

# A new approach to Specialty Practice

## Evaluation report (June 2017 – May 2018)

### Purpose:

A report to advise the SHPA Board of Directors of activity related to Specialty Practice in the first 12 months.

### Action:

SHPA Board to accept report and endorse recommendations or provide revisions and feedback

### Compiled by:

Suzanne Newman, Specialty Practice Project Manager  
 Johanna de Wever, General Manager, Advocacy and Leadership



### August 2018

Contents	
1. Executive Summary.....	2
Recommendations for the next 12 months.....	5
2. Introduction.....	6
3. A new Specialty Practice model.....	6
3.1. Uptake of Specialty Practice by members .....	7
3.2. Member activity in Specialty Practice.....	8
3.3. Feedback from members .....	9
3.4. Role of the Secretariat .....	11
3.5. Progress on Standards of Practice .....	12
3.6. Successes.....	13
3.7. Challenges.....	14
4. Plans for next 12 months .....	15
5. Conclusion.....	16
6. Appendix 1: Member comments about their Specialty Practice experience .....	17
7. Appendix 2: Specialty Practice Streams membership 30 May 2018.....	18
8. Appendix 3: Examples of Leadership Committee projects.....	19

# 1. Executive Summary

In its first year Specialty Practice has already made a significant contribution to the strategic priorities of SHPA. Moving forward the multifaceted approach of Specialty Practice will play a key role in the achievement of many of SHPA's strategic priorities as it enables the effective engagement of our greatest asset – member expertise.

To appreciate the role of Specialty Practice it is important to reflect on the previous specialty practice environment. Prior to the implementation of the new program in mid-2017 SHPA had little confidence in information about individual members and their practice, including specialty, employer or level of expertise. This was largely due to the limitations of previous websites, and an unmet expectation that members would update their professional information on their record. Without this information, the Secretariat was forced to rely on informal networks which resulted in an over-reliance on a small group of dedicated members closely affiliated with Federal Council and branch committees. Some of these dedicated members also were involved in one of the 16 Committees of Specialty Practice (COSPs) which were largely autonomous specialty groups. Membership was highly selective (approximately 250 individual members, 7% of total members), criteria for joining was generally unknown, and in some cases lists of members were not available. Emails to COSPs from interested members and the Secretariat often went unanswered. Although the COSPs had produced high quality publications in the past, and several continued to operate effectively, there were many complaints from both COSP members regarding a lack of SHPA support, and other members regarding a lack of transparency.

In contrast more than 40% of SHPA's membership (more than 2000 individual members) have enrolled into 26 Specialty Practice streams in its first 12 months. Members' consistent strong use of the discussion forums for peer-to-peer information sharing and practice advice, including the development of collaborative research projects, has already enabled greater member engagement, for both the benefit of individual members, and the achievement of SHPA strategic priorities. And rather than peaking, more than 140 applications for Specialty Practice stream enrolment continue to be received each month (50% new, 50% existing participants).

Despite the challenges of change management, feedback from members about the new approach has been positive with broad recognition of the value of peer-to-peer engagement, access to leaders, sharing of service innovation, reduced isolation and appreciation of the value of SHPA membership. In particular members applaud an initiative that prevents them from wasting their time 'reinventing the wheel' of service provision. In this way Specialty Practice underpins achievement of many of SHPA's strategic priorities by providing a multifaceted engagement tool which simultaneously supports members and service development whilst enabling greater utilisation of their volunteer expertise. The model has already gathered interest from other membership organisations facing similar challenges, with SHPA presenting to the Associations Forum and Life Long Learning in Pharmacy conferences, as well as being invited to present to the Board of Australian College of Perioperative Nurses.

Key to the new approach is the democratic election of Leadership Committees, who are supported by the Secretariat to lead activities, and provide a transparent pathway to member expertise in a timely and manageable way. This approach aims to enable improved policy and advocacy development, informs professional thought leadership, and provides effective opportunities for developing evidence-based positions and education. With committees and practice groups made up of self-identified experts practising in a specialty area, the Secretariat is able to easily identify and contact relevant experts. As an example, SHPA's recent opioid advocacy report was led by a working group comprised of members of the Surgery and Perioperative Medicine Leadership Committee and Pain Management Leadership Committee, some of whom also presented at the Medicines Leadership Forum.

The quantifiable nature of Specialty Practice's expertise has already enabled SHPA to position our membership as the ideal partner for the Therapeutic Goods Administration's (TGA) review of the clinical significance of medicine shortages, and this relationship is noted in the implementation of legislation currently before the Australian government. This contributes to SHPA's aim of achieving strong government relations and providing public leadership on matters related to medicines management. The Pain Management

Leadership Committee (a new specialty stream) also enabled the completion of a contract with the Department of Health regarding materials supporting codeine rescheduling which represents one of SHPA's early efforts at developing member expertise as a product.

Specialty Practice has also provided an opportunity to drive forward the delivery of new Standards of Practice, addressing a high-risk priority for the organisation. Under the COSP model few Standards of Practice had progressed to publication in the preceding five years, and several were more than a decade old. Feedback from COSP Chairs indicated little appetite existed for writing new standards or updating old standards without additional Secretariat support. Hence a 'Lead Pharmacist, Specialty Practice' position was appointed in December 2017 (initially for 12 months) to work on the drafting and development of up to 20 Standards reflecting the clinical need and committee interest. Currently the Lead Pharmacist is actively working on four standards (Pain Management, Emergency Medicine, Oncology and Haematology, and Geriatric Medicine) whilst also engaged in the preliminary work on several more (General Medicine, Nephrology and Critical Care). It is anticipated that at least three will be ready for publication by the end of 2018. The lack of an effective IT infrastructure to support collaborative file-sharing has been a significant barrier to greater progress.

