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30 April 2009

The Secretary
Senate Community Affairs Committee
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Mr Humphery,

On behalf of the Pharmaceutical Society of Australia (PSA), I have attached a submission to the Senate Community Affairs Committee on the Inquiry into the National Registration and Accreditation Scheme for Doctors and other Health Workers. PSA regards this Inquiry as extremely important and is very keen to assist the Committee further by providing evidence at any public hearings that the Committee may schedule during the course of its Inquiry.

PSA looks forward to working with the Committee during the course of its Inquiry.

Yours sincerely,



Bryan Stevens
Chief Executive Officer

Attached: Submission from the Pharmaceutical Society of Australia



Pharmaceutical
Society of Australia

SENATE COMMUNITY AFFAIRS COMMITTEE:
INQUIRY INTO THE NATIONAL REGISTRATION AND ACCREDITATION
SCHEME FOR DOCTORS AND OTHER HEALTH WORKERS

**SUBMISSION BY THE
PHARMACEUTICAL SOCIETY OF AUSTRALIA**

30 April 2009

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THE INQUIRY

1. The Pharmaceutical Society of Australia (PSA) welcomes the opportunity to provide this submission to the Senate Community Affairs Committee Inquiry into the National Registration and Accreditation Scheme for Doctors and Other Health Workers.
2. Since 2006, PSA has been actively involved in the discussions on the proposal to establish a national registration scheme for health professionals and a national accreditation scheme for health education and training. Together with other pharmacy stakeholders, PSA has supported the premise that registration to practice should be on the basis of uniform national standards for the pharmacy profession and has recognised that a national registration system would create efficiencies in the system.
3. Despite the progress made to date towards the implementation of a national scheme, it is PSA's view that a number of issues which will be fundamental to the successful operation of the scheme remain unclear. PSA believes in the short timeframe available, core issues must be attended to in a manner that will provide clarity to all stakeholders and acceptance by health professionals.
4. PSA seeks to continue to work in partnership with the Australian Government and other stakeholders to contribute to the effective design and efficient implementation of the new scheme.

RECOMMENDATIONS

5. **PSA provides the following recommendations to this Inquiry:**
 - a. **An impact assessment statement should be developed on the proposal for mandatory criminal history and identity checks in relation to its effect on the timeliness of the registration processes and registration fees.**
 - b. **An assessment should be made as to what the registration fees are likely to be for each profession under the new scheme.**
 - c. **The operation of the new scheme must allow PSA to retain its role in developing, setting and maintaining standards for the pharmacy profession primarily through its competency standards, professional practice standards and code of professional conduct.**
 - d. **Legislation for and operation of the new registration scheme must not alter the pharmacy ownership provisions vested in state and territory legislation.**
 - e. **Consideration must be given to allow existing infrastructure to be retained wherever possible and reshaped under the new scheme where needed rather than dismantling and reinventing systems unnecessarily.**
 - f. **The state and territory pharmacy boards must be equipped to retain local presence and expertise for the effective and timely management of issues including pharmacy ownership provisions, registration of pharmacy premises, complaints handling and disciplinary actions.**

BACKGROUND

6. PSA is the peak national professional organisation representing pharmacists in all areas of professional practice. PSA works to influence attitudes, opinions, policies and practice through representation, networking, consultation, continuing education, practice support, standards, guidelines and a range of publications and health promotion programs and resources.

7. PSA is a national body with a well-established network of state branches providing high quality education, training, mentoring and practice support to all pharmacists. PSA has an excellent track record in delivering comprehensive, high quality resources in a timely manner in partnership with key stakeholders including government.

8. PSA is a recognised Registered Training Organisation under the Australian Government Department of Education, Employment and Workplace Relations and provides nationally recognised courses such as Certificates II and III in Community Pharmacy and Diploma of Management. PSA is also the first Australian pharmacy organisation to be authorised by the Australian Pharmacy Council to accredit providers of continuing professional development.

9. The national registration scheme would primarily affect health professionals who stay on the register as well as those applying to be newly registered. In Australia there were close to 17,000 full-time equivalent pharmacists in 2006.¹ This represents a nine per cent increase in the active workforce since 2001.²

10. The number of pharmacists who join the pharmacy workforce every year are approximately as follows (based on figures from 2007):²

- a. the output from 18 pharmacy degree programs offered by 16 schools of pharmacy was 1,427 graduates;
- b. the number of overseas qualified pharmacists obtaining eligibility to register in Australia was 94;
- c. the number of pharmacists with Australian qualifications migrating from overseas countries was 172; and
- d. the number of pharmacists transferring from inactive to active status was 138 (an estimated figure based on 2006 data).

11. The pharmacy profession is engaged in many diverse areas of the health care sector. Approximately 80 per cent of pharmacists work in community pharmacy and other places of employment include hospitals, residential aged care facilities, Indigenous health services, pharmaceutical industry, government departments, military services, educational facilities, and professional and industrial organisations.

¹ Australian Institute of Health and Welfare. Australia's health 2008. Cat. no. AUS 99. Canberra: AIHW; 2008.

