Framework for accreditation requirements for the safe and effective use of medicines: Response to consultation questions

November 2018

1. ***Do you support the proposal for a common framework of key principles, criteria and learning outcomes for safe and effective use of medicines by beginning practitioners in a regulated health profession?***

   Universities Australia (UA) supports the proposal for a common framework of key principles, criteria and learning outcomes for safe and effective use of medicines by entry-level practitioners in regulated health professions. All health professionals encounter patients on prescribed and non-prescribed medications. These professionals have the opportunity to interact with patients in ways that influence their understanding of the role of medications in treating/managing their condition, the benefits and drawbacks of various medications and the options, where available, of choosing approaches that do not rely on medications. A consistent foundational understanding and shared terminology across health professions about medicines is therefore important to quality health care delivery. It is also aligned with other global initiatives in this area[1] which is important given the increasing international mobility of students and health professionals.

2. ***Referring to the principles set out in section 3.1, are there additional principles that should be included?***

   UA does not recommend any additional principles but does recommend boosting some of the existing principles as follows:

   - UA recommends that principle 1 specifically mentions deprescribing. The tapering or complete cessation of certain medications involved in deprescribing is increasingly recognised as contributing to safe and effective medicines use by all health professionals. Deprescribing can also help reduce inappropriate polypharmacy, especially in the elderly[2].
   - The role of all health professionals in QUM activities has been well described in the consultation document (for example, in the last paragraph on page 4[3]). UA recommends that this or a similar description be added to principle 3 to emphasise the responsibility of all health professionals, both prescribing and non-prescribing practitioners, to contribute to QUM. UA also recommends that principle 3 clearly differentiates between the responsibility and knowledge requirements of all health professionals regarding medicines and the specific responsibilities of those health professionals who prescribe, provide and administer medications.

3. ***Do the proposed learning outcomes adequately connect Quality Use of Medicines framework (QUM) and the NPS National Prescribing Competencies with extant individual professional competency statements?***

   The proposed learning outcomes broadly reflect the core themes of the QUM and the NPS National Prescribing Competencies. UA refers the Health Professions Accreditation Collaborative Forum (HPACF) to the relevant health professional bodies for comments on the extent to which the proposed learning outcomes connect these themes with existing individual professional competency statements.

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[1] Such as the World Health Organisation's (WHO) Medication Without Harm: WHO's Third global patient safety challenge: https://www.who.int/patientsafety/medication-safety/en/

[2] I Scott, K Anderson, C Freeman and D Stowasser. MJA 2014. First do no harm: a real need to deprescribe in older patients: https://www.mja.com.au/system/files/issues/201_07/sco00146.pdf

[3] *"Safe use of medicines requires that each practitioner sees themselves as contributing to the system of care, recognises that there are other contributors, including the patient [and] that all decisions interact".*

4. ***How could these criteria and learning outcome statements be implemented within your area or discipline?***

   UA refers HPACF to responses from individual discipline groups in relation to this question.

5. ***If these principles, criteria and learning outcome statements were embedded what effect on patient outcomes is likely?***

   The likely impact of embedding these principles, criteria and learning outcomes in health professional education is enhanced knowledge about the safe and effective use of medicines and greater experience of IPE amongst all beginning health professionals. This in turn has the potential to improve patient outcomes through:

   - increased/more effective cross-disciplinary communication between, and the provision of more consistent patient information from, all health professionals;
   - better patient understanding about when and when not to use medicines - and which ones;
   - better patient understanding about effective, evidence-based alternatives to medicines.

   These all have the potential to improve outcomes through enhanced patient decision-making, increased treatment compliance and reduced adverse events. (They also have the potential to reduce costs both to patients and system funders). However, many elements contribute to overall health outcome improvements (such as: access to services; patient behaviour and choice; and health service culture, including the extent to which inter-professional learning and communication are supported). Most of these elements lie outside the scope of this framework. Thus, while the proposed framework supports enhanced patient outcomes, they cannot be guaranteed from implementing these standards alone.

6. ***Does the framework under Section 3 give sufficient emphasis to preparation for interprofessional practice as the foundation for safe use of medicine? If not should interprofessional practice be given greater emphasis in general or specifically related to preparation for safe use of medicine?***

   The principles and rationale for IPE as a basis for foundational knowledge of QUM across health professionals are well and succinctly outlined in Section 3. However, definitions, and understanding of IPE, as well as its implementation within health services, remains diverse. UA recommends that, to help counter this, greater emphasis is placed on IPE in Section 3 – both specific to its base in QUM as well as more generally. UA suggests that this includes an agreed, but broad definition of IPE which recognises the diversity of health professionals, reference to effective IPE examples and the benefits of IPE to improving health outcomes overall.

7. ***How should the success of any accreditation standards, principles and/or learning outcomes in this area be evaluated?***

   It is essential that any evaluation of the framework distinguishes between:

   - the successful implementation of the standards within health professional education courses/transfer of knowledge to health professional students; and
   - the translation of this knowledge to patient outcomes.

   As mentioned, there are many factors that contribute to overall patient outcomes. While improved QUM knowledge and IPE have the potential to improve these, other factors outside of the control of the proposed standards contribute to determining overall health outcomes. Effective implementation of the standards can contribute to but will not, by itself, guarantee these. UA therefore recommends that evaluation is primarily focused on the successful embedding of the standards within health professional education courses and graduate competencies around QUM relevant to disciplinary scopes of practice.

8. Are there any further comments you would like to make?

UA considers the proposed framework important to providing a consistent, foundational understanding of the safe and effective use of medicines across all health professionals and acknowledges the work of HPACF in developing the framework. UA makes the following further comments regarding the framework:

- UA understands that accreditation authorities have advised that there will be minimal implications for education providers in responding to the proposed framework, but that considerable alterations to programs of study may be required for a few professions. Information about which professions will be most affected is not however outlined in the consultation document. UA seeks urgent further clarification about which disciplines will be most affected, the likely impact of the framework on them and whether timeframes for framework implication will take this into account.

- UA recommends that, as far as possible, accreditation approaches to the framework are consistent and aligned across the different disciplines.

- UA recognises that the proposed framework refers to all health professionals, while HPACF represents the fifteen health professions regulated under the National Registration and Accreditation Scheme (NRAS). UA recommends that as far as possible, it is clear that the framework is written for, and access to the framework is made available to, all health professionals given all health professionals' interactions with clients on prescribed and non-prescribed medications.

- UA notes that the Australian Commission for Safety and Quality in Healthcare (ACSQH) are leading Australia's response to the WHO "Medication Without Harm[1]" project. ACSQH have focused their response to the WHO project on three main areas: polypharmacy, high risk medicines and transitions of care. While transition of care is mentioned in the proposed HPACF framework, UA recommends that high risk medicines and polypharmacy also be included. UA also recommends that the HPACF approach refers - and is more broadly linked - to international work in this area including international standards of best practice in quality use of medicines (QUM)

This submission has been developed in consultation with the Health Professions Education Standing Group (HPESG). HPESG represents the Councils of Deans of all university-based health professions as well as all jurisdictions across the university sector. UA welcomes the opportunity, in the near future, for HPACF to discuss with HPESG the potential impacts of the proposed framework on education providers.