

# Schedule 3 – Work Plan

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## **Development and review of accreditation standards**

The Work Plan in the period 1 July 2021 to 30 June 2022 includes:

- a. minor review of accreditation standards

## **Accreditation of programs of study and education providers**

The Work Plan in the period 1 July 2021 to 30 June 2022 includes:

- a. accreditation and monitoring of pharmacy degree programs from 18 universities against the Accreditation Standards 2020
- b. seven planned Site Evaluation Team (SET) visits for degree programs
- c. the Accreditation Committee will meet five times across the year to consider reports from education providers for notifications of change, re-accreditation activities, conditions on current programs and monitoring of current programs
- d. anticipated receipt of applications for new integrated pharmacy degree programs, and
- e. continue to provide advice to the Board on accreditation of pharmacy degree programs.

## **Assessment of overseas assessing authorities**

The Work Plan in the period 1 July 2021 to 30 June 2022 includes:

- a. ensuring the following countries and regulators that have been assessed for the Board as equivalent assessing authorities for limited registration in Australia maintain their standards of education and accreditation to meet equivalency:
  - i. United Kingdom (General Pharmaceutical Council)
  - ii. Ireland (PSI – the Pharmacy Regulator)
  - iii. Canada (Provincial registering authorities and the Pharmacy Examining Board of Canada), and
  - iv. USA (State Pharmacy Boards through the National Association of Boards of Pharmacy).
- b. review of Standards and Procedures to Assess Examining and Accrediting Authorities in other Countries

## **Assessment of overseas qualified pharmacist**

The Work Plan in the period 1 July 2021 to 30 June 2022 includes:

- a. continuous improvement and updating of the processes for assessment of overseas qualified pharmacists, including content, systems and assessment methodologies for eligibility assessment and examinations of overseas qualified pharmacists.
- b. Examination Committee will meet, at a minimum, twice a year.

## **Assessment of provisionally registered pharmacists**

The Work Plan in the period 1 July 2021 to 30 June 2022 includes:

- a. deliver three written examinations in both test-centre and remote online proctoring models
- b. add to the written examination item bank, and

- c. develop the written examination as recommended by the APC/PharmBA Intern Year Blueprint Working Group

### **Accreditation of intern training programs**

The Work Plan in the period 1 July 2021 to 30 June 2022 includes:

- a. accreditation and monitoring of intern training programs from 6 providers against the Accreditation Standards 2020.
- b. Five planned SET visits for intern training programs.

### **Specific projects within agreed funding**

The Work Plan in the period 1 July 2021 to 30 June 2022 includes:

- a. continue to work with the Health Professions Accreditation Collaborative Forum on joint projects including:
  - i. Interprofessional Education (Lead).

### **Special Projects**

#### **Activities to be undertaken by the Accreditation Authority to support the Development of Workplace Based Assessment Tools for Assess Pharmacist Interns Project**

The Accreditation Authority will undertake the activities specified in the attached project plan for the Development of Workplace Based Assessment Tools for Assess Pharmacist Interns Project.

#### **Activities to be undertaken by the Accreditation Authority to support the Embedding Cultural Safety into Pharmacy Education and Assessments Project**

The Accreditation Authority will undertake the activities specified in the attached project plan for the Embedding Cultural Safety into Pharmacy Education and Assessments Project.

# Schedule 4 – Funding arrangements

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## Item 1 – Funding Principles

These Funding Principles are to be applied by accreditation authorities, National Boards and Ahpra when they are considering and agreeing on the funding to be provided to the accreditation authority by the National Board/Ahpra for performance of the accreditation functions.

The principles aim to promote consistency, transparency and accountability for use of registrant fees to fund the accreditation function.

Ahpra, in consultation with the National Board, will provide funding through registrant fees to enable the accreditation authority to manage its business and risks by covering some of the indirect costs of activities related to program accreditation including monitoring.

The following principles will apply, in addition to the guiding principles and objectives of the National Law, and the Quality Framework for the Accreditation Functions, when an accreditation authority is requesting funding from a National Board/Ahpra (funding request) and when a National Board/Ahpra decide to provide funding to an accreditation authority (funding decision):

1. Requests for funding should be reasonable and proportionate to the activities being funded.
2. The funding provided by the National Board/Ahpra should cover a proportion of the governance costs related to the accreditation functions.
3. The funding provided by the National Board/Ahpra for the development and review of accreditation standards should be requested and considered separately to the funding of other accreditation functions.
4. Requests for increases in funding from the previous year should not usually exceed the indexation range applicable to National Board fee increases (up to 3% per annum).
5. Where an accreditation authority considers an increase in funding above the indexation range is required, it should put the funding request and a business case supporting the increase above the indexation range to AHPRA and the National Board for their consideration.
6. Such a request and business case should be forwarded to Ahpra and the National Board by mid-February or earlier each year to enable them to have sufficient time to properly consider the funding request.
7. Ahpra and the National Board may agree to the requested increase in funding or propose to agree to a lesser amount. Such a proposal and reasons for that proposal should be forwarded to the accreditation authority to enable it to have sufficient time to properly consider the proposed funding amount and reasons.
8. Ahpra and the National Board should agree to provide sufficient funding to enable the accreditation authority to effectively deliver the accreditation functions through a combination of funding provided by the National Board/Ahpra and funding from other sources that is provided as a direct result of the Accreditation Authority being assigned and exercising statutory functions under the National Law.

## Item 2 – Funds

Total funding for 2021/2022 financial year is: \$622,259 (ex GST).

The funding is payable in four instalments on the following dates and in accordance with clause 5.2 of the Head Agreement.

| Date           | GST exclusive |
|----------------|---------------|
| 1 July 2021    | \$155,564     |
| 1 October 2021 | \$155,565     |
| 1 January 2022 | \$155,565     |
| 1 April 2022   | \$155,565     |

## Item 3 - Special Project Funding

### Development of Workplace Based Assessment Tools to Assess Pharmacist Interns Project

Total funding for the *Development of Workplace Based Assessment Tools to Assess Pharmacist Interns Project* is \$100,000 (excluding GST).

