publication of inherent requirements may form part of fitness-to-practise processes for units providing degree programs, and units delivering both types of programs are expected to be aware of, and to fulfil their responsibilities under the PharmBA's Guidelines on Mandatory Notifications and in New Zealand the obligations under the HPCA Act 2003.

4. Criterion 1.3 does not apply to units providing intern training programs.

The competency aspect (which includes both conduct and performance) is intended to ensure that students/interns have demonstrated appropriate levels of relevant knowledge, skills, behaviours and attitudes prior to interacting with patients and the public. This should generally be demonstrated through relevant formative and/or summative assessment of conduct and performance. There may be, however, situations where students undertake appropriate activities for the purpose of developing skills which have not yet been assessed and where the risk to the public is very low.

Criterion 1.4

All staff and students/interns are held accountable to endorsed standards of professional and ethical practice and conduct.

Notes

This criterion requires providers to demonstrate not only that they have in place appropriate standards of professional and ethical practice/conduct (such as those articulated in pharmacy and organisation-specific guidelines and codes and endorsed by the profession), but also that staff and students/interns are made aware of them and processes/procedures are in place for monitoring compliance with them. Where inappropriate practice or conduct is detected, there should be appropriate measures implemented to address them with the aim of ensuring that both individuals and the organisation are accountable for their actions in protecting the safety of students/interns, patients and the public.

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.

Notes

Providers should demonstrate that students/interns are assessed on their knowledge and application of the legal, ethical and professional responsibilities of a pharmacist as set out in relevant legislation (such as drugs and poisons legislation, privacy legislation, National Health Practitioner Regulation legislation and in New Zealand the Health Practitioner Competence Assurance Act 2003, Medicare, PharmBA Codes and Guidelines (including Guidelines on Mandatory Notifications), professional standards (such as Codes, Competency Standards, Professional Practice Standards and other practice-specific guidelines), and in Australia matters specific to their local State or Territory.

Providers should also ensure that students/interns are familiar with sources of information about legal, ethical and professional responsibilities (such as legislative websites, PharmBA website, PSA/SHPA/PGA/PSNZ/PGNZ/NZHPA websites), sources of relevant CPD, and familiarity with recertification/reregistration processes and requirements for registered practitioners.

It is expected that degree program providers will assess students at different levels of depth and breadth compared with ITP providers, commensurate with the potential risk to the public. It is not expected that ITP providers will be responsible for conducting all of the assessments necessary to ensure that graduates demonstrate appropriate understanding of their legal, ethical and professional responsibilities, since many of these assessments will be carried out in the workplace or by means of external assessments. They should have in place processes for monitoring the performance of interns in the assessments carried out by other parties.

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.

Notes

Units providing degree programs are required to provide evidence that students have demonstrated achievement of the degree performance outcomes to the specified level. This will require inclusion of practical experience such as campus-based activities, and periods of WIL.

Research has indicated that the extent, nature and quality of clinical and experiential learning are of fundamental importance in the education and training of pharmacists, but that the volume of experience is less critical than its quality. Relevant aspects include 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, and opportunities to develop confidence in communication and interprofessional interactions.

Additional research suggests that WIL in multiple sectors is beneficial in developing pharmacists with greater readiness-to-practise. As such, units delivering degree programs must make provision for all students to engage in WIL in a range of settings including community and hospital pharmacy settings (both compulsory), and other relevant settings including Aboriginal or Māori health services, rural and remote settings, residential care settings, within interprofessional health care teams, general practice, areas of workforce need, and any other setting where medicines management is involved. It is expected that a high priority is placed on exposing students to communities where disparities and inequities in health are most apparent.

Of equal importance is the need to demonstrate the quality of WIL using the criteria outlined above, or other relevant quality aspects.

Units delivering ITPs are not required to make provision for WIL (since these arrangements are currently based on employment contracts) but should ensure interns are provided with reasonable opportunities to develop skills which are not available in their workplace. This may be achieved through simulation where appropriate.

Units delivering ITPs are also responsible for collecting evidence that interns have achieved the required performance outcomes by monitoring assessments carried out within WIL. There is no requirement to include a specified number of hours of WIL within a degree program, however the Registration Standard does currently mandate a number of hours of supervised practice in Australia. As this latter requirement is mandated by the regulatory authorities it is therefore outside the scope of Accreditation Standards.

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.

Notes

This criterion requires that units delivering programs have standards in place, and that they also have processes for monitoring and evaluating the fitness-for-purpose of WIL sites. This will require the unit to document standards and criteria, to maintain signed contractual agreements[5] with WIL sites relating to the rights, responsibilities and expectations of all providers, sites and students/interns, and to maintain communication channels which facilitate effective monitoring of those agreements.

It is not expected that units delivering programs will certify that all WIL sites are fully compliant with the standards, but that they have processes which facilitate detection of poor compliance and means by which poor compliance is addressed. External credentialing or accreditation (such as QCPP) may be used as supporting evidence.

Supervision should be carried out by suitably qualified and experienced health care professionals. There is no requirement that all supervision is to be carried out by pharmacists, particularly in interprofessional settings.

