



australian  
pharmacy  
council

# Consultation paper

Performance Outcomes Framework  
Accreditation Standards for Aged Care and  
Medication Management Review (MMR)  
Pharmacist Education Programs

July 2023

# Acknowledgements

We would like to thank the Department of Health and Aged Care which has funded the development of the accreditation standards and supporting documentation.

We would also like to acknowledge the contributions of the individuals and organisations who have provided input into this consultation paper, especially members of the APC Expert Advisory Group and the Performance Outcomes Working Group.

## Acknowledgement of Country

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

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

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

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# Abbreviations

AACP	Australian Association of Consultant Pharmacists
ACOP	Aged Care On-site Pharmacist
ACP	Australasian College of Pharmacy
Ahpra	Australian Health Practitioner Regulation Agency
APC	Australian Pharmacy Council
CPA	Community Pharmacy Agreement
FIP	International Pharmaceutical Federation
HMR	Home Medicines Review
LIPPE	Leaders in Indigenous Pharmacy Professional Education
MAC	Medicines Advisory Committee
MMR	Medication Management Review
NRAS	National Registration and Accreditation Scheme
PGA	Pharmacy Guild of Australia
PharmBA	Pharmacy Board of Australia
PSA	Pharmaceutical Society of Australia
RMMR	Residential Medication Management Review
SHPA	Society of Hospital Pharmacists of Australia

## Glossary for key terminology

Term	Definition
<b>Accreditation</b>	Evaluation of a program against defined standards that ensures that the education and training is rigorous and prepares individuals to practise safely.
<b>Accredited</b>	A training program that has been assessed by the authorised organisation as meeting the relevant Accreditation Standards. It is not a self-assessment.
<b>Assessment</b>	Gathering evidence to determine a learner knows, understands, and can do the role. Comprehensive assessment approaches include a combination of formal and informal assessment (formative, interim, and summative)
<b>Consumer</b>	A person who has used, currently uses, or will use health care services. This includes the person's family and carers.
<b>Credentialed</b>	Refers to individuals who have completed the accredited training program and ongoing requirements of the provider of accredited training.
<b>Graduate</b>	A learner who has successfully completed the training program
<b>Home Medicines Review (HMR)</b>	A service provided in a patient's home to review their medicine routine and identify and address medicine-related problems. A report is provided to the patient's GP. The GP and patient then agree on a medicine management plan. This helps to increase quality use of medicines and decrease adverse events.
<b>Medication Management Reviews (MMR)</b>	A comprehensive, structured assessment of a person's medicines e.g., HMR and RMMR
<b>Performance outcomes (framework)</b>	Complement the Accreditation Standards and provide observable and measurable statements of the performance to be achieved and demonstrated by graduates of a program.
<b>Provider</b>	The organisation providing the education program.
<b>Residential Medication Management Review (RMMR)</b>	A service provided to a permanent resident of an Australian Government-funded aged care facility. Information about the resident's medicine is collated and a comprehensive assessment is undertaken to identify, resolve, and prevent medication-related problems. A report of this assessment is provided to the resident's GP.
<b>The 'Measure'</b>	Refers to the Department of Health and Aged Care's new measure to improve medication management and safety for aged care residents. The Aged care on-site pharmacist measure (The 'Measure') provides funding for pharmacists to work in a clinical role on-site in residential aged care homes.

# 1. Introduction

## 1.1. Who we are

The Australian Pharmacy Council (APC) is the independent accreditation authority for pharmacy education and training programs in Australia.

We work as part of the *National Registration and Accreditation Scheme* (NRAS or National Scheme), under the *Health Practitioner Regulation National Law Act*<sup>1</sup> (the 'National Law'). We work under assignment of the Pharmacy Board of Australia (PharmBA), the National Board responsible for the regulation of the pharmacy profession in Australia.

APC accreditation helps to protect the health and safety of the Australian community by establishing and maintaining high-quality standards for pharmacy education, training, and assessment.

We also use our expertise in quality assurance of pharmacy education outside the direct functions of the National Scheme to develop standards and supporting resources in response to emerging needs. These include:

- Standards for the accreditation of programs to support administration of vaccines,
- Workplace-based assessment tools used by intern training programs
- establishing the Leaders in Indigenous Pharmacy Professional Education (LIPPE) network dedicated to transforming the pharmacist workforce by enabling Indigenous leadership in the delivery of pharmacist education.

## 1.2. What we've been asked to do

The Department of Health and Aged Care ('the Department') have engaged us to provide oversight and quality assurance of training programs that will credential pharmacists to work as aged care on-site pharmacists and to conduct comprehensive medication management reviews.

To do this we developed the following:

- Accreditation standards for the training programs
- Performance Outcomes Framework
- Supporting guidance documents
- Accreditation system

These were approved and published earlier in July 2023, and can be viewed in [Appendix 2](#). The Department provided a contract variation to allow for us to further engage with stakeholders in the finalisation of the Performance Outcomes Framework. This enabled us to bring together a small working group of education providers and accreditation experts with experience in aged care and medication management training and practice to provide input into the development of the performance outcomes. Additionally, we will have a short

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<sup>1</sup> National Registration and Accreditation Scheme (National Scheme) as established under the National Law in each Australian State and Territory.

consultation period to seek feedback from stakeholders.

### 1.3. Purpose of this paper

This is the discussion paper supporting our consultation round on the performance outcomes and should be read in conjunction with the draft performance outcomes framework [attached](#).

The purpose of this paper is to provide a brief background to the use of performance outcomes as a complementary component to education accreditation standards, and to outline areas for consultation and feedback mechanisms.

The content for this paper has come from:

- consolidated feedback gathered by the Department on the role of an aged care onsite pharmacist received during their 2022 consultation on the initiative
- the work of the Australian Association of Consultant Pharmacists (AACP) (now closed) in delivering medication management review training and assessment prior to 31 December 2022.
- the input of members of the Expert Advisory Group<sup>2</sup> and Performance Outcomes Working Group
- the established systems and standards of APC's accreditation of pharmacy degree programs and intern training programs
- the feedback received from our consultation activities of the draft accreditation standards for aged care and MMR pharmacists' education programs.
- our ongoing discussions with key stakeholders via face to face and online meetings, and conferences.

## 2. Background

### 2.1. Royal Commission into Aged Care Quality and Safety

Medication management in residential aged care homes was identified as an essential area for improvement in the recommendations from the Royal Commission into Aged Care Quality and Safety ('the Royal Commission')<sup>3</sup>.

The Royal Commission was established in October 2018 with the final report handed down in February 2021. The Terms of Reference included the request for advice from the Commissioners on 'what can be done to ensure that aged care services are 'high quality and safe'.

There were 148 recommendations for fundamental reform of the aged care system and, of these, at least nine make reference to medications, medication reviews, or the need for input of allied health professionals, including pharmacists.

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<sup>2</sup> The Expert Advisory Group includes members of education providers and experts in aged care medication management. It has been established to provide high level advice to APC to inform the development of the standards. The members of this group can be viewed at [Development process | Accreditation Standards for Aged Care and MMR Pharmacist training programs | Australian Pharmacy Council](#)

<sup>3</sup> [Royal Commission into Aged Care Quality and Safety](#)

The final report asserts that high quality care must be the foundation of aged care with a shared understanding of what that means. The Commissioner’s proposed the following definition for high quality aged care.

*High quality aged care **puts older people first**. It assists older people to live a self-determined and meaningful life through **expert clinical and personal care services** and other support, provided in a safe and caring environment. High quality aged care is **respectful, timely and responsive to older people’s preferences and needs** and assists them to live a **dignified life**.*

*High quality aged care is provided by **caring and compassionate people who are educated and skilled in the care they provide**. It enables older people to maintain their capacities for as long as possible, while supporting them when they experience a functional decline or need end-of-life care.*

*High quality aged care delivers a high quality of life. It enables people to engage in meaningful activities that provide purpose and provides the opportunity for people to remain connected to their community.*

## 2.2. Aged Care On-site Pharmacist Measure

The Department has initiated the Aged Care On-site Pharmacist Measure (the ‘Measure’) in response to Recommendation 38 of the Royal Commission.

### **Recommendation 38: Residential aged care to include allied health care**

Requires approved providers to employ, or otherwise retain, at least one of each of a list of allied health professionals which includes a pharmacist, to ensure residential aged care includes a level of allied health care appropriate to each person’s needs.

The Department states that “having a pharmacist on-site will give residents and their families confidence that medications are regularly reviewed, appropriate, and will provide continuity in medication management”<sup>4</sup>.

Funding for the Measure will be provided for pharmacists to be employed or engaged to:

- provide clinical service on-site in residential aged care homes
- meet the needs of residents and the facility
- address any issues around medication use

## 2.3. The role of the Aged Care On-site Pharmacist

The Aged Care On-site Pharmacist (ACOP) will bring their expertise in medication management and pharmacotherapeutics to provide collaborative and integrated care for all residents as part of the multidisciplinary healthcare team. They will work closely with General Practitioners (GPs), onsite nurses, facility staff and other health care professionals,

<sup>4</sup> [Aged Care on-site pharmacists - Australian Government Department of Health - Citizen Space](#)

the resident and their family, to improve health outcomes of residents and build confidence with families and carers.

The role and activities of an ACOP may vary between residential aged care homes based on the individual needs of the facility and those of their residents. Other factors may be the size, level of care (high vs low, dementia care), access to workforce, and location of the home.

Generally, an ACOP will:

- be **readily available** to aged care staff and residents, building **collaboration with the health care team**, including general practitioners and community pharmacies.
- provide **continuity in medication management**, such as day-to-day monitoring of residents' medication and solving medication related issues promptly.
- assist with **medication management and communication during transitions of care**.
- undertake whole of facility **quality use of medicines activities**, such as medicine use evaluation and implementation of changes to improve the use of psychotropics, antimicrobials and other high-risk medications.
- advise, attend and report to the **Medicines Advisory Committee (MAC)** as part of **governance and oversight** in the residential aged care home, and help set up a MAC where one is not established<sup>5</sup>.

## 2.4. Training and credentialing

The Department undertook a consultation process in 2022 in which stakeholders were asked about the training required for an aged care on-site pharmacist.

