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## Intern Year Assessment Blueprint

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## List of Abbreviations

Abbreviation	Term
<b>Ahpra</b>	Australian Health Practitioner Regulation Agency
<b>APC</b>	Australian Pharmacy Council
<b>CbD</b>	Case-based Discussion
<b>CPD</b>	Continuing Professional Development
<b>EPA</b>	Entrustable Professional Activity
<b>ITP</b>	Intern Training Program
<b>IWE</b>	Intern Written Examination
<b>IYB</b>	Intern Year Assessment Blueprint
<b>IYB WG</b>	Intern Year Assessment Blueprint Working Group
<b>ITA</b>	In-Training Assessment
<b>MCQ</b>	Multiple Choice Question
<b>Mini-CEX</b>	Mini-Clinical Evaluation Exercise
<b>OSCE</b>	Objective Structured Clinical Examination
<b>WPA</b>	Workplace-based Assessment

## 1. Introduction

In June 2018, the Pharmacy Board of Australia (PharmBA) and the Australian Pharmacy Council (APC) jointly released the first Intern Year Assessment Blueprint (IYB). The purpose of the IYB was to provide a direct link between intern learning and assessment methods and to facilitate effective and appropriate assessment of pharmacy interns during the supervised practice period.

The IYB provided a variety of assessment methods for each of the enabling competencies described in the National Competency Standards Framework for Pharmacist in Australia (2016). This allowed those with responsibility for assessing interns to select which method was most appropriate based on the purpose and context of the assessment. The 2018 IYB was informed by academics from pharmacy programs in Australia and the Intern Year Blueprint Literature Review<sup>3</sup> which was published in 2017.

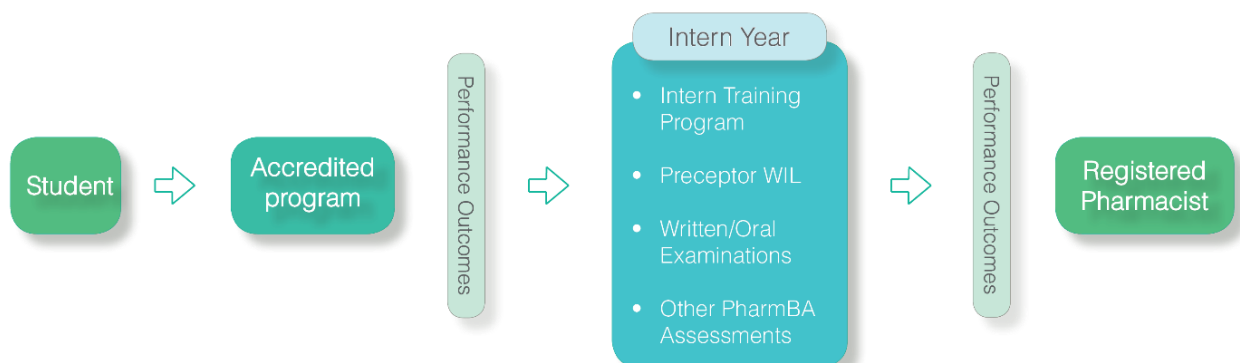
In September 2019, the PharmBA approved the Accreditation Standards for Pharmacy Programs in Australia and New Zealand 2020 which are accompanied by a Performance Outcomes Framework 2020. This necessitated a revision of the 2018 IYB to reflect the new basis for assessment. This document updates the 2018 blueprint.

## 2. Rationale for performance outcomes

Performance outcomes offer advantages for assessment of individuals in comparison to alternative frameworks such as learning objectives or competency standards in that performance is visible, demonstrable, and observable. The concept behind the use of a performance outcomes framework is derived from Millers Pyramid and other models of medical education, which argue that assessment of knowledge and its application does not provide a true indication of whether an individual can perform a task.

The new pharmacy performance outcomes describe what an individual can do at two distinct milestones along the pathway to registration as a pharmacist, that is, on successful completion of an accredited pharmacy degree program and at the end of the internship year at the point of application for general registration. They provide a nationally consistent and transparent framework against which responsible entities can assess how students and interns carry out professional activities as illustrated in Figure 1.

Figure 1: Milestones for Pharmacy Program Performance Outcomes.



