SUBMISSION

In response to the discussion paper dated February 2017 “Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions”

May 2017
Introduction

The Pharmacy Guild of Australia (the Guild) is the national peak pharmacy organisation representing community pharmacy. It strives to promote, maintain and support community pharmacies as the most appropriate primary providers of health care to the community through optimum therapeutic use of medicines, medicines management, and related services.

The Guild supports the national accreditation and registration of health professionals, and is pleased to respond to the Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for Health Professions Discussion Paper. The Guild agrees that regulation should not interfere with the day to day practice of health professionals but, at the same time, it should make sure that the community is protected against unprofessional practice. Consumers should be confident that health professionals are properly trained, qualified and competent to treat them.

Overview

The Guild notes the guiding principles for the national scheme, as set out in section 3 of the Health Practitioner Regulation National Law:

3 Objectives and guiding principles

(1) The object of this Law is to establish a national registration and accreditation scheme for –
   a) the regulation of health practitioners; and
   b) the registration of students undertaking –
      (i) programs of study that provide a qualification for registration in a health profession; or
      (ii) clinical training in a health profession.

(2) The objectives of the national registration and accreditation scheme are –
   a) to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered;
   b) to facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction;
   c) to facilitate the provision of high quality education and training of health practitioners;
   d) to facilitate the rigorous and responsive assessment of overseas-trained health practitioners;
   e) to facilitate access to services provided by health practitioners in accordance with the public interest; and
   f) to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.

It is clear that the aims of National Registration and Accreditation Scheme (NRAS) are to ensure that health professionals are properly trained, qualified and competent to treat patients and that the community is protected against unprofessional practice. This applies to the education of the health workforce and to the assessment of overseas-trained health practitioners. It is also noted that the accreditation system is in place to promote quality and safety in healthcare and within the community.

It is also understood that the review of the accreditation systems is to ensure NRAS goals are met and that these systems are accessible, efficient, sustainable, and sufficiently flexible to meet the current and future needs of Australian patients and the health workforce.

The Guild believes that the Pharmacy Board of Australia (Pharmacy Board) and the Australian Pharmacy Council (APC) meet the statutory objectives and guiding principles of the National Law. From the Guild’s perspective, the current pharmacy education and accreditation model achieves the required levels of professional collaboration, public consultation, and high standards of training and care.
Improving efficiency (Issues 1 – 5)

The Guild is aware that the APC has improved efficiency in a number of areas such as streamlining governance and operational processes, implementing risk-based decision making frameworks, enhancing IT and communications as well as benchmarked processes and practices for pharmacy consistent with international requirements.

A question raised by the discussion paper is whether consistency would lead to improvements, particularly in regards to clarity and efficiency. The Guild believes that each health discipline has tailored their education and accreditation systems to the unique technical requirements of the profession.

The Guild agrees that collaboration between health professionals and organisations is a key contributor in providing best practice, up-to-date health care that results in better patient outcomes. The APC and the Pharmacy Board work closely with professionals and stakeholders to serve the public interest and are accountable for the quality and standards delivered by the pharmacy profession. The Guild does not support a single accreditation scheme as merging the various systems and disciplines for efficiency will not necessarily lead to increased effectiveness or simpler processes but could result in competing needs thus delaying responses and decisions as well as losses in quality and standards.

The APC has spent years developing and maintaining relationships with other professional bodies and accreditation organisations who ensure that programs are delivered efficiently and effectively. Abandoning these partnerships for new arrangements would risk damaging existing working relationships.

The Guild believes that there is a strong working relationship between the Pharmacy Board and the APC, ensuring new pharmacists are equipped to enter the workplace and current pharmacists continue to develop their professional knowledge after becoming registered.

Existing pharmacists are required to complete 40 Continuing Professional Development (CPD) hours per 12 months in order to maintain their registration as a pharmacist. Pharmacists are given the flexibility to choose their own training in accordance with their identified learning needs, whether this is refreshing skills, qualifying to deliver new professional services, or develop greater understanding about issues affecting their patients. In many cases, the trainers running these sessions are experts in another field e.g. nurses educating pharmacists about administering the flu vaccination and GPs for wound care.

Sources of Accreditation Income (Issue 6)

Currently re-accreditation and cost per candidate fees are paid annually by the Intern Training Providers and the CPD Accrediting Organisations. These accredited training organisations build the fees into the training costs, which are calculated with their accreditation cycles in mind. This system currently works well as it allows for efficient planning by providers. It is important that future changes to those fees are not introduced during a current cycle so that organisations are not disadvantaged due to timing.

Relevance and Responsiveness (Issues 9 – 18)

The Guild supports the current model of pharmacy accreditation as it provides a comprehensive background in theoretical knowledge and practical application. Pharmacy interns are given the opportunity to observe, ask questions, solve problems and practise counselling patients in a supportive environment before bearing the responsibility of being a fully-registered pharmacist.
Incorporating a required period of ‘supervised practice in the form of an internship year in addition to the national examinations ensures that pharmacists are tested on both clinical knowledge and their ability to perform to accepted competency standards in the workplace. While the existing systems could be streamlined or improved, removing either the theoretical or practical components could reduce pharmacy interns’ work-readiness levels. Additionally, removing the national examination system would place a greater burden on preceptors and training organisations who would be required to assess the interns more rigorously.

The Review also asks how work-readiness should be defined. The Guild considers work-readiness to mean the ability to work in a self-sufficient and competent manner and possess the capability to understand and manage the stresses and challenges of work.