Whilst recognising the qualifications, training and experience of pharmacists in medication management, interprofessional communication and collaboration, quality use of medicines and delivery of education, stakeholders noted the need for<sup>6</sup>:

- appropriate and effective training to be role ready
- education in issues specific to the aged care setting (e.g., frailty and falls, dementia, palliative care)
- a role for employers in the orientation of pharmacists in residential aged care settings
- mentoring, communities of practice and support networks
- a framework for professional competency requirements that could be used to help pharmacists identify and fill gaps.

The Department has stated that funding for the measure will require that pharmacists employed or engaged by residential aged care homes be appropriately trained and credentialed.

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<sup>5</sup> Department of Health and Aged Care. PharmCare 2023 Conference presentation. February 2023

<sup>6</sup> [Aged Care On-Site Pharmacist Consultation Feedback - Ageing and Aged Care Engagement Hub \(health.gov.au\)](https://www.health.gov.au/aged-care-on-site-pharmacist-consultation-feedback)

## 2.5. Medication Management Review (MMR) programs

The Department has funded pharmacists to conduct comprehensive medication management reviews for eligible people through the Community Pharmacy Agreements (CPA's) for many years.

These programs are known as Home Medicines Reviews (HMRs) and Residential Medication Management Reviews (RMMRs).

Pharmacists undertaking these reviews are required to undertake additional training and assessment to become 'accredited' to be eligible for remuneration through the CPA programs. Until recently, a three yearly reaccreditation process was required to maintain accreditation.

There has not been a system for independent oversight and quality assurance of MMR training programs to date. The development of this accreditation system will ensure existing and future training programs only provide credentials to pharmacists who have demonstrated their performance for these roles at the required level.

## 3. Accreditation Standards, Performance Outcomes and supporting documents

### 3.1. Purpose of accreditation

Accreditation of training programs ensures that program graduates are suitably trained and qualified and have the skills and knowledge they need for safe, effective practice.

We accredit programs by reviewing them to confirm that they meet clear, evidence-based standards.

### 3.2. Accreditation Standards

Accreditation standards lay the quality framework for training programs delivered by education providers. The [Quality Assurance of Pharmacy Education: the FIP Global Framework](#) describes the five pillars (context, structure, process, outcomes, impact) and three foundations (science, practice and ethics) of quality pharmacy education (figure 1). Together, accreditation standards and performance outcomes frameworks, address these eight components.

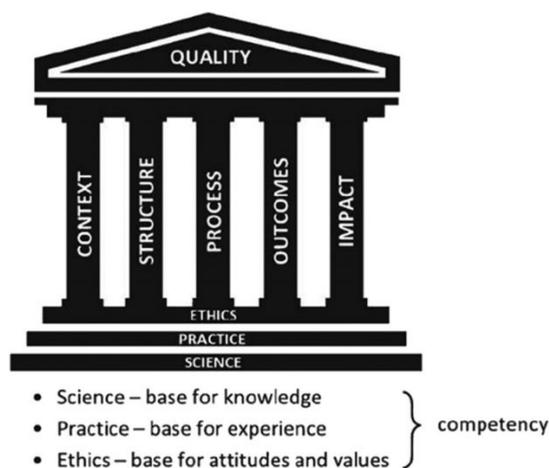


Figure 1. Pillars and Foundations of Educational Quality – Quality Assurance of Pharmacy Education: the FIP Global Framework 2<sup>nd</sup> Edition 2014<sup>7</sup>

### 3.2.1. Performance Outcomes Framework

Performance outcomes complement the Accreditation Standards and provide a framework for education providers to collect and present evidence that their graduates meet the requirements of the qualification or credential and to the required standard.

The performance outcomes are statements describing what an individual must achieve and be able to demonstrate on successful completion of a training program. They aid education providers to design, develop and deliver a contemporary curriculum and authentic assessments that enable learners to demonstrate that they have achieved the required competencies to undertake these important roles.

A Performance Outcomes 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 to respond to emerging scopes of practice while maintaining the integrity of the profession’s consensus standards and expectations regarding competency and professional practice.

<sup>7</sup> [QA Framework 2nd Edition online version.pdf \(fip.org\)](#)

## 4. Performance Outcomes Framework Structure

The Performance Outcomes Framework comprises four domains which are aligned with the five domains of the *APC Accreditation Standards for Pharmacy Programs – Performance Outcomes Framework 2020*. They are reflective of core activities for the roles of an aged care on-site (ACOP) and a medication management review (MMR) pharmacist.

This is illustrated in the table below.

Performance Outcomes Domains for graduates of Pharmacy Programs	Performance Outcomes Domains for graduates of Aged care on-site pharmacist and Medication management review pharmacist education programs
1. Professionalism in practice	1. Professionalism in practice
2. Communication and collaboration	2. Collaborative practice
3. Professional expertise	3. Medication management
4. Leadership and management	4. Safe and quality use of medicines
5. Research, inquiry and education	

Each domain includes a domain descriptor which is a summary statement of the scope of the domain, followed by a list of outcomes which describe the scope in more detail.

The Performance Outcomes Framework recognises that the education programs for Aged Care On-site Pharmacists and Medication Management Review (MMR) Pharmacists will be delivered primarily to registered pharmacists.

To recognise the existing competency and performance of registered pharmacists, and the required performance for defined roles, we have structured the document into three columns.

1. Performance outcomes at the point of general registration as a pharmacist
2. Performance outcomes for pharmacists conducting medication management reviews
3. Performance outcomes for aged care on-site pharmacists

The performance outcomes for registered pharmacists appear in the left-hand shaded column. They are not required to be explicitly assessed as part of these programs; however, they should be considered as underpinning performance expected of pharmacists undertaking the role of an aged care on-site or MMR pharmacist.

The next two columns highlight the unique requirements necessary for each individual role – ACOP or MMR pharmacist.

## 5. Consultation Questions

We have developed a set of performance outcomes to reflect the draft accreditation standards for education programs that will credential pharmacists to work as aged care on-site pharmacists and conduct comprehensive medication management reviews. They are provided in [Appendix 1](#).

We are seeking feedback on the performance outcomes via this consultation. Consultation questions have been posed to assist in the finalisation of Performance Outcomes.

*Please note that performance outcomes at the point of general registration as a pharmacist are not included in this consultation.*

### **Question 1:**

*Does the structure of the Performance Outcomes into the three columns clearly reflect recognition of the existing competency of registered pharmacists as underpinning performance (and then additional and specific performance required of the roles of aged care and MMR pharmacists?)*

*Please explain your answer and any suggestions for improvement.*

*For each Domain of the Performance Outcomes Framework, please answer the following questions.*

### Domain 1: Professionalism in practice

#### **Question 2:**

*Do the outcome statements for MMR Pharmacists and Aged Care On-site Pharmacists describe clearly and effectively the performance you would expect for the role? Is there anything missing, or not required?*

#### **Question 3:**

*Are the statements clear and measurable?*

#### **Question 4:**

*Do you perceive any barriers for learners or education providers in achieving or assessing the required performance outcomes?*

### Domain 2: Collaborative practice

#### **Question 5:**

*Do the outcome statements for MMR Pharmacists and Aged Care On-site Pharmacists describe clearly and effectively the performance you would expect for the role? Is there anything missing, or not required?*

**Question 6:**

*Are the statements clear and measurable?*

**Question 7:**

*Do you perceive any barriers for learners or education providers in achieving or assessing the required performance outcomes?*

Domain 3: Medication management

**Question 8:**

*Do the outcome statements for MMR Pharmacists and Aged Care On-site Pharmacists describe clearly and effectively the performance you would expect for the role? Is there anything missing, or not required?*

**Question 9:**

*Are the statements clear and measurable?*

**Question 10:**

*Do you perceive any barriers for learners or education providers in achieving or assessing the required performance outcomes?*

Domain 4: Safe and quality use of medicines

**Question 11:**

*Do the outcome statements for MMR Pharmacists and Aged Care On-site Pharmacists describe clearly and effectively the performance you would expect for the role? Is there anything missing, or not required?*

**Question 12:**

*Are the statements clear and measurable?*

**Question 13:**

*Do you perceive any barriers for learners or education providers in achieving or assessing the required performance outcomes?*

Further questions:

**Question 14:**

*Should APC develop an indicative curriculum to assist education providers to design their program? An indicative curriculum is not intended to be prescriptive, but to describe elements relating to the knowledge, skills and behaviours which are generally recognised as important for developing the required performance.*

*If you agree, please complete the following table:*

INDICATIVE CURRICULUM	Relevant for MMR Pharmacist?  Yes, no, maybe	Relevant for Aged Care Pharmacist?  Yes, no, maybe
<b>PROFESSIONALISM IN PRACTICE</b>		
Aged care system in Australia		
Aged care legislation, regulation and professional guidelines		
Role and requirements of Australian Commission on Safety and Quality in Health Care and the Australian Aged Care Safety and Quality Commission		
Safety of self and others		
Others:		
<b>COLLABORATIVE PRACTICE</b>		
Clinical documentation		
Writing best practice MMR reports		
Collaborative practice		
RACF organisational environment (roles, responsibilities, policies, procedures)		
Establishing effective relationships		
Informed consent		
Others:		

INDICATIVE CURRICULUM	Relevant for MMR Pharmacist?	Relevant for Aged Care Pharmacist?
	Yes, no, maybe	Yes, no, maybe
<b>MEDICATION MANAGEMENT</b>		
Evidence-based clinical therapeutics		
Medicines in the elderly		
Common health conditions in the elderly		
Palliative and end-of-life care		
Interpreting pathology and diagnostic reports		
Therapeutic drug monitoring		
Clinical resources and validated tools		
Medication management cycle of care		
Deprescribing		
Others:		
<b>SAFE AND QUALITY USE OF MEDICINES</b>		
Clinical governance		
Medication Advisory Committees (MAC)		
Continuous quality improvement		
Quality indicators and mandatory reporting		
Medicines use evaluation		
Clinical audits		
Electronic National Residential Medication Chart		
Developing and delivering education sessions		
Others:		

**Question 15:**

*Is there anything else you think we need to consider when finalising the Performance Outcomes?*

## 6. Consultation process and timeframes

### 6.1. Consultation timeframes

The consultation period begins **Monday, 24 July 2023** and will remain open until COB AEST on **Monday, 7 August 2023**.