The importance of the formal model and its support for regular committee meetings should not be understated. The regularity of, and high attendance at, Leadership Committee meetings has gradually reduced the need for additional education or policy-focused meetings with members and has limited the need for ad-hoc emails. The attendance by Specialty Practice staff at every meeting (spread across the team of three) is essential to ensuring that complex projects move forward, information is shared effectively and volunteers are not tied up with low-level administration. However this model is administratively burdensome requiring attendance at 24 teleconferences every month, and supporting a constantly increasing list of member requests for small projects, as the model continues to mature. In addition, historically poor technological investment has resulted in two separate and not interoperable SHPA websites (ME and Moodle) which necessitate manual entry, update and removal of all member information separately for each stream a member participates in. Unfortunately systemic technological improvement has not been feasible, resulting in an ongoing and substantial administrative burden. This unexpected administrative work is undertaken jointly by both the Project Manager and Liaison Officer.

Following on from significant negative feedback of the COSP model, for this first year of development and implementation the priority for Specialty Practice staff (part of the Advocacy and Leadership team) has been member satisfaction and support. Whilst initial results are positive there is still significant work to do. In 2019 and 2020 Specialty Practice aims to build on its strong foundations to capitalise on the potential of the still immature model. Greater support for the role of Committee Chairs, increased governance documentation, proactive management of committee workloads and development of additional tools for collaboration between Leadership Committees and Practice Groups are all priorities, as is implementation of technological solutions which would make the day-to-day management of Specialty Practice less onerous. A significant milestone will be the conduct of the second round of Leadership Committee elections in November 2019.

For Specialty Practice members, considerable work remains with more than a dozen Standards of Practice and guidance publications and curriculum for Advanced Training Residencies expected, plus the development of a library of evidence-based policy positions. As SHPA's strategic plan continues to evolve it is anticipated that Specialty Practice may play a role in developing knowledge products, expert consultancy services or making membership more attractive.

Looking forward SHPA aims to continue to grow the engagement of members with Specialty Practice, aiming to reach 60% of all members, and 80% of all new members, by 2021. Current rates of growth indicate these are achievable aims. Results of member satisfaction and Specialty Practice surveys tell us that Specialty Practice is a key incentive for new members to join, and participants are likely to recommend the program to similarly experienced colleagues. Seventy-three per cent of respondents said that their Specialty Practice involvement will be a positive factor in their decision to renew in the future. Sixty per cent of SHPA members who had not yet joined Specialty Practice indicated that they planned to enrol in the next 1 – 5 years. Promisingly members who are already engaged in a Specialty Practice stream are very likely to join additional streams after several months of engagement. And web traffic shows that new members frequently

sign up for Specialty Practice as soon as their membership is processed, indicating that the program has a high perceived value.

Specialty Practice has provided SHPA with a framework for engaging and supporting members across the spectrum of experience and practice. Despite challenges behind the scenes, the program has been delivered smoothly and member feedback is extremely positive. In most cases Chairs and committee members have increased their engagement with SHPA across the board and are providing additional feedback, attending additional events and interacting with a greater number of members than they did previously. In return the Secretariat is also conscious of clearly communicating our appreciation and recognition of members' volunteer contributions. For the first time Chairs have been offered a complimentary registration (not including travel or accommodation) to MM2018 where two Specialty Practice workshops will be held.

With ongoing support, Specialty Practice can continue to build engagement and enthusiasm to advance pharmacists and extend SHPA's professional influence to support best practice medicines management in Australian hospitals.

---

*It has given me an excellent opportunity to feel like I am contributing to the profession, with tangible goals to work towards. Suddenly our profession feels far more connected nationally than we have ever been, and the LC meetings give us a regular opportunity to keep connected and up-to-date with each other*

---

## Recommendations for the next 12 months

### Recommendation 1

To continue the current allocation of staff resourcing (2.0 EFT management and administration, 1.0 EFT Standards of Practice development) to ensure ongoing delivery of support and advancement of members and SHPA's strategic priorities for an additional 12 months.

### Recommendation 2

To implement a full upgrade of web platform Moodle, using existing staff resources, to the most current version, in order to provide optimal functionality in Specialty Practice discussion forums, maximise the user experience and enhance the quality of member data.

### Recommendation 3

To investigate appropriate IT infrastructure as identified by SHPA to reduce barriers to member engagement with key Specialty Practice projects such as Standards of Practice which require high quality and secure collaborative file sharing of large documents by multiple parties.

### Recommendation 5

To continue proactively developing tools which support greater collaboration within streams and facilitate increased engagement of Practice Group members with Leadership Committees to build future leadership capacity.

### Recommendation 6

To assist Committees to ensure effective distribution of workload and efficient engagement with Specialty Practice members across all advocacy, education and workforce transformation priorities.

### Recommendation 7

To provide increased opportunities for Leadership Committee Chairs to collaborate and share ideas between streams and provide recognition for their volunteer contribution.

### Recommendation 8

To gauge the broader member demand for a new stream in gastroenterology as it meets the SHPA criteria to be recognised as a specialty.

## 2. Introduction

For many years SHPA and its members were served by the leadership and contribution of a select group of members practising at high levels in specialised areas through Committees of Specialty Practice (COSPs). In 2016 the SHPA Board reviewed the COSP approach to specialty practice with a view to building on its strong foundations, including the leadership exhibited by SHPA COSP members, and responding to member feedback for greater engagement and transparency.

This report outlines the features of the new model and its adoption, the benefits for members and SHPA, and plans for the next 12 months.

## 3. A new Specialty Practice model

Following extensive consultation with members and COSP Chairs and under the direction of the SHPA Board, a new approach to specialty practice was developed by the Advocacy and Leadership Team of SHPA to meet the Board's requirements for a model with the attributes outlined in Table 1.

