



australian  
pharmacy  
council

APC Review of the Accreditation Standards  
for Pharmacy Programs

PERFORMANCE OUTCOMES FRAMEWORK  
CONSULTATION DRAFT

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Australian Pharmacy Council Ltd (ACN 126629 785)

The Australian Pharmacy Council (APC) accredits pharmacy education programs in Australian and New Zealand universities and we assess the competency of Australian intern and overseas pharmacists.

Our evidence-based standards and processes ensure graduating and overseas pharmacists have the skills and knowledge to deliver effective healthcare that meets the changing needs of the community and that their skills and expertise meet public safety demands.

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## Introduction and background

### Why Performance Outcomes?

Throughout the draft Accreditation Standards for Pharmacy Degree and Intern Training Programs reference is made to the achievement/demonstration of performance outcomes to the appropriate level necessary for safe and socially accountable practice. This document sets out the Performance Outcomes to be achieved and demonstrated by pharmacy degree program graduates and applicants for initial general registration in Australia<sup>1</sup> and forms a companion to the Accreditation Standards. These Performance Outcomes have been developed following feedback from stakeholders as part of the first and second consultation phases, and are based on the *National Competency Standards Framework for Pharmacists in Australia (2016)* together with a range of supplementary sources. The current document represents the initial consultation draft and feedback is sought regarding the scope, applicability and usability of the draft Performance Outcomes.

Following finalisation of the Performance Outcomes Framework in 2019, a process will be implemented that facilitates their regular review and incorporation in a timely manner of new and/or expanded scopes of practice as they develop and emerge.

### Purpose

A key principle underpinning the review of the Accreditation Standards was that the Standards should be future-focused and provide significant flexibility to enable education providers to adapt their programs in response to new and emerging scopes of practice. This principle is consistent with and forms part of a commitment to social accountability in the education and training of pharmacists in Australia and New Zealand. Social accountability in pharmacy, as defined in the Glossary to the Accreditation Standards 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

The Performance Outcomes complement the Accreditation Standards and provide a more detailed framework of the means by which pharmacists and pharmacy education providers articulate and

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<sup>1</sup> In New Zealand, the equivalent document is the *Competence Standards for the Pharmacy Profession (PCNZ, 2015)*. PCNZ will need to ascertain the applicability of the Performance Outcomes Framework to New Zealand degree program providers.

enact social accountability at the milestone completion points of degree programs and initial general registration.

## Rationale

Education providers must have a framework which allows them to collect and present evidence that their graduates meet the requirements of the profession at a standard commensurate with particular milestones along the path to registration. Specifically, the Performance Outcomes outline what an individual is able to do on successful completion of a relevant degree program and at the point of initial general registration (ie on completion of all required elements of the intern year). As expressed by the Association of Faculties of Pharmacy of Canada, they are designed to signal curriculum priorities, “focus attention on outcomes that matter to patients, the profession of pharmacy and society” and “aim to advance pharmacy education so that [pharmacists] are prepared to meet the changing expectations of the communities they serve.”<sup>2</sup>

A Performance Outcome framework offers advantages in comparison to alternative frameworks such as learning outcomes and competency standards in that while considerable overlap exists between them

- performance is visible, demonstrable and observable whereas the learning which underpins performance is implied
- performance of discrete professional activities and behaviours is frequently dependent on the coordinated selection and application of multiple appropriate enabling competencies
- a Performance Outcomes framework allows specific tailoring to the needs of education providers and accreditation authorities while maintaining the integrity of the profession’s consensus standards and expectations regarding competency and professional practice

## Intent

The intent of publishing a Performance Outcomes Framework as a complement to the Accreditation Standards is to streamline the alignment of curriculum and assessment for providers of pharmacy education programs, and to provide transparency regarding the demonstrable performance to be expected by graduates of degree programs and initial general registrants. This transparency is intended to assist providers of intern training programs (and intern preceptors) in particular, by clarifying the expected entry performance of individuals commencing the intern year irrespective of the degree program from which they have graduated. It is also intended to assist providers to design and implement appropriate and authentic assessments which provide evidence of the achievement of relevant practice capabilities. An equivalent document, *A customised tool of entry-level competencies incorporating guidance on Pharmacy School and Intern Training Provider contributions* (2011), was published as a complement to the previous *National Competency Standards Framework for Pharmacists in Australia* (2010) and assigned responsibilities to pharmacy schools and intern training providers in the preparation and assessment of pharmacy graduates and candidates for initial registration as a pharmacist in Australia. The Performance Outcomes Framework represents the development and evolution of this approach.

