Accreditation standards for Aged Care and Medication Management Review (MMR) Pharmacist training programs

Areas of consultation and questions

The Department of Health and Aged Care has engaged us to develop accreditation standards and a new accreditation system for the training of pharmacists who work on-site in aged care facilities and conduct comprehensive medication management reviews.

This survey has been prepared to obtain feedback on the draft Accreditation Standards. Please refer to the draft standards and consultation paper.

Please provide feedback in the text boxes provided for each designated area of consultation.

We would first like to know a bit about you in case we need to contact you to clarify any of your feedback...

Full name	Jerry Yik
Email address	jyik@shpa.org.au
Contact phone number	0424 087 068

If you are providing this feedback as a representative of an organisation, please specify the organisation(s) and your role:

Society of Hospital Pharmacists of Australia (SHPA)

Which of the following represents your interest in pharmacists working in aged care facilities and/or conducting medication management reviews? (select all that apply)

☐ a consumer/patient

☐ a pharmacist

☐ a pharmacy student or intern

☐ an accredited pharmacist

☐ working in community pharmacy

☐ working in hospital pharmacy

☐ working in a residential aged care home

☐ working in pharmacy education

☐ *another health professional (please specify below)

☑ a representative of a pharmacy organisation

☐ a representative of another health professional organisation

☐ a representative of an education provider

☐ a representative of a government organisation

☐ a representative of a consumer organisation

☐ a representative of a regulatory organisation

☐ a representative of an aged care organisation/provider

☐ *other (please specify below)

*please specify your answer if applicable

4.1. Structure, applicability, and future proofing

The accreditation standards have been structured into five domains, with a standards statement and criteria for each domain. A statement of intent has been provided to assist your understanding of the purpose of each criterion.

The draft standards are aligned to the existing accreditation standards for pharmacy programs and intern training programs.

We propose that this structure is continued for the standards for Aged Care Onsite Pharmacists (ACOP) and Medication Management Review (MMR) training programs.

Question 1:

Do you consider that the draft accreditation standards criteria are applicable to post graduate training programs where a pharmacist will have already met the requirements through existing training and professional obligations as a registered health practitioner?

> SHPA has provided a response to this question via stakeholder forums and Stakeholder Reference Group.
>
> SHPA believes that not *all* draft accreditation standards criteria are applicable to post graduate training programs where a pharmacist will have already met the requirements through existing training and professional obligations as a registered health practitioner with the Australian Health Practitioner Regulation Agency (AHPRA).

Question 2:

Which criteria are not applicable, or require amendment, and why?

> SHPA believes that some of the proposed accreditation standards criteria relating to safe and socially accountable practice in Domain 1 are not in fact applicable to registered pharmacists who are already professionally obligated to practice in a safe and socially accountable manner.
>
> SHPA has provided a response to this question via stakeholder forums and Stakeholder Reference Group.

4.2. Terminology

Various terminology has been used historically to describe pharmacists qualified to conduct MMRs, such as 'consultant pharmacist' and 'accredited pharmacist'.

To reduce confusion and provide clear distinction between the roles of APC, training providers, programs and graduates, it is proposed that the terminology used to describe programs and graduates be amended as follows:

Accredited – refers to training programs only (currently used to describe pharmacists who have completed the MMR training and assessment requirements)

Credentialed – refers to individual pharmacists who have completed the accredited training program and ongoing requirements of the provider of accredited training

Question 3:

Do you agree with the proposed terminology as described above? Please explain your answer.

The Society of Hospital Pharmacists of Australia (SHPA) is the national, professional organisation for the 6,100+ Hospital Pharmacists, and their Hospital Pharmacist Intern and Hospital Pharmacy Technician colleagues working across Australia's health system, advocating for their pivotal role improving the safety and quality of medicines use. Embedded in multidisciplinary medical teams and equipped with exceptional medicines management expertise, SHPA members are progressive advocates for clinical excellence, committed to evidence-based practice and passionate about patient care.

SHPA supports the proposed terminology for training programs being referred to as 'accredited' and trained pharmacists as 'credentialed.' The term 'credentialled' is an overarching term suggesting that an individual has undertaken an accredited training program, however, in order to future proof this term and ensure it is applicable to other training associated with expanded scope of practice, there needs to be additional titles to clarify what it is that the pharmacist is credentialed in e.g., Credentialed Aged Care and MMR pharmacist.

