



Aboriginal and Torres Strait  
Islander Health Practice  
Chinese Medicine  
Chiropractic  
Dental  
Medical  
Medical Radiation Practice  
Nursing and Midwifery  
Occupational Therapy  
Optometry  
Osteopathy  
Pharmacy  
Physiotherapy  
Podiatry  
Psychology

Australian Health Practitioner Regulation Agency

# Practitioner Audit Pilot Report:

## Phase One

October 2012

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## Foreword

I am proud to present this report on the pharmacy audit pilot (the pilot), on behalf of the Australian Health Practitioner Regulation Agency (AHPRA) and the Pharmacy Board of Australia. It explains our approach to auditing practitioner compliance with the National Boards' registration standards and provides valuable information for the development of practitioner audits in the National Registration and Accreditation Scheme (the National Scheme).

Practitioner audits are an important part of the way that National Boards and AHPRA can better protect the public. They help to make sure that practitioners are meeting the standards they are required to meet and provide important assurance to the Board and the community about this.

This first phase of the pilot was focused on auditing pharmacists only. This was a considered approach agreed to by all National Boards in the National Scheme. It enabled a contained, implementable pilot that trialled the draft audit framework and provided a reliable data baseline for the next phases of audit development. This will continue to inform AHPRA's wider work on practitioner audits.

The pilot also provided statistically significant data that can reliably be broadened to apply across the whole pharmacy profession.

One of the aims of the pilot was to inform the continuing development of a practical and reliable process to audit practitioners' compliance with National Board registration standards across the whole National Scheme. I am very pleased that the pilot was valuable in providing important data about this. The lessons we learned will shape future phases of audit development and, eventually, the final framework that will apply to all registered health practitioners.

I am grateful to all those who have been involved in developing our approach to audit so far, including practitioners who have contributed their time and expertise. I look forward to the next phase of this very important project.



Stephen Marty  
Chair  
Pharmacy Board of Australia



## Introduction

### About this document

This report explains AHPRA's approach to auditing practitioner compliance with National Board registration standards.

It provides information about the structure and findings of the first phase of an audit pilot, which used a fixed sample size from the pharmacy profession. This provided a high rate of reliability, so that the findings can be confidently generalised across the whole pharmacy profession. Participants were randomly selected, and the audit gave equal weight to selection based on location (state / territory) of practice, age and gender of all currently registered pharmacists.

This report includes statistical analysis of the results from the first phase of the audit pilot. The pilot forms part of a wider AHPRA approach to auditing practitioners' compliance with National Board registration standards. The findings of the pilot will shape the auditing compliance framework that will be developed in consultation and collaboration with the professions.

While the pilot concentrated on the pharmacy profession, other professions will participate in future phases of audit testing and development.

The audit pilot was designed to determine the frequency, size and type of audits required. It also helped establish the audit methodology to be developed for the National Scheme.

### About the National Scheme

AHPRA supports and works with the National Boards responsible for regulating 14 health professions in Australia. The primary role of the National Boards is to protect the public and facilitate access to health services. National Boards set the standards and policies that all registered practitioners must meet. AHPRA's operations are governed by the the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

The 14 National Boards are:

- Aboriginal and Torres Strait Islander Health Practice Board
- Chinese Medicine Board
- Chiropractic Board
- Dental Board
- Medical Board
- Medical Radiation Practice Board
- Nursing and Midwifery Board

- Occupational Therapy Board
- Optometry Board
- Osteopathy Board
- Pharmacy Board
- Physiotherapy Board
- Podiatry Board, and
- Psychology Board.

More information about the role of AHPRA and the National Boards is published at [www.ahpra.gov.au](http://www.ahpra.gov.au) and on individual National Board websites which are accessible through the AHPRA site.

### Registration standards

Each National Board sets registration standards that practitioners must meet to be registered to practise. The National Law requires Boards, at a minimum, to set five standards – the four detailed below and also a standard in relation to English language skills.