### 6.2. How to provide us with your feedback

We have multiple ways that you can provide us with your feedback. Please choose one of the following methods:

Options	What's involved
<b>1. Take our survey</b>	<p>Ideal for sending us your views and comments to our consultation questions.</p> <p>The survey uses response buttons with the choice of supporting your response through a short (free text) comment box.</p> <p>Our survey carries links to background information</p> <p><a href="#">Start survey</a></p>
<b>2. Make a written submission by completing our Consultation Questions Template</b>	<p>For individuals, groups or organisations who want to make a general submission to the APC on the consultation questions.</p> <p><a href="#">Download template</a></p> <p>Submissions need to carry the name and contact details (phone number and e-mail address) of the writer.</p> <p>Submissions need to be sent by e-mail to:</p> <p><a href="mailto:standards@pharmacycouncil.org.au">standards@pharmacycouncil.org.au</a></p> <p>or be sent by post or delivered to:</p> <p>APC Standards Development Australian Pharmacy Council Level 1, 15 Lancaster Place Majura Park CANBERRA AIRPORT ACT 2609</p>
<b>3. You can e-mail us your phone contact number, and one of our review team members will call you to get your feedback</b>	<p>Ideal for a short statement on one or more of the areas for consultation (relevant to the review), which is of a significant or personal interest.</p> <p><a href="mailto:standards@pharmacycouncil.org.au">standards@pharmacycouncil.org.au</a></p>

### 6.3. Publication of submissions and feedback

We will publish a summary of the major themes derived from the comments and feedback we receive from stakeholders, along with our response to the matters raised from this consultation.

We will publish submissions and feedback on the APC website unless it is requested that part or all of the submission remains confidential. Material supplied in confidence, should be clearly marked 'IN CONFIDENCE' and be provided as a separate attachment to any non-confidential material or feedback you give us.

Published submissions will include the names of the respondent and/or organisation making the submission. All personal contact details will be removed from submissions before publication.

We will not place on our website, or make available to the public, submissions containing offensive or defamatory comments, or submissions outside the scope of this consultation.

We will email a link to stakeholders when we publish the summary of the major themes (and our response) on the APC website.

### 6.4. Need more information

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### 6.5. People to contact

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# Appendix 1

Return to consultation paper



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## Accreditation Standards for Aged Care and Medication Management Review (MMR) Pharmacists Education Programs Performance Outcomes Framework

July 2023

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# Accreditation Standards for Aged Care and Medication Management Reviews (MMR) Pharmacist Education Programs

## Performance Outcomes Framework

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## Preamble

The Australian Pharmacy Council (APC) is the independent accreditation authority for pharmacy education and training programs in Australia.

We work as part of the *National Registration and Accreditation Scheme* (NRAS or National Scheme), under the *Health Practitioner Regulation National Law Act*<sup>1</sup> (the 'National Law'). We work under assignment of the Pharmacy Board of Australia (PharmBA), the National Board responsible for the regulation of the pharmacy profession in Australia.

APC accreditation helps to protect the health and safety of the Australian community by establishing and maintaining high-quality standards for pharmacy education, training, and assessment.

We also use our expertise in quality assurance of pharmacy education outside the direct functions of the National Scheme to develop standards and supporting resources in response to emerging needs. These include:

- Standards for the accreditation of programs to support administration of vaccines,
- Workplace-based assessment tools used by intern training programs
- establishing the Leaders in Indigenous Pharmacy Professional Education (LIPPE) network dedicated to transforming the pharmacist workforce by enabling Indigenous leadership in the delivery of pharmacist education.

In 2023, the Australian Department of Health and Aged Care ('the Department') engaged us to provide oversight and quality assurance of training programs that will credential pharmacists to work as aged care on-site pharmacists and to conduct comprehensive medication management reviews. We designed and developed accreditation standards and an accreditation system to achieve this.

Through the consultation process used to seek stakeholder feedback, there was consensus that the standards should be future-proofed for emerging roles and areas of practice for pharmacists contributing to medication management for individuals, and organisations.

The Performance Outcomes Framework recognises the continuum of education of pharmacists, from initial training through to extensions in scope or areas of practice in response to the needs of the health system. Therefore, the performance outcomes build on those demonstrated by generally registered pharmacists and contextualise them to the defined roles. They also highlight the core, and common, competencies which are applied to any role in medication management, enabling education providers to develop programs for individual roles or to scaffold training for multiple roles.

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<sup>1</sup> National Registration and Accreditation Scheme (National Scheme) as established under the National Law in each Australian State and Territory.

# Introduction

## Performance Outcomes

Performance outcomes complement the Accreditation Standards and provide a framework for education providers to collect and present evidence that their graduates meet the requirements of the qualification or credential and to the required standard.

The performance outcomes are statements describing what an individual must achieve and be able to demonstrate on successful completion of a training program. They aid education providers to design, develop and deliver a contemporary curriculum and authentic assessments that enable learners to demonstrate that they have achieved the required competencies to undertake these important roles.

A Performance Outcomes 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 to respond to emerging scopes of practice while maintaining the integrity of the profession's consensus standards and expectations regarding competency and professional practice.

## Development of the Performance Outcomes Framework

The Performance Outcomes Framework has been informed through development of indicative role descriptions and the identification of enabling competencies of the National Competency Standards Framework for Pharmacists (2016).

A range of sources have been used provide additional guidance about the scope and nature of the activities or tasks to be performed and assessed. These include the:

- Consolidated feedback on the role description of Aged Care-Onsite Pharmacists – Department of Health and Aged Care
- Australian Commission on Safety and Quality in Health Care (ACSQHC) Quality Use of Medicines collection
  - Guiding principles for medication management in residential aged care facilities
  - User Guide – Role of a Medication Advisory Committee
  - Guiding principles for medication management in the community
  - Guiding principles to achieve continuity in medication management

- Pharmaceutical Society of Australia (PSA) Medication Management Guidelines
  - Guidelines for Comprehensive Medication Management Reviews
  - Guidelines for Quality Use of Medicines (QUM) services
- Professional Practice Standards – Version 6 July 2023, PSA (draft version)
- APC Aged Care/MMR Standards Expert Advisory Group (EAG)
- APC working group on performance outcomes

## Structure of the Performance Outcomes Framework

The Performance Outcomes Framework comprises five domains which are aligned with the five domains of the *APC Accreditation Standards for Pharmacy Programs – Performance Outcomes Framework 2020*. They are reflective of core activities for the roles of an aged care on-site pharmacist and a medication management review pharmacist.

This is illustrated in the table below.

Performance Outcomes Domains for graduates of Pharmacy Programs	Performance Outcomes Domains for graduates of Aged care on-site pharmacist and Medication management review pharmacist education programs
1. Professionalism in practice	1. Professionalism in practice
2. Communication and collaboration	2. Collaborative practice
3. Professional expertise	3. Medication management
4. Leadership and management	4. Safe and quality use of medicines
5. Research, inquiry and education	

Each domain includes a domain descriptor which is a summary statement of the scope of the domain, followed by a list of outcomes which describe the scope in more detail.

The Performance Outcomes Framework recognises that the education programs for Aged Care On-site Pharmacists and Medication Management Review (MMR) Pharmacists will be delivered primarily to registered pharmacists.

To recognise the existing competency and performance of registered pharmacists, and the required performance for defined roles, we have structured the document into three columns.

1. Performance outcomes at the point of general registration as a pharmacist
2. Performance outcomes for pharmacists conducting medication management reviews
3. Performance outcomes for aged care on-site pharmacists

The performance outcomes for registered pharmacists appear in the left-hand shaded column. They are not required to be explicitly assessed as part of these programs; however, they should be considered as underpinning performance expected of pharmacists undertaking the role of an aged care on-site or MMR pharmacist.

The next two columns highlight the unique requirements necessary for each individual role – ACOP or MMR pharmacist.

## Domain 1 Professionalism in practice

Pharmacists are responsible and accountable for providing person-centred, safe and quality health services by practising professionally, ethically and legally.

REGISTERED PHARMACIST	MEDICATION MANAGEMENT REVIEW PHARMACIST	AGED CARE ON-SITE PHARMACIST
At the point of initial registration, pharmacists have demonstrated the following performance outcomes	Pharmacists must demonstrate achievement of the following performance outcomes to be credentialed as a Medication Management Review (MMR) pharmacist	Pharmacists must demonstrate achievement of the following performance outcomes to be credentialed as an Aged Care On-site Pharmacist
1.1 Promoting and ensuring both the best interests and safety of patients and the public 1.2 Promoting, maintaining, and advocating for cultural safety, respect and responsiveness, particularly in relation to Aboriginal and Torres Strait Islander peoples 1.3 Recognising the presence and causes of health inequities and disparities, including the impact of social determinants of health, and seeking to address them 1.4 Practising legally by: a. complying with all legal obligations in their practice	1.1 provides and ensures understanding of information about the MMR service to enable the consumer to give informed consent 1.2 respects the consumer's decision to participate in, or withdraw from, the MMR service at any time 1.3 maintains the privacy and confidentiality of the consumer's personal information through safe and secure communication and storage mechanisms 1.4 involves the consumer in decision making about their medication management	1.1 provides and ensures understanding of information about actions and recommendations for medication management to enable the consumer to give informed consent 1.2 respects the consumer's decision to partner in their care to the extent that they choose 1.3 involves the consumer, carers and family in decision making about their medication management 1.4 complies with relevant aged care legislative, regulatory and professional codes, guidelines, and standards

REGISTERED PHARMACIST	MEDICATION MANAGEMENT REVIEW PHARMACIST	AGED CARE ON-SITE PHARMACIST
<p>b. maintaining contemporary familiarity with key legislative instruments</p> <p>1.5 Practising ethically and with integrity by:</p> <p>a. recognising ethical issues and dilemmas, including conflicts of interest, in practice as they arise</p> <p>b. considering alternative strategies and adopting an appropriate course of action in response to ethical issues and dilemmas</p> <p>c. maintaining current familiarity and compliance with professional codes, guidelines and standards</p> <p>d. recognising and responding appropriately to situations which fall outside their current scope of practice or competence</p> <p>1.6 Adopting a proactive and reflective approach to maintaining and developing their own professional competence and expertise in order to remain fit-to-practise</p> <p>1.7 Responding to change in a flexible and adaptable manner</p>	<p>1.5 complies with relevant legislative, regulatory and professional codes, guidelines and standards</p>	

REGISTERED PHARMACIST	MEDICATION MANAGEMENT REVIEW PHARMACIST	AGED CARE ON-SITE PHARMACIST
1.8 Accepting personal responsibility and accountability for decisions and actions in professional practice  1.9 Upholding and advancing the reputation and value of the profession		

## Domain 2 Collaborative practice

Pharmacists communicate appropriately and effectively with others, both within the profession and outside it, and work collaboratively with consumers and within interprofessional care teams to optimise consumer health outcomes.