5. The need for formal agreements and effective quality assurance systems is an expectation of TEQSA for HEIs. (TEQSA (2017). Guidance Note: Work Integrated Learning. Accessed 27-Feb-19 at https://www.teqsa.gov.au/sites/default/files/guidance-note-work-integrated-learning-v1-2.pdf?v=1508210872

The safety of a WIL site includes aspects such as cultural, physical and emotional safety, particularly but not exclusively as described under workplace health and safety principles and legislation.

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.

Notes

This criterion applies primarily to units delivering ITPs, where interns are employees within the WIL sites, and the preceptor and supervised practice site have been approved by the PharmBA. It requires units delivering programs to have documented expectations in place relating to the rights, responsibilities and expectations of the unit delivering the program, WIL sites/preceptors/supervising pharmacists, and interns, and that these form the basis for signed agreements with WIL sites. This will also require the unit to implement processes which facilitate effective communication of these expectations.

Aspects of supervised practice which relate to the suitability of the site are outlined in a number of documents including the PharmBA *Registration Standard: Supervised practice arrangements and Intern pharmacist and preceptor guide*[6].

It is not expected that units delivering programs will monitor the implementation of agreements, but that they have processes which address breaches of the agreements where they are detected.

The safety of a WIL site includes aspects such as cultural, physical and emotional safety, particularly but not exclusively as described under workplace health and safety principles and legislation.

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.

Notes

This criterion requires units delivering programs to demonstrate that they have appropriate processes in place in relation to the student impairment provisions of the Health Practitioner Regulation legislation (degree programs), the PharmBA Guidelines for Mandatory Notifications (degree and intern training programs), and the HPCA Act (NZ), together with any jurisdictional requirements for eligibility to undertake experiential placements (such as criminal record checks, working with children checks).

Units delivering ITPs must ensure that they remain compliant with their reporting obligations to the PharmBA in relation to completion of mandatory activities (such as CPD, extemporaneous dispensing, First Aid, training plan).

6. Available from https://www.pharmacyboard.gov.au/Registration-Standards.aspx and https://www.pharmacyboard.gov.au/Registration/Internships.aspx respectively.

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 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.

Notes

The term "School of Pharmacy" is used for convenience but refers to that part of the HEI which is directly responsible for delivery and quality assurance/improvement of the degree program and may be designated internally by another title (such as Faculty, Division, Discipline).

Where an ITP is delivered by an HEI, the unit may be identified either as the School or an operational unit within the School, but this identification must be clear, and consistent terminology must be used throughout all accreditation documentation.

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).

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.

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.

Notes

As organisations registered with TEQSA/ASQA/NZQA, HEIs and RTOs must report and meet minimum governance standards and there is no intention to duplicate this reporting. However, program quality relies on organisational-level standards being reflected and met at the program level by the unit delivering the program.

Units delivering programs are required to outline the governance structures at the program delivery level, and to indicate the relationships between the provider organisation and unit delivering the program. Specifically, the focus must be on how the structures, processes and relationships provide appropriate oversight by the provider organisation, and autonomy of the unit, to ensure the quality of the program and that graduates are able to demonstrate the required performance outcomes.

The intention of this criterion is that units delivering programs demonstrate that they have the support and backing of their provider organisations to ensure ongoing viability, and additionally that the units are appropriately accountable for their performance to their organisations.

For degree programs and ITPs delivered by HEIs, units may need to report in relation to more than one level of the provider organisation.

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.

Notes

It is desirable that the designated leader of the unit delivering the program is a registered pharmacist, but it is not mandatory. The critical requirement is that the designated leader is able to demonstrate experience and expertise relevant to the program, and leadership skills commensurate with the level of appointment.

HEIs should outline the qualifications of the Head of School, and where relevant, the leader of degree programs and ITPs, while RTOs should identify and outline the qualifications of the designated leader of the ITP. Where the latter is not responsible for engagement and advocacy for the profession beyond the provider organisation, the processes by which the designated leader of the ITP engages with the provider organisation should be described.

Where the designated leader is not a pharmacist, providers must indicate how and by whom pharmacy-specific leadership is provided.

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.

Notes

Evidence to support compliance with this criterion should include the processes by which financial and other resources are secured for the delivery of the program, and the level of autonomy available to the designated leader in managing those resources. Processes for anticipating and planning for future as well as current needs should be included. The focus should be on demonstrating that the processes are capable of delivering sufficient resources for ongoing sustainability and viability of programs which are fit-for-purpose.

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.

Notes

The provision of the provider organisation's strategic plan is not sufficient for demonstrating compliance with this criterion.

Units delivering programs must have a specific (tailored) strategic plan which may differ significantly from that of the provider organisation but should be consistent with the relevant elements of it (in particular, it is likely that provider organisations'

strategic plans will include components which are not relevant to the delivery of ITPs).

Additionally, units delivering programs must demonstrate how the strategic plan is implemented, evaluated and reviewed, and how this contributes to the ongoing fitness-for-purpose of the program.

Criterion 2.8

Risks to the sustainable delivery of the program are regularly monitored and evaluated, and appropriate mitigation strategies are clearly documented.

