Aotearoa New Zealand Accreditation Standards for Pharmacy Programmes

pharmacycouncil

Te Pou Whakamana Kaimatū o Aotearoa

Domain	Standard	Criteria	Commentary and Guidance
1. Te Tiriti o Waitangi, hauora Māori	1. The programme ensures learners can give effect to Te Tiriti o Waitangi by ensuring that engagement with Māori is culturally safe and that Māori perspectives of health and wellbeing are understood and applied.	1.1 The programme demonstrates its commitment to honouring the Principles of Te Tiriti o Waitangi through its educational philosophy and delivery. 1.2 The programme supports learners[1] to develop an understanding of Hauora Māori, Māori health perspectives and the application of these concepts to support Māori health and wellbeing. 1.3 Suitable academic governance arrangements that reflect Te Tiriti principles are in place for the programme. These arrangements should include systematic monitoring, review, and continuous improvement process which are informed by Matauranga Māori perspectives. 1.4 Te Tiriti o Waitangi obligations, and hauora Māori are articulated clearly, expressed throughout the programme, and appropriately assessed. 1.5 The programme provider actively supports the development of the Māori pharmacy workforce.	This standard is designed to ensure that the programme can demonstrate, in practical terms, a commitment to Te Tiriti o Waitangi. Interpreting the Principles of Te Tiriti in ways which are relevant to the programme, and meaningful to learners will be key to this process. It implies that learners will have the opportunity to learn about the relevance of Te Tiriti to Māori health and their own practice. That learners 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 suitable Māori input into governance and management decisions, policies, and processes and that these are regularly reviewed for efficacy. The intent of 1.5 is to support the development of the Māori pharmacy workforce. Examples of this may include but not limited to, articulation via its admission policies, promotional strategies, and initiatives designed to support participation, retention, and timely completions of Māori and other high priority peoples.
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 Programmes equip learners with the appropriate legal, ethical, clinical, cultural, and professional knowledge and skills to achieve the required learning outcomes. 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 and registered pharmacists/ health practitioners. 2.6 Pharmacies and other health settings providing experiential learning meet all relevant statutory legislation, regulations, and standards.	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 service.

[1] Learners = students and interns.

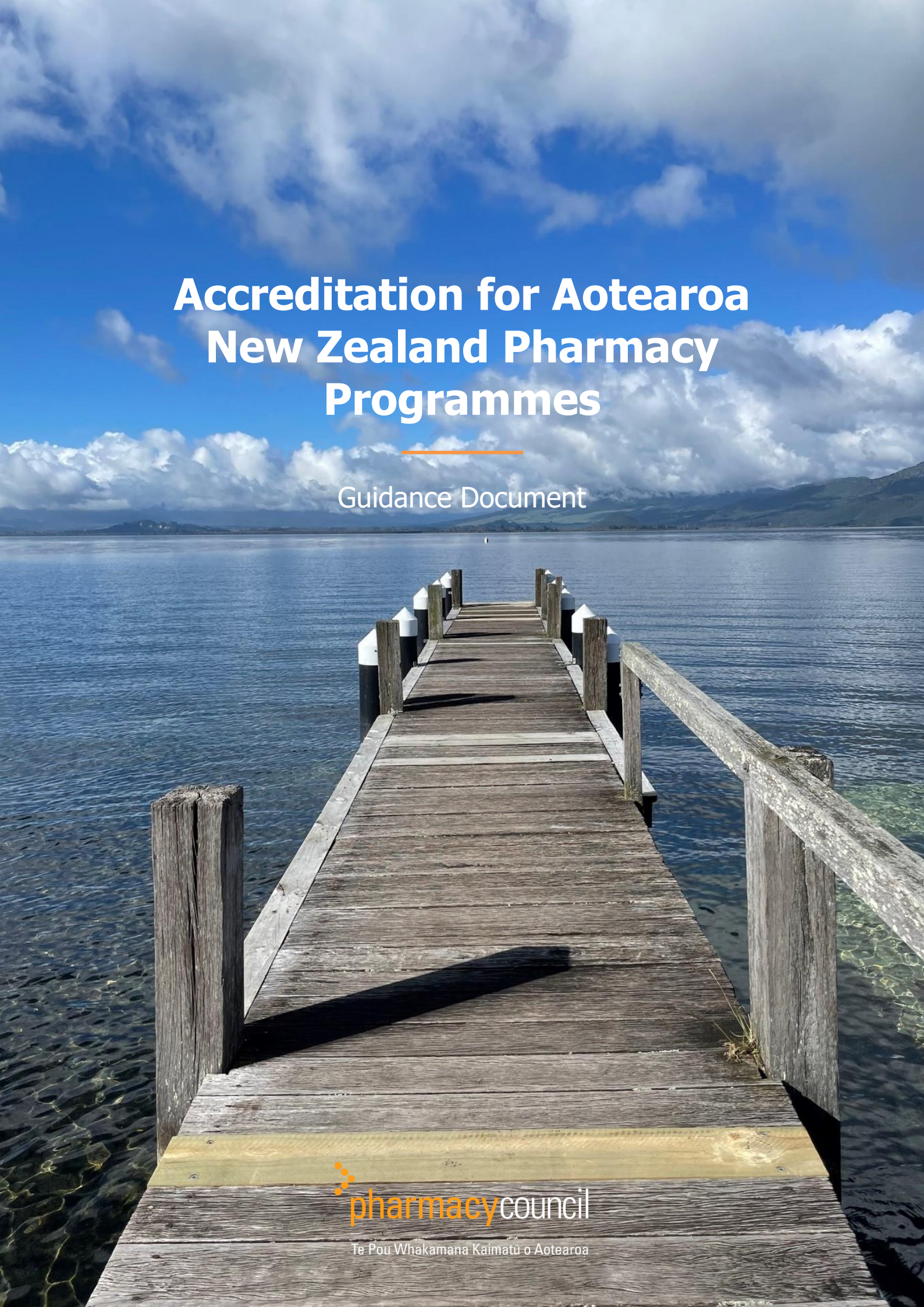
Domain	Standard	Criteria	Commentary and Guidance
		2.7 The programme provider fosters a learning environment which enables learners to understand and achieve high levels of ethical and professional conduct.	
3. Academic governance and quality assurance	Academic governance and quality assurance processes are effective	3.1 All programmes meet contemporary and recognised external (e.g., NZQA, CUAP) 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. Effective academic governance and quality assurance processes include education providers having a clear strategic plan, aligned with that of the provider organisation and a risk management process to identify, monitor and evaluate risks with clearly documented risk mitigation and management strategies.
		3.2 Iwi/Māori, learners, and internal and external academic and professional peers contribute to the programme's design, management, and quality improvement.	
		3.3 The programme provider ensures that leadership and staff are suitably qualified and experienced and sustainably resourced and developed to deliver the accredited programme.	
		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 and Te Reo Māori (Māori customs and language) is incorporated, as appropriate into the values, practices, and organisational culture.	
		3.6 Programme providers have appropriate mechanisms in place to monitor and act on the quality of experiential learning sites and experiences 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 learners 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 and resources (including staffing, facilities, equipment, access to experiential learning opportunities) allow learners to demonstrate achievement of the relevant learning outcomes and competency standards (learners, interns, pharmacist prescriber learners) in a clinically and culturally safe manner. The intent of this is to ensure learners have access to experiential learning in a range of settings which may include but is not limited to community and hospital pharmacy settings, and other relevant settings including Māori health services, rural settings, general practice, areas of workforce
		4.2 Programme learning outcomes address all the required pharmacy professional competencies and the pharmacist code of ethics at the appropriate level.	
		4.3 The quality, quantity and variety of clinical education and experiential learning is sufficient to produce a learner who can practise pharmacy to the appropriate level.	
		4.4 Learning and teaching methods are 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.	