² Human Capital Alliance. Pharmacy workforce planning study. Analysis of secondary data to understand pharmacy workforce supply. Initial supply report. 2008.

PSA'S COMMENTS ADDRESSING THE INQUIRY'S TERMS OF REFERENCE

Impact on state and territory health services

12. Australia has a well established network of 5,000 community pharmacies which is critical in supporting equitable access for Australians to medicines, health information and professional advice. The existence of this valuable infrastructure is underpinned by the pharmacy ownership provisions embedded in state and territory legislation. PSA firmly supports this arrangement as it provides a solid foundation for effective and accessible health care for all Australians. The new registration scheme for health professionals which will operate under national legislation must not compromise the pharmacy ownership provisions vested in state and territory legislation.

Impact on patient care and safety

13. The potential impact of the new scheme on patient care and safety is heavily intertwined with many factors including the standards of training and qualification of health professionals, the management of complaints and the resources of boards and other bodies. Therefore we have provided comments here and in other sections of this submission.

14. There is, unfortunately, no evidence that the proposed changes to enable implementation of the new scheme will actually result in improved patient care and safety. PSA believes that patient care and safety are enhanced by effective processes and appropriate resources together with improved training and accountability which provide for better standards of care. The proposed systems of the new registration scheme do not necessarily contribute to any of these issues.

15. PSA notes the recent decision³ to include the following safety measures to deliver protection to patients:

- a. mandatory reporting of professionals who are placing the public at risk of harm (ie. other practitioners and employers must report conduct such as practising under the influence of drugs or alcohol, or sexual misconduct); and
- b. mandatory criminal history and identity checks for all health professionals registering for the first time in Australia (plus annual declaration on criminal history matters for all registrants on renewal).

16. PSA notes that health practitioners who become aware of an issue often feel responsible to support remedial action rather than report the colleague or associate to authorities immediately. PSA believes this activity should continue to be supported and encouraged with no penalty to the employer or colleague for taking this course of action. Health professionals should be permitted the opportunity to seek treatment or remediate behaviour without obligating those assisting them in this process to report or notify to the board, unless there is any immediate or ongoing risk to the public.

17. In recommending mandatory reporting of professionals who are placing the public at risk of harm, an issue which may need to be canvassed is the need for practitioners to report any person (ie. other practitioner or employer) who impose employment conditions or practices which may compromise professional autonomy, professional ethics or have the potential to contribute to unsafe outcomes.

³ Australian Health Ministers' Conference. Extract from Communiqué. 5 March 2009.

18. PSA supports the proposal for mandatory criminal history and identity checks. However, as expressed in the past, PSA has concerns about the impact these processes may have on the timeliness of the registration process and the registration fees. We have yet to see any report or analysis of these issues and would be keen for an impact statement to be developed as these matters are of significance to pharmacists and other health professionals.

Effect on standards of training and qualification of pharmacists

19. **PSA's role in standards setting.** Within the pharmacy profession, PSA is regarded as the body responsible for setting the standards for professional ethics and practice. On behalf of and in consultation with the pharmacy profession, PSA is responsible for the development and maintenance of the competency standards,⁴ professional practice standards⁵ and code of professional conduct.⁶

20. PSA's standards are also embedded in legislation⁷ and linked to the dispensing of prescriptions for pharmaceutical benefits under the *National Health Act 1953*.

21. Professional societies have a role in providing guidance and support to members of their profession. Boards have responsibility for ensuring health professionals meet their professional requirements and obligations in the interests of public safety.

22. There have been a number of references around the development of standards including that national boards will "develop and publish minimum standards" and "...panels will be responsible... for... developing registration standards including professional/competency standards". PSA is strongly opposed to any proposal to assign another entity the role of developing the pharmacy profession's competency and practice standards. PSA must retain its role in developing and setting standards for the pharmacy profession and guiding pharmacists on professional ethics and appropriate standards of practice.

23. **Specialist pharmacist practitioners.** Pharmacists are regarded as generalists at the time of initial entry to the profession but some pursue paths to become specialist practitioners in a particular professional discipline or activity. Specialisation by pharmacists is not dependent on factors such as place of practice or source of funding.

24. The primary body through which pharmacists currently gain credentialing is the Australian Association of Consultant Pharmacy (AACP). PSA is a joint owner, with the Pharmacy Guild of Australia, of AACP which was established in 1992.

