Submission to the Australian Health Ministers’ Advisory Council

Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions

Purpose

The Pharmaceutical Society of Australia Ltd (PSA) makes this submission to the review of the National Registration and Accreditation Scheme (NRAS) for health professions which has been commissioned by the Australian Health Ministers’ Advisory Council (AHMAC).

This submission is in response to the Consultation paper issued through the Independent Review process. The comments and views provided by PSA are in the context of the pharmacy profession’s experiences of the NRAS primarily through interactions with the Pharmacy Board of Australia and the Australian Health Practitioner Regulation Agency (AHPRA).

About PSA

PSA is the peak national professional pharmacy organisation representing Australia’s approximately 30,000 pharmacists¹ working in all sectors and locations.

PSA’s core functions relevant to pharmacists include:

• providing high quality continuing professional development, education and practice support to pharmacists;

• developing and advocating standards and guidelines to inform and enhance pharmacists’ practice; and

• representing pharmacists’ role as frontline health professionals.

PSA is also a registered training organisation and offers qualifications including certificate and diploma-level courses tailored for pharmacists, pharmacy assistants and interns (including a National Intern Training Program).

As the professional organisation for pharmacists, PSA recognises that a rigorous, transparent and credible regulatory scheme is fundamental to the protection of the public from harmful practices by ensuring competent and responsible health practitioners are involved in the delivery of quality health services. An effective and efficient regulatory system also helps to promote the

profile of health professionals to Australian health consumers and can contribute to standard-setting internationally.

Key recommendations

1. **PSA supports the continuation of a pharmacy-based independent accrediting authority for pharmacy education and training, to ensure the public’s safety in relation to the registration and accreditation standards of pharmacy.**

2. **PSA supports the internship year for pharmacy graduates continuing in the current structured format as the program is robust and benchmarked against international standards.** A structured internship year followed by a registration examination with the National Board enables preparation of work-ready and competent pharmacists. Losing the internship year risks losing profession specific input into training to ensure knowledge is effectively translated into practice. Additionally PSA believes it would be hard to align pharmacy graduate training with other professions that do not adopt this mode of confirmatory training. Evaluation of the intern year by the pharmacy accreditation authority, Australian Pharmacy Council (APC), has been an iterative process and has to-date demonstrated to be robust and defensible.

3. **PSA believes ASQA accreditation should be recognised by accreditation authorities to avoid duplication of time and effort in maintaining compliance for the same education program under two accreditation standards.** For example, the PSA Intern Training Program (Graduate Certificate in Applied Pharmacy Practice) is accredited under the APC Accreditation Standards for Intern Training Programs and ASQA Accreditation Standards however it is the same program accredited by two different agencies.

4. **PSA advocates for the adoption of an open-ended and risk-managed accreditation approach by accreditation authorities in line with ASQA for RTOs.** PSA also advocates for longer reporting and accreditation cycles that is responsive to triggers such as major complaints.

5. **PSA supports the accreditation of individual profession related standards to maintain relevance to profession specific issues.** Each profession should be entitled to quality control and losses in quality may occur with the prime focus of improving efficiencies. However PSA does support the notion of some global accreditation standards across all National Boards to improve efficiency, to encourage interprofessional and cross-professional collaboration and input into curricula development, to reduce health practitioner “silos”, and potentially to reduce costs.

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2 Comparison of international accreditation systems for registered health professionals. Nov 2016, AHPRA Accreditation Liaison Group. At: https://amc-cms-prod.s3.amazonaws.com/files/b8225a4924c7b073b68228807203ec9415f92394_original.PDF
Comments on specific issues

Improving efficiency

Accreditation standards

1. What would be the benefits and costs of greater consistency and commonality in the development and application of accreditation standards?

Greater consistency and commonality in the development and application of accreditation standards would encourage interprofessional collaboration, create efficiencies, reduce duplication of effort and time, and possibly reduce the infrastructure required to maintain these accreditation authorities, leading to reduced costs. However PSA’s view is that it would be vital to maintain individual profession-specific standards to enable unique competencies required by the various health professions. Whilst efficiencies are important, equally important is the quality control to which each profession should be entitled. Efficiency gains could amount to losses in quality and standards and efficiencies should not diminish effectiveness.