Domain	Standard	Criteria	Commentary and Guidance
		4.6 Staff and learners work and learn in a culturally safe[2] environment.	need, and any other setting where medicines management is involved such as PHARMAC and the Ministry of Health.
		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 are familiar with the role of other health professions and are able to foster interprofessional collaborative practice.	
		4.9 Learning environment and clinical facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.	
		4.10 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.	
		4.11 The programme provider has the autonomy and resources to sustain the quality of education that is required to facilitate the achievement of the pharmacist's professional competencies at the appropriate level.	
5. The learner experience	Learners 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 (learner, intern, pharmacist prescriber learner), and admission and progression requirements are fair and culturally safe.
		5.2 Admission, progression and learner support requirements and processes are fair, transparent, culturally safe and do not present any unreasonable barriers to entry and progress including for priority learner groups.	
		5.3 Learners have access to and are aware of effective grievance and appeals processes.	
		5.4 The programme provider identifies and provides support to meet the academic learning needs of learners.	

[2] 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 and Guidance
		5.5 Learners are informed of and have access to personal wellbeing and support services provided by qualified personnel.	
		5.6 Equity and diversity are observed and promoted in the learner experience.	
6. Assessment	Assessment is fair, valid, and reliable to ensure graduates of the programme 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 (intern, pharmacist, pharmacist prescriber).
		6.2 Appropriate and pedagogically sound assessment methods which include formative assessment, summative assessment, timely feedback, and direct observation in the experiential learning 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 learner and their cultural context.	



Accreditation for Aotearoa New Zealand Pharmacy Programmes

Guidance Document

pharmacycouncil

Te Pou Whakamana Kaimatū o Aotearoa

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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.[3]

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).[4]

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[5] - 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.

[3] Health Practitioner Competence Assurance Act (HPCAA) 2003, section 3.
[4] Health Practitioner Competence Assurance Act (HPCAA) 2003, section 118(a).
[5] 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[6]
    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

[6] Competence Standards and Guidance for the Pharmacy Profession in Aotearoa New Zealand.

Accreditation Requirements

9. To achieve accreditation, both established and new pharmacy programmes must demonstrate that accreditation standards[7] are met with learners acquiring 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 end 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, CUAP (Committee on University Academic Programmes, New Zealand Qualifications Authority (NZQA) 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.

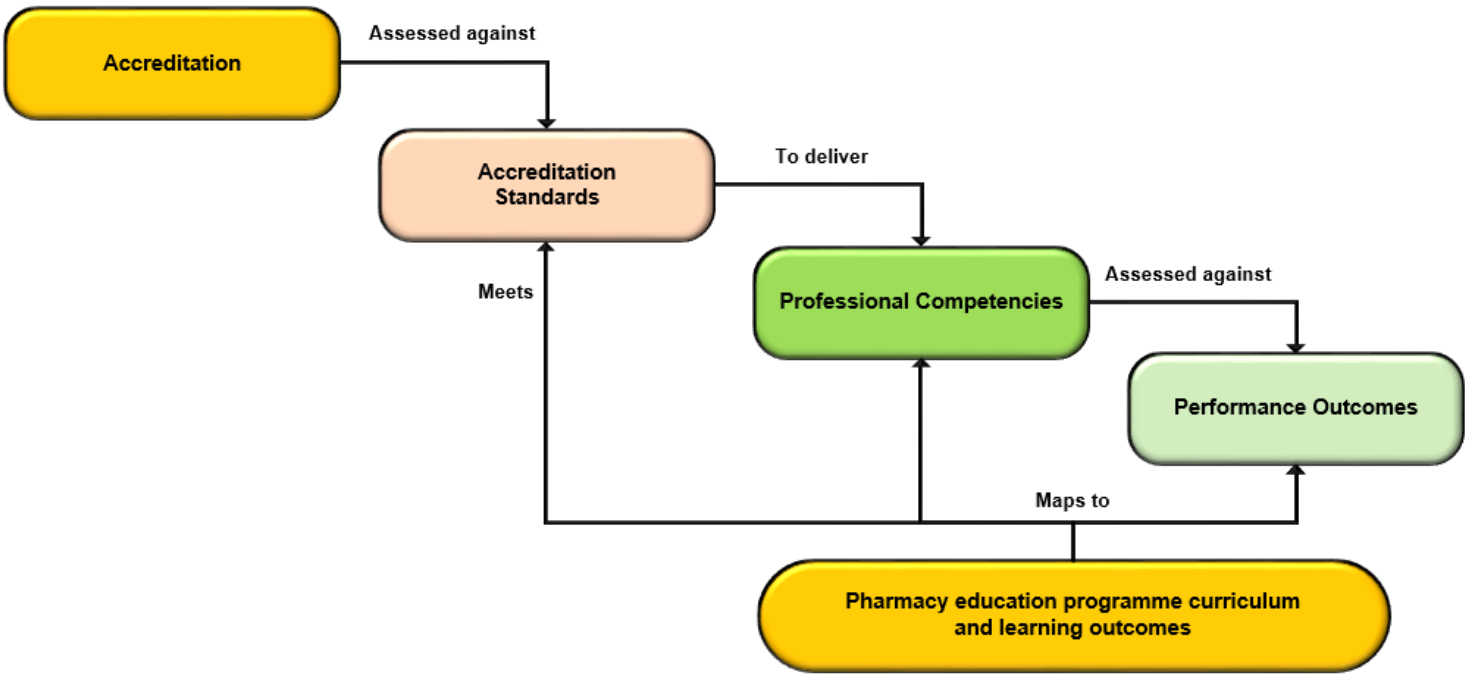
[7] Aotearoa New Zealand Accreditation Standards for Pharmacy Programmes

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 individual standards in themselves.