Table 1: Attributes of new Specialty Practice model

Inclusive	Transparent processes
Engage members with common interest	Identify experts and leaders
Online communities, networks of peers	Support, mentoring
Share information and knowledge	Generalists → specialists
Gain knowledge	Early career → experienced
Range of specialties reflecting where members work	Engage all member types
	Clinical and non-clinical roles

The new model provides three levels of engagement for members, reflecting the member journey as they further their experience and develop their expertise in a specialty: interest, practice and leadership.

Thus, each specialty in the new model has an Interest Group, Practice Group and Leadership Committee, each being a subset of the former, and is termed a Specialty Practice Stream.



The Board also reviewed the range of specialties that the new model would include, to better reflect the areas of practice that pharmacists specialise in and to align with specialties recognised by the medical profession and internationally by other pharmacy organisations. The 26 specialties included in the new Specialty Practice model are listed in Table 2.

Table 2: Specialties included in new Specialty Practice model

Cardiology	Electronic medication management	Medicines information	Palliative care
Clinical trials	Emergency medicine	Mental health	Primary care and transitions of care
Compounding services	General medicine	Nephrology	Respiratory
Critical care	Geriatric medicine	Oncology and haematology	Rural and remote
Dispensing and distribution	Infectious diseases	Paediatrics and neonatology	Surgery and perioperative medicine
Education and educational visiting	Leadership and management	Pain management	Women's and newborn health
	Medication safety		

A departure from the previous approach is that there is now no specialty for clinical pharmacy, recognising that clinical pharmacy is not a specialty but core pharmacy practice, practised in all specialties.

The SHPA Board also defined the criteria for including a specialty or adding a new specialty to the above list, namely that

- Each must have a clear definition of therapeutic or practice area and should be recognised by other formal health practitioner organisations
- There must be a significant existing and evolving level of contemporary pharmacists practising solely in that area
- There must be a clearly identifiable scope of practice and education requirements
- There must be support from existing SHPA members practising in that area of therapeutics

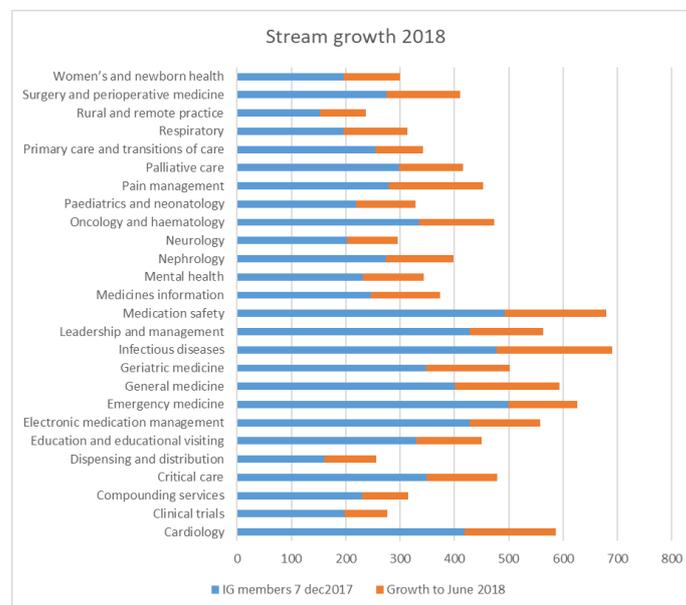
*Whilst probably challenging to do at the time, I am thankful that we gave the COSPs a shake-up as we seem to have really motivated and progressive people driving the specialty groups and it has been beneficial to many pharmacists' daily practice and probably patient care.*

### 3.1. Uptake of Specialty Practice by members

From the opening of enrolments into Interest Groups on 30 May 2017, there was strong uptake from SHPA members. Interest Groups had an average of 304 members each at six months into the new model. This growth has continued into 2018 as SHPA continues to receive requests from more than 140 members each month to join one or more Interest Groups.

By the end of 12 months of the new model, 2030 members had joined Specialty Practice, representing more than 40% of SHPA members. There is an average of 433 members in each Interest Group, which range in size from 237 to 690 members each, equating to 11000 individual enrolments. Interestingly many members chose to join multiple streams with an average 5.5 Interest Groups per member in Specialty Practice. Growth in each stream is shown in Figure 1.

Figure 1: Stream growth in 2018



As with the Interest Groups, engagement with Practice Groups, where proven experience in the specialty is required, was strong from the start and after 12 months there are 880 Practice Group enrolments, with an average of 37 members in each Practice Group.

Member interest in two streams (Respiratory and Neurology) was not strong enough to form a Practice Group or Leadership Committee. These two specialties remain as Interest Groups only. Interest Group and Practice Group numbers by stream, as at 30 May 2018, are shown in [Appendix 2](#).

SHPA received 218 nominations for 168 Leadership Committee positions. Sixteen streams required elections, which were conducted using an online election tool, Election Runner, in October 2017. For committees with fewer than seven nominees, committee members were recruited from the stream’s Practice Group.

Participation in the Leadership Committee elections was strong with 30-43% of stream members voting in their respective elections.

### 3.2. Member activity in Specialty Practice

Member activity in Specialty Practice was strong from the outset and has continued. Each stream has an online discussion forum, which has become the virtual home of the stream. The forum engagement increased substantially from March 2018 onwards, which is when almost all Leadership Committees had had their first meeting and the full implementation of the Specialty Practice model was complete.

