

UNIVERSITIES AUSTRALIA'S RESPONSE TO THE DRAFT APC ACCREDITATION STANDARDS FOR AGED CARE/MMR PHARMACIST TRAINING PROGRAMS

May 2023

INTRODUCTION

Thank you for the opportunity to comment on the Draft APC Accreditation standards for Aged Care/MMR training programs.

Universities Australia (UA) is the peak national body for Australia's thirty-nine comprehensive universities. Our universities educate and train virtually all of Australia's new-entry domestic health professionals, including pharmacists. They also provide ongoing education, upskilling and reskilling for existing health professionals - both domestic and international, as well as undertaking health research. We therefore take a keen interest in health and health workforce policy, standards and regulation. UA is assisted in this work through regular consultation with our Health Professions Education Standing Group (HPESG). HPESG comprises senior university leaders across all jurisdictions and from the Council of Pharmacy Schools Australia and New Zealand (CPS).

Pharmacist education in Australian universities

Australian universities play a major role in delivering pharmacist education. Many member universities offer approved courses leading to endorsement as a pharmacist¹. A number of these members also offer a range of further qualifications in pharmacy.

RESPONSE TO THE CONSULTATION

This submission is from a whole of university sector perspective and is limited to those elements of the draft consultation/standards relevant to the sector overall. UA refers the APC to CPS's separate submission for a more detailed response to specific questions and standards.

Support for advanced practice roles for pharmacists and employment of a broader range of health professionals in aged care

We support the inclusion of pharmacists and allied health professionals onsite in aged care in addition to nurses, medical and dental practitioners, and encourage policy settings to support Clinical Educator roles, health professionals and students across *all* disciplines to undertake work and clinical experience in aged care.

- Evidence shows that health professional students can make a substantial contribution to aged care services – and that there are benefits to clients, service providers and to student learning in having well managed clinical experiences in aged care. Enabling a broader range of health professionals to work in aged care is foundational to increasing students' experiences in these settings.

¹ Just under 50% of Universities Australia's 39 members offer degrees leading to registration as a pharmacist - subject to successful completion of a supervised pharmacy internship. Source: <https://pharmacyschoolsanz.org/governance/#schools>

We support the proposed specific Aged Care Onsite Pharmacist (ACOP) role. The role appears to include two components: Medication Management Reviews (previously funded as Residential Medication Management Reviews - RMMRs) and a clinical governance/quality improvement role. At its most extensive, the ACOP could be a key clinical “linking” role. It would be delivered by a well-qualified health professional², focused on an area where evidence shows improvements can be made, particularly through medication management. It also supports workforce retention and maximising use of the existing health workforce by:

- providing an alternative career pathway; and
- offering “on-the-job” learning opportunities which keep practitioners in the workforce while they undertake career development.

A key aim for UA and HPESG is supporting health workforce formation/development and underlining the critical role of university-delivered education in this. Maximising the contributions of our existing health workforce through systems and education that enable practitioners to work to their full scope or in advanced practice roles, such as the ACOP, is strongly aligned with this.

Education and training pathway, format and delivery

ACOP role and who can undertake the training

It appears that the ACOP could/would act as a central clinical coordinator between other members of the multi-professional aged care team, the client, the client’s family/carers and potentially, with external service providers. An ACOP would therefore need:

- comprehensive general pharmaceutical knowledge;
- specific/deep knowledge of ageing in relation to pharmacy and relevant clinical aspects; and
- highly developed clinical communication, coordination, clinical governance and management skills.

We therefore support, at least initially, the ACOP education and training being predominantly targeted towards already qualified/registered and experienced practitioners. However, many of an ACOP’s more general skills and knowledge are also key components of entry level pharmacist education and training. A suggestion for future consideration is the inclusion of an elective ACOP pathway in the pharmacist intern year for those interested in specialising in aged care.

It is currently unclear if entry to undertake the ACOP education/training is restricted to pharmacy professionals. We recognise that an ACOP as currently envisaged would need to be a registered pharmacist with sound understanding of medicines and clinical practice, especially in the elderly. However, we wonder if ACOP training (especially for the clinical coordination role and quality improvement activities) could include/align with interprofessional courses with other professions such as advanced nursing practice, occupational therapy, physiotherapy and/or paramedicine that may currently exist or could be developed.

Education delivery – which provider and what qualifications?

It would be helpful to further clarify two aspects of the education delivery:

- Firstly – if education delivery will be restricted to specific providers or if it could be provided by all suitably qualified education providers. We strongly support a role for universities in delivering the education, alongside other providers such as the Australasian College of Pharmacy, the Pharmaceutical Society of Australia, the Society of Hospital Pharmacists and other accredited RTOs.
- Secondly, if the education is:
 - a recognised CPD type credentialing; or
 - a specialist qualification.

² Pharmacist training is a minimum of five years university-based education and is inclusive of requisite clinical experience.

If the later, we suggest that it would be better delivered through a higher education provider or RTO – and potentially linked to the Australian Qualifications Framework (AQF) like certain specialist qualifications in other disciplines currently are (for example, graduate certificates, diplomas or masters in critical care nursing, diabetes management, dementia care etc.)

Education delivery – format and WIL

It is likely that practitioners will come to the ACOP trainee role from a range of different situations including:

- substantial experience as a pharmacist, including significant experience in aged care;
- substantial experience as a pharmacist but without significant experience in aged care; and
- new or recent graduates who are building confidence in their pharmacy practice and/or have little to no experience in aged care.

It is suggested that addressing these multiple entry points may best be achieved through a competency-based approach that recognises existing skills and knowledge while supporting development of practitioners' identified skills/knowledge gaps.

Nested training

It is possible that the ACOP role could be tiered into:

- ACOPs largely undertaking MMRs (ACOP tier 1); and
- those progressing to the full ACOP clinical coordination role (ACOP tier 2).

If this distinction is helpful (it may not be) then a nested approach to training may be better employed.

Work Integrated Learning (WIL)

In relation to questions about the inclusion of Work Integrated Learning (WIL) in ACOP education and training: a flexible approach along a spectrum of WIL requirements is recommended. This would range from not requiring WIL (where ACOP trainees show substantial work-based experience in, and strong relationships with, aged care services) to a maximum level WIL (which would need to be determined) where ACOP trainees have little to no previous aged care experience.

Where WIL is required, it would be helpful if support³ was available to assist education providers and aged care services to work in partnership to develop the type, quality and quantity needed.

Other comments

Accredited education and training that benefits clients and offers career pathways for health professionals to advance their practice and remain in the workforce is strongly supported. The ACOP offers such potential and we see a role for universities in delivering this education and training. Universities are regulated education experts who undertake both education and professional accreditation to deliver quality courses in many professions. The ACOP education and training could be delivered by universities in a variety of ways which could be linked to recognised education standards if required.

Although outside of the scope of these standards, an important, broader consideration is how ACOPs will pay for their training and how their extended education/training will be acknowledged through relevant remuneration in the workplace. One advantage of linking the education and training to a formal postgraduate qualification is that trainees would be eligible for FEE-HELP.⁴

³ In terms of policy, regulation and resourcing

⁴ Providing FEE-HELP requirements are met - see: [Australian Government Study Assist](#).