Submission to the Australian Health Ministers’ Advisory Council

Review of the National Registration and Accreditation Scheme for health professions

Purpose

The Pharmaceutical Society of Australia (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 (the ‘Board’) and the Australian Health Practitioner Regulation Agency (AHPRA).

About PSA

PSA is the peak national professional pharmacy organisation representing Australia’s 28,000 pharmacists\(^1\) 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).

Key recommendations

1. PSA believes it is paramount that the NRAS strengthens its relationship with state and territory governments. From a pharmacy profession perspective, issues regulated by jurisdictions which are fundamental to professional pharmacist practice include the availability and handling of drug and poisons and the operation of pharmacy premises.

2. In relation to the notification system, PSA supports changes to provide better clarity through provision of a single entry point for notifications and improved communication to health practitioners and consumers on timeframes, progress and outcomes.

3. PSA supports the proposed national adoption of exemption provisions for treating practitioners currently in place for Western Australia and Queensland, noting that the impact on AHPRA costs and patient outcomes has yet to be fully articulated.

4. While noting that the conduct of unregistered health practitioners is outside the remit of the NRAS, PSA believes that the potential flow-on impact of health practitioners deregistered from the NRAS should be a relevant consideration for AHMAC. In this context PSA recommends that AHPRA and the relevant National Board, in partnership with professional organisations, strengthen efforts to educate on professional responsibilities and accountability and continue to raise the bar of overall health practitioner standards.

5. In the interests of future health workforce development and reform, PSA recommends that respective health professions’ Boards have joint discussions or planning meetings with professional organisations such as PSA. Topics for discussion could include, for example, evolving scopes of practice, cross-professional issues, collaborative arrangements between health professions, consistency in common competencies across professions and strategic discussions of innovative healthcare models.

6. PSA has no objections to the proposed re-establishment of the Australian Health Workforce Advisory Council (or similar body) provided there is identification and agreement of a clear role and remit of such a body including key performance measures.

7. PSA would welcome more timely communication from the accreditation authority prior to the release or implementation of any new or revised documentation or requirements particularly in relation (but not limited) to matters affecting intern pharmacists and preceptor pharmacists.

8. PSA strongly recommends AHPRA and the Pharmacy Board to proactively work in partnership with professional organisations such as PSA. While it is acknowledged this is not a requirement under the National Law and that the Board’s role is protection of the public rather than enhancement of the pharmacy profession, we believe good professional practice and ethical behaviour are directly relevant to ensuring patient safety through the delivery of consistently high standards of care.
General comments

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.

The Consultation paper reflects on some of the early limitations of the NRAS. PSA can report that some pharmacists did have negative experiences during the establishment phase of the NRAS. These could be regarded primarily as administrative problems, however they had a significant impact on a cohort of the pharmacy profession.

For example, the process to transition from a provisional registration category to general registration did not occur in a timely manner for a substantial number of intern pharmacists who were completing their supervised practice requirements and final registration examinations in mid-2010. This resulted in significant anxiety and stress and unnecessary financial burden for those affected as they could not practise legally without confirmation of acceptance as a general registrant.

Other pharmacists also experienced significant delays through similar administrative problems later in 2010 at the time of registration renewal. During this period, communication from AHPRA to registrants and organisations such as PSA was ad hoc, sporadic or non-existent.

In more recent times the operation of the NRAS seems to have settled into a routine and appears to be functioning better overall from the pharmacy profession’s perspective.

Comments on specific issues

Relationship with state and territory governments

The Consultation paper (p. 5) identifies one important aspect of the NRAS as being the setting of a minimum standard of professional practice nationally without requiring standardisation of all other elements of health regulation in the states and territories. However, as noted in the paper, many issues already require state or territory input or oversight and will continue to do so, for example, co-regulatory arrangements in the management of notifications which exist in some states, and the need to respond to the broader health workforce reform agenda.