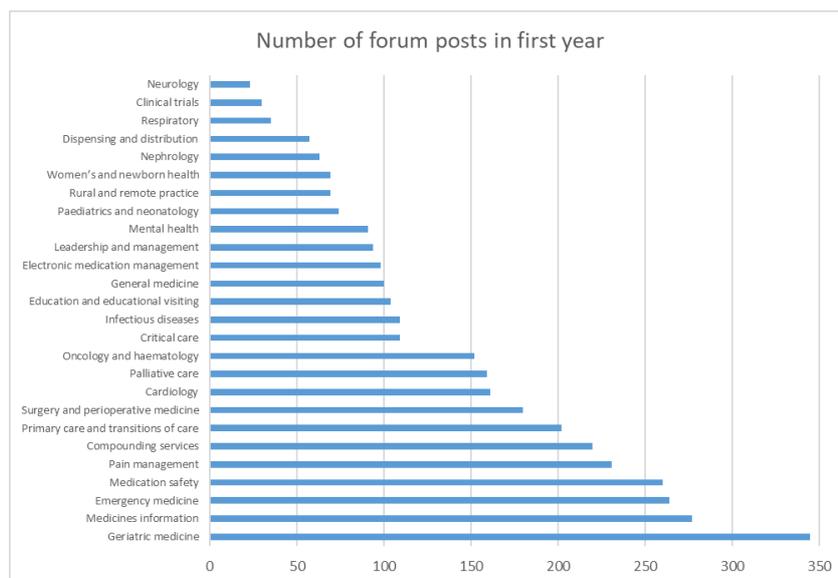
By the end of the first year of the new Specialty Practice model, there were more than 120 posts on average per week across the discussion forums. The growth in forum activity is shown in Figure 3.

Figure 3: Forum activity growth



There is a large variance in forum activity across streams which largely corresponds to the number of members in the stream (see Figure 4).

Figure 4: Number of forum posts in first year by stream



Leadership Committees have been similarly engaged and active since their formation in November 2017. By March 2018 all Leadership Committees had established a routine for regular monthly meetings by teleconference and by the end of May 2018 there had been 104 Leadership Committee meetings. The meeting schedule has an average

of five Leadership Committee meetings per week. The level of activity in Specialty Practice streams is very high, with most contributing to important SHPA work in education, advocacy and policy. Table 3 shows the range of activities by stream.

Table 3: Activity by stream

	Cardiology	Clinical trials	Compounding services	Critical care	Dispensing and distribution	Education and educational visiting	Electronic medication management	Emergency medicine	General medicine	Geriatric medicine	Infectious diseases	Leadership and management	Medication safety	Medicines information	Mental health	Nephrology	Oncology and haematology	Paediatrics and neonatology	Pain management	Palliative care	Primary care and transitions of care	Rural and remote	Surgery and perioperative medicine	Women's and newborn health	
Standard of Practice				✓				✓	✓	✓						✓	✓		✓						
Active forum	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Policy review/consultation	✓		✓		✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Advocacy			✓		✓		✓		✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Education	✓	✓		✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓	✓	✓
Other publication													✓	✓								✓			
Survey			✓			✓	✓			✓		✓										✓			
Represented SHPA externally							✓		✓		✓						✓		✓			✓			

### 3.3. Feedback from members

While the level of interest in and engagement with Specialty Practice suggests that members find it valuable, their feedback in a recent survey confirmed that they do. The member survey in June-July 2018 about Specialty Practice yielded more than 200 responses, representing more than 10% of those enrolled in Specialty Practice.

Members provided extremely positive feedback about the new Specialty Practice model, noting the myriad benefits it brought and how it supports their practice. Members continue to expand their involvement in Specialty Practice with around 70 members each month requesting enrolments in additional Specialty Practice streams, which is in addition to another 70-80 members enrolling in Specialty Practice for the first time each month. The net promoter score is 7.68 – indicating that members are very likely to recommend Specialty Practice to colleagues.

*As the only pharmacist in a 16-bed rural hospital (hence jack of all trades, master of none), it will be invaluable to be able to communicate with more specialized colleagues and also keep abreast of what is happening in hospital pharmacy in other places*

Of note are the many comments from members that being engaged in Specialty Practice has reduced their professional isolation – both for members who are physically isolated by rurality, and those working in a small hospital with few or no onsite colleagues. Members also value the sharing of useful resources, research and guidance through the discussion forums and note that discussion forums help raise their awareness of other members' practice and avoid their need to 'reinvent the wheel' when dealing with an issue or developing a new practice.

*I have found this forum a great platform for knowledge sharing, support and to ask questions about practice and clinical cases.*

A significant number of members also commented that Specialty Practice is the main or key reason they joined or renewed as an SHPA member. Some sample comments are available in [Appendix 1](#).

*They have been a good addition to SHPA and made me want to join SHPA again*

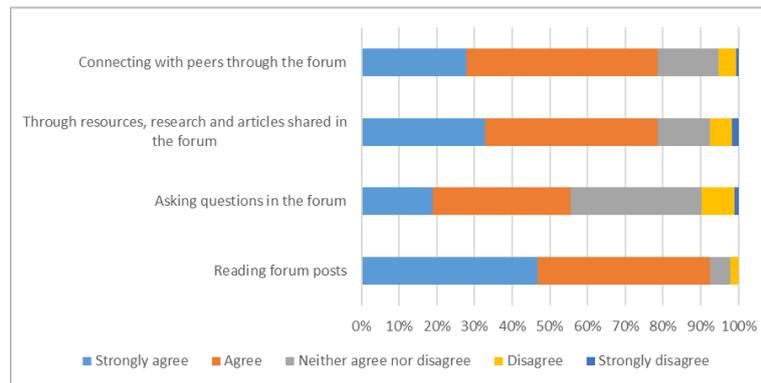
Participants rank 'networking with peers' and 'gaining knowledge in the specialty' equally as most valued Specialty Practice benefits. Sharing knowledge and having access to leaders in the specialty are also ranked highly, at 3 and 4 respectively (see Figure 5).

Figure 5: Please rank these Specialty Practice benefits in order of their value to you



The discussion forums are central to Specialty Practice engagement with 92% of respondents gaining new knowledge by reading forum posts, 79% by connecting with peers in the forum, 79% through resources, research and articles shared in the forum and 55% by asking questions (Figure 6).

