

RACGP Submission to the Australian Pharmacy Council

Accreditation standards for pharmacist training programs: Aged care and comprehensive medication reviews (May 2023)

About the RACGP

The Royal Australian College of General Practitioners (RACGP) is the voice of general practitioners (GPs) in our growing cities and throughout rural and remote Australia. We are Australia's largest professional general practice organisation representing more than 45,000 urban and rural general practitioner members. For more than 60 years, we've supported the backbone of Australia's health system by setting the standards for education and practice and advocating for better health and wellbeing for all Australians.

The RACGP is currently developing the *Standards for general practice residential aged care* (1st edition) (Standards for GPRAC) to address member feedback and the many challenges GPs face when delivering care to their patients living in Residential Aged Care Facilities (RACF). The Standards for GPRAC focus on the clinical and systemic interface between the GP (and GP team, including other practitioners from the same practice) and RACFs. The Standards for GPRAC set out essential minimum requirements that GPs require for them to provide quality and safe care in this setting and do not seek to replace existing requirements for accreditation against the Aged Care Quality Standards as set by the Department of Health and Aged Care.

By engaging with the Standards for GPRAC for accreditation purposes, an RACF can enhance the delivery of services and the quality of care provided by GPs within their facilities. The Standards for GPRAC supports and facilitates RACFs and GPs to work collaboratively to provide care that is respectful, responsive and coordinated while addressing some of the challenges facing GPs in delivering care to patients in RACFs.

After a period of hiatus due to the COVID-19 pandemic, the Standards for GPRAC is now in its final stages of development, following two rounds of stakeholder consultation and a successful pilot. The RACGP anticipates the publication of the Standards for GPRAC to occur in the first half of 2023.

General comments

The RACGP commends the Australian Pharmacy Council (APC) on the development of the *Accreditation standards for pharmacist training programs: Aged care and comprehensive medication reviews* (henceforth Accreditation Standards). The RACGP is supportive of appropriately resourced, fit-for-purpose measures to improve medication management in residential aged care. We acknowledge the importance of the professional relationship between GPs and pharmacists in enhancing patient care and outcomes. As outlined in our [submissions](#) to the Royal Commission into Aged Care Quality and Safety, quality care for older people must incorporate expert medication management, rational prescribing and mindfulness of issues such as polypharmacy.

We are supportive of measures to improve medication management and are generally supportive of the [Aged Care On-site Pharmacists measure](#). The delivery of safe and quality care in RACFs relies on a collaborative and coordinated

multidisciplinary teamwork between GPs, pharmacists and the RACF care team. As previously outlined in our [submission](#) to the Department of Health and Aged Care, the RACGP believes that the measure should be robustly trialled and evaluated before rolling out nationally or indefinitely.

The RACGP notes that the criteria in the draft Accreditation Standards replicate those in the current [Accreditation Standards for Pharmacy Programs](#). The RACGP is concerned that the Accreditation Standards do not sufficiently reflect the required skills and learning outcomes required by an aged care on-site pharmacist to appropriately perform the important role that the aged care on-site pharmacist program intends.

More aged care specificity is required in the Accreditation Standards. Medication management in a RACF setting differs from that of a community setting, and much of this requires a nuanced understanding the aged care context. The aged care context must be 'front and centre' of any aged care and comprehensive medication reviews training program's curriculum and design to ensure that all core aspects are covered. The RACGP considers core aspects of medication management in RACFs to include:

- multidisciplinary teamwork including collaboration with other health practitioners who provide care to residents
 - multidisciplinary medication review involving other GPs, non-GP specialists and nurses
 - facilitating continuity of medication management on transition between care settings
 - continuous multidisciplinary quality improvement and risk management activities
- knowledge of aged care legislation, regulation and standards.