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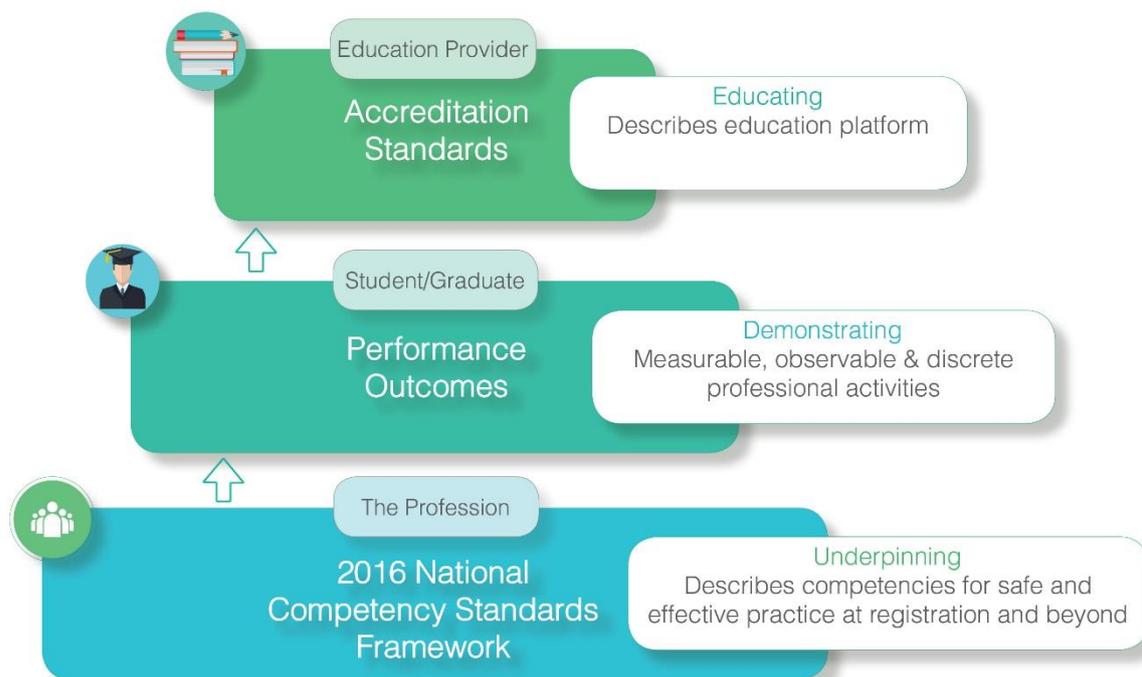
<sup>2</sup> Association of Faculties of Pharmacy of Canada. (2017). AFPC Educational Outcomes for First Professional Degree Programs in Pharmacy in Canada (p. 4). Accessed 20-Feb-19 at [https://www.afpc.info/system/files/public/AFPC-Educational%20Outcomes%202017\\_final%20Jun2017.pdf](https://www.afpc.info/system/files/public/AFPC-Educational%20Outcomes%202017_final%20Jun2017.pdf)

The Performance Outcomes Framework does not replace any of the consensus documents endorsed by the pharmacy profession. Specifically, the Performance Outcomes do not represent a revision of the *National Competency Standards Framework for Pharmacists in Australia* (2016).

The Performance Outcomes Framework is intended to be a means of:

- facilitating the assessment of competency within pharmacy programs
- assuring the profession that degree program graduates and initial general registrants have demonstrated the capability to undertake practice to the expected level

The Competency Standards Framework remains the definitive standard endorsed by the profession of pharmacy in Australia, and the Performance Outcomes are most appropriately regarded as a re-packaging in a manner that is tailored to serve the needs of education providers in teaching and assessing the achievement of those Competency Standards. Further, the articulation of “performance” highlights the need, in many circumstances, for the appropriate expression of multiple competencies in a coordinated and context-dependent manner to achieve a defined outcome, including for a patient. Where an individual is able to demonstrate all performance outcomes, that individual will have demonstrated achievement of all of the required Competency Standards.



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## Development of the Performance Outcomes Framework

Feedback from the first consultation phase of the Accreditation Standards Review indicated support for the development of a Performance Outcomes Framework but limited consensus regarding its nature. Respondents strongly expressed the belief that the *National Competency Standards Framework for Pharmacists in Australia* (2016) was appropriate, but were divided regarding the way it was used. Two potential options were endorsed to a similar extent:

- use of the Competency Standards Framework itself
- development of Performance Outcomes derived from the Competency Standards Framework but incorporating relevant material from multiple source documents

During phase 2 of the consultation on the Accreditation Standards, it was apparent that stakeholders viewed the Competency Standards Framework as the definitive standard for the practice of pharmacy in Australia and that the Performance Outcomes Framework must be consistent with and incorporate all of the competencies required for entry into the profession at the point of initial general registration. This requirement has been met through ensuring that all of the enabling competencies of the Competency Standards are covered in the Performance Outcomes Framework. The current draft of the Performance Outcomes framework has been mapped to the enabling competencies of the Competency Standards and this mapping forms part of the consultation process on the Performance Outcomes Framework.

The Performance Outcome Framework has also been informed by a range of additional sources in order to provide additional guidance about the scope and nature of the activities or tasks to be performed and assessed. The consultation feedback indicated some support for the Pharmacy Learning Outcomes and Exemplar Standards (PhLOS)<sup>3</sup> derived from the Threshold Learning Outcomes for Health, Medicine and Veterinary Science<sup>4</sup> and material from this document has been incorporated into the Performance Outcomes. Other sources consulted in the development of the Performance Outcomes Framework include the:

<sup>3</sup> Stupans et al (2015) Australian Pharmacy Network: Learning outcomes for pharmacy curriculum. Accessed 31-May-2018 at [http://www.olt.gov.au/system/files/resources/SI11-2117\\_Australian\\_Pharmacy\\_Network.pdf](http://www.olt.gov.au/system/files/resources/SI11-2117_Australian_Pharmacy_Network.pdf) Accessed

<sup>4</sup> Henderson et al (2011). Learning and teaching academic standards project health, medicine and veterinary science: Learning and teaching academic standards statement. Accessed 2-May-18 at [http://www.olt.gov.au/system/files/resources/altc\\_standards\\_HMVS\\_210611\\_0.pdf](http://www.olt.gov.au/system/files/resources/altc_standards_HMVS_210611_0.pdf).