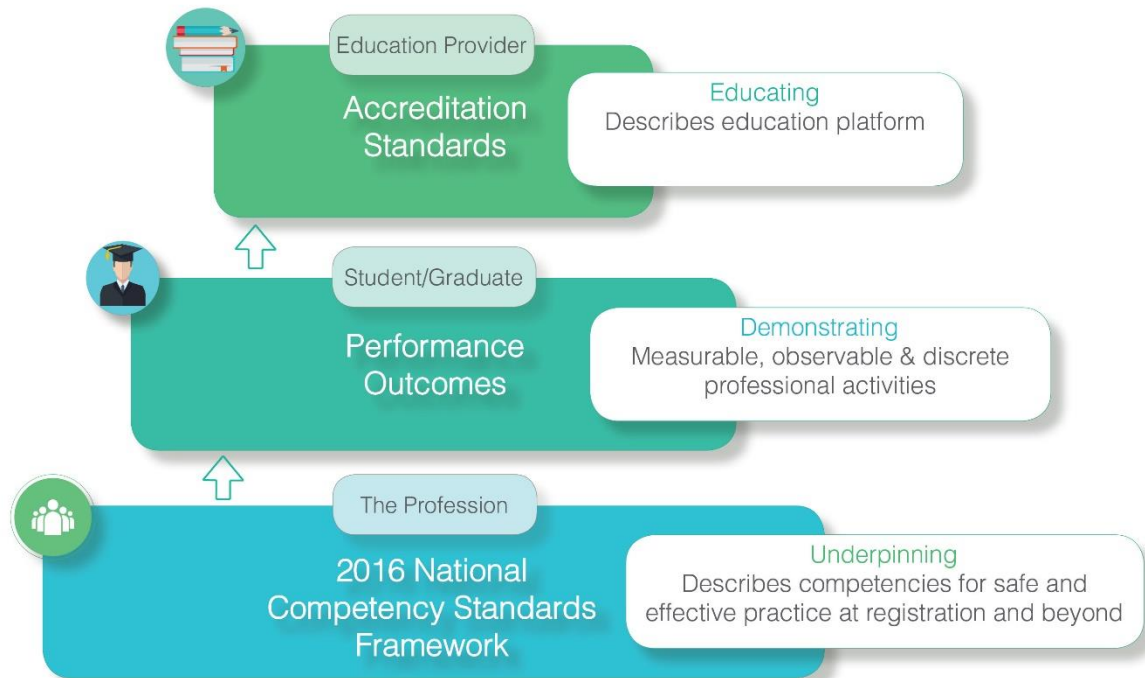
### 3. Linkages to the National Competency Standards Framework

The Performance Outcomes Framework comprises five domains, which are consistent with the five domains of the National Competency Standards Framework. Reference is made throughout the Performance Outcomes Framework to the underpinning knowledge, skills, and behaviours, which comprise the necessary foundation for performance.

Mapping of the performance outcomes to the enabling competencies described in the National Competency Standards Framework (Appendix A) shows that where an individual can demonstrate all performance outcomes, that individual will have demonstrated achievement of all the required competencies.

As such, the National Competency Standards Framework remains the definitive standard for practising pharmacists while the performance outcomes are most appropriately regarded as a re-packaging in a manner that is tailored to serve the needs of education providers in teaching and assessing the achievement of those competency standards. In addition, the Performance Outcomes Framework draws on other profession-specific consensus documents such as the Professional Practice Standards and codes of ethics and conduct, standards and guidelines published by the PharmBA, attributes and qualities of university graduates in general, and similar frameworks currently in use in comparable international jurisdictions. Figure 2 illustrates the linkages between these three key documents.

Figure 2: Linkages between Accreditation Standards, Performance Outcomes and Competency Standards.



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## 4. What has changed?

### 4.1. Assessment methods

The 2020 IYB recommends a single optimal assessment method based on the context and responsible entity for assessment of the performance outcome. In some cases, it may not be feasible to assess certain performance outcomes in the workplace, while it may be possible, and indeed deemed necessary for there to be multiple assessment of some performance outcomes by different stakeholders, using different approaches. Where an alternative assessment method is used, the argument for choosing that method must be included in accreditation documentation.

#### 4.1.1. Objective Structured Clinical Examinations (OSCE)

None of the entities responsible for intern assessment in Australia currently use Objective Structured Clinical Examinations (OSCEs). Although this is a valid assessment methodology, OSCEs are resource intensive and are unlikely to be suitable in the Australian context for assessment of interns. Therefore, OSCEs are not included.