2. Should accreditation authorities be required to incorporate the decisions of TEQSA/ASQA assessments and accreditations of education providers as part of their own reviews?

Yes, accreditation authorities should be required to incorporate the decisions made by TEQSA/ASQA assessments and accreditations of education providers as part of their own reviews. This would ensure that programs do not need to meet more than one set of standards, improve efficiencies, avoid duplication of time and effort by education providers, and reduce administrative burden of accreditation authorities.

Education providers that are maintaining TESQA/ASQA accreditation will have provided robust evidence of governance and management structures, policies and procedures, quality control and continuous improvement mechanisms, student support and services, and information and knowledge management systems to meet standards.

3. What are the relative benefits and costs associated with adopting more open-ended and risk-managed accreditation cycles?

Adopting more open-ended and risk-managed accreditation cycles will benefit both the accreditation authorities and education providers by reducing workload and administrative burden. In many cases large amounts of information is required to be provided on a regular cyclical basis, when in some cases this is just reproducing information already provided to the relevant accreditation authority.

Larger education providers with longstanding good reputation may be better managed in this manner. The risk-based system would need to be robust to identify risks in advance rather than after events.
Training and readiness of assessment panels

4. What changes could be made to current accreditation processes (such as selection, training, composition and remuneration of assessment teams) to increase efficiency, consistency and interprofessional collaboration?

PSA believes the following changes would improve accreditation processes and increase efficiency, consistency and interprofessional collaboration.

Assessment teams should have the right quantity and mix of skills to ensure assessments have rigor, consistency and objectivity. Selection of assessors should be based on identified skill sets required for each assessment team and could include identified skills in auditing, education or subject matter/profession-specific expertise to adequately assess education programs.

A robust and mandatory training program on auditing should be developed and delivered regularly as part of ongoing development to assessors to ensure consistency of assessment across assessment teams. This would provide assurance to education providers and the public that assessment teams are capable and trained to critically review programs, ask the right questions, and maintain an objective perspective in the accreditation process. This training could be interprofessional for certain aspects of the training.

PSA believes there is a strong need to ensure all accreditation assessments are objective and accreditation outcomes are not influenced by personal bias and the opinions of the assessor/s.

5. Should the assessment teams include a broader range of stakeholders, such as consumers?

PSA’s view is that assessment teams should have the right quantity and mix of skills to ensure assessments have rigor, consistency and objectivity. The APC Board already consists of consumers so they are represented in the accreditation process.

PSA’s view is that Accreditation Authorities should seek information from education providers on consumer and industry consultation to develop and enhance their courses to ensure health professionals graduating are delivering healthcare services effectively and in the interest of public safety.

Sources of accreditation authority income

6. What should be the key principles for setting fees and levies for funding accreditation functions, including how the respective share of income provided from registrants and education providers should be determined?

With reference to pharmacy, the internship year has a heavy financial burden with fees for a pharmacy intern training program, the Pharmacy Board of Australia written and oral exams, and the general AHPRA registration fee, all within the 12 months after university graduation.

Key principles for setting fees and levies for funding accreditation functions should be based on:

- Equity of access to education programs for registrants
- Government subsidised accreditation functions
- Cost recovery for accreditation activities by Accreditation Authorities.
7. Should fees charged for the assessment of overseas qualified practitioners and assessment of offshore competent authorities be used to cross-subsidise accreditation functions for on shore programs?

PSA’s view is that consideration be given to a fee differential for the assessment of overseas qualified practitioners and offshore competent authorities.

Relevance and responsiveness

Input and outcome based accreditation standards

8. Should accreditation standards be only expressed in outcome-based terms or are there circumstances where input or process standards are warranted?

PSA’s view is that accreditation standards should only be expressed in outcome-based terms. This enables flexibility of inputs, processes and management for education providers. An outcome-based approach is the only one that fits into an accreditation framework to avoid accrediting content rather than what the graduate can actually do. There is a need for accreditation standards to focus efforts on the graduate’s ability to apply the knowledge practically, not about possessing knowledge and the ability to research.

9. Are changes required to current assessment processes to meet outcome-based standards?

Pharmacy was one of the first professions post-NRAS to set outcome-based standards for university degree programs, including cultural competence and indigenous health standards. Outcome-based standards need to be translated into other programs such as pharmacy internship programs.

