pharmacycouncil

Te Pou Whakamana Kaimatū o Aotearoa

Public consultation on:

Aotearoa New Zealand Accreditation Standards and Guidance for Pharmacy Programmes

Issued: Wednesday 17 August 2022

Submission closing date: **Thursday 29 September 2022, 5.00pm**

Contents

Appendices

Purpose

1. Te Pou Whakamana Kaimatū o Aotearoa | Pharmacy Council of New Zealand (Council) is seeking feedback on new:
    - **Accreditation Standards for Pharmacy Programmes**
        - See Appendix 1
        - Specifies the standards against which all pharmacy programmes are assessed for accreditation purposes.
    - **Accreditation Guidance Document**
        - See Appendix 2
        - Describes the requirements to achieve accreditation and provides guidance on the accreditation process.

Context and rationale for development

2. The purpose of the Health Practitioners Competence Assurance Act (HPCAA) 2003 is to protect the health and safety of the public by providing mechanisms to ensure that health practitioners are competent and fit to practise their profession.[1]

3. As a responsible authority (RA) charged with administering the HPCAA 2003, Council is responsible for prescribing the qualifications required for scopes of practice, and, for that purpose, may accredit and monitor educational institutions and degrees, courses of studies, or programmes (pharmacy programmes).[2]

4. Accreditation protects the health and safety of the Aotearoa New Zealand (NZ) public by setting and ensuring high standards of pharmacy education.

5. Accreditation is a mechanism to proactively mitigate risks[3] - providing external and independent assurance that pharmacy programmes are delivering safe and competent health practitioners on registration and entry into the following scopes of practice:
    a. Intern Pharmacist
    b. Pharmacist
    c. Pharmacist Prescriber

6. The accreditation standards are designed to ensure that learners acquire the knowledge, skills and attributes which enable them to:
    a. At the end of the undergraduate pharmacy degree programme: practise safely and effectively as an intern pharmacist under supervision
    b. At the completion of the intern training programme: practise safely and effectively as a pharmacist without supervision in pharmacy practice settings

[1] Health Practitioner Competence Assurance Act (HPCAA) 2003, section 3.
[2] Health Practitioner Competence Assurance Act (HPCAA) 2003, section 118(a).
[3] HCPC: Preventing small problems from becoming big problems in health and care; 2015.

c. At the end of the pharmacist prescribing programme: practise safely and effectively as a pharmacist prescriber.

7. Until 2020, accreditation of Aotearoa NZ pharmacy education programmes was conducted by the Australian Pharmacy Council (APC) – an independent accreditation agency[4] – under contract to Council.

8. In 2020, Council approved a change in provision of accreditation services from APC to a Council-led process to enable Council to have greater:
    a. Ability to customise standards to give effect to Te Tiriti o Waitangi (te Tiriti).
    b. Accreditation collaboration between responsible authorities in Aotearoa NZ.
    c. Access and insight of information provided by programme providers
    d. Control and understanding of the costs of accreditation processes
    e. Oversight of accreditation within Aotearoa NZ to enable it to discharge its statutory duties more effectively.

9. Since 2020, work to develop robust Aotearoa NZ accreditation standards and guidance for pharmacy programmes has been undertaken.

Information about the development process

10. Development of Council's accreditation standards and processes development is being delivered over eight stages:
    a. Project development and environmental scan
    b. First iteration of standards and design of process (Version 1)
    c. Stakeholder feedback and engagement
    d. Establish Accreditation Expert Working and Advisory Group (AE-WAG)
    e. Consideration of feedback to develop second iteration (Version 2)
    f. Public consultation (we are here)
    g. Consideration of feedback to develop third iteration (Version 3)
    h. Publication and implementation of accreditation standards.

11. The first five stages of development are complete, and explained below:
    a. Engaging with pharmacy education programme providers (the Pharmaceutical Society of New Zealand (PSNZ) Inc., Otago University and Auckland University), peer regulators and professional associations and groups to inform Council's accreditation development approach.
    b. Linking in with the establishment of a Māori Advisory Group (MAG) to support Council give effect to Te Tiriti as part of the accreditation development process.
    c. Environmentally scanning international and local accreditation standards and processes, research, and models to understand contemporary good regulatory practice.
    d. Working with accreditation, education, cultural safety, and Te Tiriti experts to develop a working draft (version 1) of accreditation standards and guidance.
    e. Establishing an Accreditation Expert Working and Advisory Group (AE-WAG) after a publicly advertised and independent selection process, to support accreditation

[4] Australian Pharmacy Council: About Us; 2022

development through objective and independent subject matter insight, expertise, and experience. The appointed members of the AE-WAG are:

- Professor Te Kani Kingi
- Professor/Emeritus Professor John Shaw
- Adele Print
- Dr Kyle Wilby

f. Stakeholder groups were asked to track changes and provide feedback on the following documents between 18 March and 30 June 2022:
   - Pharmacy accreditation standards Version 1
   - Pharmacy accreditation guidance Version 1
   - Pharmacy accreditation policy Version 1

g. Feedback from the following stakeholder groups was sought:
   - University of Auckland School of Pharmacy
   - University of Otago School of Pharmacy
   - Pharmaceutical Society of New Zealand Inc.
   - Clinical Advisory Pharmacists' Association
   - New Zealand Hospital Pharmacists' Association
   - Ngā Kaitiaki o Te Puna Rongoā o Aotearoa | Māori Pharmacists' Association
   - Pacific Pharmacists' Association
   - Independent Pharmacists' Association of New Zealand

h. Feedback was received from the following six stakeholder groups:
   - University of Auckland School of Pharmacy
   - University of Otago School of Pharmacy
   - Pharmaceutical Society of New Zealand Inc.
   - Clinical Advisory Pharmacists' Association
   - New Zealand Hospital Pharmacists' Association
   - Pacific Pharmacists' Association (PPA)

12. A summary of stakeholder feedback on version 1 of the accreditation standards and guidance and Council's commentary is included in Appendix 3.

13. Feedback received from stakeholder groups on version 1 of the accreditation documents was reviewed, synthesised, and thematically analysed by Council team members. The Council team met with the AE-WAG three times in July and August to discuss the feedback received from stakeholders and the emergent themes. Themes and feedback were then used to refine the accreditation standards and accreditation guidance to create:
    a. Accreditation Standards version 2 – see appendix 1
    b. Accreditation Guidance document version 2 – see appendix 2.

14. The key changes from version 1 of the accreditation standards and guide are:
    a. A standalone Te Tiriti domain
    b. Te Tiriti and cultural safety differentiated by moving cultural safety criteria out of the Te Tiriti domain
    c. Criteria which duplicate requirements from the Te Tiriti domain removed
    d. Standards relating to the range and quality of experiential learning strengthened
    e. More explicit specification of academic and teaching quality within the standards
    f. Additional details provided in accreditation guidance to support providers.

Feedback and submission process

15. Council is now seeking feedback from all stakeholders on:
    a. Do you have any comments on the accreditation development process?
    b. Do the accreditation standards and process appropriately give effect to Te Tiriti o Waitangi?
    c. Are the accreditation requirements fair and reasonable?
    d. Are the accreditation standards and process clear?
    e. Does the guidance document contain sufficient information for programme providers?
    f. Are the templates clear and easy to use?
    g. Do you have any further comments and/or suggestions?

16. Please submit your feedback **by 5.00pm, Thursday 29 September** and responses should be sent via:
    a. Survey Monkey or
    b. Email: consultations@pharmacycouncil.org.nz

17. Council invites feedback on this consultation document from the public and interested stakeholders. Submissions will be accepted from individuals, and you may submit a collective submission from a group or organisation.

18. Submissions can be provided anonymously.

19. Feedback received during the public consultation will be synthesised and thematically analysed by the Council.

20. Council members and the Māori Advisory Group will consider submissions.

21. The feedback will then be used to finalise the Accreditation Standards and Accreditation Guidance with the AE-WAG.

22. The final Accreditation Standards and Accreditation Guidance are planned to be published in December 2022. The revised standards would then come into effect in early 2023 to allow time for communications with pharmacy education providers.

23. In parallel, Council is currently developing a process to transition programme providers whose accreditation expires in 2023.

Appendix 1: Accreditation Standards for Public Consultation

Domain	Standard	Criteria	Commentary
1. Te Tiriti o Waitangi, hauora Māori	1. The programme ensures students can give effect to Te Tiriti o Waitangi and provide culturally safe & competent engagement and appropriate care for Māori	1.1 The programme demonstrates its commitment to honouring the Articles and Principles of Te Tiriti o Waitangi through its educational philosophy and delivery.	This standard is designed to ensure that the programme can demonstrate, in practical terms, a commitment to Te Tiriti o Waitangi. Interpreting both the Te Tiriti Principles and Articles in ways which are relevant to the programme, and meaningful to students will be key to this process. It implies that students will have the opportunity to learn about the relevance of Te Tiriti to Māori health and their own practice. That students are aware of the role Te Tiriti can play in reducing health inequities and inequalities. It further implies that arrangements are in place to facilitate Māori input into governance and management decisions, policies, and processes and that these are regularly reviewed for efficacy.
		1.2 The programme supports learners[5] to develop an understanding of Hauora Māori and Māori perspectives on health.	
		1.3 Academic governance arrangements that reflect Te Tiriti principles are in place for the programme and include systematic monitoring, review, and continuous improvement from a Matauranga Māori perspective.	
		1.4 Te Tiriti o Waitangi obligations, and hauora Māori are articulated clearly, integrated in the programme, and assessed.	
2. Public safety and safe and inclusive practice	2. Public safety and safe and inclusive practice is assured, reflecting the Competence Standards for	2.1 The programme provider fosters a learning environment which enable learners to understand and achieve high levels of ethical and professional conduct.	This standard is designed to ensure that learners are equipped with the relevant knowledge, skills, behaviours, and attitudes to interact safely with the public, both in a clinical and cultural capacity, in the delivery of pharmacy services. This will require an understanding and application of the clinical, professional, legal, and ethical frameworks and responsibilities at the appropriate level of
		2.2 Protection of the public and the care of patients and their whānau are prominent amongst the guiding principles for the programme, clinical/cultural education and learning outcomes.	
		2.3 Learner fitness to practice screening, management and reporting processes are effective throughout the programme.	

[5] Learners = students and interns.

Domain	Standard	Criteria	Commentary
	the Pharmacy Profession and the Code of Ethics	2.4 Learners are provided with relevant cultural safety training before interacting with patients and their whānau.	service (students, interns, trainee prescribers).
		2.5 All direct patient care supervision is provided by suitably qualified registered pharmacists/registered health practitioners.	
		2.6 Pharmacies and other health settings providing experiential learning must also meet all relevant statutory legislation, regulations, and standards.	
		2.7 Programmes equip learners with the appropriate legal, ethical, clinical, cultural, and professional knowledge and skills to achieve the required learning outcomes.	
3. Academic governance and quality assurance	Academic governance and quality assurance processes are effective	3.1 All programmes meet contemporary and recognised external educational evaluation and review processes.	This standard is designed to ensure that programme development, governance arrangements, quality assurance and quality improvement processes includes mechanisms for consultation with a range of stakeholders, including Māori, and these systems should be informed by an understanding of contemporary pharmacy practice and educational design.
		3.2 Programme providers have adequate autonomy and resourcing to deliver their programmes to achieve the required learning outcomes.	
		3.3 Iwi/Māori, learner, and internal and external academic and professional peers contribute to the programme's design, management, and quality improvement.	
		3.4 Mechanisms exist for responding within the curriculum to contemporary health system and policy developments and trends relevant to clinical and culturally safe practice and health professional education.	
		3.5 Tikanga Māori and Te Reo Māori is incorporated, as appropriate into the values, practices, and organisational culture.	
		3.6 Programme providers have mechanisms to ensure experiential learning sites provide (or deliver) appropriate learning experiences aligned with learning outcomes.	

Domain	Standard	Criteria	Commentary
4. Programme of study	Programme design, delivery and resourcing enable students to achieve the required pharmacy professional competencies	4.1 A coherent educational philosophy informs the programme's design and delivery.	This standard is designed to ensure that the programme design, teaching and learning strategies, resources (including staffing, facilities, equipment, access to experiential learning opportunities) allow learners to demonstrate achievement of the relevant learning outcomes and competency standards (students, interns, trainee prescribers) in a clinically and culturally safe manner.
		4.2 Programme learning outcomes address all the required pharmacy professional competencies and the pharmacist code of ethics.	
		4.3 The quality, quantity and variety of clinical education and experiential learning is sufficient to produce a learner who can practice pharmacy across a range of professional settings.	
		4.4 Learning and teaching methods are intentionally designed in a way that supports and enables learners to achieve the required learning outcomes.	
		4.5 The programme provider ensures learners are provided with access to appropriate learning resources, and staff with specialist knowledge, expertise, and cultural capabilities.	
		4.6 Staff and learners work and learn in a culturally safe[6] environment.	
		4.7 The programme is informed by current research and scholarship and learners are competent in research literacy appropriate for the level and type of programme.	

