

# Accreditation Quality Assurance and Monitoring Policy

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# Glossary of Terms

Term	Meaning	
Accreditation	Accreditation of a degree program, Intern Training Program (ITP), a Continuing Professional Development (CPD) accrediting organisation or CPD activity against defined standards to ensure that the education and training is rigorous and prepares individuals to practise a health profession safely.	
Accreditation Committee (AC)	A standing committee of the APC Board which is structured to draw upon relevant expertise across the pharmacy profession, academia and the community to undertake accreditation decision making on behalf of APC.	
Accredited pharmacy program	Collective term used to refer to pharmacy degree programs and ITPs that have been assessed by the APC Accreditation Committee (AC) to be 'compliant' or 'substantially compliant' with the Accreditation Standards.	
	Please note that the APC AC provides accreditation recommendations to the Pharmacy Council of New Zealand (PCNZ) regarding programs delivered in New Zealand by NZ providers. The AC does not accredit these programs directly.	
Accredited program provider	Refers to an organisation that is responsible for delivering an accredited pharmacy program.	
CPD accrediting organisation	Refers to an organisation accredited by APC to accredit pharmacy CPD activities on its behalf.	
Continuing Professional Development	The means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives <sup>1</sup> .	
CPD activities	The activities undertaken by members of the profession which enable them to maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives <sup>1</sup> .	
CPD activity provider	Refers to providers of CPD activities for the pharmacy profession.  NB: Please note that in some instances the CPD accrediting organisation and the CPD activity provider is the same.	

<sup>&</sup>lt;sup>1</sup> This definition is adopted from the PharmBA Registration Standard – Continuing professional development.



## List of Tables

# List of Abbreviations

Abbreviation	Term
AC	Accreditation Committee
AON	Accreditation Outcome Notification
APC	Australian Pharmacy Council
ASQA	Australian Skills Quality Authority
CPD	Continuing Professional Development
ITP	Intern Training Program
IWE	Intern Written Exam
NoC	Notification of Change
NRAS	National Registration and Accreditation Scheme
PharmBA	Pharmacy Board of Australia
PCNZ	Pharmacy Council of New Zealand
SET	Site Evaluation Team
TEQSA	Tertiary Education Quality Standards Agency
WIL	Work-Integrated Learning



# Accreditation Quality Assurance and Monitoring Policy

## 1. Purpose

To allow for the ongoing quality assurance monitoring of all accredited pharmacy programs and Continuing Professional Development (CPD) accrediting organisations.

Accredited CPD activities delivered by CPD activity providers will be monitored through the CPD accrediting organisations.

## 2. Scope

This policy applies to all APC accredited pharmacy programs and CPD accrediting organisations.

## 3. Overview

The Pharmacy Board of Australia (PharmBA) has authorised APC to accredit pharmacy programs in Australia. The PharmBA has requested APC to accredit organisations to accredit CPD activities for pharmacists in Australia.

## 4. Quality assurance and monitoring activities

To allow for the ongoing quality assurance monitoring of accredited pharmacy programs and CPD accrediting organisations, APC undertakes the following quality assurance and monitoring activities:

Table 1: Quality assurance and monitoring activities undertaken by APC

Pharmacy degree programs	ITPs	CPD accrediting organisations
NoC	NoC	NoC
Reporting	Reporting	Reporting
SET visits	SET visits	CPD site audits
IWE data	IWE data	Networking
Department of Education and Training data	Surveys	CPD desktop audit
Surveys	ITP Liaison Group	CPD activity monitoring
Website and publication monitoring	Website and publication monitoring	
Networking	Networking	
TEQSA Registration status monitoring	ASQA/TEQSA Registration status monitoring	



## 4.1. Notification of Change (NoC)

## Frequency: As required when a program change is planned

#### Target: Accredited program providers and CPD accrediting organisations

An accredited program provider must notify APC in writing of planned change(s) to any part of the program (including curriculum or resources), immediately following a change decision (prior to the change being made). It is the responsibility of the APC AC to determine if it is a material or minor change<sup>2</sup>, and if it warrants a reassessment of the accreditation status of the program. Reassessment of the accreditation status can take the form of an external review or a SET visit.

