Accreditation
Standards 2020
for Pharmacy Programs

Evidence
Guide

Effective from 1 January 2020 (Updated September 2023)

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Contents

List of Abbreviations

Abbreviation	Term
APC	Australian Pharmacy Council
APC AC	APC Accreditation Committee
ASQA	Australian Skills Quality Authority
CPD	Continuing Professional Development
CV	Curriculum Vitae
FAQ	Frequently Asked Question
HEI	Higher Education Institution
ITP	Intern Training Program
NRAS	National Registration and Accreditation Scheme
OSCE	Objective Clinical Structured Examination
PharmBA	Pharmacy Board of Australia
SUSMP	Standard for the Uniform Scheduling of Medicines and Poisons
TEQSA	Tertiary Education and Quality Standards Agency
WIL	Work-integrated Learning

Background

Preamble

In Australia, the pharmacy profession is regulated by the Pharmacy Board of Australia (PharmBA) under the National Registration and Accreditation Scheme (NRAS). Under NRAS, the Australian Pharmacy Council (APC) has been appointed as the independent accreditation authority for pharmacy.

The accreditation functions of the APC are undertaken by the APC AC under delegation from the APC Board and include accreditation of pharmacy degree and intern training programs, and any other accreditation activities requested.

The PharmBA approved *Accreditation Standards for Pharmacy Programs 2020* apply to both degree and intern training programs, recognising that the pharmacy education pathway is a continuum from entry into a degree program to initial general registration and beyond.

The accreditation standards are supported by a Performance Outcomes Framework which identifies two distinct milestones which an individual should be able to demonstrate along the pathway to general registration:

- **Milestone One:** completion of an accredited and approved pharmacy degree program capable of leading to eligibility for general registration

- **Milestone Two:** the point of general registration as a pharmacist, following completion of all elements of the intern year.

Purpose, format and structure

When seeking accreditation of a new program, or re-accreditation of an existing program, education providers must demonstrate that the program is compliant with all criteria included in the accreditation standards.

Compliance is demonstrated through a narrative which explains how the program meets each criterion and is supported by selected relevant evidence provided as appendices.

The Accreditation Standards are outcomes-focused, which allows program providers to develop their own innovative programs that produce graduates who meet the Performance Outcomes. APC does not mandate what evidence is required to determine compliance. The purpose of this Evidence Guide is to provide guidance on the type of evidence which may demonstrate compliance regardless of the program type.

The **Evidence Guide** addresses the demonstration of compliance by providing for each criterion:

- **Evidence descriptors** that provide a more detailed description of what is expected to be included in the narrative response for that criterion.

- **Evidence examples** of potentially relevant evidence to support your narrative.

The examples are suggestions only and may or may not be relevant to a particular program. The list of examples is not exhaustive, and there may be other evidence that could be provided.

Principles

The following principles should be considered when preparing your application:

1. It is the responsibility of the provider to explain how and why their program meets the accreditation standards, using a concise narrative approach, supplemented, where appropriate, by relevant supporting evidence.

2. The narrative should be focused on addressing the evidence descriptors and be concise and pertinent.

3. This document provides guidance for providers; it is not intended to be prescriptive or restrictive.

4. Since the narrative is primary, supporting documentation should be restricted to that which provides relevant supporting evidence. This may involve provision of selected or edited extracts of larger documents.

5. Documents which relate to the provider organisation may be referenced, but do not need to be provided in full if they are publicly available (for example, via websites). The operationalising of organisation level processes must be described in the narrative.

6. A document which is provided as evidence for multiple criteria should be provided once only, with appropriate cross-referencing in the narrative. The naming/numbering used for evidence examples should follow APC guidance.

7. Visual illustrations of data (e.g. diagrams and charts) are encouraged but must be appropriately labelled and explained in the narrative.

Curriculum and assessment mapping

Reference is made throughout the Evidence Guide to **curriculum and assessment mapping.** These are likely to differ to some extent in format, reflecting the different, although related, purposes they serve.

Curriculum maps are likely to focus on indicating the placement, timing and sequencing of content and learning activities, whereas **assessment maps** are more likely to focus on the nature and timing of assessments within the program.

In general, the **curriculum maps** are more likely to reflect material from the **Pharmacy Learning Domains,** and the **assessment maps** to reflect the content of the **Performance Outcomes Framework** although there may be overlap.

Maps are also likely to differ in terms of granularity and level of detail. **Maps** may be at a macro level (demonstrating in broad terms the structure of the program overall) or include more specific details (to illustrate sections of the program).

It is important to note that **no single format of curriculum or assessment mapping is mandated.** Providers should select an approach which best suits their narrative and circumstances. **Maps** are one form of supporting evidence and intended to support the narrative rather than dominate or replace it.

Mapping to the Performance Outcomes Framework

For criteria which require demonstration of the achievement of performance outcomes, the narrative and supporting evidence outlined in the **Accreditation Standards Evidence Guide** should include an **assessment map,** showing program assessments mapped to the performance outcomes.

The Performance Outcomes Framework Guidance Document is a source of guidance of types of assessment which might be relevant for each performance outcome in the framework.

Evidence Guide

Domain 1 Safe and socially accountable practice

The program is underpinned by the promotion and maintenance of safe and socially accountable[1] practice.

