

Health Professions Accreditation Collaborative Forum

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

Consultation Questions

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?

NATSIHWA offers conditional support on the basis that the expectations of the proposed common framework do not exceed the benchmarks set in the current:

- Aboriginal and/or Torres Strait Islander Health Practitioner qualification, the *Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice*, HLT40213, and the
- Aboriginal and Torres Strait Islander Health Practice Board of Australia *Accreditation Standards: Aboriginal and Torres Strait Islander health practice*.

This consideration is required to ensure that there are no unwarranted disruptions to the national accreditation of programs of study for the delivery of the HLT40213 training package.

The establishment of a common framework of principles, criteria and learning outcomes could provide a harmonised baseline across professions for the safe and effective use of medicines. A shared understanding of the essential aims for safe and effective use of medicines and a set of standard learning outcomes could support collaborative practice by fostering interprofessional confidence and trust. It may also provide enabling foundations for interprofessional education. *However*, in the shorter term, securing the Health Practitioner workforce pipeline is a critical consideration and it is essential that the introduction of the proposed framework does not impose an unnecessary barrier to the accreditation and re-accreditation of programs of study. Therefore, support for the proposal is reserved until a thorough examination demonstrates alignment between the proposed framework and the current HLT40213.

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

Regarding 3.1.2: The Principle appropriately recognises the importance of supporting the health literacy of patients/clients, however, does not emphasise the need to be responsive to a person's level of health literacy. Effective communication requires health professionals to appropriately tailor messages and information they provide to meet the health literacy of patients/consumers.

The Australian Commission on Safety and Quality in Health Care (ACSQHC) *National Statement on Health Literacy Taking Action to Improve Safety and Quality* recognises the importance of health literacy in ensuring safe and high-quality care, '*Low individual health literacy is associated with higher rates of hospitalisation and emergency care, and with higher rates of adverse outcomes generally*'. The ACSQHC states that '*...only 40% of adults*

can understand and follow health messages in the way I which they are usually presented'.¹ With this in mind, consideration should be given to expanding Principle 2 to incorporate the expectation that health professionals tailor their communication to meet the health literacy of patients/consumers.

Additional Principles: Consideration should be given to referencing antimicrobial resistance (AMR) and antimicrobial stewardship within the proposed set of principles. The Australian Government has given AMR awareness priority through the National Antimicrobial Resistance (AMR) Strategy 2015–2019 (the Strategy). The Strategy highlights the need to educate prescribers and dispensers of antimicrobials about AMR to promote behaviours to minimise the development and spread of resistant organisms.²

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?

Yes, however, given the importance of QUM to the safe and effective use of medicines in all contexts, consideration should be given to a specific learning outcome to demonstrate that an entry-level health practitioner can explain/has knowledge of Quality Use of Medicines.

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

The criteria and learning outcome statements could be incorporated as a standalone guidance referenced within Field 4 of the Aboriginal and Torres Strait Islander Health Practice Board of Australia *Accreditation Standards: Aboriginal and Torres Strait Islander health practice* (the Accreditation Standards). Alternatively, the proposed content could be incorporated in full within the Accreditation Standards however this would add relatively detailed information compared with the coverage of other matters within the document. However, it is *essential* that any amendments to the Accreditation Standards are judicious and do not inadvertently risk the accreditation of Health Practitioner programs of study that currently meet the Aboriginal and Torres Strait Islander Health Practice Board of Australia *Accreditation Standards: Aboriginal and Torres Strait Islander health practice*.

The current qualification for Aboriginal and/or Torres Strait Islander Health Practitioners, the HLT40213 *Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice*, includes core units on safe medications use and medications administration: the HLTAHW037 *Support the safe use of medicines* and the HLTAHW020 *Administer medications*. The development and approval of the Training Package for Health Practitioner programs of study is not the role of the national Aboriginal and Torres Strait Islander Health Practice Accreditation Committee, rather this process is overseen by the Australian Industry and Skills Committee. Therefore, it is essential that any modifications to the Aboriginal and Torres Strait Islander Health Practice Board of Australia *Accreditation Standards: Aboriginal and Torres Strait Islander health practice* align with the current HLT40213 training package.

¹ Australian Commission on Safety and Quality in Health Care, *National Statement on Health Literacy: Taking Action to Improve Safety and Quality*, p.2, retrieved 6 November 2018 at: <https://www.safetyandquality.gov.au/wp-content/uploads/2014/08/Health-Literacy-National-Statement.pdf>

² 1 Australian Government (2015), *Australia's First National Antimicrobial Resistance Strategy 2015-19*, retrieved 6 November 2018 at <https://www.amr.gov.au/australias-response/national-amr-strategy>

Any proposal to amend to the Accreditation Standards must include an impact assessment on the HLT40213 qualification to identify any potential disruption to the ongoing availability and delivery of accredited programs of study.

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

Shared competencies to promote interprofessional collaboration could enable more effective interprofessional communication and care coordination and thereby strengthen safeguards in the management of medicines reducing risk of adverse patient outcomes.

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?

The thread of 'interprofessional practice', as it relates to safe use of medicines, could be more explicit within the proposed Principles. *Principle 3* states national strategies on interprofessional practice apply equally to all health professions however this is a secondary point within the principle. The Principles on interprofessional practice should link more tangibly with *Criteria 3* and *Learning Outcome 4*.

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

Through analysing the application of the components of the proposed Framework across programs of study and through evaluating the related entry-level competency of health professionals across disciplines.

8. Are there any further comments you would like to make?

Regarding 3.3.1: It is recommended that the statement include carers. Additionally, consideration be given to the following amendment: '...recognise that there may be other or better ways to manage health'. This change highlights that treatment alternatives to medicine may be effective, however, not necessarily "better".

Regarding 3.3.2 and 3.3.3: It is queried whether the statements should also reference *scope of practice*. The safe and effective use of medicines requires that a health practitioner have a comprehensive understanding of the medicines used in their scope of practice.

Regarding 3.3.4: It is recommended that the statement include carers.

Regarding 3.4: Scope of practice should be defined within the Framework appendix of terms.