Due to factors such as higher prevalence of multimorbidity and polypharmacy, the scope of care for older people living in RACFs differs significantly from that of the general population. Differing goals of care (eg frailty, limited life expectancy) and more complex care transitions means that it is imperative that the aged care context is not understated, and the upskilling of pharmacists include a nuanced comprehension of it.

The RACGP notes that the Accreditation Standards have been written to allow for flexibility and potential utilisation of community-based pharmacists already working within a retail pharmacy. In these instances, all efforts should be made to promote care continuity and to maintain clear separation of conflicts of pecuniary interests to ensure best patient outcomes.

Key recommendations

To ensure the successful implementation of aged care on-site pharmacist measure and optimal patient outcomes, the RACGP recommends:

- revising the draft Accreditation Standards to include:
 - more aged care specificity with consideration to the context and RACF setting
 - minimum training requirements and core competencies for the aged care on-site pharmacist role
 - requirements for ongoing CPD relevant to the aged care setting
 - improved explanatory materials (notes) to provide clarity.
- identifying clear and measurable learning outcomes to ensure that aged care on-site pharmacists receive the appropriate training and can be appropriately assessed against them
- developing accreditation requirements specific to each learning outcome and including these in the 'Program' domain
- incorporating performance outcomes within Domain 3 (Program) of the Accreditation Standards
- clearly defining the format of Work Integrated Learning (WIL) opportunities
- including additional requirements specific to the governance and monitoring of WIL components
- making the scope of the on-site pharmacist role clear at the outset and incorporating this into the Accreditation Standards
- including multidisciplinary collaboration as a core competency as part of the minimum training requirements for all aged care and comprehensive medicine review training programs

- including specific learning outcomes and requirements to ensure that learners are well equipped to provide optimal pharmacy care to older people from culturally and linguistically diverse (CALD) backgrounds
- that the Accreditation Standards address challenges faced by older people who identify as lesbian, gay, bisexual, transgender, queer, Intersex and asexual (LGBTQIA+) and ensure that the provision of inclusive LGBTQI care involves understanding existing health inequalities faced by this community
- including specific provisions that require training providers to design and develop appropriate curriculum content and assessment to ensure aged care pharmacists are able to provide optimal care to older people living with a disability
- ensuring the definitions of key terms include required training, accreditation, regulatory and professional development requirements.

Specific feedback

Core competencies and minimum training requirements

The RACGP notes that the Accreditation Standards are essentially a duplication of the [Accreditation Standards for Pharmacy Programs](#). As such, the Accreditation Standards lack aged care specificity and does not sufficiently reflect the aged care context nor the required skills of an on-site pharmacist. As it stands, it is unclear why a duplicated set of standards have been produced instead of a set of standards specific to aged care training programs. Aged care is complex and aged care on-site pharmacists must demonstrate competency in many areas (ie dementia, delirium, depression and anxiety) prior to engaging directly with residents and their carers. The on-site pharmacist must also develop a strong understanding of aged care environment including aged care legislation, standards and reporting requirements. This includes some aspects of legislation that may impact older people differentially based on where they live in Australia (ie voluntary assisted dying laws).

As such, it is critical that minimum training requirements are identified and outlined in the Accreditation Standards. These must reflect the core skills and learning outcomes that must be achieved before a pharmacist can work as an on-site pharmacist in a RACF. On-site pharmacists must also maintain their skills relevant to the aged care setting through a certified training program and ongoing Continuing Professional Development (CPD) equivalent to the manner of any other accredited health professional in Australia.

The RACGP strongly recommends that the draft Accreditation Standards is revised to include:

- more aged care specificity with consideration to the context and setting
- minimum training requirements and core competencies for the aged care on-site pharmacist role
- requirement for ongoing CPD relevant to the aged care setting
- improved explanatory materials (notes) to provide clarity.

Work integrated learning and learning outcomes

Work integrated learning

Work integrated learning (WIL) is an important aspect of competency development of the aged care on-site pharmacist. The RACGP agrees that all training programs should include an element of WIL to ensure that learners can apply the knowledge and skills in a real-world scenario. WIL will provide learners with an opportunity to work alongside GPs, non-GP specialists and the RACF care team.

