

Appendix three

Aotearoa New Zealand Accreditation Standards for Pharmacy Programmes Key Submission Themes

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.

As a responsible authority (RA) charged with administering the HPCAA, the 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 pharmacy programmes.

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

The accreditation standards are designed to ensure that learners acquire the knowledge, skills and attributes which enable them to:

- a. At the end of the undergraduate pharmacy degree programme: practise safely and effectively as an intern pharmacist under supervision
- b. At the completion of the intern training programme: practise safely and effectively as a pharmacist without supervision in pharmacy practice settings
- c. At the end of the pharmacist prescribing programme: practise safely and effectively as a pharmacist prescriber.

Until 2020, accreditation of Aotearoa New Zealand pharmacy education programmes was conducted by the Australian Pharmacy Council (APC) – an independent accreditation agency – under contract to Council.

In 2020, Council approved a change in provision of accreditation services from the Australian Pharmacy Council to a Council-led process to enable Council to have greater:

- a. Ability to customise standards to give effect to Te Tiriti o Waitangi (te Tiriti).
- b. Accreditation collaboration between responsible authorities in Aotearoa New Zealand.
- c. Access and insight of information provided by programme providers.
- d. Control and understanding of the costs of accreditation processes.
- e. Oversight of accreditation within Aotearoa New Zealand to enable it to discharge its statutory duties more effectively.

Key changes to the standards implemented after the feedback received.

1. Domain 1 to provide programme providers with greater clarity.
2. The language in the accreditation standards for clarity.
3. The language of the accreditation requirements for clarity.

Themes	Brief description	Illustrative examples from public consultation (PC)	Response to feedback
Te Tiriti o Waitangi	Te Tiriti Domain is contemporary and aspirational	<p>PC 1: These standards in domain 1 are theoretically set at minimum threshold levels, the Te Tiriti Domain is contemporary and aspirational. This will take time and substantial work for programmes to reach these aspirations – how is this consistent with “minimum standards”?</p> <p>PC 3: We would like to commend the Pharmacy Council in their efforts to emphasise the importance of Te Tiriti o Waitangi in these standards. We welcome a standalone Te Tiriti domain in the accreditation standards, as it is easier to reference, consult and understand.</p> <p>PC 4: We feel that this version is much clearer and reduces duplication around Te Tiriti o Waitangi standards. The separation and integration of cultural safety standards flows better.</p>	<p>Thank you for your feedback and comments. There was mixed feedback on whether the accreditation standards and processes appropriately give effect to Te Tiriti o Waitangi. One submitter felt that the Te Tiriti o Waitangi Domain is contemporary and aspirational. On the other end of the spectrum, other submissions were supportive, feeling that the accreditation standards and process appropriately give effect to Te Tiriti o Waitangi.</p> <p>The Te Tiriti o Waitangi Domain is appropriately set with minor modifications made to give greater clarity to programme providers.</p>
Te Tiriti o Waitangi	Work with programme providers to strengthen yearly intake of Māori/Pasifika students	<p>PC 3: We are also interested to know if the Pharmacy Council intends to work with programme providers to strengthen their yearly intake of Māori/Pasifika students as a reflection of commitment to cultural safety and workforce diversification...</p>	<p>The focus of one of the criteria in Domain 1 is about programme providers actively supporting the development of the Māori pharmacy workforce. The commentary of Domain 1 has been strengthened to explain the intent of this criteria in more detail.</p>
Standards criteria model	Some accreditation standards seem aspirational in tone	<p>PC 1: re standard 4.13 Access to clinical and Hauora Māori experiential learning is assured - This criterion is very challenging. These experiences are not in our power to control as providers who rely on placement opportunities in the real world of practice where there are often scarce opportunities for students to experience interactions with health consumers and patients who are Māori. It does not feel reasonable for our programmes/providers to be held accountable to this when we can't meaningfully impact on this without support from the profession. This would set programmes up to fail and would also overburden already overburdened pharmacists who are Māori and Māori communities already over-in-demand...</p> <p>PC 7: Standards, Domain 2 - reads “public safety and safe and inclusive practice is assured...”. I am not clear how a provider can demonstrate that this standard is “assured” - this is a strong</p>	<p>There was mixed feedback on whether the accreditation standards and process are clear. Some submissions felt that some of the accreditation standards and processes seem aspirational in tone. On the other end of the spectrum, there were submissions received commenting that the accreditation standards and process is clear.</p> <p>The Accreditation Standards are appropriately set with minor modifications made to the wording for clarity. We recognise that some things are outside of the control of programme providers but that there should be appropriate mechanisms in place to identify at-risk situations and sites with a view to reasonably risk mitigate and prevent.</p>

