

Guidelines for Committees of Specialty Practice (COSPs) including the role of the Specialty Practice Reference Group

1. Introduction

COSPs are **national** committees under the guidance of SHPA's Specialty Practice Reference Group (SPRG). COSPs may be convened, disbanded or temporarily suspended at the discretion of Federal Council. There is no limit to the number of committees that can be convened at any one time.

Some COSPs are located in geographical regions and after one or two terms of two year's duration, a COSP may be relocated to another region. With technology (email and teleconference facilities) COSPs may not be based in regions at all, but have representation from many branches, which is preferable.

In any event, all COSPs are required to have members from at least four branches to ensure a national perspective to their deliberations.

2. Key responsibilities and objectives of COSP activities

All COSP activities should adhere to all relevant SHPA standards, policies and guidelines. COSPs should ensure that the best interests of not only the COSP but also SHPA are served when undertaking any project or activity.

When planning seminars or conferences, COSPs must obtain approval and advice from the SHPA Project Pharmacist. This includes a budget plan for a small surplus and arrangements for CPD accreditation (including options for Group 2 activities), where appropriate.

2.1 Practice Standards

The prime responsibility of COSPs is to create and review national standards of practice in their area of specialty. Standards should be in the approved format (see page 4).

2.2 Advice to Federal Council

The COSPs will respond to requests from Federal Council and other COSPs for comments on standards and other documents as required. The COSP should monitor new developments and current issues within the COSPs specialty area and provide comment to Federal Council.

2.3 Other Projects

COSPs may initiate their own projects, provided such projects have relevance to their area of practice and are undertaken from a **national perspective**.

COSPs may elect to run educational seminars in their area of practice. COSPs could convene or participate in existing email discussion groups. The Chair of the SPRG must be informed of such projects, either via minutes of COSP meetings or directly as the need arises. Federal Council may, from time to time, request COSPs to undertake projects.

2.4 COSP annual report objectives

COSPs are required to review current objectives or develop **national objectives** annually in April for the forthcoming year in line with the goals and objectives of the SHPA Strategic Plan.

3. Composition of Committees of Specialty Practice

Chairman: appointed by the SHPA Federal Council for a two year term. The Federal Council has discretion to renew the appointments or make new appointments.

The COSP Chair should liaise with the SHPA Project Pharmacist, based at the Federal Secretariat who is available to provide practical assistance and advice to facilitate all COSP activities.

Convenor: a Federal Councillor appointed by Federal Council for a two year term will provide guidance from the SHPA Strategic Plan. A Federal Councillor may be convenor of more than one COSP.

COSP Members: appointed by the Chair of the COSP. All members of COSPs are to be members of SHPA, but do not have to reside in the same region as the Chair. Each COSP should have approximately ten members with members from at least four branches. Teleconferencing facilities are available to enable interstate members to participate in meetings as full members. The new COSP membership structure removes the previous need for state liaison member and corresponding members.

Consideration should be given to including a technician member as appropriate. Consideration should also be given to calling for expressions of interest from younger SHPA members who may wish to participate as a COSP member, be mentored or act as an observer.

COSPs may consult persons who are not eligible for membership of SHPA but who have expertise that would not otherwise be available to that COSP. Such non-members should be identified to Federal Council in the COSPs annual report and their area of expertise identified. Such persons if co-opted or consulted only remain ex-officio members of a COSP for the duration of that particular project for which their expertise is required. COSPs wishing to coopt or consult outside of these parameters must demonstrate to the SPRG the need to do so and seek ratification of such an appointment.