PSA’s view is that changes may be required to current assessment processes to meet outcome-based standards for specific programs such as the pharmacy internship.

Assessments against outcome-based standards need to be able to demonstrate that the candidate has the knowledge and skills to apply in practice. This involves ensuring that the evidence produced by the assessment is valid for the outcome-based standard, is sufficient to demonstrate competence, and is current and authentic to the registrant. To ensure that the assessment is valid, assessment tasks need to focus on the application of knowledge and skills.

Health program development and timeliness of assessment

10. Should there be a common approach to the development of professional competency frameworks and to the inclusion of consumers and possibly others in that development?

The pharmacy profession has collaboratively developed National Competency Standards for Pharmacists in Australia with endorsement of this competency framework by the Pharmacy Board of Australia.
A common approach to the development of some themes may apply across professional competency frameworks e.g. communication by health professionals, interprofessional education, health professional prescribing. However, each health profession still requires a set of competency standards pertinent to that profession’s scope of practice.

Involvement of consumers may ensure that competency frameworks developed support excellence in healthcare, improved health outcomes, and provider better transparency to end-users.

11. What are the risks and benefits of developing accreditation standards that have common health profession elements/domains, overlayed with profession-specific requirements?

Potential risks of common health profession elements/domains are:

- Dilution of professional experience reducing the pharmacy profession’s specific response to accreditation issues and development of accreditation standards.
- Reduced understanding of the specifics of pharmacy - pharmacy is unique as it has both an intern training program and board exams for registration.
- Other larger professions (notably nursing and medicine) may have a greater than anticipated influence in the design and maintenance of the scheme.
- Pharmacy accreditation is of a high standard and this might not be achievable due to consolatory process necessary to ensure effective implementation of a combined scheme.
- Uncertain funding arrangements create risk to the scheme. For example would the Pharmacy board be required to support the smaller boards financially or would each board or profession contribute evenly?
- There is no current evidence of savings or efficiencies with a multi-profession system, however change will bring uncertainty and initial increased expense.
- Reduced capacity for pharmacy specific projects.

Potential benefits of common health profession elements/domains are:

- Interprofession collaboration, noting that this currently already occurs in the existing model.
- Reduced effort and duplication of similar competencies in specific health profession’s frameworks.
- Potential savings in administration, although the magnitude is unclear.
- A single point of entry for enquiries for registrants.
- Better accountability for health policy makers.
- Improved standardisation of registration requirements across professions, especially for common competencies such as ethical behaviour and patient communication.
- Joint evaluation and coordination of projects to improve public safety by standardised registration.
12. What changes in the accreditation system could improve the timeliness and responsiveness of processes to ensure education programs are delivering graduates who have the knowledge, clinical skills and professional attributes required of the current and future workforce?

PSA’s view is that a risk-management accreditation approach would mean that program updates would occur when required rather than when the accreditation cycle is due.

Peak professional bodies such, as PSA, are well placed to ensure education programs are delivering competent health professionals who can deliver healthcare services to support the Australian public now and into the future as they play a key role in advocating for new roles and scopes of practice for pharmacists. Peak professional bodies should be formally and actively engaged by Accrediting Authorities to ensure education programs deliver graduates who have the knowledge, clinical skills and professional attributes required of the current and future workforce.

The consideration and acceptance of decisions made by TESQA/ASQA could improve the timeliness and responsiveness of education providers to make innovative changes to programs to meet future workforce needs.

Interprofessional education, learning and practice

13. How best could interprofessional education and the promotion of inter-disciplinary practice be expressed in accreditation standards that would reflect the priority accorded to them?

While the notion of interprofessional education and the promotion of inter-disciplinary practice is supported by PSA, consideration needs to be given to the vastly different practice settings of professions and intra-profession variations e.g. secondary care vs primary care.

Interprofessional education should become a core competency with the same standards for consumer expectations for all health professions, and have a multi-disciplinary approach.

Clinical experience and student placements

14. How could the embedding of healthcare priorities within curricula and clinical experiences be improved, while retaining outcome-based standards?

Any program of study should prepare candidates for all aspects of professional practice and responsibility (open-minded professionals) including healthcare priorities.