Themes	Brief description	Illustrative examples from public consultation (PC)	Response to feedback
		<p>word in this context and may not be realistically achievable. We can demonstrate that our curriculum and learning opportunities are designed to provide students with the knowledge, skills, behaviours, and attributes that align with a dedication to public safety and safe and inclusive practice, as well as the safe use of medicines etc., but how do we assure that the public are safe?</p> <p>PC 3: The standards seem clear, concise, and easy enough to follow, especially with the help of the provided diagrams (Figure 4, page 25).</p>	
Accreditation requirements	<p>Some accreditation requirements are aspirational and some timelines are unreasonable</p>	<p>PC 1: Mostly, but some key areas are very aspirational and some timelines are unreasonable. Re Figure 4, depending on the information requested, and the timing of the request, it may be very difficult for providers to respond to requests for more information within 10 working days. Some information might rely on other departments and this can take time.</p> <p>PC 3: Yes, we are satisfied that the accreditation requirements are fair and reasonable.</p>	<p>There was mixed feedback on whether the accreditation requirements are fair and reasonable. Some submissions felt that some of the accreditation requirements are aspirational. On the other end of the spectrum, there were submissions received commenting that the accreditation requirements are fair and reasonable.</p> <p>The accreditation requirements are appropriately set with minor modifications made to the wording for clarity. Council's Management team intends to work closely with education providers as part of change management and guidance.</p>
Interpretation of terms	<p>Insufficient guidance for some of the terms and wording used in the accreditation standards</p>	<p>PC 6: There are terms and wording that are used within the proposed standards that have the potential to cause confusion. The definition of these terms and wording is not clear and open to differences in interpretation or subjectivity; we have detailed these areas in our specific feedback on the consultation document, Greater guidance would be appreciated for these terms.</p>	<p>There have been minor modifications to wording for clarity. Council's Management team intends to work closely with education providers as part of change management and guidance.</p> <p>Council has created a glossary of Te Reo Māori terminology that features in the accreditation standards, competence standards and prescriber standards. The definitions of Te Reo Māori terminology used in the standards will provide greater clarity to programme providers.</p>
Leadership	<p>Insufficient standards relating to programme leadership</p>	<p>PC 4: All standards relating to the leadership of the programme including aspects such as appropriate professional leadership, having a clear strategic direction / plan, risk monitoring and mitigation, innovation and continuous improvement appear to have been removed. We feel these should be included to ensure appropriate leadership and direction of programmes.</p>	<p>One of the criteria in Domain 3 has been strengthened to include leadership. The commentary of Domain 3 has been strengthened around effective academic governance and quality assurance processes including education providers having a clear strategic plan and a risk management process.</p>

