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Tasmania

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To:
National Registration and Accreditation Implementation Project team

National Registration and Accreditation Scheme for the Health Professions

Attention:
The Review Committee

Objective

The purpose of this submission is to request [Exposure draft of Health Practitioner Regulation National Law 2009 \(Bill B\)](#) be made more proscriptive and assessable in terms of the “*continuing professional development program required by the National Board*” in Clause 101, 124 and 125 as follows

Declaration

I am a Pharmacist, educated at University of Sydney and formerly registered in NSW, currently registered in Tasmania. I co-founded and developed the specialist databases for the company that computerised the professional practice attributes of Community Pharmacy in Australia.

Before selling my interests in the Amfac ChemData JV more than a decade ago, it supplied services to 84% of Australia's Community Pharmacies and introduced Consumer Medicine Information (CMI) as well as the PBS Claims Transmission Scheme, the first instance of computerised health benefit payments in Australia.

I am a fellow of The Pharmaceutical Society of Australia ("PSA") semi-retired and currently retained part-time by PSA (0.4FTE) to encourage and support community pharmacies in Tasmania to adopt the Pharmacy Self Care Program ("PSC") as well as PSA membership attributes.

PSC is a continuing professional development program for pharmacists and pharmacy assistants focusing primarily on over the counter symptom and product based queries from patients and clients.

I am aware of a joint media release by APC and PSA 6 February 2009 which includes

"The Australian Pharmacy Council (APC) has announced that the Pharmaceutical Society of Australia (PSA) is the first Australian pharmacy organisation to be authorised to accredit providers of continuing professional development (CPD)."

A copy of that media release is appended.

PSA is also a nationally accredited Registered Training Organisation.

Having declared my connections with PSA, this submission is entirely my own. My submission is not encouraged or sanctioned by PSA.

Submission

I understand the CPD requirements to maintain and hopefully raise standards of practice for this miscellaneous list of health professions will necessarily be diverse.

The current structure of the Draft Bill (B) expects the respective National Boards to set “required” programs for continuing professional development (“CPD”).

Clause 101 Conditions of registration

1 (a) (i) *that the registered health practitioner must complete the continuing professional development program required by the National Board,*

Clause 124 Annual statements

Each applicant for renewal of registration must give to the National Board to which the application has been made, a statement that includes the following:

(a) *information about the continuing professional development program the applicant has undertaken during the applicant’s preceding period of registration*

“Clause 125 Decision about renewal

3 (a) (i) *that the registered health practitioner must complete the continuing professional development program required by the Board”*

Each clause indicates a National Board will specify a program suitable to maintain and raise skills of their practitioners?

I submit the Draft Bill (B) should endeavor to encourage each of the National Boards to adopt a structured and balanced program of CPD relative to the streams of practice in each profession.

The objective should be for each National Board’s CPD program to address core and developing practice outcomes as presented by patients. Those core elements should result in a balanced and rolling program to ensure CPD content is truly relative to practice.

Rather than simply specify practitioners should undertake CPD prepared by accredited but disparate providers, each National Board should undertake to set suitable programs to guide practitioners, appropriate to their practice. These programs should be rolling in such a way that practitioners undertake a refreshment and review of their knowledge over their practice life appropriate to current practice.

To qualify as a health professional, candidates undertook a formal course of study to graduate from a tertiary institution(s). Subsequently, some elected to further their professional qualifications with postgraduate qualifications – another formal course of study.

Their success or failure was predominantly tested by examination or independent assessment.

I submit practitioner participation in CPD should similarly consist of result based independent assessment rather than self assessment.

In past times of voluntary CPD, as offered by disparate CPD suppliers, credit for participation was predominantly subject to a self assessment honour system.

This Draft Bill (B) offers the opportunity for National Boards to regulate the structure, balance, quality and assessment of CPD as provided to practitioners.

If a more formal assessment method is regulated, the public and those funding co-payment will be more confident of their chosen practitioner's competence to practice. Surely this is a prime objective of what is effectively mandatory CPD.

The Draft Bill (B) should use the opportunity to specify to all National Boards, an expectation of the structure, balance, quality and assessment of CPD to be supplied by accredited providers to practitioners.

A National Board may need to specify multiple and perhaps overlapping programs to fit different practice streams within a profession.

The Draft Bill (B) should direct the National Boards to specify CPD programs to ensure their respective profession's knowledge and skill levels are appropriate for that practitioner's practice rather than allow ad hoc CPD that may or may not be relative to the practitioner's practice.

