



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 Two: Pharmacy July 2013

## Introduction

### About this document

This report presents the findings and recommendations from phase 2 pilot audit, undertaken by the NSW AHPRA office audit team from October 2012 to February 2013.

It was conducted on the recommendation of the phase 1 audit pilot report and involved auditing a fixed sample size from the pharmacy, chiropractic and optometry professions for the same four registration standards.

This report will present the findings for the pharmacy profession only. Reports for the other professions are available on the respective board websites.

The overall practitioner audit project is designed to determine the frequency, size and type of audits required as well as develop and 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 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, 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 National 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).

## The audit process

The phase 2 pilot audit used the audit framework from phase 1 and was run in conjunction with the renewal registration period. This provided the Board with more options for managing practitioner non-compliance.

This audit took place from from October 2012 to February 2013 and assessed practitioners' compliance with four registration standards during the previous registration year to 30 November 2012.

### 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 as a whole.

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.

The table below summarises how registrants selected for the audit compared to the overall population in regard to the location they practise. In terms of location of practice, these results demonstrate that the audit sample is representative of the population of registrants as a whole.

State / territory	% of sample	Total no. of registrants	% of population
ACT	1.2	403	1.5
NSW	28.6	8374	30.7
NT	0.8	187	0.7
QLD	21.4	5357	19.7
SA	7.6	1977	7.3
TAS	1.2	651	2.4
VIC	25.9	6682	24.5
WA	11.6	2932	10.8
No PPP	1.6	673	2.5
TOTAL	100	27236	100

## Age and gender

Most pharmacists are in the age range 25-29 and 30-34 with a gradual drop in percentages across age bands above 35 years old. This was observed in the age bands of those selected for audit. Approximately 60% of registered pharmacists are female and this was the split for those selected for audit. These results reveal the audit sample is representative of the population of pharmacy registrants as a whole.

## Assessment process

The audit team comprised one Senior Assessor and up to six Audit Assessors. The increase in team size was due to three professions being audited at once as opposed to only one in the previous pilot.

The assessors were experienced in processing and assessing applications for registration and renewal and also received training on the audit framework prior to the commencement of the audit period.

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 28 instead of the required 30 credit points for CPD

- request further information. An email was initially sent advising practitioners they had been selected for audit.

## Audit results

### Audit outcomes

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

Audit outcome category	Description	% of practitioners
Completed the audit	Practitioners that submitted a renewal request, were audited and sent a successful renewal outcome letter	92.2
Changed to non-practising	Practitioners who prior or during the audit and renewal period changed to a 'non-practising' status	1.4
Failed to renew	Practitioners who did not respond to the renewal request which would mean their registration being administratively withdrawn	2.7
Board submission	Board submission numbers related to those practitioners who did not comply with one or more standards at the time of the audit. Reasons for board submission: <ul style="list-style-type: none"> <li>• failed CPD (20%)</li> <li>• failed PII (20%)</li> <li>• failed RoP (60%)</li> </ul>	2.0
Withdrew application	Those practitioners who made their intention known they would not renew or during the renewal process decided to withdraw after seeking further information from the audit team	1.2
Other	Those practitioners that did not complete the audit process due to unforeseen circumstances	0.4

The report provided by the external statistician states that these results can be interpreted with 95% certainty that the true number of compliant registrants for all registration standards out of all registered pharmacists eligible to be audited would be 25124 (92.2%). The table below demonstrates how these main results from the audit can be applied to the total practitioner population.

Outcome	Percentage (best estimate)
Completed the audit	92.2
Changed to non-practising	1.4
Failed to renew	2.0
Board submission	2.7
Withdrew application	1.2

### Assessment process

For the purposes of this report, the process is divided into three stages:

Audit stage	Description	Results
Renewal request	When practitioners make their intention to renew their registration (either online or via submission of a paper form)	96% of practitioners applied to renew by the close of the formal renew period (30 November 2012)
Audit response	When supporting evidence has been received by the audit team to begin assessment	Number of days to respond Average: 26 Maximum: 128
Audit completion	When the audit team have assessed a practitioner against all four standards and flag the audit as being successfully completed	Days for audit completion: Average: 59 Minimum: 12 Maximum: 128

### Request for additional information

Additional information was requested from practitioners for a number of reasons.

- No documentation provided with audit checklist
- Certificate of currency and/or invitation to renew insurance not supplied
- CPD log incomplete or further clarification of entries required
- Statement of service from employer (those employed) or Statutory Declaration (those self employed) not provided, filled out incorrectly, was illegible or supplied in the incorrect format.

The average number of days practitioners took to respond to provide further information (approximately 5–9 days).

	Results
Avg. no. of days to respond to request for further info.	8.79
Percentage of audit group that required further info.	64.69%
Avg. no. of times further info. was requested	1.17
% of practitioners where further info. was requested at least once	54.95%
% of practitioners where further info. was requested at least twice	7.27%

### Next steps

AHPRA, on behalf of and in conjunction with National Boards is working to:

- establish a permanent audit team in to introduce the auditing as a business as usual audit function supported by policies and procedures developed and maintained by AHPRA.
- develop an audit campaign detached from the renewal process to provide an efficient and effective service for the 14 National Boards that is nationally consistent wherever deemed appropriate.
- invest in the software systems to support the audit function and ensure integration with registration, notification and compliance software as appropriate.
- enhance the practitioner experience through the refinement of information, documentation and systems to ensure requirements are clearly articulated, fair and transparent; and user friendly for the practitioner.