Carlene McMaugh (00:00):

Welcome to the AJP Podcast, a podcast for pharmacists by pharmacists where we discuss current events, relevant topics, and emerging issues in pharmacy practise. I'm your host, Carlene McMaugh, and together with AJP, I'm bringing you the opinions, experiences, and expertise of pharmacists across the profession. Each episode offers insightful perspectives on the issues that matter most to us as pharmacists. Please like, rate, and subscribe so you never miss an episode, and we hope you enjoy the podcast. So thank you, Bronwyn, for joining me today on the AJP Podcast. Not like you need much introduction, but you're able to introduce yourself to the audience please.

Bronwyn Clark (00:42):

Thanks, Carlene, and thank you for the opportunity to have a chat today. I'm coming to you from Ngunnawal Country and I'd like to pay respects to the traditional custodians of this land. As our first pharmacists and healers and teachers, we are very grateful for them to let us be here and looking forward to chatting with you and to people listening from all over this country we call Australia. I'm the CEO of the Australian Pharmacy Council. I'm a pharmacist. I have been in pharmacy now for over 40 years, which is a bit scary, isn't it? And have worked in a number of different roles most recently here in the APC.

Carlene McMaugh (01:24):

Thank you. With full scope training now active in New South Wales universities as of this year, what have been the biggest challenges in ensuring these programmes meet national standards while remaining agile enough for rapid state-based legislative changes?

Bronwyn Clark (01:40):

So full scope is obviously super, super important and very exciting time for us here in Australia. So our role at the APC is to be the national accreditation and standard setting body for education and training for pharmacists. And so when we are looking at how we can support full scope, it's really top of mind for us and we're putting a lot of work and effort into collaborating with people to do this work. I think the key thing around the challenges with these programmes has been around making sure that we have graduates who have the right level of competence and capability to be able to deliver full scope and prescribing regardless of where they are. We set our first prescribing standards back in 2023 in advance really of any talk about national endorsement, but always with the aim that these would be standards for training that would allow that.

(02:38):

And when we set those standards, we use both the UK and New Zealand models as the really key ways of framing what the training would look like. And therefore, when we have been accrediting programmes against those standards, which we've now accredited eight different programmes which are all sitting on our website, and we've made sure that these programmes are able to meet those standards, that they'll be able to deliver pharmacists who can work regardless of where they're working or regardless of the authority that they get in different states and territories. So then the standards aren't limited by jurisdiction and they allow the education providers to teach and assess learners against what the learners have as their scope of practise and the training. I think the key thing for us is that they are consistent even though we have different authority in different states and territories, and therefore we don't want to be in a situation where we've got a set of standards that wouldn't be relevant if people moved states and territories.

(03:49):

And interestingly, we've got some learners who are completing training in different states to the actual place that they are practising and that will allow them to be able to practise in different jurisdictions. As

the jurisdictions expand their scope and expand the clinical conditions and the authorities that they will give we won't re-requiring a change of the standards for that. So I think that's the key challenges when we are going from a jurisdictional base to a national base.

Carlene McMaugh (04:28):

As we see New South Wales and other states roll out university-based full scope training this year, there is a growing patchwork of state-based regulations. Does the APC see itself as the primary vehicle for achieving a truly harmonised national prescriber standard or are we moving towards a future where a pharmacist's scope is permanently defined by their state or residents?

Bronwyn Clark (04:50):

So I think that this is a question that I've somewhat covered previously, but the key thing is the accreditation will be applied nationally. And while we might have that patchwork at the moment, that is not the way that we expect in the future. We know that the health ministers have asked the Pharmacy Board of Australia to progress an endorsement for scheduled medicines. So what does that mean? That means that the pharmacy board are starting to work on what it would be if pharmacists were wishing to be endorsed on the national register. Now I'm speaking not as a member of the pharmacy board, but the APC works very closely with the pharmacy board within the national registration and accreditation scheme. And so what we are doing as part of that is to ensure that when the endorsement standard is approved by ministers and when pharmacists can apply for endorsement as a prescriber, that the training that they will have done through the APC accredited programme will allow them to work wherever the national endorsement replies.