REGISTERED PHARMACIST	MEDICATION MANAGEMENT PHARMACIST	AGED CARE ON-SITE PHARMACIST
At the point of initial registration, pharmacists have demonstrated the following performance outcomes	Pharmacists must demonstrate achievement of the following performance outcomes to be credentialed as a Medication Management Review (MMR) pharmacist	Pharmacists must demonstrate achievement of the following performance outcomes to be credentialed as an Aged Care On-site Pharmacist
<p>2.1 Communicating appropriately and effectively with a socially and culturally diverse range of people in a manner which inspires confidence and trust by</p> <p>a. using verbal, written and non-verbal communication which is appropriately tailored to the professional practice context and the capabilities and health literacy of the other person(s)</p> <p>b. engaging with all persons in a respectful, culturally appropriate, compassionate, responsive and empathetic manner in professional practice</p> <p>c. engaging in culturally appropriate and sensitive communication with Aboriginal and Torres Strait Islander peoples in</p>	<p>2.1 Communicates in a culturally safe manner all medicines-related information to consumers in a form they can use and understand to enable them to use medicines safely and effectively in accordance with their agreed medication management plan</p> <p>2.2 Establishes effective working relationships with all members of a consumer's health care team</p> <p>2.3 Collaborates and communicates clearly and effectively with other health professionals and care providers to conduct comprehensive and person-centred medication management reviews and participate in multi-disciplinary</p>	<p>2.1 Communicates in a culturally safe manner all medicines-related information to consumers, carers, and families, in a form they can use and understand facilitate shared decision making, advocacy and self-determination</p> <p>2.2 Recognises and respects the roles of consumers, carers &amp; their families, staff and other health or non-health providers of care and establishes effective working relationships</p> <p>2.3 Collaborates and communicates clearly and effectively with other health professionals and care providers to conduct comprehensive and person-centred medication reviews and participate in multi-</p>

REGISTERED PHARMACIST	MEDICATION MANAGEMENT PHARMACIST	AGED CARE ON-SITE PHARMACIST
<p>professional practice which respects their history, culture and protocols</p> <p>d. using appropriate communication and interpersonal behaviours in professional practice interactions</p> <p>2.2 Documenting, communicating and recording relevant information, findings, decisions, recommendations and other information accurately, concisely and in a timely manner, taking due account of privacy and confidentiality</p> <p>2.3 Contributing to, and taking prominent roles where appropriate in the interprofessional collaborative health care team, in order to optimise patient outcomes, by</p> <p>a. respecting and appreciating the complementary roles of pharmacists and other members of the interprofessional collaborative care team</p> <p>b. creating and maintaining effective intra- and interprofessional relationships, and working in partnership to achieve negotiated, agreed-upon objectives</p>	<p>meetings and case conferencing and care providers</p> <p>2.4 Produces clear and concise MMR reports according to best practice guidelines</p> <p>2.5 Documents, communicates and records actions and recommendations ensuring the privacy and confidentiality of information is maintained</p>	<p>disciplinary meetings and case conferencing and care providers</p> <p>2.4 Produces clear and concise clinical documentation using standardised communication tools and according to best practice guidelines</p> <p>2.5 Documents, communicates and records relevant information according to the RACF's systems, processes and preferences</p>

REGISTERED PHARMACIST	MEDICATION MANAGEMENT PHARMACIST	AGED CARE ON-SITE PHARMACIST
<p>c. consistently engaging in appropriate teamwork behaviours</p> <p>d. using appropriate communication at transition points to reduce risks to patients and ensure safe and effective continuity of patient care</p> <p>2.4 Collaborating with patients, carers and other clients in shared decision-making by</p> <p>a. supporting and advocating for the rights of patients, carers and other clients to access relevant information and participate in decisions relating to their care</p> <p>b. respecting their choices</p>		

## Domain 3 Person-centred medication management

Pharmacists use their specialist expertise proactively to make person-centred clinically and ethically sound decisions relevant to their scope of practice.

REGISTERED PHARMACIST	MEDICATION MANAGEMENT PHARMACIST	AGED CARE ON-SITE PHARMACIST
<p>At the point of initial registration, pharmacists have demonstrated the following performance outcomes</p>	<p>Pharmacists must demonstrate achievement of the following performance outcomes to be credentialed as a Medication Management Review (MMR) pharmacist</p>	<p>Pharmacists must demonstrate achievement of the following performance outcomes to be credentialed as an Aged Care On-site Pharmacist</p>
<p>3.1 Implementing appropriate and effective actions and recommendations which support safe, rational, and cost-effective use of medicines and other healthcare options and optimise socially accountable person-centred care by</p> <ul style="list-style-type: none"> <li>a. applying relevant underpinning knowledge</li> <li>b. using a systematic approach to access, critically evaluate and apply relevant evidence</li> <li>c. applying effective critical thinking, reasoning and problem-solving strategies to conceptualise problems, formulate a</li> </ul>	<p>3.1 Collects, collates and considers all relevant health, medical and medication information from the referral, referring practitioner, community pharmacy/ies, other health professionals, consumer and carers</p> <p>3.2 Conducts a comprehensive medication management review to identify potential or actual medicine-related problems</p> <p>3.3 Develops evidence-based recommendations to address identified problems</p> <p>3.4 Prepares a comprehensive MMR report that incorporates findings and</p>	<p>3.1 Conducts an accurate and complete medication reconciliation promptly following consumer's presentation or admission to the RACF and at all transitions of care by</p> <ul style="list-style-type: none"> <li>a. obtaining relevant health, medical and medication information from consumers, carers and other persons or healthcare professionals</li> <li>b. documenting known allergies and adverse drug reactions</li> <li>c. documenting a best possible medication history (BPMH)</li> <li>d. reviewing current medication orders against the BPMH and the documented</li> </ul>

REGISTERED PHARMACIST	MEDICATION MANAGEMENT PHARMACIST	AGED CARE ON-SITE PHARMACIST
<p>range of potential solutions, and support decision-making</p> <p>d. making decisions which are tailored to the person’s individual circumstances, and reflect a balanced consideration of both the potential benefits and potential harms</p> <p>3.2 Making and prioritising recommendations to manage health, medical and medication needs of patients, including both pharmacological and non-pharmacological strategies, based on the Quality Use of Medicines Framework and the best available evidence</p> <p>3.3 Prescribing medications in accordance with current jurisdiction-specific legislation, scope of practice and PharmBA Guidelines</p> <p>3.4 Carrying out systematic medication reviews, informed by the Quality Use of Medicines Framework, in order to identify and resolve potential medication-related issues and optimise the impact of medications on health outcomes in collaboration with patients, carers and other members of the health care team</p>	<p>recommendations including need for follow-up monitoring</p> <p>3.5 Documents, communicates and records recommendations by</p> <p>a. producing a best-practice medication review report</p> <p>b. providing the report to the referring practitioner and proactively following up on recommendations and medication management plan</p> <p>c. uploading records to an appropriate clinical documentation system or consumers health record where appropriate</p> <p>3.6 Provides information and tools to support consumers to monitor their health conditions and manage their medicines in a safe and effective way to prevent complications and maintain independence as much as possible</p> <p>3.7 Supports consumers to maintain an up-to-date medicines list that is readily available to them and others involved in their care</p>	<p>treatment plan and reconciling any discrepancies</p> <p>3.2 Schedules and prioritises comprehensive medication management reviews for all consumers in the RACF regularly and as needed in response to clinical need</p> <p>3.3 Conducts medication reviews focussing on preventing unwanted effects and improving health outcomes by</p> <p>a. assessing current health, medical and medication histories and profiles of consumers</p> <p>b. assessing the appropriateness of medication dose, forms, route, indications considering individual factors</p> <p>c. assessing potential or actual unwanted effects using validated tools</p> <p>d. assessing the ability of the consumer to self-administer medication</p> <p>e. recommending and documenting medication changes to address issues identified</p> <p>3.4 Develops evidence-based recommendations to address identified problems and</p>

REGISTERED PHARMACIST	MEDICATION MANAGEMENT PHARMACIST	AGED CARE ON-SITE PHARMACIST
<p>3.5 Implementing and delivering 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 physical 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 consider options and give informed consent where appropriate</li> <li>f. ensuring that informed consent is obtained, respected and appropriately recorded when appropriate</li> </ul>	<p>3.8 Assesses minor conditions and provides management recommendations including pharmacological, non-pharmacological and referral options</p> <p>3.9 Administers medicines (including injectable formulations) in accordance with current jurisdiction-specific legislation, organisational policies, scope of practice and PharmBA Guidelines, if required</p>	<p>communicates with the prescriber to develop an agreed medication management plan</p> <p>3.5 Provides medicines information and advice to consumers and other healthcare professionals</p> <p>3.6 Provides information and tools to support consumers to monitor their health conditions and manage their medicines in a safe and effective way to prevent complications and maintain independence as much as possible</p> <p>3.7 Liaises between all healthcare settings on a consumer's transitions of care to ensure the transfer of all medicines-related information and that a current, accurate and reliable record of medication history is documented</p> <p>3.8 Assesses presenting minor conditions and facilitates management recommendations including pharmacological, non-pharmacological and referral options</p> <p>3.9 Reviews, plans and make changes to medicines collaboratively with the healthcare team when the consumer is acutely unwell</p> <p>3.10 Administers non-routine medicines (including injectable formulations) in accordance with current jurisdiction-specific</p>

REGISTERED PHARMACIST	MEDICATION MANAGEMENT PHARMACIST	AGED CARE ON-SITE PHARMACIST
<p>3.6 Obtaining relevant health, medical and medication information from patients, carers, and other clients</p> <p>3.7 Assessing current health, medical and medication histories and profiles of patients</p> <p>3.8 Formulating and implementing health, medical and medication management plans in collaboration with patients, carers, and other health team members</p> <p>3.9 Formulating and implementing appropriate monitoring of the outcomes of health, medical and medication management plans and adjusting them where appropriate in collaboration with patients, carers, and other health team members</p> <p>3.10 Facilitating patient self-management of health through education, intervention, monitoring and health promotion services in order to optimise patient health outcomes and wellbeing, and reduce the risk of complications</p> <p>3.11 Responding to the needs of individuals and communities by advocating with and for them to optimise health and societal outcomes</p>		<p>legislation, organisational policies, scope of practice and PharmBA Guidelines, if required</p> <p>3.11 Liaises with the consumer’s medication provider to ensure timely and accurate supply of medicines</p>