- Professional Practice Standards 2017
- Codes and Guidelines (PharmBA, professional codes)
- General Pharmaceutical Council Accreditation Standards draft 2018 (Learning outcomes)
- Accreditation Council for Pharmacy Education Standards 2016 (Educational outcomes)
- Association of Faculties of Pharmacy of Canada Educational Outcomes 2017
- Graduate/Generic Qualities/Attributes/Capabilities – various Universities

together with feedback from participants in Governance and Reference Group meetings, and phase 2 of the consultation on the Accreditation Standards.

## Structure

The Performance Outcomes Framework comprises four Domains which are derived from the five Domains of the *National Competency Standards Framework for Pharmacists in Australia* (2016) as illustrated in the Table below. All enabling competencies within each of the five Domains of the Competency Standards Framework were considered to be appropriately addressed within Domains 1 to 4 of the Performance Outcomes Framework and thus a separate fifth Domain was not considered necessary in the latter.

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

Each Domain includes a domain descriptor which is a summary statement of the scope of the domain, followed by a list of outcomes which describe the scope in more detail. In order to foreground the continuum of learning and development throughout the five years of the education pathway, two parallel streams have been articulated. The wording of each parallel Outcome in the two streams is consistent but not always identical in order to account for the differential level of performance expected of:

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

## Milestones and assessment

The two milestones articulated in the Performance Outcomes Framework are:

1. completion of an approved Australian or New Zealand pharmacy degree program capable of leading to general registration
2. the point of general registration as a pharmacist in Australia, following completion of all elements of the intern year

It is important to note that the achievement of milestone 1 clearly correlates with the responsibilities of degree program providers and thus the provider is expected to provide evidence that graduates of its programs have met the Performance Outcomes for that milestone.

The achievement of milestone 2, on the other hand, does not necessarily correlate with the responsibilities of intern training program providers, since they comprise one of a number of relevant stakeholders in the intern year, and are not able to dictate or monitor all aspects of interns' participation or performance. This represents a point of difference from the philosophy underpinning *A customised tool of entry-level competencies incorporating guidance on Pharmacy School and Intern Training Provider contributions* (2011), which focused only on education providers. Assessment of the demonstrated achievement of the Performance Outcomes required at the point of general registration is shared between regulatory authorities (APC, PharmBA), preceptors/ supervising pharmacists, intern training program providers and interns themselves. The specific breakdown of responsibilities is a key outcome of the Intern Year Blueprint Project, which is nearing completion at the time of the current consultation, and the outcome of the latter will be incorporated into future drafts of the Performance Outcomes Framework.

Individual performance in relation to each Performance Outcome must be assessed using appropriate methodologies and by appropriate assessors. Responsibility for assessment of achievement of the Performance Outcomes required at the point of general registration is shared between a number of stakeholders, and close collaboration will be necessary to ensure the assessments are appropriate and comprehensive, particularly as they involve work-integrated learning. The Australian Pharmacy Council and Pharmacy Board of Australia are currently refining the Intern Year Blueprint for assessment of performance during the intern year and the results of this work will be critical in informing the application of the Performance Outcome Framework. Specifically, this work is essential for delineating the roles and responsibilities of the stakeholders involved in assessments undertaken in the intern year, including interns themselves, preceptors and supervising pharmacists, intern training program providers, providers of external assessments (currently the APC and PharmBA) and any other relevant stakeholders. It is noted that the role of intern training program providers in the direct assessment of intern performance is currently limited and it is not anticipated that their role will increase or change substantially.

## Underpinning knowledge, skills and behaviours

Reference is made throughout the Performance Outcomes Framework to the underpinning knowledge, skills and behaviours which comprise the necessary foundation for performance. At the current time, these are articulated in the six Learning Domains published as Appendix 1 of the

*Accreditation Standards for Pharmacy Programs in Australia and New Zealand* which have been in place since 2014. It is proposed to retain these Learning Domains and to revise them as part of the current consultation to ensure that they retain contemporary relevance and promote a future focus for the curricula of degree programs in particular. The Learning Domains are found at Appendix A of this paper.

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## Performance Outcomes Framework

### Domain 1 Professionalism in practice

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

On successful completion of an approved Australian or New Zealand pharmacy degree program capable of leading to general registration, pharmacy graduates exhibit knowledge and its application, skills and behaviours that provide evidence of competency in

At the point of general registration as a pharmacist in Australia, pharmacists exhibit knowledge and its application, skills and behaviours that provide evidence of competency in and a commitment to

**1.1 promoting** both the best interests and safety of patients and the public

**1.1 promoting** and maintaining both the best interests and safety of patients and the public

**1.2 promoting** and advocating for cultural safety, respect and responsiveness, particularly in relation to Aboriginal and Torres Strait Islander and Māori peoples

**1.2 promoting**, maintaining and advocating for cultural safety, respect and responsiveness, particularly in relation to Aboriginal and Torres Strait Islander and Māori peoples

**1.3 recognising** the presence and causes of health inequities and disparities, including the impact of social determinants of health

**1.3 recognising** the presence and causes of health inequities and disparities, including the impact of social determinants of health, and seeking to reduce them

**1.4 practising** legally in simulated and/or work-integrated learning environments by

- a. demonstrating contemporary knowledge and application of legal requirements relating to community and hospital pharmacy practice
- b. demonstrating awareness of the processes for maintaining contemporary familiarity with key legislative instruments

**1.4 practising** legally by

- a. complying with all legal obligations in their practice
- b. maintaining contemporary familiarity with key legislative instruments