#### 4.1.2. Entrustable professional activities (EPAs)

Assessment of Entrustable professional activities (EPAs), are increasingly employed and are useful methods for evaluating intern performance. The entrustment scale assigned to EPAs provides a means to monitor intern progress towards independent performance of the activity. EPAs have therefore been included where appropriate in the revised IYB.

### 4.2. Stakeholder responsibilities in intern assessment

Accredited degree programs have the responsibility for demonstrating that pharmacy students meet the performance outcomes at the point of graduation. Several stakeholders, however, share responsibility for ensuring that interns achieve the requisite performance outcomes by the end of their intern year. The 2018 IYB did not clarify the responsibilities of the various stakeholders involved in assessment of interns throughout the period of supervised practice. The responsibilities of key stakeholders are briefly outlined below. Additional guidance will be provided by the PharmBA in updated internship guidelines.

#### 4.2.1. Intern Training Program (ITP) providers

- ITP providers are the link between the intern, preceptor and the PharmBA. They play an important role in co-ordinating activities and communication between these stakeholders including for assessments.
- ITP providers are primarily responsible for providing assurance to the PharmBA that pharmacy interns have achieved the performance outcomes through collection of evidence in a portfolio. This means that ITP providers will serve as a “clearing house”.
- Portfolio review is a key responsibility of the ITP providers. This is not to limit the ITPs use of portfolios for their own purposes but to emphasise that the portfolio is the mechanism to collect, review and confirm successful completion of an accredited ITP including the workplace-based assessments (WPA)
- ITP providers should continue to observe and design activities and provide interns with alternative avenues for demonstrating their performance. In some cases, it may not be possible to observe or

assess some performance outcomes in the workplace, for example if opioid replacement programs or preparation of dose administration aids or simple compounding tasks are not available in the practice site. In other words, ITP providers will fill in the gaps.

- Support to preceptors in the use of assessment tools. Ongoing work supported by the APC and the PharmBA aims to produce an initial suite of WPA tools for use by preceptors. These tools will be implemented following consultation with ITP providers and pilot testing. ITP providers are expected to have an enhanced role in supporting use the assessment tools in the workplace. These tools will be included in the portfolio as part of the evidence collected about intern performance.

#### 4.2.2. Preceptors and supervising pharmacists

- Assessment of interns in the workplace
- Providing feedback to interns on their progress towards meeting objectives of individualised training plans
- Declaration of completion of the PharmBA compounding assessment
- Declaration that interns have met the requirements of WPA and the ITP

#### 4.2.3. Australian Pharmacy Council (APC)

- Development of appropriate WPA tools for use by preceptors and supervising pharmacists
- Support for the implementation of WPA tools and exemplars
- Reviewing the suitability of different WPA tools and support materials
- Accrediting and monitoring ITP providers based on approved Accreditation Standards
- Develop and administer the Australian Intern Written Examination (IWE) on behalf of the PharmBA

#### 4.2.4. Pharmacy Board of Australia (PharmBA)

- Support for the implementation of WPA tools and exemplars
- Develop internship guidelines and related policy documents
- Endorse the IYB and the associated assessment tools

#### 4.2.5. Australian Health Practitioner Regulation Agency (Ahpra)

- Develop and administer the intern oral examination

#### 4.2.6. Interns

- Self-assessment of own performance, areas for improvement, and learning needs. Interns are responsible for taking the initiative in their own learning, accepting, and acting on feedback from their preceptor and/or supervising pharmacists, identifying gaps in their knowledge or performance, and actively seeking ways to address these gaps
- Timely completion of portfolio. Over the internship period the intern compiles a portfolio which must include evidence of completion of all assessment activities and any other requirements

## Description of assessment methods

The following section provides a summary of the assessment methods in the 2020 IYB.

### 4.3. Multiple choice question (MCQ)

Multiple choice questions (MCQs) have been used extensively as a method of assessment in education. There are a number of formats for multiple choice questions, of which the two most common are true/false and single best option. The single best option, the most widely used format, consists of a stem, which poses the question, followed by several possible answer options. The IWE is a computer based MCQ based test which together with an oral examination form the registration assessment leading to registration as a pharmacist.