The audit focused on practitioners' compliance with the following four registration standards:

- criminal record check (CRC)
- continuing professional development (CPD)
- recency of practice (ROP)
- professional indemnity insurance (PII).

More information about the Pharmacy Board of Australia's (the Board) registration standards are published at [www.pharmacyboard.gov.au/Registration-Standards](http://www.pharmacyboard.gov.au/Registration-Standards).

### Communication

Information about the audit was published on the Board's website ([www.pharmacyboard.gov.au](http://www.pharmacyboard.gov.au)) including frequently asked questions (FAQ) and other relevant information. Updates were also published in the Board's regular communiqués and newsletters.

Two focus groups of registered pharmacists were held to provide feedback on the documentation to be used in the audit. This aimed to ensure that the information provided to practitioners would be easily understood and straightforward to complete.

Practitioners who were randomly selected to participate in the audit received a notice explaining the purpose of the audit and a copy of the FAQ. Contact details for follow-up information and questions were also provided.

## The audit process

## Registration and renewal

Registered pharmacy practitioners must apply to renew their registration each year by 30 November. This renewal date is shared by 11 other professions. Most medical practitioners are due to renew their registration by 30 September each year and registered nurses and midwives are due to renew by 31 May.

Each time a practitioner applies to renew their registration, they must make a declaration that they have met the registration standards for their profession.

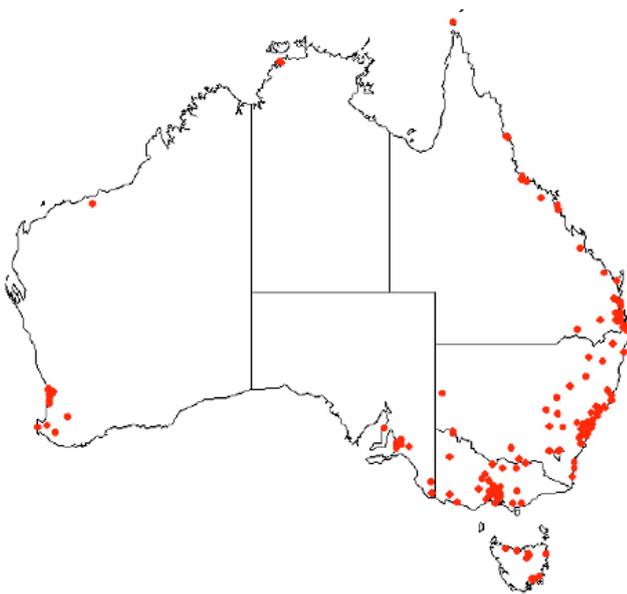
This audit took place from February to April 2012 and assessed practitioners' compliance with four registration standards during the registration year to 30 November 2011. The audit was conducted outside the renewal period.

## Selection and sample size

AHPRA engaged an external statistician to advise on an appropriate and cost effective sample selection method and size for the audit. A fixed sample size was chosen, to provide a high rate of reliability and to ensure the results could be applied across the profession being audited. As a result, among audited practitioners:

- most audited practitioners were in New South Wales, followed by Victoria and Queensland. This is representative of the states in Australia with the highest number of registered practitioners
- most practitioners were in the 25-29 and 30-34 age groups, with a gradual decrease in participants over 35 consistent with the profile of the profession, and
- almost 60% of all audited practitioners were female, consistent with the gender representation in the profession.

Figure 1 – Registrants in audit by location of practice



The random selection method ensured each registered practitioner had an equal opportunity of being selected. Practitioners were selected from all pharmacy registrants who had renewed at least once with the Pharmacy Board of Australia in the National Scheme. Practitioners with non-practising registration and students were excluded.

## Deferral

It was recognised that some practitioners would need to defer (postpone) their audit as a result of illness, family circumstances, parental leave, bereavement or pre-booked travel.