4.3. Governance and quality

The quality of training is achieved through appropriate governance, structures and processes of the provider of an accredited program.

Program sustainability is an important component of accreditation, not only for the education provider, but for the learner who has enrolled and expects to complete the training.

Higher education providers can register with national education quality and standards bodies which will assess that they have appropriate organisational governance in place to maintain sustainability of the organisation to continue to deliver the program and protect learners' rights.

Question 4:

If an education provider is not registered with a national education quality standards body, how else can they demonstrate their capacity for ongoing sustainability, and be accountable for protecting learner rights?

Education providers who are not registered with a national education quality standards body should be required to demonstrate that they provide other ongoing education courses that are developed with learning objectives and meet learner needs. They should also provide evidence of documented and applied policies and procedures to demonstrate the quality of education they uphold and their process for managing conflict of interest. Provision of annual reports for a specified period might also be necessary to demonstrate sustainability of the education provider.

These are some documents that may required as evidence of the organisation's capability for provide ongoing and quality learning whilst protecting learner rights:

- Organisation's mission statement and raison d'être.
- Organisation's ABN.
- Details on the organisation's membership and affiliations.
- Organisation's conflict of interest policy and privacy policy.
- Organisations procedure for handling grievances / complaints.
- If required, the organisation's anti-discrimination policy.

4.4. Work Integrated Learning (WIL)

A period of WIL provides context to the development of competence in the area of training, that is, providing a place to apply knowledge, skills and competency gained through training to real-life practice.

There are various examples of WIL that are used in training and education such as placements, supervised practice, shadowing or observation, case-based discussion, videoconferencing, simulation and induction processes.

Question 5:

Should these training programs be required to include an element of WIL and what could it look like?

Yes. Work Integrated Learning (WIL) is the best way to learn and simultaneously develop both knowledge and real-life experience. WIL must be mentor lead and supervised by suitably trained and well supported leaders.

Whilst there is value in face-to-face WIL as is the case in the pharmacy internship year, there needs to be a high level of flexibility in the design of WIL for this training program to accommodate for workforce capacity issues, geographical distribution of learners, and the fact that most learners will be registered and practicing professionals. Given these factors, WIL should not act as a barrier for pharmacists becoming credentialled. Other models of WIL that could be considered include video conferencing and case-based discussions group online sessions.

Core competencies for WIL that are relevant to both aged care on-site and medication management review (MMR) pharmacist roles should be identified, and additional modules offered to tailor the skills and knowledge necessary for the role a learner is being credentialed for.

It is worth noting that WIL accrues significant additional costs for both public and private businesses which must be accounted for when embedding it into any training program.

There needs to be a clear understanding of costs associated with WIL, to ensure consistency and quality across training programs. These costs must not be absorbed into current health service activities as this will not be a sustainable model and does not contribute to quality and consistent WIL experiences. It will also be a barrier for many health services to offer WIL for learners, limiting capacity and resources to deliver the training program.

Current experiences and significant variability of implementation, resourcing and cost reimbursement with undergraduate pharmacy student WIL programs across accredited university programs, has contributed to inconsistent teaching, supervision and mentoring quality, and the overall value to the student. These experiences and variability have also carried over to pharmacy internships.

Question 6

What are the potential barriers, risks and benefits of WIL within the training programs?

Barriers/risks:

- The role of an aged care on-site pharmacist is not yet well established which poses a challenge for training providers to source suitable sites for learners to undertake WIL. As an additional option, training providers could consider allowing learners to leverage off their own networks and source their own WIL sites, providing evidence that the suggested site meets the necessary criteria and standard.
- Given that the aged care on-site pharmacist role is new, another challenge is identifying a sufficient number of experienced pharmacists to support WIL for those undertaking the training. If only a small number of pharmacists are considered suitable to support WIL for learners completing their training and if the demand on their services is high, this may lead to burnout in these health professionals.
- If not designed to be flexible and accommodating of the learner's personal circumstances, WIL may act as a barrier to uptake of the program and expansion of this workforce.
- The Standard must ensure quality, and equitable learner opportunities and experiences of learners undertaking WIL across all training providers to support standardisation of the quality of training being delivered and learners being credentialled.

