

Accreditation Standards for Pharmacy Degree Programs 2019 Evidence Guide consultation draft August 2019

Introduction

This document represents the consultation draft for the Evidence Guide workshops to be conducted during August 2019 by the Australian Pharmacy Council. The Evidence Guide complements the Accreditation Standards document for the accreditation of pharmacy programs in Australia and New Zealand and the Performance Outcomes document for pharmacy programs in Australia.

The Accreditation Standards are significantly different from the previous versions for both degree and intern training programs, and the introduction of a Performance Outcome Framework tailored to the requirements of education providers also represents a significant innovation in the approach to evaluating the readiness of students and interns to practise under provisional and general registration respectively.

The previous version of the degree program Accreditation Standards were complemented by an Evidence Guide which was identified as useful by degree program providers and the accreditation authorities. No equivalent document accompanied the previous version of the intern training program Accreditation Standards; however the development of an integrated set of Standards for both degree and intern training programs in 2019 has allowed the development of an Evidence Guide with applicability to both types of provider.

During the consultation processes for both the Accreditation Standards and Performance Outcomes, it became evident that providers would welcome an Evidence Guide for the Performance Outcomes in addition to that for the Accreditation Standards. It is proposed that a single document will be published which incorporates guidance on the evidence that is appropriate for both. For the purposes of the consultation workshops, separate documents are provided but they will be combined following the consultation period. This document focuses on the Accreditation Standards, although it is clear that there is considerable overlap in evidence between the Accreditation Standards and Performance Outcomes, particularly in domains 3 and 5 of the Standards which relate to curriculum and assessment.

Purpose, format and structure

The Evidence Guide is not a list of required documents which providers should collate and present. The Accreditation Standards require providers to focus on articulating processes which lead to outcomes, primary among which is that graduates of the program have demonstrated safe and socially accountable professional practice. As a consequence, providing evidence of compliance with the Standards requires providers to explain how their processes lead to and facilitate achievement of the intended outcomes. This will best be achieved by a narrative approach to evidence, selectively supported by specific documentary evidence examples.

As a consequence, a different approach has been adopted in the development of the 2019 Evidence Guide. Rather than using the previous Evidence Guide as a basis, the revised Guide has been structured around Evidence Descriptors which form the basis for the narrative or argument to be put forward by the provider as evidence for compliance with each criterion. These Evidence Descriptors have been drafted and are included in this document.

For each Evidence Descriptor, providers will develop their narrative/argument, and support this narrative with relevant Evidence Examples. The latter have not been drafted and form the primary focus of the Evidence Guide workshops. It is important to note, however, that these Evidence Examples are intended to support the narrative/argument rather than form the primary evidence in themselves.

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

The revised format and structure has also been adopted as a means of streamlining and condensing the evidence required. Providers are not expected to submit evidence which does not relate to the narrative or argument advanced in support of compliance with a criterion. Providers are encouraged to use the same documentary evidence to support the narrative associated with multiple criteria as far as practicable, with appropriate explanation and/or cross-referencing within the narrative.

Principles

The Evidence Guide has been developed on the basis of a number of key principles.

1. A “one-size-fits-all” approach is not appropriate in the current context.
2. The document provides guidance for providers, but is not intended to be prescriptive or restrictive.
3. It is the responsibility of the provider to explain how and why their program meets the Standards, using a narrative approach supplemented by documentary evidence.
4. Since the narrative is primary, supporting documentation should be restricted to that which provides relevant supporting evidence. This may involve provision of selected or edited extracts of larger documents.
5. Provision of documents which relate to the provider organisation may be relevant, but providers must explain how these documents are operationalised at the level of program delivery.
6. A document which is provided as an evidence example of multiple criteria should be provided once only, with appropriate referencing in the narrative.
7. Visual illustrations of data (eg diagrams and charts) are encouraged but must be appropriately explained in the narrative.