REGISTERED PHARMACIST	MEDICATION MANAGEMENT PHARMACIST	AGED CARE ON-SITE PHARMACIST
<p>3.12 Consistently making accurate arithmetic calculations relating to health care</p> <p>3.13 Administering injectable formulations in accordance with current jurisdiction-specific legislation, scope of practice and PharmBA Guidelines</p> <p>3.14 Dispensing medicines safely and accurately in accordance with current legislation, scope of practice, PharmBA Guidelines and other relevant jurisdictional requirements to optimise patient outcomes</p> <p>3.15 Preparing and supplying extemporaneously compounded medications safely and accurately in accordance with current legislation, scope of practice, PharmBA Guidelines and other relevant jurisdictional requirements</p> <p>3.16 Storing and distributing medications appropriately, securely, safely and in accordance with the available evidence to ensure stability and efficacy</p> <p>3.17 Providing appropriate tailored counselling, information and education to enable safe and effective medication, disease state and lifestyle management</p>		

REGISTERED PHARMACIST	MEDICATION MANAGEMENT PHARMACIST	AGED CARE ON-SITE PHARMACIST
<p>3.18 Assessing ambulatory conditions and providing appropriate management approaches, including pharmacological, non-pharmacological and referral options where appropriate</p> <p>3.19 Delivering measures designed to enhance adherence with dosage regimens and support safe and effective administration of medications</p> <p>3.20 Providing evidence-based screening, assessment, prevention and referral services to detect and manage potential risk of adverse medical conditions and outcomes</p> <p>3.21 Delivering harm minimisation approaches and strategies to reduce harm to patients and the community from misuse of legal and illegal drugs</p> <p>3.22 Endorsing and participating in health promotion activities, health services and public health initiatives intended to maintain and improve health</p>		

## Domain 4 Safe and quality use of medicines

Pharmacists contribute their expertise in promoting the quality use of medicines through the education and development of others, leadership in medication management governance and facilitating medication related quality improvement activities to encourage system level change.

REGISTERED PHARMACIST	MEDICATION MANAGEMENT PHARMACIST	AGED CARE ON-SITE PHARMACIST
At the point of initial registration, pharmacists have demonstrated the following performance outcomes	Pharmacists must demonstrate achievement of the following performance outcomes to be credentialed as a Medication Management Review (MMR) pharmacist	Pharmacists must demonstrate achievement of the following performance outcomes to be credentialed as an Aged Care On-site Pharmacist
Domain 4: Leadership and management		Sub domain A: Clinical governance of medication management
4.1 Engaging in regular and systematic reflection to enhance professional learning and practice 4.2 Identifying and acknowledging professional limitations and seeking appropriate support where necessary, including additional professional education and/or referral of patients to other health care professionals 4.3 Identifying situations where personal attributes, strengths and weaknesses may	4.1 Establishes and maintains a clinical governance framework for the MMR service to ensure the safety and quality of healthcare for consumers 4.2 Proactively identifies, plans, prioritises and evaluates quality improvement activities 4.3 Maintains, complies and regularly reviews policies and processes to	4.1 Participates in the implementation and maintenance of clinical governance systems to improve medicines-related safety and quality of healthcare for consumers 4.2 Establishes and/or participates in the RACFs Medication Advisory Committee (MAC) 4.3 Provides effective leadership in medication management by proactively identifying, planning, prioritising, implementing and evaluating medicines-related quality

REGISTERED PHARMACIST	MEDICATION MANAGEMENT PHARMACIST	AGED CARE ON-SITE PHARMACIST
<p>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</p> <p>4.4 Recognising the signs in others where personal attributes and/or professional limitations pose a risk to public safety, and adopting appropriate strategies including support, advice, assistance, referral or reporting where necessary</p> <p>4.5 Recognising situations in professional practice likely to compromise performance and implementing effective strategies to minimise their impact</p> <p>4.6 Evaluating personal health and wellbeing status, identifying situations where health or wellbeing may be challenged, and adopting appropriate strategies and mechanisms to minimise their impact on personal and professional life</p> <p>4.7 Providing effective leadership by taking the initiative when appropriate, managing own roles, and understanding and accepting</p>	<p>ensure evidence-based, safe, and quality provision of health care</p> <p>4.4 Assists with the achievement and reporting of mandatory and other quality indicators and uses, where available, benchmarking systems and tools to support reporting and analysis</p> <p>4.5 Analyses, reports and provides recommendations in response to potential or actual medicines-related incidents and adverse events</p>	<p>improvement activities as part of the care team</p> <p>4.4 Advises on relevant legislation and medicines-related standards and assists with compliance activities and accreditation requirements</p> <p>4.5 Assists with the achievement and reporting of mandatory quality indicators and uses, where available, benchmarking systems and tools to support reporting and analysis</p> <p>4.6 Provides advice on and monitors risk-management systems associated with medication management</p> <p>4.7 Analyses, reports and provides recommendations in response to potential or actual medicines-related incidents and adverse events</p> <p>Sub domain B: Medicines safety stewardship</p> <p>4.8 Provides leadership, implements and maintains medication stewardship programs such as antimicrobials, opioids and other high-risk medications</p>

REGISTERED PHARMACIST	MEDICATION MANAGEMENT PHARMACIST	AGED CARE ON-SITE PHARMACIST
<p>appropriate responsibility and accountability for organising, planning, prioritising, influencing, and negotiating within a professional team context</p> <p>4.8 Contributing to the responsible and socially accountable stewardship of resources to promote equitable, viable and sustainable access to health care</p> <p>4.9 Contributing to assurance of quality and continuous quality improvement processes through collaboration, critical thinking, curiosity and creativity</p> <p>4.10 Contributing to, maintaining, complying with and regularly reviewing appropriate policies, processes and protocols to ensure safe and socially accountable provision of health care</p> <p>4.11 Engaging proactively in the identification, assessment, monitoring, mitigation, and management of risk to minimise harm and maximise patient and public safety</p>		<p>4.9 Conducts medicines use evaluations to optimise quality, safety and cost-effectiveness of medicines use in the RACF</p> <p>4.10 Conducting clinical audits that support reduction of medicines-related harm and ensuring evidence-based practice</p> <p>4.11 Develops, implements and reviews medicines-related policies, procedures and guidelines and monitors their application</p> <p>4.12 Provides the ongoing oversight and review of nurse-initiated medicines and emergency supply/imprest lists and management of drugs of dependence</p> <p>4.13 Advises on appropriate and safe use of medicines, including storage and disposal</p>

REGISTERED PHARMACIST	MEDICATION MANAGEMENT PHARMACIST	AGED CARE ON-SITE PHARMACIST
Domain 5: Research, inquiry and education		Sub domain C: Education and training
<p>5.1 Acting as a role model, facilitator and/or mentor to students, colleagues, other pharmacy team members and other health care professionals</p> <p>5.2 Educating others and evaluating the effectiveness of the education</p> <p>5.3 Recognising and responding to the inherent complexity, ambiguity, and uncertainty of contemporary and future professional practice</p> <p>5.4 Contributing to the evidence base through engaging in research and inquiry, including</p> <ul style="list-style-type: none"> <li>a. formulating questions relating to gaps and uncertainties in practice</li> <li>b. identifying and critically appraising relevant source materials</li> <li>c. undertaking relevant investigations, where appropriate</li> <li>d. drawing conclusions by synthesising the results of research and inquiry activities</li> </ul>		<p>4.14 Identifies needs, develops, and delivers education and training for medication management or health related topics and evaluates its effectiveness</p> <p>4.15 Participates in health promotion activities, health services and public health initiatives intended to maintain and improve health of residents</p> <p>4.16 Acts as a role model, facilitator and/or mentor to students, colleagues, other team members and other health care professionals</p>

REGISTERED PHARMACIST	MEDICATION MANAGEMENT PHARMACIST	AGED CARE ON-SITE PHARMACIST
<p>e. reporting and disseminating the outcomes appropriately</p> <p>f. implementing practice change in response to the outcomes</p> <p>5.5 Accessing, using, adapting, and sharing information and/or other technologies to meet the needs of current and emerging professional practice</p>		



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# Appendix 2

Return to consultation paper



australian  
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## Accreditation Standards for Aged Care and Medication Management Review (MMR) Pharmacists Education Programs

July 2023

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## Acknowledgement of Country

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

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

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

## Australian Pharmacy Council Ltd

(ACN 126629 785)

The Australian Pharmacy Council (APC) is the national accreditation authority for pharmacy education and training. We do this under the National Registration and Accreditation Scheme (NRAS) working with the Pharmacy Board of Australia and Ahpra.

We're an independent, not-for-profit company. Our work protects public health by setting and maintaining high standards of pharmacy education.

We help pharmacists deliver effective health care to meet our community's changing needs. We do this through skills assessments and accreditation of programs and providers.