Criterion	Evidence descriptor	Evidence examples
Criterion 1.1 The program promotes the development by students/interns of knowledge, skills, behaviours and attitudes congruent with a commitment to public service and safety; cultural safety, respect and responsiveness; equity, diversity and inclusiveness; person-centred care; reduction of disparities in health care; and addressing community aspirations for health.	Explain how and where these elements are included in the curriculum, how and where they are assessed and what students/interns must do to demonstrate satisfactory performance. Evidence for this criterion is likely to be based primarily on **mapping** of curriculum and assessments to performance outcomes. Providers may make reference to appropriate clinical standards such as the National Safety and Quality Health Service (NSQHS) Standards[2] or equivalent.	Program level outcomes or equivalent; **curriculum and assessment maps;** assessment rubrics.
Criterion 1.2 Effective fitness-to-practise monitoring and management processes are implemented in relation to students/interns which promote and protect the safety of the public at all times.	Explain how fitness-to-practise is defined and communicated to students/interns, outline the processes which are in place to identify concerns about student/intern fitness-to-practise, and describe the ways in which these concerns are managed. Evidence may include (but is not limited to): • inherent requirements • specific learning and teaching activities • screening activities (e.g. criminal record checks, vaccination records etc) • assessments and evaluations.	Policies and procedures; informational materials; **curriculum and assessment maps;** inherent requirements; protocols for raising concerns; incident reports and logs.

1. 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

2. https://www.safetyandquality.gov.au/standards/nsqhs-standards

Criterion	Evidence descriptor	Evidence examples
Criterion 1.3* All students have demonstrated relevant pre-requisite knowledge, skills, behaviours and attitudes before interacting with the public or providing professional services as a component of the program. **This criterion only applies to pharmacy degree programs.*	Outline the process for determining the knowledge, skills, behaviours and attitudes which a student must demonstrate before interacting with the public or providing professional services as a component of the program. Identify the points in the program where these interactions and services are included and explain how students are adequately prepared to ensure public safety is protected. Providers should note that the criterion refers to **relevant** pre-requisite knowledge, skills, behaviours and attitudes. The narrative should therefore identify what is relevant based on the nature of the WIL activities and the level and nature of supervision under which the students will interact with members of the public.	**Curriculum and assessment maps.** Cross-reference to risk management documentation and evidence associated with Criterion 1.6 and 1.7a/1.7b may also be relevant.
Criterion 1.4 All staff and students/interns are held accountable to endorsed standards of professional and ethical practice and conduct.	Identify the professional standards, codes and guidelines to which students/interns are introduced, explain the ways in which they engage with these resources, and how they demonstrate their understanding and application of them. Outline processes which are in place to identify concerns about student/intern professional and ethical practice and conduct and describe the ways in which these concerns are managed. Examples of resources which may be relevant include (but are not limited to): • codes of ethics • codes of conduct • relevant PharmBA guidelines. Outline policies of relevance to staff conduct and explain how these are communicated to all staff including casual and sessional staff. Outline the processes which are in place to identify concerns about staff professional and ethical practice and conduct and describe the ways in which these concerns are managed.	Policies and procedures; **curriculum and assessment maps;** student/intern orientation and induction processes; staff orientation and induction processes; protocols for raising concerns; incident reports and logs.

Criterion	Evidence descriptor	Evidence examples
Criterion 1.5 Graduates of the program have demonstrated appropriate understanding of their legal, ethical and professional responsibilities, awareness of relevant processes for managing concerns in relation to their practice and/or the practice of others, and recognition of mechanisms for familiarising themselves with changes in requirements.	Identify the professional standards, codes and guidelines to which students/interns are introduced, explain the ways in which they engage with these resources, and how they demonstrate their understanding and application of them, including the differences between jurisdictions. Outline processes which are in place to identify concerns about student/intern professional and ethical practice and conduct and describe the ways in which these concerns are managed. Examples of resources which may be relevant include (but are not limited to): • the Poisons Standard (SUSMP) or equivalent • state or territory controlled substances, drugs and poisons legislation • Health Practitioner Law • privacy laws • work, health and safety law. Explain how students/interns demonstrate that they are familiar with the processes by which laws change and are able to access relevant updates in a timely fashion.	Policies and procedures; **curriculum and assessment maps;** student/intern orientation and induction processes; staff orientation and induction processes; protocols for raising concerns; incident reports and logs.
Criterion 1.6 The program includes sufficient length and variety of high-quality WIL and practical experience in a range of practice settings with exposure to a diverse range of patients. This is to ensure students/interns are able to demonstrate achievement of the required performance outcomes to the appropriate level.	Describe how WIL is integrated into the program and the rationale for its design, specifically addressing the timing and duration of each period of WIL within the overall program. Outline the goals and/or purposes of each period of WIL and explain how students achieve and demonstrate the expected outcomes. Explain how students are exposed to a diverse range of patients in a range of settings. Explain how WIL sites are chosen and allocated and outline how their quality and suitability is evaluated. Relevant aspects include (but are not limited to) the: • quality of the workplace culture • availability of good role models and supervision	**Curriculum and assessment maps; WIL map;** WIL outlines or descriptions; WIL assessment tasks; simulation activity details; summaries of site details; selection policies and procedures; guidelines or manuals for students/interns; guidelines or manuals for sites and preceptors; WIL quality evaluation and assurance policies and procedures; student/intern feedback; student/intern reflections; feedback to sites and preceptors.