[6] In the context of accreditation, the concept of cultural safety used by Council is consistent with that as articulated in Curtis et al; Why Cultural safety rather than cultural competence is required to achieve health equity: a literature review and recommended definition; International Journal for equity in Health (2019) 18: 174

Cultural safety requires healthcare professionals [and programme provider staff] *and associated healthcare organisations* [and programme providers] *to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery. This requires individual healthcare professionals and healthcare organisations to acknowledge and address their own biases, attitudes, assumptions, stereotypes, prejudices, structures, and characteristics that may affect the quality of care provided. In doing so, cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities, and as measured through progress towards achieving health equity. Cultural safety requires healthcare professionals and their associated healthcare organisations to influence healthcare to reduce bias and achieve equity within the workforce and working environment".*

Domain	Standard	Criteria	Commentary
		4.8 Pharmacy learners understand Hauora Māori frameworks, their application, and about other health professions to foster interprofessional collaborative practice.	
		4.9 The programme provider ensures that all staff are suitably qualified and experienced and sustainably resourced and developed to deliver the accredited programme.	
		4.10 Learning environment and clinical facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.	
		4.11 Cultural safety is articulated clearly and integrated within the design of the programme. This is assessed to ensure that learners are equipped to provide care to a diverse range of cultures, ethnicities, groups, and populations.	
		4.12 The pharmacy programme has the resources to sustain the quality of education that is required to facilitate the achievement of the pharmacist's professional competencies.	
		4.13 Access to clinical and Hauora Māori experiential learning is assured, via formal agreements as required, to sustain the quality of clinical and cultural learning necessary to achieve the pharmacist competencies.	
5. The student experience	Students are provided with equitable and timely access	5.1 Course information is clear and accessible.	This standard is designed to ensure learners are provided with equitable and timely information, resources and support systems relevant to the programme (student, intern,
		5.2 Admission and progression requirements and processes are fair, transparent, culturally safe and do not present any unreasonable barriers to entry and progress.	

Domain	Standard	Criteria	Commentary
	to information and support	5.3 The programme provider promotes and supports the recruitment, admission, participation, retention, and completion of the programme by Māori and other high priority peoples.	trainee prescriber), and admission and progression requirements are fair and culturally safe.
		5.4 Learners have access to and are aware of effective grievance and appeals processes.	
		5.5 The programme provider identifies and provides support to meet the academic learning needs of learners.	
		5.6 Learners are informed of and have access to personal wellbeing and support services provided by qualified personnel.	
		5.7 Equity and diversity are observed and promoted in the learner experience.	
6. Assessment	Assessment is fair, valid, and reliable to ensure graduates are competent to practice	6.1 There is a clear relationship between learning outcomes and assessment strategies.	This standard is designed to ensure assessment methods are clearly related to the programme's learning outcomes and are fair, valid, and reliable to ensure that learners are competent to practise at the appropriate level (student, intern, trainee prescriber).
		6.2 Appropriate and pedagogically sound assessment methods which include formative assessment, summative assessment, timely feedback, and direct observation in the clinical setting are employed across the programme.	
		6.3 Learners are assessed by suitably qualified and experienced people, including external experts, who take into account the student and their cultural context.	

Appendix 2: Accreditation Guidance Document for Public Consultation

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Te Pou Whakamana Kaimatū o Aotearoa

Accreditation for Aotearoa New Zealand Pharmacy Programmes

Guidance Document

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Preamble

1. The purpose of the Health Practitioners Competence Assurance Act (HPCAA) 2003 is to protect the health and safety of the public by providing mechanisms to ensure that health practitioners are competent and fit to practise their profession.[7]

2. As a responsible authority (RA) charged with administering the HPCAA 2003, Te Pou Whakamana Kaimatū o Aotearoa | Pharmacy Council of New Zealand (Council) is responsible for prescribing the qualifications required for scopes of practice, and, for that purpose, may accredit and monitor educational institutions and degrees, courses of studies, or programmes (pharmacy programmes).[8]

3. Accreditation protects the health and safety of the Aotearoa New Zealand (NZ) public by setting and ensuring high standards of pharmacy education.

4. Accreditation is a mechanism to proactively mitigate risks[9] - providing external and independent assurance that pharmacy programmes are delivering safe and competent health practitioners on registration and entry into the following scopes of practice:
    a. Intern Pharmacist
    b. Pharmacist
    c. Pharmacist Prescriber

5. Council's accreditation approach and independence supports providers by:
    a. Safeguarding the reputation and credibility of pharmacy programmes.
    b. Supporting continuous quality improvement.
    c. Enabling sharing of knowledge and good practice among high-quality pharmacy education programmes.

[7] Health Practitioner Competence Assurance Act (HPCAA) 2003, section 3.
[8] Health Practitioner Competence Assurance Act (HPCAA) 2003, section 118(a).
[9] HCPC: Preventing small problems from becoming big problems in health and care; 2015.

About this document

6. The purpose of this document is to:
    a. Describe the requirements to achieve accreditation
    b. Outline the general accreditation approach and guiding principles
    c. Provide guidance on the accreditation process for established programmes
    d. Provide guidance on the accreditation process for new programmes or established programmes making substantial change

7. This document is primarily intended as a guide for programme providers seeking accreditation of established and new pharmacy programmes.

8. Depending on the pharmacy programme being accredited, the following accompanying documents should be read in conjunction:

    a. Aotearoa New Zealand Accreditation Standards for Pharmacy Programmes
    b. Performance outcomes framework [To be Developed]
    c. Professional Competence Standards (CS) for the following scopes of practice:
        i. Pharmacist and Intern Pharmacist (refer to Pharmacist CS)
        ii. Pharmacist Prescriber
    d. Code of Ethics
    e. Other relevant statements and documents as appropriate

Accreditation Requirements

9. To achieve accreditation, both established and new pharmacy programmes must demonstrate that accreditation standards[10] are met with learners acquiring the knowledge, skills and attributes which enable them to:
    a. *At the end of the undergraduate pharmacy degree programme*: practice safely and effectively as an intern pharmacist under supervision
    b. *At the completion of the intern programme:* practise safely and effectively as a pharmacist without supervision in pharmacy practice settings.
    c. *At the end of the pharmacist prescriber prescribing programme*: practise safely and effectively as a pharmacist prescriber.

10. Programme providers must also meet all other relevant legal, regulatory, professional, ethical, and organisational codes, standards, and obligations (e.g., health and safety, employment, New Zealand Qualifications Framework, etc). Providers will not be required to provide evidence to demonstrate these obligations have been met, unless there is evidence to indicate a significant breach which adversely impacts learners.

About the accreditation standards

11. The Aotearoa New Zealand (NZ) accreditation standards for pharmacy programmes specify the standards against which all pharmacy programmes are assessed for accreditation purposes.

12. Regardless of the scope of practice or whether the pharmacy programme is new or established, all will be assessed against the same accreditation standards.

13. The standards are principles- based but are set at minimum (threshold) standards levels. This means that they are regarded as the minimum required to deliver learners with the fundamental knowledge and clinical experiences to attain the necessary competencies defined for the intended scope of practice.

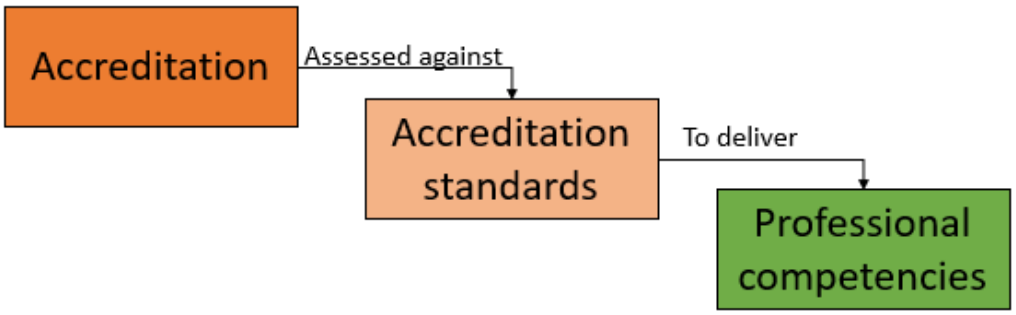
14. When assessing whether a standard is met, all criteria will be considered, and an 'on-balance' view will be taken about whether the standard is met after consideration of all the evidence. The criteria are not standards in themselves.

[10] Aotearoa New Zealand Accreditation Standards for Pharmacy Programmes [hyperlink]

About the professional competencies

15. The accreditation standards require programmes to demonstrate through mapping how learners are prepared or equipped to achieve the relevant professional competencies through the programme's learning outcomes, and how these are assessed – see Figure 1.

Figure 1: Relationship between accreditation and professional competencies



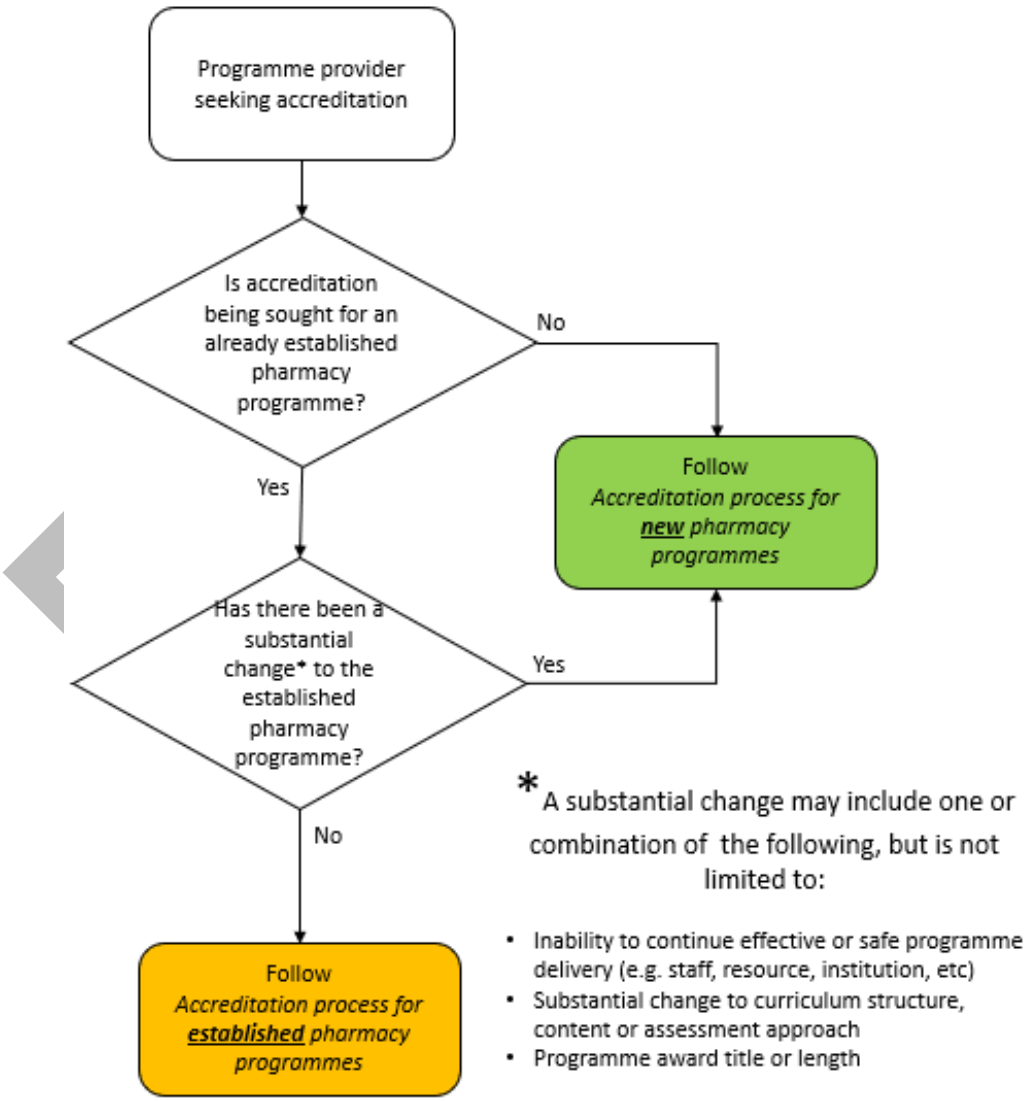
Overview of Accreditation

16. This section outlines the:
    a. Pathways for accreditation
    b. Guiding principles to accreditation

Accreditation pathways

17. Accreditation can either be for established or new programmes- see Figure 2 for a decision tree to guide programme providers on which process to follow – then refer to the corresponding guidance section in this document for further details.

