

# Accreditation standards for pharmacist prescriber education programs

## Public consultation 1: response to feedback received

### Introduction

The Australian Pharmacy Council (APC) would like to express our sincere thanks to the individuals, groups and organisations who provided feedback during the recent public consultation. We appreciate and value your input which will contribute to the development of the accreditation standards for pharmacist prescriber education programs.

This report details how APC has responded to the submissions received during the first public consultation period, conducted between 9<sup>th</sup> March 2023 and 14<sup>th</sup> April 2023. Feedback was received via online responses to a survey hosted on the APC website, written submissions provided to APC and in person (or virtually) during a consultation forum held in Melbourne on 20<sup>th</sup> March 2023.

### Background

APC accreditation standards are outcome-based. As such they do not dictate *how* education providers should meet the standards, rather they define the standard and allow education providers to determine their preferred method/s for meeting the standard, consistent with program philosophy and pedagogy.

### Response to feedback

The following table provides a summary of the feedback received and how APC has considered the feedback in developing the draft standards and performance outcomes framework. An indication of the information that will be provided in the evidence guide, when complete, is also provided where relevant.

Consistent with the invitation to provide feedback, APC will not publish comments considered defamatory. Comments made regarding aspects of pharmacist prescribing that fall outside the scope of the standards development will similarly not be responded to in this report.

Table 1 Initial Consultation Feedback and Response

Feedback	APC Response
<p>Question 1: Current terminology to describe pharmacist prescribing across various implementation models is inconsistent and creating confusion. How should this be resolved?</p>	
<ul style="list-style-type: none"> <li>(a) Terminology associated with pharmacist prescribing was generally viewed as confusing.</li> <li>(b) Feedback commonly focussed on the implementation of prescribing and the terminology used to define how pharmacists would prescribe.</li> <li>(c) Differences between the legislative and national definitions of prescribing were identified.</li> <li>(d) Clear definitions and prescribing language were considered important to the establishment of professional responsibility and accountability.</li> <li>(e) The terminology proposed by the Health Professionals Prescribing Pathway (HPPP) was considered by most to be appropriate, with the exception of the word 'autonomous' which was viewed as unclear and inconsistent with a collaborative approach to prescribing.</li> <li>(f) Respondents described a need for nationally consistent, simple, clear terminology that aligns with other professions and is readily understood by consumers.</li> <li>(g) Existing pharmacist roles in the provision of medicines were viewed as adding complexity to a possible future prescribing role and there was a call for clear definitions to support consumer</li> </ul>	<p><b>General comments</b></p> <p>The feedback indicated a clear need for clarification regarding terminology relating to pharmacist prescribing, including descriptions of how pharmacist prescribing will be implemented.</p> <p>However, determination of definitions used in this context fall outside of APC's role in developing accreditation standards for pharmacist prescriber education programs.</p> <p>The term pharmacist prescribing/prescriber will be used consistently throughout the accreditation standards, performance outcomes framework and evidence guide without reference to individual models of prescribing. Reference to pharmacists undertaking education and training to prescribe will use the term 'learner'.</p> <p><b>Inclusion in draft standards</b></p> <p>The application of the standards will be described in the preamble to the document.</p> <p><b>Inclusion in draft performance outcomes and/or evidence guide</b></p> <p>Not applicable</p>

<p>understanding of these roles including dispensing, supply and prescribing.</p> <p>(h) Different views were expressed regarding existing pharmacist roles in the provision of medicines available without a prescription and whether this constitutes prescribing.</p>	
<p><b>Question 2: What level of education or training is required to support pharmacist prescribing in Australia?</b></p>	
<p>(a) A number of respondents suggested that pharmacist prescriber education should be consistent with the prescribing model and context.</p> <p>(b) Most, but not all, respondents indicated that prescribing by protocol or under supervision might require additional education but not formal postgraduate education.</p> <p>(c) Autonomous prescribing was commonly viewed as requiring additional post-graduate education and training.</p>	<p><b>General comment</b></p> <p>To reflect stakeholder feedback and guide novel program development, the standards include a requirement for education program to meet a minimum Australian Qualifications (AQF) Framework Level 8.</p> <p>The following draft criterion is relevant to this feedback:</p> <p><b>Inclusion in draft standards</b></p> <p>Domain 2 Governance and Quality</p> <p>2.3. The program is an Australian Qualifications Framework (AQF) Level 8 program of study.</p> <p><b>Inclusion in draft performance outcomes and/or evidence guide</b></p> <p>Not applicable</p>
<p>(d) Consistency between pharmacist prescriber education programs and those offered for other prescribing health professions was viewed by some as important.</p>	<p><b>General comments</b></p> <p>The accreditation of prescriber education programs in Australia for other prescribing health professions was reviewed as a component of the environmental scan and literature review. The draft APC accreditation standards for pharmacist prescriber education programs are generally consistent with those of other non-medical prescribing professions.</p> <p><b>Inclusion in draft standards</b></p> <p>Not applicable</p> <p><b>Inclusion in draft performance outcomes and/or evidence guide</b></p> <p>Not applicable</p>

