Dear Professor Woods,

RE: SHPA response to the Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions

Thank you for the opportunity to respond to the Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions. Our members are pleased to have the opportunity to provide comments on the accreditation of education of pharmacists in Australia.

The Society of Hospital Pharmacists of Australia (SHPA) is the national organisation for pharmacy professionals working in hospitals and other healthcare settings, with more than 4,400 pharmacists, pharmacist interns, students, technicians and associates working across Australia. SHPA members are progressive advocates for clinical excellence, passionate about patient care and committed to evidence-based practice.

SHPA believes national pharmacist registration and pharmacy education accreditation have been effective in delivering benefits for pharmacists and public safety in recent years. Consistent accreditation of pharmacy education has supported the delivery of quality education in areas with resource limitations, whilst the removal of state registration requirements has been a boon for a mobile pharmacy workforce. The implementation of national education accreditation standards has also provided independent leadership for the pharmacy profession and high levels of clinical skill for the benefit of patients.

Along with other healthcare professions, pharmacy faces important workforce challenges if it is to continue to have the capacity and capability to respond to an ever-changing healthcare environment. Challenges of development, distribution and quality use of medicines can only be met with an adaptable pharmacy workforce, one that fully deploys its knowledge, skills and abilities in collaboration with other health stakeholders.

As the fourth largest registered healthcare profession at 30,3681 registered practitioners, forward planning to ensure the pharmacy workforce can meet the ever-changing needs of patients and the future health system, is crucial. Like other clinical professions pharmacy benefits from clear and consistent accreditation of the skill and expertise of its practitioners. The rigour of pharmacy accreditation is no doubt one reason the profession is held in high esteem by the wider community (86% rated pharmacists as an ethical and honest profession)2 as well as by stakeholders in the healthcare system.

For the purpose of making an effective contribution to the NRAS consultation process SHPA has chosen to respond to several thematic section of the consolidated list of issues rather than each individual question. As a membership body rather than an educator some questions relating to process or governance were outside our scope of expertise. Please see below for discussions of key points.
Addressing the consolidated list of issues
1-7. Improving efficiency

Accreditation standards
As a small but significant section of a growing workforce, our members, who work in hospital and other healthcare settings, utilise the accreditation services provided by the Australian Pharmacy Council (APC) and obtain registration through the Pharmacy Board of Australia (PBA) under the auspices of AHPRA.

SHPA supports the role of an independent accrediting authority utilising the expertise of the profession to evaluate and accredit education courses. This engagement of the profession in the accreditation of education for the workforce enables effective advocacy relating to the standards of clinical skill appropriate for the profession, informed by the most relevant experts – clinicians working as employees and employers. Without this professional leadership universities may deliver courses that might not meet professional expectations and result in graduates who are not ‘job-ready’.

SHPA believes that the use of an independent accreditation authority has enabled a focus on quality in the delivery of pharmacy education, as appropriate for clinical training which supports a wide range of roles. International examples exist of other ways of achieving this and are also possibly considerations. Our members are concerned that a drive for increased efficiency might result in the loss of professional equity and diversity. The agility of an independent operator has also been beneficial in enabling it to respond to the changing professional environment of pharmacy. A more standardised approach may not be able to respond to the needs of employers or the evolving models of care. For these reasons, although greater consistency and commonality in the development and application of accreditation standards is appealing, SHPA supports the continuation of the current standalone model of pharmacy education accreditation.

SHPA values accreditation of the high-level skills of our membership, and has previously supported the profession-wide Advanced Practice initiative, and the Advanced Practice national credentialing program. Similarly we have invested in the establishment of SHPA residencies which aim to support early career pharmacists to build their competencies in areas of speciality practice such as Oncology, Cardiology, Surgery, General Medicine, Emergency Medicine and Paediatrics. These programs aim to recognise that pharmacy expertise continues to accumulate after graduation. Due to the structures of hospitals most hospital pharmacists specialise in an area of specific expert care over a period of two – five years. Accreditation of these advanced areas is outside the scope of the current NRAS but would send a strong message to the workforce about the value of high-level skills.

Training and readiness of assessment panels
SHPA supports the assessment of education programs which includes the use of individual evaluators participating in site evaluation teams. We believe this ensures appropriate representation of professional expertise and encourages greater adherence to the development of clinical skill for the benefit of the Australian community. SHPA recognises
that accreditation does not need to be performed by pharmacists to be effective, and greater use of non-pharmacists may reduce any real or perceived conflicts of interest.

8-18. Relevance and responsiveness

Input and outcome based accreditation standards
SHPA supports the use of outcome based accreditation standards to drive relevant and responsive pharmacy education which advances the profession. We also support the continued measuring and reporting of inputs as part of the methodology.