This funding is payable in two equal instalments.

Ahpra has paid the first instalment in the 2020/21 financial year in accordance with the attached Project Plan.

Ahpra will pay the second instalment in the 2021/22 financial year in accordance with the attached Project Plan subject to the Accreditation Authority providing a tax invoice to Ahpra in respect of the instalment.

### Embedding Cultural Safety into Pharmacy Education and Assessment Project

Total funding for the *Embedding Cultural Safety into Pharmacy Education and Assessments Project* is \$76,684 (excluding GST) in accordance with the attached Project Plan.

This funding is payable in one instalment in 2021/22 subject to the Accreditation Authority providing a tax invoice to Ahpra in respect of the instalment.



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UNASSESSED

Development of workplace based  
assessment tools (WPBA) to assess  
pharmacist interns

Project plan

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Revised June 2020 | Version 1.2

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## List of Abbreviations

| Abbreviation    | Term   |
|-----------------|--|
| <b>Ahpra</b>    | Australian Health Practitioner Regulation Agency   |
| <b>APC</b>      | Australian Pharmacy Council                        |
| <b>AMC</b>      | Australian Medical Council                         |
| <b>CbD</b>      | Case-based Discussion                              |
| <b>CPS</b>      | Council of Pharmacy Schools                        |
| <b>EDPS</b>     | Executive Director Professional Services, APC      |
| <b>EOI</b>      | Expression of Interest                             |
| <b>EPA</b>      | Entrustable Professional Activities                |
| <b>ITA</b>      | Intern Training Assessments                        |
| <b>ITPs</b>     | Intern Training Programs                           |
| <b>IYB</b>      | Intern Year Assessment Blueprint                   |
| <b>IYB-WG</b>   | Intern Year Assessment Blueprint Working Group     |
| <b>MCNZ</b>     | Medical Council of New Zealand                     |
| <b>Mini-CEX</b> | Mini Clinical Evaluation Exercise                  |
| <b>MSF</b>      | Multisource Feedback                               |
| <b>NAPE</b>     | National Alliance of Pharmacy Education            |
| <b>NAPSA</b>    | National Australian Pharmacy Students' Association |
| <b>PGA</b>      | The Pharmacy Guild of Australia                    |
| <b>PharmBA</b>  | Pharmacy Board of Australia                        |

| <b>Abbreviation</b> | <b>Term</b>                                      |
|---------------------|--|
| <b>PSA</b>          | Pharmaceutical Society of Australia              |
| <b>PSNZ</b>         | Pharmaceutical Society of New Zealand            |
| <b>SHPA</b>         | The Society of Hospital Pharmacists of Australia |
| <b>SME</b>          | Subject Matter Expert                            |
| <b>WPBA</b>         | Workplace Based Assessment                       |

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# Development of workplace based (WPBA) assessment tools for pharmacist interns

## 1. Executive summary

The goal of this project is to produce a set of consensus workplace based assessment (WPBA) tools and guidelines on the use of the tools for assessing pharmacist interns during the period of supervised practice (internship).

The project supports the implementation of the revised Intern Year Assessment Blueprint (IYB) which is underpinned by the 2020 Pharmacy Program Accreditation Standards<sup>1</sup> and the Performance Outcomes Framework<sup>2</sup>. It enables the Pharmacy Board of Australia (PharmBA) to bring the Performance Outcomes Framework into full realisation by providing responsible stakeholders with a set of validated assessment tools for collecting evidence that demonstrates readiness for practise.

This project will be delivered using a consultative process with input from a technical working group (TWG) and oversight by the Intern Year Assessment Blueprint Working (IYB-WG). The purpose of the technical working group will be to draft the WPBA tools and incorporate stakeholder feedback including from pilot testing of the tools. Their recommendations will be reviewed by the IYB-WG. The technical working group will be selected through an Expression of Interest (EOI) published on the Australian Pharmacy Council (APC) website and will aim to include experienced preceptors and, supervising pharmacists, pharmacy students, academics and Intern Training Programs (ITPs). Additionally, the Pharmaceutical Society of New Zealand (PSNZ) Intern Training Program, EVOLVE, will be invited to nominate a representative.

The APC will seek stakeholder feedback from pharmacy professional organisations and major internship sites through consultation papers, face to face consultation, and other means available. We will also seek input from the Australian Medical Council (AMC) who is currently reviewing the National Framework for Medical Internships<sup>3</sup>. The National Framework includes a number of documents such as intern outcome statements, assessment forms, performance action plans and standards and guidelines, and there are lessons that may be applicable to this project. Experiences from the Medical Council of New Zealand (MCNZ) will also be sought to inform project deliverables.

This project has been revised in June 2020 to reflect changes to the project timeline due to the impact of the COVID-19 pandemic and to align the project to an implementation plan for changes to assessment of pharmacist interns<sup>4</sup>.

The project is anticipated to begin in July 2020 and will be completed in December 2021. Project activities will occur in the financial year (FY) 2021 and the first half of FY 2022. The APC is fully committed to supporting the PharmBA in streamlining the pharmacist internship year and will contribute towards this project by covering the project overhead costs, APC project staff and consultant expenses estimated at \$50,000.

The APC seeks funding of \$100,000 from the PharmBA for the entire project, with \$50,000 available for the financial year 2021 to cover project activities that will be conducted between 1 July 2020 and 30 June 2021, and the balance in the next financial year to complete the project.

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<sup>1</sup> Accreditation Standards for Pharmacy Programs in Australia and New Zealand 2020. Australian Pharmacy Council. Accessed 22 January 2020 at <https://www.pharmacycouncil.org.au/standards/>.

<sup>2</sup> Accreditation Standards for Pharmacy Programs in Australia and New Zealand 2020. Performance Outcomes Framework. Australian Pharmacy Council. Accessed 22 January 2020 at <https://www.pharmacycouncil.org.au/standards/>.