Figure 2: Accreditation pathways



Guiding principles

18. The purpose of accreditation is to protect the health and safety of the Aotearoa New Zealand (NZ) public by setting and ensuring high standards of pharmacy education. Consistent with "right touch" principles of good regulatory practice, Council aims to accredit in a manner which: [11,12,13]
    a. Gives effect to the Principles of Te Tiriti o Waitangi (Te Tiriti) and commitment to Hauora Maori.
    b. Is proportionate, accountable, transparent, targeted, agile, and consistent.
    c. Prioritises and promotes a continuous quality improvement focus, offering providers both summative and formative feedback in the form of commendations and recommendations.
    d. Adds value by fostering innovative, culturally relevant, and high-quality pharmacy education practices
    e. Principles-based accreditation standards to enable flexible programme design.
    f. Supports regular communication and fosters collaborative, respectful, constructive, and professional relationships with programme providers and key stakeholders.

[11] HCPC: Preventing small problems from becoming big problems in health and care; 2015.
[12] Professional Standards Authority for Health and Social Care: Right touch regulation; 2022
[13] G-Reg; Government Regulatory Practice Initiative; 2022

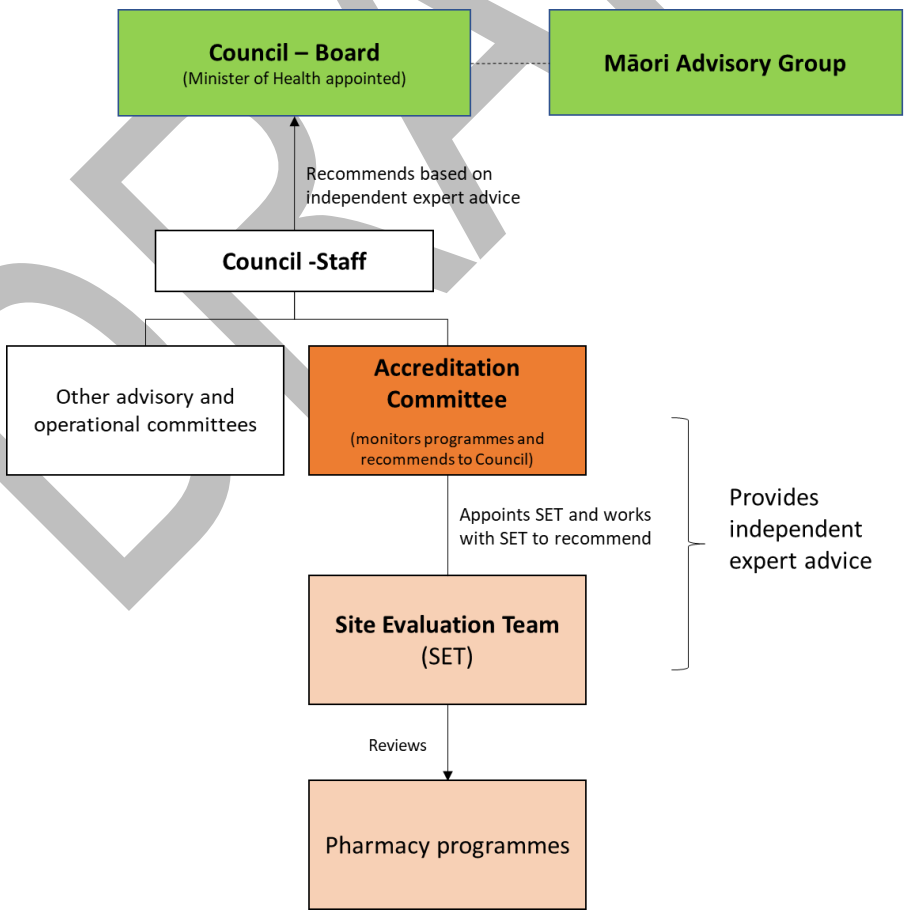
Guidance for established programmes

19. This section provides guidance to support providers of established pharmacy programmes to achieve accreditation and will include commentary on:
    a. Governance overview
    b. Process and timeline
    c. Self-assessment and evidence provision
    d. Site visit
    e. Draft report and decisions
    f. Publishing accreditation decision and final report
    g. Withdrawing and resubmitting a programme

Governance overview

20. An overview of the key groups associated with the accreditation process is provided in Figure 3.

Figure 3: Overview of the accreditation governance model



21. The functions and appointment process of the relevant accreditation groups are detailed in Table 1.

Table 1: Accreditation relevant group functions, membership, and appointment process

Group	Function	Appointment process
Council-Board	Independent members who ensure the requirements of HPCAA 2003 are effectively discharged – includes accreditation decisions.	By Minister of Health
Māori Advisory Group (MAG)	Partners with and supports Council to give effect to Te Tiriti o Waitangi	Appointed by MAG
Council -Staff	Lead and support development and implementation of Council's accreditation process.	By good practice recruitment process
Accreditation Committee (AC)	Independent expert members of up to eight members meeting on a bi-annual basis or as required to: Monitor pharmacy programmes Advise Council on accreditation matters Support the appointment of the site evaluation team (SET) membership Advises and works with SET team on areas for assessment Make accreditation recommendations to Council based on SET findings	Publicly advertised– selection by independent selection panel and Council
Site Evaluation Team (SET)	Independent expert members of up to four members to: Assess pharmacy programme(s) by reviewing submission material, conducting site visit, and interviewing a range of stakeholder groups Works with AC to identify specific areas for focused attention Recommend accreditation decisions to AC Commend and recommend and/or conditions as appropriate	Recommended and selection by Accreditation Committee and Council staff
NB: AC & SET team mix will comprise independent experts with experience in at least one of the following areas: pharmacy academia, pharmacy practice, Te Tiriti, health equity, cultural safety, accreditation expertise and other expertise as required. Council will utilise a mix of international and local expertise to mitigate and manage any potential conflicts of interest. Programme providers will be notified of proposed SET team members prior to site evaluation with mechanisms available to raise concerns about potential conflicts of interest. If a programme has a concern with a member's appointment, sufficient detail should be provided for Council and the AC to consider the nature and extent of the conflict of interest, to determine whether a change to the SET appointment is required.		

22. Council will appoint an appropriately experienced and skilled member of SET to chair whose role will include:
    a. leading the SET during their interactions
    b. managing the interview sessions during the site visit
    c. leading and supporting the writing of the report
    a. enabling critical, rigorous, robust, and fair SET discussions to determine the overall accreditation recommendation, and conditions – where relevant

Process and timeline

23. A schema describing the overall accreditation process is outlined in Figure 4.

24. Augmenting the figure and using the accreditation expiry date as a reference point (day zero), the key milestones and general process for accreditation and detailed in Table 2.

Table 2

Figure 4: Overview of accreditation process for established pharmacy programmes

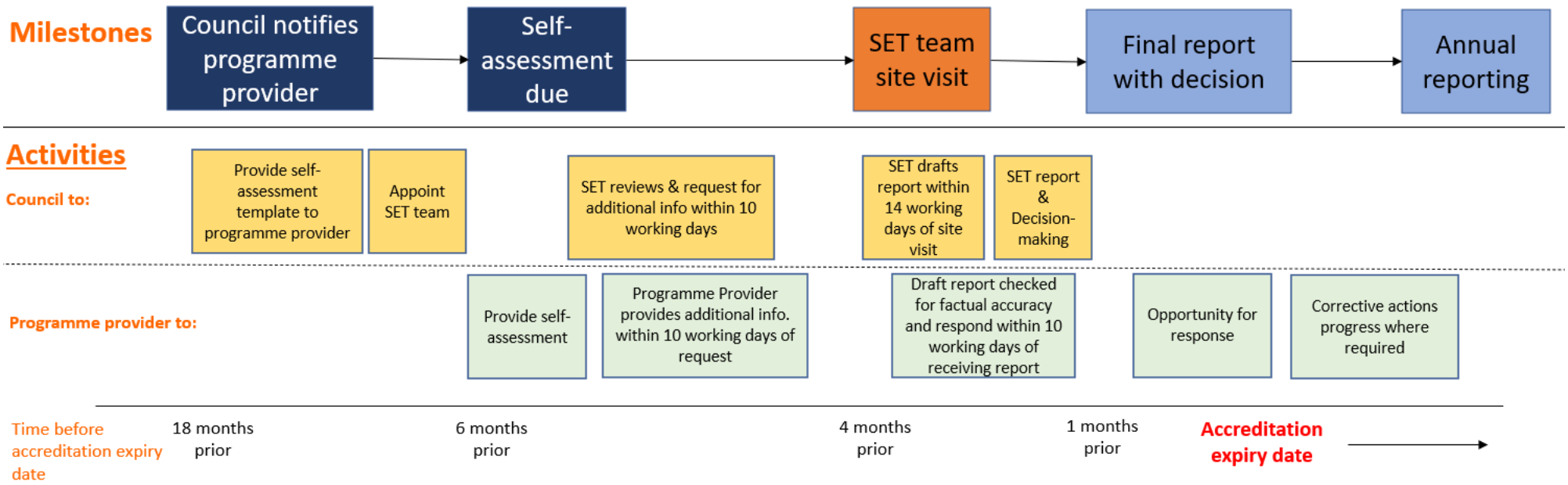


Table 2: Milestones, deliverables, and general accreditation for established programmes

Key periods	Timeline	Milestone & deliverables	Key activities for Programme Provider (PP)	Key activities for Council
BEFORE expiry date	18 months before expiry date	Council notifies programme provider	Initiate accreditation process and self-assessment planning and activity	Notify accreditation expiry date and support programme provider Provisional site visit dates booked and recruit Provide programme provider with self-assessment template ≥12 months of expiry date. Appoint SET team 9 months before expiry date
	Stage 1: 6 months before expiry date – i.e., 2 months before onsite visit by SET team	Self-assessment report & evidence due	Self-assessment and evidence submitted to Council by due date If requested, provide further information within 10 working days Site evaluation visit preparation	SET team reviews programme provider's self-assessment and evidence within 15 working days SET team requests for further information if required within 20 working days of receiving the self-assessment Site evaluation visit preparation with agenda sent to programme provider
	Stage 2: 4 months before expiry date	Site visit by SET team	Site evaluation Receive draft SET report within 15 working days from site visit Review draft SET report for factual accuracy and provide corrections and comment to Council within 10 working days of receiving the draft report	Site evaluation Draft SET report within 14 working days from site visit and send to programme provider for factual accuracy checking Review, modify and finalise SET report within 10 working days of receiving PP feedback Accreditation committee reviews final SET report and recommends to Council decision and any commendations and recommendations Council Board makes decision on accreditation.
	Stage 3: 1 month before expiry date	Final report and recommendations provided	Act to address conditions by deadline and provide progress report as needed Appeal decisions within 10 working days of decision notification	Council notifies programme provider of decision and final report sent
Expiry date				
POST accreditation period	IF applicable: act to meet conditions	Actions to address conditions	Provide evidence of successful actions to meet conditions	Manage any appeals where necessary Council monitors conditions and progress of actions as appropriate
	Anniversary date	Regular annual reporting (NB: separate to conditions monitoring)	Prepare annual report and send to Council within 20 working days of agreed annual reporting date	Review annual report for risks and continuous quality improvement progress- see section on *Regular Quality Assurance mechanisms* Monitor conditions as appropriate where required

NB: Timelines and dates are approximate only

Stage 1: self-assessment and evidence provision

25. The self-assessment template (see Appendix 1) is provided by Council to the programme provider for completion at least 12 months before the accreditation expiry date. The template includes a declaration. The self-assessment must be returned to Council at least six months prior to the expiry date (i.e., 2 months before on-site visit).

26. Self-assessment by the programme provider is an essential component of preparation for accreditation. This forms part of the accreditation process which covers documented quality mechanisms, management systems, processes, reviews, committees, and other relevant material. Note that the quality of evidence provided to demonstrate accreditation standards are being achieved is more important than the quantity provided.
    a. For illustrative examples of evidence that can be provided and commentary to support clarity – please see Appendix 2.

27. The self-assessment is also designed to assist the programme provider and the Site Evaluation Team (SET) in preparing for the on-site visit and reducing time spent on site reviewing information that is readily available prior to the review. The PP could consider providing intranet access or alternative document sharing solutions for this purpose along with instructions on how to navigate this information.

