

QUALITY CARE ALERT:

Fake Pharmacists & Physios

Single Quality Framework - External Workforce Compliance

An analysis by the Quality Care Association of Australia (QCAA) has identified the convergence of three significant risk factors that warrant close attention by the industry.

Factor 1: Australian Health Practitioner Regulation Agency (AHPRA) investigations resulting in two landmark decisions.

Factor 2: Regulatory specifications regarding aged care workforce Requirements under the new Quality Framework (coupled with the Quality Commission's enhanced auditing rigor).

Factor 3: The escalating risk of litigation against care service providers and health professionals extending from the Royal Commission into Aged Care Quality and Safety and associated media attention.

Factor 1: AHPRA investigations resulting in two landmark decisions.

- "Fake pharmacist pleads guilty to AHPRA charges"

<https://www.pharmacyboard.gov.au/News/2019-03-08-Media-release-Fake-Pharmacist.aspx>

"The man pleaded guilty to four counts of unlawfully holding himself out as a registered pharmacist in contravention of the Health Practitioner Regulation National Law".

- "Landmark decision sees a physiotherapist convicted and receiving largest fine ever"

<https://www.ahpra.gov.au/News/2019-04-30-landmark-case-suspended-physio-largest-fine.aspx>

"AHPRA CEO Martin Fletcher said this outcome demonstrates the regulators determination to protect the Australian community from such unlawful and deceptive behaviour. The deliberate, intentional and deceptive behaviour uncovered as part of this case is of the most serious kind perpetrated on vulnerable people in aged care facilities".

Factor 2: Clear regulatory specifications regarding aged care workforce Requirements under the new Quality Framework (coupled with the Quality Commission's enhanced auditing rigor).

- Aged Care Quality Standards Guidance & Resources Material snippets:

Term	Meaning
Workforce	A member of the workforce is anyone the organisation employs, hires, retains or contracts to provide maintenance or administration, or care and services under the control of the organisation. It also includes volunteers who provide care and services for the organisation. For clarity, people in an organisation's workforce include: <ul style="list-style-type: none">• allied health professionals the organisation contracts.
Contractors and subcontractors	Any person who carries out care and services, or administration or maintenance for an organisation under contract. The organisation that receives funding from the Australian Government is expected to make sure its workforce (including contractors) meets relevant Aged Care Quality Standards. Contracts requiring compliance with the Standards and effective contractor management are essential.

Standard 3, Requirement (3)(b):

“How does the organisation make sure that the workforce is following best practice guidelines and tools to prevent and manage high-impact or high-prevalence risks?”

Standard 3, Requirement (3)(e) and (3)(f):

“Records that show the organisation regularly reviews the individuals, organisations or providers they refer consumers to, to make sure their services remain safe and effective and quality care and services are being delivered.”

Standard 7:

“The organisation has a workforce that is sufficient, and is skilled and qualified to provide safe, respectful and quality care and services.”

Standard 7, Requirement (3)(c):

“The workforce is competent and members of the workforce have the qualifications and knowledge to effectively perform their roles.”

“How does the organisation know that only suitably skilled and competent members of the workforce are delivering care and services?”

“How does the organisation keep up-to-date on policies and the scope of practice requirements for registered health practitioners?”

“Evidence of records that show the organisation assesses and checks that members of the workforce have the skills, qualifications and knowledge to be competent at their job.”

Standard 8, Requirement (3)(e):

“The organisation has records of governance arrangements for clinical care that is given in non-clinical care settings, or by contracted members of the workforce, or by third parties.”

High Risk Workforce Practices in Aged Care

Workforce member	Unlawful, unprofessional or high-risk practices	Risk Management
Physio and OT	<ul style="list-style-type: none"> ○ ACFI complex pain management treatments conducted by unregulated workers or unqualified health professionals. 	<ul style="list-style-type: none"> ✓ Establish governance mechanisms to ensure all allied health workforce members are suitably qualified and have a current certificate of registration issued by the National Board of that person’s profession.
Supply pharmacy QUM provider	<ul style="list-style-type: none"> ○ QUM Provider activities attended to by a non-registered pharmacist contravene QUM Program Rules; Professional Guidelines; and the RACF’s QUM Service Agreement. 	<ul style="list-style-type: none"> ✓ Establish governance mechanisms to ensure only Registered or Accredited Pharmacists attend to formal QUM services such as MACs and staff education. MAC attendance by a supply pharmacy non-health professional representative (e.g. client officers, dispensary technicians, business development managers) must be accompanied by a suitably qualified Pharmacist.
Clinical pharmacist RMMR and QUM provider	<ul style="list-style-type: none"> ○ RMMRs conducted without appropriate referral from the consumer’s GP violate patient consent & privacy obligations; RMMR Program Rules; Professional Guidelines and the RACF’s RMMR Service Agreement. ○ RMMR reviews/site visits attended by non-accredited pharmacists contravene RMMR Program Rules; Professional Guidelines; and the RACF’s RMMR Service Agreement. ○ QUM Provider activities attended to by a non-registered pharmacist contravene QUM Program Rules; Professional Guidelines; and the RACF’s QUM Service Agreement. 	<ul style="list-style-type: none"> ✓ Routine RMMR data presented by the Provider should incorporate associated GP referral information for each review. ✓ Confirm that all components (review + report) of an RMMR is conducted by an Accredited Pharmacist (with appropriate credentials). Routine RMMR data provided by the Provider should specify the review date, report date and pharmacist name. ✓ Establish governance mechanisms to ensure only Registered or Accredited Pharmacists attend to formal QUM services such as MACs and staff education. MAC attendance by a QUM company’s non-health professional representative (e.g. client officers, marketing or business development managers) must be accompanied by a suitably qualified Pharmacist.