<sup>3</sup> National Framework for Medical Internships. Australian Medical Council Limited. Accessed on 22 January 2020 at <https://www.amc.org.au/accreditation-and-recognition/assessment-accreditation-prevocational-phase-medical-education/national-internship-framework/>.

<sup>4</sup> Implementation plan for assessment of pharmacist interns. June 2020. Intern Year Assessment Blueprint Working Group. Available on request.

## 2. Project justification

Australian pharmacy graduates and pharmacists trained in other countries, with the exception of New Zealand, must complete a period of supervised practice (internship) as part of the requirements for registration as a pharmacist in Australia.

The purpose of the internship is to allow students to apply the knowledge gained during academic studies while under the supervision of a pharmacist<sup>5</sup>. For overseas trained pharmacists, the internship is an opportunity to learn how to apply their knowledge in the context of the Australian practice environment. During this period, the supervising pharmacist or preceptor is expected to *'assess and provide feedback on the knowledge, skills and performance of the intern so that experiences can be built upon and difficulties identified and remediated'*. The responsibility for intern assessment also extends to ITPs who gather evidence on intern competency through a number of avenues.

To facilitate effective and appropriate assessment of pharmacy interns during the supervised practice period, in June 2018 the PharmBA and the APC jointly released an assessment blueprint<sup>6</sup>. The IYB provided a choice of assessment methods for each of the enabling competencies described in the National Competency Standards Framework for Pharmacist in Australia (2016)<sup>7</sup> and were informed by an extensive literature review<sup>8</sup>. This allowed those with responsibility for assessing interns to select which method was most appropriate based on the purpose and context of the assessment.

A year after publication of the IYB, the APC collated information from various stakeholders to assess progress on implementation of the IYB. The review found that portfolios, structured summative assessments in a written multiple-choice format and In Training Assessments (ITAs), to a lesser extent, were the methods most frequently used. It appeared that none of the IYB WPBA methods, that is the Mini Clinical Evaluation Exercise (mini-CEX), Case-based Discussions (CBD) and Multisource Feedback (MSF) were in use. Information gathered from selected major community based and hospital pharmacy internship sites confirmed the absence of WPBA tools in community settings and pointed to a preference for Entrustable Professional Activities (EPAs) in hospital settings. Although EPAs were not included in the 2018 IYB, this was not surprising as the published literature suggests more recent increased utilisation of EPAs in pharmacy<sup>9</sup>.

The findings of the PharmBA survey of interns and preceptors provided additional insights into the pharmacist internship year<sup>10</sup>. Although the survey did not interrogate knowledge of, or use of, the IYB WPBA methods, problems with feedback mechanisms between pharmacist and interns were reported. These findings are indicative of a lack of structured tools for assessing interns and providing feedback.

WPBA assesses at the 'does' level of Miller's Pyramid<sup>11</sup> and thus collects information about how interns perform during normal work activities. Observing and providing feedback on intern performance on day to day practice provides evidence about their readiness for entry to practice. Therefore, the poor uptake of WPBA methods raises concerns particularly in view of the 2020 Pharmacy Program Accreditation Standards which reference the Performance Outcomes Framework as the basis for assessing student and intern performance.

While the 2018 IYB provided a choice of a variety assessment methods, it fell short in not providing ready to use tools that could be disseminated to preceptors and supervising pharmacists. This may have contributed to the

<sup>5</sup> Intern pharmacist and preceptor guide. Pharmacy Board of Australia. Accessed 17 January 2020 at <https://www.pharmacyboard.gov.au/Registration/Internships.aspx#internships>.

<sup>6</sup> Intern Year Assessment Blueprint 2018. Pharmacy Board of Australia and Australian Pharmacy Council. Accessed 17 January 2020 at [https://www.pharmacycouncil.org.au/news-publications/intern\\_year\\_assessment\\_blueprint](https://www.pharmacycouncil.org.au/news-publications/intern_year_assessment_blueprint).

<sup>7</sup> National Competency Standards Framework for Pharmacists in Australia 2016. Accessed 17 January 2020 at <https://www.psa.org.au/practice-support-industry/national-competency-standards/>

<sup>8</sup> Intern Year Blueprint Literature Review. September 2017. Accessed 17 January 2020 at <https://www.pharmacycouncil.org.au/standards/internyearblueprint-lit-review.pdf>

<sup>9</sup> Jarret JB, Berenbrok LA, Goliak KL, Meyer SM, Shaughnessy AF. Entrustable Professional Activities as a Novel Framework for Pharmacy Education. Am J Pharm Educ. 2018 Jun;82(5):6256.

<sup>10</sup> Pharmacy Board of Australia. The Intern training experience from perspective of the intern and preceptor – a large-scale study. Final report. January 2019.

<sup>11</sup> Miller Ge. The assessment of clinical skills/competence/performance. Academic Medicine 1990;65:S63-7.

poor uptake of the WPBA methods. The IYB-WG consulted on a revised IYB that placed emphasis on assessment of interns in the workplace and submitted recommendations to the PharmBA. The revised IYB reduces duplication in the assessment of interns across the internship period and selects a single WPBA method for a number of performance outcomes which allows a single tool to be used to assessment related performance outcomes.

This project will support implementation of the revised IYB by producing validated WPBA tools in accordance with the IYB specification. In providing guidance on how interns will be assessed in the future, the PharmBA will also need to address preceptor ability to use the tools and provide constructive feedback. Therefore, this project will also develop guidelines that describe each of the tools, scoring procedures, feedback techniques and other relevant information to assist supervising pharmacists and preceptors better understand the WPBA processes and linkages to the Performance Outcomes Framework.

### 3. Project goals and objectives

The goal of this project is to produce a WPBA toolkit for use by preceptors and supervising pharmacists in community and hospital-based settings to assess pharmacist interns during supervised practice by 30 June 2021.