Workshops

The workshops have been designed primarily to explore the types of evidence examples which may be appropriate to support the narrative/argument associated with each criterion. Feedback regarding the Evidence Descriptors can also be provided.

Additional background and explanation

It is expected and encouraged that providers will create a narrative which is coherent and comprehensive. The nature of the Accreditation Standards is such that many criteria are complementary, and the evidence for compliance may best be provided for a number of them in an integrated fashion. This is at the provider’s discretion, but providers will need to make sure they clearly indicate when an integrated narrative is presented, and specifically highlight which parts of the narrative are intended as evidence for which specific criterion.

As an example, within domain 3, a number of criteria relate to the quality of the program and the processes which are in place to assure it. Different criteria focus attention on specific elements of this large area of responsibility, and there is intentional overlap. In requiring providers to describe their process for curriculum review and renewal, they should note that:

- criterion 3.1 requires them to outline their rationale for curriculum design and delivery
- criterion 3.2 requires them to outline the overall processes for review and renewal of curriculum content, delivery and assessment

- criterion 3.3 focuses on how stakeholder consultations contribute to the quality of the program overall, as well as ongoing quality improvement

Thus in criterion 3.2, providers should explain in broad terms where stakeholder consultation is undertaken, whereas for criterion 3.3, they should outline how it is undertaken. It may be very appropriate to include both aspects of stakeholder consultation together in the narrative, but providers should highlight how each criterion is associated with which part of the narrative. Similarly, it may be most effective to create an integrated narrative around criteria 3.1 and 3.2, again with appropriate highlighting or cross-referencing.

As another example,

- criterion 1.6 requires providers to outline their WIL, and refers to the possibility of WIL in Aboriginal or Māori health services
- criterion 3.4 requires providers to outline how Indigenous cultures, cultural safety and improved health outcomes are addressed

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

Evidence Examples for domains 3 and 5 will overlap closely with evidence relating to Performance Outcomes, and should not be duplicated.

Criterion	Evidence descriptor	Evidence examples
<p>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.</p>	<p>Explain how these elements are included in the curriculum, where they are assessed and what students must do to demonstrate satisfactory performance.</p>	
<p>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.</p>	<p>Explain how fitness-to-practise is defined and communicated to students, outline the processes which are in place to identify concerns about student fitness-to-practise, and describe the ways in which these concerns are managed. Evidence may include (but is not limited to):</p> <ul style="list-style-type: none"> - inherent requirements - specific learning and teaching activities - screening activities (eg criminal record checks, vaccination records etc) - assessments and evaluations 	
<p>Criterion 1.3 All students have demonstrated relevant pre-requisite knowledge, skills and behaviours and attitudes before interacting with the public or providing professional services as a component of the program.</p>	<p>Outline the process for determining the knowledge, skills, behaviours and attitudes which a student must demonstrate before interacting with the public or providing professional services as a component of the program. Identify the points in the program where these interactions and services are included, and explain how students are adequately prepared so as to ensure public safety is protected.</p> <p>The curriculum map may form part of the evidence for this criterion, but other forms of evidence are possible. Where knowledge and/or skills have not been demonstrated prior to interacting with the public, explain how any risks to public safety are managed.</p> <p>This criterion is not applicable to ITPs since all performance outcomes are expected to have been demonstrated prior to commencing the intern year.</p>	

