# Accreditation standards for pharmacist prescriber education programs

## Consultation paper one – areas of consultation and questions

The Pharmacy Board of Australia has asked the Australian Pharmacy Council (APC) to develop accreditation standards for pharmacist prescriber education programs.

This survey has been prepared to obtain feedback on the areas for consultation identified from our literature review. Feedback will be used to inform development of the first draft of the accreditation standards.

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...**

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

The Society of Hospital Pharmacists of Australia (SHPA)

Which of the following represents your role/interest in pharmacist prescribing? (select all that apply)

- ☐ a consumer/patient
- ☐ a pharmacist
- ☐ a pharmacy student or intern
- ☐ working in community pharmacy
- ☐ working in hospital pharmacy
- ☐ 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
- ☐ *other (please specify below)

*please specify your answer if applicable

# 1. Terminology

Clarity of terminology surrounding prescribing is important in the development of pharmacist prescriber education programs and implementation of pharmacist prescribing in Australia.

The NPS MedicineWise Prescribing Competencies Framework definition of prescribing is the accepted definition for health professional prescribing in Australia.

This definition is referenced in some, but not all, accreditation standards for prescribing professions in Australia.

The Health Professional Prescribing Pathway (HPPP) refers to three models of prescribing:
1. Structured, or protocol-based prescribing
2. Prescribing under supervision
3. Autonomous prescribing

The Pharmacy Board of Australia refers to the HPPP definitions in a position statement indicating structured and supervised prescribing is within the competency of registered pharmacists, however, autonomous prescribing may require further education and training.

Pharmacists around the world prescribe according to different implementation models.

Australian pharmacists are currently authorised to independently prescribe medicines that are available without a prescription.

Internationally, models of prescribing are referred to differently, for example, independent prescribing is used to describe what the HPPP defines as autonomous prescribing.

*1.1. Current terminology to describe pharmacist prescribing across various implementation models is inconsistent and creating confusion. How should this be resolved?*

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.

All medical and non-medical prescribing should be undertaken within a collaborative framework to support best patient health outcomes. The term 'independent' or 'autonomous' prescribing suggests that health professionals practicing within this model are practicing in isolation, not collaborating with others in the multidisciplinary team. As stated in the *Strengthening Medicare Taskforce Report*[1] released in December 2022, healthcare practitioners of all disciplines should be working towards creating coordinated multidisciplinary teams of health care professionals working to their full scope of practice to provide quality person-centered continuity of care, including prevention and early intervention.

The Health Professionals Prescribing Pathway 2013 (HPPP) which defines the three models of non-medical prescribing outlined above, is based on a number of principles including that 'health professionals prescribe within their scope of practice and a safe model of prescribing, working collaboratively with the person, their carer(s) (if applicable) and healthcare team for quality care of the person taking medicine.'[3]

Collaborative team-based prescribing is common practice in the acute care setting. Medical interns, registrars, residents and consultants all collaborate to decide on therapy and treatment aims. Hospital pharmacists supervise and train junior doctors in prescribing and advise senior medical staff on medicine and treatment selection, dosing, medicine administration requirements, therapeutic drug monitoring (TDM), and monitoring of adverse effects. Hospital pharmacists also advise nurses, doctors and pathologists about the most appropriate time to undertake laboratory tests to safely and effectively undertake TDM and the interpretation of the results.

Collaborative pharmacist prescribing in a hospital setting is defined as a cooperative practice relationship between the pharmacist and the treating doctor. The doctor diagnoses and jointly makes initial treatment decisions and treatment goals for the patient while the pharmacist selects, monitors, modifies, continues or discontinuous the pharmacological treatments as appropriate.[2] Both the doctor and the prescribing pharmacist share in the risk and responsibility for the patient health outcomes achieved in a collaborative practice model.[4]

SHPA therefore believes that all three terms '***structured'***, '***supervised'*** and '***autonomous'*** prescribing should fall under '*collaborative'* prescribing. This model of prescribing should not require additional postgraduate education but rather upskilling through professional bodies, and/or local credentialling, which is supported by the Pharmacy Board of Australia's '*Pharmacist prescribing position statement*.'[5]

If diagnosis is required to be undertaken by a pharmacist, beyond what is already considered within scope of practice, then further education would be necessary.