<p><b>1.5 practising</b> ethically and with integrity in simulated and/or work-integrated learning environments by</p> <ul style="list-style-type: none"> <li>a. identifying potential ethical issues and dilemmas, including conflicts of interest, relating to practice</li> <li>b. considering alternative strategies and choosing an appropriate course of action in response</li> <li>c. demonstrating awareness of relevant professional codes, guidelines and standards and their content</li> <li>d. recognising and formulating strategies to respond appropriately to situations which fall outside their expected scope of practice or competence</li> </ul>	<p><b>1.5 practising</b> ethically and with integrity by</p> <ul style="list-style-type: none"> <li>a. recognising ethical issues and dilemmas, including conflicts of interest, in practice as they arise</li> <li>b. considering alternative strategies and adopting an appropriate course of action in response</li> <li>c. maintaining contemporary familiarity and compliance with professional codes, guidelines and standards</li> <li>d. recognising and responding appropriately to situations which fall outside their current scope of practice or competence</li> </ul>
<p><b>1.6 demonstrating</b> a proactive and reflective approach to developing their personal professional competence and expertise</p>	<p><b>1.6 adopting</b> a proactive and reflective approach to maintaining and developing their personal professional competence and expertise in order to remain fit-to-practise</p>
<p><b>1.7 demonstrating</b> an appreciation of the inherent complexity, ambiguity and uncertainty of contemporary and future professional practice</p>	<p><b>1.7 recognising</b> and responding to the inherent complexity, ambiguity and uncertainty of contemporary and future professional practice</p>
<p><b>1.8 demonstrating</b> awareness of appropriate strategies for responding to change</p>	<p><b>1.8 responding</b> to change in a flexible and adaptable manner</p>
<p><b>1.9 accepting</b> personal responsibility and accountability for decisions and actions in simulated and/or work-integrated learning environments</p>	<p><b>1.9 accepting</b> personal responsibility and accountability for decisions and actions in professional practice</p>
<p><b>1.10 upholding</b> and advancing the reputation and value of the profession</p>	<p><b>1.10 upholding</b> and advancing the reputation and value of the profession</p>

## Domain 2 Communication and collaboration

Pharmacists “communicate effectively in lay and professional language, using a variety of strategies that take into account the situation, intended outcomes of the communication and diverse audiences”<sup>5</sup> and work collaboratively within interprofessional health care teams in order to optimise patient and societal outcomes.

On successful completion of an approved Australian or New Zealand pharmacy degree program capable of leading to general registration, pharmacy graduates exhibit knowledge and its application, skills and behaviours that provide evidence of competency in

At the point of general registration as a pharmacist in Australia, pharmacists exhibit knowledge and its application, skills and behaviours that provide evidence of competency in and a commitment to

**2.1 communicating** appropriately and effectively in simulated and/or work-integrated learning environments with a socially and culturally diverse range of people in a manner which inspires confidence and trust by

- a. demonstrating awareness of and sensitivity to Indigenous history, communication styles and community protocols
- b. engaging with other persons in a respectful, compassionate, responsive and empathetic manner in simulated and/or work-integrated learning environments
- c. demonstrating appropriate communication and interpersonal behaviours (eg effective questioning, active listening, clarifying and reflecting, summarising and paraphrasing, developing rapport) in simulated and/or work-integrated learning environments
- d. using verbal, written and non-verbal communication which is appropriately tailored to the context and the other person(s) in simulated and/or work-integrated learning environments

**2.1 communicating** appropriately and effectively with a socially and culturally diverse range of people in a manner which inspires confidence and trust by

- a. engaging in culturally appropriate and sensitive communication with Indigenous people which respects their history, culture and protocols
- b. engaging with other persons in a respectful, compassionate, responsive and empathetic manner in professional practice
- c. using appropriate communication and interpersonal behaviours (eg effective questioning, active listening, clarifying and reflecting, summarising and paraphrasing, developing rapport) in professional practice interactions
- d. using verbal, written and non-verbal communication which is appropriately tailored to the professional practice context and the health literacy of the other person(s)

<sup>5</sup> Association of Faculties of Pharmacy of Canada. (2017). AFPC Educational Outcomes for First Professional Degree Programs in Pharmacy in Canada (p. 10). Accessed 20-Feb-19 at [https://www.afpc.info/system/files/public/AFPC-Educational%20Outcomes%202017\\_final%20Jun2017.pdf](https://www.afpc.info/system/files/public/AFPC-Educational%20Outcomes%202017_final%20Jun2017.pdf)

<p><b>2.2 documenting</b> and communicating relevant information, findings, decisions, recommendations and other information accurately and concisely in simulated and/or work-integrated learning environments</p>	<p><b>2.2 documenting</b> and communicating relevant information, findings, decisions, recommendations and other information accurately, concisely and in a timely manner, taking due account of privacy and confidentiality</p>
<p><b>2.3 contributing</b> to the interprofessional collaborative health care team, in simulated and/or work-integrated learning environments, in order to optimise patient outcomes, by</p> <ul style="list-style-type: none"> <li>a. demonstrating an understanding and appreciation of the roles of pharmacists and other members of the interprofessional collaborative care team</li> <li>b. creating and maintaining effective intra- and interprofessional relationships, and working in partnership to achieve negotiated, agreed-upon objectives</li> <li>c. demonstrating appropriate teamwork behaviours (eg cooperating, sharing ideas, respecting the contributions of others, sharing responsibility, negotiating solutions, resolving conflict, working flexibly, pursuing team objectives)</li> <li>d. demonstrating appropriate communication strategies at transition points in patient care to reduce risks to patients and ensure safe and effective continuity of patient care</li> </ul>	<p><b>2.3 contributing</b> to the interprofessional collaborative health care team, in order to optimise patient outcomes, by</p> <ul style="list-style-type: none"> <li>a. respecting and appreciating the complementary roles of pharmacists and other members of the interprofessional collaborative care team</li> <li>b. creating and maintaining effective intra- and interprofessional relationships, and working in partnership to achieve negotiated, agreed-upon objectives</li> <li>c. consistently engaging in appropriate teamwork behaviours (eg cooperating, sharing ideas, respecting the contributions of others, sharing responsibility, negotiating solutions, resolving conflict, working flexibly, pursuing team objectives)</li> <li>d. using appropriate communication strategies at transition points to reduce risks to patients and ensure safe and effective continuity of patient care</li> </ul>
<p><b>2.4 collaborating</b> with patients, carers and other clients in shared decision-making by</p> <ul style="list-style-type: none"> <li>a. supporting the rights of patients, carers and other clients to access relevant information and participate in decisions relating to their care</li> <li>b. respecting their choices</li> </ul>	<p><b>2.4 collaborating</b> with patients, carers and other clients in shared decision-making by</p> <ul style="list-style-type: none"> <li>a. supporting the rights of patients, carers and other clients to access relevant information and participate in decisions relating to their care</li> <li>b. respecting their choices</li> </ul>