(06:05):

So it will be a bit like optometry. I see optometry as an example that we can think about in the similar way that what's happening with pharmacists where initially optometrists weren't able to prescribe medicines without having a special endorsement doing an additional piece of training. But as the years progress, the optometrist programme now include the prescribing training. And so the endorsement for all new registrants is now for when they complete their current degree and come out and they're endorsed as a prescriber. It'll still be on the national register as to whether somebody is a prescriber or whether they are not. So that will be something publicly for members of the public to see. And that's an important reason I would expect why health ministers are looking for national endorsement. It's a clarity for consumers and also allows that movement so that their scope, their ability to practise in scope while it is authorised in the state level for exactly what that scope is, that they would be able to apply that in different states and territories.

(07:19):

I think the key thing for us is that the question was asked, are we the primary vehicle? I think what we are is we are an enabler of how scope will be rolled out nationally and our experiences that we've had working with our education providers to date around the programmes that they are providing means that we are able to develop up standards that will meet into the future. And there will be some changes to the standards and they will be consulted on as the year progress as part of the work that the pharmacy board is doing.

Carlene McMaugh (07:58):

The RACGP and other medical bodies have raised concerns about healthcare fragmentation. How does the APC's accreditation process specifically address interprofessional collaboration to ensure pharmacists their prescribing enhances rather than disrupts the patient journey?

Bronwyn Clark (08:16):

When it comes to how we as pharmacists work, we work in a patient-centered, person-centered way. And all pharmacists as part of our code of ethics, as part of our training and the way that we work, work in collaboration. So whether that's with patients, whether that's with other health professionals, all part of that, we are all part of that whole collaborative team. The concerns that are raised is that there might be fragmentation as you say, Carlene. And one of the things that's really important in how we teach and assess our pharmacist prescribers is ensuring that collaboration is part of it. With our current standards for our pharmacist prescribers, we have a set of what we call performance outcomes and they are similarly aligned to the National Prescribing Competencies Framework. Half those are some specifics in there around collaboration. There's performance outcomes around how collaborating with prescribers have to be included, how a pharmacist and any health professional has to make sure that person and people are at the centre of their decision and quite a lot of detail about communication and collaboration.

(09:41):

So the performance outcomes that are being taught and assessed in the current prescribing programmes very much aligned to what happens and what's included in the National Prescribing Competency Framework for all professionals, not just pharmacists. So our education providers when they are teaching and assessing those courses and of course work integrated learning, which is placements and working with prescribers is a key part of the training that those pharmacists do. So we see that these are key things that the learners are learning. They're working with other prescribers. They must have a prescribing supervisor. They are having to be assessed against performance outcomes on how they collaborate with other prescribers and other healthcare professionals, how they document their decision-making, how they collaborate with patients and how all of this is enabled so that there aren't separate things being done in pharmacy than would be in another healthcare provider within primary care.

Carlene McMaugh (10:54):

The APC is currently reviewing standards for prescriber education programmes. How will these new standards harmonise the various pilot programmes we've seen across Queensland, Victoria and New South Wales into a consistent national capability?

Bronwyn Clark (11:10):

This is a really key thing for us, Carlene, is to make sure that the new standards that we are reviewing will actually allow that harmonisation. So when we go back to how we write standards, we have two key considerations. One is that the programmes that we accredit, which then work through the National Registration and Accreditation Scheme, which means the pharmacy board approves them, that they are what we call outcomes-based standards. So what does that mean? That means that we don't say, "Okay, a programme has to include blah, blah, blah, blah, and blah, and it has to be taught by this number of teachers and this number of students, and this is the actual way that you can teach your programme." It's done in a way, and this is under guidance from AHPRA and the national scheme that we allow our programmes to develop and what suits them.