Criterion	Evidence descriptor	Evidence examples
<p>Criterion 1.4 All staff and students/interns are held accountable to endorsed standards of professional and ethical practice and conduct.</p>	<p>Identify the professional standards, codes and guidelines to which students are introduced, explain the ways in which students engage with these resources, and how they demonstrate their understanding of them. Outline processes which are in place to identify concerns about student professional and ethical practice and conduct, and describe the ways in which these concerns are managed. Resources may include (but are not limited to):</p> <ul style="list-style-type: none"> - the Code of Ethics - the Code of Conduct - PharmBA guidelines <p>Outline policies of relevance to staff conduct and explain how these are communicated to all staff including casual and sessional staff. Outline the processes which are in place to identify concerns about staff professional and ethical practice and conduct, and describe the ways in which these concerns are managed.</p>	
<p>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.</p>	<p>Identify the professional standards, codes and guidelines to which students are introduced, explain the ways in which students engage with these resources, and how they demonstrate their understanding of them. Outline processes which are in place to identify concerns about student professional and ethical practice and conduct, and describe the ways in which these concerns are managed. Resources may include (but are not limited to):</p> <ul style="list-style-type: none"> - the Poisons Standard - State or Territory drugs and poisons legislation - Health Practitioner National Law - privacy laws - work, health and safety law <p>Explain how students demonstrate that they are familiar with the processes by which laws change and are able to access relevant updates in a timely fashion.</p>	

Criterion	Evidence descriptor	Evidence examples
<p>Criterion 1.6 The program includes sufficient length and variety of high-quality work-integrated learning (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.</p>	<p>Describe the WIL program and the rationale for its design, including the timing and duration of each period of WIL within the overall program. Outline the goals and/or purposes of each period of WIL and explain how students achieve and demonstrate the expected outcomes. Explain how students are exposed to a diverse range of patients in a range of settings, examples of which may include but are not limited to:</p> <ul style="list-style-type: none"> - community and hospital pharmacy settings (both compulsory) - residential care settings - rural and remote settings - within interprofessional health care teams - general practice - Aboriginal or Māori health services - areas of workforce need - communities where disparities and inequities in health are most apparent <p>Explain how WIL sites are chosen and allocated, and outline how their quality and suitability is evaluated. Relevant aspects include but are not limited to the:</p> <ul style="list-style-type: none"> - quality of the workplace culture - availability of good role models and supervision - opportunities to observe and/or 'shadow' practitioners - opportunities to engage in a range of activities and services and to become competent through repetition - exposure to a broad mix of patients - opportunities for increasing responsibility and autonomy in care provision commensurate with competence - opportunities to develop confidence in communication and interprofessional interactions <p>It is not necessary for all sites to be able to demonstrate all of the listed quality elements, but units must provide evidence that the site is a suitable learning environment for students. Where the unit is responsible for the selection and/or allocation of sites, they must additionally:</p> <ul style="list-style-type: none"> - outline the scope of performance which is appropriately addressed through WIL - explain how any gaps in performance are addressed through other means including simulation <p>ITP providers should provide evidence of how they take steps to complement WIL by exposing interns to opportunities to interact (including via simulation) with a more diverse range of patients and/or services than may be possible in all WIL settings.</p>	

Criterion	Evidence descriptor	Evidence examples
<p>Criterion 1.7a Where the unit delivering the program is responsible for the selection and/or allocation of work-integrated learning (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.</p>	<p>Describe the standards with which a WIL site must be compliant, how these standards are communicated to and affirmed by the site, and the processes which are in place to identify concerns that the standards may have been breached. As a minimum, standards should encompass the</p> <ul style="list-style-type: none"> - quality and suitability of the site for the WIL required (as set out under criterion 1.6) - rights, responsibilities and expectations of all providers, sites and students - cultural, physical and emotional safety of students <p>Evidence may include but is not limited to:</p> <ul style="list-style-type: none"> - documents (eg contractual agreements) outlining the standards for the site - processes for communicating with the site and obtaining a commitment to meet the standards - processes for reporting concerns about site standards - policies for managing concerns - records of concerns raised and actions taken - processes for closing the loop 	