### Domain 3 Professional expertise

Pharmacists are active and trusted contributors to collaborative health care and use their expertise to make clinically, ethically and scientifically sound decisions commensurate with their professional role and experience in order to deliver socially accountable person-centred care.

On successful completion of an approved Australian or New Zealand pharmacy degree program capable of leading to general registration, pharmacy graduates exhibit knowledge and its application, skills and behaviours that provide evidence of competency, in the context of simulated and/or supervised work-integrated learning environments in

At the point of general registration as a pharmacist in Australia, pharmacists exhibit knowledge and its application, skills and behaviours that provide evidence of competency and confidence in, and a commitment to

**3.1 developing** appropriate and effective actions and recommendations which support safe, rational and cost-effective use of medicines and other healthcare products and optimise socially accountable person-centred care by

- a. applying relevant underpinning knowledge
- b. using a systematic approach to access, critically evaluate and apply relevant evidence
- c. applying effective critical thinking, reasoning and problem-solving strategies to conceptualise problems, formulate a range of potential solutions, and support decision-making
- d. making decisions which reflect a balanced consideration of both the potential benefits and potential risks

**3.1 implementing** appropriate and effective actions and recommendations which support safe, rational and cost-effective use of medicines and other healthcare products and optimise socially accountable person-centred care by

- a. applying relevant underpinning knowledge
- b. using a systematic approach to access, critically evaluate and apply relevant evidence
- c. applying effective critical thinking, reasoning and problem-solving strategies to conceptualise problems, formulate a range of potential solutions, and support decision-making
- d. making decisions which reflect a balanced consideration of both the potential benefits and potential risks

**3.2 consistently** making accurate arithmetic calculations relating to health care

**3.2 consistently** making accurate arithmetic calculations relating to health care

<p><b>3.3 delivering</b> person-centred care including</p> <ul style="list-style-type: none"> <li>a. respecting the personal characteristics, rights, preferences, values, beliefs, needs and diversity of patients, carers and other persons</li> <li>b. maintaining privacy and confidentiality in interactions with patients, carers and other persons</li> <li>c. optimising as far as is practicable the environment in which care takes place</li> <li>d. ensuring that the best interests of patients, carers and other persons are foremost in the provision of care</li> <li>e. ensuring that patients, carers and other persons are provided with sufficient information and advice to enable them to give informed consent</li> <li>f. ensuring that informed consent is obtained and appropriately recorded</li> </ul>	<p><b>3.3 practising</b> person-centred care by</p> <ul style="list-style-type: none"> <li>a. respecting the personal characteristics, rights, preferences, values, beliefs, needs and diversity of patients, carers and other persons</li> <li>b. maintaining privacy and confidentiality in interactions with patients, carers and other persons</li> <li>c. optimising as far as is practicable the environment in which care takes place</li> <li>d. ensuring that the best interests of patients, carers and other persons are foremost in the provision of care</li> <li>e. ensuring that patients, carers and other persons are provided with sufficient information and advice to enable them to give informed consent</li> <li>f. ensuring that informed consent is obtained and appropriately recorded</li> </ul>
<p><b>3.4 obtaining</b> relevant health and medication information from patients, carers and other clients in community and hospital settings</p>	<p><b>3.4 obtaining</b> relevant health and medication information from patients, carers and other clients in community and hospital settings</p>
<p><b>3.5 assessing</b> current medical and medication histories and profiles of patients</p>	<p><b>3.5 assessing</b> current medical and medication histories and profiles of patients</p>
<p><b>3.6 making</b> and prioritising recommendations to manage medical and medication needs of patients, including both pharmacological and non-pharmacological strategies, based on the Quality Use of Medicines Framework and the best available evidence</p>	<p><b>3.6 making</b> and prioritising recommendations to manage medical and medication needs of patients, including both pharmacological and non-pharmacological strategies, based on the Quality Use of Medicines Framework and the best available evidence</p>
<p><b>3.7 formulating</b> health, medical and medication management plans in collaboration with patients and other health team members</p>	<p><b>3.7 implementing</b> health, medical and medication management plans in collaboration with patients and other health team members</p>
<p><b>3.8 recommending</b> appropriate monitoring of the outcomes of health, medical and medication management plans and adjusting them where</p>	<p><b>3.8 monitoring</b> the outcomes of health, medical and medication management plans and adjusting them where appropriate in collaboration</p>

