



australian
pharmacy
council

Notification of Change to an accredited program

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Overview

Purpose of the notification of change

Education providers may wish to make a change to one or more aspects of their accredited program(s) from time to time. Reasons for a change can come from multiple sources such as a curriculum review or a new strategic or educational direction for the program. Examples of possible types of changes are listed on page 6 of this document.

Communication with APC when considering a change

If you are considering a change to your accredited program(s), please [contact us](#) as soon as practical to discuss the matter. All discussions with APC regarding a potential change are held in strictest confidence. External reviewers and APC Accreditation Committee (AC) members are required to sign confidentiality agreements.

Early communication with us will allow us to review the relevance and possible impact of the change on the accreditation status of the program(s). It is the responsibility of the AC to determine the category of the advised change: material or minor.

You must notify us in writing of a change immediately following the change decision and **prior** to the implementation of the change. The notification must be submitted via this Notification of Change (NoC) template to assist our AC to assess the potential impact of the change.

If our AC considers the planned change to be 'material' (major), then a review of the accreditation status of the program(s) will take place. This may be carried out via external review (by correspondence) and may include a site visit. Our AC may request additional information to support the review. Please note you may incur a material change review fee if an external review is required.

Timelines

You should provide us with a NoC **at least 15 months** (or as soon as possible) prior to the proposed implementation to allow sufficient time for APC to conduct an external review or SET visit and request further information from you (if required), and for our AC to consider the proposal. Timelines will vary depending on the quality and relevance of the information you provide, reviewer availability and AC meeting dates.

If the AC approves the planned program changes for an accredited or new program, the Pharmacy Board of Australia (PharmBA) will then make a decision on the approval of the changed program.

Please be aware that we are unable to provide any guarantee of the overall time required for the NoC process. All steps in the process are required to be completed to ensure integrity in the assessment of the changes and alignment with the accreditation standards.

The time taken to gather information for a complete external review can vary depending on the completeness of the information initially submitted by the program provider. AC and PharmBA meeting dates are fixed. NoC which are considered to be 'material' cannot be accredited and approved outside of the usual process for these decision making bodies.

Summary of change process

Once you have decided to make a change to your program(s):

1. You will need to submit a NoC form to us (using this template). *Please contact the [APC Accreditation team](#) for any assistance when completing your NoC.*

2. We will undertake an initial administrative review of the NoC to ensure you have provided all relevant information.
3. If the NoC is incomplete or there is additional information required about the change, we will contact you to request this information.
4. Our AC will determine the category of the advised change: material or minor.
5. If the change is deemed to be material, a review of the program will take place. A fee applies for the consideration of a material change as outlined on our website under 'Fees'.
6. Depending on the nature and category of the change, we will either undertake an external review, or a SET visit may be required. The reviewers will prepare a report for consideration by our AC. Should a SET visit be required the costs are to be covered by the applying program.
7. We will advise you of the AC decision in writing. If the changes are approved and conditions and/or monitoring requirements are imposed on the program(s), the written notification will be via an Accreditation Outcome Notification (AON).
8. We will provide the AC accreditation decision in writing to the PharmBA via an AON. PharmBA will then make a decision on the approval status of the program.
 - For proposed changes that include (but are not limited to) delivery of a program at a new location or with a new course code/qualification title, the proposed program cannot be delivered until it has been accredited by APC and approved by PharmBA.
 - You will be able to advertise the program(s) in the new format while awaiting the outcome of your NoC submission. All promotional material must meet the requirements of the APC Accreditation Marketing Policy and be accompanied by the specific wording outlined in the Policy advising that the program is seeking approval.

Please refer to the [APC Accreditation Marketing Policy](#) for specific wording requirements on promoting your accredited pharmacy program(s).

NoC form

You should use this NoC form to describe the proposed changes to your program including the likelihood of impacting on the ability of the program(s) to meet the [Accreditation Standards](#).

