Notification of Change to an accredited pharmacist prescriber education program

Version 1.1

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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 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, 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. 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 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:

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, 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 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 Criteria 2.1, 2.3, 2.4, 2.5, 2.6, 2.8, 3.7 and 4.7.*

You need to address all 39 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 you should provide details of the proposed change. You are required to highlight the impact this may have on your existing program (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 39 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 39 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 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, 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, 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 pharmacist prescriber education program	
Program name	
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*	

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 develops pharmacist prescribers who are competent to prescribe safely with a socially accountable, person-centred approach to 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

[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 (WIL) as a component of the program.
Statement against criterion

[Add response here]

Criterion 1.4

All teaching staff, supervisors and learners are held accountable to endorsed standards of professional and ethical practice and conduct at all times, including during WIL.

Statement against criterion

[Add response here]

Criterion 1.5

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

Statement against criterion

[Add response here]

Criterion 1.6

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

Statement against criterion

[Add response here]

Criterion 1.7

Processes support effective relationships between the program provider, the learner, the WIL site, and the primary supervisor. All parties agree to, and comply with, documented processes to support a safe and quality WIL experience.

Statement against criterion

[Add response here]

Criterion 1.8

Effective processes are in place to ensure that the program provider complies with all obligations under the Health Practitioner Regulation National Law Act, Pharmacy Board of Australia and relevant national and state/territory legislation and frameworks.

Criterion 1.8

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 pharmacist prescriber education programs.

Criterion 2.1
The program is delivered by a clearly identifiable operational unit (the program provider) within the provider organisation. The program provider operates with appropriate autonomy, authority and responsibility for designing, implementing, evaluating and resourcing the program.
Statement against criterion

[Add response here]

Criterion 2.2
The program provider is registered with either the Tertiary Education Quality and Standards Agency (TEQSA) (HEIs) or Australian Skills Quality Authority (ASQA) (RTOs).
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 at the program level and ensure that graduates are able to demonstrate the performance outcomes.
Statement against criterion

[Add response here]

Criterion 2.4
The maintenance, assurance and improvement of program quality is facilitated by effective relationships and accountability between the program provider and the provider organisation.
Statement against criterion

[Add response here]

Criterion 2.5

The program provider has a designated leader with relevant experience and expertise who is responsible for ensuring the effective provision of professional and academic leadership, engagement and advocacy for the program provider 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 secures and is accountable for the financial and other resources necessary to ensure the sustainable operation of the program.

Statement against criterion

[Add response here]

Criterion 2.7

The program provider operates under a clearly defined strategic plan which is aligned with that of the provider organisation, congruent with the vision, purpose and goals of the program provider, and systematically reviewed and updated to ensure fitness-for-purpose and currency with contemporary prescribing 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 all prescribing performance outcomes.

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

[Add response here]

Criterion 3.2

Program design, content, delivery, and assessment align with contemporary evidence-based prescribing practice and are designed to facilitate achievement and demonstration by learners of the performance outcomes. Emerging developments and legislation relevant to prescribing are reflected in the program (including WIL) in a timely manner consistent with the defined program purpose.

Statement against criterion

[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, 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 consistent with its defined 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

[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 learner skills that enable the provision of culturally safe, inclusive and responsive person-centred care.

Statement against criterion

[Add response here]

Criterion 3.6

Resources including physical facilities, infrastructure, technological capacity and information resources available 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 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.

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

Statement against criterion

[Add response here]

Criterion 3.9

The program provider operates in an environment informed by contemporary scholarship, research and enquiry.

Statement against criterion

[Add response here]

Domain 4: Learner experience

Learners are provided with equitable and timely access to information and support relevant to the program.

Criterion 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.
Statement against criterion

[Add response here]

Criterion 4.2
Program information, including program purpose, 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.
Statement against criterion

[Add response here]

Criterion 4.3
The program provider ensures that learners are able to access relevant resources and support systems that assist learners to achieve the performance outcomes regardless of practice setting.
Statement against criterion

[Add response here]

Criterion 4.4
The program provider 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 program provider 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 program provider 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 required performance outcomes to a standard commensurate with competent, safe, socially accountable prescribing practice.

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

[Add response here]

Criterion 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 progressive evidence of learner competence leading to demonstration of all performance outcomes.
Statement against criterion

[Add response here]

Criterion 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.

Statement against criterion

[Add response here]

Criterion 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.

Statement against criterion

[Add response here]

Criterion 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.

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]

Criterion 5.7

Comprehensive assessment/s of prescribing performance is/are completed to provide evidence of the learner's ability to perform the entire prescribing process consistent with defined performance outcomes.

Statement against criterion

[Add response here]