<p>(e) Maintenance of prescribing competence was raised by some as important to address.</p>	<p><b>General comment</b></p> <p>Determination of the requirements for maintenance of prescribing competence beyond the prescriber education program is outside of the scope of APC program accreditation. However, the need to maintain competence through ongoing professional development is recognised and included in the performance outcomes framework.</p> <p><b>Inclusion in draft standards</b></p> <p>Not applicable</p> <p><b>Inclusion in draft performance outcomes and/or evidence guide</b></p> <p>The importance of ongoing maintenance of prescribing competence is reflected in the following draft performance outcome:</p> <p><b>Domain 1 Professional Practice</b></p> <p>1.6 Maintain and improve prescribing practice.</p> <ul style="list-style-type: none"> <li>• Demonstrate a reflective approach to reviewing, maintaining and, where appropriate, improving prescribing knowledge and skills.</li> </ul>
<p>Question 3.1 What should an education provider consider before applying entry criteria requirements for their programs?</p> <p>Question 3.2 What entry requirements should be considered and why?</p>	
<p>(a) Entry criteria for pharmacist prescriber programs was viewed as important by some, but not all, respondents.</p> <p>(b) Commonly, post-registration experience (either a required duration or demonstration of competence) was considered an important pre-requisite for pharmacist prescriber education programs.</p> <p>(c) A range of additional criteria were proposed including registration as a pharmacist, specified scope of practice, demonstration of competence in a defined</p>	<p><b>General comments</b></p> <p>APC accreditation standards do not include specific program entry requirements. Individual program providers determine the entry requirements to ensure the selection of learners who have sufficient capacity to complete the program and demonstrate competence in required performance outcomes.</p> <p>The accreditation standards do, however, require that entry criteria are transparent, equitable, and applied fairly and consistently.</p> <p>Additional considerations raised in relation to entry criteria included:</p> <ul style="list-style-type: none"> <li>• Should post-registration experience be determined by duration alone or an assessment of the quality of the experience?</li> </ul>

<p>area of practice, English language proficiency, and identification of a mentor/supervisor.</p> <p>(d) Consideration of the entry criteria for similar programs was suggested.</p>	<ul style="list-style-type: none"> <li>• A requirement for previous experience would prohibit the subsequent incorporation of prescriber training into entry-level programs.</li> <li>• Identification of an appropriate clinical supervisor is likely to be a prerequisite for undertaking WIL learning activities.</li> </ul> <p><b>Inclusion in draft standards</b></p> <p>The following draft criteria are relevant to this feedback:</p> <p><b>Domain 4 Learner Experience</b></p> <p>4.1. Selection policies and criteria for entry to the program are transparent, equitable, and applied fairly and consistently to ensure that applicants are not subject to unfair/unlawful discrimination.</p> <p>4.2. Program information, including selection policies, criteria and processes, program structure, inherent 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 applicants are given sufficient guidance to make an informed decision.</p> <p><b>Inclusion in draft performance outcomes and/or evidence guide</b></p> <p>Suggested evidence relating to selection policies and criteria will be included in the evidence guide.</p>
<p>Question 4.1 How should education providers ensure the principle of interprofessional collaboration is embedded in their education programs?</p> <p>Question 4.2 Can you provide examples of interprofessional collaborative learning that have been effective in addressing safe prescribing competency in the context of the multidisciplinary health care team?</p>	
<p>(a) Respondents indicated a clear recognition of the value of interprofessional collaboration in the context of prescribing practice.</p> <p>(b) There was recognition that interprofessional collaborative skill development is a requirement of entry-level pharmacy programs and an important component of existing pharmacist practice.</p>	<p><b>General comment</b></p> <p>Whilst recognising that interprofessional collaboration is a required inclusion in entry-level pharmacy programs, the value of interprofessional learning in the prescribing context is reflected in its inclusion in the draft standards.</p> <p><b>Inclusion in draft standards</b></p> <p>The following draft criterion is relevant to this feedback:</p> <p><b>Domain 3 Program</b></p>