A CPD accrediting organisation must notify APC in writing via <a href="mailto:accreditation@pharmacycouncil.org.au">accreditation@pharmacycouncil.org.au</a> of change(s) to any part of their accreditation process (including resources), immediately following a change decision. It is the responsibility of the APC AC to determine if this warrants a reassessment of the accreditation status of the organisation. Reassessment of the accreditation status can take the form of an external review or a SET visit.

## 4.2. Reporting

## 4.2.1. Annual reporting

#### Frequency: Annually

## Target: Accredited program providers and CPD accrediting organisations

Accredited program providers and CPD accrediting organisations are required to submit an Annual Report each year.

A template is provided by APC for the Annual Report which requests the following:

#### 4.2.1.1. Accredited program providers<sup>3</sup>

- Staffing profile (including changes to employment, changes to qualifications or teaching responsibilities)
- Curriculum changes
- Student progression rates (including reasons for variation in student numbers degree program only)
- Enrolled student/intern numbers (including breakdown of international and domestic students)
- Anticipated program changes in the next twelve months (*e.g.* new buildings, curriculum changes, staff changes)
- Quality improvement activities undertaken in the previous twelve months
- WIL placement details (*i.e.* number of hours, types of placement site, interprofessional opportunities degree program only)

#### 4.2.1.2. CPD accrediting organisations<sup>3</sup>

Total number of applications for accreditation received

<sup>&</sup>lt;sup>2</sup> Please refer to the APC Notification of Change (NoC) form on the APC website for definitions of what constitutes a material or minor change.

<sup>&</sup>lt;sup>3</sup> Please note that this information is used only for APC quality assurance and monitoring purposes and it will not be published on the APC website.



- Number of applications for accreditation which were rejected and de-identified information regarding the reason(s) for rejection
- Number of applications for accreditation which were approved
- Name of accredited CPD activities including the type of activity (i.e. journal article, conference presentation).

Annual Reports are provided to the AC for discussion and decision.

### 4.2.2. Ongoing reporting

## Frequency: As requested

#### **Target: Accredited program providers**

The AC can decide to apply conditions and/or monitoring requirements (MRs) to an accredited program if there is:

- non-compliance against a criterion, or
- if the AC is satisfied the program meets a specific criterion but would like further information to ensure continued compliance with the Accreditation Standards, which can be met within a reasonable time frame

Reporting submitted in response to ongoing conditions and MRs is requested by the AC via an Accreditation Outcome Notification (AON), and is provided to the AC for discussion and decision.

## 4.3. Degree program SET visits

#### Frequency: Once per accreditation cycle or as required

#### **Target: Degree program providers**

APC establishes a SET to conduct a site visit to ascertain the strengths and weaknesses of an accredited program, as well as identify any areas where a program may not adequately meet the Accreditation Standards. A SET normally consists of three suitably qualified people with experience in the organisation and structure of undergraduate pharmacy courses, and with an understanding of the current professional requirements for practice. The SET includes two pharmacy academics and one practising pharmacist who are accompanied by an APC Auditor.

Conducted over several days, the visit allows SET members to discuss the program with all stakeholders involved in the delivery of the program (including academics, students, preceptors and members of the course advisory group). It further allows SET members to assess the teaching resources and infrastructure of the provider. A draft SET report is prepared and the degree program provider is given the opportunity to correct any errors of fact, before being submitted to the AC to allow them to make an accreditation decision.

## 4.4. ITP SET visits

## Frequency: Once per accreditation cycle or as required

## **Target: ITP providers**

APC establishes a SET to conduct a site visit to ascertain the strengths and weaknesses of an accredited program, as well as identify any areas where a program may not adequately meet the Accreditation Standards. The SET includes APC and non-APC members with experience in the organisation and structure of intern training programs, and with an understanding of the current professional requirements for practice.

The visit allows SET members to discuss the program with all stakeholders involved in the delivery of the program (including academics, interns, preceptors and other key stakeholders). It further allows SET



members to assess the teaching resources and infrastructure of the provider. A draft SET report is prepared and the ITP provider is given the opportunity to correct any errors of fact, before being submitted to the AC to allow them to make an accreditation decision.