For example: proposed organisational changes that have an impact on governance, quality assurance and staffing:

- should be analysed for whether the impact is high or low risk
- the submission should provide evidence of the management of this impact
- the description should address ongoing compliance with criterion 2.1, 2.3, 2.4, 2.5, 2.6, 2.8, 3.7 and 4.7

You need to address **all 38 criteria** even if you consider that the change does not impact on the ability of the program to meet a specific criterion. In some cases, it may be appropriate to include a statement under a criterion such as *'The proposed changes do not impact on the ability of the program to meet this criterion.'*

For specific criteria that you consider will be affected by the proposed change to your program(s) you should provide details of the proposed change. You are required to highlight the impact this may have on your existing program(s) (which may be positive or negative) and how you will manage this. You should refer to the [Accreditation Standards 2020 Evidence Guide](#) for examples of relevant evidence to provide in support of your submission. These can be provided as attachments to this NoC form.

APC risk assessment

Notifications of change form part of the active monitoring of programs under our monitoring framework.

We use a risk framework methodology to support a consistent approach to the management of accredited program risk and quality improvement. This includes changes made to accredited programs. These frameworks are intended to support monitoring and conditions on programs.

We will use risk assessments of proposed program changes based on information from your programs' risk history combined with the information provided on the NoC form. The risk history of a program is a cumulative collection of quantitative and qualitative information about the program gathered over the course of SET visits, conditions and monitoring requirements and reporting, and additional monitoring.

Material and Minor changes

When we receive a NoC, our AC will undertake a review of the documentation and consider the impact of the change on both the ability of the program(s) to meet the Accreditation Standards and on graduate/intern outcomes. This stage of the process is a risk assessment for the AC to determine the nature and scope of the intended change. Based on the information provided, the AC will then determine if the change is a 'material' or a 'minor' change.

Material change

A material (major) change to an accredited pharmacy program includes any significant changes to the existing program or factors relevant to its delivery, as identified in the Accreditation Standards. A material change may include the following, but is not limited to:

- change in award title
- change in course length
- significant change in curriculum content and/or structure
- significant change in teaching methods and/or assessment
- significant change in the human and/or financial resources available for delivery of the course
- significant change in institutional settings and/or the establishment of an additional geographic location at which the program is offered

Please note that a material change could be either one or any combination of the above.

If the change is deemed a material change and warrants a re-assessment of the accreditation status of the program(s), this may be resolved by the undertaking of an external review and may include a SET visit.

Minor change

A minor change to an accredited pharmacy program includes any change which will not overtly alter its delivery. A minor change may include, but is not limited to:

- change in program leader or Head of School
- changes in teaching staff

Please note that a minor change could be either one or any combination of the above. Changes to the content of individual units of study which occur as the result of normal educational development and quality assurance processes are not considered minor or material changes and do not need to be notified to APC. If you are unsure, please [contact us](#) for clarification.

You must notify us of minor changes which will be noted by the AC. Notified changes deemed as a minor change will not initiate a review of an accredited program and therefore do not require the payment of the APC material change review fee.

Possible outcomes of the process

Depending on the nature of the change and the outcome of the application and review process, our AC may determine to either accredit the program(s), accredit with conditions, or request further information on the changes.

Section 1: Applicant Details

Name of the provider organisation	
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Name of the unit delivering the program(s)	
Address	

Accredited program(s) of study	
Program type	
Qualification/Program name	
Proposed date for implementing changes	
<i>*Please note the changes cannot be made until approved</i>	

Designated leader of the unit delivering the program (primary contact)	
Name	
Job title	
Telephone	
Email	

Campuses affected by the
proposed changes (campus,
state, country)

Section 2: Background

Please provide a summary of the proposed change(s) including rationale, development, timelines and plans for implementation.

Section 3: The Standards

Please provide details of the proposed change(s) against all relevant criteria.

Include a statement of the impact of the proposed change(s) on the intent of each criterion and how this will be managed. Provide evidence of how the change(s) will meet the Standards.