(12:11):

And best example of that is some of the degree programmes, and I think we'll talk about those in a minute. So when we are looking at what a programme needs to include for a prescribing programme, we need to also think that in an outcomes-based way. So the national endorsement may well be that it will be a individual that'll choose their scope of practise. Now that might be decided by the jurisdiction that they work in. For example, in Queensland, there are several conditions that can be prescribed for those who have completed the training and are approved to do so. And in other states it's less. So when the training is being done, the education provider will work with that individual and will teach and assess them based on the individual scope of practise. A good example of that is what's happening. I'll talk about the United Kingdom.

(13:08):

So in the United Kingdom this year we have all of the graduates of all of the pharmacy degrees in the UK in their intern year, it's called a foundation year, where they are also being assessed against prescribing competencies. And at the end of their internship, they will all become equivalent of endorsed prescribers. They're all working in different places. They're not all working in one jurisdiction. Some of them are working in community pharmacy, some of them are working in hospital pharmacy, some of them are working in general practise. And so wherever they're working, they are being assessed against how they prescribe in the patient group or the scope that they're working in. That's the similar way to how national prescribing standards can work in Australia so that someone can develop their learning plan against what the scope is for the authorisation that they have and then apply that for an assessment and be assessed in the workplace by their designated prescriber.

(14:14):

It sounds complicated, doesn't it? Because there are so many differences and it's also something that we've seen in other professions. So in some professions, for example, optometry, I'll use the optometry example again, there's quite a narrow range of scope that an optometrist can currently prescribe in. So they essentially almost have a list of medicines for want of a better term. So it's only on specific things. Whereas for some other professions, it's much wider, for example, medicine or dentistry where they can prescribe right across the spectrum. So when we are looking at pharmacist prescribing, and because people will be working in different scopes currently and into the future, they will change, the training will be based on them making sure that they can be assessed against what they can show during the training. And that's the way that things have worked in the UK, that's for pharmacists and to some extent New Zealand as well.

(15:16):

So that's where we think the APC will land with the prescribing standard and the endorsement registration standard, which is another standard, there's an awful lot of standards, that will be prepared and consulted on by the pharmacy board, and that will refer to this as well. I hope I haven't made it sound too complicated, but we think we've got a clear way forward about how this will work.

Carlene McMaugh (15:46):

The current review of accreditation standard mentions innovative degree structures. Do you foresee a future where the traditional four-year degree plus internship model is replaced by a more integrated director registration master's programme?

Bronwyn Clark (16:01):

This is a very topical question at the moment, Carlene, and one that we in pharmacy education and in health education and regulation have been talking about a lot, different models of education. I think the first thing that we start with, and we're talking here about accreditation standards and for our initial registration entry to practise programmes. Firstly, learners have a choice. So at the moment in pharmacy, we have a considerable choice for learners. Some of them will do a four-year bachelor, bachelor of honours. That's sort of like the regular choice. But as learners have said to their education providers and kids are saying to their parents, some of them say, "I want to do this as quick as I can. " And some of our education providers have been able to respond to that. And we have some programmes where the four years worth of what was traditionally the B Pharm, B Pharm Honours is able to be completed in three years.

(17:06):

We've got other programmes where it's graduate entry, and we've had those for several decades now where someone has an undergraduate programme, an undergraduate degree and goes in and does a

master's programme. And then we've got some master's programmes that have the extended title and they are able to use the title doctor of pharmacy. And then we've got some who also include the internship. So there's a bit of a plethora of choice for learners to think about if I want to do pharmacy, which is the model that works for me.

(17:46):

In some countries they have all moved to a single model and probably the US is the best example of that. The PharmD model's been in place for decades. Canada in the last decade has moved predominantly to the PharmD model and now that's like with undergraduate and then postgraduate including rotations. So here, these things will take time. We will have some programmes who will go straight to integrated programmes, including internships, and we'll have others that won't. And we even have programmes at the moment that seem to be even longer than the traditional master's programmes, but they still have an internship on the end. So I think the APC view is very much we've got these outcomes-based standards. We have reviewed those standards that we're doing that at the moment, and that will allow programmes to do either any form of pathway.