All WIL opportunities must build towards the learning outcomes of the training program and enable the learner to apply and enhance their skills and knowledge. Learning outcomes should be centred around ensuring the learner develops a comprehensive understanding of the RACF environment and the various systems within it, including the barriers and constraints to providing integrated, coordinated, and continuous care. The RACGP envisages that through WIL

placements and engagements, learners will have the opportunity to apply and develop their skills in a working environment and enhance their ability to work in a multidisciplinary team. This could include interprofessional supervision by members of the RACF care team:

- general practitioner: medical care, continuity of care between teams, leadership
- pharmacist: roles and responsibilities
- nurse unit manager: care team, context, safety and quality, governance activities
- clinical governance/quality coordinator: safety and quality, governance activities.

Learning outcomes

Opportunities for learners to engage directly with the RACF care team and residents at an RACF through organised activities and walk-throughs where learners are able to spend time with different members of the RACF care team should also be considered. Embedding direct engagement with the RACF environment early in the training program can help learners to develop a comprehensive and nuanced understanding of the aged care context.

The RACGP notes however, that learning outcomes for training programs have not been identified. While high level criteria for program design is included in Domain 3 (Program), the requirements are not anchored to any identified learning outcomes. Further, it is also unclear how training programs will assess learners to ensure they are suitably trained, qualified and competent as there is no set benchmark that education providers are required to meet. The RACGP is concerned that without clarity on expected learning outcomes, training programs could vary significantly in scope and quality.

The RACGP recommends that:

- clear and measurable performance and learning outcomes are identified to ensure that aged care on-site pharmacists receive the appropriate training and can be appropriately assessed against them
- accreditation requirements specific to each performance and learning outcomes are developed and included in the 'Program' domain
- clearly defining the format of WIL in the Accreditation Standards.

Required skills and learning outcomes must be explicitly outlined and made publicly available. These should be developed in collaboration with key stakeholders to ensure alignment with best practice.

Governance and monitoring

It is important that WIL components are appropriately monitored, and effective governance structures and quality improvements processes are in place to ensure alignment between WIL and training programs objectives and to support the delivery of high-quality training programs.

The RACGP notes that while quality improvement is a requirement within Domain 3 (Program), it is not specific to WIL. The RACGP recommends that additional requirements specific to the governance and monitoring of WIL components are added to the Accreditation Standards to maintain consistency in training program design and implementation.

Scope of aged care on-site pharmacist

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 healthcare needs. However, medication management is complex and can involve a range of health professionals in different capacities, including: the GP as prescriber and provider of medical care; the community or hospital pharmacist as the supplier and dispenser; and residential aged care staff as the administrators.

The role and responsibilities of on-site pharmacists in aged care should be centred around improving patient-centred medication governance and quality use of medicines under the supervision of a patient's usual healthcare team. To prevent fragmentation of care, aged care on-site pharmacists should not act independently without the insight and oversight of a patient's usual healthcare team, in particular the patient's GP.

It is crucial that on-site pharmacists not undertake chronic disease management activities or other activities that duplicate services already provided by the patient's GP. These activities should be carried out under the direction of each patient's medical team. While they may make recommendations to a patient's medical team, aged care on-site pharmacists should not be making treatment decisions or implementing changes to a patient's medical plan without appropriate oversight from the patient's GP/medical team.

The scope of the aged care on-site pharmacist role also needs to be clarified in terms of vaccine and cold chain management, and antimicrobial stewardship (AMS). The [Aged Care Quality Standards](#) require RACFs to have a clinical framework to ensure safe and quality clinical care in relation to AMS ([Standard 8, requirement 3e](#)). The means by which the aged care on-site pharmacist will support the RACF in these areas must be clarified.