Please indicate if an individual criterion is considered by you not to be impacted by the proposed changes. This may be identified by the statement *'The proposed changes do not impact on the ability of the program to meet this criterion'* under the specific criterion.

Domain 1: Safe and socially accountable practice

The program is underpinned by the promotion and maintenance of safe and socially accountable practice.

Criterion 1.1

The program promotes the development by students/interns of knowledge, skills, behaviours and attitudes congruent with a commitment to public service and safety; cultural safety, respect and responsiveness; equity, diversity and inclusiveness; person-centred care; reduction of disparities in health care; and addressing community aspirations for health.

Provider organisation statement against criterion

Criterion 1.2

Effective fitness-to-practise monitoring and management processes are implemented in relation to students/interns which promote and protect the safety of the public at all times.

Provider organisation statement against criterion

Criterion 1.3

All students have demonstrated relevant pre-requisite knowledge, skills and behaviours and attitudes before interacting with the public or providing professional services as a component of the program.

Provider organisation statement against criterion

This criterion does not apply to units providing intern training programs.

Criterion 1.4

All staff and students/interns are held accountable to endorsed standards of professional and ethical practice and conduct.

Provider organisation statement against criterion

Criterion 1.5

Graduates of the program have demonstrated appropriate understanding of their legal, ethical and professional responsibilities, awareness of relevant processes for managing concerns in relation to their practice and/or the practice of others, and recognition of mechanisms for familiarising themselves with changes in requirements.

Provider organisation statement against criterion

Criterion 1.6

The program includes sufficient length and variety of high-quality WIL and practical experience, in a range of practice settings and with exposure to a diverse range of patients, to ensure students/interns are able to demonstrate achievement of the required performance outcomes to the appropriate level.

Provider organisation statement against criterion

Criterion 1.7

1.7a

Where the unit delivering the program is responsible for the selection and/or allocation of WIL sites, all sites are compliant with documented standards relating to their quality, suitability and safety for students/interns, and have sufficient capacity, resources and processes for the appropriate supervision of students/interns by competent and suitably qualified professionals.

OR

1.7b

Where the unit delivering the program is not responsible for the provision of WIL sites, the unit delivering the program provides all WIL sites with documented expectations relating to the provision of a safe and suitable WIL environment, and requires signed agreements confirming the availability of sufficient capacity, resources and processes for the appropriate supervision of interns.

Provider organisation statement against criterion

Criterion 1.8

Effective processes are in place to ensure that the unit delivering the program maintains compliance with all obligations under the Health Practitioner Regulation National Law Act (Australia) or the HPCA Act (New Zealand), PharmBA or PCNZ and/or equivalent national and State frameworks.

Provider organisation statement against criterion

Domain 2: Governance and quality

Program governance, quality assurance and quality improvement structures and systems are effective in developing and delivering sustainable, high-quality pharmacy programs.

Criterion 2.1

The program is delivered by a clearly identifiable operational unit (School of Pharmacy or ITP unit) within the provider organisation (Higher Education Institution/Registered Training Organisation). The unit delivering the program has appropriate autonomy, authority and responsibility for designing, implementing, evaluating and resourcing the program.

Provider organisation statement against criterion

Criterion 2.2

2.2a

Australian provider organisations are registered either with TEQSA (HEIs) or ASQA (RTOs).

OR

2.2b

The qualifications of New Zealand provider organisations are approved by Universities New Zealand quality assurance body, the Committee on University Academic Programs (CUAP), listed on the New Zealand Qualifications Framework (NZQF), and eligible for funding through the Tertiary Education Commission (TEC).

Provider organisation statement against criterion

Criterion 2.3

Governance structures and processes within the provider organisation direct and support the design, implementation, evaluation and quality improvement at the program level to ensure that graduates are able to demonstrate the required performance outcomes.