Criterion	Evidence descriptor	Evidence examples
Criterion 1.6 continued	• opportunities to observe and/or 'shadow' practitioners • 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 • opportunities to develop confidence in communication and interprofessional interactions. It is not necessary for all sites to be able to demonstrate all listed quality elements, but units must provide evidence that the site is a suitable learning environment for students. Where the unit is responsible for the selection and/or allocation of sites, they must additionally: • outline the scope of performance which is appropriately addressed through WIL • explain how any gaps in performance are addressed through other means including simulation. ITP providers should provide evidence of how they take steps to complement WIL by exposing interns to opportunities to interact (including via simulation) with a more diverse range of patients, clinicians and/or services than may be possible in all WIL settings. *Refer to the 2020 Accreditation Standards Glossary for a definition of WIL.*	

Criterion	Evidence descriptor	Evidence examples
Criterion 1.7a Where the unit delivering the program 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 students/interns, and have sufficient capacity, resources and processes for the appropriate supervision of students/interns by competent and suitably qualified professionals.	Describe the standards with which a WIL site must be compliant, how these standards are communicated to and affirmed by the site, and the processes which are in place to identify concerns that the standards may have been breached. As a minimum, standards should encompass the: • quality and suitability of the site for the WIL required (as set out under Criterion 1.6) • rights, responsibilities and expectations of all providers, sites and students • cultural, physical and emotional safety of students/interns. Evidence may include (but is not limited to): • documents (e.g. contractual agreements) outlining the standards for the site • processes for communicating with the site and obtaining a commitment to meet the standards • processes for reporting concerns about site standards • policies for managing concerns • records of concerns raised, and actions taken • processes for closing the loop.	Policies and procedures; handbooks and manuals; contracts and agreements; examples of communications (e.g. emails, newsletters, web forums; feedback requests; concerns raised and addressed); emergency protocols for students/interns; incident reports; site visit reports. Cross-reference to risk management documentation may also be relevant.
Criterion 1.7b Where the program is not responsible for the provision of WIL sites, the unit delivering 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 interns.	Describe the unit's documented expectations of the approved site and preceptor in relation to their responsibilities to: • provide the intern with a safe and suitable site for supervised practice • provide the intern with appropriate opportunities to learn and develop professional knowledge, skills and attributes • comply with PharmBA requirements for sites and supervision • support the activities of the ITP provider • undertake assessments of intern performance according to program requirements • release interns for attendance at compulsory ITP events.	Policies and procedures; handbooks and manuals; ITP agreements; examples of communications (e.g. emails, newsletters, web forums; feedback requests; concerns raised and addressed); emergency protocols for students/interns; incident reports and logs; site visit reports. Cross-reference to risk management documentation may also be relevant.

Criterion	Evidence descriptor	Evidence examples
Criterion 1.7b continued	Explain how the unit communicates these expectations and describe the processes for obtaining signed agreements between the unit, the preceptor, supervising pharmacist (where relevant) and intern. Explain the policies, processes and/or procedures of the unit which facilitate the detection of concerns with a site, preceptor and/or supervising pharmacist, and how these are implemented. Outline how concerns are managed and addressed, within the scope of the ITP provider's authority and responsibility. Evidence may include but is not limited to: • documents outlining the expectations of the site, preceptor and supervising pharmacist • processes for communicating with the site, preceptor and supervising pharmacist, and obtaining signed agreements • processes for identifying concerns about site standards • policies for managing concerns • records of concerns raised, and actions taken • processes for closing the feedback loop.	
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/or equivalent national and state/territory frameworks.	Outline the processes which are in place to ensure that the unit delivering the program is aware of and meets its obligations under the student/intern impairment (and intern conduct) provisions of, where relevant: • the Health Practitioner Regulation legislation • the PharmBA Guidelines for Mandatory Notifications and Code of Conduct. Together with any jurisdictional requirements for eligibility to undertake WIL placements (e.g. criminal record checks, vaccination records, working with children checks) and requirements for reporting completion of mandatory intern year activities.	Policies and procedures; relevant excerpts from committee meeting minutes and action plans; incident reports and logs.

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 programs.

Criterion	Evidence descriptor	Evidence examples
Criterion 2.1 The program is delivered by a clearly identifiable operational unit (School of Pharmacy or ITP unit) within the provider organisation (Higher Education Institution (HEI)/Registered Training Organisation (RTO)). The unit delivering the program has appropriate autonomy, authority and responsibility for designing, implementing, evaluating and resourcing the program.	Outline the structure of the organisation within which the unit operates, clearly showing the reporting lines of the unit and the authority delegated to it by the organisation which ensure that the unit has sufficient autonomy and responsibility for designing, implementing, evaluating and resourcing the program. The primary focus should be on aspects of the organisation which are relevant to the delivery of the program.	Organisational charts highlighting the relationship between the provider and the unit; program/ curriculum approval policies and procedures; delegation policies (or equivalent) of relevance to the program (from the provider organisation to the unit).
Criterion 2.2 Australian provider organisations are registered either with the Tertiary Education Quality and Standards Agency (TEQSA) (HEIs) or Australian Skills Quality Authority (ASQA) (RTOs).	Indicate the registration and/or approval details, and the approval timeframe (e.g. expiry or renewal date). If the provider organisation has conditions or other constraints on its registration, state whether or not they are relevant to the sustainable delivery of the program, and if they are, explain how they are being addressed and the implications for the unit and/or program if these issues cannot be resolved.	Written notification from the relevant authority (TEQSA or ASQA) or an excerpt/screenshot from a relevant website. Cross-reference to risk management documentation may also be relevant where conditions on registration have been applied.

