



**The Pharmacy
Guild of Australia**

**Response to the Consultation Paper on
Issues Supplementary to the Intergovernmental
Agreement on a National Registration and Accreditation
Scheme for health professions
to be included in the first bill**

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Introduction

The Pharmacy Guild of Australia supports the introduction of a national registration system which:

- facilitates the national accreditation and registration of all health professionals, including pharmacists, throughout Australia; and
- maintains an up-to-date national database recording details of all accredited and registered health professionals, including pharmacists, throughout Australia.

Pharmacy also supports the premise that a health professional's registration to practise should be on the basis of uniform national standards for that profession and certainly recognises that a national registration system will create efficiency in the system.

The Guild agrees that the most effective way to achieve national registration and accreditation is through the establishment of national profession-specific boards in each of which sets standards for its specific profession and administers a system of accrediting courses and registering its practising health professionals.

However the Guild has some key points of difference with the proposed model and these are set out below.

Australian Health Workforce Ministerial Council

The Guild is concerned that there is no stated requirement for Ministers to consult before any decision is made. The consultation process must be built in to the system and there must be transparency in decision making with professions' input.

Australian Health Workforce Advisory Council

Membership of the Australian Health Workforce Advisory Council should be such that it facilitates cross-professional discussion on registration and accreditation.

National Agency

The proposed structure still appears to be too bureaucratic and costly. We strongly disagree with the creation of an Agency Management Committee modelled on a corporate board and the supporting layers underneath it eg national office, State and Territory offices and associated staffing. We are concerned that these additional offices are unnecessary and will create an additional cost burden on the scheme and ultimately on all of the professions.

The National Agency should be a body which supports not manages the activities of the National Professional Boards.

The Guild feels strongly that the National Agency should not be involved in fees setting. Fees should be set by each profession to ensure they cover the administrative cost necessary to carry out the functions required. If a component of the fee needs to be provided to cover the Agency's financial administrative requirements, the amount should be separately determined.

The fees collected from health professionals should not pay for the running of the National Agency and we do not want to see increases in fees being implemented to cover the costs of additional layers of bureaucracy.

The Agency should not have any role in approving standards. This should be the role of the Health Ministers who would approve and endorse standards. The legislation must be explicit about this issue.

National Boards

It is critical to ensure that the National and State and Territory Boards are provided with sufficient resources to fulfil their statutory obligations and to carry out all the functions in the interest of public health and safety.

The size of each Board should be decided by each profession according to their requirements.

We propose that initially (for a period of three years ie from July 2010 to June 2013), membership of National Pharmacy Board should be 14, which consists of: 8 jurisdictional members, 3 members representing the three pharmacy organisations (eg The Pharmacy Guild of Australia, Pharmaceutical Society of Australia, Society of Hospital Pharmacists of Australia), 2 consumers and one person with legal expertise. The Chair should be elected by the group from one of the jurisdictional representatives. After this transitional period, membership and size should be reviewed.

We make this proposal because of the need to ensure that each jurisdiction is represented particularly because of the differences which currently exist in pharmacy-related legislation between States and Territories and the expertise and knowledge held by each of the existing State and Territory Boards is made available to the new National Board.

Names of the Professional Boards should be called National Boards, for example, National Board of Pharmacy.

We agree that the length of appointment for members of the Boards should be for a period of three years and recommend that all appointments to the Boards be staggered.

Pharmacy has a national association of State and Territory pharmacy registering authorities, the Australian Pharmacy Council (APC), which currently acts as an umbrella organisation for the Boards. The APC is also responsible for carrying out accreditation of pharmacy education courses and their providers to assist Pharmacy Boards to register pharmacists. This existing infrastructure could be utilised as per the simplified diagram overleaf.

States and Territory Boards

We believe that the State/ Territory bodies should retain the title of Boards rather than being named as Committees, particularly as they will continue to have complaint-handling functions. It is also consistent with the title Board for the national body. Hence, they should be called State/Territory Boards for Registration/ Regulation, for example, Victoria Board of Pharmacy Registration and Regulation.

It is essential that the current State and Territory Registration Boards are kept in place at least for the transitional period of three years (July 2010 - June 2013) and certainly until functions and costs are ironed out. This will ensure the expertise of those currently serving on the Boards is not lost.

It is important to note that Pharmacy Boards in each State and Territory are responsible for important functions that fall outside the requirements of the National Registration Scheme. For example, in several states, the Boards oversee the registration of pharmacy premises and collect a fee for this service which is additional to the fee for the registration of the pharmacist who might own the pharmacy.

Therefore, we emphasise strongly that the existing functions of the State and Territory Pharmacy Boards (eg pre-registration assessment, registration of premises) continue as part of their charter. The registration of premises must remain a function of State and Territory Boards though as a separate function outside the National Scheme with the fees to cover costs of administering this function.