4. Responsibilities of COSP Chair

- 4.1 Convene meetings of the COSP at least twice per year, with face-to-face attendance for members who are located in the same region and using teleconference facilities for others to join in. Use of email to discuss documents is an appropriate alternate with one meeting/teleconference each year. Where COSP members are not based locally, extra face to face meetings should coincide with the national annual conferences or other events to minimise expenses.
- 4.2 Appoint members to a COSP, either when convening a new COSP or as the need arises to ensure that the COSP has sufficient members to function effectively. Review membership on an annual basis.
- 4.3 Participate in Specialty Practice Reference Group (SPRG) meetings twice a year.
- 4.4 Produce an annual report by the end of April of each year and submit that report to Federal Council, using the template shown in Appendix 1. This annual report to include:
 - a summary of activities in relation to objectives previously listed, including meetings/teleconferences that were held;
 - a recommendation as to whether the work of the COSP is complete or whether there is a need to continue;
 - if wishing to continue, the COSP should determine what the goals are to be for the ensuing year, some of which may be carried forward from the previous year. These goals and objectives to be in line with those of SHPA strategic plan, including which practice standards are in development, or to be reviewed;
 - a proposed budget to achieve the goals for the coming year. This budget should be in the standard financial reporting format and should generally not exceed \$500 per annum. This figure has been determined from previous budgets and is designed to cover the costs of refreshments at face to face local meetings and the costs of teleconferences;
 - current list of COSP members and the names of any other persons co-opted or consulted (and their area of expertise).
- 4.5 Email minutes of the COSP meetings to the Chair of the SPRG, Project Pharmacist and Administrative Coordinator at the Federal Secretariat.

- 4.6 Submit all documents e.g. surveys, questionnaires and standards to the SHPA Project Pharmacist for approval before distribution to the membership of SHPA. Any extra activity e.g. a questionnaire to the membership, which has not been identified and budgeted for in the annual report of the COSP, must have a budget submitted for approval prior to the activity being undertaken. Any documentation distributed on behalf of the COSP should be under SHPA Federal letterhead.
- 4.7 Comply with relevant policies of SHPA including relevance to the SHPA Strategic Plan when organising seminars or conferences. Details, including a budget of proposed seminar/conference, including those held jointly with other organisations, to be submitted to the SHPA Project Pharmacist for advice and approval prior to any advertising of the event in Federal or Branch Committee newsletters, the Journal of Pharmacy Practice and Research (JPPR) or to SHPA membership.
- 4.8 Ensure that any statements to be made by any member of the COSP on behalf of SHPA have had appropriate endorsement by Federal Council.
- 4.9 Provide relevant information on the activities of the COSP to SHPA membership by publication in the Journal of Pharmacy Practice and Research, Federal Bulletin or Branch Committee newsletters as appropriate.
- 4.10 A retiring COSP Chair should ensure the new Chair is briefed on the activities of the COSP and provide copies of previous minutes and other relevant documentation.

5. Responsibilities of Federal Councillor convenors

- 5.1 Provide advice and encouragement to the COSPs, according to the SHPA Strategic Plan.
- 5.2 Ensure that there is continuing COSP activity and communicate any problems/difficulties to the Chair of the SPRG and SHPA Project Pharmacist.
- 5.3 Attend COSP meetings on a regular basis. This may be difficult where a Federal Councillor is Convenor of more than one COSP, but every effort should be made to maintain contact. COSP meetings provide an opportunity for advice, encouragement and also communication and interpretation of Federal Council decisions.
- 5.4 Ensure that newly appointed Chairs are briefed on the activities of the COSP and provide copies of previous minutes and other relevant documentation.

6. Responsibilities of the Chair of the Specialty Practice Reference Group

- 6.1 Provide support to COSPs and guidance in areas of SHPA policy and procedures.
- 6.2 Report to Federal Council at each meeting of the Federal Council on behalf of all COSPs.
- 6.4 Ensure that the goals and objectives of each COSP are aligned with the SHPA strategic plan.
- 6.5 Convene a **Specialty Practice Reference Group** meeting/teleconference twice per year to ensure alignment with the strategic plan and arrange other meetings as required. Email discussion groups amongst SPRG members may suffice in the interim.
- 6.6 Complete a report on COSP activities for the Annual Report.

7. Role of the Specialty Practice Reference Group (SPRG)

Refer to Terms of Reference of the Specialty Practice Reference Group – Appendix 3

8. Format for SHPA Practice Standards

The SHPA Project Pharmacist will be responsible for the co-ordination of editorial review of Practice Standards or Guidelines, and reviewers are therefore not required to include this aspect. Editorial review will ensure a consistent approach with respect to grammar, 'correct' wording, text and format. However, each document should preferably be written in performance, not prescriptive tense, and non-gender specific language used.

Practice standards should provide guidance for practitioners and managers in provision of specific pharmacy services. They must define the minimum requirements for service provision, but may also give guidance on extended levels of service if appropriate. The benefits of extended service should be defined quantitatively where possible.