#### 4.5. CPD site audits

#### Frequency: Once per accreditation cycle or as required

#### Target: CPD accrediting organisations

Within the first 6 months of an organisation being accredited to accredit CPD activities on behalf of APC, a site audit is conducted at the main premises where CPD accrediting activity takes place. The audit is conducted by two members of the Accreditation Team (including at least one pharmacist). The purpose is to identify any inconsistencies in the process of accreditation and any areas where improvement may be required.

A draft audit report is provided to the CPD accrediting organisation, inviting any correction of errors, before being submitted to the AC to allow them to make an accreditation decision.

## 4.6. CPD desktop audits

## Frequency: Once per accreditation cycle or as required

#### Target: Organisations authorised to accredit CPD

12 months following a CPD site audit, CPD accrediting organisations are required to complete a paper based audit which provides evidence of a quality improvement process.

CPD accrediting organisations are required to submit the following information:

- Significant changes that have occurred regarding the accreditation process
- Evidence that feedback has been sought from CPD participants and accredited organisations and any actions that have arisen
- Evidence of customer satisfaction with CPD programs
- Evidence of independent verification of CPD outcomes

Paper based audit materials are reviewed internally by APC and a report is provided to the AC. The AC may provide further advice to the CPD accrediting organisation if any actions are required as a result of the audit.

## 4.7. Intern Written Examination (IWE) data collection

## Frequency: Annually

## **Target: Accredited program providers**

As part of the National Registration and Accreditation Scheme (NRAS), all Australian interns are required to sit a written examination delivered by APC. As part of this process, the APC collects and collates information on IWE results according to degree program and ITP provider. The data is considered annually by the AC and used to inform accreditation decisions.

Results of graduates from both degree and intern training programs are benchmarked against the national mean and any outliers are discussed by the AC. Where required, a provider identified as an outlier will receive a request from the AC for an explanation of the results.

De-identified results of each accredited program's interns or graduates compared to the national mean are provided annually to each university and ITP provider for internal quality improvement purposes only.



## 4.8. Department of Education and Training data

Frequency: Annually

#### **Target: Degree providers**

APC requests data on an annual basis from the Department of Education and Training ('the Department') regarding the actual student load information related to Australian pharmacy degree programs accredited by APC.

Data collected from the Department is cross checked against submitted Annual Report data and a summary report provided to the AC for noting.

## 4.9. Surveys

## Frequency: Annually or as required

#### **Target: Accredited program providers**

APC surveys all accredited program providers to obtain feedback on APC's support and processes as part of APC's commitment to continuous quality improvement.

APC also surveys accredited program providers who have been the subject of a SET visit/reaccreditation process in the current calendar year, as well as the associated SET members.

Survey results are monitored by the APC for any trends, or any complaints requiring further investigation (and will be raised with the AC where appropriate).

## 4.10. ITP Liaison Group

## Frequency: Meets twice annually and as required

#### **Target: ITP providers**

The ITP Liaison Group is a quality improvement and communication mechanism to allow APC to distribute, collect and discuss information related to ITPs with accredited ITP providers. The Liaison Group is intended to provide APC with a mechanism for seeking feedback from accredited ITP providers, as well as discussing best practice amongst all accredited ITPs.

## 4.11. Website and publication monitoring

## 4.11.1. Accredited program provider website and publication scan

## Frequency: Twice annually and as required

#### **Target: Accredited program providers**

Using a publication and website scan, all accredited program providers are monitored twice annually and as required to ensure that advertising of programs complies with the requirements of the APC Accreditation Marketing Policy and that any non-accredited programs are not improperly advertised as leading to registration.

Any accredited program provider found in breach of APC policies is formally requested to amend their publication and/or website within a reasonable timeframe. An accredited program provider who does not remove any advertising breach(es) will be asked to provide an explanation to APC, and all information is then submitted to the AC for discussion and further action.