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



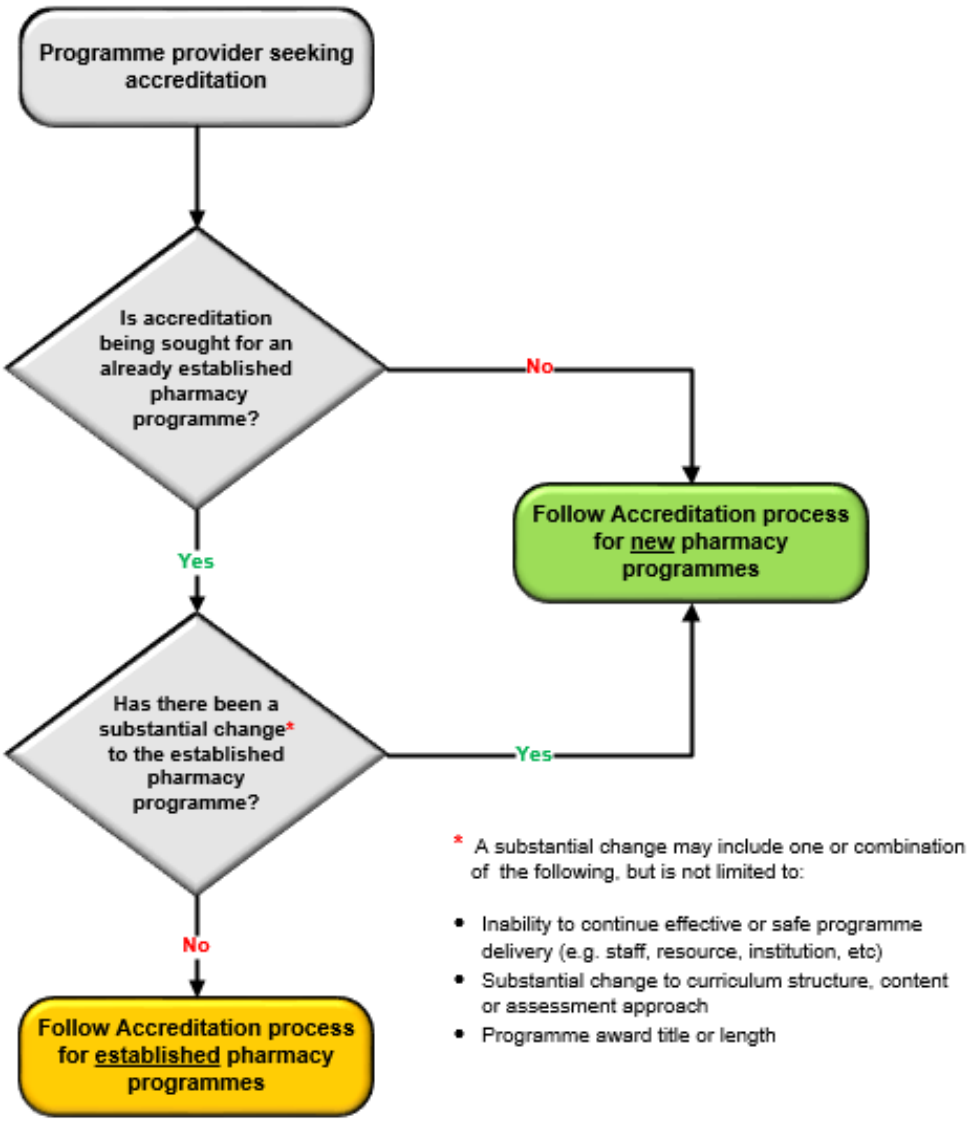
Overview of Accreditation

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: [8,9,10]
    a. Gives effect to the Principles of Te Tiriti o Waitangi (Te Tiriti) and commitment to Hauora Māori.
    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. Utilises 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.