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Quality of experiential learning	Insufficient emphasis on adequate support and resourcing to ensure experiential learning placements happen	PC 4: We feel insufficient emphasis has been placed on the importance of adequate support and resourcing required to ensure experiential placements happen. These are incredibly resource hungry for both the universities and workplaces and the expectations need to be crystal clear in order to ensure they happen.	The commentary of Domain 4 has been strengthened around ensuring learners have access to experiential learning in a range of settings.
Stakeholder feedback	Clarity around engaging with stakeholders as part of SET process	PC 4: We could not see where stakeholder feedback was requested and by whom, and how, by whom and when this is used. We feel this needs adding to the process flow to ensure that this information is available to the SET. Ideally, this should be available in advance of the visit to inform potential questions to ask, and to then take into consideration with informing the overall assessment.	Minor modifications have been made to the wording in the accreditation guidance for clarity with external stakeholder feedback to be received via multiple means.
Significant changes in pass/fail rates	Clarity around what Council deems acceptable with regards to fail rates	PC 3: How do the Council propose to act if they see significant changes in the pass rate metrics of a programme provider? We would be interested to know what the Council deems acceptable with regards to failure rates. How do these compare at the different yearly levels with overseas/comparable programmes and how does council go about addressing unacceptable failure rates.	Pass rate metrics are one of the things Council looks at to see if we have anything to be concerned about. Candidates who repeatedly fail assessment centre are a Council issue not a programme provider issue so it falls outside of accreditation. Council has mechanisms in place to manage this. Significant changes in pass/fail rates could be looked at as part of Council's quality assurance processes.
Evidence examples heavily university-based	Insufficient evidence examples for non-university providers	PC 6: The examples in Appendix 2 seem to be heavily university-based; some processes that are referred to sit within the university environment but are not relevant to other providers...	Additional evidence examples have been included in Appendix 2: Illustrative examples of evidence to support assessment against accreditation standards and commentary in the accreditation guide. It is important to note that the evidence examples are suggestions only and may or may not be relevant to a particular programme or provider. Other evidence may still be appropriate.
Usability of templates	General editing to make template more usable	PC 1: The guidance states that providers should record activities, processes and outcomes against each standard, as well as comment on what is done well, what needs improving, how this can be monitored, achieved and evaluated. All these requirements are not clear in the template and there is only one narrow box for Narrative Reporting for provision of all information this information and commentary. PC 6: 2021 Graduates/Non-REQR pharmacist/non-completion of ITP:	Minor modifications have been made to the annual reporting templates to improve their usability.

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		<ul style="list-style-type: none"> • What about Australian graduates? No space to detail them in the following tables. • No provision to detail RTP pharmacists entering the ITP. • Non-REQR pharmacists interns table = An explanation as to why these countries have been selected would be helpful. <p>PC 8: The table for reporting experiential learning placements could be revised. The way the table is currently formatted makes it very difficult to accurately report the number of hours that our Part IV students undertake placement days in the variety of different placement settings.</p>	
Consistency of language	General editing and minor corrections to wording to ensure consistency of language	<p>PC 6: In the consult documentation, “learner” has been clearly defined to mean “student or intern”. Some areas of the document use “learner”, however in other places, the word “student” has been used.</p> <p>PC 6: Some clarification of language throughout the document would be helpful, the terms of programme providers, educational institutions, and organisations are all used in the document. Are these terms interchangeable or different?</p>	The term student has been replaced with the term learner and the terms educational institution and organisation have been replaced with the term programme provider to ensure consistency in the accreditation standards and accreditation guidance.
General editing suggestions	General editing and minor corrections to wording	<p>PC 2: We do not agree with the terminology in the document whereby pharmacists undertaking the pharmacist prescriber post grad cert are referred to as “trainee prescribers”. It would be more appropriate and in line with other professional bodies offering post graduate education to call them “pharmacist prescriber candidates” rather than trainee...</p> <p>PC 4: 4.3 - we would like to see the focus shift slightly from The quality, quantity and variety of clinical education and experiential learning is sufficient to produce a learner who can practice pharmacy across a range of professional settings to the quality, quantity and variety of clinical education and experiential learning in a range of professional/practice settings is sufficient to produce a learner who can provide pharmacy to the appropriate level.</p>	Minor modifications have been made to the wording and format of the accreditation standards and accreditation guide.