Criterion	Evidence descriptor	Evidence examples
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 to ensure that graduates are able to demonstrate the required performance outcomes.	Explain how the provider organisation's governance structures and processes are implemented at the level of the program, and how these structures and processes maintain both appropriate oversight by the organisation and autonomy of the unit. Evidence may include but is not limited to: • descriptions of the specific means by which the organisation's structures are implemented or operationalised within the unit • records of meetings and/or communications relating to decisions made by the unit and/or organisation which demonstrate oversight and/or autonomy.	Organisational charts highlighting the communication lines between the provider and the unit; committee structures highlighting how the unit is represented when decisions affecting the program are made; committee terms of reference; relevant excerpts from committee meeting minutes and action plans; review schedules and 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.	Outline the processes by which the organisation assures the quality of the programs offered by the unit (for example student/intern feedback, internal reviews, audits, external evaluations, stakeholder feedback, benchmarking). Explain how the outcomes of quality assurance processes are communicated between the organisation and the unit, and how changes which are made as a result are implemented, documented and reported. Evidence for this criterion may include quantitative and qualitative data from quality assurance and improvement processes, which, if included, should be accompanied by appropriate analysis and interpretation.	Policies and procedures; evaluation and review cycles; relevant excerpts from committee meeting minutes and action plans; outcomes of quality assurance processes.

Criterion	Evidence descriptor	Evidence examples
Criterion 2.5 The unit delivering the program has a designated leader with requisite profession/pharmacy-specific experience and expertise who is responsible for ensuring the effective provision of professional and academic leadership, engagement and advocacy for the unit and the profession within and beyond the provider organisation.	Outline the qualifications, expertise and experience of the designated leader and explain how these demonstrate suitability for the role. Evidence may include a curriculum vitae (CV), but this must be accompanied by commentary on the relevant elements of the CV and other aspects of the individual's leadership qualities and professional background/contributions. Where the designated leader is not a pharmacist*, describe how and by whom pharmacy-specific leadership is provided, and how the leader of the unit communicates with the pharmacy leader. Where leadership is provided by means of a distributed model, or where significant leadership responsibilities are delegated to others either within or outside the unit, explain how the model ensures that the unit is led effectively and efficiently from both a professional and academic perspective. Outline the place of the leader of the unit within the organisation's hierarchy, and the extent to which the unit is represented on critical committees or task groups which have a significant impact on the operations of the unit. *Note: Where the designated leader has relevant pharmacy qualifications but is not currently registered in Australia, the provider should provide evidence of how the person provides pharmacy specific leadership relevant to the Australian context.	Position description including level of autonomy, responsibilities, reporting lines and delegations; organisational charts highlighting place of designated leader in provider organisation structure (including representation on committees); CV.

Criterion	Evidence descriptor	Evidence examples
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 programs.	Outline and explain the financial responsibilities delegated to the leader of the unit, clearly highlighting the constraints within which the leader may act autonomously, and the processes for securing additional resources when needed. Explain the implications of the financial delegations and constraints for the unit's capacity to sustain its operations and offer viable programs. Where the leader does not have complete financial autonomy, outline any organisational policies and/or undertakings which provide assurance of the necessary ongoing financial support. Where the provision of resources other than financial is delegated to persons other than the unit leader, explain how the leader influences decisions relating to the resources necessary to sustain the unit and offer viable programs. These resources include (but are not limited to): • staffing • physical facilities and infrastructure • access to sufficient number of quality WIL sites • technological capacity • information and communication services • student services • research facilities • professional development opportunities for staff. Evidence may include relevant financial and other reports, encompassing past performance and forecasts for the future, but must be accompanied by a commentary identifying key elements.	Financial delegation policies; financial reports; terms of reference, minutes and action plans of provider organisation committees responsible for resource allocation and/or infrastructure funding; external sources of funding (e.g. education and research grants, philanthropy, discretionary funds). Cross-reference to risk management documentation may also be relevant.

Criterion	Evidence descriptor	Evidence examples
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 the vision, purpose and goals of the unit, and systematically reviewed and updated to ensure fitness-for-purpose and currency with contemporary pharmacy practice.	Units must have a specific (tailored) strategic plan at program delivery level which may differ significantly from that of the provider organisation but should be demonstrably consistent with the relevant elements of it. Specifically, the plan is required to include only those elements of the organisation's plan which are applicable to the unit or delivery of the program. The plan should be structured in a format which is appropriate to the unit's vision, purpose and goals. Additionally, units must explain how the strategic plan is implemented, evaluated and reviewed, and how this contributes to the ongoing fitness-for-purpose of the program. The provision of the organisation's strategic plan alone is not sufficient for demonstrating compliance with this criterion.	Strategic plan at unit level which demonstrates consistency with the principles of the strategic plan at provider organisation level; delegation of responsibility for strategic planning; relevant excerpts from committee meeting minutes and action plans; planning and review schedules and outcomes.

