

## **Australia's Health Workforce — Productivity Commission Position Paper**

### **Introduction**

The Council of Pharmacy Registering Authorities (COPRA) welcomes the opportunity to provide further input into the Productivity Commission's consideration of health workforce issues. This submission:

- describes roles and activities of COPRA which are pertinent to the issues developed in the Position Paper; and
- proposes an alternative model, which the Council believes can achieve necessary reform on a national level more effectively and without recourse to large new bureaucratic entities, and their attendant cost and structural drawbacks.

### **Background**

The Council of Pharmacy Registering Authorities (COPRA) is the national association of State and Territory pharmacy registering authorities. The Council, which was established in 2002, is an association incorporated in the ACT. It is funded through member grants. The body responsible for registration of pharmacists in New Zealand, the Pharmacy Council, is an associate member. COPRA works closely with the Australian Pharmacy Examining Council Inc (APEC), which is responsible for examination of overseas pharmacists seeking registration in Australia. The secretariats of the two bodies are co-located and action towards merger of the two associations is well advanced.

COPRA has two purposes of particular relevance to the Commission's inquiry into Australia's health workforce:

- to carry out such functions as are necessary for the accreditation of pharmacy education providers and/or courses which pharmacy registering authorities may rely on for the registration of pharmacists; and
- to improve the consistency of the standards of pharmaceutical education, registration and practice, including proposing model legislation, guidelines and codes of conduct.

### ***COPRA's role in accreditation of pharmacy schools and registrable pharmacy degree courses***

State and Territory pharmacy acts, for which the registering authorities have administrative responsibility, all include provision that registration as a pharmacist is dependent upon a person having a qualification recognised by the registering authority. The realities of increasing workforce mobility and mutual recognition — and the consequential need for all jurisdictions to have confidence in the decisions of others — led to recognition of the need for a national process for recognition of pharmacy qualifications.

This accreditation process commenced in 1998 through the New Zealand and Australian Pharmacy Schools Accreditation Committee (NAPSAC), now a standing committee of COPRA. The committee includes nominees of its parent Council, the Committee of Heads of Pharmacy Schools of Australia and New Zealand, the Pharmaceutical Society of Australia

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(PSA), the Pharmacy Council of New Zealand, the Society of Hospital Pharmacists of Australia and the Pharmacy Guild of Australia. It evaluates and makes recommendations to its parent Council on all pharmacy degree courses in Australia and New Zealand intended to lead to registration.

In developing its accreditation procedures, COPRA has had regard to both the purpose of accreditation — that successful completion of a course recognised in legislation assures that a graduate has a minimum and uniformly accepted set of knowledge, skills and attributes to underpin entry level work competencies — and to minimising compliance costs to the higher education sector. Some features of qualifications recognition and accreditation under COPRA are highlighted in the following points.

- Pharmacy education and training in Australia is driven by the *Competency Standards for Pharmacists in Australia*, as developed and published by the PSA in consultation with all major professional pharmacy organisations. As such, COPRA's requirements for accreditation do not define or set boundaries on the role of a pharmacist — rather, they are one significant component of a system of assurance that public health is protected by pharmacists being competent in the full range of services they provide, directly and indirectly, to the public. It will be active in ensuring that the competency standards reflect, and do not impede, changing needs, and that curricular and other changes are made if necessary to reflect new competencies.
  - Through the Council, State and Territory pharmacy registering authorities have recognised the two year graduate entry Master of Pharmacy course as an acceptable alternative qualification to the traditional four year Bachelor of Pharmacy course. There are now a number of the former courses at various stages of accreditation. The graduate entry courses, which are open to graduates with grounding in the basic sciences necessary for pharmacy broadly equivalent to that provided by the first year of a four year BPharm, provide a flexible and efficient entry path to general health science and other graduates wishing to move to pharmacy.
  - COPRA encourages institutions offering registrable pharmacy courses to integrate the Council's accreditation review requirements with internal institutional quality procedures (both of which are largely geared to five year cycles). It has been the Council's experience that the needs of both parties can be satisfied, without compromise, by joint review of programs and/or schools.
  - Accreditation has not limited growth in pharmacy education. Since the inception of accreditation of pharmacy schools, the number of schools in Australia seeking accreditation has increased from seven to fifteen. In addition, two schools are now offering both BPharm and graduate entry MPharm courses.
  - COPRA is of the view that it is not in the public interest for mobility and flexibility in pharmacy practice to be inhibited by specialisation of the profession. All pharmacists must exhibit the full range of competencies at the time of first registration and thus be capable of practicing in hospital and community pharmacy settings, in other direct patient contact settings, and in industry, government and the armed forces. Its accreditation requirements support this view.
  - COPRA's accreditation criteria recognise that an acceptable pharmacy education may be gained in a variety of institutional settings, from a traditional specialist faculty of
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pharmacy to small multidisciplinary or non-disciplinary schools of health science with a core only of specialist pharmacy teaching staff.