Criterion	Evidence descriptor	Evidence examples
<p>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.</p>	<p>Describe the unit's documented expectations of the approved site and preceptor in relation to their responsibilities to:</p> <ul style="list-style-type: none"> - provide the intern with a safe and suitable site for supervised practice - provide the intern with appropriate opportunities to learn and develop professional knowledge, skills and attributes - comply with PharmBA requirements for sites and supervision - support the activities of the ITP provider - undertake assessments of intern performance according to program requirements - release interns for attendance at compulsory ITP events <p>Explain how the unit communicates these expectations, and describe the processes for obtaining signed agreements between the unit, the preceptor, supervising pharmacist (where relevant) and intern.</p> <p>Explain the policies, processes and/or procedures of the unit which facilitate the detection of concerns with a site, preceptor and/or supervising pharmacist, and how these are implemented. Outline how concerns are managed and addressed, within the scope of the ITP provider's authority and responsibility.</p> <p>Evidence may include but is not limited to:</p> <ul style="list-style-type: none"> - documents outlining the expectations of the site, preceptor and supervising pharmacist - processes for communicating with the site, preceptor and supervising pharmacist, and obtaining signed agreements - processes for identifying concerns about site standards - policies for managing concerns - records of concerns raised, and actions taken - processes for closing the loop 	

Criterion	Evidence descriptor	Evidence examples
<p>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.</p>	<p>Outline the processes which are in place to ensure that the unit delivering the program is aware of and meets its obligations under the student impairment provisions of, where relevant:</p> <ul style="list-style-type: none"> - the Health Practitioner Regulation legislation (Australia) - the PharmBA Guidelines for Mandatory Notifications - the HPCA Act (NZ) - any jurisdictional requirements for eligibility to undertake WIL placements (eg criminal record checks, vaccination records, working with children checks) 	
<p>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.</p>	<p>Outline the structure of the organisation within which the unit operates, clearly showing the reporting lines of the unit and the authority delegated to it by the organisation which ensure that the unit has sufficient autonomy and responsibility for designing, implementing, evaluating and resourcing the program. Evidence for this criterion may be presented in an integrated manner with evidence for other relevant criteria.</p>	
<p>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).</p>	<p>Evidence for this criterion is written notification from the relevant authority (TEQSA, ASQA or CUAP/NZQF/TEC), or a link to a relevant website. If the provider organisation has conditions or other constraints on its registration which are relevant to the sustainable delivery of the program, explain how these are being addressed and the implications for the unit and/or program if these issues cannot be resolved.</p>	

Criterion	Evidence descriptor	Evidence examples
<p>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.</p>	<p>Explain how the provider organisation's governance structures and processes are implemented at the level of the program, and how these structures and processes maintain both appropriate oversight by the organisation and autonomy of the unit. Evidence may include but is not limited to:</p> <ul style="list-style-type: none"> - descriptions of the specific means by which the organisation's structures are implemented or operationalised within the unit - examples of communications relating to decisions made by the unit and organisation which demonstrate oversight and/or autonomy 	
<p>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.</p>	<p>Outline the processes by which the organisation assures the quality of the programs offered by the unit (for example student feedback, internal reviews, audits, external evaluations, stakeholder feedback). Explain how the outcomes of quality assurance processes are communicated between the organisation and the unit, and how changes which are made as a result are implemented, documented and reported.</p>	

Criterion	Evidence descriptor	Evidence examples
<p>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.</p>	<p>Outline the qualifications, expertise and experience of the designated leader and explain how these demonstrate suitability for the role. Evidence may include a curriculum vitae, but this must be accompanied by a commentary on the relevant elements of the CV and other aspects of the individual's leadership qualities and professional background/contributions.</p> <p>Where the designated leader is not a pharmacist*, describe how and by whom pharmacy-specific leadership is provided, and how the leader of the unit communicates with the pharmacy leader.</p> <p>Where leadership is provided by means of a distributed model, or where significant leadership responsibilities are delegated to others either within or outside the unit, explain how the model ensures that the unit is led effectively and efficiently from both a professional and academic perspective.</p> <p>Outline the place of the leader of the unit within the organisation's hierarchy, and the extent to which the unit is represented on critical committee or task groups which have a significant impact on the operations of the unit.</p> <p>* Note: Where the designated leader has relevant pharmacy qualifications, but is not currently registered in Australia/New Zealand and it is not feasible for the leader to become registered, the provider should provide evidence of how the person provides pharmacy specific leadership relevant to the Australian or New Zealand context.</p>	