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

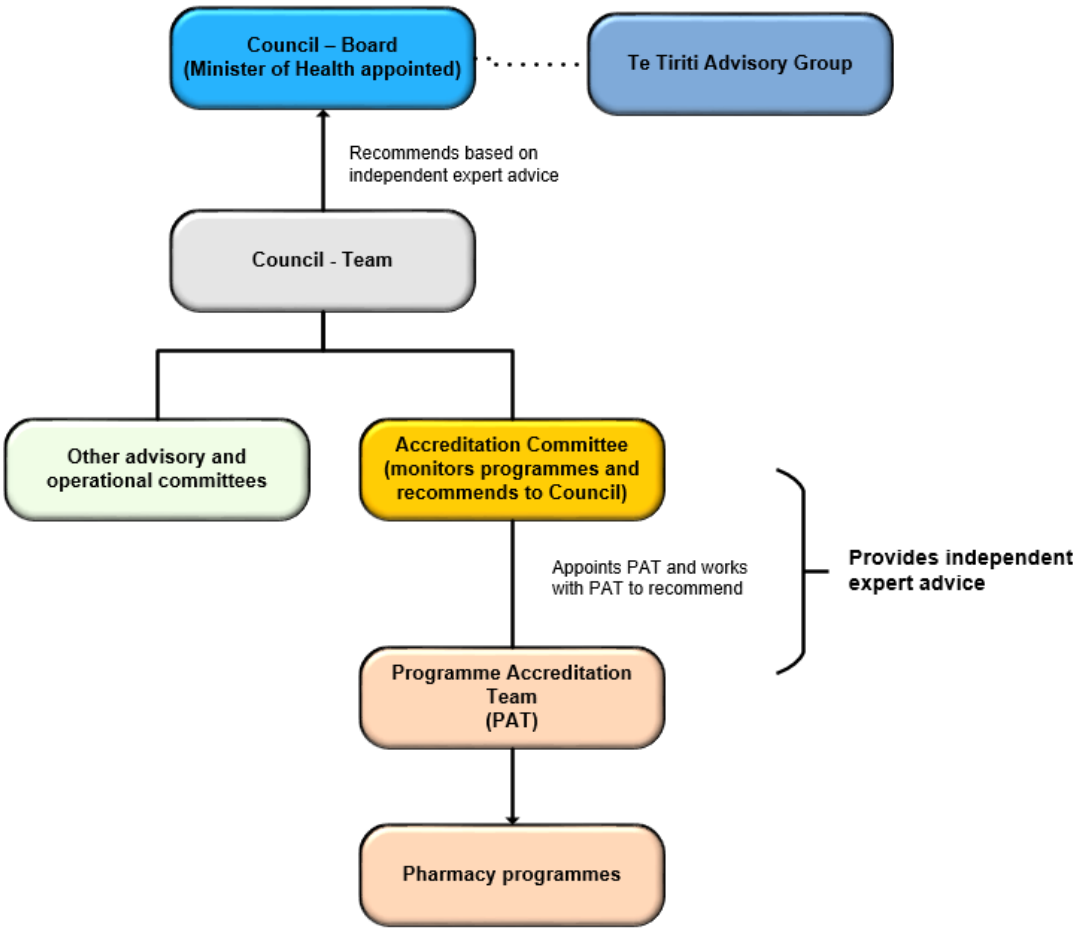
Guidance for established programmes

19. This section provides guidance to support providers of established pharmacy programmes to achieve accreditation and will include commentary on:
    - Governance overview
    - Process and timeline
    - Self-assessment and evidence provision
    - Programme Accreditation Team (PAT) visit
    - Draft report and decisions
    - Publishing accreditation decision and final report
    - 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
Te Tiriti Advisory Group (TTAG)	Partners with and supports Council to give effect to Te Tiriti o Waitangi	Appointed by TTAG
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 six members meeting on a bi-annual basis or as required to: • Monitor pharmacy programmes • Advise Council on accreditation matters • Support the appointment of the programme accreditation team (PAT) membership • Advise and work with PAT team on areas for assessment • Make accreditation recommendations to Council based on PAT findings	Publicly advertised– selection by independent selection panel and Council
Programme Accreditation Team (PAT)	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 • Work 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 & PAT 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 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 PAT 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 PAT appointment is required.

22. Council will appoint an appropriately experienced and skilled member of PAT to chair whose role will include:
    a. leading the PAT during their interactions
    b. managing the interview sessions during the site visit
    c. leading and supporting the writing of the report
    d. enabling critical, rigorous, robust, and fair PAT 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. Using the accreditation expiry date as a reference point (day zero), the key milestones and general process for accreditation is detailed in Table 2.

Figure 4: Overview of accreditation process for established pharmacy programmes

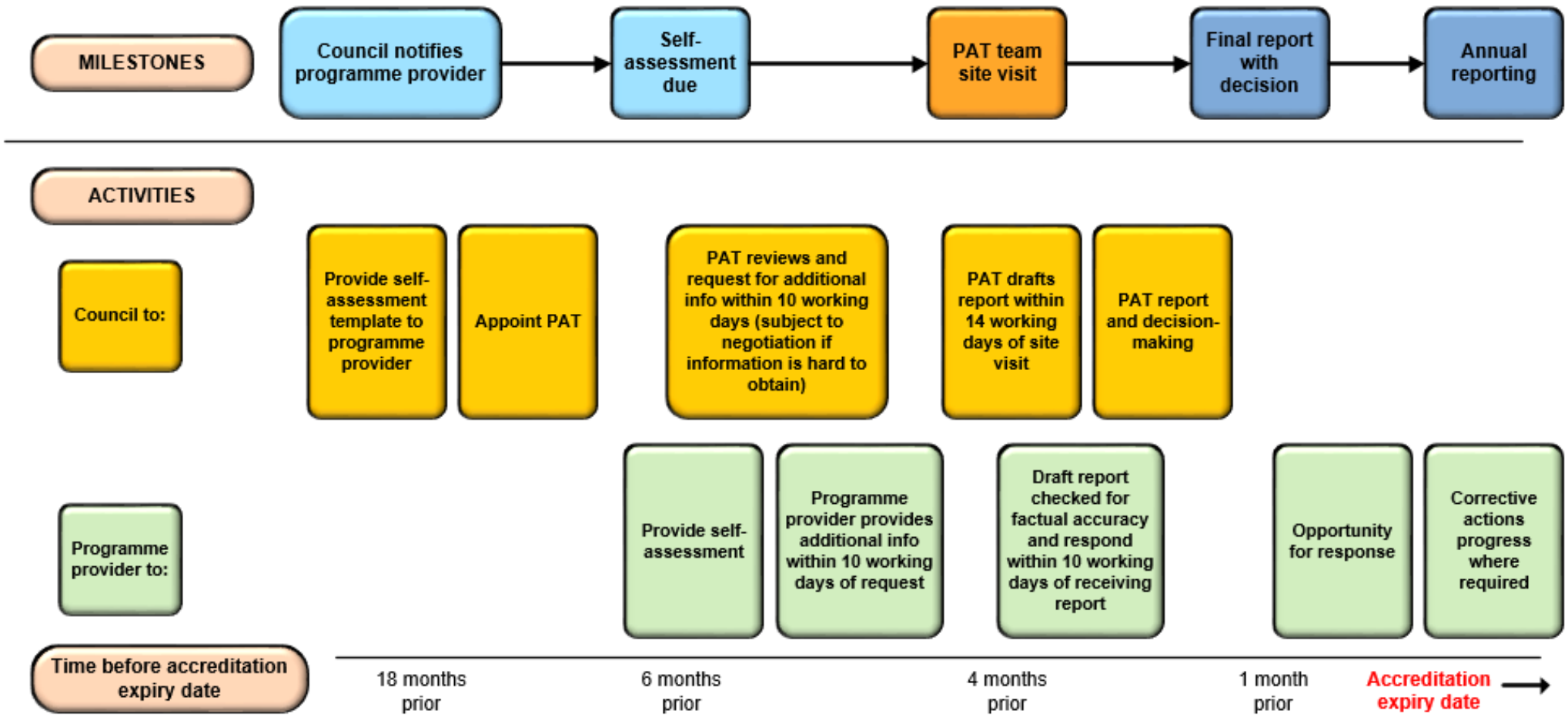


Table 2: Milestones, deliverables, and general accreditation for established programmes

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 • Contact Council accreditation team for advice on self-assessment and evidence requirements	• Notify accreditation expiry date and support programme provider • Provisional site visit dates booked • Provide programme provider with self-assessment template ≥12 months of expiry date. • Appoint PAT team 9 months before expiry date
	Stage 1: 6 months before expiry date – i.e., 2 months before onsite visit by PAT 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 (subject to negotiation in exceptional circumstances) • Contact Council accreditation team for advice on self-assessment and evidence requirements • Site evaluation visit preparation	• PAT team reviews programme provider's self-assessment and evidence within 15 working days • PAT 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 PAT team	• Site evaluation • Receive draft PAT report within 15 working days from site visit • Review draft PAT report for factual accuracy and provide corrections and comment to Council within 10 working days of receiving the draft report	• Site evaluation • Draft PAT report within 14 working days from site visit and send to programme provider for factual accuracy checking • Review, modify and finalise PAT report within 10 working days of receiving Programme Provider feedback • Accreditation Committee reviews final PAT 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.
    i. For illustrative examples of evidence that can be provided and commentary to support clarity – please see Appendix 2.

27. The self-assessment template provides a mechanism for programme providers to include narrative and evidence. This will help to reduce items needed to be sighted during the Programme Accreditation Team (PAT) visit and enable more specific conversations by the PAT during the onsite visit. It is important that programme providers signpost the evidence they provide so it is obvious to the PAT what pieces of evidence relate to each accreditation standard. Note that some pieces of evidence may relate to more than one accreditation standard.