(18:51):

Our viewers, if we were to prescribe one pathway, then that would be problematic for us in pharmacy education because we want to keep our pipeline of students and we want to make sure that every university is not suddenly going to be able to pivot to a new model, but some will choose to, and we are seeing that already. So it won't be a one size fits all in our APC view. It will be a choice model again, and our new standards will allow that both ways. There's consultation happening about what the internship hours and the like will be that the Pharmacy Board is undertaking, and we've been working closely with the Pharmacy Board about what that looks like. One of the key things I would say about if the traditional four plus one was to change or if people were to do the five or the doctor of pharmacy with an internship is there will still be workplace-based assessment that will be required.

(19:51):

And the work that we have done in developing workplace assessment tools for interns will also be used in those programmes, but for the rotation parts of the degrees. So there won't be double standards. There will not be some, okay, I did all my internship in one solid year, others I did it in rotations. They will all be required to meet the same standard. And our accreditation process will ensure that the different flexible models are used, but they all give to the same standard, which is really important, I think. I will say no employers are going to want to make choice. Students are going to want to make choice, education providers want choice. And so our standards will enable the choices that people make.

Carlene McMaugh (20:45):

The 2026 review of accreditation standards mentions the emergence of new degree structures, specifically programmes that may lead directly to general registration without the traditional standalone internship year. How is the APC ensuring that these integrated models maintain the same level of practical on the floor clinical rigour as the traditional pathways?

Bronwyn Clark (21:06):

This is a really key thing for us, ensure that we have the same rigour across whichever programmes. And the workplace integrated learning or work-integrated learning or clinical placements or experiential placements, all those words essentially mean each other, are always key parts of any of our education. We can't just rely on students and learners being in university without placement. And we in Australia have always led the way in ensuring that our students are getting out into placements within our programmes, not just waiting till the internship year. So whichever type of programme that comes that is delivered against the new standards will still have to show the workplace integrated learning and the role of assessment in the workplace. I think in pharmacy we are really very, very lucky that our profession is so

invested in training. We've had internships way back from the beginning of the old apprenticeship model, which is before even I was around, which was very much workplace-based.

(22:21):

And that has continued with intern training programmes and with supervised practise requirements that we have. But if they are still included in these new degrees, which some of them will be, we have to make sure that the assessment of the workplace is robust. I think the key thing that we have been working on here at APC is making sure that assessment is robust and is valid to help preceptors in assessing interns and to help interns understanding what the standard is that's required in the workplace or in placement. So while under a new form of degree, those students will likely be students rather than interns. And that's just some of the way that the regulation works. They will still have the same standard to meet. One of the things that we have definitely been thinking hard about is how do we support that both for those who are interns and those who are students?

(23:21):

And just in the last week we at APC have launched a set of learning modules for preceptors and supervisors, whether they be for interns or for students against the workplace assessment tools that we first developed back in 2022.

(23:41):

Those workplace assessment assessments must be done by all interns in Australia at present and for the new integrated degrees will be required to be done by the students. And the learning package that we've put together is really interactive. It gives tips and tools. There's lots of little videos of students and interns, actually not students, of interns, preceptors and supervisors talking about how they're using the packages, how they're using workplace assessment tools, giving them hints on how to use it, plus some really good advice and ability for people to use those tools well. It's a big investment by whether you're a preceptor of an intern or a preceptor of a student. It's a big investment as a pharmacist, but it's part of our professional responsibility to nurture the next generation. And we do know, especially in busy pharmacies, whether the hospital, community pharmacies, the preceptors and supervisors need support to be able to use those tools.