Practitioners who were selected for audit and then applied for a deferral were asked to explain their reason in writing and provide the relevant supporting evidence. If granted, the deferral applied for a fixed period, after which the practitioner must have completed the audit.

## Assessment process

AHPRA appointed three assessors to conduct the detailed audit of practitioners' compliance with the registration standards. The assessors were: based in the New South Wales AHPRA office; experienced in processing and assessing applications for registration and renewal; and trained on the audit framework. Processes were detailed and tools provided to assessors before the start of the pilot.

After reviewing the material provided by practitioners, the audit assessors could:

- find that the practitioner had complied with all of the requirements of the registration standards
- find that the practitioner had not met the requirements of the registration standards, but that no further action was warranted if they had at least 18 instead of the required 20 credit points for CPD
- request further information. (An email was initially sent advising practitioners they had been selected for audit. As necessary, this was followed up by a letter detailing the information to be supplied within seven days)
- grant deferral if the appropriate evidence was supplied
- flag the practitioner for assessment of compliance when they next applied to renew their registration when a response was not received, or when the practitioner had opted to not meet the requirements of the CPD or ROP registration standards
- decide that the practitioner had not met one or more of the registration standards and refer them to the Pharmacy Board of Australia for review.

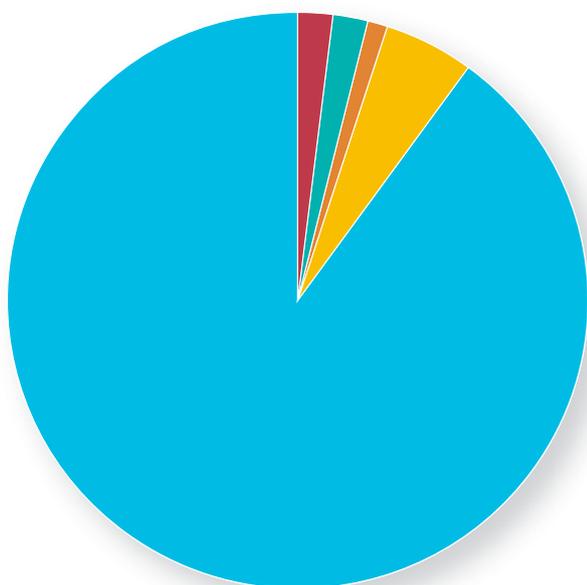
## Audit results

### Audit outcomes

Each audited practitioner was allocated into one of the following six audit outcome categories:

Audit outcome category	Description
Acceptance	Meets all of the standards at the time of auditing.
Not participating in CPD/ROP	The practitioner elected to not participate in the ROP and/or CPD standards (flagged for audit at next application for renewal).
Changed to non-practising	The practitioner applied for non-practising registration on receiving the audit notice.
Changed to non-practising (not confirmed)	The practitioner stated their intention to apply for non-practising registration but this has not yet been confirmed.
Did not renew	The practitioner had previously advised that they would not be renewing their general registration.
Board submission	The practitioner requires referral to the Board as a result of non-compliance with at least one of the standards at the time of auditing.

Figure 2 – Outcome of audit of pharmacists



- 90% Acceptance
- 2% Non participating in CPD/ROP
- 2% Changed to non-practising
- 0% Changed to non-practising (not confirmed)
- 1% Did not renew
- 5% Board submission

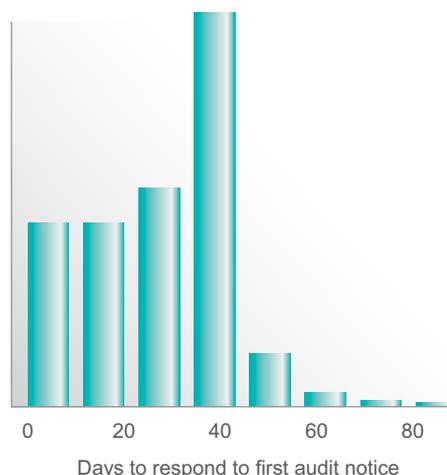
### Deferral

A total of 0.6% practitioners during the audit applied for and were granted deferment, due to events such as maternity leave, holiday bookings and deployment to Afghanistan. All were later processed and found to meet the registration standards.