28. If there are changes to policies, procedures or guidelines including any newly developed ones after the self-assessment has been provided to Council but before the onsite evaluation by the SET team, the programme should alert the Council accreditation team so it can be reviewed by the SET prior to the on-site visit.

29. The SET (through the Council accreditation team) may request further information within 20 days from receiving the self-assessment content. The SET will identify what further information or evidence will be required. This request for further information will be provided to the Council accreditation team at most within 10 working days from the request. The SET will use a standard template for this purpose.

30. Providers are asked to record activities, processes, and outcomes against each accreditation standard, and provide commentary on what is done well, what needs

improvement and how improvement can be monitored, achieved, and evaluated. The self-assessment will focus on organisational system and process with examples of how the PP delivers its programme. The quality of evidence provided is more important that the quantity of evidence.

31. The emphasis of the self-assessment is the PP's own appraisal through narrative reporting which is supported by documents which are referenced or appended.

32. There is a column in the self-assessment template to embed relevant documents or reference the name of documents such as monthly and quarterly reports, meeting minutes, terms of reference etc. The PP should ensure it references any external audits or reviews completed which may be relevant to the accreditation standards (for example, Internal Reviews, External Reviews, or applications). Note policies, procedures and guidelines will be reviewed prior to the SET visit, but some documents may be viewed while on-site visit as part of the verification process.

33. Rate each section with:
    a. Fully attained (FA) or
    b. Partially attained (PA) or
    c. Unattained (UA).

34. Self-assessment ratings enable the programme provider to provide their view on their level of attainment to achieving accreditation standards. The SET team is responsible for assessing whether the accreditation standards are achieved.

Stage 2: Site visit

35. The site visit to the programme facilities provides an opportunity for the SET to better understand, contextualise, and assess whether the accreditation standards are adequately met.

36. Site visits is anticipated to be up to two days but may be shorter or longer depending on the type of programme being accredited.

37. The site visit will include interview sessions with various staff, students, and external stakeholders to complement the written information provided. Typically interviewed include programme leadership, teaching, and administration staff (including from other academic units), clinical supervisors, learners, recent graduates, employers of recent graduates, professional bodies, and other relevant stakeholders.

38. During the site visit, additional evidence or follow-up clarification may be identified. These requests will be made to the programme's primary contact for the accreditation process.

39. The accreditation visit schedule should provide maximum opportunities for interactive discussions to allow interviewees to present their views freely and for the SET to verify statements through triangulation.

40. The SET will:
    a. Visit teaching areas, pre-clinical and clinical facilities, and other student support facilities.
    b. Observe learners and review of relevant course work documentation may also be undertaken.

41. It is important to allow adequate time during the SET visit for confidential team discussions, review, and reflection.

42. A draft site visit schedule is prepared by the Council accreditation team and confirmed with the programme provider.

43. The programme provider is to coordinate the availability of the various interviewees and provide their names to the Council accreditation team for the accreditation process.

Stage 3: Draft report and decisions

44. Following the site visit a draft report will be developed by the SET. The draft report will include the key information presented by the programme, the SET's findings, and any commendations and recommendations.

45. Each standard will be assessed, and an overall accreditation commendation and recommendation will be made. Should one or more of the accreditation standards not be met, the report will outline accreditation conditions for action – please see Accreditation outcomes section for further details.

46. The draft SET report is to be developed by the SET within 14 working days from the site visit and sent to programme provider for factual accuracy checking.

47. Programme providers will receive a draft SET report within 15 working days from site visit and have up to 10 working days from receiving the report to ensure factual accuracy of the draft report, including bringing to the SET's attention evidence available at the time of the visit, that they consider may have been overlooked.

48. The draft SET report will include the proposed overall accreditation recommendation. The programme can comment where relevant. The SET will make any necessary changes and provide the Accreditation Committee with the final SET report including any conditions and alongside any commendations and recommendations. The SET chair may be requested to present the report to the accreditation committee and Council:
    a. if consensus was not reached on the overall accreditation recommendation, or
    b. where the potential outcome could lead to the revoking of or decision to decline accreditation.

49. The accreditation committee will review the SET report and suggest its decision, commendation, and recommendation for Council to decide at least one month prior to the accreditation expiry/anniversary date. NB: During transition periods, and in

discussions with programme providers and the Accreditation Committee, Council will adjust the accreditation period in a reasonable and fair manner as appropriate.

50. In a case where Council might propose to decline or revoke accreditation, the programme will have further opportunities to provide any new evidence that could change Council's decision. If the programme provider disagrees with Council and accreditation committee's decision, they can ask Council to reconsider its decision. The programme provider's request for reconsideration must be made in writing and the request must be received within 10 working days of the notification of the original decision. The original decision will not take effect until after the outcome of a request for reconsideration has been decided. Council's Reconsideration of a Decision Policy and Process can be found on Council's website – for more detailed information, please see the section on Accreditation Outcomes.

51. An accreditation decision can be appealed through the District Court if the programme provider disagrees with the final decision of Council.

Publishing accreditation decision and final report

52. Once Council's Board has made its accreditation decision, the accreditation outcome and final report will be shared with the programme. The decision and a final (summary) report will also be published on the Council website, and practitioners and stakeholders advised of the outcome in a communication update.

Guidance for new programmes or established programmes with substantial change

New programmes

53. A new programme seeking accreditation must formally advise Council of its intent to be accredited and gazetted as a prescribed qualification for a New Zealand pharmacy practitioner scope of practice, and request for the accreditation process to be initiated. The Council appreciates early informal notification if a new programme is being planned.

54. The request for accreditation should include the following preliminary details:
    d. name of the programme provider
    e. name of the programme
    f. the qualification/s to be awarded
    g. scope of practice for which accreditation is sought
    h. the proposed date of commencement of the programme
    i. normal duration of the programme
    j. brief outline of the programme objectives and structure
    k. key external and/or joint parties involved in the delivery of the programme
    l. location/s of delivery, including clinical training facilities and outplacements
    m. envisaged student numbers per year of programme
    n. key contact information for accreditation purposes.
    o. Update and progress on parallel non-Council new programme accreditation processes (e.g., CUAP or NZQA)

55. Further information may also be requested before the accreditation process is initiated and a SET team established. Accreditation of new programmes by the accreditation committee and Council staff may take up to 18 months to:
    a. complete the accreditation review
    b. consider the report and recommendations, and make accreditation decision
    c. if accreditation is granted, consult with registered pharmacists and stakeholders for 8 weeks on the proposed prescribed qualification for a pharmacy scope of practice
    d. if the programme proposal is accepted and supported by consultation, to gazette the programme as a prescribed qualification.

Withdrawing and resubmitting a new programme

56. For a new pharmacy programme, a programme provider may request that consideration of its accreditation be withdrawn by writing to Council. A programme can be withdrawn at any stage of the process until a final accreditation decision is made.

57. The new programme can later be resubmitted for reconsideration, with supplementary evidence on how the programme is meeting the standards. Particularly, in those areas where shortcomings were identified through the previous review process.

58. If resubmission occurs within a year of the previous accreditation review, a desktop review may be appropriate. This will depend on the nature of the earlier deficiencies, and whether a site visit or direct interaction with stakeholders is considered essential to determine whether a standard is met.

Established programmes with substantial change

59. **A substantial change** is one where there is a change in the nature or functioning, or an extension of the pharmacy programme which may have significant effects in learners acquiring the knowledge, skills and attributes which enable them to register or enter a scope of practice.
    a. Council can provide general advice about whether proposed changes are likely to impact on the programme's accreditation status. Programmes are to contact Council as soon as possible if there is any doubt about whether a proposed change represents a substantial change.

60. Illustrative examples of what constitutes a substantial change are one or combination of the following, but is not limited to:
    a. Conditions imposed on the programme or provider by an external party
    b. Discontinuation of a course or part-of a course, or a significant change in the length of a course (i.e., months/years).
    c. Marked changes in the design of a programme that may affect learning opportunities and/or achievement of learning outcomes
    d. A change in delivery partner or arrangements with a delivery partner
    e. Substantial changes to:
        i. Expected learning outcomes for learners
        ii. Admission requirements that potentially present barriers to the achievement of learning outcomes
        iii. Student assessment
        iv. Change to arrangements for monitoring programme quality and graduate outcomes of programmes
        v. Student numbers for the programme relative to available resources, including capital, facilities, and staff
        vi. Staffing profile or resource availability adversely impacting safe and effective delivery of programme

61. The process to review and achieve accreditation for established pharmacy programmes with substantial change is the same as that for new programmes with the exception that it may not need to be gazetted depending on the extent and nature of change.

62. Programme providers should notify Council of a major change in writing as soon as possible and before the change is implemented. The expectation is that Council would be informed of a proposed major change at least 18 months before the proposed implementation to allow Council enough time to assess the impact of changes to the programme. The only exception is if there are extenuating circumstances which require a shorter time frame. These will be managed on a case-by-case basis but require notification to the Council as soon as the situation is known to the programme provider.

63. The assessment of the impact of any changes will be undertaken with reference to the *New Zealand accreditation standards for pharmacy programmes.*

64. The process to review a major change involves the following steps:
    a. The programme advises Council in writing of an actual or proposed change.
    b. The accreditation committee determines whether:
        i. based on the information provided the change can be incorporated within the status and period of accreditation, or
        ii. whether a limited review, with or without a site visit, is required, with assessment against specified accreditation standards, or
        iii. if the change has a potential impact that requires a full re-accreditation review, including a site visit, or
        iv. if the change is of such a nature that it constitutes a proposal for a new programme and the programme provider should therefore seek initial accreditation of the programme.

65. In cases of a full or limited review, an evaluation of the major change is undertaken by a SET, and the accreditation committee considers the SET's report.

66. A decision by Council is made following consideration of the accreditation committee's recommendation.

67. The programme provider will be informed of Council's decision regarding the major change, including any additional requirements of the programme arising from the decision.

Accreditation outcomes

Assessment of meeting accreditation standards

68. The criteria are not sub-standards that will be individually assessed. The SET must have regard for whether each criterion is met but must take an on-balance view of whether the evidence presented by a programme clearly demonstrates that a particular standard is met. The options for the accreditation standard assessment are outlined in Table 3.

Table 3: Accreditation standards assessment options

Options	Description
Standard is fully attained	When the programme meets the minimum requirements of the standard.
Standard is partially attained	If the plans or arrangements in place for the provision of the programme do not fully meet the standard. A finding of partially attained must satisfy the following two criteria: The plans or arrangements in place must not adversely affect student welfare, delivery of the programme, or the learning outcomes and professional competencies required, and There must be a reasonable expectation that the programme will be able to meet the accreditation standard in full within a defined period that does not pose an unacceptable risk.
Standard is unattained	When the programme does not meet the minimum requirements of the standard and the arrangements planned or currently in place for the provision of the programme: • impair or undermine the acquisition of the required knowledge, skills, and attributes; and/or • call into question the programme provider's capacity to resource or administer the programme; and/or • will have, or are having, significant adverse effects on student welfare.

Commendations and Recommendations

69. While accreditation's primary purpose is to demonstrate whether accreditation standards are met, the process also fosters quality improvement through feedback during accreditation reviews.

70. During the accreditation review process, the SET may also identify areas for commendations and recommendations. These will be included in the accreditation report.

71. A commendation is where an aspect of the programme is assessed as significantly exceeding the minimum requirements for accreditation.

72. Where SET identifies opportunities to further improve the quality of the programme and its outcomes, recommendations will be made which recommend what is to be improved the programme provider will be monitored by the Accreditation Committee as part of the Annual Reporting process and more scrutiny will be applied to the areas where recommendations are made.