Criterion	Evidence descriptor	Evidence examples
Criterion 2.8 Risks to the sustainable delivery of the program are regularly monitored and evaluated, and appropriate mitigation strategies are clearly documented.	Explain the processes by which risks to the ongoing, sustainable delivery of the program are identified, assessed, monitored, mitigated and managed at program level. Risks to the delivery of the program include (but are not limited to): • financial • program demand • leadership • staffing • physical and other resources • placement capacity • reputational • catastrophic event. Evidence may take the form of a risk management plan, which must be relevant at program delivery level. Provision of the organisation's risk management plan is not sufficient as evidence of compliance with this criterion as it is unlikely to include sufficient detail in relation to the specific risks associated with program delivery and is likely to contain much material which is not relevant to program delivery. A suitable risk management plan will include (but is not limited to): • analysis of key risks • assessment of the likelihood of their occurrence • potential consequences • risk mitigation strategies • risk management strategies • mechanisms at the program level by which risks are monitored and reviewed • timeframes and responsible persons • outcomes resulting from undertaking risk mitigation and/or management activities.	Risk management plan (or equivalent) at program level; risk reporting and assessment; business continuity plan; relevant excerpts from committee meeting minutes and action plans; risk records (e.g. registers, logs). It is likely that evidence provided in support of this criterion will be cross-referenced to other criteria.

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	Evidence descriptor	Evidence examples
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.	Describe the educational **rationale** for the design and delivery of the program, and show how it has shaped goals/objectives, curriculum, learning and teaching approaches, and assessment methodology. The focus should be on the coherence of the structure, content and approach of the program as a whole, rather than a detailed breakdown of individual teaching and learning episodes.	**Summary table of program structure** (e.g. subjects and placements undertaken each year/semester), statement of philosophy and/or strategy; **program maps** highlighting alignment; **assessment maps** or matrices.
Criterion 3.2 Program design, content, delivery and assessment reflect contemporary evidence-based practice in pharmacy, health and education, and are designed to facilitate the achievement and demonstration by students/interns of the required performance outcomes at an appropriate pace over a sufficient period of time. Emerging developments and scopes of practice relevant to entry-level practice, and new technologies are incorporated into the program (including WIL) in a timely manner to ensure that the program remains fit-for-purpose.	Explain how the unit undertakes the **process** of curriculum design, review and renewal in order to ensure content, delivery and assessment remain fit-for-purpose. This will generally include a discussion of the nature of contemporary evidence-based practice, and the scopes of practice which are likely or potentially likely to emerge in the near future. When proposing a <u>new program</u> or a <u>material (major) change</u> to an existing program, outline the processes for: • identifying the impetus or stimulus for change • developing the proposal (including input from external stakeholders) • identifying and incorporating the contemporary evidence-base • implementing the change or program • teaching out the current program (if relevant) • evaluating the outcomes of the new or changed program	**Curriculum and assessment maps;** internal and external program reviews and evaluations; student/intern and other stakeholder feedback; student/intern outcomes (e.g. progression rates, completion rates). Cross-referencing to Criterion 3.3 is likely to be relevant.

Criterion	Evidence descriptor	Evidence examples
Criterion 3.2 continued	When applying for re-accreditation, outline the processes for regular review of the program. Describe the processes for: • undertaking evaluations of the program by relevant stakeholders • identifying areas of strength and areas where improvement is needed • making revisions and minor changes • evaluating and communicating the outcomes of the changes. In both cases, the focus should be on describing how the processes support the development/review of a program which is appropriate for the contemporary context in which it is delivered and is directed towards the achievement and demonstration by students of the required performance outcomes. The description should also include evidence that the curriculum and assessment are aligned with and address all the current performance outcomes. Student/intern perceptions of aspects of the overall program such as quality, relevance, workload and sequencing are likely to be significant, however providers are expected to provide a commentary on the results.	

Criterion	Evidence descriptor	Evidence examples
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, students/interns, graduates, supervisors, practitioners, employers, patients and consumers, Aboriginal and Torres Strait Islander peoples, and other key external stakeholders to ensure that the program remains fit-for-purpose. Outcomes from these processes are clearly communicated in a timely manner to stakeholders.	Describe how the processes of **stakeholder consultation** both internally (within the unit) and externally (involving persons outside the unit) assure the quality of the program overall and facilitate quality improvement. The narrative should explain: • the rationale for inclusion of the stakeholders who are consulted • processes and mechanisms through which their input is received • how their input is used • how the outcomes of stakeholder consultations are evaluated • how outcomes are communicated to stakeholders.	Organisational flowchart highlighting specifically where internal and external stakeholders are involved in the processes described; policies, procedures and schedules for the processes described; composition, terms of reference, minutes and action plans of relevant committees/advisory groups. Cross-referencing to the outcomes of evaluation activities (e.g. student/intern feedback, other stakeholder feedback surveys), and outcomes of external moderation and review processes (Criterion 5.3) may be relevant.
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.	Outline how and where these elements are included in the curriculum, and the rationale for their inclusion. Explain how the input of Indigenous people is achieved, and their role in design, content, delivery and assessment to ensure appropriateness and relevance.	**Curriculum and assessment maps;** composition, terms of reference, minutes and action plans of relevant committees/advisory groups; unit outlines; teaching allocations.