(c) Numerous examples of, and suggestions for, interprofessional learning were provided by respondents.

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 achieve required performance outcomes, including the provision of person-centred care as a collaborative member of an interprofessional team.

#### **Inclusion in draft performance outcomes and/or evidence guide**

The collaborative nature of prescribing, including collaboration with the consumer as a priority, is emphasised throughout the performance outcomes framework:

#### **Domain 1 Professional Practice**

1.4. Prescribe medicines collaboratively.

- Demonstrate an understanding of the role of the pharmacist prescriber within the collaborative healthcare team and communicate this to others.
- Respect the role of other health professionals and their contribution to consumer care, including prescribing medicines.
- Engage respectfully with other members of the consumer's healthcare team, including informing them of prescribing decisions and outcomes as appropriate.
- Engage respectfully with consumers and support them to take informed responsibility for their health, including their use of medicines.
- Comply with the obligations defined in applicable prescribing agreements.

#### **Domain 3 Person-centred shared decision-making**

3.1 Consider the management options using a consumer-focused approach and an understanding of relevant evidence

- Determine the consumer's needs and treatment preferences
- Evaluate the potential benefits and harms of prescribing a medicine in the context of the consumer's needs and preferences. Acknowledge, and respond appropriately, when it is more appropriate not to prescribe.
- Work with the consumer to decide on the treatment plan and accurately document clinical reasoning and decision-making, including consumer preference, to support longitudinal care.

3.2 Recognise personal competence and respond accordingly to provide optimal care

	<ul style="list-style-type: none"> <li>• Consult other healthcare professionals to contribute to the prescribing decision, where appropriate.</li> <li>• Recognise and respond accordingly when the needs of the consumer and/or the prescribing decision are outside the prescriber's scope of practice.</li> </ul> <p><b>Domain 4 Communicate and collaborate</b></p> <p>4.2 Collaborate to support effective care.</p> <ul style="list-style-type: none"> <li>• With the consumer's consent, communicate the prescribing decision with other health professionals to contribute to effective care.</li> <li>• Discuss the treatment plan and prescription with the consumer and take steps to support and confirm their understanding.</li> <li>• Use a structured approach to documenting the prescribing decision and clinical reasoning. Use appropriate systems to document the prescribing decision in consumer records e.g., My Health Record.</li> </ul> <p><b>Domain 5 Monitor and Review</b></p> <p>5.3 Respond appropriately to the review</p> <ul style="list-style-type: none"> <li>• Ensure the consumer and relevant health professionals are informed of changes to the treatment plan in a timely manner.</li> <li>• Document the details of the consumer's experience with the medicine/s, modifications made to the treatment plan and relevant clinical reasoning.</li> </ul> <p>Suggested evidence relating to opportunities for interprofessional learning will be included in the evidence guide.</p>
<p><b>Question 5.1 What factors should an education provider consider when developing an assessment strategy for pharmacist prescriber education programs?</b></p>	
<p>(a) The majority of respondents considered it important for the assessment strategy to focus on the demonstration of prescribing competence while maintaining patient safety.</p>	<p><b>General comments</b></p> <p>Consistent with entry-level pharmacy programs, the draft standards require education programs to gather critical evidence of learner prescribing competence according to evidence-based assessment methods completed in relevant contexts. In addition, the draft standards recognise the significance of supervised practical training, or work-integrated learning (WIL), in the development of consolidated</p>

