australian
pharmacy
council

Notification of Change to an accredited pharmacist education program

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Overview

Purpose of the notification of change

Education providers may wish to make a change to one or more aspects of their accredited program(s) from time to time. Reasons for a change can come from multiple sources such as a curriculum review, or a new strategic or educational direction for the program. Examples of possible types of changes are listed below under 'Material and Minor changes'.

Communication with APC when considering a change

If you are considering a change to your accredited program(s), please contact us as soon as practical to discuss the matter. All discussions with APC regarding a potential change are held in strict confidence. Accreditation Assessment Teams (AATs) and APC Accreditation Committee (AC) members are required to sign confidentiality agreements.

Early communication with us will allow us to review the relevance and possible impact of the change on the accreditation status of the program(s). It is the responsibility of the AC to determine the category of the advised change: material or minor.

You must notify us in writing of a change immediately following the change decision and **prior** to the implementation of the change. The notification must be submitted via this Notification of Change (NoC) template to assist our AC to assess the potential impact of the change.

If our AC considers the planned change to be 'material' (major), then an assessment of the accreditation status of the program(s) will take place. This may be carried out via an AAT and include an online meeting. Please note you may incur a material change review fee if an AAT assessment is required.

Timelines

You should provide us with a NoC at **as soon as possible** prior to the proposed implementation to allow sufficient time for APC to conduct an AAT assessment and request further information from you (if required), and for our AC to consider the proposal. Timelines will vary depending on the quality and relevance of the information you provide, AAT availability and AC meeting dates.

Please be aware that we are unable to provide any guarantee of the overall time required for the NoC process. All steps in the process are required to be completed to ensure integrity in the assessment of the changes and alignment with the accreditation standards.

The time taken to gather information for an AAT assessment can vary depending on the completeness of the information initially submitted by the education provider. Timelines will also need to align with AC meeting dates (which are fixed) as the AC makes all accreditation decisions. A NoC that is considered to be a material change cannot be accredited and approved outside of our usual processes.

Summary of change process

Once you have decided to make a change to your program(s):

1. You will need to submit a NoC form to us (using this template). *Please contact the APC accreditation team for any assistance when completing the form.*

2. We will undertake a preliminary review of the NoC for completeness. If the NoC is incomplete or there is additional information required about the change, we will contact you to request this information.

3. Our AC will determine the category of the advised change: material or minor.

4. If the change is deemed to be material, an AAT assessment of the program will take place. A fee applies for the consideration of a material change as outlined on our website under 'Fees'.

5. Depending on the nature and category of the change, an AAT assessment will be undertaken.

6. We will arrange an online meeting between you and the AAT for the team to clarify any information in your submission.

7. The AAT will prepare a report for consideration by our AC.

8. We will advise you of the AC decision in writing. If the changes are approved and conditions and/or monitoring requirements are imposed on the program(s), the written notification will be via an Accreditation Outcome Notification (AON).

NoC form

Use this NoC form to describe the proposed changes to your program including the likelihood of impacting on the ability of the program(s) to meet the accreditation standards.

For example: proposed organisational changes that have an impact on governance, quality assurance and staffing:

- should be analysed for whether the impact is high or low risk

- the submission should provide evidence of the management of this impact

- the description should address ongoing compliance with Criterion 2.1, 2.3, 2.4, 2.5, 2.6, 2.8, 3.7 and 4.7

You need to address all 38 criteria even if you consider that the change does not impact on the ability of the program to meet a specific criterion. In some cases, it may be appropriate to include a statement under a criterion such as *'The proposed changes do not impact on the ability of the program to meet this criterion.'*

For specific criteria that you consider will be affected by the proposed change to your program(s) you should provide details of the proposed change. You are required to highlight the impact this may have on your existing program(s) (which may be positive or negative) and how you will manage this.

Supporting evidence

You may choose to submit **supporting evidence** with your NoC. This is information that provides further detail to support your submission. Supporting evidence **could include** (but is not limited to):

- mapping documents
- organisational charts
- meeting minutes
- assessment rubrics
- screenshots of learning management system pages.

Further examples are provided in the Accreditation Standards Evidence Guide.

Supporting evidence should align with your submission against the 38 accreditation criteria. **Evidence must be**:

- relevant
- current
- concise
- referenced in the main NoC statement narrative.

It will usually relate to **discipline or program specific** information, policies and processes, and might be information that is not usually publicly available via websites.

You **do not** need to provide supporting evidence documents that are:

- available on external websites
- publicly available and apply across the organisation
- have been developed/published by external organisations (e.g. Ahpra Code of Conduct, PSA National Competency Standards).

Submission format

Your NoC will be **two separate** PDF documents:

1. **NoC form** using this template with:

   - addressing the 38 accreditation criteria – see 'NoC form' comments above
   - supporting evidence documents clearly referenced in the narrative by number (e.g. Appendix 1).

2. Combined **supporting evidence document** with:

   - the **supporting evidence table** (APC provided template) at the start of the document
   - clearly labelled **bookmarks** (see 'Create a bookmark' section of Adobe help page) for each individual evidence document within the combined document
   - each bookmark individually named as 'Appendix [number] [Appendix name]' *e.g. Appendix 1 Curriculum map.*

APC risk assessment

Notifications of change form part of the active monitoring of programs under our *Accreditation Quality Assurance and Monitoring Policy*.