The regulation of drugs and poisons is also currently state- and territory-based. This is a key issue for pharmacists in particular, but also for other health professionals whose scope of practice includes the prescribing or administration of medicines. The NRAS has made health professionals more mobile from a professional registration perspective. However greater mobility across state or territory borders also means practitioners must be in tune with more rules and regulations at state or territory level affecting medicines and other therapeutic goods. While fundamental issues around professional practice may be consistent irrespective of geographical location, any variation in relation to drugs and poisons legislation is an additional professional practice consideration for pharmacists and many other health practitioners.
Thus, PSA agrees it is paramount that the NRAS maintains and strengthens its relationship with state and territory governments.

**Cost effectiveness of the NRAS**

The Consultation paper (p. 10) provides three options in relation to balancing the regulatory costs of the NRAS in the future. The design of these options is reportedly based on an assessment of the size and risk profile (extent of notifications with potential impact on community safety) of the health professions and the finding of two clear categories — high regulatory workload professions consisting of medical, nursing and midwifery, psychology, pharmacy and dentistry which account for 87.5% of registrants and 95.5% of complaints and notifications, and the remaining nine professions which are considered to be low regulatory workload professions.

Apart from Option 3 which would maintain current arrangements, the other options primarily impact on the low regulatory workload professions which do not include the pharmacy profession and therefore PSA is not in a position to provide the best advice.

However, a view PSA expressed in 2009 was that the establishment of the NRAS should result in the removal or minimisation of duplication in processes and functions, and also create efficiencies in the regulatory system while maintaining or enhancing quality and safety of health services. PSA believes these points remain relevant in the context of this review and the future of the NRAS.

**Complaints and notifications**

**Notification system**

The Consultation paper lists a number of concerns around the management of notifications under the NRAS (p. 12). While all of these issues need to be improved upon or resolved in the longer term, PSA believes any structural or communication barriers warrant priority attention for both health practitioners and consumers.

It may not be unexpected that health practitioners place a greater emphasis on registration-related requirements and are less informed about notification processes. However, practitioners need to be alert to their professional obligations around voluntary or mandatory notifications, and may also find themselves in a position where they need to assist health professional colleagues or consumers in preparing a notification to be made.

Making a notification is likely to be a stressful event for any prospective notifier (health professional or consumer). For a consumer, this stress compounds the particular negative health service experience they have already had and which forms the basis of the notification.

Anecdotally, PSA believes that some consumers are discouraged from making a notification as they do not fully understand the system in place and find it daunting to seek assistance. It should not be up to the notifier (particularly a consumer) to understand the diversity or intricacies of the notification system.

Thus, clear communication is required on matters including an overview of the notification process, the role and responsibility of the notifier, and indicative timelines for decisions. Provision of information upfront to consumer notifiers about the type of information or level of detail that can
or cannot be shared regarding the status, progress or outcome of a notification may lessen the confusion, frustration or dissatisfaction that has apparently been reported (p. 17).

PSA believes that a single entry point for notifications would provide clarity for notifiers (particularly consumers) and contribute to an efficient and effective notification system. However, given the current expense on notifications already represents a significant proportion of the total operating costs for AHPRA, further analysis of Option 1 (retaining the existing configuration of notifications handling but improving the process via a range of administrative and legislative changes) and Option 2 (adopting a co-regulatory approach to manage complaints and notifications, along the lines of the Queensland Health Ombudsman model) or consideration of any other options (but not the status quo) may be warranted.

Terminology

The lack of clarity and confusion around the use and meanings of the terms ‘notification’ and ‘complaint’ is discussed in the Consultation paper (p. 16). Although there are explanations about these terms on the AHPRA web site, the use of both terms may perpetuate confusion for consumers and add to the difficulty they experience in navigating through the notifications process.

Mandatory notifications

During the establishment of the NRAS, PSA expressed its concerns about the proposed parameters for mandatory reporting. While supportive of mandatory reporting from a patient safety perspective, the possibility of health practitioners feeling discouraged from seeking early medical or non-medical advice or peer support was raised. It was also felt that there may be negative implications (e.g. a penalty or disincentive) for the treating health practitioner which could result in the provision of advice or support to an affected practitioner being withheld or delayed. Such an outcome could be harmful to the affected practitioner as well as the public.