### 4.4. Oral assessment

Oral assessments usually involve a face-to-face interaction between the candidate and the assessor, where the candidate is required to answer a series of questions or engage in discussion with the assessor. Oral exams typically assess application of knowledge, and can be used to assess communication, clinical reasoning, judgement, and decision-making skills. The use of formal structured questions and a structured method of rating can be used to overcome the problems of variability and reliability typically associated with oral examinations. Currently, all interns must be successful in an oral examination conducted by the (Ahpra on behalf of the PharmBA) and the IWE to be eligible for pharmacist registration.

### 4.5. Mini-Clinical Evaluation Exercise (mini-CEX)

The mini-Clinical Evaluation Exercise (mini-CEX) is a short, workplace observational assessment of a specific clinical encounter. The assessor uses a structured tool with rating scales to assess clinical, decision making, organisational and communication skills. Strengths and suggestions for development are usually documented, and verbal feedback is also provided by the assessor.

### 4.6. Case-based Discussion (CbD)

Case-based Discussion (CbD) is a WPA tool that involves a comprehensive review of a clinical case between a candidate and an assessor. The candidate will typically present a case with which they have been significantly involved. The case presentation may include presenting a complaint, patient history (including medicines), clinical investigations and findings, management plan and follow up. The assessor will then provide feedback, using a rubric to 'score' the candidate. Feedback to the candidate is also provided.

### 4.7. In-Training Assessment (ITA)

ITA describes the assessment of a candidate's progress during a training program and falls into two categories:

- **ITA-observation**

A longitudinal assessment usually completed by the supervisor, based on personal observation of the candidate or after consultation with colleagues over an extended period of time (i.e. equivalent to



the current periodic 'sign off' required by the ITPs). These should ideally be undertaken in the workplace but may be undertaken in simulation if circumstances preclude the workplace.

- **ITA-activity**

Specific assessments administered by the ITP provider (e.g. case studies, extemporaneous dispensing, healthcare promotion and drug use evaluation) which may be carried out in the workplace and/or as part of the ITP activities. These activities are important in addressing gaps where observation and assessment in the workplace are not possible, and as such they are not considered to be WPAs but have been included in the IYB because they are proposed to be an ITP responsibility.

#### 4.8. Entrustable professional activities (EPAs)

Entrustable professional activities (EPAs) are units of measure of unique professional duties of a specific profession that together compose a professional task. Assessment of EPAs build on competencies by allowing a link to description or assignment of an individual's mastery of a professional task. They are used with a rating scale to determine whether a supervisee can perform the task specific to the EPA. This translates to the level of supervision required and as such may be useful for prompting supervisors to review an intern's performance on a specific task.

#### 4.9. Portfolio

A portfolio can be described as a collection of information that is intended to demonstrate achievement. The intention of a portfolio is to capture longitudinal evidence of both professional and technical development, whilst encouraging self-awareness and self-reflection. Portfolios may be in paper or electronic format. The content will vary depending on the purpose of the portfolio, the requirements of the assessing body and the candidate gathering the evidence for the portfolio. Portfolios can be used to provide evidence of competencies that would otherwise be hard to assess, such as professional behaviour, practice-based improvements, creative endeavours, research activities and professional experience. A portfolio can contain multiple items and theoretically assess all competencies, it is for that reason this method has been mapped.

## 5. Recommended intern year assessment methods

Key	
●	Recommended assessment method
<b>CbD</b>	Case-based Discussion
<b>EPA</b>	Entrusted Professional Activity
<b>ITA activity</b>	In-Training Assessment activity
<b>ITA Obs*</b>	In-Training Assessment observation (noting exceptions in the section 'Description of assessment methods')
<b>IWE</b>	Intern Written Examination (MCQ)
<b>Mini-CEX</b>	Mini-Clinical Evaluation Exercise
<b>ORAL</b>	Oral examination/viva voce
	Tested in Oral examination
	Tested in Intern Written Examination

Performance outcomes		Registration examinations		ITP provider				
				Preceptor				Intern training activities
		IWE	ORAL	Mini-CEX	CbD	EPA	ITA Obs*	ITA activity
<b>Domain 1: Professionalism in practice</b>								
Pharmacists are responsible and socially accountable for achieving and maintaining high standards of behaviour in order to earn and uphold the trust of the public and meet the expectations of the profession.								
1.1	Promoting and ensuring both the best interests and safety of patients and the public						•	
1.2	Promoting, maintaining, and advocating for cultural safety, respect, and responsiveness, particularly in relation to Aboriginal and Torres Strait Islander and/or Māori peoples	Propose to be included in the future						•
1.3	Recognising the presence and causes of health inequities and disparities, including the impact of social determinants of health, and seeking to address them							•
1.4	Practising legally by a. complying with all legal obligations in their practice b. maintaining contemporary familiarity with key legislative instruments						•	