It is conceivable, that through the aged care on-site pharmacists measure that on-site pharmacists will become an integral member of the RACF care team and could take on a leadership role in quality use of medicines involving teaching, training, and supporting quality improvement initiatives and public health measures. This must be reflected in the Accreditation Standards.

As such, the RACGP recommends that the scope of the aged care on-site pharmacist role is made clear at the outset and incorporated into the Accreditation Standards.

Teamwork and multidisciplinary collaboration

Older people's medication needs may be complex because of the high prevalence of disease and comorbidities. Optimal medication management for older people in RACFs involves a multidisciplinary and systematic approach with patients and/or their representative, GPs, pharmacists, aged-care nurses, other RACF staff, health service providers and allied health practitioners.

GP-supported care is vital to ensuring optimal health outcomes for older people particularly for the high proportion of this group with multimorbidity and complex health needs. Multimorbidity affects over 50% of people over the aged of 65. [1] However, GPs face a number of barriers to working in RACFs, including fragmented systems, restrictive funding, limited information sharing, general practice capacity issues and inadequate multidisciplinary team collaboration. Multidisciplinary care team collaboration and integration with general practice is paramount to ensure that patient outcomes are not adversely affected.

Providing collaborative, coordinated and continuous medical care for RACF residents requires effective and robust systems with transparent arrangements that support GPs and other members of the RACF care team who may work across multiple sites/ locations. It is essential that systems of care, including collaborative arrangements are clearly defined so residents have safe, timely and appropriate care for their needs.

The aged care on-site pharmacist must be able to work collaboratively with GPs and the RACF care team to prevent fragmentation of care. The sharing of information is crucial to achieve this. The on-site pharmacist must support continuity of care by sharing medicines information with all members of the resident's healthcare team including their carers. This is especially crucial during transitions of care.

On-site pharmacists can best collaborate with RACF healthcare teams by:

- participating in regular case-conferencing discussions with a patient's usual general practitioner
- participating in regular multidisciplinary team meetings at respective RACFs
- actively participating in continuous quality improvement activities
- providing regular updates (via secure messaging) to a patient's usual general practitioner
- regularly updating the patient's my Health record.

This collaborative way of working must be reflected in the program content for aged care on-site pharmacists. The RACGP recommends that multidisciplinary collaboration is identified as a core competency and included as part of the minimum training requirements for all aged care and comprehensive medicine review training programs. All aged care on-site pharmacists must be able to work collaboratively with GPs and the RACF care team and ensure the delivery of optimal pharmacy care to older people living in RACFs.

Diversity of the aged care population

The RACGP welcomes the APC's commitment to including culturally safe health care for Aboriginal and Torres Strait Islander people in the NSQPCHS. We also note the inclusion of Criterion 3.5¹ in the Accreditation Standards. However, the criterion lacks specificity and seems to have overlooked the requirement that requires education providers to develop content that reflect the diversity of the aged care population. Specifically, the provision of pharmacy services to older Australians who are culturally and linguistically diverse (CALD), identify as lesbian, gay, bisexual, transgender, queer, intersex and asexual (LGBTQIA+) and/ or are living with a disability.

Older people from a CALD background

37% of older Australians were born overseas with one in five (20%) born in non-English speaking countries [2]. In June 2022, 33% of older Australians accessing aged care services were born overseas [3]. Of this, 20% live in residential aged care facilities [2]. Older Australians from CALD backgrounds accessing health care in the residential aged care environment may face a variety of challenges compounded by language and communication barriers. Further, culture, family and religion may impact how health services are delivered and received by older people from a CALD background.

Providing care to older people from CALD backgrounds requires a nuanced approach with considerations to language and communication challenges. These can be further compounded by health literacy factors that can have a significant impact in the area of medication management. Navigating the complex tiers of aged care services are particularly challenging for CALD residents and their families. Multidisciplinary partnerships and collaboration with the patient's GP are vital to ensuring positive patient outcomes.