Criterion	Evidence descriptor	Evidence examples
Criterion 3.5 Program design, content, delivery and assessment promote an understanding and appreciation of cultural diversity by both staff and students/interns, and the development of skills that enable the provision of culturally safe, inclusive and responsive person-centred care.	Outline how and where these elements are included in the curriculum and the rationale for their inclusion. Evidence relating to this criterion is likely to be varied and to some extent dependent on context. Units are expected to demonstrate that all students/interns are able to provide culturally safe and responsive care, are able to recognise the influence of cultural diversity, and to tailor their interactions and care to the individuals with whom they come into contact. Evidence based on simulation may be significant since it is recognised that geographical and other considerations will restrict the ability for students/interns to interact directly with every possible culture. Units should focus on providing evidence that students/interns have consistently demonstrated cultural safety and responsiveness in whatever context they are placed. Describe how staff demonstrate their understanding and appreciation of cultural diversity. Evidence for this aspect may include relevant training, and examples from their teaching or other activities.	**Curriculum and assessment maps;** unit outlines; minutes and action plans of relevant committees/advisory groups; staff development and training programs.

Criterion	Evidence descriptor	Evidence examples
Criterion 3.6 Resources including physical facilities, infrastructure, technological capacity and information resources available to students/interns undertaking the program are current, fit-for-purpose, sufficient for the needs of the student/intern cohort, and systematically reviewed and updated on a regular basis.	Describe the resources available and explain how they meet the current needs of the program. Evidence may include a list of available resources but must also include an explanation of how their fitness-for-purpose is evaluated. This may include the quality and sufficiency of: • teaching spaces for classes of the required size • library and/or online information sources • laboratory teaching spaces • spaces (physical and/or virtual) for student interactions • technologies for communication • technologies associated with contemporary educational practice • technologies associated with contemporary professional practice. Describe the processes by which the sufficiency and quality of resources are reviewed and evaluated, and improvements are undertaken. Outline the processes by which adequate financial support is gained for both urgent and longer-term resource requirements. The focus of this criterion is on ensuring that the resources are fit-for-purpose. Evidence should also include evaluation of the capacity of the resources to support anticipated changes in enrolment, and key resource risks to the sustainable delivery of the program.	Summaries of available resources; student/intern and staff feedback (e.g. satisfaction); terms of reference, minutes and action plans of relevant committees; needs analysis documentation; review, maintenance and replacement policies and schedules; internal and/or external evaluation documentation. Records of recent changes may be relevant as evidence of current fitness-for-purpose. Cross-referencing to risk management documentation may also be relevant.

Criterion	Evidence descriptor	Evidence examples
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	The focus of this criterion is on ensuring that the staffing profile is sufficient and appropriate for the quality and sustainability of the program, thus both quantitative and qualitative evidence and analysis are expected. Evidence should also include evaluation of the capacity of staff to support anticipated changes in enrolment, and key staffing risks to the sustainable delivery of the program. Explain why the staff cohort currently available to the program is sufficient and appropriate. Evidence may include a staff list outlining qualifications, experience, expertise, responsibilities and other indicators but must also include an explanation of how the program requirements are met. This may include a description of how: • the expertise and experience of academic staff are aligned with the curriculum content, delivery and assessment • program leadership is structured and provided • the need for sessional, practitioner and/or other supervisory staff is determined and the process for their recruitment, induction and ongoing support • the need for professional, technical and administrative staff is determined and the process for their recruitment, induction and ongoing support • students are exposed to professional practitioners and role models to enable them to develop professional attributes and behaviours. Staff CVs are not expected or required. The focus is on the capacity of the staff cohort overall to ensure sustainable delivery of the program, not on the specific capabilities of each individual staff member. Providers should refer to the notes in the Accreditation Standards document associated with this criterion for additional guidance about	Structured staff listings including relevant details of individuals' expertise and experience; organisational charts; terms of reference, minutes and action plans of relevant committees; staff professional/performance review and development policies and procedures (at the unit level); recruitment policies and procedures (at the unit level); staff induction processes and documentation (at the unit level); research support policies and actions (at the unit level); relevant excerpts of enterprise agreements; student feedback; incentive and awards schemes. Evidence relating to staff contributions to the wider society through professional, government, private and community work may be relevant. Cross-referencing to risk management and curriculum documentation is likely to be relevant.

Criterion	Evidence descriptor	Evidence examples
Criterion 3.7 continued	possible ways of structuring the narrative and evidence. Units with large staff cohorts may find it more appropriate to provide aggregated information. Units with large sessional or casual staff cohorts are not expected to list details for all individuals. Outline the relevant support, guidance and resources available to staff, and the processes for regular review of their performance. Explain how professional development needs are identified, and appropriate opportunities for development activities are made available, including those relating to leadership roles. Where relevant, explain how individual staff members are provided with appropriate opportunities to undertake research and scholarship, including the processes by which junior academic staff are supported to develop their research careers.	
Criterion 3.8 The program provides sufficient opportunities for all students/interns 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.	Outline how and where opportunities for interprofessional learning are included in the curriculum, and the rationale for their inclusion. Units should provide evidence that students/interns meet the required performance outcomes in the contexts and environments to which they are exposed. Evidence based on simulation is likely to be significant since it is recognised that geographical and other considerations may restrict the ability of students/interns to participate directly and regularly in clinical interprofessional teams. Units should focus on providing evidence that students/interns have consistently demonstrated appropriate interprofessional skills and behaviours in whatever context they are placed.	**Curriculum and assessment maps;** unit outlines; task descriptions; student/intern feedback; student/intern reflections; stakeholder evaluations.