There are two options provided in the Consultation paper (p. 32–33), one of which is to maintain the current arrangements which have been identified to have inconsistencies from a national perspective. PSA supports Option 2 which proposes the national adoption of exemption provisions for treating practitioners currently in place for Western Australia and Queensland. However, PSA notes that the impact on AHPRA costs and patient outcomes has yet to be fully articulated.

Impact of deregistered health practitioners

The NRAS may be considered to provide due process and appropriate rigour in relation to ensuring health practitioners who are deemed unfit to practise do not continue to pose a safety risk to the public. This is achieved under the National Law by restricting, suspending or cancelling the practitioner’s registration. It is clear that the NRAS has a process in place to monitor practitioners who have conditions or undertakings in place. However there does not

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appear to be any such requirement with respect to practitioners whose registration has been cancelled.

It is acknowledged that the conduct of unregistered health practitioners (regardless of whether they were previously registered under the National Law or not) is outside the remit of the NRAS. However, PSA believes that the flow-on impact on the Australian public arising from the likely or possible conduct of recently deregistered practitioners warrants consideration by AHMAC.

PSA is aware of reports of several concerning scenarios where a deregistered health practitioner has continued to pose inappropriate risks to the public through dangerous health service-related conduct. Some of these real-life incidents were raised in the context of the consultations on the proposed National Code of Conduct for unregistered health practitioners which is referred to in the Consultation paper (p. 26). One case allegedly involved a deregistered practitioner who relocated to another state and operated a business providing expensive products to vulnerable patients by making false representations about their therapeutic benefits.

In our submission to the National Code of Conduct team, PSA stated its support on the Code being applied to:

- registered pharmacists who provide a health service that is unrelated to their registration under the NRAS;
- previously registered pharmacists who have been deregistered; and
- unregistered pharmacists.

This was based on PSA’s desire, in the interests of public safety, to ensure that members of the pharmacy profession would be accountable for their actions within the health sector under any circumstance, including when the National Law did not apply, or no longer applied, to them.

If there is to be a continuum between a health practitioner’s accountability under the NRAS and any obligations under a National Code of Conduct, it is vital that the impact on pharmacists and other health professionals is considered carefully. In this regard, PSA is able assist the Board and AHPRA to provide or re-iterate professional registration-related messages to pharmacists, and generally work collaboratively to inform the pharmacy profession about its responsibilities and obligations.

It is also likely that an initiative to educate consumers would be necessary given they are already challenged in understanding the AHPRA framework, particularly around complaints and notifications (p. 17).

**Advertising guidelines**

PSA notes that the revised *Guidelines for advertising regulated health services* were released in May 2014. Following this recent update and clarification of many issues within the guidelines, PSA has not been made aware of any new concerns in relation to advertising by pharmacists.

With regards to the options presented on the use of testimonials (p. 27), PSA notes that the objective is to ensure restrictions on advertising to protect the public from harm are “efficient, effective and fair” in the context of the guiding principles of the NRAS.
PSA believes that removing the ban on testimonials is likely to be regarded by pharmacists as the least acceptable option given that this relates to health service provision. Option 3, therefore, is not supported.

When presented with Options 1 and 2, pharmacists have indicated a degree of support for both. Some people were attracted to Option 2 given the prospects of greater clarity around the use of testimonials. However this was balanced by recognition of the likely difficulties in formulating advice on ‘grey areas’ which may add confusion or leave things open to interpretation. This could limit any potential benefits while still incurring any associated implementation costs.

Some pharmacists expressed support for Option 1 (status quo; continued ban on testimonials), not necessarily because they selected this as the best option but more in recognition of the disadvantages to Option 2 (explained above). In the context of Option 1 it was also noted that social media and related forums are likely to continue to evolve and this may present challenges in regulating testimonials into the future.