Specifically, to:

1. Produce draft WPBA tools based on the revised IYB in collaboration with stakeholders
2. Develop guidelines to assist preceptors and supervising pharmacists understand the role of WPBA and use of the agreed WPBA tools. This will also include Portfolio guidance document as per the recommendations to the revised IYB<sup>12</sup>
3. Pilot test the draft WPBA tools in diverse geographical and practices settings where feasible including diversity amongst the experience of preceptors and seek feedback on the accompanying guidance material.

### 4. Project outcomes and deliverables

This project aims to achieve greater consistency in assessment of pharmacist interns and will assist the PharmBA to phase in other initiatives that will reduce regulatory burden and costs associated with assessment of interns.

The key project deliverables are:

- WPBA tools approved by the PharmBA in the revised IYB and accompanying guidance material for each of tools
- A pilot testing protocol
- Report(s) on stakeholder consultation including from pilot testing of the tools.

The intellectual property of the WPBA tools and guidance material will be jointly owned by the PharmBA and the APC as co-sponsors of the project.

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<sup>12</sup> Mapping Intern Year Blueprint to Performance Outcomes. October 2019.

## 5. Project approach

The project will be delivered using a bottom-up consultative process to seek input from preceptors and supervising pharmacists who have hands on experience in the day to day supervision of pharmacy students and ITPs who deliver the pharmacy internship programs. Development of WPBA tools will be informed by an update to the 2017 Intern Year Blueprint Literature Review<sup>13</sup>, tools gathered from selected hospital pharmacy departments within Australia and lessons learned from the National Framework for Medical Internships which is currently under review. The IYB-WG group will review and assess progress and project deliverables at each stage including endorsing the draft project deliverables for submission to the PharmBA. A Subject Matter Expert (SME) with experience in pharmacy internship programs and teaching and assessment of pharmacy students will be engaged to provide technical expertise. The consultative process will be divided into three major stages as follows:

### Stage 1: Drafting WPBA tools and accompanying guidelines

Due to the impact of the COVID-19 pandemic, it may not be possible to hold face to face workshops to draft WPBA tools as initially proposed. Drafting of the WPBA tools should still be done by a technical working group or reference group comprising of preceptors, supervising pharmacists, interns, ITPs, project and other relevant individuals who have hands on experience in supervising pharmacy interns. The need for greater flexibility and use of videoconference facilities to convene meetings will draw out project timelines over those originally proposed. This may also impact upon availability of individuals who have the requisite experience.

The outputs of the working group will require consultation and feedback from a wider group of stakeholders to ensure effective engagement. As initially proposed, consultation on the draft WPBA should include both open consultation paper and face to face consultation sessions, when this becomes possible, similar to the approach used for the review of the accreditation standards. One face to face consultation session was budgeted for in this project. Participants invited to the face to face consultation will include professional organisations, student and pharmacy academics (if not in the technical working group), the AMC, MCNZ and additional pharmacist preceptors and supervising pharmacists. We note that the AMC has provided stakeholders with multiple opportunities to be engaged in review of the medical internship framework and has revised mechanisms for consultation in view of the COVID-19 pandemic<sup>14</sup>. It is critical that we invest in obtaining broad stakeholder support and input early in the process to ensure greater success in implementation of the proposed pharmacy internship assessment tools. Opportunity for increased stakeholder engagement via webinars has been included in this revised project approach.

### Stage 2: Pilot testing

Following drafting and stakeholder input on the draft tools, pilot testing will be conducted in approximately ten community and hospital internship sites from rural and metropolitan areas. The sites will be selected based on additional criteria such as experience of preceptors and supervising pharmacists, volume of patients, types of services offered and accessibility. The working group will contribute to the design and structure of the pilot testing supported by the project SME. Pilot testing will be conducted by APC Senior Pharmacists and/or selected members of the working group.

<sup>13</sup> Intern Year Blueprint Literature Review 2017. Australian Pharmacy Council. Accessed 23 June 2020 at <https://www.pharmacycouncil.org.au/standards/internyearblueprint-lit-review.pdf>

<sup>14</sup> Update – AMC Review of National Framework for Medical Internship. April 2020. Accessed 23 June 2020 at <https://www.amc.org.au/accreditation-and-recognition/assessment-accreditation-prevocational-phase-medical-education/latest-news-in-the-framework-review/>

### Stage 3: Finalisation of WPBA tools and accompanying guidelines

It was previously proposed that the entire working group would reconvene to review the outcomes of the pilot testing and to submit recommendations to the IYB-WG. It is suggested that this stage incorporate an open consultation paper to provide additional opportunity for stakeholder input. This may draw out the project timeline by approximately 8-12 weeks. The recommendations from this final stage will be submitted to the IYB-WG for endorsement prior to submission to the PharmBA.

## 6. Out of scope

### 1. New Zealand pharmacy interns

The project will develop WPBA tools and guidance material specific for the Australian context. Therefore, pilot testing will be limited to Australian sites. We will however invite the PSNZ and the MCNZ to participate in all consultations and in the working group.

### 2. Training program for preceptors and supervising interns

This project will not develop a training program or training materials for preceptors and supervising pharmacists. However, guidelines will be developed as part of this project to accompany the assessment tools so that preceptors and supervising interns know how to use them and understand the assessment process.

## 7. Constraints

- a. Competing priorities for the PharmBA and the APC
- b. Competing interests among different stakeholders resulting in delays in building consensus
- c. Budget constraints
- d. Impact of the COVID-19 pandemic.

## 8. Assumptions

- a. The PharmBA will approve the recommendations of the IYB-WG on a revised IYB
- b. Stakeholders will participate and respond in a timely manner
- c. Implementation of workplace-based assessment as a key component of the pharmacy internship period will be accepted and supported by stakeholders.

## 9. Governance

The IYB-WG which includes representatives of the PharmBA, and the APC will provide oversight over the project. The project will be managed by the APC, Executive Director Professional Services (EDPS), supported by the Professional Services Pharmacist. The IYB-WG will be updated on progress during scheduled meeting or via email as required.