### *COPRA's broader role in pharmacy education*

For a pharmacist to be competent to practice, it is necessary that they undertake a period of supervised practice and a program of experiential training, to assist in the transition from university to independent practice. This preregistration training takes approximately twelve months. Registration is dependent upon preregistrants passing examinations to demonstrate their competence.

#### *Preregistration training and supervised practice*

Preregistration training programs are provided directly by the registering authorities or by a training provider(s) approved by the registering authority. COPRA will consider later this year draft criteria for preregistration training to ensure uniformity between jurisdictions. Similar consideration is being given to requirements for supervised practice, some variation of which is presently due to variation in State-based legislation<sup>1</sup>.

#### *Registration examinations*

State registering authorities (rather than colleges or other professional bodies) conduct registration examinations<sup>2</sup>. Candidates who do not pass these examinations are not registered. The examination requirements vary between States and are designed to test competence, rather than simply underlying knowledge. They include one or a combination of the following:

- a national MCQ test, the Australian Competency Assessment Tool (APCAT), administered by the Australian Pharmacy Examining Council;
- a series of Objective Structured Clinical Examinations (OSCEs);
- a written examination; and
- an oral examination.

COPRA is currently investigating more systematic use of examination results to measure the effectiveness of different education and training programs. It intends that, commencing 2006, analysis of results by qualification and preregistration training program will point to any deficiencies in training and feed back to accreditation.

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<sup>1</sup> The large increases in pharmacy graduate numbers which have occurred over recent years and are presently in the pipeline are placing pressures on clinical training/supervised practice placements (at undergraduate level as well as preregistration level). With the exception of Victorian public hospitals, no funding arrangements exist for the clinical training of students and preregistrants in community and hospital pharmacies. While the system has worked to date thanks to a sufficient number of hospital and community pharmacies being willing to place their sense of responsibility to the profession above lack of compensation for financial and workload costs involved, increasing graduate numbers and operational cost pressures challenge its sustainability. COPRA regards this as a matter of concern, as such training is an essential component of development of the competencies necessary for independent pharmacy practice, and shares the Commission's assessment for the health professions as a whole that there are systemic problems in current arrangements which must be addressed.

<sup>2</sup> In Queensland, preregistrant assessment is conducted by the Pharmaceutical Society of Australia, as the Board's approved training organisation, in accordance with Board requirements.

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### *Competency based registration and continuing education*

In line with a recommendation of the National Competition Policy Review of Pharmacy, COPRA's member authorities have instituted competency based renewal of registration or are working towards it. Demonstrated maintenance of competence through participation in structured continuing education activities will be an essential component of registration renewal. COPRA is at an advanced stage of development of an accreditation mechanism for continuing education providers, which will assure quality and relevance of CE activities and ensure uniform national recognition of them for registration purposes. While the Pharmaceutical Society of Australia has for a number of years had a CPE points scheme and accreditation process for external providers, COPRA has concluded that an accreditation process under its aegis is necessary to ensure that the provision of education services is open to all providers able to satisfy the criteria and is not linked to membership of any particular professional organisation. It is evident that pre-registration and post-registration education and training are most productively considered within the framework of a continuing system.