Provider organisation statement against criterion

Criterion 2.4

The maintenance, assurance and improvement of program quality are facilitated by effective relationships and accountability between the unit delivering the program and the provider organisation.

Provider organisation statement against criterion

Criterion 2.5

The unit delivering the program has a designated leader with requisite profession/pharmacy-specific experience and expertise who is responsible for ensuring the effective provision of professional and academic leadership, engagement and advocacy for the unit and the profession within and beyond the provider organisation.

Provider organisation statement against criterion

Criterion 2.6

There are clearly defined, robust, transparent and effective mechanisms by which the designated leader of the unit delivering the program secures and is accountable for the financial and other resources necessary to ensure the sustainable operation of the unit and its programs.

Provider organisation statement against criterion

Criterion 2.7

The unit delivering the program operates under a clearly defined strategic plan which is aligned with that of the provider organisation, congruent with the vision, mission and goals of the unit, and systematically reviewed and updated to ensure fitness-for-purpose and currency with contemporary pharmacy practice.

Provider organisation statement against criterion

Criterion 2.8

Risks to the sustainable delivery of the program are regularly monitored and evaluated, and appropriate mitigation strategies are clearly documented.

Provider organisation statement against criterion

Domain 3: Program

Program design, implementation and resourcing enable graduates of the program to demonstrate achievement of the relevant performance outcomes, competent and safe practice, and accountability to the public for their actions.

Criterion 3.1

The program is underpinned by a coherent, contemporary and clearly articulated educational philosophy and/or learning and teaching strategy, which is clearly reflected and articulated in the program goals/objectives, curriculum, learning and teaching approaches, and assessment methodology.

Provider organisation statement against criterion

Criterion 3.2

Program design, content, delivery and assessment reflect contemporary evidence-based practice in pharmacy, health and education, and are designed to facilitate the achievement and demonstration by students/interns of the required performance outcomes at an appropriate pace over a sufficient period of time. Emerging developments and scopes of practice relevant to entry-level practice, and new technologies are incorporated into the program (including WIL) in a timely manner to ensure that the program remains fit-for-purpose.

Provider organisation statement against criterion

Criterion 3.3

Program planning, design, implementation, evaluation, review and quality improvement processes are carried out in a systematic and inclusive manner, involving input where relevant from staff, students/interns, graduates, supervisors, practitioners, employers, patients and consumers, Aboriginal and Torres Strait Islander or Māori peoples, and other key external stakeholders to ensure that the program remains fit-for-purpose. Outcomes from these processes are clearly communicated in a timely manner to stakeholders.

Provider organisation statement against criterion

Criterion 3.4

Program design, content, delivery and assessment specifically emphasise and promote Aboriginal and Torres Strait Islander cultures, cultural safety and improved health outcomes in the Australian setting, and Māori cultures, cultural safety and improved health outcomes in the New Zealand setting. Aboriginal and Torres Strait Islander people (Australia) and Māori people (New Zealand) should have direct input into curriculum design and content, and where possible should be involved directly in delivery and assessment.

Provider organisation statement against criterion

Criterion 3.5

Program design, content, delivery and assessment promote an understanding and appreciation of cultural diversity by both staff and students/interns, and the development of skills that enable the provision of culturally safe, inclusive and responsive person-centred care.

Provider organisation statement against criterion

Criterion 3.6

Resources including physical facilities, infrastructure, technological capacity and information resources available to students/interns undertaking the program are current, fit-for-purpose, sufficient for the needs of the student/intern cohort, and systematically reviewed and updated on a regular basis.

Provider organisation statement against criterion

Criterion 3.7

The unit delivering the program maintains a leadership and staff complement which is demonstrably sufficient for the needs of the program, appropriately qualified and experienced, sustainably resourced and supported, and provided with regular opportunities for relevant professional review and development.

Provider organisation statement against criterion

Criterion 3.8

The program provides sufficient opportunities for all students/interns to engage in interprofessional learning and practice (in real and/or simulated environments) to enable graduates to provide person-centred care as a collaborative member of an interprofessional team.