## 10. Timeline

Table 1. Indicative project timeline and milestones

| Key activities & milestones  | Month                       |
|--|-----------------------------|
| Literature review and collation of WPBA tools (SME)  | July - October 2020         |
| Identification and onboarding of Working/Reference Group   | July - September 2020       |
| Working Group meetings (drafting WPBA tools and guidelines)  | September 2020 – March 2021 |
| <b>Milestone 1:</b> Consultation on WPBA tools and guidelines<br>(Consultation paper, 3 x webinars and 1 x face to face workshop*) | April – June 2021           |
| Report on outcomes of consultation for IYB-WG and PharmBA<br>Approval of Pilot testing protocol                                    | June – July 2021            |
| <b>Milestone 2:</b> Pilot testing  | August – October 2021       |
| Working/Reference Group incorporate feedback from pilot testing  | November – December 2021    |
| <b>Milestone 3:</b> Draft WPBA tools and guidelines submitted to IYB-WG  | December 2021               |

\*subject to COVID-19 restrictions

## 11. Budget

The total estimated project cost of this project is \$150,299.

The APC seeks funding of \$100,000 from the PharmBA for the entire project with \$50,000 in the financial year 2021 to cover project activities that will be conducted between 1 July 2020 and 30 June 2021, and the balance in the next financial year to complete the project.

The APC will contribute \$50,299 towards this project.

The project budget is provided in Table 2.

Table 2: Project budget

| Item/Activity                         | Requirement  | Cost (AU\$)    |
|---------------------------------------|--|----------------|
| Consultant                            | SME at 40% full time equivalent for project period   | 33,488         |
| APC staff                             | 20% full time equivalent for project period  | 21,380         |
| Technical working group meetings      | 15 individuals. Sitting allowance and review of documents out of session.  | 16,702         |
| Stakeholder consultation              | Consultation paper, 3 x webinars. 1 x Face to face consultation (if possible) meeting. 25 individuals majority self-funded | 6,762          |
| Pilot testing                         | 5 rural sites, 5 metropolitan sites. Travel expenses x 1 APC staff   | 27,150         |
| Technical working group meeting 2     | 15 individuals. Sitting allowance and review of documents out of session. Face to face workshops (in financial year 2022)  | 36,702         |
| Project overhead                      | Administrative support   | 8,115          |
| <b>Estimated total project budget</b> |  | <b>150,299</b> |

## 12. Project team

Table 3: Project team

| Project role             | Responsible   |
|--------------------------|---|
| <b>Project Sponsor</b>   | PharmBA and APC   |
| <b>Project Owner</b>     | Chief Executive Officer, APC  |
| <b>Project Manager</b>   | Executive Director Professional Services, APC                           |
| <b>Project Officer</b>   | Professional Services Pharmacist, APC                                   |
| <b>Project Oversight</b> | IYB-WG (which includes representatives from the PharmBA, Ahpra and APC) |

## 13. Risk management

Table 4: Major project risks

| Risk                                       | Possible outcomes should risk eventuate              | Mitigation  | Likelihood before mitigation | Consequences before mitigation | Risk rating after mitigation |
|--|--|---|------------------------------|--------------------------------|------------------------------|
| COVID-19 pandemic prolonged                | Possible delays in project timelines                 | Flexibility in meeting options<br>Post-phone pilot testing                              | High                         | Status quo                     | High                         |
| Stakeholder buy-in                         | Project will be delayed if not obtained              | Communication with key stakeholders as outlined in Section 13                           | Medium                       | Status quo                     | Low                          |
| Readiness/availability of internship sites | Delays in pilot testing and overall project delivery | Careful consideration in selection of pilot sites<br>Early communication to pilot sites | Medium                       | Status quo                     | Low                          |

## 14. Communication

Early communication on the revised IYB and the proposed project will be critical for engaging stakeholder engagement and obtaining buy-in. The introduction of WPBA is a significant change for the training of pharmacists and its success is dependent on support by stakeholders especially by preceptors and supervising pharmacists who will do most of the work and their employers who will need to provide more time and resources to facilitate WPBA.

The IYB-WG will be responsible for identifying and coordinating communication with targeted stakeholders to include face to face meetings and on teleconference. Professional pharmacy organisations will be essential for disseminating information through their member networks.

The objectives of communication to stakeholders will be to:

1. Create awareness on the IYB and the purpose of introducing WPBA in the pharmacist internship
2. Identify stakeholder concerns and responses early. This will facilitate active dialogue throughout the project in order to obtain buy-in
3. Identify factors that contribute to success so as to include them in implementation planning and costing.



The key stakeholders for this include:

- Intern training programs (ITPs)
- Council of Pharmacy Schools (CPS)
- National Alliance of Pharmacy Education (NAPE)
- National Association of Pharmacy Students Association (NAPSA)
- The Pharmacy Guild of Australia (PGA)
- Pharmaceutical Society of Australia (PSA)
- The Society of Hospital Pharmacists of Australia (SHPA)
- Internship sites (community and hospital pharmacies)

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## Embedding Cultural Safety in Pharmacy Education and Assessments