appropriate in collaboration with patients and other health team members	with patients and other health team members
<b>3.9 administering</b> injectable formulations in accordance with current legislation, scope of practice and PharmBA Guidelines	<b>3.9 administering</b> injectable formulations in accordance with current legislation, scope of practice and PharmBA Guidelines
<b>3.10 prescribing</b> medications in accordance with current legislation, scope of practice and PharmBA Guidelines	<b>3.10 prescribing</b> medications in accordance with current legislation, scope of practice and PharmBA Guidelines
<b>3.11 dispensing</b> medicines safely and accurately in consultation with the patient and/or prescriber to optimise patient outcomes	<b>3.11 dispensing</b> medicines safely and accurately in consultation with the patient and/or prescriber to optimise patient outcomes
<b>3.12 preparing</b> and supplying extemporaneously compounded medications safely and accurately in accordance with current legislation, scope of practice, PharmBA Guidelines and other relevant jurisdictional requirements	<b>3.12 preparing</b> and supplying extemporaneously compounded medications safely and accurately in accordance with current legislation, scope of practice, PharmBA Guidelines and other relevant jurisdictional requirements
<b>3.13 providing</b> appropriately chosen and tailored counselling, information and education to enable safe and effective medication, disease state and lifestyle management	<b>3.13 providing</b> appropriately chosen and tailored counselling, information and education to enable safe and effective medication, disease state and lifestyle management
<b>3.14 assessing</b> minor ailments and recommending appropriate management approaches, including pharmacological, non-pharmacological and referral options where appropriate	<b>3.14 assessing</b> minor ailments and providing appropriate management approaches, including pharmacological, non-pharmacological and referral options where appropriate
<b>3.15 providing</b> evidence-based screening, assessment, prevention and referral services to detect and manage potential risk of adverse medical conditions and outcomes	<b>3.15 providing</b> evidence-based screening, assessment, prevention and referral services to detect and manage potential risk of adverse medical conditions and outcomes
<b>3.16 carrying</b> out systematic medication reviews, informed by the principles of Quality Use of Medicines, in order to identify and resolve potential medication-related issues and optimise the impact of medications on health outcomes in collaboration with patients and other	<b>3.16 carrying</b> out systematic medication reviews, informed by the principles of Quality Use of Medicines, in order to identify and resolve potential medication-related issues and optimise the impact of medications on health outcomes in collaboration with patients and other members of the health

members of the health care team	care team
<b>3.17 facilitating</b> self-management of disease states through education, intervention, monitoring and health promotion services in order to optimise patient health outcomes and wellbeing, and reduce the risk of complications	<b>3.17 facilitating</b> self-management of disease states through education, intervention, monitoring and health promotion services in order to optimise patient health outcomes and wellbeing, and reduce the risk of complications
<b>3.18 providing</b> Dose Administration Aids to enhance adherence with dosage regimens and support safe and effective administration of medications	<b>3.18 providing</b> Dose Administration Aids to enhance adherence with dosage regimens and support safe and effective administration of medications
<b>3.19 delivering</b> harm minimisation approaches and strategies to reduce drug-related harm to patients and the community	<b>3.19 implementing</b> harm minimisation approaches and strategies to reduce drug-related harm to patients and the community
<b>3.20 supporting</b> and participating in health promotion activities, health services and public health initiatives intended to maintain and improve health	<b>3.20 supporting</b> and participating in health promotion activities, health services and public health initiatives intended to maintain and improve health
<b>3.21 responding</b> to the needs of individuals and communities by advocating with and for them to optimise health and societal outcomes	<b>3.21 responding</b> to the needs of individuals and communities by advocating with and for them to optimise health and societal outcomes
<b>3.22 accessing</b> , using and adapting information and other technologies to meet the needs of current and emerging professional practice	<b>3.22 accessing</b> , using and adapting information and other technologies to meet the needs of current and emerging professional practice

## Domain 4 Leadership and management

Pharmacists manage themselves and others responsibly and accountably, and undertake leadership roles commensurate with their situation, professional role and experience in order to “optimise the safety, effectiveness and efficiency of health care and contribute to a vision of a high-quality health care system”.<sup>6</sup>

On successful completion of an approved Australian or New Zealand pharmacy degree program capable of leading to general registration, pharmacy graduates exhibit knowledge and its application, skills and behaviours that provide evidence of competency in

At the point of general registration as a pharmacist in Australia, pharmacists exhibit knowledge and its application, skills and behaviours that provide evidence of competency in and a commitment to

**4.1 engaging** in regular and systematic reflection as a means of enhancing professional learning and practice

**4.1 engaging** in regular and systematic reflection as a means of enhancing professional learning and practice

**4.2 demonstrating** self-awareness and self-regulation of personal attributes, including knowledge, skills, abilities, beliefs, biases, motivations, and emotions, which may affect professional performance and/or personal development

**4.2 identifying** situations where attributes, including knowledge, skills, abilities, beliefs, biases, motivations, and emotions may affect professional performance and/or personal development and taking appropriate actions (including self-regulation and seeking support where necessary) to minimise risks to public safety

**4.3 demonstrating** awareness of personal and professional limitations and adopting appropriate strategies where necessary, including referral of patients to other health care professionals and/or additional professional education

**4.3 identifying** and acknowledging personal and professional limitations and seeking appropriate support where necessary, including referral of patients to other health care professionals and/or additional professional education

**4.4 demonstrating** awareness of the signs in others where personal attributes and/or professional limitations pose a risk to public safety, and formulating appropriate strategies including support, advice, assistance,

**4.4 recognising** the signs in others where personal attributes and/or professional limitations pose a risk to public safety, and adopting appropriate strategies including support, advice, assistance, referral or