Performance outcomes		Registration examinations		ITP provider					
				Preceptor			Intern training activities		
		IWE	ORAL	Mini-CEX	CbD	EPA	ITA Obs*	ITA activity	
1.5	<b>Practising ethically and with integrity by</b> <ol style="list-style-type: none"> <li>recognising ethical issues and dilemmas, including conflicts of interest, in practice as they arise</li> <li>considering alternative strategies and adopting an appropriate course of action in response to ethical issues and dilemmas</li> <li>maintaining current familiarity and compliance with professional codes, guidelines, and standards</li> <li>recognising and responding appropriately to situations which fall outside their current scope of practice or competence</li> </ol>						•		
1.6	Adopting a proactive and reflective approach to maintaining and developing their own professional competence and expertise in order to remain fit-to-practise							•	
1.7	Responding to change in a flexible and adaptable manner						•		
1.8	Accepting personal responsibility and accountability for decisions and actions in professional practice						•		
1.9	Upholding and advancing the reputation and value of the profession						•		

Performance outcomes		Registration examinations		ITP provider			
				Preceptor			Intern training activities
		IWE	ORAL	Mini-CEX	CbD	EPA	ITA Obs*
<b>Domain 2: Communication and collaboration</b>							
Pharmacists communicate appropriately and effectively with others, both within the profession and outside it, and work collaboratively with patients and within interprofessional health care teams in order to optimise patient and societal outcomes.							
2.1	<p><b>Communicating appropriately and effectively with a socially and culturally diverse range of people in a manner which inspires confidence and trust by</b></p> <ul style="list-style-type: none"> <li>a. using verbal, written and non-verbal communication which is appropriately tailored to the professional practice context and the capabilities and health literacy of the other person(s)</li> <li>b. engaging with all persons in a respectful, culturally appropriate, compassionate, responsive, and empathetic manner in professional practice</li> <li>c. engaging in culturally appropriate and sensitive communication with Aboriginal and Torres Strait Islander and/or Māori people in professional practice which respects their history, culture, and protocols</li> <li>d. using appropriate communication and interpersonal behaviours in professional practice interactions</li> </ul>			•			

Performance outcomes		Registration examinations		ITP provider				
				Preceptor			Intern training activities	
		IWE	ORAL	Mini-CEX	CbD	EPA	ITA Obs*	ITA activity
2.2	Documenting, communicating, and recording relevant information, findings, decisions, recommendations, and other information accurately, concisely and in a timely manner, taking due account of privacy and confidentiality					●		
2.3	Contributing to, and taking prominent roles where appropriate in the interprofessional collaborative health care team, in order to optimise patient outcomes, by <ul style="list-style-type: none"> <li>a. respecting and appreciating the complementary roles of pharmacists and other members of the interprofessional collaborative care team</li> <li>b. creating and maintaining effective intra- and interprofessional relationships, and working in partnership to achieve negotiated, agreed-upon objectives</li> <li>c. consistently engaging in appropriate teamwork behaviours</li> <li>d. using appropriate communication at transition points to reduce risks to patients and ensure safe and effective continuity of patient care</li> </ul>						●	
2.4	Collaborating with patients, carers and other clients in shared decision-making by <ul style="list-style-type: none"> <li>a. supporting and advocating for the rights of patients, carers and other clients to access relevant information and participate in decisions relating to their care</li> <li>b. respecting their choices</li> </ul>						●	