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## Abbreviations

Abbreviation	Meaning
ACOP	Aged care onsite pharmacist
APC	Australian Pharmacy Council
ASQA	Australian Skills Quality Authority
CPA/7CPA	Community Pharmacy Agreement/7 <sup>th</sup> Community Pharmacy Agreement
HEI	Higher education institute
HMR	Home medicines review
LIPPE	Leaders in Indigenous Pharmacy Professional Education
MMR	Medication management reviews
NRAS	National Registration and Accreditation Scheme
PharmBA	Pharmacy Board of Australia
RMMR	Residential Medicines Management Review
RPL	Recognition of Prior Learning
RTO	Registered Training Organisation
TESQA	Tertiary Education Quality and Standards Agency
WIL	Work-integrated learning

## Glossary for key terminology

Term	Definition
<b>Accreditation</b>	Evaluation of a program against defined standards that ensures that the education and training is rigorous and prepares individuals to practise safely.
<b>Assessment</b>	Gathering evidence to determine a learner knows, understands, and can do the role. Comprehensive assessment approaches include a combination of formal and informal assessment (formative, interim, and summative)
<b>Credentialed</b>	Refers to individuals who have completed the accredited training program and ongoing requirements of the provider of accredited training.
<b>Criteria</b>	Specific statements against which the program is to be evaluated, and which are designed to be addressed by an education provider when undergoing accreditation.
<b>Entry criteria</b>	A set of conditions that permits a learner to enrol and commence training.
<b>Graduate</b>	A learner who has successfully completed the training program
<b>Home Medicines Review (HMR)</b>	A service provided in a patient's home to review their medicine routine and identifying and addressing medicine-related problems. A report is provided to the patient's GP. The GP and patient then agree on a medicine management plan. This helps to increase quality use of medicines and decrease adverse events.
<b>Medication Management Reviews (MMR)</b>	A comprehensive, structured assessment of a person's medicines e.g., HMR and RMMR
<b>Performance outcomes (framework)</b>	Complement the Accreditation Standards and provide observable and measurable statements of the performance to be achieved and demonstrated by graduates of a program.
<b>Provider</b>	The parent organisation within in which the unit delivering the program is situated.
<b>Recognition of prior learning (RPL)</b>	Formal acknowledgement of the knowledge, skills, competence, expertise, and capabilities that individuals possess as a result of prior learning that may have occurred through formal, informal or non-formal means, through self-study, work, or other life experiences.
<b>Residential Medication Management Review (RMMR)</b>	A service provided to a permanent resident of an Australian Government-funded aged care facility. Information about the resident's medicine is collated and a comprehensive assessment is undertaken to identify, resolve, and prevent medication-related problems. A report of this assessment is provided to the resident's GP.

Term	Definition
<b>Shadowing</b>	Learning via observation of health professionals and other staff
<b>Supervisor(s) and primary supervisor</b>	Provide support, reflection, learning and development for the learner's individual development. The primary supervisor has overall responsibility for the learner.
<b>Unit</b>	Part of the provider organisation which is directly responsible for delivery and quality assurance/improvement of the program and may be designated internally by another title (such as Faculty, Division, Discipline, Branch, Section, Team).
<b>Work-integrated Learning (WIL)</b>	Involves the integration of academic learning with its practical application in one or more workplace environments. WIL can include a range of approaches and strategies that give learners valuable exposure to work-related activities relevant to their role.

## Preamble

The Australian Pharmacy Council (APC) is the independent accreditation authority for pharmacy education and training programs in Australia.

We work as part of the *National Registration and Accreditation Scheme* (NRAS or National Scheme), under the *Health Practitioner Regulation National Law Act<sup>2</sup>* (the 'National Law'). We work under assignment of the Pharmacy Board of Australia (PharmBA), the National Board responsible for the regulation of the pharmacy profession in Australia.

APC accreditation helps to protect the health and safety of the Australian community by establishing and maintaining high-quality standards for pharmacy education, training, and assessment.

We also use our expertise in quality assurance of pharmacy education outside the direct functions of the National Scheme to develop standards and supporting resources in response to emerging needs. These include:

- standards for the accreditation of programs to support administration of vaccines.
- workplace-based assessment tools used by intern training programs.
- establishing the Leaders in Indigenous Pharmacy Professional Education (LIPPE) network dedicated to transforming the pharmacist workforce by enabling Indigenous leadership in the delivery of pharmacist education.

The Australian Government Department of Health and Aged Care (the Department) provides funding for pharmacists to conduct various professional services related to medicines management, primarily as part of the Community Pharmacy Agreements (CPA), or other initiatives in response to public need.

The Department engaged APC to develop accreditation standards and an accreditation system to provide quality oversight for training programs that will credential pharmacists to work under the following:

- Aged Care On-site Pharmacist measure
- 7CPA Home Medicines Review (HMR) and Residential Medicines Management Review (RMRR) programs – together known as Medication Management Reviews (MMRs)

For pharmacists to be eligible to be funded through the above programs and measures, they must complete a training program accredited by APC. This provides assurance to the Department and other stakeholders that pharmacists are appropriately trained or credentialed to undertake these roles.

These training programs will be accredited if they meet all the accreditation standards. A program may be accredited with conditions if the program substantially meets the accreditation standards and there is good reason to believe that the program will meet all accreditation standards within a reasonable time frame.

Accreditation may be granted for a maximum period equal to the accreditation cycle determined by the APC Accreditation Committee. Accredited programs are also subject to

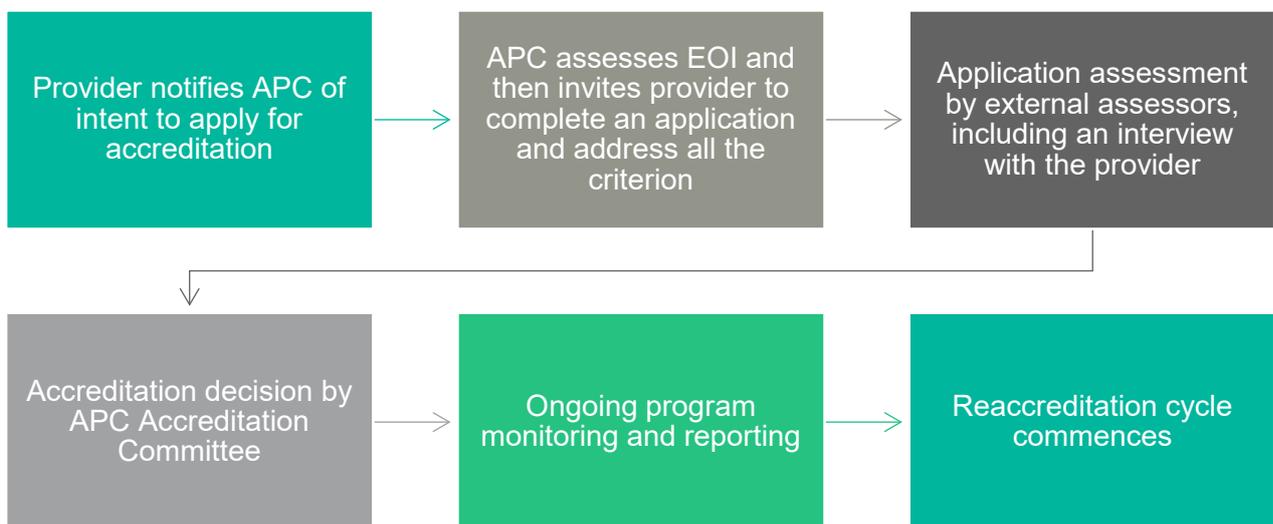
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<sup>2</sup> National Registration and Accreditation Scheme (National Scheme) as established under the National Law in each Australian State and Territory.

regular monitoring to ensure that they continue to comply with all accreditation standards throughout their period of accreditation. Provisions exist for conditions to be imposed, or the accreditation of a program to be revoked at any stage should there be evidence that the program is no longer compliant.

The accreditation process (*Figure 1*) includes accreditation applications, site evaluations as required, audit reports and ongoing monitoring to assess compliance, and any changes to programs must be notified in advance of their implementation for an assessment to be made of any impact on accreditation status.

*Figure 1: Accreditation Process*



These accreditation standards have been designed to complement the requirements of accrediting authorities in the higher education and vocational education sectors in Australia. Additionally, they align closely with the APC Accreditation Standards for Pharmacy Programs to enable education providers to build on their existing quality assurance framework for their programs. Supporting documents including an evidence guide and performance outcomes provide the context for delivery of individual programs.

These accreditation standards will be used to accredit education and training programs that will credential pharmacist to perform roles including conducting comprehensive **Medication Management Reviews (MMR)** and working as an **Aged Care Onsite Pharmacist (ACOP)**. Education and training providers will need to meet these standards with evidence specific the individual programs they provide.

## Introduction

The purpose of accreditation is to assure the quality of pharmacy education programs, and to promote ongoing quality assurance. The accreditation of education and training programs is intended both to serve and to safeguard the public and society more generally by ensuring that learners of programs are able to demonstrate defined performance outcomes relevant to the activity or role.

The Accreditation Standards for education and training programs that will credential pharmacists to work as an aged care on-site pharmacist and conduct comprehensive medication management reviews have been formulated into a single set of standards and may be used to deliver programs that train pharmacists for one or both roles. It is important to acknowledge, however, that each program will differ to some extent in purpose, design, and delivery, and as a consequence, provision has been made for these differences to be reflected in the Accreditation Standards.

The Accreditation Standards have been structured into five domains, with each domain comprising:

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

### **The five domains are:**

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

Domain 1 reflects the overarching principle of social accountability, which encompasses the responsibilities and obligations of individuals and organisations to serve society, by seeking both to prevent harm and to promote optimal health outcomes. Learners who are registered pharmacists will have existing professional accountability for safe and competent practice, as such, providers should ensure that these principles are embedded in the program and addressed in the context of the aged care or MMR setting.

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

## Domains and Standards (statements)

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

Domain	Standard (statement)
<b>1. Safe and socially accountable practice</b>	The program is underpinned by the promotion and maintenance of safe and socially accountable <sup>3</sup> practice.
<b>2. Governance and quality</b>	Program governance, quality assurance and quality improvement structures and systems are effective in developing and delivering sustainable, high-quality pharmacy education programs
<b>3. Program</b>	Program design, implementation and resourcing enable graduates of the program to demonstrate achievement of the relevant performance outcomes, competent and safe practice, and accountability to the public for their actions.
<b>4. Learner experience</b>	Learners are provided with equitable and timely access to information and support relevant to their program and have appropriate formal and informal opportunities to contribute to program governance, planning, design, implementation, evaluation, review, and quality improvement processes. The environment within which learners learn promotes and supports equity, diversity, inclusivity, justice, fairness, and non-discrimination.
<b>5. Outcomes and assessment</b>	Graduates of the program demonstrate achievement of all the required performance outcomes and to a standard commensurate with competent, safe, and socially accountable professional practice.

<sup>3</sup> World Health Organization (WHO). (1995), cited in International Pharmaceutical Federation (FIP). (2014). *Quality assurance of pharmacy education: the FIP Global Framework. 2nd edition*. Accessed 6-Oct-22 at [http://www.fip.org/files/fip/PharmacyEducation/Quality\\_Assurance/QA\\_Framework\\_2nd\\_Edition\\_online\\_version.pdf](http://www.fip.org/files/fip/PharmacyEducation/Quality_Assurance/QA_Framework_2nd_Edition_online_version.pdf)

## Criteria and Notes

### Domain 1 Safe and socially accountable practice

The program is underpinned by the promotion and maintenance of safe and socially accountable<sup>3</sup> practice.