Criterion	Evidence descriptor	Evidence examples
<p>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.</p>	<p>Outline and explain the financial responsibilities delegated to the leader of the unit, clearly highlighting the constraints within which the leader may act autonomously, and the processes for securing additional resources when needed. Explain the implications of the financial delegations and constraints for the unit's capacity to sustain its operations, and offer viable programs. Where the leader does not have complete financial autonomy, outline any organisational policies and/or undertakings which provide assurance of the necessary ongoing financial support.</p> <p>Where the provision of resources other than financial is delegated to persons other than the unit leader, explain how the leader influences decisions relating to the resources necessary to sustain the unit and offer viable programs.</p> <p>These resources include but are not limited to:</p> <ul style="list-style-type: none"> - staffing - physical facilities and infrastructure - WIL sites - technological capacity - information and communication services - student services - research facilities - professional development opportunities for staff <p>Evidence may include relevant financial and other reports, encompassing past performance and forecasts for the future, but must be accompanied by a commentary identifying key elements.</p>	
<p>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.</p>	<p>The provision of the organisation's strategic plan is not sufficient for demonstrating compliance with this criterion. Units 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. Specifically, the plan is not required to include elements of the organisation's plan which are not applicable to the unit. The plan should be structured in a format which is appropriate to the unit's goals and purposes. Additionally, units must explain how the strategic plan is implemented, evaluated and reviewed, and how this contributes to the ongoing fitness-for-purpose of the program.</p>	

Criterion	Evidence descriptor	Evidence examples
<p>Criterion 2.8 Risks to the sustainable delivery of the program are regularly monitored and evaluated, and appropriate mitigation strategies are clearly documented.</p>	<p>Explain the processes by which risks to the ongoing, sustainable delivery of the program are identified, assessed, monitored, mitigated and managed. Risks to the delivery of the program include but are not limited to:</p> <ul style="list-style-type: none"> - financial - program demand - leadership - staffing - physical and other resources - placement capacity - reputational <p>Evidence may take the form of a risk management plan, but provision of the organisation's risk management plan is not sufficient as evidence of compliance with this criterion as it is unlikely to include sufficient detail in relation to the specific risks associated with program delivery, and is likely to contain much material which is not relevant to program delivery. A suitable risk management plan will include (but is not limited to):</p> <ul style="list-style-type: none"> - analysis of key risks - assessment of the likelihood of their occurrence - potential consequences - risk mitigation strategies - risk management strategies <p>Evidence should also include the mechanisms by which risks are monitored and reviewed, timeframes and responsible persons, and outcomes resulting from undertaking risk mitigation and/or management activities.</p>	
<p>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.</p>	<p>Describe the educational rationale for the design and delivery of the program, and show how it has shaped goals/objectives, curriculum, learning and teaching approaches, and assessment methodology. The focus should be on the coherence of the structure, content and approach of the program as a whole, rather than a detailed breakdown of individual teaching and learning episodes.</p>	

Criterion	Evidence descriptor	Evidence examples
<p>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.</p>	<p>Explain how the unit undertakes the process of curriculum design, review and renewal in order to ensure content, delivery and assessment remain fit-for-purpose.</p> <p>When proposing a <u>new program or a major change</u> to an existing program, outline the processes for:</p> <ul style="list-style-type: none"> - identifying the impetus or stimulus for change - developing the proposal - identifying and incorporating the contemporary evidence-base - implementing the change or program - teaching out the current program (if relevant) - evaluating the outcomes of the new or changed program <p>When applying for <u>re-accreditation</u>, outline the processes for regular review of the program. Describe the processes for:</p> <ul style="list-style-type: none"> - undertaking evaluations of the program by relevant stakeholders - identifying areas of strength and areas where improvement is needed - making revisions and minor changes - evaluating the outcomes of the changes <p>In both cases, the focus should be on describing how the processes support the development/review of a program which is appropriate for the contemporary context in which it is delivered and is directed towards the achievement and demonstration by students of the required performance outcomes.</p>	