Notes

Evidence provided to demonstrate compliance with this criterion must focus on the identification, monitoring and mitigation of risks to the ongoing, sustainable delivery of the program, (including but not limited to financial, program demand, leadership, staffing, physical resources, placement capacity and reputational risks). An organisation's Risk Management Plan is unlikely to include sufficient detail in relation to these specific risks and is likely to contain much material which is not relevant to program delivery.

Units delivering programs must provide a specific (tailored) analysis of key risks, their likelihood of occurring, potential consequences and appropriate risk mitigation and management strategies. Evidence must also be provided of the mechanisms by which risks are monitored and reviewed, and of outcomes resulting from undertaking risk mitigation and/or management.

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 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.

Notes

This criterion requires units delivering programs to be clear and explicit about their rationale for the design and delivery of their program, but does not prescribe a particular form or format for this rationale. It is expected that the rationale is based on contemporary educational theories and/or practice, but a detailed theoretical description is not required.

The emphasis should be on how the philosophy/strategy is implemented, focusing in particular on the alignment between the philosophy/strategy and overall program goals or objectives, the curriculum, and the approaches to learning, teaching and assessment.

The role of both face-to-face and non-face-to-face learning opportunities should be justified, and units delivering ITPs are expected to ensure (and provide evidence from intern feedback) that sufficient opportunities for the former (in the 2010 Standards articulated as a minimum of 25 hours) are included. A minimum number of hours is no longer specified, but in recognition of the value of face-to-face interactions, evidence should be provided that interns have sufficient opportunities for peer interactions, support and networking; collaborative learning; professional socialisation; debriefing about positive and negative experiences and incidents; and exposure to good role models outside their workplaces.

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.

Notes

The intention of this criterion is to ensure that programs are at the forefront of practice and promote an evidence-based approach, recognising that a crucial role of initial pharmacy education and training is to prepare graduates for both the immediate practice context and an unknown future. It is also intended to ensure that students and interns are given sufficient time to learn and develop the knowledge, skills, behaviours and attitudes necessary for demonstrating the achievement of performance outcomes.

For units delivering degree programs, this period is governed by legislation and HEI processes; for units delivering ITPs, the program must be of sufficient duration as to allow interns to align their supervised practice with the program. This is unlikely to be feasible in programs of less than six months' duration.

Units delivering programs should articulate the mechanisms, including stakeholder consultations, for assuring that curriculum content, delivery and assessment remain current, together with

mechanisms for identifying emerging developments, scopes of practice and technologies, and incorporating them into the curriculum.

Timeliness is not defined in relation to a specific period of time; rather units delivering programs should be able to explain the processes which govern their agility in modifying curriculum in response to change.

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.

Notes

In order to ensure that programs remain fit-for-purpose in an evolving environment, providers are expected to undertake regular evaluation and review of all aspects of their programs as a means of quality assurance and improvement.

This criterion differs from 3.2 in that while both address program quality, 3.2 focuses on processes for assuring the quality of current program content, and 3.3 focuses on the processes used to assure the quality of the program overall, and to facilitate quality improvement.

Units delivering programs should focus primarily on formal mechanisms and provide evidence that these mechanisms involve meaningful engagement with and effective responsiveness to stakeholders; informal mechanisms may also be described. Priority must be given to evaluations made by students/interns, and units delivering programs must be able to provide evidence relating to the quality and usefulness of the program and associated activities for student/intern learning and development. Where areas of concern are identified, evidence of quality improvement actions must be recorded.

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.

Notes

It is highly desirable to involve Aboriginal and Torres Strait Islander or Māori peoples in the direct delivery of the program where possible. However, as a minimum, providers are expected to demonstrate how they promote appreciation of cultural differences and development of cultural safety among both staff and students/interns, and how they ensure that the content, delivery and assessment of material relating to Aboriginal and Torres Strait Islander or Māori cultures, cultural safety and improved health outcomes are culturally appropriate and fit-for-purpose.

Australian providers are strongly encouraged to use the Aboriginal and Torres Strait Islander Health Curriculum Framework[7] as a key resource. This resource highlights the critical role of an understanding of Aboriginal and Torres Strait Islander peoples' history, culture and diversity as a pre-requisite for delivering appropriate health care.

7. Commonwealth of Australia (2014). Aboriginal and Torres Strait Islander Health Curriculum Framework' Accessed 22-Jan-19 at http://www.health.gov.au/internet/main/publishing.nsf/Content/aboriginal-torres-strait-islander-health-curriculum-framework

New Zealand providers are strongly encouraged to use the He Korowai Oranga Framework as well as Te Tiriti o Waitangi as key resources. There is currently no agreed definition of cultural safety, however the National Scheme Aboriginal and Torres Strait Islander Health Strategy Statement of intent indicates that "Cultural safety is defined here as the individual and institutional knowledge, skills, attitudes and competencies needed to deliver optimal health care for Aboriginal and Torres Strait Islander Peoples." (HPACF, 2018)[8]. It is noted that ongoing work by the Aboriginal and Torres Strait Islander Health Strategy Group & National Health Leadership Forum (NHLF) will inform a common definition of cultural safety.

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.

Notes

Cultural diversity includes but is not limited to diversity in race, ethnicity, gender, religion, age, disability, geographic location and sexual orientation.