Figure 6: By engaging in Specialty Practice, I have gained new knowledge through:



The survey response rate for Leadership Committee members was also high – with one third participating in the survey. Overall Leadership Committee members are satisfied with their participation in Leadership Committees with an overall satisfaction rating of 3.6/5. They consider their meetings to be well organised, helpful in progressing the work of the specialty and held at the right frequency.

*Thank you everyone for your responses. I really appreciate the prompt and quality recommendations from all the pain experts in this forum.*

Some feedback suggests that the volume of work for Leadership Committee members is high at peak periods, and SHPA anticipates that workload will vary from month to month for each stream, depending on the projects they are undertaking. SHPA will work internally to mitigate the risks of periods of excessive work.

SHPA appreciates feedback about Practice Groups that suggests some ongoing lack of clarity about the difference between Interest Groups and Practice Groups. Opportunities for Practice Group members to participate in activities varies between streams and has largely depended on whether a stream is developing an education event or is involved in a significant advocacy activity. SHPA is implementing methods to increase engagement within streams.

### 3.4. Role of the Secretariat

Engaging the Secretariat more proactively in the delivery of Specialty Practice has been well-received by members, however implementing and maintaining Specialty Practice is resource intensive for the Secretariat. The Specialty Practice team comprises the three full-time staff: Specialty Practice Project Manager, Specialty Practice Liaison Officer and the Lead Pharmacist, Specialty Practice, overseen by the General Manager, Advocacy and Leadership. The team positions are all fixed term 12-month contracts. One staff member has been seconded from elsewhere in the organisation.

*These forums are fantastic - particularly for those of us at smaller sites who can now access expertise in a number of different fields.*

Fundamentally the team has several major responsibilities:

- Managing the delivery of 24 meetings each month (approximately five per week), including administration, scheduling, note-taking and liaison with committee Chairs.
- Updating membership records on Moodle to ensure members can access the forums they have applied to join. This involves manual duplication of SHPA's membership database records for each stream into multiple online components.

- Proactive liaison with other SHPA committees and secretariat teams to avoid silo-ism and ensure information is effectively shared so strategic priorities can be advanced.
- Drafting and development of Standard of Practices for review and revision by committees including literature reviews, writing and editing, liaison with other professional bodies, and technical trouble-shooting for committee members.
- Developing support materials for Specialty Practice such as governance documents, user guides for the forums, and updating content on the streams' web home pages.
- Undertaking small projects for streams such as putting survey questions into Survey Monkey, compiling results of polls and drafting correspondence.
- Monitoring the forums to ensure appropriate use, encouraging useful posts such as research articles, and resource sharing.
- Liaising with 24 Chairs to support their leadership, discussing priorities, and trouble-shooting technical issues.
- Removing lapsed members from Moodle to complete non-renewals processes in a timely manner to ensure an accurate electoral list for committee elections,
- Coordinating biennial elections for all 24 streams.
- Reporting to the CEO and Board on all activity.

---

*Thanks to the Secretariat for their hard work and great organization- it really helps keep the momentum*

---

### 3.5. Progress on Standards of Practice

A crucial aim of the Specialty Practice model is to facilitate the publication of new and updated Standards of Practice. At the beginning of 2018, the Lead Pharmacist, Specialty Practice developed a process for the authorship, drafting, collaboration, consultation, approval and publication of Standards of Practice in consultation with the SHPA Board and input from Leadership Committees.

The order of priority for starting work on Standards of Practice has been guided by a number of strategic factors including plans to introduce an Advanced Training Residency in the specialty in 2019, government funding, committee engagement and clinical need. Work commenced on the *Standard of Practice in Pain Management for Pharmacy Services* early in 2018. Work has progressed through a combination of teleconferences, web-conferences, a face-to-face meeting and collaborative file sharing and much encouragement and support from the Lead Pharmacist. At the time of writing this Standard had been circulated for the second round of external consultation so is in its final stages of development. The *Standard of Practice in Emergency Medicine for Pharmacy Services* is also approaching final consultation stages. Work has also commenced on the *Standard of Practice in Oncology and Haematology for Pharmacy Services*, Standards in critical care, general medicine, geriatric medicine and nephrology. A number of other Leadership Committees have also begun early discussions of Standard of Practice development.

---

*Continue to develop and update SHPA Standards of Practice and Guidelines*

*Promote the value of pharmacy practice in specialty areas using evidence-based information to support advocacy*

---

Each Standard is a unique project and requires a tailored approach. Some Standards of Practice require collaboration within the stream (i.e. Leadership Committee with Practice Group) or across streams (e.g. Compounding will require input from both Compounding Services and Oncology and Haematology), supporting the Specialty Practice benefits of networking and sharing knowledge of the specialty. The Secretariat proposes timelines for Standards of Practice and amends them to accommodate committee members' other SHPA and workplace commitments.

SHPA's IT infrastructure has impeded collaborative work on the Standards and sharing of resources. We continue to work with our provider to find a sustainable solution that enables efficient and effective collaborative file sharing, which is essential to the delivery of Standards of Practice.

---

*Staff in the SHPA office have been very helpful*

---

The SHPA website has been updated to ensure only up-to-date Standards (<5 years old) are hyperlinked and to make clear what stage of revision each Standard is at. Interest remains high for Standards of Practice that are not currently available on the SHPA website, reinforcing the need for this work.

## 3.6. Successes

The new Specialty Practice model has provided both anticipated and unanticipated benefits to SHPA. One of the highest priorities of the new model was for Specialty Practice streams to assist SHPA to deliver projects that support practitioner development; such as education, Standards of Practice, advocacy and Advanced Training Residency.