<sup>6</sup> Association of Faculties of Pharmacy of Canada. (2017). AFPC Educational Outcomes for First Professional Degree Programs in Pharmacy in Canada (p. 13). Accessed 20-Feb-19 at [https://www.afpc.info/system/files/public/AFPC-Educational%20Outcomes%202017\\_final%20Jun2017.pdf](https://www.afpc.info/system/files/public/AFPC-Educational%20Outcomes%202017_final%20Jun2017.pdf)

referral or reporting	reporting
<b>4.5 recognising</b> situations in simulated and/or work-integrated learning environments likely to compromise performance (e.g. conflict, excessive workload, interruptions, unreasonable work demands) and implementing effective strategies to minimise their impact	<b>4.5 recognising</b> situations in professional practice likely to compromise performance (e.g. conflict, excessive workload, interruptions, unreasonable work demands) and implementing effective strategies to minimise their impact
<b>4.6 evaluating</b> personal health and wellbeing status, identifying situations where health or wellbeing may be challenged, and adopting appropriate strategies and mechanisms to minimise their impact on personal and professional life	<b>4.6 evaluating</b> personal health and wellbeing status, identifying situations where health or wellbeing may be challenged, and adopting appropriate strategies and mechanisms to minimise their impact on personal and professional life
<b>4.7 demonstrating</b> effective leadership skills, including taking the initiative when appropriate, managing own roles, and understanding and accepting appropriate responsibility and accountability for organising, planning, prioritising, influencing and negotiating within a team context in educational, simulated and/or work-integrated learning environments	<b>4.7 providing</b> effective leadership by taking the initiative when appropriate, managing own roles, and understanding and accepting appropriate responsibility and accountability for organising, planning, prioritising, influencing and negotiating within a professional team context
<b>4.8 demonstrating</b> awareness of the importance of, and strategies for, promoting responsible and socially accountable stewardship of health care resources	<b>4.8 contributing</b> to the responsible and socially accountable stewardship of resources to promote equitable, viable and sustainable access to health care
<b>4.9 demonstrating</b> skills in collaboration, critical thinking, curiosity and creativity in educational, simulated and/or work-integrated learning environments as strategies for quality assurance and continuous quality improvement	<b>4.9 contributing</b> to assurance of quality and continuous quality improvement processes through collaboration, critical thinking, curiosity and creativity
<b>4.10 complying</b> with appropriate policies, processes and protocols in educational, simulated and/or work-integrated learning environments	<b>4.10 establishing</b> , maintaining and regularly reviewing appropriate policies, processes and protocols to ensure safe and accountable provision of health care
<b>4.11 demonstrating</b> skills in the identification, assessment, monitoring,	<b>4.11 engaging</b> proactively in the identification, assessment, monitoring,

mitigation and management of risk in educational, simulated and/or work-integrated learning environments	mitigation and management of risk to minimise harm and maximise patient and public safety
<b>4.12 demonstrating</b> skills as a role model, teacher, facilitator and mentor which are appropriate to their educational, simulated and/or work-integrated learning environments	<b>4.12 acting</b> as a role model, teacher, facilitator and mentor to students, colleagues, other pharmacy team members and other health care professionals
<b>4.13 demonstrating</b> skills in research and scholarship	<b>4.13 contributing</b> to the evidence base through engaging in research and scholarship

DRAFT





## Appendix A: Pharmacy Learning Domains (current degree program Accreditation Standards)

### Curriculum content

It is recognised that in developing a curriculum for a pharmacy degree program, there is an increasing move by Schools of Pharmacy to integrate subject matter, providing students with a co-ordinated understanding and the comprehensive knowledge and expertise needed to achieve the pharmacy learning outcomes required for entry to an intern training program. Further, in our rapidly changing health care environment, innovation, responsiveness and flexibility in a School's curriculum needs to be supported. To reflect this, it should be highlighted that the pharmacy learning domains presented here are indicative and not prescriptive. While the items are grouped within the domains to give prominence to the health care consumer and avoid traditional categorisations, this format is not intended to be imposed on Schools' curricula.

The pharmacy learning domains described here were originally based on the Indicative Syllabus for UK pharmacy degrees, as developed and published by the Royal Pharmaceutical Society of Great Britain (RPSGB) in 2002, with minor variations to reflect systems and concerns specific to Australia and New Zealand. The UK syllabus was adopted in the form of an Indicative Curriculum with the permission of the RPSGB. The UK syllabus has since been amended, but without significant changes in the content itself. These pharmacy learning domains are the result of further amendment of the Indicative Curriculum based on feedback provided during the 2012 review of the *Accreditation Standards for Pharmacy Degree Programs in Australia and New Zealand*. The pharmacy learning domains will be subject to periodic review to reflect developments in the profession and educational needs arising from matters unique to Australian or New Zealand pharmacy practice, and/or health and educational systems.

### Learning domain 1: The health care consumer

The health care consumer is central to the degree course, reflecting the importance that a pharmacy graduate focuses on prevention and wellness in all people, as well as the needs of patients. The items grouped under this heading address the biological, environmental, psychological and some of the social foundations of treatment with medicines. The curriculum should address specific consumer needs in diverse multicultural populations, particularly Aboriginal and Torres Strait Islander people in Australia and Māori in New Zealand.

#### Indicative Elements

- The unique expertise of the pharmacist in ensuring that the consumer achieves optimal health outcomes from medicines and minimises the potential for harm.