Part Precedent

As a Pharmacist, I am most familiar with the current Pharmacy Board of Tasmania's competency based re-registration requirement. The statutory requirements can be viewed via this link. <http://www.regboardstas.com/pharmacy/compency.htm>

Essentially, a practicing Pharmacist may be required to demonstrate the CPD in which they elect to engage is appropriate for their practice.

“Tasmanian pharmacists must be able to provide evidence of how they have maintained their competence to practice. Pharmacists are required to maintain a professional portfolio to assist in ongoing assessment of competency and to demonstrate commitment to professional development.”

This requirement has been in place for at least five (5) years.

However, there is no minimum for independent assessment of the CPD undertaken. In fact it is possible for the applicant for re-registration to self assess their entire CPD participation.

I have indicated a link, above, to the Tasmanian model but particularly wish to draw the reader's attention to this clause under the heading '**Competency Audit**'

"Every year a random sample of 10% of pharmacists are audited to ensure that the evidence contained in their portfolio is sufficient to demonstrate how they have maintained their competence. The audit involves selected pharmacists being asked to provide evidence of what they have done to maintain/improve their competency to practice in their particular area of practice.

If a pharmacist is unable to provide this evidence or there are doubts about the pharmacist's competency, the Board may then proceed with a peer review at that pharmacist's own expense. Under the *Pharmacists Registration Act 2001*, the Board may grant conditional registration where there are concerns about a pharmacist's ongoing competency."

An outcome has been the voluntary decision of those not prepared to maintain competency, choosing not to re-register. The Draft Bill (B) will allow those practitioners to nominate as non-practicing which I applaud as a positive amendment of draft Bill (B) to maintain an alumni of former active practitioners.

Summary

Improved patient outcomes will flow to the community by mandating CPD participation by all health professionals as the exposure draft Bill (B) stands.

My submission contends that by adopting a structured and balanced approach to ensure practitioners were exposed to CPD most appropriate to their practice, a greater improvement in patient outcomes will flow to the community and have a positive effect on the overall health budget.

That structured and balanced approach needs to be set by each National Board. That is, by establishing core practice streams, guiding or regulating CPD suppliers to produce suitable programs capable of independent assessment and maintaining audit standard results.

The CPD supplier should be capable of assessing the practitioner's comprehension of the CPD and maintaining results capable of audit. Otherwise if CPD does not satisfy these criteria, it is downgraded in significance.

I will be lobbying the Australian Pharmacy Council, its members, PSA and other CPD providers to incorporate the intent of this submission in the National (Pharmacy) Board CPD program(s) but urge the draft Bill (B) be strengthened to incorporate the intent for all National Boards.

Thank you for the opportunity to comment on the draft Bill (B).

I trust my submission and representations will be viewed as constructive and stimulate amendments to strengthen the objective of generally raising health practitioner standards.

Anexure

Media Release

February 6, 2009

ACCREDITATION A NATIONAL FIRST FOR PSA

The Australian Pharmacy Council (APC) has announced that the Pharmaceutical Society of Australia (PSA) is the first Australian pharmacy organisation to be authorised to accredit providers of continuing professional development (CPD).

APC has been assigned the accreditation functions for pharmacy under the National Registration and Accreditation Scheme to be introduced 1 July 2010.

In the move towards national consistency, APC has for some years been involved in developing a process for the recognition of CPD and in particular the continuing education aspect. The APC resolved to authorise appropriately qualified organisations to accredit providers of CPD on its behalf.

Announcing the accreditation, President of the APC, Mrs Elizabeth Frost, said CPD was an important part of maintaining the skills and responsiveness of the profession.

“Continuing professional development also ensures the continuing quality and safety of pharmacy services for the Australian community,” Mrs Frost said.

“The PSA has successfully passed all the requirements for authorisation and an independent, internationally based, reviewer has verified the decision made by the APC.”

President of the PSA, Mr Warwick Plunkett, said the accreditation was recognition of the PSA’s strength in, and commitment to, continuing professional development.

“PSA is the premier pharmacy industry education provider and has long been one of the driving forces in the development and delivery of CPD. This accreditation will further the Society’s involvement in this critical aspect of pharmacy in Australia.”

PSA will accredit CPD providers while delivering its own CPD programs. The APC has authorised PSA to accredit CPD providers for a period of up to three years and will conduct quality assurance and improvement audits throughout the period.

The continuing education component of CPD can be accredited and allocated through points or hours.

The pharmacy registering authorities of Australia aim to ensure the ongoing competence of pharmacy registrants. Completion of CPD delivered by an accredited provider will be recognised by pharmacy registering authorities as an indicator of efforts made to maintain competence and, where appropriate, to satisfy re-registration requirements.

ENDS

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