Overall accreditation outcomes

73. The possible accreditation outcomes are outlined in Figure 5 and Table 4.

Figure 5: Overview of potential accreditation outcomes

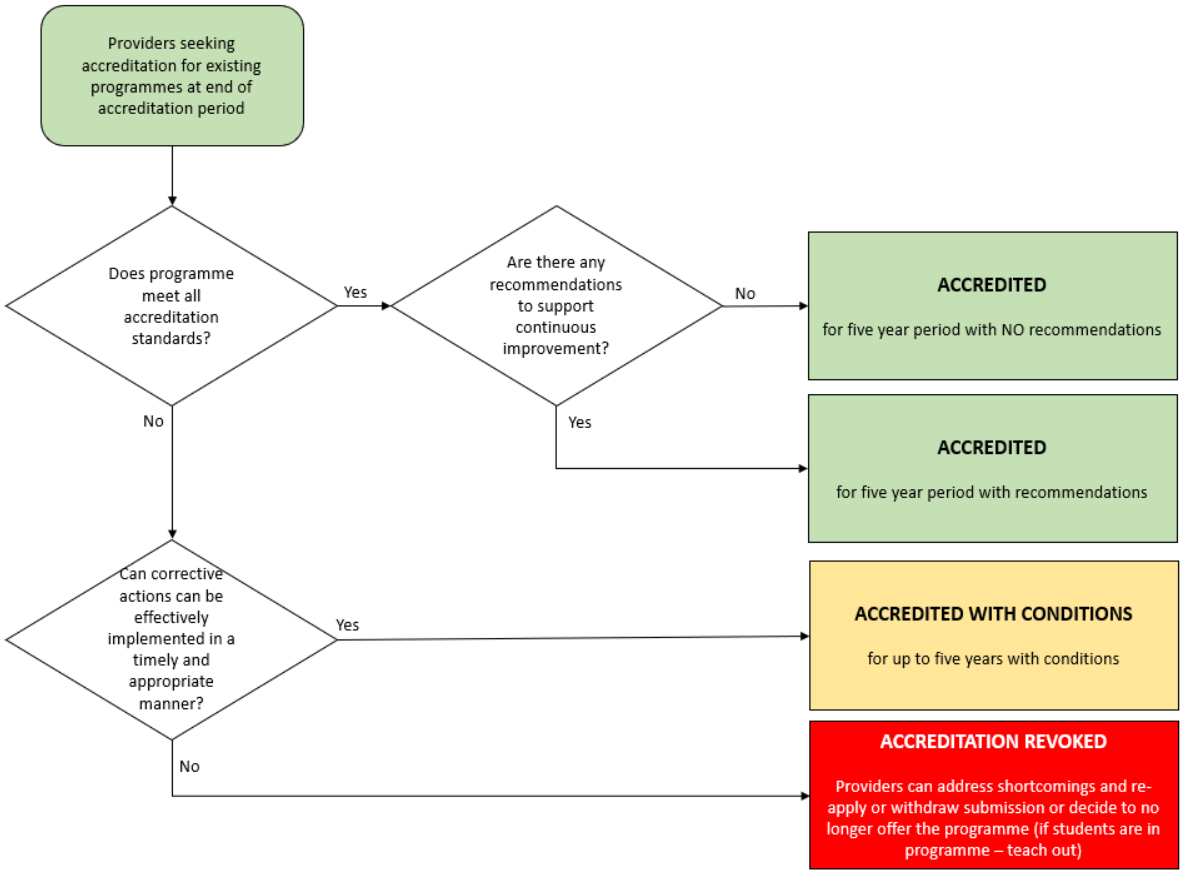


Table 4: Possible accreditation outcomes and their description

Possible outcome	Description
Accreditation	The programme meets all the accreditation standards.
Accreditation with conditions	The programme meets most of the accreditation standards but has not achieved one or more of the accreditation standards and requires significant actions to reach the accreditation standard within a specified timeframe. Evidence of meeting the conditions within the timeline stipulated must be demonstrated to maintain accreditation of the programme.
Revoke	The programme does not meet accreditation standards and is unable to implement actions necessary to reach the accreditation standard within the specified timeframe.

74. Accreditation can be granted for up to 5 years.

75. Shorter accreditation periods can be approved if the programme is not yet fully

established or does not meet all the accreditation standards and/or a condition of a serious nature is placed on the programme, and/or there is some uncertainty whether the programme would be able to address the shortcomings within the defined condition period. The period of accreditation can then be determined accordingly with expert advice provided by the Accreditation Committee.

76. Ongoing accreditation is subject to satisfactory ongoing annual reporting requirements within the five years.

77. Revoking and declining accreditation is extremely rare and will only be invoked where there are serious concerns about a programme which cannot be appropriately or adequately managed
    a. Please see Appendix 6 for guidance commentary.

Annual reporting for quality assurance

Quality assurance mechanisms

78. The Council will use annual reporting as the mechanism to ensure accredited programmes continue to meet the accreditation standards to ensure ongoing accreditation. Annual report templates are available in:
    a. Appendix 3: annual reporting template for the undergraduate programme
    b. Appendix 4: annual reporting template for the intern training programme
    c. Appendix 5: annual reporting template for pharmacist prescriber programme

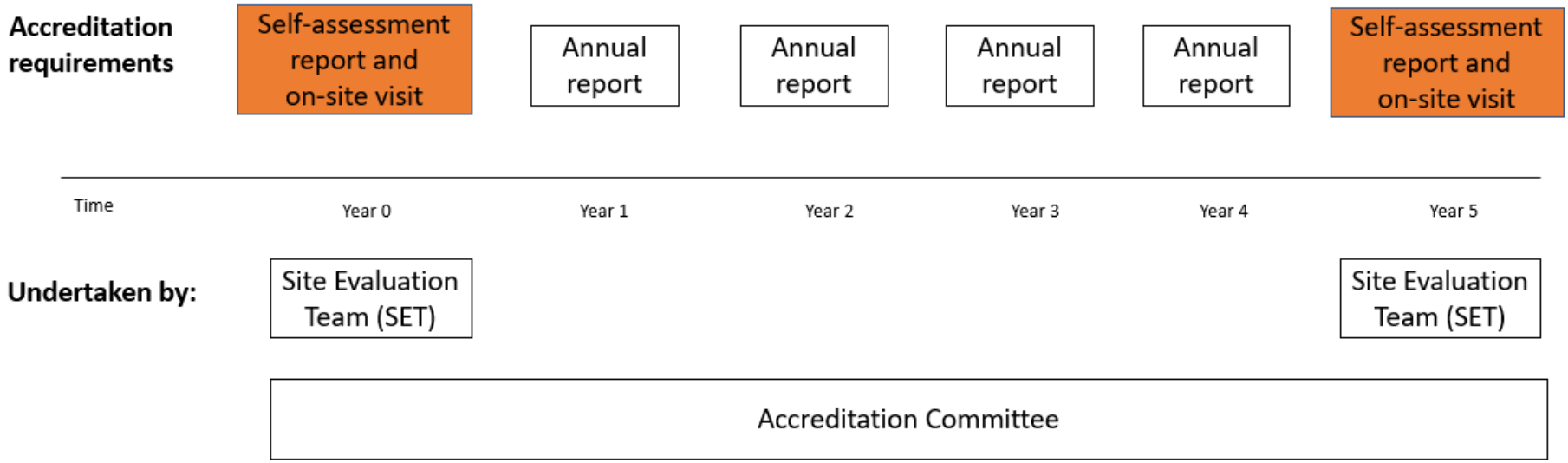
79. Reports are to be completed annually by the second quarter of the following year to enable a full annual data set to be provided.

80. Annual reports have been designed to balance programme provider workload with what is required to enable reasonable, fair, and practical quality assurance. Annual reports augment 5-yearly SET onsite visits to support continued quality assurance of the programme and an overview of their relationship is shown in Figure 6.

81. The quality assurance and monitoring tools used for accredited programmes are:
    a. Annual report: To help assess and identify key risks and their controls to ensure the programme continues to meet accreditation standards, monitor improvement progress and highlight key changes to the programme between accreditation reviews.
    b. Additional reports may be required if a programme has conditions or is fully accredited but with recommendations, or when a programme has been granted a shortened period of accreditation. Additional reporting may also be required if significant concerns are identified post annual report, major programme change, or if a complaint is substantiated.
    c. Onsite visits or videoconferencing if there has been a significant adverse change which may meant that accreditation standards cannot continued to be achieved (e.g., natural disasters, pandemic). A monitoring visit would also be required if conditions were not being met.
    d. Reporting of major changes to programmes. Programmes must inform Council of major changes to an accredited programme so that the impact of the change on the ongoing compliance of the programme can be evaluated

by the Council accreditation committee and a decision made as to whether a new accreditation is required.

Figure 6: Relationship between annual and 5-yearly accreditation requirements



General notes

Raising concerns about accredited programmes

82. If the public, professional associations, pharmacist employers or other groups have concerns about education programmes not meeting accreditation standards, these should first be directly raised and discussed with programme providers.
    a. If this cannot be resolved, Council can be formally notified and further investigated as appropriate.

83. The concern must be in writing, and must provide details and evidence, where possible, to substantiate the concern.

84. If further investigation is considered necessary, then the programme will be informed of the concern and requested to respond to the concerns raised.

85. In the review of the concern, the accreditation committee and Council will consider whether the programme continues to meet the accreditation standards.

86. The outcome of the review about a concern will be a decision about what action, if any, is necessary. This may include additional monitoring requirements such as a report, or a site visit interviewing stakeholder. If Council is satisfied with the response from the programme, then nothing further is required.

87. The complainant and the programme will be advised of the outcome

Confidentiality

88. To undertake the accreditation role, Council requires detailed information from the programme. This typically includes sensitive or commercial-in-confidence information such as plans, budgets, appraisals of strengths and weaknesses and other confidential information. For this reason, the accreditation material received is treated confidentially.

89. For SET onsite visits - interviewees are encouraged to give free and frank answers to questions from SET members. For this reason, the SET may request that programme staff not be interviewed in the same session as their line manager or

with another staff member with whom there is a reporting relationship, for example a programme director not being interviewed in the same session with a dean of a faculty or head of department. To maintain confidentiality and encourage free and frank responses individuals who are interviewed are not identified in reports and interviewees are not privy to comments made in interview sessions other than their own.

90. Members of the SET, accreditation committee, Council, and its team, are obliged by contract to keep all material confidential.

91. Information collected is used only for the purpose for which it is obtained.

92. The accreditation outcome remains confidential until the final Council decision has been made.

Fees

93. Accreditation is based on full cost recovery from the educational institution.

94. Costs for an accreditation review could include the participation of the site evaluation team, administration, and secretariat site visit expenses, directly associated with the review of the programme.

95. Direct costs related to condition monitoring may also be charged to the programme.

Council accreditation team

96. All communication with the programme provider will be made by Council's operational team, and not SET members. Council's accreditation team will:
    a. provide coordination and administrative support to the SET
    b. train and support SET members
    c. confirm necessary logistical arrangements with the programme
    d. advise the SET on the application and interpretation of the accreditation standards
    e. attend the site visit to support the SET as appropriate
    f. ensure the review is conducted within the scope of Council's accreditation function, assessed against the accreditation standards, and adhering to the accreditation principles and processes defined in this document.

Appendices

Appendix 1: Self-assessment Template

Self-Assessment Template

Provider details:

Programme Name	Address

Key contributors to the self-assessment

Name	Position	Domains, standards and criteria assessed

Declaration

I, XX, of YY hereby submit this self-assessment in preparation for the upcoming site evaluation team visit as being an accurate reflection of the current status of the Pharmacy Programme as at XX date.

Executive summary

An overview summary which may include, but not limited to, programme overview, highlights, key risks and areas for improvement, improvement initiatives underway and their progress.

NB: there is no word limit specified but a general guide is 750- 1,000 words.

Self-assessment information

Domain	Standard	Criteria	Self-rating	Narrative Reporting	Associated information (embed or reference this so it can be reviewed)
1. Te Tiriti o Waitangi, hauora Māori	1. The programme ensures students can give effect to Te Tiriti o Waitangi and provide culturally safe & competent engagement and appropriate care for Māori	1.1 The programme demonstrates its commitment to honouring the Articles and Principles of Te Tiriti o Waitangi through its educational philosophy and delivery.			
		1.2 The programme supports learners[14] to develop an understanding of Hauora Māori and Māori perspectives on health.			
		1.3 Academic governance arrangements that reflect Te Tiriti principles are in place for the programme and include systematic monitoring, review, and continuous improvement from a Matauranga Māori perspective.			
		1.4 Te Tiriti o Waitangi obligations, and hauora Māori are articulated clearly, integrated in the programme, and assessed.			
2. Public safety and safe and inclusive practice	2. Public safety and safe and inclusive practice is assured, reflecting the Competence Standards for the Pharmacy Profession and the Code of Ethics	2.1 The programme provider fosters a learning environment which enable learners to understand and achieve high levels of ethical and professional conduct.			
		2.2 Protection of the public and the care of patients and their whānau are prominent amongst the guiding principles for the programme, clinical/cultural education and learning outcomes.			
		2.3 Learner fitness to practice screening, management and reporting processes are effective throughout the programme.			
		2.4 Learners are provided with relevant cultural safety training before interacting with patients and their whānau.			
		2.5 All direct patient care supervision is provided by suitably qualified registered			

[14] Learners = students and interns.