The PCNZ *Statement on Cultural Competence* includes the statement that "culture is all the many ways people define, perceive or see themselves and others and the world they live in" (PCNZ, 2011, p. 4)[9], and that it also encompasses organisational culture, defined as "the specific collection of values and norms that are shared by people and groups in an organisation and that control the way they interact with each other and with stakeholders outside the organisation" (p.4). Further, it comments that "Culture can influence expectations and perceptions of the healthcare system on the parts of both the patient and the provider.

People respond differently to illness and injury because of social, cultural and psychological factors. A health practitioner who is aware of the cultural influences on an individual may be more likely to improve the health outcomes desired in a pharmaceutical care setting. Similarly, reflection on one's own cultural identity, history, attitudes and experiences is important in understanding the impact of professional practice and interactions with people from different cultures." (p.4)

Furthermore, an appreciation of historical, political, institutional and health policies and practices that underlie and contribute to health disparities is a critical foundation for addressing them. As discussed above, there is no single agreed definition of cultural safety, but in this broader context it reflects the need to recognise that all people exist in a cultural and social context that should be considered and taken into account when undertaking actions which may affect them.

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.

Notes

This criterion is intended to ensure that sufficient resources are available for current delivery of a fit-for-purpose program, and that provision has been made for anticipated changes to the resource needs in the short-term or foreseeable future.

Units delivering programs should articulate the processes or mechanisms for evaluating resource requirements, reviewing current capacity to resource the program appropriately, and identifying where resources will need to be augmented or updated.

8. HPACF (2018), National Scheme Aboriginal and Torres Strait Islander Health Strategy Statement of intent. Accessed 25-Feb-19 http://www.hpacf.org.au/wp-content/uploads/2018/07/Aboriginal-and-Torres-Strait-Islander-Health-Practice-Statement-of-Intent-1.pdf

9. PCNZ (2011). Statement on cultural competence. Accessed 25-Feb-19 at http://www.pharmacycouncil.org.nz/Portals/12/Documents/standardsguidelines/Cultural%20Competance%20statement%202010-%20web.pdf?ver=2017-02-20-105424-113

The evidence presented in support of this criterion is likely to differ to some extent between HEIs and RTOs particularly in relation to physical facilities for face-to-face activities.

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.

Notes

The leadership and staff complement includes but is not limited to academic, practitioner, supervisory, administrative, technical and support staff. The contribution of sessional or casual staff to the program should be included.

Units delivering programs should provide evidence of the level of experience and expertise of staff as it relates to the program overall, including aspects such as program leadership, curriculum design and review, coverage of curriculum content, facilities and educational support (including administrative, technical, ICT), and outline the processes by which all staff (including sessional and casual) are able to access appropriate support and resources including regular opportunities for professional review and development.

There is no requirement for a fixed percentage of staff to be registered pharmacists, but units delivering programs must demonstrate that their overall staffing profile includes sufficient experience and expertise to ensure students/interns are appropriately exposed to professional practitioners and role models to enable them to develop professional attributes and behaviours.

HEIs in particular should also indicate how they ensure that academic staff are given sufficient opportunity to engage in research relevant to their interests.

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.

Notes

Units delivering programs must demonstrate that their graduates are able to participate in collaborative interprofessional practice at a level commensurate with the required performance outcomes for the program.

It is expected that interprofessional learning activities are introduced at an early stage of the curriculum, and students/interns are exposed to increasingly realistic opportunities through the curriculum. There is no requirement for engagement in real environments (although this is highly desirable), however providers should describe how the simulated environments they use prepare students/interns for real experience.

There is no universal definition of simulation in the literature; two examples are “any educational method or experience evoking or replicating aspects of the real world in an interactive manner”[10], and “an artificial representation of a real world practice scenario that supports student development through experiential learning with the opportunity for repetition, feedback, evaluation and reflection”[11]. Simulation encompasses a very broad range of activities including but not limited to the use of role-plays, mannequins, standardised

10. ANMAC (2012). Registered nurse accreditation standards (p. 23). Accessed 10-Apr-18 at https://www.anmac.org.au/sites/default/files/documents/ANMAC_RN_Accreditation_Standards_2012.pdf

11. NMC (2017). Consultation draft: Education framework: standards for education and training for all United Kingdom providers of nursing and midwifery education (p.18). Accessed 19-Apr-18 at https://www.nmc.org.uk/globalassets/sitedocuments/edcons/ec4-draft-education-framework--standards-for-education-and-training.pdf

patients, video/audio activities, games and virtual reality. It should be noted that simulation is not limited to interprofessional learning, but was identified in a 2010 Health Workforce Australia report as a particularly useful approach where direct interprofessional experience is not readily available[12]. It is also an expectation of the Pharmacy Action Plan in New Zealand.

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.

Notes

This criterion reflects the understanding that the practice of pharmacy is underpinned by evidence, and that pharmacists must be able both to use the current evidence base to optimise health outcomes and to be involved in the generation of new evidence.