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

29. 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 PAT team, the programme should alert the Council accreditation team so it can be reviewed by the PAT prior to the on-site visit.

30. The PAT (through the Council accreditation team) may request further information within 20 days from receiving the self-assessment content. The PAT 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 (subject to negotiation in exceptional circumstances). Programme providers can contact the Council accreditation team at any time for advice on self-assessment and evidence requirements. The PAT will use a standard template for this purpose.

31. 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 systems and processes with examples of how the Programme Provider delivers its programme. The quality of evidence provided is more important than the quantity of evidence.

32. The most important part of the self-assessment is the Programme Provider's own appraisal through narrative reporting which should be supported by documents which are referenced or appended.

33. 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 Programme Provider 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 PAT visit, but some documents may be viewed during the on-site visit as part of the verification process.

34. Self-assessment enables the programme provider to provide its view on their level of attainment to achieving accreditation standards. The PAT 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 PAT to better understand, contextualise, and assess whether the accreditation standards are adequately met.

36. Site visits are 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, learners, and external stakeholders to complement the written information provided. PATs would typically interview programme leadership, teaching, and administration staff (including from other academic units), clinical supervisors, current learners, recent graduates, employers of recent graduates, professional bodies, and other relevant stakeholders.

38. Feedback from relevant professional groups will be sought to help inform the accreditation process. Feedback from other groups who wish to provide comment would also be accepted.

39. 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.

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

41. The PAT will:
    a. Visit teaching areas, pre-clinical and clinical facilities, and other learner support facilities.
    b. Observation of learners and review of relevant course work documentation may also be undertaken.

42. It is important to schedule adequate time during the PAT visit for confidential PAT team discussions, review, and reflection and also for follow-up interviews if required.

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

44. The programme provider is to coordinate the availability of the various interviewees (including interviewees not pre-selected by the provider) and provide their names to the Council accreditation team for the accreditation process.

Stage 3: Draft report and decisions

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

46. 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.

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

48. Programme providers will receive a draft PAT 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 PAT's attention evidence available at the time of the visit, that they consider may have been overlooked.

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

50. The accreditation committee will review the PAT 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.

51. 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 the accreditation committee's decision, they can request 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 outlines what information a request for reconsideration must include and the timeframes for the reconsideration of a decision process. The policy and process can be found on Council's website[11] – for more detailed information, please see the section on Accreditation Outcomes.

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.

[11] Reconsideration of a Council decision

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:
    - name of the programme provider
    - name of the programme
    - the qualification/s to be awarded
    - scope of practice for which accreditation is sought
    - the proposed date of commencement of the programme
    - normal duration of the programme
    - brief outline of the programme objectives and structure
    - key external and/or joint parties involved in the delivery of the programme
    - location/s of delivery, including clinical training facilities and outplacements
    - envisaged learner numbers per year of programme
    - key contact information for accreditation purposes.
    - 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 PAT 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 decisions
    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 on 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:
    - Conditions imposed on the programme or provider by an external party
    - Discontinuation of a course or part of a course, or a significant change in the length of a course (i.e., months/years).
    - Marked changes in the design of a programme that may affect learning opportunities and/or achievement of learning outcomes
    - A change in delivery partner or arrangements with a delivery partner
    - Substantial changes to:
        - Expected learning outcomes for learners
        - Admission requirements that potentially present barriers to the achievement of learning outcomes
        - Learner assessment
        - Change to arrangements for monitoring programme quality and graduate outcomes of programmes
        - Learner numbers for the programme relative to available resources, including capital, facilities, and staff
        - 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:
        i. based on the information provided, whether 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 PAT, and the accreditation committee considers the PAT'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 PAT 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 learner 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 learner 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 PAT may also identify areas for commendations and recommendations. These will be included in the accreditation report and published summary report.

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

72. Where the PAT identifies opportunities to further improve the quality of the programme and its outcomes, recommendations will be made on the areas which can be improved. During the Annual reporting process there may be more focus on 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

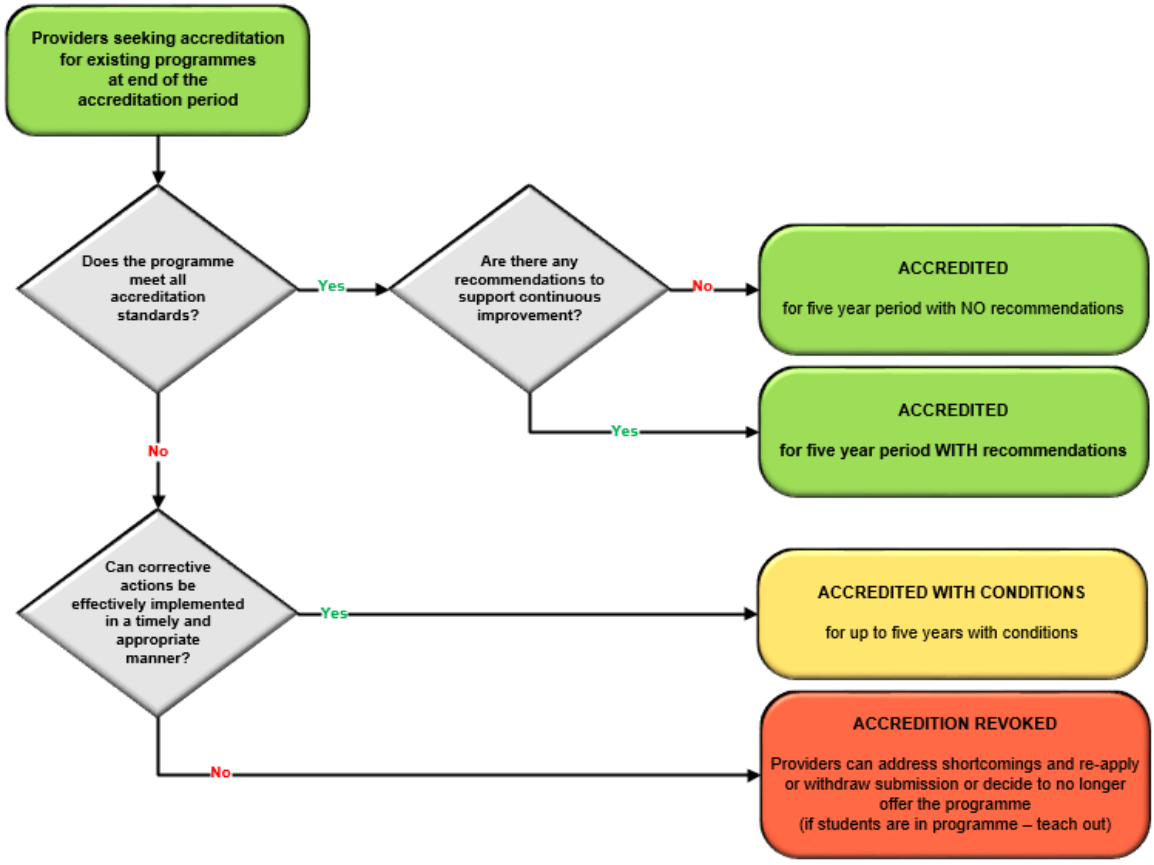


Table 4: Possible accreditation outcomes and their description

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
    b. 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:
    c. Appendix 3: annual reporting template for the undergraduate programme
    d. Appendix 4: annual reporting template for the intern training programme
    e. 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. Programme providers will receive feedback on the annual report.