Domain	Standard	Criteria	Self-rating	Narrative Reporting	Associated information (embed or reference this so it can be reviewed)
		pharmacists/registered health practitioners.			
		2.6 Pharmacies and other health settings providing experiential learning must also meet all relevant statutory legislation, regulations, and standards.			
		2.7 Programmes equip learners with the appropriate legal, ethical, clinical, cultural, and professional knowledge and skills to achieve the required learning outcomes.			
3. Academic governance and quality assurance	Academic governance and quality assurance processes are effective	3.1 All programmes meet contemporary and recognised external educational evaluation and review processes.			
		3.2 Programme providers have adequate autonomy and resourcing to deliver their programmes to achieve the required learning outcomes.			
		3.3 Iwi/Māori, learner, and internal and external academic and professional peers contribute to the programme's design, management, and quality improvement.			
		3.4 Mechanisms exist for responding within the curriculum to contemporary health system and policy developments and trends relevant to clinical and culturally safe practice and health professional education.			
		3.5 Tikanga Māori and Te Reo Māori is incorporated, as appropriate into the values, practices, and organisational culture.			
		3.6 Programme providers have mechanisms to ensure experiential learning sites provide (or deliver) appropriate learning experiences aligned with learning outcomes.			
4. Programme of study	Programme design, delivery and resourcing	4.1 A coherent educational philosophy informs the programme's design and delivery.			

Domain	Standard	Criteria	Self-rating	Narrative Reporting	Associated information (embed or reference this so it can be reviewed)
	enable students to achieve the required pharmacy professional competencies	4.2 Programme learning outcomes address all the required pharmacy professional competencies and the pharmacist code of ethics.			
		4.3 The quality, quantity and variety of clinical education and experiential learning is sufficient to produce a learner who can practice pharmacy across a range of professional settings.			
		4.4 Learning and teaching methods are intentionally designed in a way that supports and enables learners to achieve the required learning outcomes.			
		4.5 The programme provider ensures learners are provided with access to appropriate learning resources, and staff with specialist knowledge, expertise, and cultural capabilities.			
		4.6 Staff and learners work and learn in a culturally safe[15] environment.			
		4.7 The programme is informed by current research and scholarship and learners are competent in research literacy appropriate for the level and type of programme.			
		4.8 Pharmacy learners understand Hauora Māori frameworks, their application, and about other health professions to foster interprofessional collaborative practice.			
		4.9 The programme provider ensures that all staff are suitably qualified and experienced and sustainably resourced			

[15] In the context of accreditation, the concept of cultural safety used by Council is consistent with that as articulated in Curtis et al; Why Cultural safety rather than cultural competence is required to achieve health equity: a literature review and recommended definition; International Journal for equity in Health (2019) 18: 174
Cultural safety requires healthcare professionals [and programme provider staff] *and associated healthcare organisations* [and programme providers] *to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery. This requires individual healthcare professionals and healthcare organisations to acknowledge and address their own biases, attitudes, assumptions, stereotypes, prejudices, structures, and characteristics that may affect the quality of care provided. In doing so, cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities, and as measured through progress towards achieving health equity. Cultural safety requires healthcare professionals and their associated healthcare organisations to influence healthcare to reduce bias and achieve equity within the workforce and working environment".*

Domain	Standard	Criteria	Self-rating	Narrative Reporting	Associated information (embed or reference this so it can be reviewed)
		and developed to deliver the accredited programme.			
		4.10 Learning environment and clinical facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.			
		4.11 Cultural safety is articulated clearly and integrated within the design of the programme. This is assessed to ensure that learners are equipped to provide care to a diverse range of cultures, ethnicities, groups, and populations.			
		4.12 The pharmacy programme has the resources to sustain the quality of education that is required to facilitate the achievement of the pharmacist's professional competencies.			
		4.13 Access to clinical and Hauora Māori experiential learning is assured, via formal agreements as required, to sustain the quality of clinical and cultural learning necessary to achieve the pharmacist competencies.			
5. The student experience	Students are provided with equitable and timely access to information and support	5.1 Course information is clear and accessible.			
		5.2 Admission and progression requirements and processes are fair, transparent, culturally safe and do not present any unreasonable barriers to entry and progress.			
		5.3 The programme provider promotes and supports the recruitment, admission, participation, retention, and completion of the programme by Māori and other high priority peoples.			
		5.4 Learners have access to and are aware of effective grievance and appeals processes.			

Domain	Standard	Criteria	Self-rating	Narrative Reporting	Associated information (embed or reference this so it can be reviewed)
		5.5 The programme provider identifies and provides support to meet the academic learning needs of learners.			
		5.6 Learners are informed of and have access to personal wellbeing and support services provided by qualified personnel.			
		5.7 Equity and diversity are observed and promoted in the learner experience.			
6. Assessment	Assessment is fair, valid, and reliable to ensure graduates are competent to practice	6.1 There is a clear relationship between learning outcomes and assessment strategies.			
		6.2 Appropriate and pedagogically sound assessment methods which include formative assessment, summative assessment, timely feedback, and direct observation in the clinical setting are employed across the programme.			
		6.3 Learners are assessed by suitably qualified and experienced people, including external experts, who take into account the student and their cultural context.			

Note: in addition to the completion of the self-assessment template the programme provider (PP) should also provide Council with:

A copy of the current organisational structure of the PP with names of people in key leadership positions

Access to policies, procedures, guidelines, and other relevant information for the site evaluation team (SET) to review.

Appendix 2: Illustrative examples of evidence to support assessment against accreditation standards and commentary

Domain	Standard	Criteria	Commentary and Guidance	General illustrative examples of evidence to demonstrate standard met
1. Te Tiriti o Waitangi, hauora Māori	1. The programme ensures students can give effect to Te Tiriti o Waitangi and provide culturally safe & competent engagement and appropriate care for Māori	1.1 The programme demonstrates its commitment to honouring the Articles and Principles of Te Tiriti o Waitangi through its educational philosophy and delivery. 1.2 The programme supports learners[16] to develop an understanding of Hauora Māori and Māori perspectives on health. 1.3 Academic governance arrangements that reflect Te Tiriti principles are in place for the programme and include systematic monitoring, review, and continuous improvement from a Matauranga Māori perspective. 1.4 Te Tiriti o Waitangi obligations, and hauora Māori are articulated clearly, integrated in the programme, and assessed.	This standard is designed to ensure that the programme can demonstrate, in practical terms, a commitment to Te Tiriti o Waitangi. Interpreting both the Te Tiriti Principles and Articles in ways which are relevant to the programme, and meaningful to students will be key to this process. It implies that students will have the opportunity to learn about the relevance of Te Tiriti to Māori health and their own practice. That students are aware of the role Te Tiriti can play in reducing health inequities and inequalities. It further implies that arrangements are in place to facilitate Māori input into governance and management decisions, policies, and processes and that these are regularly reviewed for efficacy.	Evidence of this may include, but is not limited to: Educational institution policies on mechanisms for authentic partnership and engagement with Māori Cultural safety, competence, Te Tiriti expertise available • Te Reo Māori use and training Partnerships with Māori and other related organisations Learning outcomes and course work specific to giving effect to Te Tiriti o Waitangi, hauora Māori Educational institution policies Graduate profiles Course outlines Curricular maps Membership of relevant committees, e.g., Board of Studies, Teaching and Learning Committees Membership of Advisory Committee Specific educational initiatives e.g., Māori Health Intensive
2. Public safety and safe and inclusive practice	2. Public safety and safe and inclusive practice is assured, reflecting the Competence Standards for the Pharmacy Profession	2.1 The programme provider fosters a learning environment which enable learners to understand and achieve high levels of ethical and professional conduct. 2.2 Protection of the public and the care of patients and their whānau are prominent amongst the guiding principles for the programme, clinical/cultural education and learning outcomes. 2.3 Learner fitness to practice screening, management and reporting processes are effective throughout the programme.	This standard is designed to ensure that learners are equipped with the relevant knowledge, skills, behaviours, and attitudes to interact safely with the public, both in a clinical and cultural capacity, in the delivery of pharmacy services. This will require an understanding and application of the clinical, professional, legal, and ethical frameworks and responsibilities at	Evidence of this may include, but is not limited to: • Programmes guiding principles • Programme regulations • Academic regulations • Student handbook • Record keeping process for student data re. convictions, health conditions • Relevant policies

[16] Learners = students and interns.

Domain	Standard	Criteria	Commentary and Guidance	General illustrative examples of evidence to demonstrate standard met
	and the Code of Ethics	2.4 Learners are provided with relevant cultural safety training before interacting with patients and their whānau. 2.5 All direct patient care supervision is provided by suitably qualified registered pharmacists/registered health practitioners. 2.6 Pharmacies and other health settings providing experiential learning must also meet all relevant statutory legislation, regulations, and standards. 2.7 Programmes equip learners with the appropriate legal, ethical, clinical, cultural, and professional knowledge and skills to achieve the required learning outcomes.	the appropriate level of service (students, interns, trainee prescribers).	• Staff list with their qualifications and relevant clinical experience • Programme regulations/policy around experiential learning • Academic Integrity policies and processes • Student experiential learning logbooks • Evidence of training of experiential learning supervisors by the provider • Experiential learning liaison committees • Fitness to Practice policies and procedures • In the BPharm programme - curricular map for cultural safety topics (e.g., racial diversity, LGBTAQI + health, persons with disabilities, substance users, or other underserved populations. • In the intern programme - workshops or training building on curricular exposure in BPharm • In the prescriber programme - evidence of reflective practice with respect to cultural safety (e.g., assessment outline, student feedback) in the pharmacist prescriber programme • Processes for appointment of clinical supervisors • Examples of Experiential learning site and personnel requirements • Curriculum and assessment maps
3. Academic governance and quality assurance	Academic governance and quality assurance processes are effective	3.1 All programmes meet contemporary and recognised external educational evaluation and review processes. 3.2 Programme providers have adequate autonomy and resourcing to deliver their programmes to achieve the required learning outcomes. 3.3 Iwi/Māori, learner, and internal and external academic and professional peers contribute to the programme's design, management, and quality improvement.	This standard is designed to ensure that programme development, governance arrangements, quality assurance and quality improvement processes includes mechanisms for consultation with a range of stakeholders, including Māori, and these systems should be informed by an understanding of	Evidence of this may include, but is not limited to: Date of external accreditation (NZQA, CUAP) to deliver programmes Published NZQA or CUAP reports Graduating Year review CUAP/NZQA reporting requirements Educational institution annual programme reports Quality assurance plan

Domain	Standard	Criteria	Commentary and Guidance	General illustrative examples of evidence to demonstrate standard met
		3.4 Mechanisms exist for responding within the curriculum to contemporary health system and policy developments and trends relevant to clinical and culturally safe practice and health professional education.	contemporary pharmacy practice and educational design.	• Programme philosophy, values, and beliefs • Mechanisms for policy and practice environment scans and consideration of their relevance to education provision • Educational institution internal reviews • Teaching and Learning Committee reports • Budgets, Capital inventories • Advisory Committee membership and reports • Staff publications, conference attendance and contributions to professional bodies • Evidence of Educational institution policies
		3.5 Tikanga Māori and Te Reo Māori is incorporated, as appropriate into the values, practices, and organisational culture.		
		3.6 Programme providers have mechanisms to ensure experiential learning sites provide (or deliver) appropriate learning experiences aligned with learning outcomes.		
4. Programme of study	Programme design, delivery and resourcing enable students to achieve the required pharmacy professional competencies	4.1 A coherent educational philosophy informs the programme's design and delivery.	This standard is designed to ensure that the programme design, teaching and learning strategies, resources (including staffing, facilities, equipment, access to experiential learning opportunities) allow learners to demonstrate achievement of the relevant learning outcomes and competency standards (students, interns, trainee prescribers) in a clinically and culturally safe manner.	Evidence of this may include, but is not limited to: • Programme philosophy • Being open to Matauranga Māori based educational philosophies. • Including research methodologies which incorporate the Māori world view. • Evidence of a programme policy on how they ensure placement sites are fit for purpose including how they manage a site that is not fit for purpose and how they manage a situation where a learning environment is inappropriate or suboptimal • Course outlines • Student handbooks
		4.2 Programme learning outcomes address all the required pharmacy professional competencies and the pharmacist code of ethics.		
		4.3 The quality, quantity and variety of clinical education and experiential learning is sufficient to produce a learner who can practice pharmacy across a range of professional settings.		
		4.4 Learning and teaching methods are intentionally designed in a way that supports and enables learners to achieve the required learning outcomes.		
		4.5 The programme provider ensures learners are provided with access to appropriate learning resources, and staff with specialist knowledge, expertise, and cultural capabilities.		
		4.6 Staff and learners work and learn in a culturally safe[17] environment.		