Performance outcomes		Registration examinations		ITP provider			
				Preceptor			Intern training activities
		IWE	ORAL	Mini-CEX	CbD	EPA	ITA Obs*
<b>Domain 3: Professional expertise</b>							
Pharmacists are trusted professionals who use their specialist expertise proactively to make clinically, ethically and scientifically sound decisions commensurate with their role and experience, in collaboration where appropriate, in order to deliver socially accountable person-centred care.							
<b>Sub-domain A: Quality use of medicines, encompassing</b>							
3.1	<p><b>Implementing appropriate and effective actions and recommendations which support safe, rational, and cost-effective use of medicines and other healthcare options and optimise socially accountable person-centred care by</b></p> <ul style="list-style-type: none"> <li>a. applying relevant underpinning knowledge</li> <li>b. using a systematic approach to access, critically evaluate and apply relevant evidence</li> <li>c. applying effective critical thinking, reasoning and problem-solving strategies to conceptualise problems, formulate a range of potential solutions, and support decision-making</li> <li>d. making decisions which are tailored to the person's individual circumstances, and reflect a balanced consideration of both the potential benefits and potential harms</li> </ul>						

Performance outcomes		Registration examinations		ITP provider				
				Preceptor			Intern training activities	
		IWE	ORAL	Mini-CEX	CbD	EPA	ITA Obs*	ITA activity
3.2	Making and prioritising recommendations to manage health, medical and medication needs of patients, including both pharmacological and non-pharmacological strategies, based on the Quality Use of Medicines Framework and the best available evidence					•		
3.3	Prescribing medications in accordance with current jurisdiction-specific legislation, scope of practice and PharmBA Guidelines					•		
3.4	Carrying out systematic medication reviews, informed by the Quality Use of Medicines Framework, in order to identify and resolve potential medication-related issues and optimise the impact of medications on health outcomes in collaboration with patients, carers and other members of the health care team					•		
Sub-domain B: Person-centred care, encompassing								



Performance outcomes		Registration examinations		ITP provider				
				Preceptor			Intern training activities	
		IWE	ORAL	Mini-CEX	CbD	EPA	ITA Obs*	ITA activity
3.5	<p><b>Implementing and delivering person-centred care by</b></p> <ul style="list-style-type: none"> <li>a. respecting the personal characteristics, rights, preferences, values, beliefs, needs and diversity of patients, carers and other persons</li> <li>b. maintaining privacy and confidentiality in interactions with patients, carers and other persons</li> <li>c. optimising as far as is practicable the physical environment in which care takes place</li> <li>d. ensuring that the best interests of patients, carers and other persons are foremost in the provision of care</li> <li>e. ensuring that patients, carers and other persons are provided with sufficient information and advice to enable them to consider options and give informed consent where appropriate</li> <li>f. ensuring that informed consent is obtained, respected, and appropriately recorded when appropriate</li> </ul>					•		
3.6	Obtaining relevant health, medical and medication information from patients, carers and other clients					•		
3.7	Assessing current health, medical and medication histories and profiles of patients				•			

Performance outcomes		Registration examinations		ITP provider				
				Preceptor			Intern training activities	
		IWE	ORAL	Mini-CEX	CbD	EPA	ITA Obs*	ITA activity
3.8	Formulating and implementing health, medical and medication management plans in collaboration with patients, carers and other health team members				•			
3.9	Formulating and implementing appropriate monitoring of the outcomes of health, medical and medication management plans and adjusting them where appropriate in collaboration with patients, carers and other health team members				•			
3.10	Facilitating patient self-management of health through education, intervention, monitoring and health promotion services in order to optimise patient health outcomes and wellbeing, and reduce the risk of complications				•			
3.11	Responding to the needs of individuals and communities by advocating with and for them to optimise health and societal outcomes						•	
Sub-domain C: Provision of medications and other management options, encompassing								
3.12	Consistently making accurate arithmetic calculations relating to health care						•	
3.13	Administering injectable formulations in accordance with current jurisdiction-specific legislation, scope of practice and PharmBA Guidelines					•		

Performance outcomes		Registration examinations		ITP provider				
				Preceptor			Intern training activities	
		IWE	ORAL	Mini-CEX	CbD	EPA	ITA Obs*	ITA activity
3.14	Dispensing medicines safely and accurately in accordance with current legislation, scope of practice, PharmBA Guidelines, and other relevant jurisdictional requirements to optimise patient outcomes					●		
3.15	Preparing and supplying extemporaneously compounded medications safely and accurately in accordance with current legislation, scope of practice, PharmBA Guidelines and other relevant jurisdictional requirements					●		
3.16	Storing and distributing medications appropriately, securely, safely and in accordance with the available evidence to ensure stability and efficacy						●	
3.17	Providing appropriate tailored counselling, information and education to enable safe and effective medication, disease state and lifestyle management					●		
3.18	Assessing ambulatory conditions and providing appropriate management approaches, including pharmacological, non-pharmacological and referral options where appropriate					●		
3.19	Delivering measures designed to enhance adherence with dosage regimens and support safe and effective administration of medications					●		
Sub-domain D: Health promotion and harm minimisation, encompassing								