	<p>prescribing competence and the importance of comprehensive practice-based performance assessment as a crucial indicator of safe practice.</p> <p><b>Inclusion in draft standards</b></p> <p>The following draft criteria are relevant to this feedback:</p> <p><b>Domain 5 Outcomes and assessment</b></p> <p>5.1. The program has an assessment strategy that describes the purpose and range of assessments, links assessments to program learning outcomes and ensures all performance outcomes are assessed in relevant prescribing contexts, including WIL settings.</p> <p>5.2. A range of relevant, evidence-informed assessment methods including formative, summative, and workplace based are implemented progressively throughout the program to ensure that the overall assessment system is valid, reliable and provides evidence of learner competence.</p> <p>5.7. Final comprehensive summative assessment/s of the prescribing process, mapped to the Prescribing Competencies Framework, is/are completed to demonstrate prescribing performance according to performance outcomes.</p> <p><b>Inclusion in draft performance outcomes and/or evidence guide</b></p> <p>Suggested evidence relating to the assessment strategy will be included in the evidence guide.</p>
<p>(b) It was commonly suggested that a range of assessment methods should be used across the program, including those conducted in the workplace.</p>	<p><b>Inclusion in draft standards</b></p> <p>The following draft criteria are relevant to this feedback:</p> <p><b>Domain 5 Outcomes and assessment</b></p> <p>5.2. A range of relevant, evidence-informed assessment methods including formative, summative, and workplace based are implemented progressively throughout the program to ensure that the overall assessment system is valid, reliable and provides evidence of learner competence.</p> <p>5.7. Final comprehensive summative assessment/s of the prescribing process, mapped to the Prescribing Competencies Framework, is/are completed to demonstrate prescribing performance according to performance outcomes.</p> <p><b>Inclusion in draft performance outcomes and/or evidence guide</b></p> <p>Suggested evidence relating to the assessment strategy will be included in the evidence guide.</p>



<p>(c) Respondents indicated the view that the multidisciplinary team should contribute to the assessment process.</p>	<p><b>General comment</b></p> <p>Whilst the importance of an interprofessional approach to learning is reflected in the standards, it was considered a requirement for multiple health professionals to contribute to the assessment process may be challenging in certain prescribing settings and lead to inequity in program access and assessment. For this reason, no specific requirement has been included in the draft standards, performance outcomes or evidence guide, although suggested evidence may include the contribution of other health professions.</p>
<p>(d) Frequently, the suggestion that the availability of adequately trained mentors and assessors is important to support assessments, was raised.</p>	<p><b>Inclusion in draft standards</b></p> <p>The following draft criterion is relevant to this feedback:</p> <p><b>Domain 5 Outcomes and assessment</b></p> <p>5.5. Staff and health professionals who assess learners in the academic and WIL environments are suitably qualified, experienced and prepared for the role, provided with appropriate guidance and support and are held accountable for their decisions to ensure that assessment is carried out fairly, impartially and consistently.</p> <p><b>Inclusion in draft performance outcomes and/or evidence guide</b></p> <p>Suggested evidence relating to assessment policies and processes will be included in the evidence guide.</p>
<p>(e) Respondents indicated that consideration should be given to the costs associated with developing and undertaking robust assessments by trained assessors.</p>	<p><b>General comments</b></p> <p>It is the responsibility of APC to ensure accredited programs have an appropriate assessment strategy that ensures effective assessment of learners against the performance outcomes framework.</p> <p>The accreditation standards do not dictate the use of specific assessment methods. It is the responsibility of the program provider to develop a robust assessment strategy that can be delivered within the financial constraints of the program.</p> <p><b>Inclusion in draft standards</b></p> <p>Not applicable</p> <p><b>Inclusion in draft performance outcomes and/or evidence guide</b></p> <p>Not applicable</p>

Question 5.2 What factors should an education provider consider to ensure fair, valid, reliable and consistent assessment of learners in the workplace?