81. 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 PAT onsite visits to support continued quality assurance of the programme and an overview of their relationship is shown in Figure 6.

82. The Council will use a variety of quality assurance and monitoring tools for accredited programmes including annual reports, additional reports, onsite visits or videoconferencing and reporting of major changes to programmes.

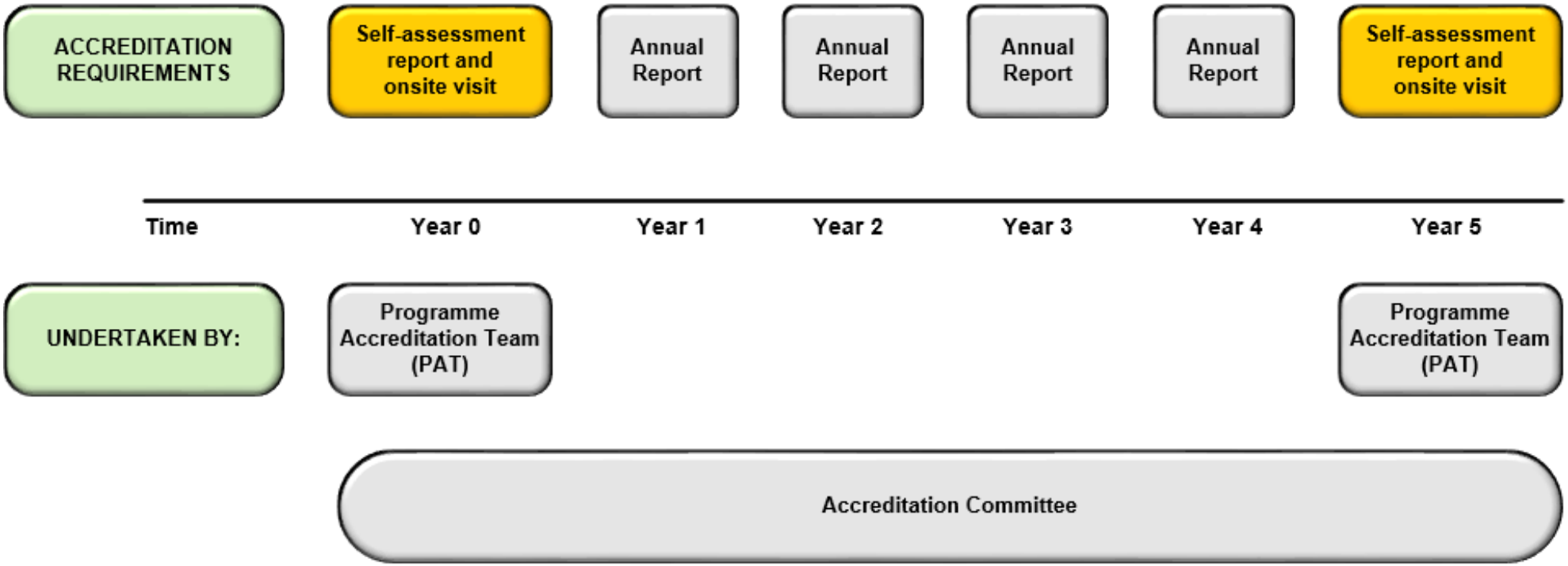
83. Annual reports will be used to help assess and identify key risks and their controls to ensure the programme continues to meet accreditation standards, monitor improvement progress and highlight key changes to the programme between accreditation reviews.

84. Additional reports will 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.

85. Onsite visits or videoconferencing may be used if there has been a significant adverse change which may mean that accreditation standards cannot continue to be achieved (e.g., natural disasters, pandemic). A monitoring visit would also be required if conditions were not being met.

86. 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

87. 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.
    i. If this cannot be resolved, Council can be formally notified and the concern further investigated as appropriate.

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

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

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

91. 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 stakeholders. If Council is satisfied with the response from the programme, then nothing further is required.

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

Confidentiality

93. 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.

94. For PAT onsite visits - interviewees are encouraged to give free and frank answers to questions from PAT members. For this reason, the PAT 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.

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

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

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

Fees

98. Accreditation is based on full cost recovery from the programme provider.

99. 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.

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

Council accreditation team

101. All communication with the programme provider will be made by Council's operational team, and not PAT members. Council's accreditation team will:
    a. provide coordination and administrative support to the PAT
    b. train and support PAT members
    c. confirm necessary logistical arrangements with the programme

d. advise the PAT on the application and interpretation of the accreditation standards
e. attend the site visit to support the PAT as appropriate
f. ensure the review is conducted within the scope of Council's accreditation function, assessed against the accreditation standards, and adheres 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, [name], of [organisation] 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 [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	Narrative Reporting (please self-assess against standard)	Associated information (embed or reference this so it can be reviewed)
1. Te Tiriti o Waitangi, hauora Māori	1. The programme ensures learners can give effect to Te Tiriti o Waitangi by ensuring that engagement with Māori is culturally safe and that Māori perspectives of health and wellbeing are understood and applied.	1.1 The programme demonstrates its commitment to honouring the Principles of Te Tiriti o Waitangi through its educational philosophy and delivery.		
		1.2 The programme supports learners[12] to develop an understanding of Hauora Māori, Māori health perspectives and the application of these concepts to support Māori health and wellbeing.		
		1.3 Suitable academic governance arrangements that reflect Te Tiriti principles are in place for the programme. These arrangements should include systematic monitoring, review, and continuous improvement process which are informed by Matauranga Māori perspectives.		
		1.4 Te Tiriti o Waitangi obligations, and hauora Māori are articulated clearly, expressed throughout the programme, and appropriately assessed.		
		1.5 The programme provider actively supports the development of the Māori pharmacy workforce.		
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 Programmes equip learners with the appropriate legal, ethical, clinical, cultural, and professional knowledge and skills to achieve the required learning outcomes.		
		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 and registered pharmacists/ health practitioners.		
		2.6 Pharmacies and other health settings providing experiential learning meet all relevant statutory legislation, regulations, and standards.		