[17] In the context of accreditation, the concept of cultural safety used by Council is consistent with that as articulated in Curtis et al; Why Cultural safety rather than cultural competence is required to achieve health equity: a literature review and recommended definition; International Journal for equity in Health (2019) 18: 174
Cultural safety requires healthcare professionals [and programme provider staff] *and associated healthcare organisations* [and programme providers] *to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery. This requires individual healthcare professionals and healthcare organisations to acknowledge and address their own biases, attitudes, assumptions, stereotypes, prejudices, structures, and characteristics that may affect the quality of care provided. In doing so, cultural safety encompasses a critical*

Domain	Standard	Criteria	Commentary and Guidance	General illustrative examples of evidence to demonstrate standard met
		4.7 The programme is informed by current research and scholarship and learners are competent in research literacy appropriate for the level and type of programme.		• Mapping of learning outcomes to professional competencies and code of ethics • Curriculum map • Teaching and Learning Committee reports • Staff-student liaison reports • Student Focus groups • Board of Studies course reports • Inventory of learning resources • Educational institution policies • Curriculum and assessment maps outlining programming for research-related learning outcomes in the BPharm • Description of research or quality improvement initiatives expected of the interns • List of interprofessional experiences • Evaluations of i/p initiatives • List of staff with credentials • Inventory of facilities • Learner feedback on facilities • Budgets • Examples of Experiential Learning site and personnel requirements
		4.8 Pharmacy learners understand Hauora Māori frameworks, their application, and about other health professions to foster interprofessional collaborative practice.		
		4.9 The programme provider ensures that all staff are suitably qualified and experienced and sustainably resourced and developed to deliver the accredited programme.		
		4.10 Learning environment and clinical facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.		
		4.11 Cultural safety is articulated clearly and integrated within the design of the programme. This is assessed to ensure that learners are equipped to provide care to a diverse range of cultures, ethnicities, groups, and populations.		
		4.12 The pharmacy programme has the resources to sustain the quality of education that is required to facilitate the achievement of the pharmacist's professional competencies.		
		4.13 Access to clinical and Hauora Māori experiential learning is assured, via formal agreements as required, to sustain the quality of clinical and cultural learning necessary to achieve the pharmacist competencies.		
5. The student experience	Students are provided with equitable and timely access to information and support	5.1 Course information is clear and accessible.	This standard is designed to ensure learners are provided with equitable and timely information, resources and support systems relevant to the programme (student, intern, trainee prescriber), and admission and	Evidence of this may include, but is not limited to: • Programme regulations • Academic regulations • Student handbook
		5.2 Admission and progression requirements and processes are fair, transparent, culturally safe and do not present any unreasonable barriers to entry and progress.		

consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities, and as measured through progress towards achieving health equity. Cultural safety requires healthcare professionals and their associated healthcare organisations to influence healthcare to reduce bias and achieve equity within the workforce and working environment".

Domain	Standard	Criteria	Commentary and Guidance	General illustrative examples of evidence to demonstrate standard met
		5.3 The programme provider promotes and supports the recruitment, admission, participation, retention, and completion of the programme by Māori and other high priority peoples. 5.4 Learners have access to and are aware of effective grievance and appeals processes. 5.5 The programme provider identifies and provides support to meet the academic learning needs of learners. 5.6 Learners are informed of and have access to personal wellbeing and support services provided by qualified personnel. 5.7 Equity and diversity are observed and promoted in the learner experience.	progression requirements are fair and culturally safe.	• Conceptual framework, values and beliefs about teaching and learning. • Evidence of support systems in place for students who have for e.g., disabilities or Te Reo as their first language • Educational institution promotional material • Course outlines • Admissions policies • Admission interview policies and processes • Admissions Committee minutes • Māori and Pacific Admission schemes • Educational institution policies and procedures
6. Assessment	Assessment is fair, valid, and reliable to ensure graduates are competent to practice	6.1 There is a clear relationship between learning outcomes and assessment strategies. 6.2 Appropriate and pedagogically sound assessment methods which include formative assessment, summative assessment, timely feedback, and direct observation in the clinical setting are employed across the programme. 6.3 Learners are assessed by suitably qualified and experienced people, including external experts, who take into account the student and their cultural context.	This standard is designed to ensure assessment methods are clearly related to the programme's learning outcomes and are fair, valid, and reliable to ensure that learners are competent to practise at the appropriate level (student, intern, trainee prescriber).	Evidence of this may include, but is not limited to: • Programme regulations and assessment policies • Mapping of the programme learning outcomes to the professional competencies, and to the assessment of these learning outcomes • Matrix showing assessment methods • Assessment map detailing assessment type mapped to learning outcomes • Course outlines • Teaching and Learning Committee minutes • Course reports • Student evaluations • Inventory of learning support resources at School, Faculty and University levels

Appendix 3: Annual reporting template for the undergraduate programme

pharmacycouncil
Te Pou Whakamana Kaimatū o Aotearoa

Accreditation Annual Report for Undergraduate Programmes for Calendar Year 20XX

Programme provider:

Programme(s): Bachelor of Pharmacy, Bachelor of Pharmacy (Hons)

Accreditation expiry date:

Summary

NB: no more than 750 words

Declaration

I, XX, of YY hereby submit this annual report as being an accurate reflection of the status of the Pharmacy Programme as at XX date.

Programme overview

Please briefly provide an overview of the Pharmacy Programme over the last year which includes but is not limited to:

• **Key changes within programme if any**
• **Key highlights and areas which are going well**
• **Key areas of risk, challenges, and mitigation actions** Please include risk register used for monitoring and controlling risks relating to accreditation standards being achieved, if available
• **Continuous improvement efforts and their progress over the last year** Based on critical reflections from the previous year, please describe areas for improvement, actions taken and their progress. If there were previous recommendations provided as part of the accreditation process, please comment here on their progress.
• **Any other comments**

Specific focus areas for Annual Reporting

In addition to providing an overview of the programme, specific focus areas for annual reporting are:

- Student enrolment numbers and completion trends
- Experiential learning
- Teaching environment

Student Enrolment Numbers and Completion Trends

Please provide enrolment and completions numbers (domestic and international) for each year of the programme.

Year Level	Number of domestic enrolments	Number of domestic completions	Number of international enrolments	Number of international completions
1	n/a	n/a	n/a	n/a
2				
3				
4				
TOTAL				

Please briefly comment on learner numbers and completion rates in terms of:

- Variations and trends observed and whether these were warranted or unwarranted
- Highlights and areas for further improvement
- Emerging risks and trends
- Improvement initiatives and risk management controls, and their progress

Experiential learning

Please provide total experiential hours for each year of the programme.

Year Level	Community Pharmacy (total hours)	Hospital Pharmacy (total hours)	Interprofessional learning (total hours)	Other
1	n/a	n/a		n/a
2				
3				
4				
TOTAL				

Please briefly comment on the experiential learning programme in terms of:

- Variations observed and whether these were expected or not
- Highlights and areas for further improvement
- Emerging risks and trends
- Improvement initiatives and risk management controls, and their progress

Teaching Environment

Key metrics	For the reporting calendar year
Total current FTE as of X	
Total headcount as of X	
Key staff sentiment findings	
Key student sentiment findings	
NB: existing student and staff surveys and/or metrics can be included in addition to the commentary	

Please briefly comment on the teaching environment and programme in terms of:

- Variations observed and whether these were expected or not
- Key changes to the following since the last report:
  - personnel,
  - staff roles and
  - responsibilities or
  - qualifications
  - staffing numbers
  - Programme resources (e.g., digital platforms)
- Highlights and areas for further improvement
- Emerging risks and trends
- Improvement initiatives and risk management controls, and their progress

Appendix 4: annual reporting template for the intern training programme

pharmacycouncil
Te Pou Whakamana Kaimatū o Aotearoa

Accreditation Annual Report for Intern Training Programmes for Calendar Year 20XX

Programme provider:

Programme(s): Intern Training Programme

Accreditation expiry date:

Summary

NB: no more than 750 words

Declaration

I, XX, of YY hereby submit this annual report as being an accurate reflection of the current status of the Pharmacy Programme as at XX date.

Programme overview

Please briefly provide an overview of the Pharmacy Programme over the last year which includes but is not limited to:

• **Key changes within programme if any**
• **Key highlights and areas which are going well**
• **Key areas of risk, challenges, and mitigation actions** Please include risk register used for monitoring and controlling risks relating to accreditation standards being achieved, if available
• **Continuous improvement efforts and their progress over the last year** Based on critical reflections from the previous year, please describe areas for improvement, actions taken and their progress. If there were previous recommendations provided as part of the accreditation process, please comment here on their progress.
• **Any other comments**

Specific focus areas for Annual Reporting

In addition to providing an overview of the programme, focus areas for annual reporting are:
Intern enrolment numbers and completion trends

- 2021 Graduates
- Non-REQR pharmacist interns
- Intern placement setting
- Teaching environment

Intern Enrolment Numbers and Completion Trends

Please provide enrolment and completions numbers for the Intern Training Programme for the past year.

- 2021 Graduates

No. enrolled University of Otago graduates	**No. completed University of Otago graduates**	**No. enrolled University of Auckland graduates**	**No. completed University of Auckland graduates**

- Non-REQR pharmacist interns

Country of initial registration as a pharmacist	Number of enrolments non-REQR pharmacists	Number of completions non-REQR pharmacists
South Africa		
India		
Fiji		
Egypt		
Philippines		
Iraq		
France		

Please summarise key reasons for non-completion of the ITP

Reason for non-completion	Number
Withdrew from ITP – no plans to return	
Withdrew from ITP –plans to return	
Removed / stood down from ITP (conduct)	
Did not pass Calculations Assessment	
Did not get signed off in final appraisal	
Failed November Assessment Centre	
Other (please describe)	

Interns / non-REQR/ RTP repeating ITP 2022

No. repeating University of Otago graduates	No. repeating University of Auckland graduates	No. repeating non-REQR pharmacists	No. repeating RTP pharmacists
Total	Total	Total	Total
Passed AC =	Passed AC =	Passed AC =	Passed AC =
Failed AC =	Failed AC =	Failed AC =	Failed AC =

Intern placement setting

Year Level	Community Pharmacy	Hospital Pharmacy	Other
1	n/a	n/a	n/a
2			
3			

Please briefly comment on learner numbers and completion rates in terms of:

- Variations and trends observed and whether these were warranted or unwarranted
- Highlights and areas for further improvement
- Emerging risks and trends
- Improvement initiatives and risk management controls, and their progress

Teaching Environment

Key metrics	For the reporting calendar year
Total current FTE as of X	
Total headcount as of X	
Key staff sentiment findings	
Key intern sentiment findings	
NB: existing student and staff surveys and/or metrics can be included in addition to the commentary	

Please briefly comment on the staffing and workload in terms of:

- Variations observed and whether these were expected or not
- Key changes to the following since the last report:
  - personnel,
  - staff roles and
  - responsibilities or
  - qualifications
  - staffing numbers
  - Programme resources (e.g., digital platforms)
- Highlights and areas for further improvement
- Emerging risks and trends
- Improvement initiatives and risk management controls, and their progress

Appendix 5: annual reporting template for pharmacist prescriber programme

pharmacycouncil
Te Pou Whakamana Kaimatū o Aotearoa

Accreditation Annual Report for Pharmacist Prescriber Programme for Calendar Year 20XX

Programme provider:

Programme(s): Pharmacist Prescriber

Accreditation expiry date:

Summary

NB: no more than 750 words

Declaration

I, XX, of YY hereby submit this annual report as being an accurate reflection of the current status of the Pharmacy Programme as at XX date.

Programme overview

Please briefly provide an overview of the Pharmacy Programme over the last year which includes but is not limited to:

• **Key changes within programme if any**
• **Key highlights and areas which are going well**
• **Key areas of risk, challenges, and mitigation actions** Please include risk register used for monitoring and controlling risks relating to accreditation standards being achieved, if available
• **Continuous improvement efforts and their progress over the last year** Based on critical reflections from the previous year, please describe areas for improvement, actions taken and their progress. If there were previous recommendations provided as part of the accreditation process, please comment here on their progress.
• **Any other comments**

Specific focus areas for Annual Reporting

In addition to providing an overview of the programme, specific focus areas for annual reporting are:

- Student enrolment numbers and completion trends
- Prescribing practicum
- Teaching environment

Student Enrolment Numbers and Completion Trends

Please provide enrolment and completions numbers (domestic and international) for each year of the programme.

Year	Number of domestic enrolments	Number of domestic completions
202X		
TOTAL		

Please briefly comment on learner numbers and completion rates in terms of:

- Variations and trends observed and whether these were expected or not
- Highlights and areas for further improvement
- Emerging risks and trends
- Improvement initiatives and risk management controls, and their progress

Prescribing practicum

Please provide total practical learning "*hands on*" hours and activities for each year of the programme.