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February 2021 | Version 1.0

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## List of Abbreviations

| Abbreviation    | Term   |
|-----------------|--|
| <b>Ahpra</b>    | Australian Health Practitioner Regulation Agency                       |
| <b>ANZAHPE</b>  | Australian & New Zealand Association for Health Professional Educators |
| <b>APC</b>      | Australian Pharmacy Council  |
| <b>APLF</b>     | Australian Pharmacy Leaders Forum                                      |
| <b>CATSINAM</b> | Congress of Aboriginal and Torres Strait Islander Nurses and Midwives  |
| <b>CEO</b>      | Chief Executive Officer  |
| <b>CPS</b>      | Council of Pharmacy Schools  |
| <b>EDPS</b>     | Executive Director Professional Services, APC                          |
| <b>HPACF</b>    | Health Professions Accreditation Collaborative Forum                   |
| <b>IAHA</b>     | Indigenous Allied Health Australia                                     |
| <b>IHSG</b>     | Indigenous Health Strategy Group                                       |
| <b>ITPs</b>     | Intern Training Program(s)   |
| <b>IYB WG</b>   | Intern Year Blueprint Working Group                                    |
| <b>IWE</b>      | Intern Written Exam  |
| <b>LIME</b>     | Leaders in Indigenous Medical Education Network                        |
| <b>NAPE</b>     | National Alliance of Pharmacy Education                                |
| <b>NAPSA</b>    | National Association of Pharmacy Students Association                  |
| <b>NRAS</b>     | National Registration and Accreditation Scheme                         |

| <b>Abbreviation</b> | <b>Term</b>                                    |
|---------------------|--|
| <b>OCANZ</b>        | Optometry Council of Australia and New Zealand |
| <b>PGA</b>          | Pharmacy Guild of Australia                    |
| <b>PharmBA</b>      | Pharmacy Board of Australia                    |
| <b>PSA</b>          | Pharmaceutical Society of Australia            |
| <b>SET</b>          | Site Evaluation Team                           |
| <b>SME</b>          | Subject Matter Expert                          |
| <b>SHPA</b>         | Society of Hospital Pharmacists of Australia   |

# Embedding Cultural Safety in Pharmacy Education and Assessments

## 1. Executive Summary

In February 2020, the Australian Health Practitioner Regulation Agency (Ahpra) released the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy (2020-2025)<sup>1</sup>. The ambitious strategy "focuses on achieving patient safety for Aboriginal and Torres Strait Islander Peoples as the norm and the inextricably linked elements of clinical and cultural safety".

The Australian Pharmacy Council (APC), among other organisations who endorsed the Strategy, is committed to embedding cultural safety into the health system through its role as the standard-setting body for pharmacy education. Our APC Strategic Directions 2020/21, "Improving Indigenous Health" are explicit in this direction and are aligned to the National Scheme's Strategy.

This project aims to contribute to the National Scheme's vision by embedding cultural safety into accredited pharmacy degree and intern training programs. As the accreditation authority for pharmacist education and training, we have designed this project to identify and implement approaches that will support Australian pharmacy degree and intern training programs to integrate and embed cultural safety into the training and education of pharmacists and produce a culturally safe workforce.

Our approach recognises that this is 'a journey' that will require walking alongside pharmacy programs. The project therefore, incorporates numerous opportunities for consultation, feedback and reflection.

Our objectives are to:

1. Conduct a review of the literature to investigate how cultural capability education has been approached and implemented by universities responsible for educating health professionals in countries with a similar colonial-settler history. The literature review will be published on our website so that it is accessible to our programs, partners, and stakeholders.
2. Work with accredited programs to identify gaps in meeting the Accreditation Standards for Pharmacy Programs with regard to cultural safety standards.
3. Work with accredited programs to agree on practical and feasible solutions that meet their needs, one of which could be adapting the Commonwealth's Department of Health, Aboriginal and Torres Strait Islander Health Curriculum Framework<sup>2</sup> for a pharmacy context.
4. Develop a resource hub with ready to use materials for pharmacy programs as per agreed solutions. This may include a Pharmacy Aboriginal and Torres Strait Islander Health Curriculum Framework if it is acceptable to pharmacy programs.
5. Support development of tools that can be used to support learning and assessment of pharmacy students and interns on cultural safety capabilities.

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<sup>1</sup> Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy (2020-2025). Ahpra website. Accessed 28 January 2021 at [Australian Health Practitioner Regulation Agency - National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy \(ahpra.gov.au\)](https://www.ahpra.gov.au/australian-health-practitioner-regulation-agency-national-scheme-aboriginal-and-torres-strait-islander-health-and-cultural-safety-strategy)

<sup>2</sup> Aboriginal and Torres Strait Islander Health Curriculum Framework. Department of Health. Accessed 28 January 2021 at <https://www1.health.gov.au/internet/main/publishing.nsf/Content/aboriginal-torres-strait-islander-health-curriculum-framework>.

6. Develop cultural safety training and support documents for our accreditation site evaluation teams (SETs), examination subject matter experts (SMEs), and APC committees.

Our [Indigenous Health Strategy Group \(IHSG\)](#) will provide oversight and advice on all aspects of the project and an Indigenous subject matter expert will be recruited to synthesise the gap analysis, examine proposed solutions, and develop agreed support material.

This project has been revised in January 2021 to remove a research component that was not able to be approved by the [Australian Institute of Aboriginal and Torres Strait Island Studies \(AIATSIS\)](#) human research ethics committee. Due to the impact on timelines and the urgency to address cultural safety, on the advice of the IHSG, we have decided not to re-submit the project for ethics review and has therefore removed the research component. This will not have impact on the project outcomes other than not being able to publish in peer reviewed journals.

The literature review (Objective 1) is however largely completed and was fully funded by the APC in the fiscal (FY) 2021. Learnings from the literature review have informed the redesign of this project. We aim to publish the literature review by the end April 2021. Subsequent project activities will begin in May 2021 as per the project timeline (Table 2). Due to the consultative nature of the project, we anticipate that the project will likely extend into FY 2023 with the last of the project deliverables (Step 5) being completed in early 2023.

The total estimated budget for the project is \$106,763.

We are seeking funding support from the Board for \$76,684 in FY 2022 for activities in project Steps 2 - 4 as detailed in Table 3.

The APC is committing \$30,709 to resource the project which will cover the literature review costs, APC personnel and project administration costs. APC will also fund the final Step 5 which is at the end of the project (early 2023).