#### Criterion 1.1

The program is underpinned by the principles of: cultural safety, respect and responsiveness; equity, diversity and inclusiveness; person-centred care; reduction of disparities in health care; addressing community aspirations for health; and a commitment to public service and safety.

##### Statement of intent

To ensure that learners, as health professionals, are committed to safe and socially accountable practice and recognise their responsibility and obligation to serve society by seeking both to prevent harm and to promote optimal health outcomes.

##### Notes

Development of the knowledge, skills, behaviours and attitudes congruent to safe and socially accountable practice are addressed in initial training for pharmacists and the professional accountability for these competencies are addressed in professional codes of ethics and/or practice standards. Therefore, program content is not expected to directly address development of these competencies, rather be underpinned by these principles and reflect the diversity and specific needs of the population receiving care by graduates of the program.

#### Criterion 1.2

Effective fitness-to-practise monitoring and management processes are implemented in relation to learners which promote and protect the safety of the public at all times.

##### Statement of intent

To ensure that the program provider is aware of, monitors, and manages learners' capacity to perform to an appropriate and safe standard during the program, including in work-integrated learning (WIL) environments.

##### Notes

Program providers should consider any setting specific requirements or competencies necessary for learners to demonstrate prior to WIL to ensure the safety of the public. For example, mandatory vaccinations, police checks, safety training, working with vulnerable people checks, familiarity with residential care facilities procedures.

### Criterion 1.3

All learners have demonstrated relevant pre-requisite knowledge, skills, behaviours and attitudes before undertaking supervised work-integrated-learning as a component of the program.

#### Statement of intent

To ensure learners have demonstrated a level of competency before providing services to patients related to the scope of practice of the program.

#### Notes

Registered pharmacists can practice within their existing individual competency. Learners should demonstrate the achievement of competencies related to new knowledge, skills, behaviours, and attitude before undertaking WIL.

### Criterion 1.4

All staff and learners are held accountable to endorsed standards of professional and ethical practice and conduct.

#### Statement of intent

To ensure public safety through monitoring and maintaining compliance to professional and ethical standards.

#### Notes

This criterion requires providers to demonstrate not only that they have in place appropriate standards of professional and ethical practice/conduct (such as those articulated in aged care and MMR-specific guidelines and codes), but also that staff and learners are made aware of them, and processes/procedures are in place for monitoring compliance with them.

Learners who are registered pharmacists are accountable for their practice and conduct through the registration standards, code and guidelines of the PharmBA.

### Criterion 1.5

Graduates of the program have demonstrated appropriate understanding of their legal, ethical, and professional responsibilities in relation to their practice environment.

#### Statement of Intent

To ensure pharmacists develop and maintain current knowledge and application of legal, ethical, and professional responsibilities related to their practice environment and jurisdiction.

#### Notes

Program content should address current legal, ethical, and professional responsibilities specific to the practice environment, such as the Aged Care Quality Standards, and *Aged Care Act 1997*. Providers should also ensure that learners are familiar with sources of information, including relevant federal, state or territory legislation or regulations.

### **Criterion 1.6**

The program includes sufficient high-quality work-integrated-learning opportunities in relevant settings to ensure learners are able to demonstrate achievement of the required performance outcomes.

#### Statement of Intent

To ensure learners are able to demonstrate achievement of the performance outcomes in practical 'real-life' environments.

#### Notes

The program should provide opportunities for all learners to access work-integrated learning commensurate with their professional experience and confidence in relevant practice settings. WIL opportunities should be available, and innovative, to address individual learner requirements or general barriers to undertaking WIL. Recognition of prior learning (RPL) process could consider if WIL is necessary for registered pharmacists already working in these roles.

WIL activities could include, and are not limited to, supervised placements, shadowing an experienced practitioner, organisation's induction procedures, case-based discussion with supervisor via videoconference, simulation etc.

Relevant aspects of WIL that should be considered include the quality of the workplace culture, availability of good role models and supervision, opportunities to observe and/or 'shadow' a range of professionals and workers, opportunities to engage in a range of activities and services and to become competent through repetition, exposure to a broad mix of patients, opportunities for increasing responsibility and autonomy in care provision commensurate with competence, and opportunities to develop confidence in communication and interprofessional interactions.

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

Providers are also responsible for collecting evidence that learners have achieved the required performance outcomes by monitoring assessments carried out within WIL. There is no requirement to include a specified number of hours of WIL within a program.

### **Criterion 1.7a**

Where the provider is responsible for the selection and/or allocation of WIL sites, all sites are compliant with documented standards relating to their quality, suitability and safety for learners, and have sufficient capacity, resources and processes for the appropriate supervision of learners by competent and suitably qualified professionals.

#### Statement of Intent

To ensure the provider has appropriate oversight of the WIL program to deliver a quality and safe experience for learners and allow them to achieve the required performance outcomes to an appropriate level.

#### Notes

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

It is not expected that providers will certify that all WIL sites are fully compliant with the standards, but that they have processes which facilitate detection of poor compliance and means by which poor compliance is addressed.

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

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

### **Criterion 1.7b**

Where the program is not responsible for the provision of WIL sites, the provider of 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 learners.

#### Statement of intent

To ensure the provider has appropriate oversight of the WIL program to deliver a quality and safe experience for learners and allow them to achieve the required performance outcomes to an appropriate level.

#### Notes

This criterion requires providers to have documented expectations in place relating to the rights, responsibilities and expectations of the provider, WIL sites, supervisors, learners and other health professionals/staff as required, and that these form the basis for signed agreements with WIL sites. This will also require the provider to implement processes which facilitate effective communication of these expectations.

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

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

### **Criterion 1.8**

Effective processes are in place to ensure that the unit delivering the program maintains compliance with all obligations under the Health Practitioner Regulation National Law Act, PharmBA and relevant national and state/territory frameworks.

#### Statement of Intent

To ensure providers meet their obligations under relevant legislative and regulatory frameworks.

#### Notes

This criterion requires providers to demonstrate that they have appropriate processes in place in relation to the learner impairment provisions of the Health Practitioner Regulation legislation together with any jurisdictional requirements for eligibility to undertake experiential placements (such as criminal record checks, working with vulnerable people checks).

## Domain 2 Governance and quality

Program governance, quality assurance and quality improvement structures and systems are effective in developing and delivering sustainable, high-quality pharmacy education programs.

### Criterion 2.1

The program is delivered by a clearly identifiable operational unit within the provider organisation. The unit delivering the program has appropriate autonomy, authority and responsibility for designing, implementing, evaluating and resourcing the program.

#### Statement of Intent

To ensure that the provider organisation has a unit which is responsible for the program and its outcomes.

#### Notes

The term “unit” is used for convenience but refers to that part of the provider organisation which is directly responsible for delivery and quality assurance/improvement of the program and may be designated internally by another title (such as Faculty, Division, Discipline, Branch, Section, Team).

### Criterion 2.2

The provider organisations are registered either with the Tertiary Education Quality and Standards Agency (TEQSA) (HEIs) or Australian Skills Quality Authority (ASQA) (RTOs) or meet an equivalent recognised standard.

#### Statement of Intent

To ensure that the provider has appropriate organisational governance in place to maintain sustainability of the organisation to continue to deliver the program and protect learners’ rights.

#### Notes

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

For provider organisations who do not have registration with TEQSA or ASQA, evidence of meeting an equivalent recognised standard is required.

### **Criterion 2.3**

Governance structures and processes within the provider organisation direct and support the design, implementation, evaluation and quality improvement of the program and that graduates are able to demonstrate the required performance outcomes.

#### Statement of Intent

To ensure processes are in place for appropriate design, implementation and continuous quality improvement of the program and the capability of the program to produce graduates who meet the performance outcomes.

#### Notes

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

### **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.

#### Statement of Intent

To ensure that unit delivering the program has the support of their organisation to deliver the program.

#### Notes

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

### **Criterion 2.5**

The unit delivering the program has a designated leader with relevant experience and expertise who is responsible for ensuring the effective provision of leadership, engagement and advocacy for the unit and the profession within and beyond the provider organisation.

#### Statement of Intent

To ensure effective professional leadership of the program.

#### Notes

The designated leader is able to demonstrate experience and expertise relevant to the program, and leadership skills commensurate with the level of appointment.

### **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 program.

#### Statement of Intent

To ensure effective financial and administrative operations of the unit contribute to sustainability of the program.

#### Notes

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

### **Criterion 2.7**

The unit delivering the program operates under a clearly defined strategic plan which is aligned with that of the provider organisation, congruent with their vision, purpose and goals, and systematically reviewed and updated to ensure fitness-for-purpose and currency with contemporary pharmacy practice.

#### Statement of Intent

To ensure the unit has a specific strategic plan which they can demonstrate contributes to the ongoing fitness-for-purpose of the program. The unit-level plan should be aligned to the organisation's strategic plans.

#### Notes

Units delivering programs must have a specific (tailored) strategic plan which may differ significantly from that of the provider organisation but should be consistent with the relevant elements of it. The provision of the provider organisation's strategic plan is not sufficient for demonstrating compliance with this criterion.

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

### **Criterion 2.8**

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

#### Statement of Intent

To ensure a focus on the identification, monitoring and mitigation of risks to the ongoing and sustainable delivery of the program.

#### Notes

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

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

## Domain 3 Program

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

### Criterion 3.1

The program is underpinned by a coherent, contemporary, and clearly articulated educational philosophy and/or learning and teaching strategy, which is clearly reflected and articulated in the program goals/objectives, curriculum, learning and teaching approaches, and assessment methodology.

#### Statement of Intent

To ensure the program is upheld by a clearly articulated educational philosophy.

#### Notes

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

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

The role of both face-to-face and non-face-to-face learning opportunities should be justified.

### Criterion 3.2

Program design, content, delivery, and assessment reflect contemporary evidence-based practice and are designed to facilitate the achievement and demonstration by learners of the required performance outcomes.

#### Statement of Intent

To ensure the program is designed and delivered to support learners to achieve and demonstrate the required performance outcomes.

To ensure the program remains contemporary and responsive to best practice guidelines and evidence in related fields.