<p>(a) The use of a range of assessment methods and assessment opportunities was considered important to demonstrate competence.</p>	<p><b>Inclusion in draft standards</b></p> <p>Refer 5.1 (b) above</p>
<p>(b) The availability of adequately trained and willing assessors who do not have a vested interest in the outcome of assessment/s was viewed by many as vital to the assessment process.</p>	<p><b>Inclusion in draft standards</b></p> <p>Refer 5.1 (d) above (availability of suitably trained assessors).</p> <p>In addition, the following draft criteria are relevant to this feedback:</p> <p><b>Domain 1 Safe and socially accountable practice</b></p> <p>1.7. The program includes processes to support effective relationship between the program provider and the WIL site to ensure that sites supporting supervised WIL agree to, and comply with, all requirements regarding procedures, role of the primary supervisor, and learner supervision.</p> <p><b>Domain 4 Learner experience</b></p> <p>The following criterion, pertaining broadly to program delivery (rather than assessment alone) is also relevant to the feedback:</p> <p>4.6. The program provider identifies and manages all actual, perceived and potential conflicts of interest proactively, consistently and fairly.</p> <p><b>Inclusion in draft performance outcomes and/or evidence guide</b></p> <p>Suggested evidence relating to assessment policies and processes will be included in the evidence guide.</p>
<p>(c) Respondents indicated the importance of ensuring assessments reflect required prescribing competencies, conform to required standards and are undertaken according to clear guidelines and marking criteria.</p>	<p><b>Inclusion in draft standards</b></p> <p>The following draft criteria are relevant to this feedback:</p> <p><b>Domain 5 Outcomes and assessment</b></p> <p>5.1. The program has an assessment strategy that describes the purpose and range of assessments, links assessments to program learning outcomes and ensures all performance outcomes are assessed in relevant prescribing contexts, including WIL settings.</p>

	<p>5.3. The program provider 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 to develop the program.</p> <p>5.4. All assessments are undertaken fairly and according to clear criteria. The standard of performance expected of learners is explicit and clearly communicated to learners, staff and health professionals involved in the assessment.</p> <p><b>Inclusion in draft performance outcomes and/or evidence guide</b></p> <p>Draft performance outcomes are mapped to the NPS MedicineWise Prescribing Competencies Framework.</p> <p>Suggested evidence relating to the assessment strategy will be included in the evidence guide.</p>
<p>(d) Consumer input to the design of assessments was considered important to maintain validity and fairness.</p>	<p><b>General comment</b></p> <p>The value of consumer input to all aspects of the program is reflected in the draft standards.</p> <p><b>Inclusion in draft standards</b></p> <p>The following draft criterion is relevant to this feedback:</p> <p><b>Domain 3 Program</b></p> <p>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, health professionals with prescribing expertise, employers, patients and consumers, 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.</p> <p><b>Inclusion in draft performance outcomes and/or evidence guide</b></p> <p>Suggested evidence relating to assessment policies and processes will be included in the evidence guide. Evidence of relevant stakeholder consultation, both internal and external to the program provider, will form an important consideration for accreditation assessment teams in relation to criterion 3.3.</p>

**Question 6.1 Should there be a similar requirement for Work-Integrated Learning (WIL) in pharmacist prescriber education programs in Australia?**

- (a) Respondents considered WIL essential for the development of prescriber confidence, knowledge and skills.
- (b) WIL was viewed as forming a core component of the education standards for pharmacist prescriber education programs.
- (c) Respondents indicated that the provision of WIL may be more challenging in certain practice settings.

**General comment**

The importance of adequate, high quality, supervised training to the development of safe, effective pharmacist prescribers is reflected in the standards. WIL can be conducted according to a range of approaches and strategies to provide learners valuable exposure to work-related activities relevant to their role and setting.

**Inclusion in draft standards**

The following draft criteria are relevant to this feedback:

**Domain 1 Safe and socially accountable practice**

1.6. The program includes sufficient high quality, supervised WIL in relevant settings to facilitate learners to consolidate prescribing competencies and demonstrate performance outcomes.

**Domain 3 Program**

3.2. Program design, content, delivery and assessment reflect contemporary evidence-based prescribing practice and are designed to facilitate achievement and demonstration by learners of the performance outcomes. Emerging developments relevant to prescribing are incorporated into the program (including WIL) in a timely manner to ensure that the program remains fit-for-purpose.

**Inclusion in draft performance outcomes and/or evidence guide**

Adequate, quality supervised practice will be essential for learners to achieve the performance outcomes.

Suggested evidence relating to the integration of WIL into the program will be included in the evidence guide.

