



7 August 2023

Ms Glenys Wilkinson
Deputy Chief Executive Officer
Level 1, 15 Lancaster Place
Majura Park, Canberra Airport
Canberra ACT 2609

Via email: standards@pharmacycouncil.org.au

CC: glenys.wilkinson@pharmacycouncil.org.au; claire.bekema@pharmacycouncil.org.au

Dear Ms Wilkinson

Re: Performance Outcomes for Aged Care and Medication Management Review (MMR) Pharmacists Education Programs Consultation

The Royal Australian College of General Practitioners (RACGP) provided [feedback](#) in May 2023 to the Australian Pharmacy Council (APC) regarding its then proposed Accreditation Standards for Aged Care and MMR Pharmacists Education Programs. As detailed in our [previous submission](#), we are supportive of measures to improve medication management in residential aged care and are generally supportive of the Aged Care On-site Pharmacists measure.

The RACGP commends the APC on the development of the draft performance outcomes framework as a complementary component to the Accreditation Standards. We note that the draft performance outcomes framework is designed to assist education providers in creating and implementing a contemporary, evidence-based curriculum with robust assessments to ensure learners are suitably equipped with the necessary skills. However, we remain concerned as gaps still persist within the accreditation standards and framework itself.

Notwithstanding the above, the RACGP acknowledges the APC's draft performance outcomes framework and welcomes the public consultation and the opportunity to provide feedback on its appropriateness and applicability in relation to the aged care setting.

1. Performance outcomes for older people who identify as LGBTQIA+ and older people living with a disability

The RACGP notes the inclusion of performance outcome 2.1 which requires pharmacists to demonstrate achievement of communicating "*in a culturally safe manner all medicines-related information to consumers, carers, and families, in a form they can use and understand facilitate shared decision making, advocacy and self-determination*". While this outcome is intended to be applicable to all groups of older people living in residential aged care, the unique challenges and health care needs of older people who identify as LGBTQIA+, and older people living with a disability compel additional consideration.

As we have highlighted in our previous submission, the provision of inclusive care to older people who identify LGBTQIA+ must include specific considerations around:

- how older people identify



- specific issues faced by LGBTQIA+ people such as the history of discrimination, marginalisation or violence, mental health concerns, alcohol misuse, cancer risk and long-term hormone use
- assessment and management strategies to promote LGBTQIA+ wellbeing.

Specific performance outcomes are required to ensure that education providers design and develop learning content and assessments that reflects the competencies that pharmacists will require when providing pharmacy services to older people who identify as LGBTQIA+.

The challenges of older people living with a disability must not be overlooked. Managing disability is an integral part of the holistic care provided by general practitioners (GPs), and pharmacists working in aged care must work collaboratively as part of the Residential Aged Care Facility (RACF) multidisciplinary team. Performance outcomes must be identified to ensure that this cohort of aged care residents receive pharmacy care that is appropriate their needs and goals.

The [RACGP Aged care clinical guide \(Silver Book\)](#) contains more information on the [care of older LGBTQIA+ people](#) and [disability in aged care](#).

2. Model and scope of MMR pharmacist and aged care on-site pharmacist

RACGP would highlight that there is still a lack of clarification/confirmation on the model, employment, management, role, and responsibilities of an MMR pharmacist and ACOP. These details influence the level of autonomy and accountability required of the pharmacist.

Current communication available on the funding models for the measure and roles indicate that funds will be provided to community pharmacies. This will be a new model and does not reflect or acknowledge all past and current pharmacist work in the aged care sector, may add complexity, and potential conflict of interest.

Section 2.3 of the draft performance outcomes framework, 'The role of the Aged Care On-site Pharmacist', provides information on the role and activities of the ACOP however the RACGP notes that this information is referenced to a Department of Health and Aged Care (DoHAC) conference presentation (PharmCare 2023) that is not available for scrutiny in the public domain.

