

National Alliance for Pharmacy Education

Leadership in pharmacy education and advancement of the pharmacy profession

Kay Sorimachi,
Secretary, Competency Standards Review Steering Committee

1st July 2010

Dear Kay

Re: Recognition of Advanced Pharmacy Practice in Australia discussion paper, April 2010

Thank you for the opportunity to comment on this discussion document. The following comments are amalgamated from feedback provided by members of the National Alliance for Pharmacy Education (NAPE).

Overall, we are encouraging of anything that reinforces, encourages and recognises advanced practice and specialisation. We support the concept of identifying and rewarding exceptional practice since it is clear that in any profession there are those individuals who perform at a significantly higher level than others. On a more global level we also believe there is potential for 'advanced pharmacy practitioners' to contribute more cost-effectively to the Quality Use of Medicines and healthcare in general.

The discussion paper raises interesting points about the distinction between advanced practice and scope of practice and it will be crucial to develop consistent and robust definitions which have relevance to Australian pharmacy practice and which are recognised by the Pharmacy Board of Australia. It will be important to accept that advanced practice occurs in both generalist and specialist settings and this is assumed in the points raised below.

We think it is a very positive step to be talking about 'advanced pharmacy practice'; however the nomenclature of 'advanced pharmacy practitioners' may need to be reconsidered, particularly in the context of multidisciplinary teams. We suggest the term 'specialist' rather than 'advanced pharmacist' is more appropriate. We note that other members of the healthcare team [except perhaps nurses] do not tend to use the term 'advanced', i.e. there are no advanced GPs, or advanced physiotherapists – they all exist as specialist health professionals. We suspect the term 'advanced pharmacist' would be confusing to the public.

If the profession wants to use the term 'advanced', it may be better used in the context of 'consultant pharmacist/advanced consultant pharmacist', 'specialist renal pharmacist/advanced specialist renal pharmacist', 'drug information pharmacist/advanced drug information pharmacist' – where the term advanced equates to 'more experienced', 'better performing', 'more senior'.

We would be interested to explore the overseas experience with the use of the term 'advanced', particularly with regard to public perception. If a pharmacist is not 'advanced', does the public see them as 'substandard', whereas the term 'specialist' does not infer different levels, rather 'specialist' versus 'generalist'? Those pharmacists who choose to stay as 'generalist' pharmacists may feel disenfranchised by what this implies.

We believe that any definition of advanced practice should include not only higher levels of skills, expertise and knowledge, but also a demonstration of those attributes over an extended period of time and perhaps more importantly, attitudes and behaviours which are commensurate with a clear understanding and appreciation of the need for and nature of professionalism in practice (however that is defined – not easy in itself). That is, advanced practice should not simply be higher levels of competence, but should involve a commitment to the sustained pursuit of excellence.

However the commitment to the sustained pursuit of excellence might be demonstrated, we would suggest that the approach needs to be evidence based and ongoing. It should include a demonstrable commitment to continuing professional education and development (perhaps through the completion of formal post-graduate qualifications), evidence of advanced activities, the taking of initiative and leadership, and probably a number of other activities

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indicating advanced practice. Assessment of this should involve as a minimum self- and peer- assessment against criteria that are rigorous but still sufficiently flexible so as to encompass diverse cases of advanced practice.

This discussion raises a number of questions for the profession and the individual pharmacist. The benefits of advanced practice will need to be clear to the pharmacy profession, to other health professionals and to our clients, for pharmacists to willingly engage in the process. The profession needs to come to an agreement about what these advanced or specialist roles look like; this needs to encompass more than just "been working in this job for 10 years" but must clearly demonstrate advanced practice with reference to appropriate competencies.

Other issues relating to the recognition of advanced practice include the following:

- Defining who will qualify as an advanced practitioner will be difficult. For example, it is possible that an individual pharmacist may have several different scopes of practice and may not practise at an advanced level in each – would such an individual qualify as an advanced practitioner? This may be one reason why other professions have gone down the specialisation path within a scope of practice.
- Who will be responsible for assessing pharmacists seeking to be certified as advanced practitioners? Will there be one accrediting body for pharmacists working in any sector? Does the Pharmacy Board of Australia have the capacity to conduct the credentialing process e.g. examinations, assessing portfolios in speciality areas? In the medical model there are separate colleges which look after the training and certification of specialists.
- Will there be recognition of this credential of advanced practice in salary structures of hospital and community pharmacists alike? What will be the incentive?

Some of these issues are beyond the scope of these initial discussions but we believe it is important to raise them now, for ongoing consideration.

Thank you again for the opportunity to comment on this discussion paper. We consider it imperative that the Universities are appropriately represented in discussions with the Pharmacy Board of Australia on this issue and it is pleasing to see representation from CPS on the Competency Standards Review Steering Committee. We would be happy to provide ongoing input to this process and to future discussions exploring the issues around advanced practice. Please do not hesitate to contact me if NAPE can be of further assistance in any way

Yours sincerely



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for the National Alliance for Pharmacy Education