**Question 6.2 What factors might determine how an education provider decides the most appropriate duration of WIL in their program?**

- (a) WIL was seen as an opportunity to develop and demonstrate competence.
- (b) Demonstration of competence was considered by some respondents to be more important than a specified duration of WIL.

**General comment**

The Accreditation standards do not specify a minimum WIL duration but require program providers to provide sufficient WIL experience for learners to develop and demonstrate competence, as defined in the performance outcomes framework.

<p>(c) Factors identified that may impact the provision of WIL included:</p> <ul style="list-style-type: none"> <li>i. The availability of appropriately trained supervisors</li> <li>ii. The location of the learner and consequent access to quality WIL experiences and suitable supervisors</li> <li>iii. Cost, including remuneration of supervisors.</li> </ul>	<p><b>Inclusion in draft standards</b></p> <p>The following draft criteria are relevant to this feedback:</p> <p><b>Domain 1 Safe and socially accountable practice</b></p> <p>1.6. The program includes sufficient high quality, supervised WIL in relevant settings to facilitate learners to consolidate prescribing competencies and demonstrate performance outcomes.</p> <p>1.7. The program includes processes to support effective relationship between the program provider and the WIL site to ensure that sites supporting supervised WIL agree to, and comply with, all requirements regarding procedures, role of the primary supervisor, and learner supervision.</p> <p><b>Domain 3 Program</b></p> <p>3.2. Program design, content, delivery and assessment reflect contemporary evidence-based prescribing practice and are designed to facilitate achievement and demonstration by learners of the performance outcomes. Emerging developments relevant to prescribing are incorporated into the program (including WIL) in a timely manner to ensure that the program remains fit-for-purpose.</p> <p>3.7. The program provider maintains a leadership and staff complement which is demonstrably sufficient for the needs of the program, appropriately qualified and experienced, sustainably resourced and supported, and provided with regular opportunities for relevant professional review and development.</p> <p><b>Domain 5 Outcomes and assessment</b></p> <p>5.1. The program has an assessment strategy that describes the purpose and range of assessments, links assessments to program learning outcomes and ensures all performance outcomes are assessed in relevant prescribing contexts, including WIL settings.</p> <p><b>Inclusion in draft performance outcomes and/or evidence guide</b></p> <p>Suggested evidence relating to the integration of WIL into the program will be included in the evidence guide.</p>
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**Question 6.3** What measures should an education provider consider for assurance of the quality of the supervision, the supervised practice site, and the learner experience?

- (a) Assurance of the quality of supervision was highlighted as an important issue. It was suggested that this may require supervisors to complete specified qualifications and/or undertake preparation for the role of supervisor and mentor.
- (b) Respondents suggested that supervisors should be required to demonstrate their commitment to the role.
- (c) Consideration should be given to which professionals can supervise pharmacist learners, noting that initially there will be few pharmacists qualified to undertake this role.

**General comment**

The draft standards indicate that program providers are responsible for ensuring primary supervisors are aware of, and agree to undertake, their role and are adequately trained to undertake their duties. They do not, however, detail specific qualifications, training or competence requirements.

**Inclusion in draft standards**

The following draft criteria are relevant to this feedback:

**Domain 1 Safe and socially accountable practice**

1.7. The program includes processes to support effective relationship between the program provider and the WIL site to ensure that sites supporting supervised WIL agree to, and comply with, all requirements regarding procedures, role of the primary supervisor, and learner supervision.

**Domain 3 Program**

3.7. The program provider 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.

**Domain 4 Learner experience**

4.6. The program provider identifies and manages all actual, perceived and potential conflicts of interest proactively, consistently and fairly.