- Principles and methodologies of the social sciences relevant to pharmacy.
- Cultural competence and cultural awareness.
- Health and illness: definitions and perceptions.
- Theory and practice of personal and inter-personal skills, including written and oral communication skills to proactively build trust, support, motivate and influence professional colleagues and consumers with varying levels of health literacy, as well as study skills.
- The ideas and approaches of compliance or concordance in health care provision, including as they apply to medicines administration.
- The pharmacist's contribution to the promotion of good health and disease prevention.
- Normal and abnormal bodily function: anatomy, biochemistry, genetics, microbiology, nutrition, immunology, physiology, pathology, pathophysiology and infective processes.
- Aetiology and epidemiology of major diseases and the principles of their treatment.
- Symptoms recognition and management, the principles of differential diagnosis, important diagnostic methods and tests, and medical terminology.
- Disease management and care planning, including application of clinical guidelines, prescribing guidelines, medication review and new models of care.
- Clinical reasoning, collaborative decision making and documentation.
- Complementary therapies.
- Drug and substance misuse, and physiological and psychological dependence. Clinical toxicology associated with drug overdose, drug or substance misuse or accidental exposure.

## Learning domain 2: Medicines: drug action

The focus here is on drugs. The first three items in this list are large in scale and high in importance.

### Indicative Elements

- Molecular basis of drug action and the actions of drugs within living systems; molecular, cellular, biological and physical aspects.
- Clinical therapeutic uses of drugs and medicines in man, including contraindications for, adverse reactions to, and interactions of medicines and their relevance to treatment.
- Drug absorption, distribution, metabolism and excretion and influences thereon, including formulation, route of administration, dosage regimen, ageing and disease.
- Clinical evaluation of new and existing drugs and medicines, and post-marketing surveillance. Good clinical practice.
- Prospects for new approaches in therapeutics.

## Learning domain 3: Medicines: the drug substance

For consumer safety and often for the quality and efficacy of treatment, it is important that the pharmacy graduate, uniquely among the team of health professionals, has an appreciation and understanding of the sources and properties of drugs which form the biologically active and therapeutic components of medicines.

## Indicative Elements

- Sources and purification of substances of biotechnological, chemical synthetic, immunological,
- mineral and plant origin used in medicine.
- Physico-chemical aspects of drugs and biological systems, including thermodynamics and chemical kinetics.
- Specifications of substances used in medicine, including physical and chemical tests.
- Analytical methods: principles, design, development, validation and application.
- Prediction of drug properties, including chemical compatibilities, from molecular structure.
- Drug design and discovery: principles, approaches and future prospects.
- Cell and molecular biology, including genomics, proteomics and gene therapy, relevant to pharmacy.
- Biological methods of measuring drug activity and biological standards.
- Biotechnology and biotechnological processes.

## Learning domain 4: Medicines: the medicinal product

The formulation and compounding of medicines, taking the pure drug substance and producing a dosage form for administration to the consumer, are at the heart of pharmaceutical science. For the safety, quality, efficacy and economy of treatment with medicines, all pharmacy graduates need knowledge, understanding and capability in this area.

## Indicative Elements

- Sale and supply of medicines, including evaluation and management of risk and provision of advice.
- Medicines: schedules of medicines and controlled substances; PBS (Australia) and Pharmacy scheduling (NZ); consumer protection, including product liability and unapproved medicines.
- Materials used in formulations and devices for the delivery of drugs, their biological, chemical and physical properties, and the development and application of standards.
- Biopharmaceutics, developmental pharmaceutics, pre-formulation and formulation studies; design and standardisation of medicines for administration to the body by different routes and for delivery to specific target sites.
- The influence of manufacture and distribution on product quality with respect to biological safety, bioavailability (including bioequivalence), dosage uniformity and stability.
- Packaging and labelling; purpose, design and evaluation.
- Quality assurance of pharmaceutical products and processes, including Good Laboratory Practice and Good Manufacturing Practice.
- Microbiological contamination: sources, determination, consequences and control.
- Sterilisation procedures and aseptic procedures in the preparation of pharmaceutical products and medical devices; monitoring of sterilisation processes.
- Environmental control in manufacturing facilities and in the supply chain.

- Degradation of medicines; evaluation and control of biological, chemical and physical degradation.
- Immunological, biotechnological and radiopharmaceutical products.
- Dressings and other wound management products.
- Medical devices: their types, regulation and, particularly, their use for the measurement and maintenance of physiological function or medicine delivery.
- Statutes and regulations related to medicines, poisons and controlled substances.

## Learning domain 5: Health care systems and the roles of professionals

For pharmacy graduates to be able to practise effectively, efficiently and confidently they need to know about, understand and have some of the skills to operate within health care systems, alongside and together with other health professionals and other scientists. They need to have an appreciation of their responsibility to share and contribute to the knowledge of others.

### Indicative Elements

- Health care systems in Australia or New Zealand (as applicable) including roles of pharmacists and other health care professionals in primary, secondary and tertiary health care. Rural and remote health care systems, including Aboriginal Health Services.
- The duty of care to the health care consumer and the wider public: concept, scope and application of professional ethics, including gaining informed consent.
- Professional standards and guidelines for practice. Self-reflection and reflective practice, self-audit, continuing professional development and maintenance of competency.
- Interprofessional communication, teamwork and collaborative decision-making.
- Clinical governance: clinical audit and risk management. Quality assurance and improvement. Managing and learning from errors.
- Use of information technology in pharmacy and more widely in health care.

## Learning domain 6: The wider context

The pharmacy graduate needs a realistic and well-informed view of how health care, and pharmacy fits within and operates in the wider world.

### Indicative Elements

- The political and legal framework, requirements and processes relevant to pharmacy.
- Health policy and economics, particularly pharmacoeconomics.
- Population health.
- Scientific, clinical, health services and social services research; methods, results and their application as they are relevant to pharmacy.
- Occupational and environmental health and safety.