Criterion	Evidence descriptor	Evidence examples
Criterion 3.9 The unit delivering the program operates in an environment informed by contemporary scholarship, research and enquiry, and promotes the development and utilisation of these skills within its programs to ensure that graduates are able to demonstrate the required performance outcomes.	Explain how evidence derived from contemporary scholarship, research and enquiry is incorporated into the program. This may include evidence relating to the practice of pharmacy and evidence relating to educational processes. Outline how and where opportunities for the development and use of skills in research and enquiry are included in the curriculum, and the rationale for their inclusion. The nature and extent of research and enquiry that students/interns undertake is likely to be varied and dependent on context. Units are not expected to demonstrate that all students/interns are able to undertake formal research of a publishable quality. Units should provide evidence that students/interns meet the required performance outcomes in the contexts and environments to which they are exposed.	**Curriculum and assessment maps;** assessment rubrics; minutes and action plans of relevant committees; unit outlines. Cross-referencing to descriptions of underlying educational philosophy and/or learning and teaching strategy, and evidence supporting Criterion 3.2 are likely also to be relevant.

Domain 4 Student/intern experience

Students/interns 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 students/interns learn promotes and supports equity, diversity, inclusivity, justice, fairness and non-discrimination.

Criterion	Evidence descriptor	Evidence examples
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.	*For degree programs,* describe how the provider organisation's policies and procedures are implemented for entry into the program. *For ITPs*, describe the specific policies and procedures which relate to entry into the ITP in alignment with PharmBA requirements. *In both cases,* explain how these policies and procedures ensure that applicants are treated fairly and without unfair/unlawful discrimination. Explain how and when exceptions to selection policies and criteria are made in the case of individual applicants, outline the criteria which are taken into consideration, and explain how these criteria are applied consistently to ensure applicants are treated fairly and without unfair/unlawful discrimination. Outline any inherent requirements (or equivalent) which pertain to the program and explain how they are implemented consistently to ensure applicants are treated fairly and without unfair/unlawful discrimination.	Published entry criteria; inherent requirements or equivalent; policies and procedures for special consideration and reasonable accommodations relating to admission; examples of cases where exceptions are made; minutes and action plans of relevant committees; communications relating to decisions to make or refuse exceptions.

Criterion	Evidence descriptor	Evidence examples
Criterion 4.2 Program information, including selection policies, criteria and processes, inherent requirements, English language proficiency requirements, 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.	Explain how, when and where the relevant information is made available, including who is responsible for ensuring currency and accuracy. Outline the processes for receiving, managing and responding to enquiries from potential applicants. Explain how these processes and the provision of information are appropriate and sufficient to facilitate the making of informed decisions.	Promotional and informational materials; excerpts/screenshots from websites; minutes and action plans of relevant committees; FAQs; enquiry logs.
Criterion 4.3 The unit delivering the program ensures that students/interns are able to access relevant resources and support systems in a timely manner to facilitate achievement of the required performance outcomes.	Outline the processes and mechanisms for communicating program information with students/interns and explain how they are used by both staff and students/interns, including an analysis of their effectiveness. These may include: • orientation and induction processes • academic, general welfare and wellbeing support • learning resources (such as physical spaces, online learning management system, information and library resources, self-directed learning resources) • peer support networks • effective supervision and mentoring. Describe how the timing of communications appropriately addresses and balances both student/intern and staff needs and explain how urgent communication with students is facilitated.	Informational materials; excerpts/screenshots from websites; electronic and other communications; student/intern feedback.

Criterion	Evidence descriptor	Evidence examples
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.	Outline the processes for identifying students/interns with backgrounds or circumstances which create challenges for equitable participation in the program (including but not limited to cultural and linguistic diversity, English language proficiency, socioeconomic circumstances, disability and health issues), and describe the programs and mechanisms which are available for their support. Explain how these programs and mechanisms provide opportunities for increased equity, how students/interns are advised about the options open to them, and how outcomes for students/interns are monitored. Explain how decisions are made and applied regarding reasonable accommodations, and in particular how any policies and/or procedures of the provider organisation are implemented at the level of program delivery.	Policies and procedures for reasonable accommodations, accessibility options, English language support, financial support, counselling, and other relevant student/intern services; informational materials; minutes and action plans of relevant committees; decision logs.
Criterion 4.5 The unit delivering the program ensures that students/interns 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 students/interns are treated justly.	Describe the unit's policies and processes for responding to: • student/intern appeals against decisions which affect them • concerns and grievances raised by students/interns. Where relevant, explain how the policies and processes of a provider organisation are implemented at the level of program delivery. Explain how the unit ensures students/interns are made aware of these policies and processes, and how it ensures: • consistency of approach • procedural fairness • transparency • impartiality • appropriate confidentiality • timeliness of resolution.	Policies and procedures; informational materials; excerpts/screenshots from websites; electronic and other communications; records of appeals and outcomes; records of complaints and outcomes; student/intern feedback.

