

Response template

Review of accreditation arrangements to prepare for 2024–2029 cycle

December 2022

Ahpra and the National Boards are consulting on the accreditation arrangements for the National Scheme to prepare for the next five-year period to mid-2029. In addition to general feedback, we are interested in stakeholders' feedback on specific questions about the accreditation arrangements including on performance and progress since mid-2019, and possible areas of focus for the next five-year period, including how progress in these areas could be measured.

You can provide feedback in two ways by close of business on **Tuesday 14 February 2023**:

1. use the attached response template to record your feedback and return it by email to accreditationreview@ahpra.gov.au, and/or
2. send a written submission by email, to accreditationreview@ahpra.gov.au.

Submissions for website publication should be sent in Word format or equivalent.

Stakeholder details

Please provide your details in the following table:

Name:	Jerry Yik, Head of Policy and Advocacy
Organisation Name:	The Society of Hospital Pharmacists of Australia (SHPA)

Your responses to the consultation question

When providing comments, including responding to these questions, please indicate whether you are commenting on an individual profession or professions, or on all professions in the National Scheme.

1. Do you have any comments on the performance of an individual accreditation authority or all accreditation authorities against the following?:

- Strategic key performance indicators (KPIs) (section 2 of the Consultation Paper)
- Quality framework KPIs (section 2 of the Consultation Paper)
- Responses to the COVID-19 pandemic (section 2 of the Consultation Paper)
- Priorities in the agreements and terms of reference? (section 3 of the Consultation Paper)

SHPA responses in this submission relate to the pharmacy workforce only. Question 2.4 refers to multiple professions.

The COVID-19 pandemic has put unprecedented pressures on healthcare systems around Australia. A positive impact includes the rapid registration of intern pharmacists being facilitated through necessity for roles in COVID-19 vaccination hubs. Provisional registration being granted to those with lapsed registration also resulted in swift access to key members of the pharmacy workforce at a time where staffing pressures were impacting on service delivery. This experience was not consistently or equally reported across all jurisdictions, with some reporting minimal change to the registration process.

Even during the COVID-19 pandemic response, a lack of transparency was reported in regard to the process of registrations. The status of registration for overseas registered pharmacists was unclear. This made it difficult to plan from a workforce perspective.

During natural disasters and pandemics, a more flexible, risk-based approach would be recommended such as that seen in other countries and pharmacy registration boards such as the General Pharmaceutical Council (GPhC) in the UK who responded swiftly in granting registration.

This will be important going into the future with workforce challenges and in times where surge workforces are required.

2. Do you have any feedback on the proposed priorities/areas of focus for the period to mid-2029?

1. Embedding cultural safety in education and practice and improving the health of Aboriginal and Torres Strait Islander Peoples

SHPA strongly supports this priority area. Ensuring pharmacy practice is responsive to culturally and linguistically diverse communities will aid in promoting cultural safety and wellbeing. PBA should adopt the National Scheme's definition of cultural safety in the accreditation standards.

This can build on the Australian Pharmacy Council's (APC) recent work in this area. In 2021, the APC progressed activities to improve health outcomes for Aboriginal and Torres Strait Islander Peoples such as the Reflect RAP journey, initiating a project to embed cultural safety into pharmacy education and assessment.

Furthermore, SHPA supports promoting and embedding existing training packages into programs of study, such as the [Indigenous Allied Health Australia's \(IAHA\) Cultural Responsiveness Training](#) which SHPA has provided complimentary access to members, including student members.

2. *NEW* Eliminating racism in health care.

SHPA believes that in order to eliminate racism in healthcare it must be addressed from both the patient and healthcare professional perspective. With increasing numbers of overseas trained pharmacy colleagues joining the Australian workforce, some of whom have English as a second language, awareness of cultural nuances and emergence of unconscious bias must be addressed.

Cultural competencies must be added to educational programmes. Intern pharmacists often learn about professional, legal and ethical issues however this must include cultural competencies. A recent study in the US has demonstrated a replicable model that aims to empower students with knowledge in responding to racism, discrimination and microaggressions.¹

Patients must also be aware of what to expect from their healthcare professional and know how report any misconduct.

3. Responding to health and workforce priorities

The pandemic showcased how versatile pharmacy is as a profession and how pharmacists can support health workforce shortages, in particular medical and nursing shortages, and contribute to improved patient outcomes and efficient patient care that free up medical nursing and medical resources.

However, SHPA believes that the pharmacy profession lacks career progression pathways that are well defined by the Pharmacy Board of Australia (PBA) in community and hospital pharmacy. This includes new areas where pharmacists are increasingly working and providing guidance regarding roles such as digital health, primary care non-dispensing pharmacists, aged care pharmacists, and many more. Even within hospital pharmacy, Residency models are demonstrated to improve workforce satisfaction, retention and improvement in clinician skills and knowledge, however are not currently acknowledged by PBA. Our members in hospital pharmacy management currently cite the lack of structured career development is a reason why early career pharmacists leave or consider leaving the profession. SHPA's Foundation Residency² program has approximately 500 pharmacists who have completed or are completing the structured two-year program aimed at early career pharmacists, and more support from pharmacy stakeholders is required to increase its footprint nationally across all settings.