1. Department of Health and Aged Care. (2022). Strengthening Medicare Taskforce Report. Available at: https://www.health.gov.au/sites/default/files/2023-02/strengthening-medicare-taskforce-report_0.pdf
2. Poh, Eng Whui; McArthur, Alexa; Stephenson, Matthew; Roughead, Elizabeth E. (2018). Effects of pharmacist prescribing on patient outcomes in the hospital setting. JBI Database of Systematic Reviews and Implementation Reports, 16(9), 1823–1873.
3. Health Workforce Australia. (2013). Health Professionals Prescribing Pathway 2013. Available at: https://www.aims.org.au/documents/item/400
4. G. Pearson et al. (2002). An information paper on pharmacist prescribing within a health care facility Can J Hosp Pharm
5. Pharmacy Board of Australia. (2019). Pharmacist prescribing—Position statement. Available from: https://www.pharmacyboard.gov.au/News/Professional-PracticeIssues/Pharmacist-Prescribing-Position-Statement.aspx

## 2. Education program type

In their statement, the PharmBA have said that pharmacist prescribing may require further education and training.

Internationally, registered pharmacists are commonly required to complete additional education and training before being authorised to prescribe.

This varies between formal post graduate qualifications and continuing education programs in a specific area of practice.

It is often the regulatory requirements that define the level of qualification and is related to the 'model' of prescribing (e.g., independent prescribing, structured prescribing etc).

*2.1 What level of education or training is required to support pharmacist prescribing in Australia? Please explain your answer*.

SHPA believes it is within scope for all hospital pharmacists to undertake collaborative prescribing in team-based care settings and practice to their full scope across the entire patient journey, from admission through to inpatient, discharge, and outpatient clinics, to improve the safety and quality of healthcare and the capacity of the Australian hospital system.

This model of prescribing should not require additional postgraduate education but rather upskilling through professional bodies, and/or local credentialling. As mentioned above, this is supported by the Pharmacy Board of Australia's '*Pharmacist prescribing position statement*.'[1]

An example of collaborative prescribing in the Australian hospital setting is Partnered Pharmacist Medication Charting (PPMC). PPMC implementation around Australia has required credentialling that is recognised at a local service level or statewide where jurisdictions have statewide pharmacy services.

SHPA anticipates collaborative prescribing in team-based settings such as hospitals will further expand into primary care settings as the pharmacist's scope widens and they are embedded into general practice, Aboriginal Community Controlled Health Organisations, aged care settings and other primary care settings. Current pharmacy practice is already evolving with primary care pharmacists embedded into these primary healthcare environments in team-based care arrangements.

To support national consistency, SHPA believes national credentialling programs for collaborative prescribing and/or PPMC is required. This can be undertaken by appropriate professional bodies with robust governance and assessment processes. Education as well as competency assessment and verification would be the aims of credentialling, and ideally credentialling would be recognised on a pharmacist's Australian Health Practitioner Regulation Agency register.

Further education will be necessary to allow for prescribing that encompasses diagnosis. This should align with existing international program structures such as those in the United Kingdom and New Zealand, which are graduate diplomas.

1. Pharmacy Board of Australia. (2019). Pharmacist prescribing—Position statement. Available from: https://www.pharmacyboard.gov.au/News/Professional-PracticeIssues/Pharmacist-Prescribing-Position-Statement.aspx

# 3. Program entry criteria

Overseas pharmacist prescriber programs specify entry criteria such as:

- a specified duration of post registration experience (NZ).
- relevant experience and the ability to demonstrate an understanding of prescribing in a practical context (UK).

Defining program entry criteria will have implications for training program development.

### *3.1 What should an education provider consider before applying entry criteria requirements for their programs?*

Education providers should ensure they are able to support learners throughout the program in a way that ensures competence both in theory and application of content taught. Education providers should also ensure access to high quality mentors and supervisors to support the learners throughout the duration of their training program.

### *3.2 What entry requirements should be considered and why?*

The number of years of practice of a pharmacist is not an appropriate measure of competence, scope range or readiness to undertake further education or credentialing. Qualitative measures are more appropriate than arbitrary quantitative measures. As stated in SHPA's *Standards of Practice for Clinical Pharmacy* 'training should be tailored to the experience and practice of the pharmacist undergoing training. The baseline clinical pharmacy skills and previous clinical experience should be determined.'[1]

Education providers should instead consider the following entry requirements to be demonstrated by candidates keen to undertake their course:

1. **Scope of practice:**
   Each candidate must clearly define their scope of practice
2. **Portfolio of evidence:**
   Each candidate must develop and provide a portfolio of evidence that demonstrates they are at a minimum 'Transition level' in the relevant Standard of the National Competency Standards Framework for Pharmacists in Australia.[2]

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
2. Pharmaceutical Society of Australia. (2016). National Competency Standards Framework for Pharmacists in Australia 2016. Available at: https://www.psa.org.au/wp-content/uploads/2018/06/National-Competency-Standards-Framework-for-Pharmacists-in-Australia-

# 4. Interprofessional collaboration

A fundamental concept underpinning prescribing is the importance of collaboration both between and within professions, and with the consumer.

Interprofessional learning can be experienced and assessed in the workplace.