We use a risk framework methodology to support a consistent approach to the management of accredited program risk and quality improvement. This includes changes made to accredited programs. These frameworks are intended to support monitoring and conditions on programs.

Material and Minor changes

When we receive a NoC, our AC will undertake a review of the documentation and consider the impact of the change on both the ability of the program(s) to meet the accreditation standards and on learner outcomes. This stage of the process is a risk assessment for the AC to determine the nature and scope of the intended change. Based on the information provided, the AC will then determine if the change is a 'material' or a 'minor' change.

Material change

A material (major) change to an accredited program includes any significant changes to the existing program or factors relevant to its delivery, as identified in the accreditation standards. A material change may include the following, but is not limited to:

- significant change in curriculum content and/or structure

- significant change in teaching methods and/or assessment

- significant change in the human and/or financial resources available for delivery of the program

- significant change in program delivery.

Please note that a material change could be either one or any combination of the above.

If the change is deemed a material change and warrants a re-assessment of the accreditation status of the program(s), this may be resolved by the undertaking of an AAT assessment.

Minor change

A minor change to an accredited program includes any change which will not overtly alter its delivery. A minor change may include, but is not limited to:

- change in designated leader
- changes in teaching staff
- change in program name.

Please note that a minor change could be either one or any combination of the above.

Changes to the content of individual units of study which occur as the result of normal educational development and quality assurance processes are not considered minor or material changes and do not need to be notified to APC. If you are unsure, please contact us for clarification.

You must notify us of minor changes which will be noted by the AC. Notified changes deemed as a minor change will not initiate an AAT assessment and therefore do not require the payment of the APC material change review fee.

Possible outcomes of the process

Depending on the nature of the change and the outcome of the application and review process, our AC may determine to either accredit the program(s), accredit with conditions, or request further information on the changes.

For further information

Please contact our accreditation team at accreditation@pharmacycouncil.org.au if you have any questions or would like assistance completing your NoC form.

Section 1: Applicant details

Name of the provider organisation	

Address	

Accredited program(s) of study*	
Program 1	
Program name	
Program type	☐ Medication Management Review (MMR) Pharmacist ☐ Aged Care On-site Pharmacist (ACOP) ☐ Combined MMR Pharmacist/ACOP
Program duration	
Program delivery	☐ Face to face ☐ Online ☐ Other (please specify):
Proposed date for implementing changes *Please note the changes cannot be made until approved*	

*Add additional tables for multiple programs

Current designated leader of the unit delivering the program (primary contact)	
Name	
Position title	
Telephone	
Email	

Section 2: Background

Please provide a summary of the proposed change(s) including rationale, development, timelines and plans for implementation.

[Add response here]

Section 3: The Standards

Please provide details of the proposed change(s) against all relevant criteria.

Include a statement of the impact of the proposed change(s) on the intent of each criterion and how this will be managed.

Provide evidence of how the change(s) will meet the Standards.

Please indicate if an individual criterion is considered by you not to be impacted by the proposed changes. This may be identified by the statement *'The proposed changes do not impact on the ability of the program to meet this criterion'* under the specific criterion.

Domain 1: Safe and socially accountable practice

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

Criterion 1.1

The program 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 against criterion

*separate responses to this criterion are required for multiple programs

[Add response here]

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 against criterion

[Add response here]

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 against criterion

*separate responses to this criterion are required for multiple programs

[Add response here]

Criterion 1.4

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

Statement against criterion

[Add response here]

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 against criterion

*separate responses to this criterion are required for multiple programs

[Add response here]

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 against criterion

*separate responses to this criterion are required for multiple programs

[Add response here]

Criterion 1.7

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.

OR

1.7b

Criterion 1.7

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 against criterion

[Add response here]

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 against criterion

[Add response here]

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 against criterion

[Add response here]

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 against criterion

[Add response here]

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 against criterion

[Add response here]

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 against criterion

[Add response here]

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 against criterion

[Add response here]

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 against criterion

[Add response here]

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 against criterion

[Add response here]

Criterion 2.8

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

Statement against criterion

[Add response here]

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 against criterion

*separate responses to this criterion are required for multiple programs

[Add response here]

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 against criterion

*separate responses to this criterion are required for multiple programs

[Add response here]

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 against criterion

[Add response here]

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 against criterion

*separate responses to this criterion are required for multiple programs

[Add response here]

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 against criterion

*separate responses to this criterion are required for multiple programs

[Add response here]

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 against criterion

[Add response here]

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 against criterion

[Add response here]

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 against criterion

*separate responses to this criterion are required for multiple programs

[Add response here]

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 against criterion

[Add response here]

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 against criterion

*separate responses to this criterion are required for multiple programs

[Add response here]

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 against criterion

*separate responses to this criterion are required for multiple programs

[Add response here]

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 against criterion

[Add response here]

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 against criterion

[Add response here]

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 against criterion

[Add response here]

Criterion 4.6

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

Statement against criterion

[Add response here]

Criterion 4.7

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

Statement against criterion

[Add response here]

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 against criterion **separate responses to this criterion are required for multiple programs*

[Add response here]

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 against criterion **separate responses to this criterion are required for multiple programs*

[Add response here]

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 against criterion

[Add response here]

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

Criterion 5.4

each area to be assessed is explicit and clearly communicated to learners and staff involved in the assessment.

Statement against criterion

[Add response here]

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 against criterion

[Add response here]

Criterion 5.6

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

Statement against criterion

[Add response here]