Criterion	Evidence descriptor	Evidence examples
<p>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.</p>	<p>Describe how the processes of stakeholder consultation both internally and externally assure the quality of the program overall, and facilitate quality improvement. Explain</p> <ul style="list-style-type: none"> - the rationale for the inclusion of the stakeholders who are consulted - processes and mechanisms through which their input is received - how their input is used - how the outcomes of stakeholder consultations are evaluated - how outcomes are communicated to stakeholders 	
<p>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.</p>	<p>Outline how and where these elements are included in the curriculum, and the rationale for their inclusion. Explain how the input of Indigenous people is achieved, and their role in design, content, delivery and assessment to ensure appropriateness and relevance.</p>	

Criterion	Evidence descriptor	Evidence examples
<p>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.</p>	<p>Outline how and where these elements are included in the curriculum, and the rationale for their inclusion.</p> <p>Evidence relating to this criterion is likely to be varied and to some extent dependent on context. Units are not expected to demonstrate that all students are able to provide culturally safe and responsive care to all potential “cultures”. Units should provide evidence that students are able to recognise the influence of cultural diversity, and to tailor their interactions and care to the individuals with whom they come into contact. Evidence based on simulation may be significant.</p> <p>Describe how staff demonstrate their understanding and appreciation of cultural diversity. Evidence for this aspect may include relevant training, and examples from their teaching or other activities.</p>	
<p>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.</p>	<p>Describe the resources available, and explain how they meet the current needs of the program. Evidence may include a list of available resources but must also include an explanation of how their fitness-for-purpose is evaluated. This may include the quality and sufficiency of:</p> <ul style="list-style-type: none"> - teaching spaces for classes of the required size - library and/or online information sources - laboratory teaching spaces - spaces (physical and/or virtual) for student interactions - technologies for communication - technologies associated with contemporary educational practice - technologies associated with contemporary professional practice <p>Describe the processes by which the sufficiency and quality of resources are review and evaluated, and improvements are undertaken. Outline the processes by which adequate financial support is gained for both urgent and longer-term resource requirements.</p> <p>The focus of this criterion is on ensuring that the resources are fit-for-purpose. Evidence should also include evaluation of the capacity of the resources to support anticipated changes in enrolment, and key resource risks to the sustainable delivery of the program.</p>	

Criterion	Evidence descriptor	Evidence examples
<p>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.</p>	<p>Explain why the staff cohort currently available to the program is sufficient and appropriate. Evidence may include a staff list outlining qualifications, experience, expertise, responsibilities and other indicators but must also include an explanation of how the program requirements are met. This may include a description of how:</p> <ul style="list-style-type: none"> - the expertise and experience of academic staff are aligned with the curriculum content, delivery and assessment - program leadership is structured and provided - the need for sessional, practitioner and/or other supervisory staff is determined and the process for their recruitment - the need for professional, technical and administrative staff is determined and the process for their recruitment - students are exposed to professional practitioners and role models to enable them to develop professional attributes and behaviours <p>Outline the relevant support, guidance and resources available to staff, and the processes for regular review of their performance. Explain how professional development needs are identified, and appropriate opportunities for development activities are made available, including those relating to leadership roles. Where relevant, explain how individual staff members are provided with appropriate opportunities to undertake research and scholarship.</p> <p>The focus of this criterion is on ensuring that the staffing profile is sufficient and appropriate for the quality and sustainability of the program. Evidence should also include evaluation of the capacity of the staff to support anticipated changes in enrolment, and key staffing risks to the sustainable delivery of the program.</p>	
<p>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.</p>	<p>Outline how and where opportunities for interprofessional learning are included in the curriculum, and the rationale for their inclusion.</p> <p>Units are not expected to demonstrate that all students are able to engage in “real” interprofessional learning in all possible environments. Units should provide evidence that students meet the required performance outcomes in the contexts and environments to which they are exposed. Evidence based on simulation is likely to be significant.</p>	

