Aged & Community Care Providers Association
First Floor, Andrew Arcade
42 Giles St, Kingston ACT 2604

ABN 19 659 150 786

15 May 2023

Nik Subrail
APC Standards Development
Australian Pharmacy Council
Level 1, 15 Lancaster Place,
Majura Park, Canberra Airport, ACT 2609

Dear Nik,

Feedback on Accreditation Standards for Aged Care and Medication Management Review (MMR) Pharmacist Training Programs

Thank you for the opportunity to comment on the draft *Accreditation Standards for Aged Care and Medication Management Review (MMR) Pharmacist Training Program*.

In preparing for this response, ACCPA consulted its members who employ an embedded pharmacist at their facility. It was noted that it is difficult to comment based on lack of information on what the "measure" is going to look like particularly given the change in approach from "clinical role on-site" (as per the on-site pharmacist consultation paper) to "outreach" as part of the recent Federal budget announcement. The following are ACCPA comments on the specific issues:

Terminology

ACCPA supports the term "credentialled", as it mirrors the terminology for diabetic educators with enhanced skill levels. It also clearly differentiates between the former Australian Association of Consultant Pharmacists (AACP) and Society of Hospital Pharmacists of Australia (SHPA) accreditation.

Additionally, using credentialed allows for other post nominals as programs evolve e.g., credentialed aged care pharmacist, credentialed MMR pharmacist, credentialed diabetes educator etc.

ACCPA believes the education provider should be a university or RTO because there is a need for accountability and transparency as well as recognition of excellence and credibility.

Structure, applicability, and future proofing

ACCPA believes criteria from all five domains are relevant and are applicable to post graduate training programs where a pharmacist will have already met the requirements through existing training and professional obligations as a registered health practitioner.

It is important to note, however, that Pharmacists who care for older people require specific geriatric medicine knowledge and expertise because medication management for older people is complex and differs significantly to that for younger adults. In this context, a key attribute of the aged care and MMR pharmacist should include not only knowledge and understanding of dementia and behaviour management, but also the ability to share that knowledge with all members of the aged care team including hotel services and lifestyle.

Governance and quality

With regard to education providers not registered with a national education quality standards body, while these providers may not wish to be involved in all of the education, they might be able to offer

Aged & Community Care Providers Association
First Floor, Andrew Arcade
42 Giles St, Kingston ACT 2604

ABN 19 659 150 786

some sort of bridging courses and/or placements for experiential learning or to be a mentor. These organisations could then become accredited to conduct specific aspects of the program. This will remove the lengthy process for full accreditation as an education provider.

Work Integrated Learning (WIL)

As noted above, pharmacists who care for older people require specific geriatric medicine knowledge and expertise because medication management for older people is complex. These we believe, would require the training program to include an element of Work Integrated Learning (WIL) which could include shadowing medication administration rounds, real life case studies, supervise practice, and placements.

Aged care and MMR pharmacists would need to be deemed competent in a number of domains and activities – the use of simulation would be a great way to ensure consistency when assessing knowledge and learning deficits. Objective Structured Clinical Examinations (OSCEs) are also very helpful in medical education because they allow a student to practice and demonstrate clinical skills in a standardised medical scenario.

As always, there would be workforce challenges for rural and remote sites especially regarding staff availability, and the need to train supervisors/mentors. It is, therefore, difficult to provide standardisation across different WIL sites.

ACCPA would envisage that the WIL might provide modelling of some of the soft attributes for good aged care and a MMR pharmacist would possess - as well as demonstrating workflow, expectations and the aged care system. ACCPA is of the view that WIL supervision should be from a pharmacist (including virtual supervision), and that education providers should have oversight of WIL in a similar way that student placements are run – noting WIL supervision can be burdensome and disruptive to workflow for the supervisor.

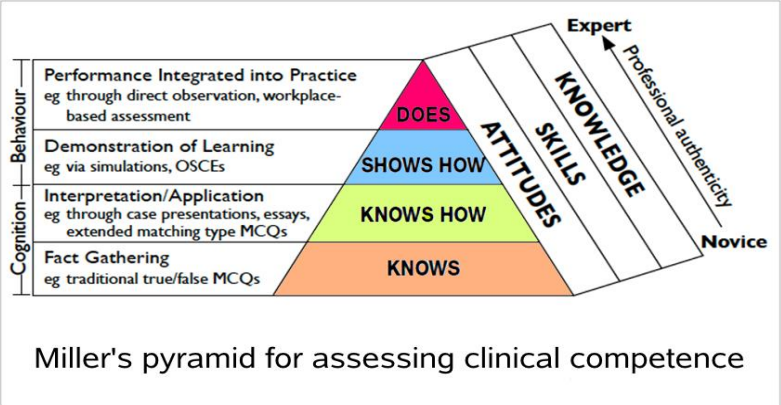
The expected outcomes for the learner of a period of WIL would include competence to work in an aged care environment (e.g., contributing to a MAC meeting), confidence in communicating with other health care professionals, and ability to write value add reports whether that be for medication reviews or supporting homes with the National Quality Indicators Program (NQIPs). Aged care providers would want someone to be workplace ready after being involved in WILs.

Assessment

Assessment could be conducted at an entry level for all and then additional modules for working in a specific environment. The assessment would need to have a multi-pronged approach - there are a number of different options including simulations, case study with clinical conundrums, portfolio of activities, OSCE's, and reflective practice and, which could be guided by Millers Pyramid. These need to be repeated on a regular basis to ensure the pharmacist remains current as evidence evolves.

Aged & Community Care Providers Association
First Floor, Andrew Arcade
42 Giles St, Kingston ACT 2604

ABN 19 659 150 786



Miller's pyramid for assessing clinical competence

Effectiveness of the aged care and MMR pharmacists, on the other hand, is likely to be demonstrated through existing benchmarking audits such as National Quality Indicators Program (polypharmacy & antipsychotic), National Antimicrobial Prescribing Survey (AMS), and medication incidents. Medication complaints could also be a marker.

Mentors and networking

ACCPA is of the view that the provision of mentoring or networking opportunities for learners/graduates should be the responsibility of the training provider of an accredited program to encourage pharmacists to work in aged care environments. A barrier is often knowing where to start if the pharmacists have never worked in the aged sector before.

Mentoring is essential to the success of the program, but there should be consideration of remuneration for mentors. To encourage participation, education providers could send out EOI's for mentors and then offer training for them, so they are ready to take on students. However, there would need to be robust governance around this with transparency and accountability for both mentor and mentee.

ACCPA expects that if WIL opportunities are an essential component of the training program, then networking opportunities should be available for learners/graduates.

Recredentialing requirements

ACCPA believes there is a need for recredentialing of aged care and MMR pharmacists after the completion of an accredited program in line with the previous accreditation processes for MMR pharmacists to show currency of practice in the relevant areas particularly, aged care.

Recredentialing activities could include completing relevant CPD, proof of achieving KPIs such as number of MACs attended, and example of a resident report for assessment.

ACCPA also believes that a three-year cycle of recredentialing would be appropriate though some areas of activities (such as CPD) may require to be undertaken on yearly basis.

Furthermore, a set of clearly defined KPIs could be embedded in the standards to ensure consistency, transparency, accountability, quality and governance.

Aged & Community Care Providers Association
First Floor, Andrew Arcade
42 Giles St, Kingston ACT 2604

ABN 19 659 150 786

If you have any further questions or would like to discuss, please contact Dr Moe Mahat at Mohamad.Mahat@accpa.asn.au

Yours sincerely

Roald Versteeg
General Manager, Policy and Advocacy
Aged & Community Care Providers Association