**Domain 5 Outcomes and assessment**

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

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

	<p><b>Inclusion in draft performance outcomes and/or evidence guide</b></p> <p>Suggested evidence relating to the integration of WIL into the program will be included in the evidence guide.</p>
<p>(d) A range of quality assurance initiatives were suggested to ensure the quality of the WIL experience. These included: accreditation of sites providing WIL, learner-to-mentor ratios, attention to Occupational Health and safety (OHS) and Workplace Health and Safety (WHS) matters, collection of feedback from a range of sources, communication between education providers and WIL sites.</p>	<p><b>General comment</b></p> <p>Whilst accreditation of sites is not included in the standards, there is a requirement for program providers to have processes to ensure the suitability of WIL sites. The standards indicate quality improvement processes be defined and implemented.</p> <p><b>Inclusion in draft standards</b></p> <p>The following draft criteria are relevant to this feedback:</p> <p><b>Domain 1 Safe and socially accountable practice</b></p> <p>1.7. The program includes processes to support effective relationship between the program provider and the WIL site to ensure that sites supporting supervised WIL agree to, and comply with, all requirements regarding procedures, role of the primary supervisor, and learner supervision.</p> <p><b>Domain 3 Program</b></p> <p>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, health professionals with prescribing expertise, employers, patients and consumers, 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.</p> <p><b>Domain 4 Learner experience</b></p> <p>4.7. Learners are actively engaged with governance and program management structures and decision-making processes, through both formal and informal mechanisms.</p> <p><b>Domain 5 Outcomes and assessment</b></p> <p>5.3. The program provider 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 to develop the program.</p>

	<p>5.6 Learners are provided with appropriate, timely and sufficient feedback to enable them to improve future performance.</p> <p><b>Inclusion in draft performance outcomes and/or evidence guide</b></p> <p>Suggested evidence relating to the integration of WIL into the program will be included in the evidence guide.</p>
<p><b>Question 7.1 Is there anything else you think we need to consider when developing the standards?</b></p>	
<p>(a) Accreditation standards should be acknowledged as national</p>	<p><b>General comment</b></p> <p>The standards will apply to all accredited Australian pharmacist prescriber programs.</p> <p><b>Inclusion in standards</b></p> <p>Not applicable</p> <p><b>Inclusion in draft performance outcomes and/or evidence guide</b></p> <p>Not applicable</p>
<p>(b) The appropriate management of the conflict of interest between prescribing and dispensing</p>	<p><b>General comment</b></p> <p>The performance outcomes framework addresses professional and ethical practice which requires pharmacists to consider, identify and manage conflicts of interest between prescribing and dispensing.</p> <p><b>Inclusion in standards</b></p> <p>Not applicable</p> <p><b>Inclusion in draft performance outcomes and/or evidence guide</b></p> <p>The following draft criterion is relevant to this feedback.</p> <p><b>Domain 1 Professional Practice</b></p> <p>1.1 Prescribe medicines ethically, with integrity and compliant with applicable professional codes and guidelines.</p>



	<ul style="list-style-type: none"> <li>• Make prescribing decisions that prioritise the health and safety of the consumer.</li> <li>• Identify and respond appropriately to actual or potential conflicts of interest that may impact prescribing.</li> <li>• Recognise the limits of professional and personal practice scope and respond appropriately, prescribing medicines only where competent and authorised to do so.</li> <li>• Recognise and respond appropriately to inappropriate and/or unsafe prescribing practice by colleagues.</li> </ul>
<p>(c) Accreditation standards should address the need for recording of prescribing, including in electronic records.</p>	<p><b>Inclusion in draft standards</b></p> <p>No</p> <p><b>Inclusion in draft performance outcomes and/or evidence guide</b></p> <p>The following draft criteria are relevant to this feedback.</p> <p><b>Domain 1 Professional Practice</b></p> <p>1.3 Prescribe medicines safely, efficaciously and judiciously</p> <ul style="list-style-type: none"> <li>• Demonstrate a systematic approach to recognising, appropriately managing, recording and reporting errors and/or incidents associated with prescribing and medicines use.</li> </ul> <p>1.5 Accurately document all prescribing decisions and clinical reasoning</p> <ul style="list-style-type: none"> <li>• Accurately document details of the consultation in the appropriate health record/s according to regulatory, legal and organisational requirements.</li> <li>• Accurately document the prescribing decision, including the clinical reasoning for, and consumer contributions to, the medicine/s choice.</li> <li>• Store confidential information safely and securely according to relevant legislation, regulation and policy.</li> </ul> <p><b>Domain 3 Person-centred shared decision-making</b></p> <p>3.1 Consider the management options using a consumer-focused approach and an understanding of relevant evidence</p> <ul style="list-style-type: none"> <li>• Work with the consumer to decide on the treatment plan and accurately document clinical reasoning and decision-making, including consumer preference, to support longitudinal care.</li> </ul>