Pharmacy students in Australia undertake a four year Pharmacy degree, which has been aligned with the Tertiary Education Quality and Standards Agency (TEQSA) since its inception. This degree involves completion of various modules in medicinal chemistry, pharmacology, pharmaceutics, and pharmacy practice where this knowledge is applied in a clinical setting. Following the completion of studies, pharmacists must enrol in an Intern Training Program and complete a minimum of 1,824 hours of supervised practice (152 hours of this must be under the supervision of an approved Pharmacy Board preceptor). During the year of supervised practice, interns must pass national written and oral exams before applying for general registration.

The discussion paper raises issue with having one entity both creating programs and conducting the assessments. As evident in the table below, the APC is involved with pharmacy degrees and the written exam. However AHPRA runs the oral exam which tests the candidate’s knowledge and ability to make sound judgements in practice situations and is marked on the following criteria¹:

- Has the patient been dealt with in a way that will minimise any potential risk to which he or she may be exposed?
- Has the patient’s therapy been optimised? (e.g. Has the patient been supplied with sufficient advice and information to ensure that he or she knows how to take or use the medication effectively?)
- Has the patient been caused any harm by an action, including an omission, or by a decision of the candidate?
- Has the candidate demonstrated their ability to practise professionally?
- A pharmacist’s overall performance including commitment to patient safety, professionalism, knowledge of the law, professional ethics, and use of appropriate language is also taken into account.

The current Australian system is similar to the models seen in the UK, New Zealand, Canada, the United States, and Ireland:

<table>
<thead>
<tr>
<th>Country</th>
<th>Activities leading to general registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>Accredited Pharmacy Degree (APC) 1 year supervised practice (internship) Intern written exam (APC) Intern oral exam (AHPRA)</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>Accredited Masters degree in pharmacy Internship One Year Intern written exam</td>
</tr>
<tr>
<td>New Zealand</td>
<td>Accredited Pharmacy Degree 1 year supervised practice (internship) Intern written exam Clinical OSCE Exam</td>
</tr>
<tr>
<td>Canada</td>
<td>Accredited Pharm D degree Internship (province based) National Written Exam Clinical OSCE Exam</td>
</tr>
<tr>
<td>United States</td>
<td>College prerequisite Accredited Pharm Degree National Written Exam State-based jurisprudence exam</td>
</tr>
<tr>
<td>Ireland</td>
<td>Accredited Masters degree in pharmacy 1 year supervised practice (internship) National Written Exam Clinical OSCE Exam</td>
</tr>
</tbody>
</table>

¹ Pharmacy Board of Australia, ‘Pharmacy Oral Examination (Practice) Candidate Guide’, 2015
Regarding the issue of transparency of examination results, the Guild believes that improving access to data and feedback would benefit candidates and encourage continuous improvement for training providers and workforce planners. While the APC does provide intern training providers with a summary of the national average results vs the average results of the interns in their program, the interns themselves are only able to get an overview of their percentage results for each section of the written exam, no further summaries of what specific questions they got incorrect and this has been a cause of frustration for some interns.

On the other hand, the Pharmacy Board’s oral examination does not provide any summary/guidance regarding their interns’ performance in the oral examination. The Guild considers that the feedback to the intern training providers on the success or otherwise of their program would enable them to continually improve. For example, the Guild is aware of a case where a number of interns failed their examination and the training provider was concerned that it had been a deficiency in their course but the lack of feedback made it difficult to institute improvements.

In addition, candidates are unable to access recording of their oral examination, which has been a source of frustration and does not represent best practice for this kind of assessment. The only record available to them is the reviewer’s notes that are taken during and directly after the examination, which makes it difficult for unsuccessful candidates to appeal if they believe their answers were misheard or feel that they were not given all of the information by the examiner.

The Guild believes that better communication between accredited training providers and assessors is essential for continuous improvement for training providers and would be of benefit to candidates. The Guild would be very supportive of any measures leading to increased transparency between education providers and national examination providers (both the APC and the Pharmacy Board).

Furthermore, students’ national enrolment data in each year of university should be available to stakeholders to assist with the workforce planning.

*Time between sittings of oral examination, when a re-sit is required*

In cases where candidates fail, there is a three month period before they are able to make another attempt. This can place pressure on employers who cannot keep a provisional registrant, meaning that intern would need to find temporary employment while awaiting their next attempt at the examination. The Guild acknowledges the importance and validity of the examination and that some candidates who unsuccessfully attempt the exam may require the additional three months of practical experience before re-sitting. However, there should be some flexibility or an ability to re-sit the examination within a shorter time period if appropriate, based on risk assessment consistent with safety and clinical outcomes.

*Role of the Ministerial Council (Issues 28 – 29)*

The Guild understands that the COAG Health Council formed in 2013 has policy oversight for AHPRA and other health discipline accreditation systems. The Guild agrees with the strategic focus of the Ministerial Council on health workforce to ensure adequate supply and distribution of health services nationally, as future planning is essential to the well-being of Australians, particularly in rural and remote locations. However, interventions by the Ministerial Council to accreditation standard should only be made with input from the professions.

*Assessment of overseas health practitioners (Issues 32 – 35)*

The Guild believes that the current processes for having qualifications assessed for skilled migration visas by the APC is effective and align with those for registration that are conducted for pharmacy practitioners under NRAS.