Criterion	Evidence descriptor	Evidence examples
<p>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.</p>	<p>Explain how evidence derived from contemporary scholarship, research and enquiry is incorporated into the program. This may include evidence relating to the practice of pharmacy and evidence relating to educational processes.</p> <p>Outline how and where opportunities for the development and use of skills in research and enquiry are included in the curriculum, and the rationale for their inclusion.</p> <p>The nature and extent of research and enquiry that students undertake is likely to be varied and dependent on context. Units are not expected to demonstrate that all students are able to undertake formal research of a publishable quality. Units should provide evidence that students meet the required performance outcomes in the contexts and environments to which they are exposed.</p>	
<p>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.</p>	<p>For units within HEIs, describe how the provider organisation's policies and procedures are implemented for entry into the program. For units within RTOs describe the specific policies and procedures which relate to entry into the ITP. In both cases explain how these policies and procedures ensure that applicants are treated fairly and without unfair/unlawful discrimination.</p> <p>Explain how and when modifications to the standard policy or procedure are made in the case of individual applicants, outline the criteria which are taken into consideration, and explain how these criteria are applied consistently to ensure applicants are treated fairly and without unfair/unlawful discrimination.</p> <p>Outline any inherent requirements (or equivalent) which pertain to the program, and explain how they are implemented consistently to ensure applicants are treated fairly and without unfair/unlawful discrimination.</p>	

Criterion	Evidence descriptor	Evidence examples
<p>Criterion 4.2 Program information, including selection policies, criteria and processes, inherent requirements, English language proficiency requirements, experiential and work-integrated learning 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.</p>	<p>Explain how, when and where the relevant information is made available, including who is responsible for ensuring currency and accuracy.</p> <p>Outline the processes for receiving, managing and responding to enquiries from potential applicants.</p> <p>Explain how these processes and the provision of information are appropriate and sufficient to facilitate the making of informed decisions.</p>	
<p>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.</p>	<p>Outline the processes and mechanisms for communicating with students and explain how they are used by both staff and students, including an analysis of their effectiveness. Describe how the timing of communications appropriately addresses and balances both student and staff needs, and explain how urgent communication with students is facilitated</p>	
<p>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.</p>	<p>Outline the processes for identifying students with backgrounds or circumstances which create challenges for equitable participation in the program, and describe the mechanisms which are available for their support. Explain how these mechanisms provide opportunities for increased equity, and how students are advised about the options open to them.</p> <p>Explain how decisions are made and applied regarding reasonable accommodations, and how any policies and/or procedures of the provider organisation are implemented at the level of program delivery.</p>	

Criterion	Evidence descriptor	Evidence examples
<p>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.</p>	<p>Describe the unit's policies and processes for responding to</p> <ol style="list-style-type: none"> 1. student appeals against decisions which affect them 2. concerns and grievances raised by students <p>Where relevant, explain how the policies and processes of a provider organisation are implemented at the level of program delivery.</p> <p>Explain how the unit ensures students are made aware of these policies and processes, and how it ensures:</p> <ul style="list-style-type: none"> - consistency of approach - procedural fairness - transparency - impartiality - appropriate confidentiality - timeliness of resolution 	
<p>Criterion 4.6 The unit delivering the program identifies and manages all actual, perceived and potential conflicts of interest proactively, consistently and fairly.</p>	<p>Outline the unit's conflict of interest policy and processes, and explain how conflicts of interest are:</p> <ul style="list-style-type: none"> - identified - documented - communicated - managed <p>Outline the mechanisms for the development, implementation, and regular review of the policy and processes, and where relevant explain how the policies and processes of a provider organisation are implemented at the level of program delivery.</p>	
<p>Criterion 4.7 Students/interns are actively engaged with governance and program management structures and decision-making processes, through both formal and informal mechanisms.</p>	<p>Describe the mechanisms for involving students in the governance and operational aspects of the program and explain how their participation and engagement influence decisions relating to the program and student experiences of it.</p>	