For the pharmacy profession, PSA’s view is that embedding healthcare priorities within curricula and clinical experiences can be maintained and improved with retention of the current internship year. Currently pharmacy students have limited and variable clinical placement opportunities depending on the choice of university and pharmacy program. PSA believes that the pharmacy internship is important to ensure competent and work-ready pharmacists at the time of general registration to ensure public safety. The pharmacy internship is important in translating knowledge gained at university into practice with a supervised period of practice in pharmacy.

Currently, pharmacy interns undertaking the PSA intern training program are taking longer to complete their intern year and achieve competency suggesting that university graduates lack work readiness.
15. How best could contemporary education practices (such as simulation-based education and training) be incorporated into the curricula and clinical experience?

Contemporary education practices (such as simulation-based education and training) are already being incorporated into curricula and clinical experience to ensure application of knowledge rather than reproduction of knowledge, e.g. case-based assessments that incorporate a combination of multiple areas of learning.

PSA’s view is that this could be further enhanced through incorporating these education practices in an interprofessional learning environment to simulate healthcare teams.

The delivery of work-ready graduates

16. Is there a defensible rationale for a period of supervised practice as a pre-condition of general registration in some professions and not others?

Pharmacy is one of the few professions in Australia to have an internship year post qualification prior to general registration. It is acknowledged that many other professions do not currently have this arrangement, but it should be noted that those professions have extensive experiential placement components to their university training.

Pharmacy registration in Australia is in line with Canada, Ireland, New Zealand and United Kingdom as these countries are comparable to Australia in health standards and have well established regulatory structures and standards of education in their health professions.

The pharmacy internship is one of supervised practice supported by a structured education program that prepares registrants for the realities of their practice in context, such as a community or hospital pharmacy setting. The pharmacy internship aims to convert knowledge of theory into practice through the application of knowledge and development of new skills such as consumer engagement, communication and responding to ethical dilemmas in a real-life setting. There are skills that need to be developed in practice over period of time.

Pharmacy graduates currently have varying levels of work readiness and this is supported by the number of interns that are taking longer to complete their internship year and the pass rates of the Pharmacy Board written and oral exams.

Additionally, pharmacy can be an isolating profession where most pharmacists (estimated > 65%) would work in community pharmacy and many as the sole pharmacist on duty. There would need to be a significant change in university program structures to include a significant standardised period of experiential learning if the period of supervised practice was to be removed.

17. How should work readiness be defined, and the delineation between registration requirements and employer training, development and induction responsibilities be structured?

Work readiness in pharmacy is defined by pharmacist-specific competency standards. The standards clearly identify what skills are required at entry level (initial registration) and what skills are considered at levels along the continuum of practice.

Currently pharmacy preceptors are encouraged to do training to support pharmacy interns but this is not mandated by the Pharmacy Board of Australia. The uptake of the PSA Preceptor
Training Course is low at approximately 8% of current preceptors in 2016. It is PSA’s view that there needs to be further consideration of preceptor standards.

Whilst work based training is valuable the assessment of work readiness must be against industry standards.

National examinations

18. Does a robust accreditation process negate the need for further national assessment to gain general registration? Alternatively, does a national assessment process allow for a more streamlined accreditation process?

Pharmacy has a unique approach to registration from provisional to general registration. Robust accreditation processes already exist at the undergraduate level however, due to the unique and complex nature of pharmacy practice, further assessment is required to ensure public safety.

Pharmacy is one of two professions with national examinations. This is congruent with Pharmacy around the world. It is PSA’s view that national examinations are necessary as they allow assessment at a minimum level of competency for pharmacy graduates before they gain registration and are allowed entry into the workforce to practice pharmacy in an unsupervised environment. The current pass rates of Pharmacy Board of Australia exams by interns suggest that undergraduate programs do not contain sufficient experiential learning to satisfy this requirement alone.

Producing the future health workforce

Independence of accreditation and registration

19. Do National Boards as currently constituted have appropriate knowledge, skills and incentives to determine accreditation standards and programs of study which best address the workforce needs of a rapidly evolving health system?

PSA has confidence in the current system where the Board members are chosen based on their experience, expertise and diversity and have the capability to address the workforce needs of an evolving health system. A skills-based board is preferable to a representative board.

20. Would greater independence of accreditation authorities, in the development and approval of accreditation standards and/or approval of programs of study and providers, improve alignment of education and training with evolving needs of health consumers?