Programme	Total hours	Activities
Pharmacist Prescriber		

Please briefly comment on the experiential learning programme in terms of:

- Variations observed and whether these were expected or not
- Highlights and areas for further improvement
- Emerging risks and trends
- Areas for continuous improvement identified and actions to be implemented
- Improvement initiatives and risk management controls, and their progress

Teaching Environment

Key metrics	For the reporting calendar year
Total current FTE as of X	
Total headcount as of X	
Key staff sentiment findings	
Key student sentiment findings	
NB: existing student and staff surveys and/or metrics can be included in addition to the commentary	

Please briefly comment on the staffing and workload in terms of:

- Variations observed and whether these were expected or not
- Key changes to the following since the last report:
  - personnel,
  - staff roles and
  - responsibilities or
  - qualifications
  - staffing numbers
  - Programme resources (e.g., digital platforms)
- Highlights and areas for further improvement
- Emerging risks and trends
- Improvement initiatives or risk management controls
- Improvement initiatives and risk management controls, and their progress

Appendix 6: Revoking or declining

- Council will advise the programme of its intent to revoke or decline accreditation if conditions cannot or are not achieved to an appropriate standard, the reasons for its decision, and allow the programme a final opportunity to provide any further new evidence that could change Council's decision.

- If accreditation is withdrawn or declined, the programme must present a plan on how learners who are currently enrolled will be managed.

- The plan must be approved by Council and must ensure that the educational standards are maintained to ensure safe practice and allow learners to gain all the required competencies. This would enable existing learners to complete their studies and be able to register in their scope of practice on successful completion of the programme.

- The plan must include:
    a. Arrangements with another suitable programme provider to transfer learners into an accredited, comparable programme.
    b. Written confirmation that the alternative programme can incorporate the extra learners to enable them to graduate under the ambit of the alternative provider; or
    c. Allocate appropriate resources to 'teach out' of the programme within a short- term accreditation period agreed by the Council. Resources include academic and clinical teaching and supervision staff, academic leadership for oversight, sufficient patient flow (volume and range) appropriate for learners to attain the necessary competencies.
    d. Evidence of steps taken and resources to support learners during their remaining time of study.

- If accreditation is withdrawn or declined, there must be no new enrolments until accreditation is obtained.
    a. Any student who enrolls into an unaccredited programme, will not complete a prescribed qualification and will not be eligible for registration in that scope of practice. Before a student can enroll into an unaccredited programme, they must be advised of the inability to register with Council on completion of the programme.

Appendix 3: Key themes from the stakeholder feedback

Emergent themes	Brief description of theme of stakeholder feedback	Illustrative examples from stakeholder groups (SG)	Response to feedback
Specificity vs. generality of documents	Requests for increased specification of academic and teaching quality within standards	**SG 3:** *Concerns that these* [standards] *are oversimplified…loss of a number of strategic standards, are not really encouraging development and forward thinking for changes in practice…*	Additional specification of academic and teaching quality has been included in the accreditation standards.
No. of accreditation standards	Request for examples with different accreditation standards for different programmes (i.e., Prescriber, BPharm, Intern)	**SG 3:** *While the guidance states that the standards apply to all programmes providing qualifications leading to each scope of practice, the focus and language in the remainder of the documents tends towards the undergraduate programmes. We are concerned about the application of these standards to the intern training programme and prescribing qualification* **SG 1:** *BPharm graduates cannot be assessed as meeting all of these standards on graduation as they are then entering the internship profession and are then assessed for these at assessment centre. The BPharm programme is preparing students to attain these competencies*	Modification of the focus and language has been completed to ensure the accreditation standards are applicable to different pharmacy programmes. The use of a single principles-based accreditation standard for different programmes is consistent with international and local trends in accreditation practices both for pharmacy and non-pharmacy programmes a. However, to support clarity of requirements between different programmes, additional illustrative examples of evidence have been provided.
Performance outcomes	Lack of clarity on performance outcomes for learners since only one set of competence standard for all programmes	**SG 4:** *recommends that Council develop performance outcomes to complement the Standards…* **SG2:** *There needs to be a firm boundary between what a BPharm provider is required to demonstrate and what providers who offer further learning after the BPharm (i.e., internship etc.) must demonstrate*	A performance outcomes framework is currently being developed as part of the 2022 Competence Standards development project to support further clarity.
Quality of experiential learning	Insufficient specification of experiential learning requirements	**SG 3:** *We would like to see more robustness in the expectations around experiential learning placements…*	The accreditation standards have been tightened around the range and quality of experiential learning including the addition of a new criterion in Domain 3. A specific focus on experiential learning has also been included within annual reports.

Emergent themes	Brief description of theme of stakeholder feedback	Illustrative examples from stakeholder groups (SG)	Response to feedback
Differentiating Te Tiriti with cultural safety	Specific Te Tiriti Domain vs. Te Tiriti interwoven throughout the standards but not both	**SG 2:** *conflated Te Tiriti and health equity because they then conflate demographics and intersectionality gets lost. Te Tiriti is its own section…*	The following changes have been made to the accreditation standards: • created a standalone Te Tiriti domain (Domain 1) • moved cultural safety criteria out of Domain 1. • removed criteria which duplicate requirements from Domain 1.
Annual reporting requirements	Insufficient information on the annual reporting requirements	**SG 2:** *Annual report = This is new. It would be good to see a copy of the template as an appendix so that we understand what is required for this report.*	Changes have been made to the accreditation guidance to clarify Council's annual reporting requirements. Annual report templates for the three pharmacy programmes are available as appendices in the guidance.
Change to and new programmes	Request for more information relating to substantial changes to and application for a new programme	**SG 3:** *How would accreditation for a new provider be handled? Would this be shorter than 5 years - which would seem appropriate for a new inexperienced programme?* **SG 1:** *This covers the situation with respect to an MPharm, but what about significant changes in a current programme…*	Changes have been made to the accreditation guidance to clarify Council's process for assessing a new programme and reviewing a substantial change to an existing programme.
SET process & team	Queries on Site Evaluation Team (SET) process and team mix	**SG3**: *How will you ensure that NZ members of SET are appropriately culturally qualified, while also have appropriate professional and academic understanding?*	Changes have been made to the accreditation guidance to clarify the functions, appointment process and composition of the SET.
Transitions & extensions	Request for specification and details of transition and extensions	**SG1**: *The policy and guidance do not mention transition arrangements…*	Council will contact programme providers (whose accreditation is due to expire in 2023) directly to discuss transition arrangements and periods of extension.
Rationale for change of accreditation providers	Unclear rationale for NZ specific accreditation	**SG3**: *It's unclear from the documentation provided as to why PCNZ have chosen to move away from the current process for accreditation.*	In 2020, Council approved the change in provision of accreditation services for pharmacy programmes from the APC to a Council-led accreditation. The main reasons for change were to enable Council to have greater: • Ability to customise standards to give effect to Te Tiriti o Waitangi (te Tiriti).

Emergent themes	Brief description of theme of stakeholder feedback	Illustrative examples from stakeholder groups (SG)	Response to feedback
			• Accreditation collaboration between responsible authorities in Aotearoa NZ. • Access and insight of information provided by programme providers • Control and understanding of the costs of accreditation processes • Oversight of accreditation within Aotearoa NZ to enable it to discharge its statutory duties more effectively.
Trans-Tasman Mutual Recognition Act (TTMRA)	Unclear implications of the change on TTMRA	**SG3:** *With these proposed changes, what will be the impact on TTMRA?*	Thank you for the feedback. Initial discussions with the Pharmacy Board of Australia and impact assessments as part of the decision-making process in 2020 to change the provision of accreditation services from APC to Council-led process suggested there is no likely impact.
Non-pharmacy-based accreditation models	Concerns about different registration models and process (e.g., Dental vs. Pharmacy registration) impacting accreditation approach	**SG4:** *We can see that the Standards are heavily based on the Dental Council of New Zealand accreditation standards for oral health practitioner programmes. There is a significant difference in the registration pathway for dentists compared to pharmacists in New Zealand (NZ)...*	A comprehensive environmental scan of international and local accreditation standards and models was undertaken which identified consistent and similar themes across accreditation standards (including pharmacy education programmes) and informed the development of the New Zealand accreditation standards for pharmacy education programmes.
Consistency of terminology	Need to use a consistent term for Experiential Learning	**SG1***: What is meant by clinical education? Placements in a healthcare setting? Or learning in model pharmacy, clinical skills centre…*	The terms clinical education and clinical placements have been replaced with Experiential Learning for consistency.
Spirit of accreditation	Need to specifically articulate "in the spirit of continuous improvement and monitoring (c.f. vs. compliance) model which involves korero mechanisms within accreditation documents	**SG1:** *The policy goes hand in hand with the organic discussions/process (korero) referred to by Council. If korero is to be part of the process of accreditation, this need to be set out in the policy, and the guidance needs to explain how this will work in practice.*	Comments have been noted with changes made to the accreditation guidance to further emphasise that accreditation is to be conducted in the spirit of supporting continuous quality improvement. To be clear, site visits by a SET, annual reporting and any additional monitoring requirements are the formal accreditation processes. Korero (between programme providers and Council) outside of formal accreditation processes are not part of the formal accreditation process.

Emergent themes	Brief description of theme of stakeholder feedback	Illustrative examples from stakeholder groups (SG)	Response to feedback
Cost	Unclear cost for new accreditation process	**SG1:** *It would be important for all providers to see a breakdown of the financial direct and indirect costings for this so they understand what they need to budget for across each 5 yearly cycle.*	Work to quantify and cost the accreditation process is currently underway within Council. However, consistent with the spirit of collaboration and early engagement with stakeholders to develop meaningful accreditation standards and processes, it was premature to estimate the cost of accreditation prior to the definition of the accreditation process.
Mechanisms for stakeholder feedback on education programmes	Unclear process to seek, obtain and manage practice-related feedback regarding education providers and their quality	**SG6:** *Their* [interns and young pharmacists] *stories of what's actually happening on the coal face needs to be heard. Then only will we be able to adequately address their needs and ensure that our policies and frameworks etc are fit for purpose.*	A process for raising concerns about pharmacy education programmes has been added to the guidance document.
Accreditation stewardship process	Process of stewardship of accreditation standards	**SG1:** *Normally reviewed on a 5-yearly cycle = Does this principle mean that the accreditation standards themselves are going to be reviewed every 5 years?*	Council has opted for principle-based accreditation standards to "future-proof" standards, minimising the need for substantial regular changes to standards. Standards will be reviewed internally on a 5-yearly cycle as part of Council's due diligence and document stewardship, and consistent with good regulatory practice to ensure they remain relevant and fit-for-purpose.
Accreditation report transparency	Publication of annual report and transparency	**SG1:** *Support decision being published on website; however, we do not feel the final report in its entirety should be publicly available as this could contain sensitive information.*	Council will publish the accreditation decision and a final summary report, not the full final report, on the Council website.
Tone of documents	Need for more enabling and positive tone to documents	**SG2:** *I have commented elsewhere about this, but I find this language quite negative…*	Apologies if the language comes across as negative, as this was not the intention. As explained in the guidance, Council aims to accredit in a manner which supports and fosters collaborative, respectful, constructive, and professional relationships with programme providers. Changes to a more enabling and positive tone have (hopefully successfully) been made, but we welcome further feedback.
Fear of non-accreditation	Concerns about education provider	**SG1:** *We have concerns about arrangements for students if an education provider fails to achieve re-accreditation part way through an academic year…*	Revoking or declining accreditation is extremely rare and would only occur where there are serious concerns about a programme which cannot be adequately addressed or managed. Council's

Emergent themes	Brief description of theme of stakeholder feedback	Illustrative examples from stakeholder groups (SG)	Response to feedback
	failing to achieve re-accreditation		priority would be to work with programmes to ensure reasonable opportunities to meet conditions are fairly provided. If a programme was still unable to meet the standard, we have provided guidance on the proposed process, including commentary on student arrangements should this occur.
Consolidation of policy and guidance document	Potential consolidation of policy and guidance into one document	**SG3:** *These two documents overlap which is confusing and suggests that the purpose of each one isn't clear. Could they be amalgamated?*	The policy and accreditation guidance have been consolidated into one document.
General editing suggestions	General editing and minor corrections to wording and format	**SG3:** *The use of the word 'substantial' has the potential to be confusing in this context when it is referring to a situation where not all standards have been fully met. Could the word 'partially' be used instead?*	Changes have been made to the wording and format of the accreditation documents.