### *COPRA's role in a national system for registration of pharmacists*

It has become evident since the introduction of mutual recognition legislation at Commonwealth, State and Territory level between 1992 and 1995 that the full benefit of mutual recognition can only be achieved where there is uniformity (or, at least, minimal difference between jurisdictions) in registration requirements. Difficulties in mutual recognition are likely to be exacerbated if the States and Territories introduce non-standard requirements for competency based registration renewal. For example, should a jurisdiction which regards competency to practise as competency to practise pharmacy in its broadest sense recognise a pharmacist who has had a policy role elsewhere and has maintained competence under a system which allows them to maintain competence in their (specialist) area only?

For the above reasons, COPRA was disappointed by the response of the response in 2002 of the CoAG Senior Officials Working Group to the National Competition Policy Review of Pharmacy. That response equivocated to a marked degree on the recommendation on national consistency of regulation of pharmacist registration. As foreshadowed by those Senior Officials, jurisdictions have afforded higher priority to harmonisation of regulation of all health professionals within a jurisdiction than national harmonisation of regulation of pharmacists.

In May 2005, COPRA agreed to initiate action itself to develop a national model framework for uniform registration of pharmacists. The in principle intention is to agree uniform requirements covering:

- qualifications for registration;
  - personal qualities for registration, in accordance with CoAG's acceptance of the NCP Review;
  - requirements for supervised practice and preregistration training;
  - powers to place limitations on registration and means of recording such limitations;
  - discretion to register persons not meeting prescribed qualifications, training and professional experience and means of recording limitation on such registrations;
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- registration of students, pre-registrants and pharmacists returning to work;
- renewal of registration based on recency of practice and demonstration of competence; and
- certification of competence to practise.

The above registration matters are the highest priority. A uniform regulatory framework will also need to specify what a registered pharmacist may or may not do (and means of specifying these which do not impose undue regulatory constraint on an evolving and flexible role for pharmacists in health care); the specification and legal force of codes and standards for pharmacy practice; and definition of, specification of grounds for, means of handling, and sanctions against unprofessional conduct.

Only within such a framework will it be possible to address effectively issues such as:

- supply of a service or a medicine by a pharmacist in one jurisdiction to a person in another jurisdiction (an issue which goes beyond registration to uncertainty and lack of consistency of where responsibility lies in the event of claims of unprofessional conduct); and
- mobility of registration, in a manner which does not require registration in multiple jurisdictions and which facilitates, in particular, the provision of locum services to remote areas.

### **Comment on the Productivity Commission's Position Paper**

These comments are confined to matters addressed in those areas of direct interest to COPRA; that is chapters 6 and 7 of the Position Paper.

COPRA is in broad agreement with many of the preliminary views expressed in the Position Paper. In particular, it notes its in principle agreement with the following key points:

- establishment of an effective mechanism for re-examination of traditional professional roles and boundaries, capable of having regard to health care on a systemic basis;
- more effective coordination to help avoid the problems that recent large increases in undergraduate intakes are creating for clinical training providers;
- consistency of standards and procedures for course accreditation;
- uniform national standards for registration; and
- improvement of mutual recognition arrangements through implementing fee waivers for mobile practitioners and streamlining processes for short term provision of services across jurisdictional borders.

COPRA is also in agreement with the view of the Commission that 'the merits of consolidation of registration boards, across jurisdictions and/or across professions, can only be assessed on a case by case basis'. COPRA sees no evidence that the monolithic central model proposed by the Victorian Government and, with some variation, other governments and agencies is likely to provide either a cost-effective or timely mechanism for achieving desirable objectives.