The nature of the environment is expected to differ between units which operate in HEIs and RTOs, commensurate with the different roles and purposes of the two types of provider organisations, however the focus of this criterion is on articulation of the mechanisms by which the unit delivering the program incorporates the outcomes of relevant contemporary research into the program, includes opportunities for students/interns to develop and practice research skills within the program, promotes a culture which recognises the importance of scholarship, research and enquiry, and ensures that graduates are able to demonstrate research performance outcomes to the required standard.

Research can include clinical and professional practice-based research and enquiry, fundamental and applied scientific research and discovery, and pedagogical and education research and enquiry.

12. HWA (2010). Use of simulated learning environments in professional entry level curricula of selected professions in Australia. Department of Health, Australian Government.

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 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.

Notes

This criterion requires units within HEIs to indicate how the provider organisation's policies and procedures are applied at the program level by the unit delivering the program, and units within RTOs to articulate the specific policies and procedures which relate to the ITP.

Criteria for modification of standard admission requirements must be explicit and applied consistently. Unfair/unlawful discrimination includes but is not limited to discrimination on the basis of age, disability (except where this results in the applicant not meeting inherent requirements), race, sex, intersex status, gender identity, sexual orientation and religion. Unfair/unlawful discrimination does not include the failure to offer a place to applicants based on explicit criteria (such as failure to achieve minimum entry requirements, inability to meet inherent requirements, excess of demand for places over supply, incomplete applications, failure to meet published deadlines, or ineligibility for provisional registration (for units delivering ITPs)).

While not a requirement under this criterion, units delivering degree programs are strongly encouraged to develop and publish a list of inherent requirements for their program, and to review this list at regular intervals.

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.

Notes

Units delivering programs should indicate where program information is located (such as websites), and who is responsible for ensuring the content is accurate and comprehensive. Units delivering programs should also outline the processes for handling program enquiries from prospective applicants.

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.

Notes

Units delivering programs should outline the resources which are available to students/interns including but not limited to 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); and effective supervision and mentoring.

Units delivering ITPs should articulate strategies and systems for ensuring the workload requirements of the program are appropriately balanced with those of other elements of the intern year (including workplace requirements and external assessments).

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.

Notes

Units delivering programs should articulate how their structures and mechanisms/processes facilitate equitable participation in their programs by students/interns from diverse backgrounds (including reasonable adjustments in the case of disability).

Providers should outline how students/interns and the staff interacting with them are familiarised with their obligations under anti-discrimination legislation. Australian providers may find the Disability Standards for Education Guidance Notes (accessed 21-Jan-19 at https://docs.education.gov.au/node/16352) to be a useful resource.

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.

Criterion 4.6

The unit delivering the program identifies and manages all actual, perceived and potential conflicts of interest proactively, consistently and fairly.

Notes

Criteria 4.5 and 4.6 complement criterion 4.4 by requiring units delivering programs to treat students/interns fairly and justly by ensuring that processes for addressing student/intern concerns exist, that students/interns are able to access these processes in a timely manner, that the processes are carried out appropriately, and that the outcomes are not influenced by actual or perceived conflicts of interest.

The unit must ensure that appropriate policies and processes are in place for students/interns who wish to raise concerns/grievances or appeal against a decision affecting their candidature, and that these policies and processes are actively and clearly communicated. Grounds for appeal, timeframes, contact details for staff involved in the process, and potential outcomes must be clearly articulated, and units delivering programs must ensure that all grievance and appeals processes are carried out free from actual, perceived or potential conflict of interest.

The APC defines conflict of interest as "a conflict that may arise when an individual has duties, roles or relationships that may improperly influence the performance of the duties of their role"[13]. It is critical that a clear separation is maintained between individuals and organisations which have different roles and/or relationships with interns. Examples of likely conflicts include but are not limited to supervision of an intern by a family member, and provision of an ITP by an employer of interns.

Units delivering programs are expected to develop, implement and regularly review a conflict of interest policy specific to their programs, and to maintain comprehensive records relating to all actual, potential and perceived conflicts of interest.

13. APC (2018b). Conflict of Interest Policy (p. 4) Accessed 4-Mar-19 at https://www.pharmacycouncil.org.au/policies-procedures/policies/conflict_of_interest_policy.pdf

Criterion 4.7

Students/interns are actively engaged with governance and program management structures and decision-making processes, through both formal and informal mechanisms.

Notes

Active engagement involves provision for student/intern representation on appropriate committees and other decision-making bodies, encouragement of active participation in these bodies, formal and informal mechanisms for the provision of feedback by students/interns to the unit delivering the program, documentation of the decisions and outcomes from consideration of student/intern engagement and feedback, and mechanisms for communication of the decisions and outcomes to the student/intern body.

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 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.

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.

Notes

Providers should focus on demonstrating the rationale for the choice of assessments, and alignment between performance outcomes and assessments. Detailed mapping without an accompanying narrative explanation is insufficient.

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.

Notes

External evaluation and/or moderation is intended to provide an informed commentary on the program, particularly in relation to the assurance that graduates are safe and competent to practise on successful completion of all program assessments. Compliance with this criterion is thus designed to provide corroborating evidence of program quality, but also to fulfil the obligation of units delivering programs to be accountable for public safety and service. External evaluation or moderation should complement internal quality assurance processes for assessment (criterion 5.4).