The successes of Specialty Practice include:

- Delivery of 26 online forums offering daily opportunities for skills development.
- Increased engagement with more than 2000 members through forums, meetings and emails.
- Increased representation of pharmacy specialty expertise from 16 groups to 26 streams indicating growth of the profession.
- Efficient conduct of more than 150 meetings in 8 months (approx. 5 per week).
- Greater responsiveness to member needs and wants in relation to pharmacy practice, advocacy and membership.
- Support provided for future leaders and emerging practice.
- Increased opportunity to recognise senior members and their role as leaders.
- Increased opportunity to support junior members and link them with more senior colleagues.
- Increased opportunity to support mid-career members and link them with other members.
- Committees have worked collaboratively to publish articles or comment on practice in JPPR and Australian Pharmacist.
- Proven benefit for professionally isolated members, either rural or sole practitioners.
- Tangible benefit for new members able to access forums shortly after joining rather than waiting for branch CE or conference.
- Incentive for members embarking on extended leave to retain SHPA membership.
- Leadership Committees have embarked on many new initiatives, examples are shown in [Appendix 3](#).
- Greater insight for SHPA about potential invited speakers, tutors, mentors, peer reviewers or representatives.
- Easy access to expertise for new events. SHPA offered five new events this year in palliative care, mental health, critical care, cardiology and geriatric medicine.
- Ability to deliver government funded projects on matters such as codeine rescheduling and My Health Record.
- Opportunity to offer access to a specific pharmacy expertise to external stakeholders such as the TGA.
- Opportunity to lift SHPA's profile through media coverage of Specialty Practice in AJP, Australian Pharmacist, Pharmacy GRIT and the Purple Pen Podcast.

## 3.7. Challenges

Implementing any new program of this scale will bring challenges. In this case, most have been related to change management and IT limitations.

- Some members were initially reluctant to embrace a new model and instead expected Specialty Practice to act like a traditional COSP. This expectation is decreasing as the change is gradually accepted.
- The limitations of SHPA's IT systems and a lack of interoperability between ME and Moodle have resulted in a large administrative burden for every individual enrolment (currently more than 11,000 in total).
- All Leadership Committees are volunteers and therefore tailored approaches had to be developed to support each committee to undertake their new responsibilities. This was resource intensive but has generally paid off.
- Some committees have been less open to working collaboratively with the secretariat to update their Standards of Practice. This has required substantial relationship building by the Lead Pharmacist and as a result drafts are progressing well.
- The new model is multi-layered and this is confusing for some members. SHPA Communications have created a range of tools to explain the model and simplify engagement for members.
- A number of COSPs were engaged in pre-existing discussion forums hosted outside of SHPA's platforms. Many of these forums were very active and involved many SHPA members and non-members. Whilst some have closed, their use is outside SHPA's control. It is expected over time use will decline or refocus.
- Some committees have been disappointed that SHPA will not pay for travel and accommodation for face-to-face meetings unless the group is progressing a strategic project (i.e. Standards of Practice, education seminar). Clear guidelines for meetings have been developed.
- The need for multiple log-ins, and use of different SHPA corporate and forum websites, has hindered optimal engagement. Plans are underway to create tools to remind members to stay logged in if possible to reduce irritation.
- Spam filters are sensitive to forum emails which can reduce member's engagement with Specialty Practice forums. The planned upgrade of Moodle may reduce this problem.
- Some members initially complained about receiving too many email notifications from the forums. Information about how to manage this has been distributed and complaints have reduced. In addition the significant number of existing members joining new streams indicates this is not a major barrier to participation.
- The Secretariat has a high workload supporting and responding to Leadership Committees' enthusiasm for new initiatives and projects. Staff are gaining skills in expectation management.
- Managing the Leadership Committee meeting schedule is challenging. Some committees struggle to identify a permanent monthly spot in their schedule.

## 4. Plans for next 12 months

Specialty Practice has the potential to underpin achievement of many of SHPA's strategic priorities by providing a multifaceted engagement tool which simultaneously supports members and service development whilst enabling greater utilisation of their volunteer expertise. Going forward SHPA aims to consolidate the achievements of this new Specialty Practice model and ensure that members' positive experience in Specialty Practice is maintained.

Member priorities for Specialty Practice in 2019 appear to align well with SHPA's strategic interests. Key interests include Standards of Practice and continuing education and advocacy during 2020-2022. In order to achieve these SHPA anticipates continuing to support the regular meetings of Leadership Committees to ensure progression on complex projects such as Advanced Training Residency curricula and Standards of Practice. Depending on committee enthusiasm SHPA aims to publish 8-10 Standards of Practice by the end of 2019.

Supporting committee chairs is also a priority with the delivery of two workshops at MM2018 to discuss committee operation and progressing Standards of Practice. This will be followed by a leadership workshop early in 2019. SHPA also has a role to play in ensuring that Leadership Committee members understand how their Leadership Committee involvement adds to their professional standing, e.g. as evidence of impact on pharmacy practice and patient care for their Advancing Practice portfolio, in their CPD record or SHPA Fellowship application. SHPA will also aim to build the profile and value of Specialty Practice to individual members through optimal member communications, external communications, member profiles and other SHPA activities.

SHPA is committed to periodically reviewing the range of specialties included in Specialty Practice to ensure they continue to reflect members' and SHPA's needs. Feedback on the range of specialties was sought in the recent Specialty Practice survey and whilst many suggestions were for specialties that are already included; eight respondents suggested that a Specialty Practice stream for gastroenterology/hepatology be created. In 2019 SHPA will need to assess demand for new streams and review existing streams to ensure capacity.

The need for improved web and files sharing services has already been discussed. It is anticipated that SHPA's Moodle platform will be upgraded in 2019 which will bring the discussion forum environment up to an equal standard with other web platforms used by our members, although it will not resolve issues concerning interoperability and administration. Investigations are already ongoing into files sharing platforms and Windows 365 is currently being assessed. Bandwidth for internet is also a problem for videoconferencing. When the SHPA websites are eventually reconciled the duplication of activity will be unnecessary. As a small organisation these technological challenges are difficult to resolve however due to their significance for members, a remedy must be a priority.