### Assessment process

The average time taken for selected practitioners to respond to the first audit notice was 28 days, ranging from same-day responses to the longest response time of 81 days. The most common response time frame was between 30 and 35 days.

Figure 3 – Time to first response



The average time taken for AHPRA to advise practitioners by letter of the outcome of the audit varied based on the outcome. For those who met the registration standards, the average was 42 days and ranged from 10 – 85 days. The audit outcome letter was sent to 75% of these practitioners within 47 days.

There were several common reasons for the audits to take longer than anticipated and this information will be used to inform next phases in developing the approach to audit across the professions. Common issues identified include that:

- there was a need for greater clarity about what documentation the Board required in relation to the ROP standard
- it was not clear to practitioners what the Board required in relation to proof for the PII standard, and
- practitioners were not aware of the CPD groupings that need to be applied (CPD for pharmacists are grouped into different value points).

Analysis of responses across practitioners’ gender, age and location of practice indicated no significant variations.

The pilot was successful in identifying important lessons to apply to the audit framework, and to the process and tools required to implement it.

## Overall audit summary

The experience of the audit helped identify relevant issues for our future approach to audit. Some lessons learned were specific to the pharmacy profession, so additional work per profession will be necessary to understand any variations between professions.

More than 90% of practitioners were shown to be compliant with the Board's registration standards. This indicates that registrants are aware and engaged with the requirements of the registration standards for the pharmacy profession. Improvements are being made to the documentation provided to the practitioners based on feedback given from participants in the pilot.

The statistical significance of the audit sample numbers means that it can be confidently assumed that 90% of all registrants within the pharmacy profession would be compliant if assessed against all four registration standards.

Two per cent of practitioners selected for the audit changed their registration status to non-practising. Of this group the majority were not currently practising in Australia and so were not required to participate or provide evidence of compliance with the registration standards. This highlighted a need to increase awareness among practitioners about the most appropriate registration type for this group.

Five per cent of the practitioners had not met one or more of the registration standards and were referred to the Board for review. The levels of non-compliance varied and we have identified two areas where clarification and communication of requirements is required. The first was how to assess ROP of overseas registrants and the second was to develop criteria for assessing breaches of the CRC depending on the severity of non-compliance.

When the audits have been completed for other professions, a more detailed analysis of any trends across the different professions will be available to inform policy decisions. The aim is to develop a practical and reliable process to audit practitioners' compliance with National Board registration standards for all 14 professions.

## Next steps

A second phase of the pilot is being run at registration renewal in 2012 with the optometry, pharmacy and chiropractic professions. It will begin in October 2012 and run for approximately three months. Practitioners will be randomly selected across these three professions when they apply to renew their registration for the 2012-13 period. This will apply to both paper and online renewal applications.

Practitioners selected to participate will be audited for compliance against their Board's registration standards: criminal history, professional indemnity insurance, recency of practice and continuing professional development. Feedback from the pilot will inform the set-up of the auditing framework for use by other National Boards from 2013/14. The timing of further rollout will be informed by the findings of the second phase of the audit.

## Further information

AHPRA and the National Boards are committed to implementing an audit framework that is valuable and fair to all registrants in all professions.

For further information please visit the following websites, where you can also make an online web enquiry:

- [www.ahpra.gov.au](http://www.ahpra.gov.au)
- [www.pharmacyboard.gov.au](http://www.pharmacyboard.gov.au)

If you would like to contact us via telephone:

- Within Australia call **1300 419 495** between 09:00am – 05:00pm (local time).
- From outside Australia call +61 3 8708 9001 between 09:00am – 05:00pm (Australian Eastern Standard Time).

Or you can write to us at: GPO Box 9958 in your capital city.