## 4.11.2. ASQA/TEQSA Registration status monitoring

## Frequency: Quarterly and as required

#### Target: Accredited program providers

By undertaking an ASQA/TEQSA website scan, all accredited program providers are monitored quarterly and as required to ensure their registration status complies with the Accreditation Standards.

Any conditions applied to an accredited program provider's ASQA/TEQSA registration is submitted to the AC for noting and further action (if necessary).

## 4.12. Networking

## **Frequency: Ongoing**

## Target: Accredited program providers and CPD accrediting organisations

APC liaises with a wide range of stakeholders including education providers, pharmacy professional bodies and other health professions. Through relationships with these individuals and organisations, APC is able to monitor changes in accredited programs, such as staffing changes, or levels of satisfaction with service provision such as CPD accreditation. Should the information lead to a need for further information, APC will contact the accredited program provider or CPD accrediting organisation involved formally.

## 4.13. CPD activity monitoring

#### Frequency: See below

## Target: CPD accrediting organisations

APC will monitor accredited CPD activities to ensure the quality of the activities and their compliance with the Accreditation Standards for Continuing Professional Development Activities.

4.13.1. Attendance at conferences or accredited face to face CPD activities

## Frequency: Once per accreditation cycle or as required

The APC will formally conduct an independent review of at least 1 conference or an accredited face to face CPD activity per CPD accrediting organisation at a minimum of once per accreditation cycle or as required. The CPD Activity Review Form (found at Appendix A, Accreditation Standards for Continuing Professional Development Activities: Guidelines 2015) is used by APC in its CPD activity reviewing process. CPD accrediting organisations will then receive a formal environmental snapshot report outlining recommendations and continuous quality improvement opportunities from APC. These recommendations will be followed up with the CPD accrediting organisation at their subsequent site audit.

## 4.13.2. Paper based audits of accredited CPD activities

#### Frequency: Annually or as required

The APC will conduct an independent assessment of not less than 3 accredited CPD activities per CPD accrediting organisation per year. The CPD activities will be selected randomly from the annual report submitted by CPD accrediting organisations. APC will formally request each CPD accrediting organisation to provide information relating to the 3 selected accredited CPD activities. Should the assessment indicate that a review of the CPD accrediting organisation's accreditation process and procedures is required, APC will contact the organisation formally.



## 5. Roles and responsibilities

The APC Accreditation Team is responsible for implementation and ensuring compliance with this policy through the creation and maintenance of effective procedures.

## 6. Related documents/Links

- 1. Australian Pharmacy Council 2020, *Accreditation Marketing Policy*, Australian Pharmacy Council, viewed online 12 May 2020, <a href="https://www.pharmacycouncil.org.au/policies-procedures/">https://www.pharmacycouncil.org.au/policies-procedures/</a>
- Australian Pharmacy Council 2013, Accreditation Standards for Continuing Professional Development Activities, Australian Pharmacy Council, viewed online 12 May 2020, <a href="https://www.pharmacycouncil.org.au/standards/">https://www.pharmacycouncil.org.au/standards/</a>
- Australian Pharmacy Council 2015, Accreditation Standards for Continuing Professional Development Activities: Guidelines, Australian Pharmacy Council, viewed online 12 May 2020, <a href="https://www.pharmacycouncil.org.au/standards/">https://www.pharmacycouncil.org.au/standards/</a>
- 4. Australian Pharmacy Council 2020, *Accreditation Standards for Pharmacy Programs in Australia and New Zealand 2020*, Australian Pharmacy Council, viewed online 12 May 2020, <a href="https://www.pharmacycouncil.org.au/standards/">https://www.pharmacycouncil.org.au/standards/</a>
- 5. Australian Pharmacy Council 2020, *Notification of Change to an accredited program*, Australian Pharmacy Council, viewed online 1 July 2020, <a href="https://www.pharmacycouncil.org.au/our-services/education-providers/resources/">https://www.pharmacycouncil.org.au/our-services/education-providers/resources/</a>
- 6. Pharmacy Board of Australia 2015, *Registration Standard: Continuing Professional development*, viewed 12 May 2020, https://www.pharmacyboard.gov.au/Registration-Standards.aspx



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