For the reasons outlined above, the RACGP recommends the inclusion of specific learning outcomes and requirements to the Accreditation Standards to ensure that learners are well equipped to provide optimal pharmacy care to older people from CALD backgrounds. Criterion 3.5 should be strengthened and/or expanded to include requirements specific to the needs of this cohort in the aged care population. In particular, on-site pharmacists must be required, at a minimum, to undertake cultural diversity training.

The [RACGP aged care clinical guide](#) (Silver Book) contain information and resources on the [principles of providing care to older people from a CALD background](#).

Older people who identify as LGBTQIA+

According to the 2016 Census, one in 17 (5.9%) people who reported a diverse sex or gender identity were over the age of 65 [4]. While the proportion of older Australians who identify as LGBTQIA+ is small, the healthcare needs of older LGBTQIA+ Australians have been largely ignored in the healthcare system. As such, it is important that the Accreditation Standards address these challenges and ensure that the provision of inclusive LGBTQIA+ care involves understanding existing health inequalities faced by people who identify as LGBTQIA+.

The provision of LGBTQIA+ inclusive care must include:

- considerations to how patients 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.

[Rainbow Health Australia](#) has developed a set of National Standards for LGBTQIA+-inclusive services, and organisations can be externally accredited against the Standards to achieve a Rainbow Tick.

[Part B](#) of the [RACGP aged care clinical guide](#) (Silver Book) has important information on the [health issues faced by older people who identify as LGBTQIA+](#).

Older people living with a disability

¹ Criterion 3.5 in the draft Accreditation Standards state: Program design, content and assessment promote an understanding of cultural diversity by both staff and learners, and the development of skills that enable the provision of culturally safe, inclusive and responsive person-centred care

Over half of all Australians aged 65 and over live with a disability [5]. Most disabilities in aged care relate to mobility and cognition. 96.1% of older people living in RACF's have a disability, and nearly all (97.9%) are noted to have a profound or severe limitation² [5]. Because of the prevalence, knowledge of disability and its impact on health is an integral part of the healthcare of this population group.

It is important that the healthcare needs of older Australians living with a disability are not overlooked. The RACGP recommends including specific provisions that require training providers to design and develop appropriate curriculum content and assessment to ensure that aged care on-site pharmacists can provide optimal care to older people living with a disability.

Terminology

In our [submission](#) to the Department of Health and Aged Care regarding the on-site pharmacists measure in residential aged care homes, we request clarification on the following terms:

- Registered pharmacist
- Specialist aged care pharmacist
- Accredited pharmacist.
- Outreach pharmacist.
- Credentialed pharmacist.
- On-site pharmacist.

The RACGP notes that the APC has sought to clarify the terms 'accredited' and 'credentialed', with the former referring to training programs only and the latter referring to individual pharmacists the accredited training program and ongoing requirements of the provider of accredited training. The RACGP recommends that the definitions of these terms include required training, accreditation, regulatory and professional development requirements.

² The ABS defines profound limitation as greatest need for help, that is, always needs help with at least one core activity. Severe limitation is defined as needs help sometimes or has difficulty with a core activity.

References

- [1] Australian Institute of Health and Welfare , “Chronic condition and multimorbidity,” 13 May 2021. [Online]. Available: <https://www.aihw.gov.au/reports/chronic-disease/chronic-condition-multimorbidity/contents/what-is-multimorbidity-and-how-common-is-it>. [Accessed 2023 May 2].
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- [3] Australian Institute of Health and Welfare, “People using aged care,” 26 April 2023. [Online]. Available: <https://www.gen-agedcaredata.gov.au/Topics/People-using-aged-care>. [Accessed 26 April 2023].
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- [5] Australian Bureau of Statistics , “Disability, Ageing and Carers, Australia: Summary of Findings,” 24 October 2019. [Online]. Available: <https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release>. [Accessed 26 April 2023].