The style should be clear and concise, with a minimum of jargon. Definitions should be clear and should be aligned with those used in other SHPA documents wherever possible, to promote standardisation. Reference to Australian Standards, legislation or other specific documents should be made when appropriate.

The level of imperative must be clear at all times, hence:

- when an action is imperative, 'must' or 'shall' is to be used;
- where options exist, 'where appropriate' or 'should' is to be used;
- where the situation is not imperative, 'may' is to be used.

Each document must include a **disclaimer** that these are standards of professional practice and not standards prepared or endorsed by Standards Australia. Practice standards published by the Society do not have the force of law; in the event of a conflict or overlap between the practice standards and the requirements of applicable legislation or subordinate legislation, the requirements of the legislation or subordinate legislation will prevail to the extent of the conflict or overlap. The following disclaimer will therefore be included when each document is published:

These are standards of professional practice and not standards prepared or endorsed by Standards Australia. They are not legally binding.

Each standard should contain the following sections. The detail appropriate to each section may vary depending on the nature of the practice or service.

INTRODUCTION - An introduction should include:

- a general description of the practice or service;
- the purpose of the practice or service in terms of pharmaceutical care and patient focus where relevant;
- basic definitions used throughout the guidelines/standards.

OBJECTIVES- The objectives should be expressed in terms of:

- the role of the practice or service;
- the expected outcomes of the practice or service;
- the benefits of the practice or service

EXTENT AND OPERATION OF THE PRACTICE OR SERVICE - This should identify:

- the expected customers/clients;
- mechanism of access to the practice or service in varying circumstances. Consider, for example, requirements for 24 hours per day service delivery;
- the range of services within the practice i.e. the scope of the service. This should include the minimum acceptable standards of service delivery, if offering these services; the mode of service delivery;
- which staff within pharmacy will deliver the practice or service. Consider which aspects of the practice or service are more appropriately delivered by professional or by technical staff. Where appropriate, the above should be expressed in quantifiable terms.

POLICIES AND PROCEDURES - This should include a minimum data set of policies and procedures mandatory for the efficient operation of the specific specialty practice. Reference should be made to Australian Standards, relevant legislative requirements, Australian Council on Healthcare Standards (ACHS) requirements, technical recommendations or other documents if appropriate.

RESOURCES - These should take into account relevant Australian Standards and comply with legislation such as Occupational Health Welfare and Safety legislation. Where appropriate, the following should be identified:

- information systems;
- equipment;
- physical space and preferred layout;
- references, both mandatory and discretionary.

STAFFING STRUCTURE AND LEVELS - The most desirable staffing structure and level should be defined to ensure the efficient service delivery at the identified minimum service or practice standard. Consideration should also be given to additional staff requirements to provide extended services.

TRAINING AND EDUCATION OF STAFF - may include the following:

- definitions of mandatory and desirable qualifications;
- definitions of mandatory and desirable skills;
- mechanisms for staff accreditation and validation;
- recommendations for ongoing education and training;
- recommendations for involvement in relevant specialty interest groups.

QUALITY - All services must include appropriate ongoing measures and programs to ensure quality service delivery. These should include:

- key performance indicators or outcomes;
- recommended quality assurance methodologies or procedures.

DOCUMENTATION - Include the minimum requirements for documentation:

- to ensure audit trails;
- to comply with mandatory standards, practice guidelines and legislation;
- to foster good clinical practice.

Documentation should be presented in a manner which is quantifiable and which enables the preparation of meaningful management reports e.g. casemix reports.

The document must include the date of compilation and a date of review, if appropriate.

9. Review of SHPA Practice Standards

9.1 Review Principles

The review should be approached by looking at the content of the document with regard to:

- accuracy of the information;
- appropriateness and currency of the information;
- appropriateness of the cited references;
- appropriate use of references;
- consistency with SHPA philosophy;
- use of anecdotal vs. factual or evidence-based information;
- potential future trends in the particular area;
- personal or others' "expert" knowledge in the particular area.

9.2 Period of Review

The SPRG has the responsibility to ensure that Practice Standards or Guidelines are reviewed at least every five (5) years, with commencement of review three (3) years post adoption.