Health program development and timeliness of assessment
A common approach to the development of professional competency frameworks could be useful in supporting the involvement of consumers and other stakeholders. However professional competency frameworks typically include considerable detail directly related to the clinical practice undertaken by the profession on a daily basis. Significant risk is possible if key practice information is omitted as part of broadening the content or making it accessible for non-clinical audiences.

Inter-professional education, learning and practice
Recent moves by some institutions to integrate pharmacy faculties with other health and medical faculties highlight the changing educational expectations involved in building the modern multidisciplinary team. Similarly the development of shared accreditation standards with common health professional elements, overlaid with profession-specific requirements, recognise the value of greater clinical collaboration, improved relationships and patient-centric care. The benefits of this integration must be balanced with the need to ensure health outcomes are prioritised. Education outcomes should continue to ensure the delivery of cognitive services is not disadvantaged by a demand for high-volume dispensing skills. This would be a disadvantage for the pharmacy workforce as they seek to provide greater support to the healthcare system.

Pharmaceutical workforce development goals presented by the International Pharmaceutical Federation identified 13 principles to support impactful global development. In the field of Professional Development these included: advanced and specialist expert development; competency development; leadership development; service provision and workforce education and training and working with others in the healthcare team. Addressing these areas of development is core to furthering pharmacy’s future workforce and its ‘fit’ with other areas of healthcare and inter-professional engagement. We recognise that these are not all pharmacy-specific skills, nor necessarily require a pharmacist to deliver them.

Clinical experience and student placements
Experiential learning, as delivered in clinical placements, is key to the delivery of work-ready graduates especially in relation to the development of inter-professional skills. In partnership with National Australian Pharmacy Student Association (NAPSA) in 2016 SHPA stated that a three-week student placement in a hospital during the third or fourth year is an essential part of pharmacy undergraduate education. Just as all doctors and nurses undertake experiential final year placements, SHPA believes that all pharmacy students should gain
experience in a clinical environment. We acknowledge that this would require further investment in hospital capacity to deliver experiential placements to all students.

**The delivery of work-ready graduates**

SHPA believes supervised practice is a key component of ensuring a work-ready graduate. Medicines are an extremely complex and high risk product and medicine misuse already takes a considerable toll upon the community. Pharmacy internships are undertaken in both community and hospital settings, and the final registration examinations effectively ensure the quality of the pharmacist workforce, and support the safety of the community. They also provide engagement with the expanding scope of practice in a safe environment far quicker than the development and delivery of university curriculum. Ensuring the completion of an internship before registration for pharmacists enables community confidence that learning undertaken in an academic environment has been effectively transferred into practice for the benefit of patients.

**National examinations**

Australian intern pharmacists undertake three national examinations before they are able to register with the Pharmacy Board of Australia (PBA). Two of these are managed by APC and one by PBA. SHPA believe the combination of expertise and skill tested through these national examinations is important for the quality training of the workforce and should not be omitted in favour of greater accreditation. The examinations complete the process of experiential learning undertaken in the internship year, which directly contribute to ensuring patient safety and quality care. SHPA believes it is appropriate that Australian pharmacists meet the same requirements as pharmacists in comparable countries where national examinations are common.

19-37. **Producing the future health workforce**

**Independence of accreditation and registration**

SHPA supports accreditation operations drawn from the profession and broader community.

**Setting health workforce reform priorities**

The Ministerial Council plays a key role in ensuring health workforce development is aligned with national healthcare strategy and is therefore appropriate to endorse accreditation standards. However there would be value in greater information gathered about the workforce in relation to employment trends and forecasts and the use of this data to inform pharmacy workforce development through the combined actions of the Pharmacy Board and the Australian Pharmacy Council, and in turn to inform university intakes. Looking forward the Ministerial Council could direct the organisational priorities of funded organisations to ensure the relevance and responsiveness of health education, and help guide the creation of the health workforce Australia needs.

**Assessment of overseas health practitioners**

The assessment of overseas pharmacists appears to be rigorous and robust, which is to the benefit of the Australian community. However SHPA is aware that many qualified pharmacists are unable to meet the requirements of assessment partly due to the difficulty of
obtaining internships to complete their assessment. In some cases this may result in competent professionals remaining in lower-level technician roles rather than being able to register as pharmacists. SHPA is unsure how the assessment of overseas applicants by APC is connected, if at all, with the policies informing workforce development and demand.

The national accreditation of pharmacy education remains a key area of importance for SHPA. Our members support the development of a highly skilled and valued workforce with the capacity to ‘step up’ to the challenges of an ageing population and work as part of a multidisciplinary team. Significantly, the accreditation process must enable this in a transparent and tangible way. Regardless of structure, the role accreditation fulfils is an essential one, and we welcome the attention of COAG’s Health Council.

We look forward to hearing more from the Review Team in relation to the Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions, and would welcome the opportunity to discuss this submission more fulsomely.

Yours sincerely,

Michael Dooley
Federal President

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