Given the opportunity to continue resourcing Specialty Practice at the same level, growth projections in line with current enrolments (70-80 new members per month) will see 60% of SHPA members belong to a Specialty Practice stream by 2020. With small investments in technology this would enable the increased membership to be supported by existing staff given that the key activity for the secretariat is supporting the committees. Increased utilisation of the Member Liaison Officer role to address lapsed Specialty Practice members and follow-up is also planned.

As the second round of elections approach in 2019, member data and Specialty Practice involvement will require reconciliation and validation to ensure the integrity of the election process and confidence in the results.

In 2019 and 2020 Specialty Practice aims to build on its strong foundations to capitalise on the potential of the still immature model. Greater support for the role of Committee Chairs, increased governance documentation, proactive management of committee workloads and development of additional tools for collaboration between Leadership Committees and Practice Groups are all priorities, as is implementation of technological solutions which would make the day-to-day management of Specialty Practice less onerous.

---

*It's a great start - finally a structured approach... the COSPs were a bit like an "old boys' club" of sorts.*

---

## 5. Conclusion

The new Specialty Practice model has been very well received by members and has enabled SHPA to deliver crucial projects. Based on Specialty Practice enrolment numbers for June and July 2018, the strong growth of Specialty Practice over its first year looks likely to continue.

Members' awareness of Specialty Practice is high; it has a substantial profile in member communications, with three items in each weekly eNews, and members' involvement in Specialty Practice routinely highlighted in any publications or publicity they receive which has helped keep Specialty Practice at the forefront of members' minds.

Unsolicited feedback from members in the Specialty Practice discussion forums illustrates very well how much members value the new Specialty Practice model with one member, who has been an SHPA member continuously since 1969, commenting recently that the forums are "one of SHPA's finest ventures". Members report that Specialty Practice is a reason to join SHPA or renew their membership.

Specialty Practice is helping SHPA retain members who have already specialised who often seek CPD and professional engagement through multidisciplinary member organisations rather than pharmacy-only organisations. Specialty Practice provides opportunities to lead and influence the development of pharmacy practice and make essential contributions to SHPA activities that support members who are at an earlier stage of their specialisation journey.

Many new members sign up to Specialty Practice as soon as they join SHPA, providing them with an immediate connection with fellow SHPA members and a tangible member benefit. Members in Specialty Practice are very likely to recommend Specialty Practice to colleagues.

The additional support that the Secretariat now offers to Specialty Practice has been key to its success, and is highly valued by members, allowing those who have volunteered their time to contribute to Specialty Practice to focus on contributing their expertise without also needing to be a committee administrator.

The continued engagement in the new Specialty Practice model of members who were active in the previous COSP model indicates that despite challenges, SHPA has been successful in managing the transition from the old model to the new.

The positive attention that SHPA's Specialty Practice has received from our members and other not-for-profit member organisations, and the recent launch of PSA's Career Pathways Program, which has structural similarities with Specialty Practice, suggests that this Specialty Practice model is an effective instrument for supporting, engaging and attracting members.

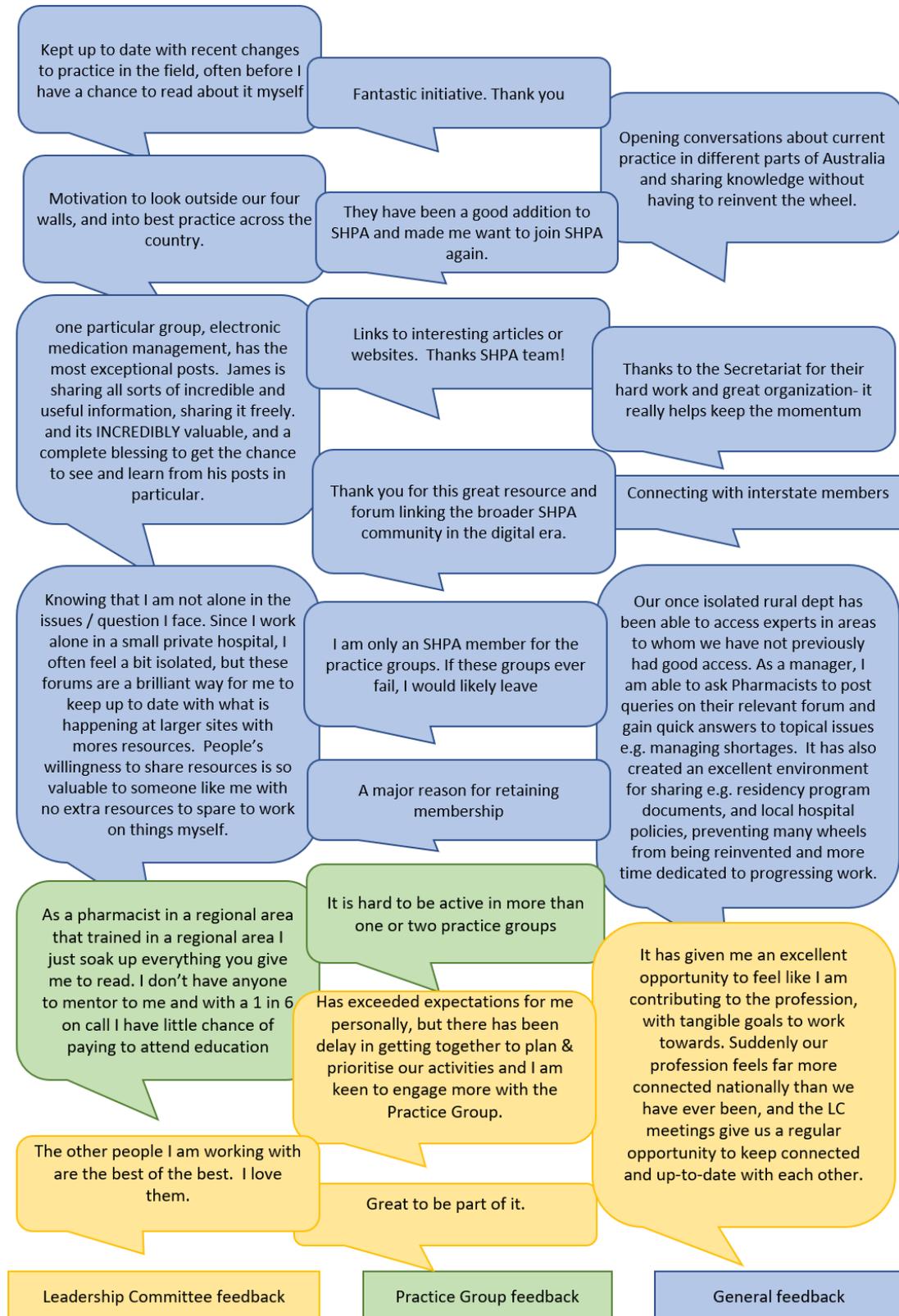
With ongoing support, Specialty Practice can continue to build engagement and enthusiasm to advance pharmacists and extend SHPA's professional influence to support best practice medicines management in Australian hospitals.