In addition to Foundation Residency, SHPA also runs Advanced Training Residencies³ which are an accredited pathway for specialty development for pharmacists in the clinical areas listed below, with more in development.

1. Oncology and Haematology
2. Geriatric Medicine
3. Medicines Information
4. Critical Care
5. Paediatrics
6. Mental Health
7. Surgery and Perioperative Medicine

The specialisation of the pharmacy workforce has been increasing in response to the needs of the healthcare system, healthcare services and their patients and the complexity of new medicines and technologies. The specialisation of the pharmacy workforce also further and more appropriately equips pharmacists to work in and be embedded in medical units in a particular discipline, and make greater contributions to patient care as part of the multidisciplinary team.

It must be acknowledged that pharmacy has its own workforce shortages across the country as recognised by the National Skills Commission. Pharmacist scope of practice can only be supported through expanding the scope of pharmacy technician practice. Consideration should be given to registration of pharmacy technicians in order to provide standards that support, and guide expanded scope of practice.

The Strengthening Medicare Taskforce Report⁴ encourages multidisciplinary team-based care and recommends fast-tracking the supply and distribution of pharmacists. Streamlined registration process could assist in ensuring the workforce is able to begin their career swiftly. A further

<p>recommendation of increased investment into the Workforce Incentive Program can support pharmacists to work to their full scope of practice in general practice settings. Standards around these expanded roles are required to address workforce priorities in the next five years and beyond.</p>
<p>4. Embedding interprofessional collaborative practice (IPCP) at both the individual practitioner level and the organisational level through collaborative working and sharing good practice</p>
<p>Collaborative prescribing and medication safety is largely lead by pharmacy teams in hospital settings. Collaborative practice is integral to the care of patients in inpatient settings, where pharmacists educate medical and nursing colleagues through medication safety training as well as multidisciplinary team-based care.</p> <p>Pharmacists are integral to prescribing practice changes and should lead where prescribing is involved. The PBA should support collaborative practice in action such as Partnered Pharmacist Medication Charting (PPMC).</p> <p>As part of their training, other professions such as dieticians, physiotherapists, nurses and doctors should be exposed to the role of a pharmacist in collaborative practice and their contribution to patient care and vice versa. This would ensure that collaborative working is embedded from the start of early career healthcare professionals.</p>
<p>5. *NEW* Responding to challenges and downstream impacts of the COVID-19 pandemic on the health system and education sector</p>
<p>While accessing a new workforce is beneficial to the health system, pharmacy technician scope of practice is not clearly defined by standards or registration with the PBA. Many have expanded scope of their practice while continuing to work in their previous role as a necessity due to COVID-19 challenges, however many were also undertaking expanded roles even prior to the pandemic, such as bedside medication management services and being responsible for inpatient medication supply via Tech-Check-Tech models of care.</p> <p>There is considerable variation in the role of pharmacy technicians and their scope and workplace responsibilities across jurisdictions, and acknowledgement and support of these roles who are critical to the pharmacy workforce, would be beneficial to the healthcare system.</p>
<p>6. *NEW* Ensuring education providers have systems in place to enhance learning outcomes by supporting student wellbeing</p>
<p>SHPA believes that student wellbeing is of vital importance given that students are the future of the pharmacy workforce. However, wellbeing must be prioritised for all healthcare staff at any stage in their career.</p> <p>SHPA's Pharmacy Forecast Australia 2022 report⁵ explores workforce wellbeing as a key theme, The focus on wellbeing has been sharpened by demands during the COVID-19 pandemic. Students are especially vulnerable early in their careers where balance between studying, work and timetables can lead to stress. An inability to prioritise wellbeing would have broad reaching implications on organisations for staff effectiveness and retention as well as patient safety and quality care.</p> <p>Expectations around flexible working arrangements must also be considered in balance with service requirements whilst not compromising wellbeing on the already depleted health workforce. Wellness should be supported from academic institutions and the healthcare organisation. It should be disconnected from intern and student supervision to avoid workplace conflict further contributing to stress and preventing reporting deterioration of wellbeing.</p>
<p>7. Prioritising safety and quality</p>
<p>Safety and quality will continue to be of utmost importance in delivering pharmacy care. With expanded scope of practice, the quality of service delivery must be supported through PBA's</p>

standards and guidance. This will ensure that with increasingly expanded pharmacist roles, it does not compromise patient safety by neglecting other tasks that could be completed by other workforce such as pharmacy technicians.
8. Continuing to strengthen governance, transparency, accountability and sustainability
Transparency in the registration process would facilitate healthcare organisations being able to address workforce shortages and future plan for positions.
9. Striving for efficiencies through reducing duplication, greater consistency and reducing the regulatory burden
As explored above, regulatory burden would be decreased if processes of registration were streamlined and communicated effectively.