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The Position Paper appears to embrace suggestion that rigidities in professional roles originate in (or are at least significantly reinforced by) accreditation of courses. In the case of pharmacy, at least, this conjecture is highly suspect. As one example only, pharmacy graduates must *inter alia* have knowledge of major diseases, their symptoms and their drug treatment to properly carry out their current dispensing and primary health care roles. However, the right of a pharmacist to prescribe medicine in a particular circumstance is a matter of public policy, which hinges overwhelmingly on concerns other than the current pharmacy curriculum content and emphasis. To infer otherwise is to confuse cause and effect. Should health policy agencies determine that a significant change should occur in this regard, the competency standards for pharmacists would be reviewed accordingly, as would curricular requirements for courses and necessary postgraduate training and professional education requirements for competency based registration renewal. It is also noted that NAPSAC accreditation, in common with that of most other health education accrediting agencies, involves review of the capacity of the course provider to provide the resources necessary for quality teaching and, through research and innovation, to stay at the leading edge of pharmacy. Research in some universities has had a significant effect in extending possible practice roles of pharmacists. Medication Reviews and Disease State Management are two very important areas. NAPSAC and COPRA encourage this.

COPRA recognises that all matters relevant to assurance that all health professionals across Australia are competent to practice — standards of initial education and training; initial registration; continuing professional development and competency based renewal of registration; practice standards; and standards compliance — might ideally and theoretically be the responsibility of a single super-agency. That agency might allow best practice in all the above matters to extend across all health professions and, by virtue of its systemic base, ensure that workforce innovation is not impeded by regulation.

However, since the above model is simply too large and too difficult to implement, suggestion has been made to integrate standards of initial education (accreditation) and registration separately and horizontally through establishment of national agencies spanning all the health professions. In contrast, the other functions vital for assurance of competence to practice would remain vertically integrated through the present State and Territory registering authorities (the Boards).

The proposed dislocation of responsibility for standards for initial education from preregistration experiential (clinical) training and continuing professional education in pharmacy is of particular concern. It appears to embrace, implicitly at least, an assumption that education is complete at the point of graduation from university — something which is at odds with the rapidity of knowledge turnover in the health professions. While the possession by a pharmacist of a satisfactory knowledge base is not in itself a guarantee of competence, it is certain that no pharmacist can maintain competence if his or her knowledge is not kept up to date.

COPRA believes that the benefits of the above model can be realised in more cost-effective fashion — and without the disadvantages of dislocation (and inevitable isolation) of certain elements from the existing systemic responsibilities of registering authorities for competence to practice.

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COPRA advocates:

- establishment of an advisory health workforce improvement agency, as proposed;
- retention of profession-based State and Territory registering authorities operating under uniform legislation and administrative instruments in relation to all of the above functions;
- retention of responsibility of national councils such as COPRA (ie those representing the relevant registering authorities) for education accreditation;
- establishment by the Commonwealth or the Australian Health Ministers' Conference of a mechanism (basically a committee and small secretariat within DoHA or elsewhere as appropriate) to develop binding provisions for accreditation standards and processes for the registered health professions. Such a mechanism would include the national councils responsible for accreditation, higher education, health agencies and possibly others. Councils would be obliged to operate in accordance with standard provisions developed through such a mechanism; and
- use of AHMAC as a vehicle for achievement of uniform national (but State and Territory-based) registration of the professions and for agreement of operation of the legislation in relation to cross-border issues. Failure to make progress in this regard in the past appears to have been due to lack of will on the part of some governments and health agencies rather than structural shortcomings.

Under the above model:

- the health workforce improvement agency would be the driver for change;
- uniform national change would be agreed through the agency of AHMAC, AHMC and CoAG;
- State and Territory health agencies would be responsible for implementing such change as it related to legislation and other instruments; and
- registering authorities would be responsible for operation in accordance with such changes and for ensuring that their national councils were compliant.