Criterion	Evidence descriptor	Evidence examples
<p>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.</p>	<p>Describe the overall assessment matrix, and the types of assessment tools which are used. Outline how assessments are aligned with learning outcomes and learning activities, and explain the rationale for the choice of assessment approaches adopted, including any relevant evidence. Explain how validity and reliability are evaluated and/or measured, where relevant.</p> <p>A map may form part of the evidence but detailed mapping without an accompanying narrative is not sufficient as evidence of compliance with these criteria.</p>	
<p>Criterion 5.2 A range of relevant, contemporary and evidence-informed assessment tools (including direct observation) are used in academic, practice and work-integrated learning environments to ensure that the overall assessment system is valid and reliable, and provides evidence of student/intern competency and safety.</p>		
<p>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.</p>	<p>Outline the policies and processes for independent or external review of assessments for the purposes of quality assurance and improvement. Explain how these are implemented, and how the outcomes are used to develop the program, including the scope of the reviews and how:</p> <ul style="list-style-type: none"> - reviewers are selected and recruited - the timing and cycles of reviews are determined - recommendations are considered - changes are implemented - outcomes are communicated - effects of changes are evaluated <p>Where relevant, explain how the policies and processes of a provider organisation are implemented at the level of program delivery.</p>	

Criterion	Evidence descriptor	Evidence examples
<p>Criterion 5.4 All assessments carried out in academic, practice and work-integrated learning 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.</p>	<p>Outline the policies and processes for internal development and review of assessments, and where relevant, explain how the policies and processes of a provider organisation are implemented at the level of program delivery. Explain how:</p> <ul style="list-style-type: none"> - expected standards of performance are determined - criteria for successful completion of assessment tasks are established (“pass marks”) - criteria for assessment of student performance are developed and reviewed, and rubrics developed where relevant - criteria and rubrics are communicated to students and staff - outcomes of assessments are reviewed and evaluated - any problems identified with an assessment task are addressed appropriately and in a timely manner 	
<p>Criterion 5.5 Staff and other professionals who assess students/interns in academic, practice and work-integrated learning 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.</p>	<p>Outline the policies and processes for ensuring that assessments are carried out consistently by appropriate assessors, and where relevant, explain how the policies and processes of a provider organisation are implemented at the level of program delivery. Explain how:</p> <ul style="list-style-type: none"> - the number of assessors for particular assessment tasks is determined - assessors are allocated to particular assessment tasks - assessors are provided with assessment criteria, rubrics, other necessary resources and opportunities to seek clarification - where relevant, appropriate assessment briefing and/or training is provided <p>Outline the processes for recruitment of assessors, including those who are external to the unit, and describe the training and other support available to them.</p> <p>Outline the mechanisms for monitoring intra- and inter-assessor consistency in applying assessment criteria, and procedures for moderating or adjusting assessment outcomes where appropriate.</p> <p>Explain the unit’s expectations of assessors for providing justification of their assessment decisions, particularly where the assessor judges that the assessment fails to meet the minimum criteria.</p>	
<p>Criterion 5.6 Students/interns are provided with appropriate, timely and sufficient feedback to enable them to improve future performance.</p>	<p>Outline the policies and procedures relating to the provision of feedback to students on performance in assessments, and explain the expectations and rationale for:</p> <ul style="list-style-type: none"> - turnaround times - extent of personalised feedback - inclusion of suggestions for future improvement 	