The roles and responsibilities of a ACOP and MMR pharmacist was not included in the 'Appendix 2 - Accreditation Standards for Aged Care and Medication Management Reviews (MMR) Pharmacist Education Programs'. The RACGP believes that clarification of the model and role would be important to reference or include in the standards and performance outcome framework for education providers.

The RACGP acknowledges that the role and responsibilities of the aged care on-site pharmacist may vary between RACF based on location, the patient population, and their health care needs. However, the following performance outcomes expands the pharmacists' scope of practice beyond their core function of medicine advice and dispensing and has the potential to conflate diagnosing and prescribing components in patient management. The RACGP is concerned that the following performance outcomes would expose older people living in residential aged care to unnecessary risks eg mis- or delayed diagnosis:

- 3.8 in Assessing presenting minor conditions and facilitates management recommendations including pharmacological, non-pharmacological and referral options.
- 3.9 Reviews, plans and make changes to medicines collaboratively with the health care team when the consumer is acutely unwell



- 3.10 Administers non-routine medicines (including injectable formulations) in accordance with current jurisdiction-specific legislation, organisational policies, scope of practice and PharmBA Guidelines, if required.

GPs are central to the health care stewardship and coordination for their patients living in residential aged care. Any programs and initiatives relating to the health of the patient must be coordinated through the patient's usual GP. Providing coordinated and continuous care to older people living in residential aged care and making clinical judgments on the appropriate care for the individual is a fundamental part of quality general practice. This is supported by DoHAC's goals for the [measure](#), that the ACOP is integrated within the health care team. Pharmacists do not have the appropriate diagnostic skills required to identify all potential health issues that would be recognised within a GP consultation.

Attending to minor conditions may not be as straightforward as it seems. Minor symptoms that present could be an indication of deeper health issues particularly for older people living in residential aged care whose health care needs are likely to be complex. Identifying health issues, however minor, requires appropriate medical training spanning triage, diagnosis, and treatment. Communicating any intervention by the pharmacist to the patient's usual GP is very important for comprehensive care.

Further, the duplication of unnecessary primary care services will invariably lead to fragmentation of care, adversely impacting patient outcomes and increases the risk to patient safety. As such, the RACGP strongly recommends better clarification of performance outcome measures 3.8, 3.9 and 3.10 (ACOP) in the draft performance outcomes framework.

3. Clarity on language and statements within draft performance outcomes framework

Implementation of Performance Outcomes Framework

The draft performance outcomes framework contains the following statement.

*"The Performance Outcomes Framework recognises that the education programs for Aged Care On-site Pharmacists and Medication Management Review (MMR) Pharmacists will be delivered **primarily** to registered pharmacists."*

Can APC clarify whether there is future intention to provide education for MMR pharmacists and ACOP in undergraduate education programs? If so, the model needs to have given appropriate consideration to the minimum knowledge, skills and experience required for safe patient care.

Administers 'non-routine' medicine

Performance outcome 3.10 (ACOP) refers to the terminology 'non-routine' medicine. Does this mean 'as required' or 'emergency' medicines? The RACGP would like further clarification on this term and if the administration of medications has been confirmed as part of the ACOP role.

Current information provided on the measure by the DoHAC, and within APC documentation, does not contain messaging that supports administration, or the prescribing of medication, by the proposed role.



4. Indicative curriculum

The RACGP is supportive of the development of an indicative curriculum to support education providers in the design of their education program. An indicative curriculum would provide clarity on the scope of the education program and ensure consistency and quality in learning/performance outcomes.

The RACGP recommends expanding the indicative curriculum to include information on the format and requirements for work-integrated learning (WIL) opportunities. As mentioned in our previous submission to the APC, WIL placements should include requirements for interprofessional supervision by core members of the RACF care team (ie GPs, nurse unit managers, clinical governance/quality coordinator).

Further feedback on the indicative curriculum is provided in **Attachment 1**.