#### Notes

Units delivering the program should articulate the mechanisms, including stakeholder engagement, for assuring that curriculum content, delivery and assessment remain current, together with mechanisms for identifying emerging developments, scopes of practice and technologies, and incorporating them into the curriculum.

### **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, learners, graduates, supervisors, practitioners, employers, patients and consumers, carers, Aboriginal and Torres Strait Islander 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.

#### Statement of Intent

To ensure that the program is responsive to the needs, expectations and feedback of stakeholders.

#### Notes

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

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

Providers/units should focus primarily on formal mechanisms and provide evidence that these mechanisms involve meaningful engagement with and effective responsiveness to stakeholders; informal mechanisms may also be described.

Priority must be given to evaluations made by learners, and providers/units must be able to provide evidence relating to the quality and usefulness of the program and associated activities for learning and development. Where areas of concern are identified, evidence of quality improvement actions must be recorded.

### **Criterion 3.4**

Program design, content, delivery and assessment specifically emphasise and promote Aboriginal and Torres Strait Islander cultures, cultural safety and improved health outcomes. Aboriginal and Torres Strait Islander peoples should have direct input into curriculum design and content, and where possible should be involved directly in delivery and assessment.

#### Statement of Intent

To ensure that providers promote the lifelong development of cultural safety among both staff and learners.

To ensure that the content, delivery and assessment of material relating to First Nations cultures, cultural safety and improved health outcomes are culturally appropriate.

#### Notes

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

### **Criterion 3.5**

Program design, content, delivery and assessment promote an understanding and appreciation of cultural diversity by both staff and learners, and the development of skills that enable the provision of culturally safe, inclusive and responsive person-centred care.

#### Statement of Intent

To ensure that providers promote appreciation of cultural diversity including and not limited to diversity in race, ethnicity, gender, religion, age, disability, geographic location and sexual orientation.

#### Notes

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

Program content should address unique considerations in providing care to the culturally diverse aged care population.

### **Criterion 3.6**

Resources including physical facilities, infrastructure, technological capacity and information resources available and applicable to learners undertaking the program are current, fit-for-purpose, sufficient for the needs of the learner cohort, and systematically reviewed and updated on a regular basis.

#### Statement of Intent

To ensure that sufficient resources are available for delivery of a fit-for-purpose program.

#### Notes

This criterion is intended to ensure that required resources are available for current delivery of a fit-for-purpose program, and that provision has been made for anticipated changes to the resource needs in the short-term or foreseeable future. Providers/units should articulate the processes or mechanisms for evaluating resource requirements, reviewing current capacity to resource the program appropriately, and identifying where resources will need to be augmented or updated.

### **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.

#### Statement of Intent

To ensure that their overall staffing profile includes sufficient experience and expertise to ensure program quality.

To ensure that learners have access to relevant professionals, mentors, and networking opportunities to assist in the development of the required performance outcomes.

#### Notes

Providers/units should ensure that the leadership and staff complement is appropriate to deliver and support the program.

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

Providers/units must demonstrate that their overall staffing profile includes sufficient and relevant experience and expertise to ensure program quality and that learners have access to professionals to assist in developing appropriate attributes and behaviours.

It is not expected that providers are responsible for providing mentoring or networking opportunities however they may be able to assist learners to access these.

### **Criterion 3.8**

The program provides sufficient opportunities for all learners 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.

#### Statement of Intent

To ensure participation in collaborative interprofessional practice at a level commensurate with the required performance outcomes for the program.

#### Notes

Providers/units must demonstrate that their graduates are able to participate in the relevant collaborative interprofessional practice within the setting at a level commensurate with the required performance outcomes for the program.

It is expected that interprofessional learning activities are incorporated throughout the program, including in work-integrated learning.

### **Criterion 3.9**

The unit delivering the program operates in an environment informed by contemporary scholarship, research and enquiry, and promotes the utilisation of these skills ensure that graduates are able to demonstrate the required performance outcomes.

#### Statement of Intent

To ensure the program is informed and supported by current and emerging evidence.

To ensure that graduates have the skills to maintain and contribute to evidence-based practice that optimises health outcomes for patients.

#### Notes

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

The focus of this criterion is on articulation of the mechanisms by which the unit delivering the program incorporates the outcomes of relevant contemporary research into the program, and promotes the utilisation of skills in scholarship, research and enquiry in the learners practice.

## Domain 4 Learner experience

Learners are provided with equitable and timely access to information and support relevant to their program and have appropriate formal and informal opportunities to contribute to program governance, planning, design, implementation, evaluation, review and quality improvement processes. The environment within which learners learn promotes and supports equity, diversity, inclusivity, justice, fairness and non-discrimination.

### **Criterion 4.1**

Selection policies and criteria for entry into the program are transparent, equitable, and applied fairly and consistently to ensure that applicants are not subject to unfair/unlawful discrimination.

#### Statement of Intent

To ensure that providers demonstrate selection policies and criteria that are consistent, fair, lawful and do not discriminate.

#### Notes

This criterion requires providers to demonstrate how policies and procedures are applied at the program level. Providers must provide evidence of how they will apply entry criteria and/or prerequisite requirements.

Criteria for modification of standard admission requirements (including recognition of prior learning (RPL) if offered) must be explicit and applied consistently.

RPL processes should consider methods for assessing applicants existing qualifications and experience, including how demonstration of the required performance outcomes can occur and how gaps will be addressed. RPL processes may consider any reduced requirements for experienced learners bridging these gaps (e.g. requirement for WIL).

## **Criterion 4.2**

Program information, including selection policies, criteria and processes, inherent requirements, English language proficiency requirements, recognition of prior learning (RPL) processes, experiential and WIL requirements, PharmBA requirements, current accreditation status and any other relevant information, is accurate, accessible and comprehensive to ensure that potential learners are given sufficient guidance to make an informed decision.

### Statement of Intent

To ensure that program information is accurate, comprehensive and accessible.

### Notes

Units delivering programs should indicate where program information is located (such as websites), and who is responsible for ensuring the content is accurate and comprehensive.

Units delivering programs should also outline the processes for handling program enquiries from prospective applicants.

## **Criterion 4.3**

The unit delivering the program ensures that learners are able to access relevant resources and support systems in a timely manner to facilitate achievement of the required performance outcomes.

### Statement of Intent

To ensure learners are well supported throughout their journey.

### Notes

Providers/units should outline the resources which are available to students including but not limited to orientation and induction processes; academic, general welfare and wellbeing support; learning resources (physical spaces, online learning management system, information and library resources, self-directed learning resources); and effective supervision.

Providers are not expected to be responsible for providing mentoring and networking opportunities but may be able to assist learners.

#### **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.

##### Statement of Intent

To ensure learners are aware of their rights and are treated fairly.

##### Notes

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

Providers should outline how learners and the staff interacting with them are familiarised with their obligations under anti-discrimination legislation.

#### **Criterion 4.5**

The unit delivering the program ensures that learners 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 learners are treated justly.

##### Statement of Intent

To ensure the provider has in place processes to manage appeals and grievances from learners.

##### Notes

See Criterion 4.6 notes.

#### **Criterion 4.6**

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

##### Statement of Intent

To ensure the provider manages conflicts of interest fairly.

##### Notes

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

The provider/unit must ensure that appropriate policies and processes are in place for students who wish to raise concerns/grievances or appeal against a decision affecting their progress through the program. These policies and processes should be actively and clearly communicated.

**Criterion 4.7**

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

**Statement of Intent**

To ensure learners are well represented and have the opportunity to provide feedback on the program.

**Notes**

Engagement of learners in governance structures provides the opportunity for feedback and input into the delivery of the program and developing a culture of continuous quality improvement.

## Domain 5 Outcomes and assessment

Graduates of the program demonstrate achievement of all the required performance outcomes and to a standard commensurate with competent, safe and socially accountable professional practice.

### Criterion 5.1

The scope of assessment covers all learning and performance outcomes and assessed in relevant contexts.

#### Statement of Intent

To ensure that the assessments in the program ensure that graduates have met the performance outcomes.

#### Notes

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

### Criterion 5.2

A range of relevant, contemporary, and evidence-informed assessment tools (including direct observation) are used in academic, practice and WIL environments to ensure that the overall assessment system is valid and reliable and provides evidence of learner competency and safety.

#### Statement of Intent

To ensure that a range of assessments are included in the program to measure the achievement of all performance outcomes and are valid, reliable, and consistently applied.

#### Notes

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

Providers/units will be able to apply a range of assessment modes/mechanisms (to accommodate barriers and provide flexibility) provided there is evidence that the learner meets the performance outcomes.

### **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 learners, and uses the feedback received to develop the program.

#### Statement of Intent

To ensure the peer review/moderation of assessments are implemented as part of a continuous quality improvement process to ensure they remain fit-for-purpose.

#### Notes

External evaluation and/or moderation is intended to provide an informed commentary on the program, particularly in relation to the assurance that graduates are safe and competent to practise on successful completion of all program assessments. External evaluation or moderation should complement internal quality assurance processes for assessment (Criterion 5.4).

### **Criterion 5.4**

All assessments carried out in academic, practice and WIL environments are fair and undertaken against clear criteria. The standard of performance expected of learners in each area to be assessed is explicit and clearly communicated to learners and staff involved in the assessment.

#### Statement of Intent

To ensure that there are clear criteria for assessments that are shared with learners and the staff or assessors undertaking the assessments.

#### Notes

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

### **Criterion 5.5**

Staff and other professionals who assess learners in academic, practice and WIL environments are suitably qualified, experienced, and prepared for the role, are provided with appropriate guidance and support, and are held accountable for their decisions to ensure that assessment is carried out fairly, impartially, and consistently.

#### Statement of Intent

To ensure that assessors have the necessary skills and support to undertake the role, and make judgements objectively, fairly, and impartially.

#### Notes

Providers/units must hold staff undertaking assessment, including evaluation of RPL, accountable for their decisions, particularly where a learner is assessed as having failed to meet the requirements. There should be mechanisms for learners to receive specific feedback from assessors. Accountability requires assessors to make judgements objectively, fairly and impartially, and to be able to explain the rationale for their decisions based on the assessment criteria required under Criterion 5.4.

### **Criterion 5.6**

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

#### Statement of Intent

To ensure learning is future focussed, giving learners the ability to respond and learn from feedback.

#### Notes

Providers/units should have mechanisms for providing learners with formal and informal constructive feedback on their performance and progress through the program.



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