25. Currently there are approximately 1,900 pharmacists who are credentialed to undertake medication management reviews. Credentialing requirements for other specialty areas including diabetes, asthma and warfarin therapy are also being investigated and/or piloted. The AACP is also the major credentialing body approved by the Australian

⁴ Pharmaceutical Society of Australia. Competency Standards for Pharmacists in Australia 2003. Canberra; PSA; 2003. Available at: www.psa.org.au/site.php?id=1123

⁵ Pharmaceutical Society of Australia. Professional Practice Standards. Version 3. Canberra: PSA; 2006. Available at: www.psa.org.au/site.php?id=1094

⁶ Pharmaceutical Society of Australia. Code of Professional Conduct. 1998; Mar. Available at: www.psa.org.au/site.php?id=628

⁷ *National Health (Pharmaceutical Benefits) (Conditions of approval for approved pharmacists) Determination 2007*. Available at: [www.comlaw.gov.au/ComLaw/Legislation/LegislativeInstrument1.nsf/0/8D403709A1F874FBCA257344001AD893/\\$file/F2007L02703.pdf](http://www.comlaw.gov.au/ComLaw/Legislation/LegislativeInstrument1.nsf/0/8D403709A1F874FBCA257344001AD893/$file/F2007L02703.pdf)

Government Department of Health and Ageing for professional pharmacy services, which are remunerated separately from the supply of medicines, for example, Home Medicines Reviews, Residential Medication Management Reviews and Diabetes Medication Assistance Service.

26. PSA believes the experience, expertise and infrastructure of AACP must be utilised as effectively as possible under the new scheme's accreditation functions. The profession's competency standards issued by PSA also provide the basis for some specialist level competencies with further work in this area being undertaken in 2009. This is another reason why PSA must continue to be recognised as the standards setting body for the pharmacy profession.

27. **Intern training program.** PSA is currently engaged in the development of a nationally consistent intern training program for the pharmacy profession which will support the objectives of the new registration scheme.

28. **CPD&PI program.** Recognising that the achievement of optimal health outcomes is influenced by both the competence of the professional delivering the health service and the quality of the system through which that service is delivered, PSA also has an established Continuing Professional Development and Practice Improvement (CPD&PI) program^{8,9} for pharmacists which is underpinned by the competency standards and professional practice standards. The program provides a framework for guiding pharmacists to those activities that will maintain and extend their professional capabilities for the range of services they provide and to improve the quality of the systems through which they deliver those services.

Effect on complaints management and disciplinary processes for pharmacists

29. PSA has expressed concerns about the handling of complaints and disciplinary processes. One of the key issues is that they must be handled in a timely manner and therefore PSA prefers the state and territory pharmacy boards to continue to be supported to undertake their investigations and assessments at the local level.

30. PSA remains concerned about the proposal to categorise and manage notifications (complaints) under discrete streams ie. performance (competence), health (impairment) and conduct (discipline). While the proposal includes the flexibility to move between streams and for cross referral, PSA's main concern is that the proposed system appears extremely onerous and is likely to be ineffective.

31. PSA's preference would be for one investigation 'committee' to receive and assess all matters with the flexibility of being able to appoint appropriately qualified people to the panel, if necessary, depending on the nature of the complaint being investigated. We believe this is a better model given that many incidents are more likely to have issues or components requiring investigation by more than one 'stream'. We also believe this would allow the smaller jurisdictions and professions to function where the availability of experts and resources may be more limited.

Role of state and territory registration boards

32. **State and territory presence.** PSA has noted in previous submissions that significant experience and expertise reside in the pharmacy registering authorities (state and territory pharmacy boards), both individually and collectively. PSA believes it is sensible and logical to

⁸ More information available at: www.psa.org.au/site.php?id=1348

⁹ A flowchart outlining the CPD&PI program is available at: www.psa.org.au/site.php?id=705

retain and maintain the infrastructure, contribution and expertise of these bodies as much as possible under the new scheme legislation. This is clearly in the interests of maintaining continuity for the protection of the public and also would be of significant benefit in effecting a smooth transition to the new scheme.

33. As outlined earlier in this submission, PSA believes provisions to support the state and territory pharmacy boards to manage complaints and disciplinary processes locally must be included in the new scheme. The handling of these issues in a timely manner and with local knowledge is essential from the perspectives of both the health practitioner and the consumer.

34. **Pharmacy premises.** An issue that appears to have been overlooked to date is the legislative requirement for registration of pharmacy premises which is a responsibility of pharmacy boards currently in all jurisdictions except Queensland, ACT and NT. While this function should remain outside of the national registration scheme, PSA strongly believes that state-based entities of pharmacy boards must be allowed and equipped to continue to undertake this role. These provisions are intended to ensure pharmacy premises are appropriate for the storage and handling of therapeutic goods in the interests of public safety.

Alternative models

35. As outlined in this submission PSA has proposed a number of alternatives or preferences on various aspects of the new scheme.

36. **Profession specific panels.** PSA is the professional body that represents and draws its members from all areas of the profession of pharmacy. For well over a hundred years PSA has been the developer and custodian of professional standards, competencies and ethics. As such we believe it is appropriate that we be represented, in our own right, on any pharmacy profession specific advisory boards or panels.

SUMMARY

37. PSA remains committed to the establishment of a national scheme to oversee the registration of health professionals including pharmacists.

38. Under the new scheme, PSA's role as the standards setting body for the pharmacy profession must continue. The profession's competency standards, professional practice standards and code of professional conduct issued by PSA must continue to underpin the professional ethics and practice of Australian pharmacists.

Prepared by:
Pharmaceutical Society of Australia

30 April 2009