[12] Learners = students and interns.

Domain	Standard	Criteria	Narrative Reporting (please self-assess against standard)	Associated information (embed or reference this so it can be reviewed)
		2.7 The programme provider fosters a learning environment which enables learners to understand and achieve high levels of ethical and professional conduct.		
3. Academic governance and quality assurance	Academic governance and quality assurance processes are effective	3.1 All programmes meet contemporary and recognised external (e.g., NZQA, CUAP) educational evaluation and review processes.		
		3.2 Iwi/Māori, learners, and internal and external academic and professional peers contribute to the programme's design, management, and quality improvement.		
		3.3 The programme provider ensures that leadership and staff are suitably qualified and experienced and sustainably resourced and developed to deliver the accredited programme.		
		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 and Te Reo Māori (Māori customs and language) is incorporated, as appropriate into the values, practices, and organisational culture.		
		3.6 Programme providers have appropriate mechanisms in place to monitor and act on the quality of experiential learning sites and experiences 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 learners to achieve the required pharmacy professional competencies	4.1 A coherent educational philosophy informs the programme's design and delivery.		
		4.2 Programme learning outcomes address all the required pharmacy professional competencies and the pharmacist code of ethics at the appropriate level.		
		4.3 The quality, quantity and variety of clinical education and experiential learning is sufficient to produce a learner who can practise pharmacy to the appropriate level.		

Domain	Standard	Criteria	Narrative Reporting (please self-assess against standard)	Associated information (embed or reference this so it can be reviewed)
		4.4 Learning and teaching methods are 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[13] 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 are familiar with the role of other health professions and are able to foster interprofessional collaborative practice.		
		4.9 Learning environment and clinical facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.		
		4.10 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.		
		4.11 The programme provider has the autonomy and resources to sustain the quality of education that is required to facilitate the achievement of the pharmacist's professional competencies at the appropriate level.		
5. The learner experience	Learners are provided with equitable and	5.1 Course information is clear and accessible.		

[13] 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	Narrative Reporting (please self-assess against standard)	Associated information (embed or reference this so it can be reviewed)
	timely access to information and support	5.2 Admission, progression and learner support requirements and processes are fair, transparent, culturally safe and do not present any unreasonable barriers to entry and progress including for priority learner groups.		
		5.3 Learners have access to and are aware of effective grievance and appeals processes.		
		5.4 The programme provider identifies and provides support to meet the academic learning needs of learners.		
		5.5 Learners are informed of and have access to personal wellbeing and support services provided by qualified personnel.		
		5.6 Equity and diversity are observed and promoted in the learner experience.		
6. Assessment	Assessment is fair, valid, and reliable to ensure graduates of the programme 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 experiential learning 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 learner and their cultural context.		

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

- A copy of the current organisational structure of the programme provider with names of people in key leadership positions
- Access to policies, procedures, guidelines, and other relevant information for the site evaluation team (PAT) 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 learners can give effect to Te Tiriti o Waitangi by ensuring that engagement with Māori is culturally safe and that Māori perspectives of health and wellbeing are understood and applied.	1.1 The programme demonstrates its commitment to honouring the 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, Māori health perspectives and the application of these concepts to support Māori health and wellbeing. 1.3 Suitable academic governance arrangements that reflect Te Tiriti principles are in place for the programme. These arrangements should include systematic monitoring, review, and continuous improvement process which are informed by Matauranga Māori perspectives. 1.4 Te Tiriti o Waitangi obligations, and hauora Māori are articulated clearly, expressed throughout the programme, and appropriately assessed. 1.5 The programme provider actively supports the development of the Māori pharmacy workforce.	This standard is designed to ensure that the programme can demonstrate, in practical terms, a commitment to Te Tiriti o Waitangi. Interpreting the Principles of Te Tiriti in ways which are relevant to the programme, and meaningful to learners will be key to this process. It implies that learners will have the opportunity to learn about the relevance of Te Tiriti to Māori health and their own practice. That learners 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 suitable Māori input into governance and management decisions, policies, and processes and that these are regularly reviewed for efficacy. The intent of 1.5 is to support the development of the Māori pharmacy workforce. Examples of this may include but not limited to, articulation via its admission policies, promotional strategies, and initiatives designed to support participation, retention, and timely completions of Māori and other high priority peoples.	Evidence of this may include, but is not limited to: • Programme provider policies on mechanisms for authentic partnership and/or engagement with Māori • Cultural safety, equity, and Te Tiriti expertise available • Te Reo Māori use, and training is available • Partnerships with Māori • Learning outcomes and course work specific to giving effect to Te Tiriti o Waitangi, hauora Māori, and the reduction of health inequities/inequalities • Programme provider policies • Graduate profiles • Course outlines and promotional information • 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, cultural events and learning opportunities for both staff and students
2. Public safety and safe and inclusive practice	2. Public safety and safe and inclusive practice is assured,	2.1 Programmes equip learners with the appropriate legal, ethical, clinical, cultural, and professional knowledge	This standard is designed to ensure that learners are equipped with the relevant knowledge, skills, behaviours,	Evidence of this may include, but is not limited to:

[14] Learners = students and interns.

Domain	Standard	Criteria	Commentary and Guidance	General illustrative examples of evidence to demonstrate standard met
	reflecting the Competence Standards for the Pharmacy Profession and the Code of Ethics	and skills to achieve the required learning outcomes. 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 and registered pharmacists/ health practitioners. 2.6 Pharmacies and other health settings providing experiential learning meet all relevant statutory legislation, regulations, and standards. 2.7 The programme provider fosters a learning environment which enables learners to understand and achieve high levels of ethical and professional conduct.	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 service.	• Programmes guiding principles • Programme regulations • Academic regulations • Learner handbook • Record keeping process for learner data re. convictions, health conditions • Relevant policies • Staff list with their qualifications and relevant clinical experience • Programme regulations/policy around experiential learning • Academic Integrity policies and processes • Learner 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 • Learner orientation and induction processes • Staff orientation and induction processes

Domain	Standard	Criteria	Commentary and Guidance	General illustrative examples of evidence to demonstrate standard met
3. Academic governance and quality assurance	Academic governance and quality assurance processes are effective	3.1 All programmes meet contemporary and recognised external (e.g., NZQA, CUAP) educational evaluation and review processes. 3.2 Iwi/Māori, learners, and internal and external academic and professional peers contribute to the programme's design, management, and quality improvement. 3.3 The programme provider ensures that leadership and staff are suitably qualified and experienced and sustainably resourced and developed to deliver the accredited programme. 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 and Te Reo Māori (Māori customs and language) is incorporated, as appropriate into the values, practices, and organisational culture. 3.6 Programme providers have appropriate mechanisms in place to monitor and act on the quality of experiential learning sites and experiences to ensure experiential learning sites provide (or deliver) appropriate learning experiences aligned with learning outcomes.	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. Effective academic governance and quality assurance processes include education providers having a clear strategic plan, aligned with that of the provider organisation and a risk management process to identify, monitor and evaluate risks with clearly documented risk mitigation and management strategies.	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 • Programme provider annual programme reports • Quality assurance plan • Programme philosophy, values, and beliefs • Mechanisms for policy and practice environment scans and consideration of their relevance to education provision • Programme provider 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 Programme provider policies • Risk Management plan and processes • Risk register • Strategic plan and current actions, aligned with that of the provider organisation