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.

Notes

Units delivering programs should outline the processes by which assessment tasks and criteria are developed and reviewed, and indicate explicitly how the level of expected performance in each assessment task is communicated to students/interns and assessors.

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.

Notes

Units delivering programs must hold staff undertaking assessment accountable for their decisions, particularly where a student/intern is assessed as having failed to meet the requirements for a pass, by ensuring that there are mechanisms for students/interns to receive specific feedback from assessors. Accountability requires assessors to make judgements objectively, fairly and impartially, and to be able to explain the rationale for their decisions based on the assessment criteria required under criterion 5.4.

Criterion 5.6

Students/interns are provided with appropriate, timely and sufficient feedback to enable them to improve future performance.

Notes

The intent of this criterion is to promote future learning through the provision of appropriate feedback, and units delivering programs should focus on the developmental aspects of their feedback protocols in addition to administrative aspects such as turnaround times and formats.

Glossary

Term	Definition	Ref
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	Diversity Council Australia describes diversity in terms of social and professional identity as "all of the differences between people in how they identify in relation to their: • age, caring responsibilities, cultural background, disability, gender or gender identity, Aboriginal and / or Torres Strait Islander background, sexual orientation, intersex status, and socioeconomic background (Social Identity) • profession, education, work experiences, and organisational role (Professional Identity)." All of these aspects of our identity inform our individual perspective of the world." The UNESCO *Universal declaration on Cultural Diversity* describes cultural diversity as integral to human rights, and that "All persons have therefore the right to express themselves and to create and disseminate their work in the language of their choice, and particularly in their mother tongue; all persons are entitled to quality education and training that fully respect their cultural identity; and all persons have the right to participate in the cultural life of their choice and conduct their own cultural practices, subject to respect for human rights and fundamental freedoms."	**1-2**
Cultural safety	The National Registration and Accreditation Scheme's Aboriginal and Torres Strait Islander Health Strategy Group and the National Health Leadership Forum (NHLF) have agreed on a draft definition of cultural safety: "Cultural safety is the individual and institutional knowledge, skills, attitudes and competencies needed to deliver optimal health care for Aboriginal and Torres Strait Islander Peoples." A consensus statement from the Leaders in Indigenous Medical Education (LIME) Network defines cultural safety as encompassing "a 'critical conscious' where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care as defined by the patient and their communities. Cultural safety requires healthcare professionals and healthcare organisations to influence healthcare to reduce bias and improve equity within the workforce and the working environment."	**3-4**

Term	Definition	Ref
Culture	The UNESCO *Universal declaration on Cultural Diversity* defines culture as "the set of distinctive spiritual, material, intellectual and emotional features of society or a social group, and that it encompasses, in addition to art and literature, lifestyles, ways of living together, value systems, traditions and beliefs". The Pharmacy Council of New Zealand *Statement on cultural competence* defines culture as "all the many ways people define, perceive or see themselves and others and the world they live in." It further indicates that "culture can influence expectations and perceptions of the healthcare system on the parts of both the patient and the provider. People respond differently to illness and injury because of social, cultural and psychological factors. A health practitioner who is aware of the cultural influences on an individual may be more likely to improve the health outcomes desired in a pharmaceutical care setting. Similarly, reflection on one's own cultural identity, history, attitudes and experiences is important in understanding the impact of professional practice and interactions with people from different cultures."	**1, 5**
Domain	Accreditation ***Standards*** and ***Criteria*** are classified under five domains, which represent the broad areas within which related criteria are grouped.	
Equity/health equity	The World Health Organization defines equity as "the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification." The principle underpinning health equity is the minimisation and elimination of health disparities and their causes, including social determinants, and involves paying particular attention to individuals and groups at the greatest risk of poor health.	**6-7**
Fitness-for-purpose (education programs)	Fitness-for-purpose in relation to health professional education is the extent to which the program meets the needs of the profession and the graduates entering into it. It is also an aspect of social accountability in that education providers are accountable to society for the suitability of their graduates to undertake safe and competent contemporary professional practice, and for their adaptability to future practice.	
Fitness-to-practise	Fitness-to-practise is a key requirement for safe and socially accountable practice, and in addition underpins maintenance of the reputation of, and public confidence in, the profession. 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. The demonstrated achievement of performance outcomes to the required level constitutes evidence that an individual is ready to practise. Impairment is reflected in the National Law and relates to any "physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect" a person's capacity to practise the profession, or a student's capacity to undertake clinical training. The PharmBA *Guidelines for Mandatory Notifications* outline the responsibilities of both health professionals and education providers in assessing risk and making notifications relating to impairment.	**8-9**

