



australian  
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## Accreditation Standards for Pharmacist Education Programs:

Medication Management Review (MMR) Pharmacist  
Aged Care On-site Pharmacist

August 2023

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## Acknowledgement of Country

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

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

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

## Australian Pharmacy Council Ltd

(ACN 126629 785)

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

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

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

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## Abbreviations

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

## Glossary for key terminology

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

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



## Preamble

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

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

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

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

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

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

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

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

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

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

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

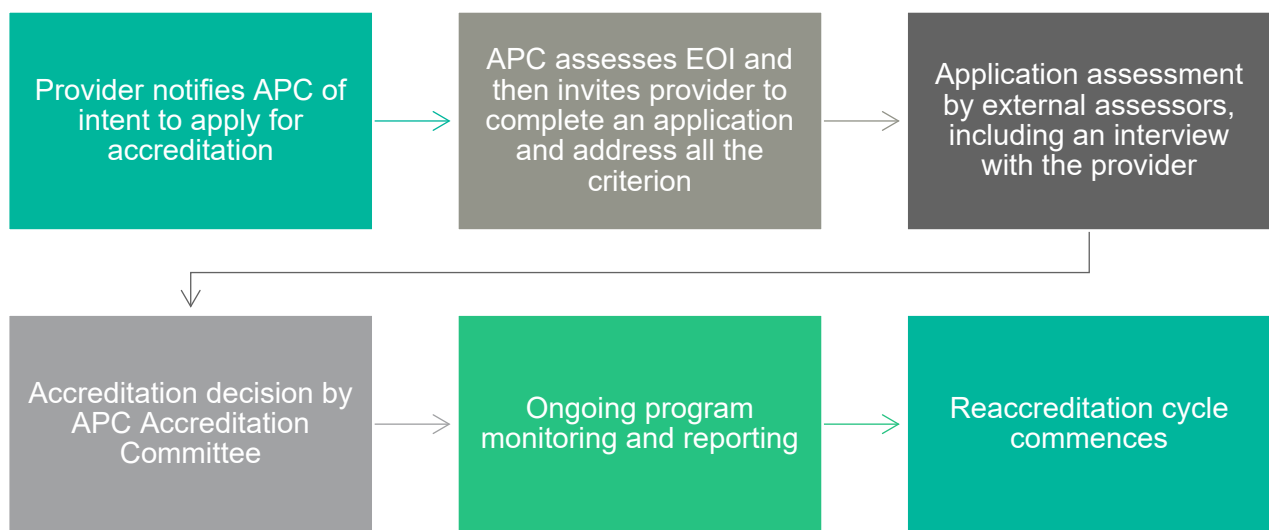
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<sup>2</sup> National Registration and Accreditation Scheme (National Scheme) as established under the National Law in each Australian State and Territory.

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

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

*Figure 1: Accreditation Process*



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

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

## Introduction

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

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

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

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

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

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

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

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

## Domains and Standards (statements)

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

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

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

# Criteria and Notes

## Domain 1 Safe and socially accountable practice

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

### Criterion 1.1

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

#### Statement of intent

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

#### Notes

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

### Criterion 1.2

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

#### Statement of intent

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

#### Notes

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

### Criterion 1.3

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

#### Statement of intent

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

#### Notes

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

### Criterion 1.4

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

#### Statement of intent

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

#### Notes

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

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

### Criterion 1.5

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

#### Statement of Intent

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

#### Notes

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

### **Criterion 1.6**

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

#### Statement of Intent

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

#### Notes

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

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

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

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

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

### **Criterion 1.7a**

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

#### Statement of Intent

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

#### Notes

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

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

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

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



### **Criterion 1.7b**

Where the program is not responsible for the provision of WIL sites, the provider of the program provides all WIL sites with documented expectations relating to the provision of a safe and suitable WIL environment and requires signed agreements confirming the availability of sufficient capacity, resources and processes for the appropriate supervision of learners.

#### Statement of intent

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

#### Notes

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

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

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

### **Criterion 1.8**

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

#### Statement of Intent

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

#### Notes

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

## Domain 2 Governance and quality

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

### Criterion 2.1

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

#### Statement of Intent

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

#### Notes

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

### Criterion 2.2

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

#### Statement of Intent

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

#### Notes

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

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

### **Criterion 2.3**

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

#### Statement of Intent

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

#### Notes

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

### **Criterion 2.4**

The maintenance, assurance and improvement of program quality are facilitated by effective relationships and accountability between the unit delivering the program and the provider organisation.