Unless otherwise indicated, the SHPA Project Pharmacist will be responsible for despatching draft standards and guidelines for review, and for the co-ordination of responses/comments.

9.3 Mechanism of Review

The Register of Practice Standards will be consulted annually by the SPRG to determine timing of review. The relevant document will then be referred to the appropriate COSP, group or individual for revision. All

draft revised Practice Standards or Guidelines will be circulated to all relevant parties, i.e. COSPs, Branch Committees, Councillors, etc.

All review comments will be coordinated by the SHPA Project Pharmacist and forwarded in the format shown in Appendix 2 (Review comments template) to the individual or group responsible for the preparation of the document.

All comments received shall be considered by the group or individual and disposition of comments recorded and available for audit. Comment may be adopted, rejected or deferred for a new edition or further consideration.

A final draft with the completed comments template showing the due process of comments will be forwarded to the SPRG for endorsement prior to a recommendation being made to Federal Council for adoption prior to publication.

Adopted by Federal Council: November 2008

Appendix 1 - Committee of Specialty Practice Annual Report

Dates: March 20XX – April 20XX

Name of COSP:
COSP Members names: Specify if any are technician members or ex-officio members including their area of expertise.
Meetings/teleconferences held during the year:
Activities undertaken during the year:
Restate the objectives from the previous year and whether they were achieved:
Make a recommendation as to whether the work of the COSP is complete or whether it should continue: It may be helpful to discuss this with the Chair of SPRG or the Federal Councillor Convenor to obtain early guidance from the SHPA Strategic Plan.
If wishing to continue, please state the COSP objectives for the coming year:
Budget required for the coming year: Limited as per Guidelines for COSPs, unless income-generating activities are being undertaken to offset expenses.

Appendix 2 - Review Comments Template

Title of document under review:

Prepared by: (COSP name)

Summary of Review Comments Received

Comments from	Comment received	COSP reply	Adopt/Reject/Defer
Joe Blow, COSP X			
Suzy Q, Branch Y			

Specialty Practice Reference Group

Terms of Reference

Responsible to: Federal Council

Appointment: A Federal Councillor appointed by Council biennially at the Council meeting after the AGM.

Membership: Membership of the reference group:

Chairman	SHPA CEO
Supporting Councillor	SHPA Project Pharmacist
Chairs of current COSPs	

Meetings: SPRG meetings/teleconferences should be held twice per year to ensure alignment with the strategic plan. Other meetings may be arranged as required. Email discussion groups amongst SPRG members may suffice in the interim.

ROLE OF REFERENCE GROUP:

- To assist Council to oversight and review areas and activities of Specialty Practice consistent with the Strategic Plan
- To advise on appropriate Standards of Practice and ensure that currency of standards are maintained.

TERMS OF REFERENCE

- Review of COSP on-going activities
- Review the operations of each COSP on an on-going basis but at least once per year following the receipt of the Annual Report. This review should involve an assessment of COSP performance
- Oversight the development and maintenance of SHPA practice standards (to be reviewed at least every 5 years)
- Oversight production of statements by COSPs
- Encourage the development of a pool of expertise that is available to comment on issues of relevance to hospital pharmacy
- Encourage and support the development of specialist educational initiatives by the COSPs
- Provide advice to Federal Council on formation of or disbanding of COSPs
- Co-ordinate (and rotate) the annual pre-conference workshops between COSPs.

CURRENT MEMBERS

Tony Hall (Chair)	Christine Culhane - Psychiatric
Megan Middleton (Supporting Councillor)	Debra Rowett - Educational Visiting
George Taylor - Clinical Pharmacy	Sean Turner - Paediatrics
Rosemary Burke - Medication Safety	Lisa Spurling – Medication Management
Mark Tudehope - Private Hospitals	Dennis Leung – Critical Care
Julie Lord – Drug Information	Julie Wilkes – Cancer Services
Carol Rice – Investigational Drugs	David Kong - Infectious Diseases
Susie Welch – Emergency Medicine	Chair Vacant – Parenteral Services
Yvonne Allinson (CEO)	Nicki Burr ridge (Project Pharmacist)
Anna Borg (Administrative Coordinator)	

Adopted by Federal Council Nov 2008