---

*The SHPA Specialty Practice gives me the hope for the future by making our profession inclusive and open to the voices of all its members by creating social movement for change. This is a source of enormous potential energy yet to be unleashed.*

---

## 6. Appendix 1: Member comments about their Specialty Practice experience



Sample respondent comments on their participation in Specialty Practice

## 7. Appendix 2: Specialty Practice Streams membership 30 May 2018

Stream	Interest Group	Practice Group
Cardiology	587	25
Clinical trials	277	32
Compounding services	315	23
Critical care	479	37
Dispensing and distribution	256	20
Education and educational visiting	450	61
Electronic medication management	558	46
Emergency medicine	626	35
General medicine	594	39
Geriatric medicine	502	38
Infectious diseases	690	53
Leadership and management	563	60
Medication safety	679	80
Medicines information	373	33
Mental health	343	34
Nephrology	398	20
Neurology	296	
Oncology and haematology	473	49
Paediatrics and neonatology	329	32
Pain management	453	26
Palliative care	416	23
Primary care and transitions of care	342	41
Respiratory	313	
Rural and remote	237	31
Surgery and perioperative medicine	410	24
Women's and newborn health	300	18

## 8. Appendix 3: Examples of Leadership Committee projects

<b>Stream</b>	<b>Projects – involved, completed, underway or planned</b>
Cardiology	Cardiology Masterclass (May 2018)
Clinical trials	Clinical Trials Seminar (August 2018)
Compounding services	PBS Compounding guidelines – batch compounding Building specs for sterile suites Survey of batch compounding
Critical care	Extension Seminar in Critical Care (June 2018) Standards of Practice
Dispensing and distribution	Automation in Hospital Pharmacy – Practice Update Unit Dose Barcoding statement – collaborating with EMM and Med Safety
Education and educational visiting	Survey of SHPA members about educational tools in use Pre-conference feedback workshop MM2018
Electronic medication management	Clinical decision making standard System interoperability Unit dose barcoding statement EMM Pharmacist position description MyHealthRecord fact sheet MyHealthRecord webinar MyHealthRecord branch events Pre-conference EMM workshop MM2018 EMM snapshot survey
Emergency medicine	Standard of Practice update Foundation Seminar in Emergency Medicine (August 2018)
General medicine	Extension Seminar in Clinical Medication Management (September 2018)
Geriatric medicine	Self-medication guidelines Extension Seminar in Geriatric Medicine (May 2018) Exploring demand for support for BCGP certification Support Geriatric Medicine review column in JPPR
Infectious diseases	Foundation Seminar in Infectious Diseases (June 2018) Masterclass in Infectious Diseases (September 2018) AMS workshop – preMM2018
Leadership and management	Developing survey of IG to help determine priorities
Medication safety	HSMEAG call for tools and guidelines for LASA medicines Review of Medication Safety Toolkit Support Medication Safety column in pGRIT Pre-conference medication safety workshop MM2018 Webinar on Version 2 Medication Safety Standards
Medicines information	Medicines Information Training Workbook International Register of Drug Information Services (IRDIS) Temperature excursions
Mental health	Foundation Seminar in Mental Health (September 2018) Pre-conference workshop MM2018
Nephrology	Standards of Practice

Oncology and haematology	Extension Seminar in Oncology (April 2018) Standards of Practice
Paediatrics and neonatology	Foundation Seminar in Paediatrics (July 2018)
Pain management	Foundation Seminar in Pain Management Codeine re-scheduling webinar Codeine re-scheduling branch events SHPA Landscape survey of opioid use in hospitals Standard of Practice in Pain Management Codeine fact sheet Medicines Leadership Forum
Palliative care	Foundation Seminar in Palliative Care (August 2018)
Primary care and transitions of care	Article in JPPR June 2018 Purple Pen Podcast Survey of practice settings of PCTC Practice Group members Mapping pharmacy services in PCTC research project
Rural and remote	Exploring Allied Health Rural Generalist pathway Cold chain for vaccines in rural Australia Workshop MM2018 Prioritisation and planning meeting → statement of priorities
Surgery and perioperative medicine	Medicines Leadership Forum Survey of Surgery and Perioperative Medicine Interest Group
Women's and newborn health	Strategic goals developed Contribution to SHPA submission on Therapeutic Guidelines: Endocrine update Extension Seminar in Women's and Newborn Health (October 2018) Face-to-face meeting at MM2018 to develop learning plans in Women's and newborn health and scope Standard of Practice Learning plans for pharmacists in women's and newborn health Responded to consultation: National Strategic Approach to Maternity Services