Performance outcomes		Registration examinations		ITP provider				Intern training activities
				Preceptor				
		IWE	ORAL	Mini-CEX	CbD	EPA	ITA Obs*	ITA activity
3.20	Providing evidence-based screening, assessment, prevention and referral services to detect and manage potential risk of adverse medical conditions and outcomes							●
3.21	Delivering harm minimisation approaches and strategies to reduce harm to patients and the community from misuse of legal and illegal drugs					●		
3.22	Endorsing and participating in health promotion activities, health services and public health initiatives intended to maintain and improve health							●
<b>Domain 4: Leadership and management</b> Pharmacists engage in self-management and management of others actively, responsibly and accountably, and undertake leadership roles commensurate with their context, professional role and experience in order to optimise the quality of health care.								
4.1	Engaging in regular and systematic reflection to enhance professional learning and practice							●
4.2	Identifying and acknowledging professional limitations and seeking appropriate support where necessary, including additional professional education and/or referral of patients to other health care professionals							●

Performance outcomes		Registration examinations		ITP provider				
				Preceptor			Intern training activities	
		IWE	ORAL	Mini-CEX	CbD	EPA	ITA Obs*	ITA activity
4.3	Identifying situations where personal attributes, strengths and weaknesses may affect professional performance and/or personal development and taking appropriate actions (including self-regulation and seeking support where necessary) to minimise risks to public safety							•
4.4	Recognising the signs in others where personal attributes and/or professional limitations pose a risk to public safety, and adopting appropriate strategies including support, advice, assistance, referral or reporting where necessary							•
4.5	Recognising situations in professional practice likely to compromise performance and implementing effective strategies to minimise their impact						•	
4.6	Evaluating personal health and wellbeing status, identifying situations where health or wellbeing may be challenged, and adopting appropriate strategies and mechanisms to minimise their impact on personal and professional life						•	
4.7	Providing effective leadership by taking the initiative when appropriate, managing own roles, and understanding and accepting appropriate responsibility and accountability for organising, planning, prioritising, influencing, and negotiating within a professional team context						•	

Performance outcomes		Registration examinations		ITP provider				
				Preceptor				Intern training activities
		IWE	ORAL	Mini-CEX	CbD	EPA	ITA Obs*	ITA activity
4.8	Contributing to the responsible and socially accountable stewardship of resources to promote equitable, viable and sustainable access to health care							●
4.9	Contributing to assurance of quality and continuous quality improvement processes through collaboration, critical thinking, curiosity and creativity							●
4.10	Contributing to, maintaining, complying with and regularly reviewing appropriate policies, processes and protocols to ensure safe and socially accountable provision of health care						●	
4.11	Engaging proactively in the identification, assessment, monitoring, mitigation and management of risk to minimise harm and maximise patient and public safety						●	
<b>Domain 5: Research, inquiry, and education</b> Pharmacists contribute their expertise to the education and development of others, and engage in research and inquiry in response to identified gaps or uncertainties in practice.								
5.1	Acting as a role model, facilitator and/or mentor to students, colleagues, other pharmacy team members and other health care professionals						●	

Performance outcomes		Registration examinations		ITP provider				
				Preceptor			Intern training activities	
		IWE	ORAL	Mini-CEX	CbD	EPA	ITA Obs*	ITA activity
5.2	Educating others and evaluating the effectiveness of the education							●
5.3	Recognising and responding to the inherent complexity, ambiguity, and uncertainty of contemporary and future professional practice				●			
5.4	Contributing to the evidence base through engaging in research and inquiry, including <ul style="list-style-type: none"> <li>a. formulating questions relating to gaps and uncertainties in practice</li> <li>b. identifying and critically appraising relevant source materials</li> <li>c. undertaking relevant investigations, where appropriate</li> <li>d. drawing conclusions by synthesising the results of research and inquiry activities</li> <li>e. reporting and disseminating the outcomes appropriately</li> <li>f. implementing practice change in response to the outcomes</li> </ul>							●
5.5	Accessing, using, adapting, and sharing information and/or other technologies to meet the needs of current and emerging professional practice							●







## 7. References

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