3. Are there any priorities/areas of focus for the period to mid-2029 that are missing?
Expanded scope of practice for pharmacists should be a priority area for the next period. Pharmacists will be looking to expand their own scope and would require the PBA to take a lead in this area.

4. How important do you think each of the proposed priorities/areas of focus are for the period to mid-2029, based on a scale where 0 is not at all important to 4 is very important.	
Proposed priority/area of focus	Rate importance
<i>0 = Not at all important 1 = Not very important 2 = A little bit important 3 = Important 4 = Very Important</i>	
1. Embedding cultural safety in education and practice and improving the health of Aboriginal and Torres Strait Islander Peoples	4
2. *NEW* Eliminating racism in healthcare	4
3. Responding to health and workforce priorities	4
4. Embedding interprofessional collaborative practice (IPCP) at both the individual practitioner level and the organisational level through collaborative working and sharing good practice	4
5. *NEW* Responding to challenges and downstream impacts of the COVID-19 pandemic on the health system and education sector	4
6. *NEW* Ensuring education providers have systems in place to enhance learning outcomes by supporting student wellbeing	4
7. Prioritising safety and quality	4

Proposed priority/area of focus	Rate importance
<i>0 = Not at all important 1 = Not very important 2 = A little bit important 3 = Important 4 = Very Important</i>	
8. Continuing to strengthen governance, transparency, accountability and sustainability	4
9. Striving for efficiencies through reducing duplication, greater consistency and reducing the regulatory burden	4

5. How could progress against each of the proposed priorities/areas of focus best be measured?	
Proposed priority/area of focus	
1. Embedding cultural safety in education and practice and improving the health of Aboriginal and Torres Strait Islander Peoples	
Auditing how many internship programs incorporate cultural safety in their training. Longer term progress can only be assessed by improvements in Aboriginal and Torres Strait Islander Peoples health care outcomes.	
2. *NEW* Eliminating racism in health care.	
This cannot be quantitatively measured. Surveys exploring racism towards healthcare professionals or patients themselves may provide some insight into the rate of experiences.	
3. Responding to health and workforce priorities	
How many pharmacists are able to address gaps in the workforce by stepping into expanded roles and how many positions remain unfilled. How many hospital pharmacy placements are offered to pharmacy students. Surveying how many pharmacists are employed in hospitals and how many patient beds they are responsible, and undertaking an assessment against SHPA's Standards of Practice series to undertake a gap analysis of the hospital pharmacy workforce.	
4. Embedding interprofessional collaborative practice (IPCP) at both the individual practitioner level and the organisational level through collaborative working and sharing good practice	
<ul style="list-style-type: none"> ▪ How many undergraduate degrees incorporate knowledge about other healthcare professionals. ▪ How many service areas utilise multidisciplinary care teams, including pharmacists. ▪ Rates of PPMC being implemented in hospitals. ▪ How many GP pharmacist roles exist. 	
5. *NEW* Responding to challenges and downstream impacts of the COVID-19 pandemic on the health system and education sector	
No comment.	

5. How could progress against each of the proposed priorities/areas of focus best be measured?
Proposed priority/area of focus
6. *NEW* Ensuring education providers have systems in place to enhance learning outcomes by supporting student wellbeing
Surveys on student wellbeing should be conducted as well as auditing educator's systems for supporting wellbeing.
7. Prioritising safety and quality
No comment.
8. Continuing to strengthen governance, transparency, accountability and sustainability
Report on turnaround times of registration across Australia.
9. Striving for efficiencies through reducing duplication, greater consistency and reducing the regulatory burden
As above, report on registration process and turnaround times.

6. Do you have any other comments about the future accreditation arrangements?
No comment.

References

¹Baker L., Logan L.D., Brooks K., Sikora A. 2023. Responding to racism, discrimination, and microaggressions: A student-designed case-based learning program, American Journal of Health-System Pharmacy, Volume 80, Issue 3, February 2023, Pages 98–101, <https://doi.org/10.1093/ajhp/zxac304>

² SHPA 2023. Foundation Residences. Available at: <https://www.shpa.org.au/workforce-research/residency/foundation>

³ SHPA. 2023. Advanced Training Residencies. Available at: <https://www.shpa.org.au/workforce-research/residency/advanced-training>

⁴ Australian Government. 2022. Strengthening Medicare Taskforce Report. Available at: https://www.health.gov.au/sites/default/files/2023-02/strengthening-medicare-taskforce-report_0.pdf

⁵ SHPA. 2022. Pharmacy Forecast Australia. Available at: <https://shpa.org.au/publicassets/36f9b509-04fc-ec11910600505696223b/Pharmacy%20Forecast%20Australia%202022%20Full%20Report.pdf?4d171d0a-84fd-ec11-9106-00505696223b>