(24:46):

So in essence, whether it's an integrated programme or whether it's a programme that is with a separate internship, those tools are required. I will add one further thing. We now have up to 40% of our interns in Australia who have not completed their degrees in Australia but are overseas-trained pharmacists. So when we are thinking about all these new types of programmes, we are still needing to support those overseas trained pharmacists who come into our intern programmes to meet our standards. And that is very much through work-based-based learning and using those assessment tools and all the other things that our preceptors and supervisors and employers do to assist those fantastic asset to our country who choose to migrate to Australia and who are working in our pharmacies and becoming registered. So intern programmes will always be needed for those people and workplace-based assessment tools are such a vital part for everybody really.

Carlene McMaugh (25:58):

So as of January this year, the intern written exam has moved to a restricted open book format with new fill-in-the-blank calculation questions. What did the APC's recent data show about the previous assessment models that necessitated the shift towards more authentic real-world testing conditions?

Bronwyn Clark (26:17):

So our intern written exam we have had in place since 2010, so that's since the beginning of national registration. And the APC used to hold our exam previously for some of the different states before

national registration. The exam that we have been using has developed a lot in that time and all assessments and exams have developed a lot. So that's like 16 years we're talking. And as part of that, we're always thinking about what's the best form of assessment and how do we make sure that we are not just looking at recall, not just asking people to just look up something and throw it into the exam. They actually have to think. So when we were looking at our intern written exam and the example about the fill in the blank calculation questions, rather than giving people a choice of saying, okay, we've got a calculation question here, here's your traditional multi-choice, pick one of these.

(27:20):

We are asking interns who are sitting this exam to actually calculate and put the answer in. So fill it in the blank essentially means you do the calculation yourself and you put in the answer. We've changed this based on a number of things. One is we've got an assessment advisory committee, which are full of experts who we've got these people called psychometricians who are mathematical experts. We've got pharmacy academics and other health assessment experts. And their advice very much for us to continue to develop our exams so they move away from what we just call recall. There's a little tool framework called Blooms Taxonomy. Sounds fabulous, doesn't it? It lists when you look at an assessment, thinks about, are you just guessing or are you just recalling? Or are you actually doing more complex thinking? Are you actually applying your learning to a case, which is what this exam has very much moved to?

(28:22):

And so that you're actually assessing someone's competence as opposed to their ability to remember. And when it comes to calculations, we get very clear feedback that calculations are so vitally important, and this is one of the ways we can assess our blueprint of our assessment so that the calculation questions have moved so that they are more real world. And we are very happy with the way that we've run our first exam this year and it went very well. That was in February. When it comes to the restricted open book, so in our exam for interns, it was possible for interns to bring in a lot of materials into the exam centre. Our centres that we use are run by an external provider. They are closed lockdown centres. People have a computer screen, they can't access the internet, but some people would turn up with so many books they couldn't almost carry them.

(29:23):

By us restricting to the two main books, the AMF and the APF, we have met that we are able to really clearly say these are what you would generally use. And so it means that most of our interns, they were the references that they would use and not a whole lot of other stuff. And it just makes it easier for them to really understand where their materials are come. And all our exam questions are written by external writers that we employ. They go through a very rigorous process of assessment or of validation, of review, making sure that we do all the psychometrics behind so that the exam questions are actually asking the degree of difficulty that they should be. And so this is just part of our continuous improvement for robust and defensible assessment.

Carlene McMaugh (30:19):

The 2026 IPE colloquium focuses on respectful and inclusive conversations. How are these soft skills being baked into the new accreditation standards as mandatory competencies rather than just nice to haves?

Bronwyn Clark (30:34):

This year we are running our colloquium again. So APC every year has run a colloquium, which is a one-day conference. It's an opportunity for those in education, health professions educations, including students, including end users, including regulators and accreditors to get together on important topics. And this year's colloquium is focusing on safe and inclusive conversations as you've said. The reason this has been chosen is that we are really, really wanting to help all of us to understand what does a safe and

inclusive conversation mean. And we're not just talking pharmacy. Our programme includes speakers and our delegates come from all the professions and not just the regulated professions. So we usually have most of the health professions, educators or education providers in the room in these conversations. The reason that we've chosen this one in particular is that we are looking at how we can assist everyone to have those conversations and include making sure that we've got culturally safe care for people.