	<p><b>Domain 4 Communicate and collaborate</b></p> <p>4.2 Collaborate to support effective care</p> <ul style="list-style-type: none"> <li>Use a structured approach to documenting the prescribing decision and clinical reasoning. Use appropriate systems to document the prescribing decision in consumer records e.g., My Health Record.</li> </ul> <p><b>Domain 5 Monitor and Review</b></p> <p>5.1 Evaluate and document the outcome of prescribed medicines</p> <ul style="list-style-type: none"> <li>Determine whether the medicine/s should be continued, modified or ceased and document with supporting reasoning.</li> </ul> <p>5.3 Respond appropriately to the review</p> <ul style="list-style-type: none"> <li>Document the details of the consumer's experience with the medicine/s, modifications made to the treatment plan and relevant clinical reasoning.</li> </ul>
<p>(d) Concern regarding the potential cost of training should be addressed</p>	<p><b>General comments</b></p> <p>APC is responsible for developing accreditation standards that ensure graduate competence. Program providers will be responsible for developing programs that meet APC requirements and are able to be delivered at an acceptable cost to the learner. The accreditation standards allow education providers flexibility in their approach provided they can demonstrate they meet the standards.</p> <p><b>Inclusion in draft standards</b></p> <p>No</p> <p><b>Inclusion in draft performance outcomes and/or evidence guide</b></p> <p>No</p>
<p>(e) Standards should ensure prescribers are safe, efficacious and judicious in their prescribing.</p> <p>(f) The importance of developing standards that ensure quality and competence and the credibility of pharmacist prescribing should be paramount.</p>	<p><b>General comments</b></p> <p>APC is responsible for the development of adequately robust standards consistent with safe and effective prescribing practice. Program providers are required to meet the standards and ensure graduates are competent to prescribe, including demonstration of required performance.</p> <p><b>Inclusion in draft standards</b></p>

The following draft criteria are relevant to this feedback:

#### Domain 1 Safe and socially accountable practice

1.5. Program graduates have demonstrated an understanding of their legal, ethical and professional responsibilities in relation to prescribing.

#### Domain 3 Program

3.2. Program design, content, delivery and assessment reflect contemporary evidence-based prescribing practice and are designed to facilitate achievement and demonstration by learners of the performance outcomes. Emerging developments relevant to prescribing are incorporated into the program (including WIL) in a timely manner to ensure that the program remains fit-for-purpose.

#### Domain 5 Outcomes and assessment

5.1. The program has an assessment strategy that describes the purpose and range of assessments, links assessments to program learning outcomes and ensures all performance outcomes are assessed in relevant prescribing contexts, including WIL settings.

5.7. Final comprehensive summative assessment/s of the prescribing process, mapped to the Prescribing Competencies Framework, is/are completed to demonstrate prescribing performance according to performance outcomes.

#### **Inclusion in draft performance outcomes and/or evidence guide**

The following draft Performance Outcomes are relevant to this feedback:

#### Domain 1 Professional Practice

1.3. Prescribe medicines safely, efficaciously and judiciously.

- Demonstrate an understanding of the common causes of prescribing error and the proactive steps taken to prevent prescribing error.
- Demonstrate a systematic approach to recognising, appropriately managing, recording and reporting errors and/or incidents associated with prescribing and medicines use.
- Prescribe medicines consistent with applicable regulatory frameworks and organisational requirements for prescribing.
- Prescribe according to the principles of quality use of medicines, including understanding when prescribing a medicine is not in the consumer's best interests

### Domain 3 Person-centred shared decision-making

3.1 Consider the management options using a consumer-focused approach and an understanding of relevant evidence

- Determine the consumer's needs and treatment preferences
- Evaluate the potential benefits and harms of prescribing a medicine in the context of the consumer's needs and preferences. Acknowledge, and respond appropriately, when it is more appropriate not to prescribe.
- Determine the optimal treatment choice according to evidence
- Work with the consumer to decide on the treatment plan and accurately document clinical reasoning and decision-making, including consumer preference, to support longitudinal care.

Suggested evidence relating to the program content and assessment strategy will be included in the evidence guide



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