Submission to the Victorian Pharmacy Authority (VPA) consultation paper on the draft VPA Standards via online survey

<u>Section A:</u> **Identification questions**

1. **Please provide your name**

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2. **Please provide your email address**

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3. **Please select the option which best applies to you**

    Representative of a Peak body

4. **If you are responding on behalf of an organisation, please provide the name of the organisation and your position within the organisation.**

    Victorian Branch Committee Chair at the Society of Hospital Pharmacists of Australia

The Society of Hospital Pharmacists of Australia is the national professional organisation for more than 5,200 pharmacists, pharmacists in training, pharmacy technicians and associates working across Australia's health system. SHPA is committed to facilitating the safe and effective use of medicines, which is the core business of pharmacists, especially in hospitals and health clinics.

<u>Section B:</u> **Introduction and Interpretation section of Standards**

5. **Is the 'Scope and application of the Standards' clear and easy to understand?**

    Yes

6. **Are the steps the Authority may take if the Standards are not met, clearly described?**

    Yes

7. **Are there additional terms that should be defined in the Key terms?**

    No

8. **If you answered yes to the question above, please provide details of terms and definitions you would propose be added.**

    N/A

9. **Is there additional information that should be included in the 'Introduction and interpretation' section?**

    No

10. **If you answered yes to the question above, please provide your suggestions or comments below.**

    N/A

Section C: The Standards

11. **Using the scale below, please indicate the extent to which the Standards in the Licensee Responsibilities category are clear and easy to understand.**

    Standard 1.1   Very Clear   Standard 1.2   Very Clear

12. **Using the scale below, please indicate the extent to which the Standards in Premises category are clear and easy to understand.**

    Standard 2.1   Very Clear   Standard 2.3   Very Clear
    Standard 2.2   Very Clear   Standard 2.4   Very Clear

13. **Using the scale below, please indicate the extent to which the Standards in the Equipment and References category are clear and easy to understand.**

    Standard 3.1   Very Clear   Standard 3.2   Very Clear

14. **Using the scale below, please indicate the extent to which the Standards in Records category are clear and easy to understand.**

    Standard 4.1   Very Clear   Standard 4.3   Very Clear
    Standard 4.2   Very Clear   Standard 4.4   Very Clear

15. **Using the scale below, please indicate the extent to which the Standards in the Policies and Procedures category are clear and easy to understand.**

    Standard 5.1   Very Clear   Standard 5.2   Very Clear

16. **Using the scale below, please indicate the extent to which the Standards in Specialised Services category are clear and easy to understand.**

    Standard 6.1   Very Clear   Standard 6.4   Very Clear
    Standard 6.2   Very Clear   Standard 6.5   Very Clear
    Standard 6.3   Very Clear

17. **Using the scale below, please indicate the extent to which the Standards in the Quality Improvement and Risk Management category are clear and easy to understand.**

    Standard 7.1   Very Clear   Standard 7.3   Very Clear
    Standard 7.2   Very Clear

18. **If you would like to provide further comment or suggest changes to improve the clarity of specific Standards please do so in the space below:**

    Standard 2.4 Design, layout and condition, should specifically mention that patient counselling areas should be set up in a manner that protects and maintains patient privacy and to provide a suitable environment for counselling.

19. **Are the requirements and responsibilities of the Standards in the Licensee Responsibilities category, capable of being met?**

    Standard 1.1   Yes   Standard 1.2   Yes

20. **Are the requirements and responsibilities of the Standards in the Premises category, capable of being met?**

Standard 2.1	Yes	Standard 2.3	Yes
Standard 2.2	Yes	Standard 2.4	Yes

21. Are the requirements and responsibilities of the Standards in the Equipment and References category, capable of being met?

Standard 3.1	Yes	Standard 3.2	Yes

22. Are the requirements and responsibilities of the Standards in the Records category, capable of being met?

Standard 4.1	Yes	Standard 4.3	Yes
Standard 4.2	Yes	Standard 4.4	Yes

23. Are the requirements and responsibilities of the Standards in the Policies and Procedures category, capable of being met?

Standard 5.1	Yes	Standard 5.2	Yes

24. Are the requirements and responsibilities of the Standards in the Specialised Services category, capable of being met?

Standard 6.1	Yes	Standard 6.4	Yes
Standard 6.2	Yes	Standard 6.5	Yes
Standard 6.3	Yes		

25. Are the requirements and responsibilities of the Standards in the Quality Improvement and Risk Management category, capable of being met?

Standard 7.1	Yes	Standard 7.3	Yes
Standard 7.2	Yes		

26. If you feel that any of the Standards are not capable of being met, please elaborate further in the space below:

N/A

27. Will the Standards have any additional impact on licensees, pharmacists or members of the public?

No

28. If you answered yes to the question above, please provide details in the space below:

N/A

29. Are there other Guidelines that you believe should be elevated to Standards? VPA Guidelines can be accessed here:

Yes. VPA Guidelines Section 3.1.3.2 which discusses training.

Standard 1.2 b) ii states 'ensuring that there is sufficient suitably qualified staff on duty to undertake the range of services being provided by the pharmacy and in a manner which ensures patient and public safety.'

Hospital pharmacy departments deliver a broad range of clinical pharmacy services, many of which are highly specialised practice areas and require further training and expertise above the basic pharmacy qualification to

ensure appropriate competence and patient safety. SHPA believes a slight alteration in the phrasing of Standard 1.2 b) ii to include the requirement to be 'suitably trained and qualified' will ensure highly specialised clinical pharmacy services are delivered at a safe and high-quality standard to patients.

SHPA has two formal, structured experiential learning Residency Programs designed to consolidate initial education and training and progress practitioners towards advanced practice. These programs are the Foundation Residencies and Advanced Training Residencies (ATRs). Foundation Residencies are designed to develop an early career hospital pharmacist's competence and practice performance to Advancing – Stage I (Transition Level) of the National Competency Standards Framework for Pharmacists in Australia 2016. ATRs are targeted towards pharmacists with general foundation level expertise and experience in hospital practice seeking to advance their practice towards Advancing – Stage II (Consolidation Level) of the National Competency Standards Framework for Pharmacists in Australia 2016 and provide expert care and service delivery in their defined practice area.

SHPA believes it would be highly beneficial for VPA to recommend, where appropriate, that these training programs are undertaken in hospital pharmacy departments to promote patient safety and better health outcomes in acute and highly specialised clinical practice settings. No

30. If you answered yes to the question above, please provide details in the space below:

N/A

31. If you have any further comments or feedback on the Standards please provide details in the space below:

Standard 6 discusses Specialised Services, specifically complex compounding, medication assisted treatment of opioid dependence, dose administration aids, administration of medicines by injection. Whilst we understand that this is not an exhaustive list of specialised services, as stipulated in the draft Standards document, SHPA would like to note that there are a range of hospital pharmacy specific specialised services delivered by Victorian pharmacy departments that may be worth noting. These include, Tech-check-tech inpatient medicines supply model, Partnered Pharmacist Medication Charting (PPMC), Patient Discharge Prescription Planning (PDPP), and Emergency Medicine Pharmacists in acute stroke charting medicines. SHPA would be happy to work with VPA to include these emerging services, and others, in the Guidelines and Standards.