It is PSA’s view that the current system of individual accreditation authorities is appropriate due to profession-specific knowledge and a vested interest in the profession. This ensures standards and programs of study are appropriate for the profession, producing work-ready graduates which help guard public safety.

Governance of accreditation authorities

21. Is there adequate community representation in key accreditation decisions?

APC includes community members in their governance structure however there may be merit in greater community representation in key accreditation decisions.
22. What changes are required to current governance arrangements to allow accreditation authorities to source professional expertise without creating real or perceived conflicts of interest?

Best practice governance indicates that an organisation should have a skills-based board with a diverse mix of skills and backgrounds which can aid in identifying and analysing potential conflicts of interest.

As part of any governance structure, conflicts of interest (perceived or real) should be managed appropriately by the board so as not to allow directors to make decisions based on external influences but in the best interest of the organisation and the members of the public they serve.

23. In the case of councils, what governance arrangements are necessary to allow them to separate accreditation activities from their commercial and other obligations as legally constituted companies?

Not within PSA scope to answer this question.

Role of accreditation authorities

24. Is the standard clause in AHPRA funding agreements with accreditation councils sufficient to ensure that the delivery of accreditation functions is aligned with, and is adequately responding to, the objectives of the NRAS?

Not within PSA scope to answer this question.

What other governance models might be considered?

25. What is the optimal governance model for carrying out the accreditation functions provided in the National Law while progressing cross-profession development, education and accreditation consistency and efficiency? Possible options include:

- Expanding the remit of the AHPRA Agency Management Committee to encompass policy direction on, and approval of, accreditation standards;
- Establishing a single accreditation authority to provide policy direction on, and approval of, accreditation standards.

It is PSA’s view that the existing model is serving the pharmacy profession and the public well and that there is insufficient evidence available to suggest additional benefits or cost savings would be provided by moving to a new model.

26. How best in any governance model could recognition and accreditation of cross-professional competencies and roles be dealt with?

If a decision is made to amalgamate the accreditation process across all the health professions, the following would be the preferred model of PSA.

The accreditation authorities could be amalgamated to form an organisation similar in structure to AHPRA. This would consist of an overarching administrative body that would provide support to
profession specific committees under a negotiated agreement. Each individual authority would remain responsible for maintaining and developing accreditation standards.

In a similar process to the forum of national chairs in AHPRA, a body could be assembled to assist and progress issues of cross-professional significance in terms of accreditation. This body could also assist with interprofessional learning and facilitating joint projects to research and evaluate effective accreditation processes in a multi-professional environment.

Funding for such an arrangement would be provided on a pro rata basis by the National Boards. This would require this new organisation to be able to exist as a corporate entity so that it can enter into financial arrangements and would be accountable to the Agency Management Committee of AHPRA.

**Accountability and performance monitoring**

27. What should be the standard quantitative and qualitative performance measures for the delivery of the accreditation functions across NRAS and who should be responsible for, firstly, reporting against these measures and, secondly, monitoring performance?

Quantitative measures would include financial responsibilities against KPIs, quality control metrics of external examinations for foreign graduates, pass/fail rates for graduates which could act as a surrogate indicator of the veracity of the accreditation standards and processes.

Qualitative measures would include feedback from pharmacy schools and ITP providers.

An external oversight committee could evaluate the effectiveness of the system. This could be the Agency Management Committee or be a responsibility for the forum of chairs under AHPRA.

**Setting health workforce reform priorities**

28. What role should the Ministerial Council play in the formal consideration and adoption of proposed accreditation standards?

While a Ministerial Council would be required for approval of the Accreditation Councils, it would not have a place in evaluating or proposing accreditation standards as PSA sees this as a profession specific responsibility.

29. Is the requirement that the Ministerial Council may only issue directions under s11(3)(d) if it considers a proposed accreditation standard may have a substantive and negative impact on the recruitment or supply of health practitioners, too narrow to encompass all the National Law objectives and guiding principles, and if so, how should it be modified?