Benefits:

- WIL gives learners an opportunity to familiarise themselves with the environment they will be practicing and attempt to apply theory and knowledge obtained in training to real life scenarios.
- WIL builds confidence which is essential if the role is to be undertaken by professionals practicing in isolation (not with other pharmacists).
- WIL also provides learners with an opportunity to observe how other experienced professionals practice and build relationships with potential future employers.

Question 7:

What would be the expected outcomes for the learner of a period of WIL?

Learners having undertaken a period of WIL would be expected to demonstrate:

- Knowledge of the structure of an aged care facility and the roles and responsibilities of staff practicing in this setting.
- An understanding of the workflows in the aged care setting.
- Confidence in practicing in real-life settings.
- Ability to communicate effectively with other health professionals to provide safe and quality care for aged care residence in a timely manner.

Question 8:

Could WIL opportunities include interprofessional supervision and what would be the benefits or outcomes? What members of a consumer's care team would be appropriate as a supervisor of WIL?

Yes. WIL should include interprofessional supervision to broaden the learner's exposure and understand of the roles and responsibilities of others in the consumer's care team.

Whilst there is value in the overarching supervisor or mentor, who may be remotely based, being a pharmacist with clinical aged care experience, a nurse could certainly be the learner's official supervisor on the ground and arrange for the learner to spend time with other staff with expertise in particular areas. For example, a general practitioner could provide feedback on an MMR report highlighting what type of information would be most useful to them when receiving a report from a pharmacist, or a quality manager of an aged care facility could walk the learner through a quality audit process so learners are familiar with the process for maintaining quality care in the facility etc. Some of these day to day tasks supported by interprofessional supervisors could be undertaken via videoconferencing facilities to provide greater flexibility for both learner and supervisor.

Question 9:

What are the elements of WIL that we need to consider from a quality perspective (e.g., site identification and induction, learning objectives, supervisor availability and contribution)? Should education providers be required to ensure the quality of WIL?

There are a range of measures education providers should consider for assurance of the quality of the supervision, the supervised practice site, and the learner experience. These include:

- Accreditation of practice site to ensure it meets all necessary requirements to be a safe and optimal site to provide learning.
- The capacity of practice sites to be able to adhere to appropriate mentor to learner ratios in order to deliver quality learning and enhance the learner experience.
- Clinical educators/mentors/supervisors must be appropriately remunerated to support the quality and sustainability of the program being delivered.
- Clear outcomes and objectives for learners undertaking WIL.
- The training provider should ensure there are processes in place to support learners who may require additional assistance to meet requirements.

Education providers should also consider training and investing in all mentors involved in supporting learners in the workplace. Mentors should have access to all necessary resources to support them to training learners to the highest possible quality.

SHPA believes that it is the responsibility of the education provider to ensure the quality of the WIL as this will ultimately impact on the experience and calibre of learners being accredited upon completing their training program.

4.5. Assessment

Assessments are important for training programs as it allows learners to demonstrate their understanding, skills and competence of the subject matter and is essential for the learning process.

Assessment methods must be valid, fair and reliable. They should be designed to measure achievement of the learning outcomes and demonstration of the required performance outcomes for awarding of a qualification or credential.

It is likely that programs will have a variety of assessments that assess performance of different competencies and in relevant learning environments including in the workplace.

Question 10:

What assessment tools or strategies would be effective in determining achievement of the required performance outcomes? Should they be the same or different for a pharmacist working on-site in a residential aged care home and/or a conducting a comprehensive medication management review such as a Home Medicines Review?

> SHPA recommends that there is constructive alignment with the performance outcomes and that a variety of assessment methods implemented, particularly those that align with the higher levels of Miller's pyramid of competence i.e., performance (shows how) and action (does).
>
> SHPA's **Clin**ical **C**ompetency **A**chievement **T**ool (ClinCAT®) is a competency framework that can be used to support the assessments delivered by training providers. Another tool that can be utilised by training providers is SHPA's Mini-PAT, which is a peer assessment tool, a form of multi-source feedback or 360° assessment. It provides feedback on an individual's professional performance, skills, attitude and behaviour.
>
> It is likely that assessments of performance outcomes that are common to both aged care on-site and MMR pharmacists will be the same, however there will also be a need for other assessment to be varied to target specific skills or knowledge relevant to a particular role.