Domain	Standard	Criteria	Commentary and Guidance	General illustrative examples of evidence to demonstrate standard met
4. Programme of study	Programme design, delivery and resourcing enable learners to achieve the required pharmacy professional competencies	4.1 A coherent educational philosophy informs the programme's design and delivery. 4.2 Programme learning outcomes address all the required pharmacy professional competencies and the pharmacist code of ethics at the appropriate level. 4.3 The quality, quantity and variety of clinical education and experiential learning is sufficient to produce a learner who can practise pharmacy to the appropriate level. 4.4 Learning and teaching methods are 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.	This standard is designed to ensure that the programme design, teaching and learning strategies and resources (including staffing, facilities, equipment, access to experiential learning opportunities) allow learners to demonstrate achievement of the relevant learning outcomes and competency standards (learners, interns, pharmacist prescriber learners) in a clinically and culturally safe manner. The intent of this is to ensure learners have access to experiential learning in a range of settings which may include but is not limited to community and hospital pharmacy settings, and other relevant settings including Māori health services, rural settings, general practice, areas of workforce need, and any other setting where medicines management is involved such as PHARMAC and the Ministry of Health.	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 • Learner handbooks • Mapping of learning outcomes to professional competencies and code of ethics • Curriculum map • Teaching and Learning Committee reports • Staff-learner liaison reports • Learner or other stakeholder feedback • Learner Focus groups • Board of Studies course reports • Inventory of learning resources • Programme provider policies • Curriculum and assessment maps outlining programming for research-related learning outcomes in the BPharm

[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	Commentary and Guidance	General illustrative examples of evidence to demonstrate standard met
		4.8 Pharmacy learners are familiar with the role of other health professions and are able to foster interprofessional collaborative practice.		• 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 • Simulation activity details • Experiential learning quality evaluation and assurance policies and procedures • Feedback to sites and preceptors • Feedback from employers and preceptors • Assessment map for cultural safety
		4.9 Learning environment and clinical facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.		
		4.10 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.		
		4.11 The programme provider has the autonomy and resources to sustain the quality of education that is required to facilitate the achievement of the pharmacist's professional competencies at the appropriate level .		
5. The learner experience	Learners 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 (learner, intern, pharmacist prescriber learner), and admission and progression requirements are fair and culturally safe.	Evidence of this may include, but is not limited to: • Programme regulations • Academic regulations • Learner handbook • Conceptual framework, values and beliefs about teaching and learning. • Evidence of support systems in place for learners who have for e.g., disabilities or Te Reo as their first language • Programme provider promotional material • Course outlines • Admissions policies • Admission interview policies and processes
		5.2 Admission, progression and learner support requirements and processes are fair, transparent, culturally safe and do not present any unreasonable barriers to entry and progress including for priority learner groups.		
		5.3 Learners have access to and are aware of effective grievance and appeals processes.		
		5.4 The programme provider identifies and provides support to		

Domain	Standard	Criteria	Commentary and Guidance	General illustrative examples of evidence to demonstrate standard met
		meet the academic learning needs of learners. 5.5 Learners are informed of and have access to personal wellbeing and support services provided by qualified personnel. 5.6 Equity and diversity are observed and promoted in the learner experience.		• Admissions Committee minutes • Māori and Pacific Admission schemes • Programme provider policies and procedures • Records of appeals and outcomes • Learner feedback • Accessibility options • English language support • Counselling services • Other relevant learner services
6. Assessment	Assessment is fair, valid, and reliable to ensure graduates of the programme 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 experiential learning 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 learner 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 (intern, pharmacist, pharmacist 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 • Learner 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 [YEAR]

Programme provider:

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

Accreditation expiry date:

Summary

NB: no more than 750 words

Declaration

I, [name], of [organisation] hereby submit this annual report as being an accurate reflection of the status of the Pharmacy Programme as at [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:

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

Learner 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 settings (total hours)	Hospital Pharmacy settings (total hours)	Other settings (total hours) – please detail below
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 [date]	
Total headcount as of [date]	
Key staff survey findings	
Key learner survey findings	
NB: existing learner 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 [YEAR]

Programme provider:

Programme(s): Intern Training Programme

Accreditation expiry date:

Summary

NB: no more than 750 words

Declaration

I, [name], of [organisation] hereby submit this annual report as being an accurate reflection of the current status of the Pharmacy Programme as at [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/RTP

No. enrolled University of Otago graduates	No. completed University of Otago graduates	No. enrolled University of Auckland graduates	No. completed University of Auckland graduates	No. Australian graduates	NZ RTP

- Non-REQR pharmacist interns

Country of initial registration as a pharmacist	Number of enrolments non-REQR pharmacists	Number of completions non-REQR pharmacists

Please summarise key reasons for non-completion of the ITP. Tick all the reasons that apply for an individual intern.

Reason for non-completion	Number
Withdrew from ITP – no plans to return	
Withdrew from ITP –plans to return	
Withdrew from ITP – intentions not known	
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)	

Intern placement setting

Year Level	Community Pharmacy	Hospital Pharmacy	Other

1	n/a	n/a	n/a

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 [date]	
Total headcount as of [date]	
Key staff survey findings	
Key intern survey findings	
NB: existing learner 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 [YEAR]

Programme provider:

Programme(s): Pharmacist Prescriber

Accreditation expiry date:

Summary

NB: no more than 750 words

Declaration

I, [name], of [organisation] hereby submit this annual report as being an accurate reflection of the current status of the Pharmacy Programme as at [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:

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

Learner 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
[YEAR]		
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

Experiential learning

Please provide total experiential learning hours for the programme

Programme	Total hours
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 [date]	
Total headcount as of [date]	
Key staff survey findings	
Key learner survey findings	
NB: existing learner 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:
    - Arrangements with another suitable programme provider to transfer learners into an accredited, comparable programme.
    - Written confirmation that the alternative programme can incorporate the extra learners to enable them to graduate under the ambit of the alternative provider; or
    - 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.
    - 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.
        - Any learner 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 learner can enrol into an unaccredited programme, they must be advised of the inability to register with Council on completion of the programme.