**Workforce development and reform**

In the interests of future health workforce development and reform, PSA believes that the respective health professions’ Boards should have discussions and/or joint planning meetings with professional organisations such as PSA. Issues such as extension or expansion of professional competencies (including identification of any limitations), evolving scopes of practice, cross-professional issues and collaborative arrangements between health professions are several topics that could be considered.

Areas where common competencies logically apply across professions, broader discussion may be warranted to ensure uniformity and consistency. One example is the national core competencies for the provision of immunisation services.

New or innovative models of healthcare may also warrant early cross-professional strategic discussions in order to maximise the collaborative contributions of health practitioners and benefits to consumers. For example, PSA is currently working with the Australian Medical Association on the development of a model to enhance patient care and to better support a more integrated role for pharmacists to work in general practice clinics as part of the primary care team. Broader discussion around similar initiatives would be beneficial in terms of future workforce development and planning.

PSA has no objections to the proposed re-establishment of the Australian Health Workforce Advisory Council (or similar body) as outlined (p. 7). However, we believe there must be identification and agreement of a clear role and remit of such a body including key performance measures. We suggest that some of the functions and objectives of the former Health Workforce Australia may be suitable for inclusion, in consultation with the department where the functions have been transferred to. There is certainly a need to continue to collate and analyse health workforce data and to undertake future workforce planning.

**Accreditation authority**

PSA interacts with the pharmacy profession’s accreditation authority, the Australian Pharmacy Council (APC), on many aspects including in relation to the delivery of continuing professional development activities as well as a National Intern Training Program. In this context, PSA would
like to see improved communication from the accreditation authority and believe this will assist pharmacists and interns in particular, but would also have flow-on benefits to other bodies.

In relation to PSA’s National Intern Training Program, staff members have reported that there is ongoing lack of communication in relation to the release of new versions of documents or updates to forms or guidance documents often retaining the same title or form number. Understandably this has made it very time consuming for PSA to ensure that members and interns are being informed and provided updates on current information.

PSA believes it is paramount that stakeholders are provided with timely notice of any new or revised documentation or requirements as any advice from APC, the Pharmacy Board or AHPRA can have legal implications. The advice could be in the form of a media release, clear identification on the forms or documents of the relevant amendments or an alert on the web site where such documents or forms reside.

Early 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 accreditation authority.

The consultation paper raises the issue of accommodating multidisciplinary education and training environments with coordinated accreditation processes and considering future practitioner skills and competencies to address changes in technology, models of care and changing health needs (Question 22, p. 36). PSA believes these issues require broader consideration by the profession, not just limited to the accreditation authority.

**Role of professional organisations**

It is acknowledged that the role of professional organisations such as PSA is not within the scope of the National Law. However, the core issues underpinning the registration of pharmacists such as scope of practice, maintenance of competencies, fitness to practise, professional behaviour and ethics are all key areas relevant to PSA as a professional organisation and the support it provides to pharmacists.

PSA has a standards-setting role for the pharmacy profession and develops resources for pharmacists including professional guidelines, practice standards and a code of ethics. PSA is also the custodian of the competency standards on behalf of the pharmacy profession. In addition PSA is a key deliverer of continuing professional development education and training programs, a national intern training program and other qualifications.

PSA believes that there are opportunities where a health profession’s National Board and professional body could and should work more proactively in partnership to deliver initiatives on professional practice issues. PSA has a good working relationship currently with the Pharmacy Board but would be keen to enhance collaborative opportunities. We believe this type of collaborative partnership can strengthen the profession and enhance professional practice and health service delivery as well as patient safety, ultimately leading to better protection of the public.
Summary

Overall, PSA agrees that there have been substantial achievements through the implementation of the NRAS. PSA believes it has always been acknowledged that an iterative process will be required to review and improve on the NRAS. As the professional organisation for pharmacists, PSA would be pleased to discuss future opportunities for collaboration to help AHPRA and the Pharmacy Board meet the objectives of the NRAS.

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

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