## 2. Project Justification

Improving health outcomes of Aboriginal and Torres Strait Islander people is a national priority. Despite a decade of wide-ranging efforts to 'Close the Gap' health targets appear to be widening. Pharmacists are the most accessible health professionals, and they can play a critical role in delivering primary health services for Aboriginal and Torres Strait Islander People. There is need to ensure that future pharmacists have the ability to develop positive relationships with Aboriginal and Torres Strait Islander communities in order to provide culturally safe pharmacist care.

To assist higher education providers implement Aboriginal and Torres Strait Islander health curricula across their health professional training programs, the Commonwealth Department of Health published The Aboriginal and Torres Strait Islander Health Curriculum Framework (the National Framework) in 2014. The Framework is intended to encourage consistency in outcomes, while providing a benchmark of the minimum level of cultural capabilities required to work effectively with Aboriginal and Torres Strait Islander peoples.

A national survey conducted in 2018, four years post-publication of the National Framework, found that only 33% of accredited health practitioner programs in Australia used the National Framework or other framework to inform curriculum design although more than 82% of respondents were aware of it<sup>3</sup>. Only half of Australian and New Zealand Universities (11/20) delivering a pharmacy program completed the survey, representing only 5% of the survey sample. Our review of accreditation submissions under the 2014 accreditation standards did not provide sufficient evidence regarding the extent to which Aboriginal and Torres Strait Islander health curriculum was incorporated into pharmacist education and training.

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<sup>3</sup> The role of Accreditation in Improving Aboriginal and Torres Strait Islander Health Outcomes. October 2019. Accessed 1 February 2020 at [The role of accreditation in improving Aboriginal and Torres Strait Islander Health Outcomes Final Report.pdf \(hpacf.org.au\)](#)



This survey raised concerns in view of our new pharmacy program accreditation standards which became effective on 1 January 2020. The 2020 standards draw explicit attention to and emphasise promotion of Aboriginal and Torres Strait Islander cultures, cultural safety, and improved health outcomes for Aboriginal and Torres Strait Islander peoples. Achievement of performance outcomes related to Aboriginal and Torres Strait Islander people's health have also been incorporated into the first Performance Outcomes Framework<sup>4</sup> for pharmacy students and interns.

The release of the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy (2020-2025) demonstrated the resolve of the regulated health professional boards to embed cultural safety in the future health workforce.

We are aware that two organisations, the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) and the Optometry Council of Australia and New Zealand (OCANZ) have adapted the National Framework to assist their programs embed Aboriginal and Torres Strait Islander health curricula into training of their health practitioners. We consider this a promising approach for accredited pharmacy programs. To develop acceptable solutions, we will seek to work closely with accredited programs to identify program needs and collaboratively agree on practical and feasible solutions, including whether adaptation of the National Framework to a pharmacy context would be acceptable and transferable within pharmacy curriculum.

### 3. Project Goals and Objectives

The goal of this project is to support accredited pharmacy degree and intern training programs to embed cultural safety in the training and education of pharmacists.

The project objectives are to:

1. Conduct a review of the literature to investigate how cultural capability education has been approached and implemented by universities responsible for educating health professionals in countries with a similar colonial-settler history. The literature review will be published on our website so that it is accessible to our programs, partners, and stakeholders.
2. Work with accredited programs to identify gaps in meeting the Accreditation Standards for Pharmacy Programs with regard to cultural safety standards.
3. Work with accredited programs to agree on practical and feasible solutions that meet their needs, one of which could be adapting the Commonwealth's Department of Health, Aboriginal and Torres Strait Islander Health Curriculum Framework for a pharmacy context.
4. Develop a resource hub with ready to use materials for pharmacy programs as per agreed solutions. This may include a Pharmacy Aboriginal and Torres Strait Islander Health Curriculum Framework if it is acceptable to pharmacy programs.
5. Support development of tools that can be used to support learning and assessment of pharmacy students and interns on cultural safety capabilities. This will include development of question that assess cultural capabilities in the Intern Written Examination (IWE).
6. Develop cultural safety training and support documents for our accreditation site evaluation teams (SETs), examination subject matter experts (SMEs), and APC committees.

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<sup>4</sup> Australian Pharmacy Council Ltd. Accreditation Standards for Pharmacy Programs in Australia and New Zealand 2020 Performance Outcomes Framework. [pdf] Accessed 8 January 2020 at [https://www.pharmacycouncil.org.au/standards/performance-outcomes\\_web.pdf](https://www.pharmacycouncil.org.au/standards/performance-outcomes_web.pdf).

## 4. Project Approach

APC recognises that this project is ‘a journey’ that is best achieved by walking alongside pharmacy programs. A staged approach that provides numerous opportunities for consultation and feedback will be used. Our IHSG will provide oversight and advice on all aspects of the project and an Indigenous subject matter expert will be recruited to synthesise the gap analysis, examine proposed solutions, and develop agreed support material.

The project stages are summarised below:

Table 1: Project stages

| Stage                                      | Objective                | Purpose  |
|--|--------------------------|--|
| Step 1: Dissemination of Literature review | Project Objective One    | <ul style="list-style-type: none"> <li>Share lessons and observations from similar countries.</li> <li>Share personal observations and experiences from IHSG and individual stakeholders.</li> <li>Break down barriers and begin to “walk together”</li> </ul>   |
| Step 2: Gap Analysis                       | Project Objective Two    | <ul style="list-style-type: none"> <li>Request programs to share individual gap analysis with APC (not for accreditation purposes)</li> <li>Synthesise the gap analysis</li> </ul>   |
| Step 3:                                    | Project Objective Three  | <ul style="list-style-type: none"> <li>Review consolidated gap analysis with accredited programs.</li> <li>Provide opportunity for sharing best practices e.g., invitation for OCANZ to share their adaptation of the National Framework.</li> <li>Brainstorm and workshop solutions, including the acceptability of adapting the Aboriginal and Torres Strait Islander Health Curriculum Framework for pharmacy.</li> </ul> |
| Step 4                                     | Project Objective 4      | <ul style="list-style-type: none"> <li>Draft agreed resource material for programs (may include an adapted pharmacy framework)</li> <li>Consult and seek feedback on the resource materials.</li> <li>Publish material on APC website.</li> <li>Support implementation workshop for programs</li> </ul>  |
| Step 5                                     | Project Objectives 5 & 6 | <ul style="list-style-type: none"> <li>Embed cultural safety into APC examination and assessment processes.</li> <li>Embed assessment of cultural safety into internship period and registration examination.</li> </ul>   |

## 5. Project Outcomes and Deliverables

The project will contribute to national priorities for ensuring a culturally capable health workforce that is able to contribute towards closing the gap in health outcomes between Indigenous Australians and other Australians.

