

14 November 2018

Ms Bronwyn Clark
Chair
Health Professions Accreditation Collaborative Forum
Forum Secretariat: projects@hpacf.org.au

Dear Ms Clark,

Re: Framework for accreditation requirements for the safe and effective use of medicines

The Australian Healthcare and Hospitals Association (AHHA) is pleased to provide this submission in response to the Discussion paper: Framework for accreditation requirements for the safe and effective use of medicines.

AHHA is Australia's national peak body for public hospitals and healthcare providers. Our membership includes state health departments, Local Hospital Networks and public hospitals, community health services, Primary Health Networks and primary healthcare providers, aged care providers, universities, individual health professionals and academics. As such, we are uniquely placed to be an independent, national voice for universal high-quality healthcare to benefit the whole community.

In response to the consultation questions posed in the discussion paper:

1. Do you support the proposal for a common framework of key principles, criteria and learning outcomes for safe and effective use of medicines by beginning practitioners in a regulated health profession?

AHHA supports the proposal for a common framework.

2. Referring to the principles set out in section 3.1, are there additional principles that should be included?

AHHA supports the principles set out in section 3.1, with the following comments:

- It is unclear why prescribing is singled out in the headings for the principles and criteria for safe and effective use of medicines, rather than presented as one of the ways that health professionals contribute to safe and effective use of medicines. Clarity in the hierarchy of these terms/concepts would be worth ensuring is clear.
- While a hierarchy may not be intended in the order in which the principles are presented, patient-centredness would be recommended as the first principle.
- Regarding Principle 1, the term prescribing is commonly understood only to apply to Schedule 4 *Prescription Only* and Schedule 8 *Controlled Drug* medicines. However, in recent times, the term has been intended to apply to the processes of initiation, continuation or cessation of all medicines.

The definition of prescribing provided on page 10 suggests the term applies to all medicines. However, Principle 1 notes that '*Prescribing principles apply beyond the prescription of scheduled medicines*', suggesting the narrower definition applies to the term prescribing and only the principles apply more broadly.

If the broader definition is to apply, this should be explicitly stated to overcome the common (mis)understanding of the term (e.g. noting that prescribing applies beyond the prescription of scheduled medicines). Principle 1 would then need to be reworded to reflect that the principles apply to all medicines because of the definition (and not as an extension).

- Regarding Principle 3, the need to understand and respect roles and skills of individual professions should also be balanced with recognising one's own limitations. This is particularly important when reflecting on the identified learning outcomes, where an individual's knowledge of medicines may focus only on their area of practice and will offer a limited perspective of the patient's broader medicines use.

3. Do the proposed learning outcomes adequately connect Quality Use of Medicines framework and the NPS National Prescribing Competencies with extant individual professional competency statements?

AHHA supports the learning outcomes proposed, with the following comment:

- Regarding learning outcome 1, the examples provided place emphasis on recognising there may be better ways than medicine to manage many conditions. While this emphasis is supported, given problems identified with medicines not being used or being ceased by patients when they are deemed appropriate (e.g. vaccination, long term preventive therapy when symptoms are not apparent such as antihypertensives and antilipidaemics), a balanced emphasis in the examples is recommended.

4. How could these criteria and learning outcome statements be implemented within your area or discipline?

n/a

5. If these principles, criteria and learning outcome statements were embedded what effect on patient outcomes is likely?

AHHA recognises that many elements across the health system support successfully coordinated and integrated care focused on patient-centred outcomes, as is required to ensure safe and effective medicines use. Building workforce capability is one of these elements, and must be incorporated into undergraduate and pre-registration training and extend to continuous professional development.

6. Does the framework under Section 3 give sufficient emphasis to preparation for interprofessional practice as the foundation for safe use of medicine? If not should interprofessional practice be given greater emphasis in general or specifically related to preparation for safe use of medicine?

AHHA believes the framework gives sufficient emphasis to interprofessional practice being the foundation for safe and effective medicines use.

7. How should the success of any accreditation standards, principles and/or learning outcomes in this area be evaluated?

AHHA recognises that work needs to be done regarding evaluating the success of accreditation standards more broadly, not just in relation to this area.

Thank you for the opportunity to contribute to this work.

Yours sincerely

A handwritten signature in black ink that reads "Alison Verhoeven". The signature is written in a cursive, flowing style.

Alison Verhoeven
Chief Executive
Australian Healthcare and Hospitals Association