Criterion	Evidence descriptor	Evidence examples
Criterion 4.6 The unit delivering the program identifies and manages all actual, perceived and potential conflicts of interest proactively, consistently and fairly.	Outline the unit's conflict of interest policy and processes, and explain how conflicts of interest are: • identified • documented • communicated • managed. Outline the mechanisms for the development, implementation, communication and regular review of the policy and processes, and where relevant explain how the policies and processes of the provider organisation are implemented at the level of program delivery.	Conflict of interest policy and procedures directly relating to the unit and/or program; conflict of interest registers; incident reports and logs; policy review schedule; minutes and action plans for relevant committees/advisory groups; examples of communications following incidents.
Criterion 4.7 Students/interns are actively engaged with governance and program management structures and decision-making processes, through both formal and informal mechanisms.	Describe the mechanisms for involving students/interns in the governance and operational aspects of the program and explain how their participation and engagement influences decisions relating to the program and student experiences of it.	Organisational charts; processes for student/intern consultation and engagement; membership, terms of reference and minutes of committees with student/intern members; examples of specific student/intern contributions; feedback to student/intern cohort.

Domain 5 Outcomes and assessment

Graduates of the program demonstrate achievement of all the required performance outcomes for the level of qualification awarded (degree, initial general registration), and to a standard commensurate with competent, safe and socially accountable professional practice.

Criterion	Evidence descriptor	Evidence examples
Criterion 5.1 The scope of assessment covers all learning and performance outcomes required to ensure graduates are competent to practise safely, legally, professionally and ethically as a member of an interprofessional health care team. **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 student/intern competency and safety.	Describe the overall assessment matrix, and the types of assessment tools which are used. Outline how assessments are aligned with learning outcomes and learning activities and explain the rationale for the choice of assessment approaches adopted, including any relevant evidence. Explain how validity and reliability are evaluated and/or measured, where relevant. **Maps of curriculum and assessments** to the performance outcomes are likely to form a major part of the evidence, and where provided must be well described in the narrative.	**Curriculum and assessment maps;** assessment matrices; internal and external review policies and reports; external moderation reports; student/intern feedback; preceptor and employer feedback; policies and procedures for evaluating student/intern performance as a whole (e.g. Boards of Examiners).

Criterion	Evidence descriptor	Evidence examples
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 students/interns, and uses the feedback received to develop the program.	Outline the policies and processes for **independent or external review** of assessments for the purposes of quality assurance and improvement. Explain how these are implemented, and how the outcomes are used to develop the program, including the scope of the reviews and how: • reviewers are selected and recruited • the timing and cycles of reviews are determined • recommendations are considered • changes are implemented • outcomes are communicated • effects of changes are evaluated. Where relevant, explain how the policies and processes of a provider organisation are implemented at the level of program delivery.	Policies and procedures; review/moderation schedules; review/moderation agreements; external moderation reports; excerpts of committee meeting minutes and action plans; student/intern feedback.
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 students/interns in each area to be assessed is explicit and clearly communicated to students/interns and staff involved in the assessment.	Outline the policies and processes for **internal development and review** of assessments, and where relevant, explain how the policies and processes of a provider organisation are implemented at the level of program delivery. Explain how: • expected standards of performance are determined • criteria for successful completion of assessment tasks are established ("pass marks") • criteria for assessment of student/intern performance are developed and reviewed, and rubrics developed where relevant • assessment tasks are reviewed/validated prior to delivery • criteria and rubrics are communicated to students/interns and staff • outcomes of assessments are reviewed and evaluated • any problems identified with an assessment task are addressed appropriately and in a timely manner.	Policies and procedures as implemented at the program level (e.g. use of text-matching software); assessment task descriptions and rubrics; examples of completed assessments (representing different levels of performance) and feedback provided; feedback from assessors; external moderation reports; incident and appeal reports; policies and procedures for assessment of group work.

Criterion	Evidence descriptor	Evidence examples
Criterion 5.5 Staff and other professionals who assess students/interns 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.	Outline the policies and processes for ensuring that assessments are carried out consistently by appropriate assessors, and where relevant, explain how the policies and processes of a provider organisation are implemented at the level of program delivery. Explain how: • the number of assessors for particular assessment tasks is determined • assessors are allocated to particular assessment tasks • assessors are provided with assessment criteria, rubrics, other necessary resources and opportunities to seek clarification • where relevant, appropriate assessment briefing and/or training is provided. Outline the processes for recruitment of assessors, including those who are external to the unit, and describe the training and other support available to them. Outline the mechanisms for monitoring intra- and inter-assessor consistency in applying assessment criteria, and procedures for moderating or adjusting assessment outcomes where appropriate. Explain the unit's expectations of assessors for providing justification of their assessment decisions, particularly where the assessor judges that the assessment fails to meet the minimum criteria.	Assessment policies and procedures as implemented at the program level (e.g. double-marking, expectations of feedback to be provided by assessors); assessor recruitment, selection (e.g. for OSCEs), induction, training and briefing documentation; peer review or moderation processes for individual assessment tasks. Cross-referencing to evidence associated with Criterion 3.7 is likely to be relevant.
Criterion 5.6 Students/interns are provided with appropriate, timely and sufficient feedback to enable them to improve future performance.	Outline the policies and procedures relating to the provision of feedback to students/interns on performance in assessments, and explain the expectations and rationale for: • turnaround times • extent of personalised feedback • inclusion of suggestions for future improvement. Describe the extent to which these expectations are met. Student/intern feedback is likely to be a primary source of evidence.	Assessment policies and procedures as implemented at the program level (e.g. turnaround times, expectations of feedback to be provided by assessors); student/intern feedback and satisfaction, including through formal evaluations and informal mechanisms.

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Evidence Guide

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