Question 11:

Could WIL opportunities include work-place based assessments (WBA)? Who would be an appropriate assessor of WBAs and how would a provider ensure the consistency, fairness and reliability of the assessment?

Work-place based assessments (WBA) are the ideal way to assess learner competency in a real-life setting. Experienced aged care or geriatric medicine pharmacists would be appropriately skilled to conduct WBAs.

Education providers should ensure they have access to appropriately skilled workplace assessors to ensure fair, valid, reliable and consistent assessment of learners in the workplace. According to the *SHPA Standards of Practice for Clinical Pharmacy Services[1]*, workplace evaluators should possess the following attributes:

- significant and recent clinical experience
- proven teaching/mentoring skills
- desire to support professional development and to foster a positive culture toward the process of review
- an appropriate personality to support and encourage others to develop professionally
- trained in the process of feedback and evaluation

Auditing or compliance assessment of mentors responsibilities and obligations are another way to ensure consistency in the quality of education being delivered.

1. SHPA Committee of Specialty Practice in Clinical Pharmacy. (2013). SHPA Standards of Practice for Clinical Pharmacy Services. Journal of Pharmacy Practice & Research, 43(No. 2 Supplement), S1-69

4.6. Mentors and networking

Training programs for roles such as the aged care on-site and MMR pharmacist will have learners, and be delivering graduates, that may be working in professionally isolated environments.

Question 12:

Should provision of mentoring or networking opportunities for learners/graduates be the responsibility of the training provider of an accredited program, and if so, what could it look like? Please explain your answer.

Education providers should be responsible for ensuring access to high quality mentors and supervisors to support the learners throughout the duration of their training program.

Professional isolation when working with complex patients such as in aged care, can be quite challenging. SHPA has the structure in place to provide support to members practicing in residential aged care homes by building on our existing 30+ specialty streams and creating a stream where members on their path to being credentialled can form a network to support one another throughout their training and into their practice post-credentialing.

Training providers can offer their learners an SHPA membership for the duration of their training to provide them with access to high quality mentoring and networking opportunities.

4.7. Recredentialing requirements

Previous accreditation processes for MMR pharmacists included annual continuing professional development (CPD) requirements (in addition to the Pharmacy Board of Australia requirements) and a three-year cycle of recredentialing via a multiple-choice question (MCQ) examination.

Regulators, governments, funders and/or organisations may require pharmacists to undergo activities or assessment to be assured of the practitioners ongoing competency. For example, the Pharmacy Board of Australia has registration standards describing requirements for recency of practice and annual CPD to ensure pharmacists maintain competence to practice within their defined scope of practice.

Although recredentialing requirements for Aged Care Onsite Pharmacists (ACOP) and Medication Management Review (MMR) credentialed pharmacists are outside the scope of the development of these accreditation standards, we are seeking feedback on credentialing.

Question 13:

Do you consider there is a need for recredentialing of ACOP and/or MMR pharmacists after the completion of an accredited program? Please comment with consideration of the current Pharmacy Board annual re-registration requirements

SHPA believes it is necessary for Aged Care Onsite Pharmacists (ACOP) and MMR credentialled pharmacists to provide evidence of recency of practice in this space and to complete relevant continued professional development (CPD) to support the delivery of safe and quality care to their patients.

However, given evidence of both recency of practice and CPD relevant to a pharmacist's defined scope of practice are required by the Pharmacy Board of Australia for reregistration annually, SHPA does not believe there is a need for recredentialling of ACOP and/or MMR pharmacists post completion of their accreditation program.

4.8. General questions

Question 14:

Is there anything else you think we need to consider when developing the standard?

SHPA recommends future proofing the Accreditation Standards for supporting similar roles in a variety of different settings over time e.g., hospital-based multidisciplinary aged care outreach services, and aged care assessment teams (ACAT) as recommended in SHPA's position statement on Geriatric Medicine and Aged Care Clinical Pharmacy Services.

Thank you for participating,

Please email your completed feedback by 12:00am AEST Wednesday 10 May 2023 to:

standards@pharmacycouncil.org.au