(31:56):

So the types of soft skills, I think people call them soft skills, but I think they're actually hard skills to learn. Being baked into the accreditation standards is a really key part. So we're doing two things at the moment. One is we've just been working for 12 months on a new capability framework for pharmacists. We are doing this work on behalf of the Pharmacy Board and we have just completed our part of the work and the board will be releasing that framework soon. And that is to replace what the competency framework has done for up to the point of registration for all pharmacists. So in that we've looked at the different components that a health professional needs to be and what a pharmacist needs to be. And one of the new components in that is in collaboration and communication and as a health advocate. And pharmacists must contribute to the health and wellbeing of individuals and communities by delivering care that respects each individual's unique needs, goals and preferences.

(33:06):

So when we are having this colloquium this time and we thought, well, let's focus on some of the populations that we may not have served as well in pharmacy or some of the groups of healthcare consumers that might not feel safe in whether it's pharmacy or medicine or nursing or wherever, and what can we improve? This is one of the ways that we are raising the profile of what we need to teach in education for our health professionals. And the speakers that we'll have in colloquium this year include people with lived experience from different walks of life and include examples of interprofessional education that's happening for specific areas. For example, for neurodivergent patients, for patients and consumers who come from the LGBTQ+ community, for people who are seeking care who may have other forms of disability, whether it's hearing or sight. So those are the speakers and the lived experience people.

(34:23):

Those are the examples we'll be doing. And all the purpose of this is to help us with our educators understand what our standards are and how they can teach our next generation of health professionals to provide that holistic and safe care for people.

Carlene McMaugh (34:41):

The decision to retire the accreditation standards for CPD activities is a significant shift. How do you respond to concerns removing the APC seal of approval might lead to a drop in the quality or clinical rigour of available education for pharmacists?

Bronwyn Clark (34:56):

So in this year, the APC has stepped away from accrediting organisations to use the APC logo to define standards of CPD. The Pharmacy Board does not require accredited CPD or pharmacists, and this has been a really clear direction from the pharmacy board for a few years. APC started this work before national registration to give a CPD accreditation process, but it's not part of our work for the pharmacy board and it's not required. And when we started consulting on this, we realised that many people thought that the APC accredited CPD was one, done by APC, which was not actually the case. And secondly, they thought they had to do accredited CPD. So APC, based on our discussions with the board, and also we understand that there's going to be a change in the future potentially on the CPD registration standard, which is yet to be consulted by the pharmacy board, has moved away from that.

(36:11):

But it doesn't mean that there isn't a quality CPD available. We know that the Pharmaceutical Society of Australia, the PSA have put in a process now of accrediting CPD, that we have been seeing their processes, a robust process for ensuring that. So that is still available for pharmacists if they wish to choose that. And also we know that there's other people that may move into this. But our work for when we look at what APC is doing, our work is predominantly working in that national registration space. So for degree programmes, for intern programmes, for prescribing programmes, do work for the aged care ACOP onsite measure and set standards for that specifically for the Department of Health. And we've also done standards for medication management and obviously prescribing. So the CPD is something that pharmacists can still choose their own.

Carlene McMaugh (37:22):

So in line with that, without a third-party accreditor like the APC, how should individual pharmacists now evaluate the quality of a CPD activity to ensure it meets the Pharmacy Board of Australia's requirements?