Project deliverables at key milestones will include:

1. A literature review describing local and international approaches for embedding indigenous people's health curriculum training in pharmacist education programs.
2. Consolidated gap analysis with regard to cultural safety standards.
3. Support material for pharmacy programs which may include a Pharmacy Aboriginal and Torres Strait Islander Health Curriculum Framework.
4. Assessment tools to support pharmacy students and interns develop cultural capabilities. This will include development of questions that assess cultural capabilities in the IWE.
5. Training materials for APC accreditation site evaluation teams, examination subject matter experts and APC committees

## 6. Out of Scope

New Zealand programs and development of Māori content is not part of this project.

## 7. Constraints

- a. Competing priorities for the PharmBA and the APC
- b. Availability of stakeholders including the IHSG.
- c. Budget constraints.

## 8. Assumptions

- a. Stakeholders will participate and respond in a timely manner and make themselves available.
- b. Restrictions on travel and face to face meetings due to the COVID-19 pandemic will ease to allow for face-to-face consultation when needed.

## 9. Governance

The APC's [Indigenous Health Strategy Group](#) will provide oversight for the project and will report to the APC Board through the Chief Executive Officer (CEO).

## 10. Timeline

Table 2: Indicative Project Timeline

| Indicative Project Timeline  |                                |
|--|--------------------------------|
| Milestones   | Month                          |
| Finalise literature review and publish on APC Website                          | March/April 2021               |
| 2 x webinars following release of the literature review                        | May/June 2021                  |
| Gap analysis (collate from programs, synthesise and report writing)            | June to September 2021         |
| Gap analysis review and solutions workshop                                     | October/November 2021          |
| Drafting of resource materials for pharmacy programs <sup>a</sup>              | November 2021 – February 2022  |
| Feedback/consultation on resource materials for pharmacy programs <sup>a</sup> | March 2022 to April 2022       |
| Pharmacy Program Implementation workshop                                       | July/August 2022               |
| Pharmacy Student and Intern Assessment Tools (including testing)               | August to October 2022         |
| Develop SET, SME, and APC committee training material.                         | November 2022 to February 2023 |

<sup>a</sup> May include a Pharmacy Aboriginal and Torres Strait Islander Health Curriculum Framework

## 11. Supplementary Budget Request

We are seeking funding support from the Board for \$76,684 in FY 2022 for project activities in Step 2 to 4 (refer Table 1) as detailed in Table 3 below.

The total estimated budget for the project is \$106,763. We are committing \$30,709 to resource the project which will cover the literature review costs, APC personnel and project administration costs. We will also fund step 5 (development of materials for SET, SMEs and APC committees) at the end of the project (early 2023).

Table 3: Supplementary budget requested from PharmBA

| Activity  | Fund request from PharmBA |
|---|---------------------------|
| Advisory group meetings   | 20, 234                   |
| Gap analysis, and drafting of resource materials for pharmacy programs <sup>a</sup> | 18, 000                   |
| Feedback/consultation on resource materials for pharmacy programs <sup>a</sup>      | 15, 110                   |
| Implementation workshop   | 15, 340                   |
| Preparation of final resource materials for publication/dissemination               | 8, 000                    |
| <b>Total funds requested from PharmBA</b>   | <b>\$76, 684</b>          |

## 12. Project Team

Table 4: Project Team

| Project Role        | Responsible   |
|---------------------|---|
| Project Sponsor     | Chief Executive Officer, APC                            |
| Project Owner       | Executive Director Professional Services, APC           |
| Project Coordinator | Josephine Maundu, Professional Services Pharmacist, APC |
| Project Governance  | Indigenous Health Strategy Group (IHSG)                 |

## 13. Risk Management

Table 5: Major Project risks and mitigation

| Risk   | Possible outcomes should risk eventuate                | Treatments/Mitigation  | Likelihood before mitigation | Consequence before mitigation | Risk Rating after mitigation |
|--|--|--|------------------------------|-------------------------------|------------------------------|
| Poor stakeholder participation   | Delays in project delivery (activities & deliverables) | <ul style="list-style-type: none"> <li>Align project timelines to stakeholder availability.</li> <li>Update project sponsor</li> </ul> | Medium                       | Status quo                    | Low                          |
| Lack of stakeholder consensus in development of draft adapted framework document | Delays in producing a consensus document.              | <ul style="list-style-type: none"> <li>More time to build consensus.</li> </ul>  | Medium                       | Status quo                    | Low                          |

## 14. Stakeholders

Stakeholders for this project will include, but not be limited to;

- Pharmacy Board of Australia
- Australian Health Practitioners Regulation Agency
- Accredited Pharmacy Degree Programs in Australia
- Intern Training Program (ITPs) in Australia
- Council of Pharmacy Schools (CPS)

- Leaders in Indigenous Medical Education (LIME) Network
- Indigenous Allied Health Australia (IAHA)
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSiNAM)
- Optometry Council of Australia and New Zealand (OCANZ)
- National Alliance of Pharmacy Education (NAPE)
- National Association of Pharmacy Students Association (NAPSA)
- Pharmacy Guild of Australia (PGA)
- Pharmaceutical Society of Australia (PSA)
- Society of Hospital Pharmacists of Australia (SHPA)
- The National Aboriginal Community Controlled Health Organisation (NACCHO)