Term	Definition	Ref
Health disparity	Health disparities can be described as particular types of health difference that are "closely linked with social, economic, and/or environmental disadvantage." They commonly affect individuals and groups of people who have systematically experienced greater obstacles to health based on characteristics historically associated with disadvantage, discrimination or exclusion (including but not limited to race or ethnicity, religion, socioeconomic status, gender, age, disability, sexual orientation or gender identity, or geographic location).	**10**
Inclusion	Diversity Council Australia states that "inclusion occurs when a diversity of people (e.g. of different ages, cultural backgrounds, genders) feel valued and respected, have access to opportunities and resources, and can contribute their perspectives and talents to improve their organisation. It is only through inclusion that organisations can make the most out of diversity."	**2**
Interprofessional	The Health Professional Accreditation Councils Forum have endorsed the World Health Organization's 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. • Professional is an all-encompassing term that includes individuals with the knowledge and/or skills to contribute to the physical, mental and social wellbeing of a community. Collaborative practice in health-care occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, carers and communities to deliver the highest quality of care across settings. Practice includes both clinical and non-clinical health-related work, such as diagnosis, treatment, surveillance, health communications, management and sanitation engineering."	**11**
Person-centred care	Person-centred care is a more holistic expression of patient-centred care and involves providing the best possible care to patients, consumers, carers and other relevant persons by focusing on the interests of the person as the first priority; recognising, understanding and responsively tailoring care to their individual preferences, needs and values; treating them with dignity, respect and compassion; empowering them to contribute to their own health care; and ensuring that their choices and values guide clinical decisions. As outlined by the Australian Commission on Safety and Quality in Health Care, core elements include "education and shared knowledge; involvement of family and friends; collaboration and team management; sensitivity to nonmedical and spiritual dimensions of care; respect for patient needs and preferences; the free flow and accessibility of information." Person-centred care "clearly recognises the need to include not only the patient in their care, but significant others including family, friends, carers, spiritual and pastoral advisers, and broader community members." It is particularly important among "vulnerable or disadvantaged populations, such as the young, elderly, disabled or mentally ill; those from culturally and linguistically diverse backgrounds, or rural or remote areas; and Aboriginal and Torres Strait Islander peoples." It has been summarised as a philosophy of "nothing about me without me".	**12-14**
Provider organisation	The parent organisation (Higher Education Institution (HEI) or Registered Training Organisation (RTO)) within which ***the Unit delivering the program*** is situated.	

Term	Definition	Ref
Simulation	There is no single, universally agreed definition of simulation, but it can be broadly described as "any educational method or experience evoking or replicating aspects of the real world in an interactive manner", or "an artificial representation of a real world practice scenario that supports student development through experiential learning with the opportunity for repetition, feedback, evaluation and reflection". Simulation activities may include, among others, role-plays, mannequins, cases and scenarios, standardised patients, video/audio activities and virtual reality.	**15-16**
Social accountability	Social accountability in pharmacy encompasses: • a willingness and ability on the part of pharmacists to – deliver culturally safe and responsive person-centred care – address the health care needs of individuals and the wider society – assume responsibility for the sustainable use of health care resources – contribute to the ongoing improvement of individual and societal health outcomes • the obligation of education providers to – provide education and training programs leading to provisional and/or general registration which promote the development of socially accountable pharmacists – undertake research and service activities targeted towards addressing the current and future priority health concerns of society – advocate for, contribute to, and lead practice change for the ongoing improvement of individual and societal health outcomes	**17-19**
Social determinants of health	The World Health Organization defines the social determinants of health as "the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries." The Australian Institute of Health and Welfare lists the key social determinants of health as socioeconomic position (including educational attainment, occupation and income), early life, social exclusion, social capital, employment and work, housing and residential environment. The Public Health Advisory Committee lists income, employment, occupation, education, housing, area of residence, access to health care and ethnicity as the key social determinants of health in New Zealand.	**20-22**
Standard (statement)	For each ***Domain,*** a Standard (statement) describes the overall scope of the ***Domain.***	
Unit delivering the program	The clearly identifiable operational unit within the overall ***Provider organisation*** which is responsible for design and delivery of the program (degree and/or intern training program)	
Work-integrated learning (WIL)	Work-integrated learning is defined by Patrick et al as "an umbrella term for a range of approaches and strategies that integrate theory with the practice of work within a purposefully designed curriculum." It is described by TEQSA as encompassing arrangements where students undertake learning in workplaces external to their HEI. More specifically, WIL involves the integration of academic learning with its practical application in one or more workplace environments. A formal definition is provided by Cooper, Orrell and Bowden (2010) as "the intersection and engagement of theoretical and practice learning; the process of bringing together formal learning and productive work, or theory and practice; constructing one system using available knowledge from several separate sources."	**23-25**