*4.1 How should education providers ensure the principle of interprofessional collaboration is embedded in their training programs?*

Interprofessional collaboration is fundamental to safe and optimal prescribing and therefore must be embedded in training programs. Forming an advisory group with interprofessional representation to support the course development would ensure interprofessional collaboration is deeply integrated into the training program provided.

Another way to ensure interprofessional collaboration is embedded in the training provided is to have interprofessional representation involved in the teaching and assessment of the training content. This includes medical and non-medical prescribing groups, and consumers.

*4.2 Can you provide examples of interprofessional collaborative learning that have been effective in addressing safe prescribing competency in the context of the multidisciplinary health care team?*

A number of hospitals across Australia have, for years had hospital pharmacists undertake Partnered Pharmacist Medication Charting (PPMC), the first iteration of pharmacist prescribing in Australia. Medical doctors have had input into the design of this model which has aided its success.

In the PPMC model, an appropriately credentialed pharmacist conducts an interview with the patient/carer and obtains the best possible medication history (BPMH), then co-develops a medication plan for that patient with the treating doctor, patient/carer and nurse, and charts the patient's regular medications and the doctor charts any new medications.

Credentialing of pharmacists is a foundation requirement for the implementation of PPMC in many hospitals around Australia. Each state has their own local credentialing process that usually involves doctors and senior pharmacists completing training to equip themselves and others with the skills and knowledge necessary in the PPMC model, and delivering a training program which incorporates experiential learning opportunities through simulation-based exercises. Medical doctors are also involved in the assessment of pharmacists being credentialled to undertake PPMC.

A qualitative evaluation of a multi-site PPMC implementation trial[1] identified a key strength of the PPMC credentialing program was the use of supervised clinical case studies and an assessment of clinical competence e.g., Objective Structured Clinical Examination (OSCE). These components are often also included in other inter-disciplinary health credentialing programs.

1. Beks, H., Namara, K. M., Manias, E., Dalton, A., Tong, E., & Dooley, M. (2021). Hospital pharmacists' experiences of participating in a partnered pharmacist medication charting credentialing program: a qualitative study. *BMC Health Services Research*, *21*(1), [251]. https://doi.org/10.1186/s12913-021-06267-w

# 5. Assessment

Assessment of prescribing competence is crucial to ensure patient safety.

Prescribers are required to apply their skills and knowledge to the work context. Therefore, the workplace provides an ideal setting to assess learner competence.

*5.1 What factors should an education provider consider when developing an assessment strategy for pharmacist prescriber training programs?*

Competency based assessment programs that demonstrate competence in prescribing are best assess through workplace-based assessments. Education providers should also consider the inclusion of external validation of competence through OSCEs or other simulation-based experiential learning opportunities as discussed above.

SHPA believes prescribing competencies used to assess pharmacist prescribers should be similar to those used to assess clinical competence in medical education.

*5.2 What factors should an education provider consider to ensure fair, valid, reliable and consistent assessment of learners in the workplace?*

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

# 6. Work Integrated learning (WIL)

A period of WIL provides context to the development of prescribing competence.

UK and NZ pharmacist prescriber programs require WIL.

Some international pharmacist prescriber programs and domestic prescribing professions accreditation standards define the duration (hours, months) of WIL.

Where the concept of WIL is supported, a pivotal consideration is who supervises the training and/or assessment.

In particular, the credentials of the supervisor are critical as this role would likely involve direct supervision, delegated supervision and a contribution to the assessment of prescribing skills and knowledge.

*6.1 Should there be a similar requirement for WIL in pharmacist prescriber training programs in Australia? Please provide rationale for your answer.*

Yes. As discussed above, 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.

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 pharmacy activity 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.

*6.2 What factors might determine how an education provider decides the most appropriate duration of WIL in their program?*

The duration of WIL would be determined by the expected exposure the learner would have to a variety of clinical scenarios. This would be dependent on the size, healthcare activity, acuity of patients and capacity of the health service. Therefore, rather than duration, it may be more appropriate to base the WIL on the number of clinical scenarios the learner is able to be exposed to.

*6.3 What measures should an education provider consider for assurance of the quality of the supervision, the supervised practice site, and the learner experience?*

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.
- Assessment of the variety of patients the learner will have access to at a particular site and ensuring that it provides sufficient opportunities for learning that are relevant to the learner's defined scope of practice.
- 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.

*7.1 Is there anything else you think we need to consider when developing the standards?*

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| Pharmacist prescribing is common practice in many countries around the world. SHPA recommends leveraging off and adapting work being done internationally and across other non-medical prescribing health disciplines (e.g., nurse practitioners, optometrists etc.), to create accreditation standards for pharmacist prescriber education programs that are appropriate for the Australian health climate. |

**Thank you for participating,**

**Please email your completed feedback by 12:00am AEST Monday 10 April 2023 to:**

**standards@pharmacycouncil.org.au**