The Ministerial Council authority under s11(3)(d) is sufficient to ensure workforce demands are met. Additional oversight in this matter is unnecessary and could have a deleterious effect on public safety. Accreditation of professional standards and undergraduate training should remain the responsibility of the subject matter experts, that being the individual professions. Professions must remain independent of external influences to ensure that innovation and ethical standards are maintained.
30. How best can a national focus on advice and reform be provided, at least for the delivery of accreditation functions, that:

- As part of a broader workforce reform agenda, regularly addresses education, innovative workforce models, work redesign and training requirements?
- Has regular arrangements for engagement with key stakeholders such as the regulators, educational institutions, professional bodies, consumers and relevant experts?

As in its previous submission to the NRAS in 2014, PSA as the peak professional body for pharmacists in Australia, would like to see improved communication from the accreditation authority and believe this will assist pharmacists and interns in particular. PSA believes it is paramount that stakeholders are provided with timely notice of any new or revised documentation or requirements from APC, the Pharmacy Board or AHPRA.

Early and ongoing engagement and advice to PSA and other stakeholders means that we are able to assist with information dissemination and support of interns and preceptor pharmacists. Such proactive measures are also likely to reduce unnecessary queries to PSA and to the pharmacy accreditation authority.

Specific governance matters

The roles of specialist colleges and post-graduate medical councils

31. Do the multi-layered assignment arrangements involving the National Boards, specialist colleges and post-graduate medical councils provide mechanisms for sufficient scrutiny of the operations and performance of these functions?

Not within PSA scope to answer this question.

Assessment of overseas health practitioners

32. Are there any reasons why processes for having qualifications assessed for skilled migration visas cannot be aligned with those for registration that are conducted under NRAS?

PSA’s view is that it would be difficult to align overseas qualifications with those achieved in Australia given the variations in healthcare systems and scopes of practice internationally and that there remains a need to test for equivalency via examination and assess English literacy.

33. Is there is a defensible justification for the bodies who have been assigned responsibility for accreditation of Australian programs not being assigned the function to assess overseas trained practitioners?

The pharmacy accreditation authority, APC, already possess the necessary expertise in assessing local programs to ensure work-ready graduates so it is PSA’s view that they should be assigned the function and responsibility to assess overseas trained practitioners.
34. Should there be consistency across the National Boards in assessment pathways, assessment approaches and subsequent granting of registration status for overseas trained practitioners?

PSA’s view is that there is value in some consistency across the National Boards in assessment pathways and assessment approaches and subsequent granting of registration status for overseas trained practitioners such as LOTE assessments however, profession specific assessment is necessary.

35. Should there be a greater focus on assessment processes that lead to general registration for overseas trained practitioners without additional requirements such as supervised practice and how might this be achieved?

PSA’s view is that assessment processes should include a period of supervised practice to allow overseas trained pharmacists to understand and integrate into the Australian health system.

Grievances and appeals

36. Does the AHPRA/HPACF guidance document on the management of accreditation-related complaints resolve the perceived need for an external grievance/appeal mechanism?

PSA’s view is that the AHPRA/HPACF guidance document on the management of accreditation-related complaints is comprehensive and provides assurances that accreditation authorities are committed to working cooperatively with all stakeholders to manage and resolve complaints in an impartial and confidential environment. However, as an education provider there is a potential risk (perceived or real) that making a formal complaint about the accreditation process to the relevant accrediting authority may negatively impact on future accreditation outcomes of education programs and continued engagement as a key stakeholder in the profession.

37. If an external grievance appeal process is to be considered:

- Is the National Health Practitioner Ombudsman the appropriate entity or are there alternatives?
- Should the scope of complaints encompass all accreditation functions as defined under the National Law, as well as fees and charges?

If a decision is made to develop and implement an external grievance process, PSA’s view is that the National Health Practitioner Ombudsman would be the appropriate entity and that the scope of complaints should exclude fees and charges.
Summary

PSA believes that as the peak professional body for pharmacists in Australia, there are opportunities where a health profession’s National Board and professional body could work together to deliver initiatives on professional practice issues. PSA is always keen to enhance collaborative working opportunities and partnership that help strengthen the profession and enhance professional practice and health service delivery as well as patient safety, ultimately leading to better protection of the public.

Overall, PSA agrees that streamlining some accreditation functions within the current NRAS scheme will improve efficiencies. PSA believes that the current model of registration for pharmacy graduates, where the internship year is separate to a final registration exam with the Pharmacy Board, is transparent and has served the profession well with no compelling rational for change.

We are happy to provide clarification or further assistance in relation to our submission.

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