Bronwyn Clark (37:35):

So look, I understand that this shift may prompt some uncertainty for pharmacists because they may have just been looking for the accredited CPD, but pharmacists themselves have always been responsible for choosing CPD that aligns with the pharmacy board requirements. And so whether it's got a accredited tick or not, every pharmacist should be looking for CPD that's evidence-based and that's for their own scope of practise. For example, I am a registered pharmacist. I don't work in a face-to-facing role, but the CPD that I do is related to my scope, which is in education and leadership and management. And so I look for CPD that is from a robust source. It may be say from the Australian Institute of Company Directors. It may be from a group of regulatory experts. I look to make sure that they've got credible experts preparing this and it's from a credible organisation and that the learning outcomes are relevant to my scope of practise.

(38:46):

So from my perspective, that's what I suggest every pharmacist does. And once again, I have to remind people that the Pharmacy Board does not require mandated accredited CPD as part of your own CPD.

Carlene McMaugh (39:04):

The new five-year strategy aims to eliminate racism and discrimination in pharmacy. How is the APC moving beyond cultural awareness modules towards ensuring the cultural safety is an observable, accessible clinical skill in internal exams? So

Bronwyn Clark (39:19):

The APC is very committed to this strategy of embedding cultural safety through our education and for, as you say, eliminating racism and discrimination. As part of that, we think of what we have done to do that from the highest level possible. And for us that's making a really clear statement and lining up with the AHPRA and national boards' cultural safety statement. We have started with things like we have Indigenous voices right throughout our governance structures. So we have two pharmacists, sorry, two board directors who identify as Indigenous on our board. They happen to be pharmacists at this point and leaders in supporting Indigenous pharmacists in this country. We've created our leaders in pharmacy profession education network, our LIPPE network, L-I-P-P-E. And that's a network specifically to support our education providers in teaching cultural safety. That's a partnership we have with the Council of Pharmacy Schools.

(40:40):

And that work is ably led by Professor Faye McMillan. And our accreditation standards and our performance outcomes and our new capability framework very much outline what we are expecting. A new set of accreditation standards that are under consultation at the moment have a whole new standard on cultural safety. And the new capability framework has got much more even further articulated in requirements of cultural safety. When the capability framework is published by the board, we will then line that up with our new exams and assessments. So there will be further rigour and further expectations of education providers and of students and learners and how they show cultural safety. One of the other things that we've been doing as an aside is helping support NAPSA with their new deadly future pharmacist group, which are First Nation students from our programmes around Australia coming together in May again this year, the day before our colloquium.

(41:50):

So we've got a multi-pronged strategy on how we can embed cultural safety throughout all of the work we do. And as with the capability framework and the new accreditation standards coming online, we will be able to even more clearly articulate what we expect from both our education providers, what we expect from our students and learners and our pharmacists, and also what we clearly expect from APC's perspective and what our role is.

Carlene McMaugh (42:23):

The APC was recently named a finalist in the leading tech awards for February 2026. How is a council using AI on new assessment technologies to modernise the CAOP and intern written exams?

Bronwyn Clark (42:37):

We were delighted to be nominated as finalist in the leading tech awards in Australia. In fact, the awards are this week, so we don't know whether we've been successful in winning that award, but we are really, really pleased to get recognition nationally of the work that we are doing in our digital transformation space. So digital transformation for us includes a whole plethora of different strategies. One of them is obviously the use of new technologies for our systems and the award that we are being nominated for is for our new accreditation management system. This means that we are really combining technology with human expertise. So when we do accreditation of our programmes, it's not all going to be AI, it's going to be using our system and the key leading industry experts that we use to do assessments as part of all of that. So same with exam to integrity.

(43:41):

Technology, we are definitely looking and trialling different methodologies, but they have to meet our strict security and ethical standards and we're very much very conscious of that. So we've set up an innovation lab at APC in which we did last year, and there's a number of different business units who are safely testing emerging tech in a really controlled closed environment, which we are then using throughout whether it's accreditation or assessment or some of our other work that we are doing, just business processes within APC. I think the key thing for us is that while we are really committed and our innovation lab is showing some great promising work, and our board has just had a presentation recently of some of the work that we are doing, we always have to have that human oversight. So whatever technologies we're using, we use practising pharmacists to give real-time insight into all of our work.