Provider organisation statement against criterion

Criterion 3.9

The unit delivering the program operates in an environment informed by contemporary scholarship, research and enquiry, and promotes the development and utilisation of these skills within its programs to ensure that graduates are able to demonstrate the required performance outcomes.

Provider organisation statement against criterion

Domain 4: Student/Intern experience

Students/interns are provided with equitable and timely access to information and support relevant to their program and have appropriate formal and informal opportunities to contribute to program governance, planning, design, implementation, evaluation, review and quality improvement processes. The environment within which students/interns learn promotes and supports equity, diversity, inclusivity, justice, fairness and non-discrimination.

Criterion 4.1

Selection policies and criteria for entry into the program are transparent, equitable, and applied fairly and consistently to ensure that applicants are not subject to unfair/unlawful discrimination.

Provider organisation statement against criterion

Criterion 4.2

Program information, including selection policies, criteria and processes, inherent requirements, English language proficiency requirements, experiential and WIL requirements, PharmBA or PCNZ requirements, current accreditation status and any other relevant information, is accurate, accessible and comprehensive to ensure that potential applicants are given sufficient guidance to make an informed decision.

Provider organisation statement against criterion

Criterion 4.3

The unit delivering the program ensures that students/interns are able to access relevant resources and support systems in a timely manner to facilitate achievement of the required performance outcomes.

Provider organisation statement against criterion

Criterion 4.4

The unit delivering the program ensures that the principles of equity and diversity are embedded in the program to ensure the absence of unfair/unlawful discrimination.

Provider organisation statement against criterion

Criterion 4.5

The unit delivering the program ensures that students/interns are aware of and able to access effective appeals and grievance processes, and that these processes are managed consistently, fairly and with appropriate impartiality and confidentiality to ensure that students/interns are treated justly.

Provider organisation statement against criterion

Criterion 4.6

The unit delivering the program identifies and manages all actual, perceived and potential conflicts of interest proactively, consistently and fairly.

Provider organisation statement against criterion

Criterion 4.7

Students/interns are actively engaged with governance and program management structures and decision-making processes, through both formal and informal mechanisms.

Provider organisation statement against criterion

Domain 5: Outcomes and assessment

Graduates of the program demonstrate achievement of all the required performance outcomes for the level of qualification awarded (degree, initial general registration), and to a standard commensurate with competent, safe and socially accountable professional practice.

Criterion 5.1

The scope of assessment covers all learning and performance outcomes required to ensure graduates are competent to practise safely, legally, professionally and ethically as a member of an interprofessional health care team.

Provider organisation statement against criterion

Criterion 5.2

A range of relevant, contemporary and evidence-informed assessment tools (including direct observation) are used in academic, practice and WIL environments to ensure that the overall assessment system is valid and reliable, and provides evidence of student/intern competency and safety.

Provider organisation statement against criterion

Criterion 5.3

The unit delivering the program has effective policies and procedural controls in operation for external evaluation or moderation to assure integrity, reliability, fairness and transparency in the assessment of students/interns, and uses the feedback received to develop the program.

Provider organisation statement against criterion

Criterion 5.4

All assessments carried out in academic, practice and WIL environments are fair and undertaken against clear criteria. The standard of performance expected of students/interns in each area to be assessed is explicit and clearly communicated to students/interns and staff involved in the assessment.

Provider organisation statement against criterion

Criterion 5.5

Staff and other professionals who assess students/interns in academic, practice and WIL environments are suitably qualified, experienced and prepared for the role, are provided with appropriate guidance and support, and are held accountable for their decisions to ensure that assessment is carried out fairly, impartially and consistently.

Provider organisation statement against criterion

Criterion 5.6

Students/interns are provided with appropriate, timely and sufficient feedback to enable them to improve future performance.

Provider organisation statement against criterion