Reference List

1. UNESCO (2001). Universal declaration on Cultural Diversity. Accessed 27-Feb-19 at http://www.un.org/en/events/culturaldiversityday/pdf/127160m.pdf
2. Diversity Council Australia. (2019). Diversity and inclusion explained. Accessed 25Feb-19 at https://www.dca.org.au/di-planning/getting-started-di/diversity-inclusion-explained
3. HPACF (2018) National Scheme Aboriginal and Torres Strait Islander Health Strategy Statement of intent. Accessed 25-Feb-19 at http://www.hpacf.org.au/wp-content/uploads/2018/07/Aboriginal-and-Torres-Strait-Islander-Health-Practice-Statement-of-Intent-1.pdf
4. LIME Network. Accessed 4-Mar-19 at https://www.limenetwork.net.au/
5. Pharmacy Council of New Zealand (PCNZ). (2011). Statement on cultural competence. Accessed 25-Feb-19 at http://www.pharmacycouncil.org.nz/Portals/12/Documents/standardsguidelines/Cultural%20Competance%20statement%202010-%20web.pdf?ver=2017-02-20-105424-113
6. World Health Organization. (2019). Health equity. Accessed 25-Feb-19 at https://www.who.int/topics/health_equity/en/ (25/02/2019)
7. Braveman, P. (2014). What are health disparities and health equity? We need to be clear. *Public Health Rep,* 129 (Suppl 2, Jan-Feb), 5-8. doi: 10.1177/00333549141291S203
8. New South Wales Government. (2018). Health Practitioner Regulation National Law (NSW) No. 86a. Accessed 05-Jun-18 at http://www.legislation.nsw.gov.au/maintop/view/inforce/act+86a+2009+cd+0+N
9. Pharmacy Board of Australia. (2014). Guidelines for mandatory notifications. Accessed 05-Jun-18 at http://www.pharmacyboard.gov.au/documents/default.aspx?record=WD14%2f13326&dbid=AP&chksum=6PgV3lDTl0fwe%2bSb0D342g%3d%3d
10. Office of Disease Prevention and Health Promotion. Accessed 25-Feb-19 at https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities
11. Health Professions Accreditation Councils Forum (HPACF). (2018). Position statement. Accessed 26-Feb-19 at http://www.hpacf.org.au/wp-content/uploads/2018/11/Forum-statement-IPE-Update-Nov-2018.pdf
12. General Pharmaceutical Council. (2017). Standards for pharmacy professionals. Accessed 15-Mar-19 at https://www.pharmacyregulation.org/sites/default/files/standards_for_pharmacy_professionals_may_2017_0.pdf
13. Australian Commission on Safety and Quality in Health Care. (2011). Patient-centred care: Improving quality and safety through partnerships with patients and consumers. ACQSHC: Sydney. Accessed 16-Mar-19 at https://www.safetyandquality.gov.au/publications-and-resources/resource-library/patient-centred-care-improving-quality-and-safety-through-partnerships-patients-and-consumers
14. Better Health Channel: Patient-centred care. Accessed 16-Mar-19 at https://www.betterhealth.vic.gov.au/health/servicesandsupport/patient-centred-care-explained
15. Australian Nursing and Midwifery Accreditation Council. (ANMAC). (2012). Registered nurse accreditation standards. Accessed 10-Apr-18 at https://www.anmac.org.au/sites/default/files/documents/ANMAC_RN_Accreditation_Standards_2012.pdf
16. Nursing and Midwifery Council (NMC). (2017). Consultation draft: Education framework: standards for education and training for all United Kingdom providers of nursing and midwifery education. Accessed 19-Apr-18 at https://www.nmc.org.uk/globalassets/sitedocuments/edcons/ec4-draft-education-framework--standards-for-education-and-training.pdf
17. Business Dictionary. (2019). Social accountability. Accessed 25-Feb-19 at http://www.businessdictionary.com/definition/social-accountability.html
18. World Health Organization (1995), cited in International Pharmaceutical Federation (FIP). (2014). *Quality assurance of pharmacy education: the FIP Global Framework. 2nd edition.* Accessed 5 April 2018 at http://www.fip.org/files/fip/PharmacyEducation/Quality_Assurance/QA_Framework_2nd_Edition_online_version.pdf
19. Lindgren, S. & Karle, H. (2011). Social accountability of medical education: Aspects on global accreditation. *Medical Teacher,* 33:667-672.
20. World Health Organization. (2019). Social determinants of health. Accessed 2-Mar-19 at https://www.who.int/social_determinants/sdh_definition/en/
21. Australian Institute of Health and Welfare. (2016), *Australia's health 2016*. Australia's health series no. 15. Cat. no. AUS 199. AIHW: Canberra, Australia. Accessed 2-Mar-19 at https://www.aihw.gov.au/reports/australias-health/australias-health-2016/contents/determinants
22. Public Health Advisory Committee (New Zealand). (2004). The health of people and communities. PHAC: Wellington, New Zealand. ISBN 0478-25348-6. Accessed 10-May-19 at http://www.moh.govt.nz/notebook/nbbooks.nsf/7086510ecd1c88e1cc2573b70071599b/a760651a98e1e878cc256f53006e8599?OpenDocument
23. Patrick, C-j., Peach, D., Pocknee, C., Webb, F., Fletcher, M., Pretto, G. (2008, December). The WIL [Work Integrated Learning] report: A national scoping study [Australian Learning and Teaching Council (ALTC) Final report]. Queensland University of Technology: Brisbane, Australia. Accessed 27-Feb-19 at https://eprints.qut.edu.au/44065/1/WIL-Report-grants-project-jan09.pdf
24. TEQSA. (2017). Guidance Note: Work Integrated Learning. Accessed 27-Feb-19 at https://www.teqsa.gov.au/sites/default/files/guidance-note-work-integrated-learning-v1-2.pdf?v=1508210872
25. Cooper, L., Orrell, J. & Bowden, M. (2010). *Work integrated learning: A guide to effective practice*. Routledge: Oxford, England.

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