(44:42):

So whether that's assessments, whether that's writing exam questions, whether that's reviewing prescribing programmes, whether it's looking at how our workplace assessment tools work. We can't rely on just tech. And we've got the philosophy very much that tech is an enabler, but we have to have the clear direction and then we look at what can be used to assist us to get the best results.

Carlene McMaugh (45:08):

Amazing. And we are seeing a workforce crisis in community pharmacy. How can the APC as an accreditor help solve the burnout issue through the way we train and assess early career pharmacists?

Bronwyn Clark (45:22):

This is something that I personally am very interested in and very much wanting to see how APC can assist in this area. Workforce retention I think is, well, it is. It's a known fact that workforce retention is a problem for many of the health professions and some very good data has come out on some of the other professions in Australia in health. And we do have a limited amount of data about our own profession. There's lots of examples too of work that's being done internationally. So what can APC do? One of the key things we have done this in the last 12 months is we had some international experts visiting APC for other work, and one of them has done a lot of work in this area of workforce retention and resilience. And so Professor Zubin Austin from the University of Toronto was a visitor for us last year.

(46:25):

And while he was here, we organised with the Council of Pharmacy Schools for the APLF, which is the Australian Pharmacy Leaders Forum, to hold a workforce round table, specifically looking at issues around retention and burnout. Zubin Austin has done a lot of work in this space. He's also a psychologist and some of his work around resilient workplaces has been quite groundbreaking in health. His research showing that it's not just you as an individual being able to be resilient, but it's actually the workplace and how you use your staff and pharmacists it's rostering and systems in place and those sorts of things. So we helped facilitate that workforce round table. And there were speakers also who talked about resilience and burnout from an Australian perspective. And Dr Karlee Johnston from the ANU is one of those, and she's a pharmacist, may be known to many of your listeners.

(47:26):

What's happened next? So we had the conversation. The APLF, Australian Pharmacy Leaders Forum has now set up a working group to look at these issues. And so let's watch and see what happens from there. But from APC's perspective, we aren't here to solve these problems, but we're here to work with others to help identify where issues are and to help in the training and assessment that we are doing of our new pharmacists.

Carlene McMaugh (47:56):

Amazing. That's all the questions that I have for you for today, but is there anything else that you would like to share with the audience that I haven't asked you?

Bronwyn Clark (48:05):

I thank you very much for the opportunity to talk about the APC work. Sometimes the work we do is very much behind the scenes and some of it is more visible at the moment with the changes that we've talked about today, the new types of degrees, the new types of pathways into pharmacy, the prescribing and scope of practise work. And I think the workplace assessment work that we are doing, which I think will transform the way that we are able to assess our new pharmacists. I think the final thing I'll say is the APC very much is here for the public, but our members are the pharmacy organisations, and we are very much grateful to all of those pharmacists who help us. We have writers of exams. We have people who work on our committees. We have people who visit our universities or do really big pieces of work assessing programmes and submissions that come from our education providers and the like.

(49:07):

So we're really grateful for them. We couldn't do our work without them. And I've got a fabulous team at APC who also do a lot of that work as well. But the key thing we're here for is to develop a workforce

that's safe and we're really privileged. We know the privilege we have and we are always there to talk to people if they have questions about the work that we do. So thanks, Carlene.

Carlene McMaugh (49:32):

Thank you for tuning in to this episode of the AJP Podcast by Pharmacists for Pharmacists. We hope you found the conversation valuable and relevant to your everyday practise. If you enjoyed the episode, please like, subscribe, and share it with your colleagues. Be sure to follow us on X, formerly Twitter, to stay up to date and join the conversation by leaving a comment on the AJP website. Your feedback helps shape future episodes and your support keeps us connected as a profession. Until next time, take care and keep making a difference in healthcare.