The RACGP thanks the APC for the opportunity to comment and provide feedback on the Performance outcomes framework for the Accreditation Standards for Aged Care and Medication Management Review pharmacists education programs.

If you would like to discuss any of the matters raised in this letter, please contact Ms Samantha Smorgon, National Manager, Funding and Health System Reform via email at Samantha.Smorgon@racgp.org.au or by phone on (03) 8699 0566.

Yours sincerely

Dr Nicole Higgins
RACGP President

Attachment 1 – RACGP response to consultation questions

Question 1: Does the structure of the Performance Outcomes into the three columns clearly reflect recognition of the existing competency of registered pharmacists as underpinning performance (and then additional and specific performance required of the roles of aged care and MMR pharmacists?) Please explain your answer and any suggestions for improvement.

- Is it assumed that performance outcomes established for the 'Registered Pharmacist' reflect established competency, and application, in medication management pharmacist and ACOP performance outcomes? Will registration standards for pharmacists (professional indemnity insurance, continuing professional development and recency of practice)¹ be covered and reiterated as part of Domain 1? These issues may have impacts for patient safety in aged care. For example, continuing professional development and reflection will be critical to maintain 'fit for practice' in the developing roles. These however are not re-stated as performance outcomes for the MMR pharmacist and ACOP roles. (Registered Pharmacist - Domain 1, 1.6. Domain 4, 4.1). Additional examples include understanding and accountability for role (Registered Pharmacist – Domain 4, 4.7).

Domain 2: Collaborative practice

Question 5: Do the outcome statements for MMR Pharmacists and Aged Care On-site Pharmacists describe clearly and effectively the performance you would expect for the role? Is there anything missing, or not required?

- Suggest consideration of inclusion of communication at transitions in Domain 2 for ACOP. Transitions are included in Domain 3 however it will be critical for the ACOP to communicate effectively and in a timely, way with the greater health care team at transitions. Maintaining relationships, expectations and responsibility for care is essential for collaborative practice and safety at this high-risk time.²

Domain 3: Medication management

Question 8: Do the outcome statements for MMR Pharmacists and Aged Care On-site Pharmacists describe clearly and effectively the performance you would expect for the role? Is there anything missing, or not required?

- Domain 3, ACOP:
 - Aged care is funded federally and has a national approach, not jurisdictional (excluding jurisdictional-owned residential aged care homes). If federal funding is being provided for the MMR pharmacist and ACOP roles, then the role and responsibilities must be consistent nationally (for governance), and subsequently pharmacist scope of practice must be defined. Jurisdictional variability should be avoided.
- Domain 3, Registered Pharmacist (*3.3 Prescribing medications in accordance with current jurisdiction-specific legislation, scope of practice and PharmBA Guidelines*):
 - Pharmacist prescribing education standards are under development and are yet to be published or implemented. Jurisdictions have different authorities and pilots/trials related to pharmacists. This is a safety concern when the roles and the responsibilities of the ACOP may differ between jurisdictions and may result in increased confusion (employer, consumer, pharmacist etc), fragmentation of care, and increased risk to patients.

¹ Pharmacy Board of Australia. Registration Standards. Ahpra. Available at <https://www.pharmacyboard.gov.au/registration-standards.aspx> [Accessed 28 July 2023].

² The Society of Hospital Pharmacists of Australia. Geriatric Medicine and Aged Care Clinical Pharmacy Services: Position Statement. Victoria, Australia: SHPA, 2021.