#### Statement of Intent

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

#### Notes

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

### **Criterion 2.5**

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

#### Statement of Intent

To ensure effective professional leadership of the program.

#### Notes

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

### **Criterion 2.6**

There are clearly defined, robust, transparent and effective mechanisms by which the designated leader of the unit delivering the program secures and is accountable for the financial and other resources necessary to ensure the sustainable operation of the unit and its program.

#### Statement of Intent

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

#### Notes

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

### **Criterion 2.7**

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

#### Statement of Intent

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

#### Notes

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

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

### **Criterion 2.8**

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

#### Statement of Intent

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

#### Notes

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

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

## Domain 3 Program

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

### Criterion 3.1

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

#### Statement of Intent

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

#### Notes

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

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

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

### Criterion 3.2

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

#### Statement of Intent

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

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

#### Notes

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

### **Criterion 3.3**

Program planning, design, implementation, evaluation, review and quality improvement processes are carried out in a systematic and inclusive manner, involving input where relevant from staff, learners, graduates, supervisors, practitioners, employers, patients and consumers, carers, Aboriginal and Torres Strait Islander peoples, and other key external stakeholders to ensure that the program remains fit-for-purpose. Outcomes from these processes are clearly communicated in a timely manner to stakeholders.

#### Statement of Intent

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

#### Notes

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

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

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

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

### **Criterion 3.4**

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

#### Statement of Intent

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

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

#### Notes

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

### **Criterion 3.5**

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

#### Statement of Intent

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

#### Notes

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

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



### **Criterion 3.6**

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

#### Statement of Intent

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

#### Notes

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

### **Criterion 3.7**

The unit delivering the program maintains a leadership and staff complement which is demonstrably sufficient for the needs of the program, appropriately qualified and experienced, sustainably resourced and supported, and provided with regular opportunities for relevant professional review and development.

#### Statement of Intent

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

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

#### Notes

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

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

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

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

### **Criterion 3.8**

The program provides sufficient opportunities for all learners to engage in interprofessional learning and practice (in real and/or simulated environments) to enable graduates to provide person-centred care as a collaborative member of an interprofessional team.

#### Statement of Intent

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

#### Notes

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

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

### **Criterion 3.9**

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

#### Statement of Intent

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

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

#### Notes

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

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

## Domain 4 Learner experience

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

### Criterion 4.1

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

#### Statement of Intent

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

#### Notes

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

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

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

## **Criterion 4.2**

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

### Statement of Intent

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

### Notes

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

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

## **Criterion 4.3**

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

### Statement of Intent

To ensure learners are well supported throughout their journey.

### Notes

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

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

#### **Criterion 4.4**

The unit delivering the program ensures that the principles of equity and diversity are embedded in the program to ensure the absence of unfair/unlawful discrimination.

##### Statement of Intent

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

##### Notes

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

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

#### **Criterion 4.5**

The unit delivering the program ensures that learners are aware of and able to access effective appeals and grievance processes, and that these processes are managed consistently, fairly and with appropriate impartiality and confidentiality to ensure that learners are treated justly.

##### Statement of Intent

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

##### Notes

See Criterion 4.6 notes.

#### **Criterion 4.6**

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

##### Statement of Intent

To ensure the provider manages conflicts of interest fairly.

##### Notes

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

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

**Criterion 4.7**

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

**Statement of Intent**

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

**Notes**

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

## Domain 5 Outcomes and assessment

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

### **Criterion 5.1**

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

#### Statement of Intent

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

#### Notes

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

### **Criterion 5.2**

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

#### Statement of Intent

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

#### Notes

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

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

### **Criterion 5.3**

The unit delivering the program has effective policies and procedural controls in operation for external evaluation or moderation to assure integrity, reliability, fairness, and transparency in the assessment of learners, and uses the feedback received to develop the program.

#### Statement of Intent

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

#### Notes

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

### **Criterion 5.4**

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

#### Statement of Intent

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

#### Notes

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



### **Criterion 5.5**

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

#### Statement of Intent

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

#### Notes

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

### **Criterion 5.6**

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

#### Statement of Intent

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

#### Notes

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



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