- DoHAC's [ACOP webpage](#) states that funding will be provided to community pharmacies to employ pharmacists to work onsite in residential aged care homes. How will the conflicts of pecuniary interest, and potential influence on prescribing behaviour, be managed?
- Domain 3, MMR pharmacist (3.9 Administers medicines (including injectable formulations) in accordance with current jurisdiction-specific legislation, organisational policies, scope of practice and PharmBA Guidelines, if required):
 - 'Documentation' has been included in performance outcome 2.4 (ACOP) however has been missed in domain 3. 'Documentation' must occur immediately after medication administration in local RACF system (ie health record), to ensure health care team is aware and patient safety is maintained.
- Domain 4:

Question 11: Do the outcome statements for MMR Pharmacists and Aged Care On-site Pharmacists describe clearly and effectively the performance you would expect for the role? Is there anything missing, or not required?

 - How will the MMR pharmacist and ACOP pharmacist and their activities (prescribing, administering, and medication changes) be monitored and reviewed? Currently there is no performance outcome that states that these roles will participate in review and performance activities.

Question 14: Should APC develop an indicative curriculum to assist education providers to design their program? An indicative curriculum is not intended to be prescriptive, but to describe elements relating to the knowledge, skills and behaviours which are generally recognised as important for developing the required performance. If you agree, please complete the following table:

INDICATIVE CURRICULUM	Relevant for MMR Pharmacist? <i>Yes, no, maybe</i>	Relevant for Aged Care Pharmacist? <i>Yes, no, maybe</i>
PROFESSIONALISM IN PRACTICE		
Aged care system in Australia	Yes	Yes
Aged care legislation, regulation and professional guidelines	Yes	Yes
Role and requirements of Australian Commission on Safety and Quality in Health Care and the Australian Aged Care Safety and Quality Commission	Yes	Yes
Safety of self and others	Yes	Yes
Others:		



INDICATIVE CURRICULUM	Relevant for MMR Pharmacist? <i>Yes, no, maybe</i>	Relevant for Aged Care Pharmacist? <i>Yes, no, maybe</i>
COLLABORATIVE PRACTICE		
Clinical documentation	Yes	Yes
Writing best practice MMR reports	Yes	Yes
Collaborative practice	Yes	Yes
RACF organisational environment (roles, responsibilities, policies, procedures)	Yes	Yes
Establishing effective relationships	Yes	Yes
Informed consent	Yes	Yes
Others: <i>RACGP response:</i> <i>Include curriculum and WIL requirements for:</i> <ul style="list-style-type: none"> • <i>Interprofessional supervision with core RACF care team</i> • <i>Multidisciplinary team</i> • <i>Best practice communication with the health care team</i> 	Yes	Yes
MEDICATION MANAGEMENT		
Evidence-based clinical therapeutics	Yes	Yes
Medicines in the elderly	Yes	Yes
Common health conditions in the elderly	Yes	Yes



INDICATIVE CURRICULUM	Relevant for MMR Pharmacist? <i>Yes, no, maybe</i>	Relevant for Aged Care Pharmacist? <i>Yes, no, maybe</i>
Palliative and end-of-life care	Yes	Yes
Interpreting pathology and diagnostic reports	No	No
Therapeutic drug monitoring	Yes	Yes
Clinical resources and validated tools	Yes	Yes
Medication management cycle of care	Yes	Yes
Deprescribing	Yes	Yes
Others: <i>RACGP response:</i> <i>Include curriculum requirements for:</i> <ul style="list-style-type: none"> • <i>older people who identify as LGBTQIA+</i> • <i>older people living with a disability.</i> 		
SAFE AND QUALITY USE OF MEDICINES		
Clinical governance	Yes	Yes
Medication Advisory Committees (MAC)	Yes	Yes
Continuous quality improvement	Yes	Yes
Quality indicators and mandatory reporting	Yes	Yes
Medicines use evaluation	Yes	Yes
Clinical audits	Yes	Yes



INDICATIVE CURRICULUM	Relevant for MMR Pharmacist? <i>Yes, no, maybe</i>	Relevant for Aged Care Pharmacist? <i>Yes, no, maybe</i>
Electronic National Residential Medication Chart	Yes	Yes
Developing and delivering education sessions	Yes	Yes
Others:		