



## **SHPA ACT Branch Committee Submission to the ACT Health Workforce Sustainability Strategy 2022-2032, September 2022**

The Society of Hospital Pharmacists of Australia (SHPA) is the national professional organisation for more than 6,100 pharmacists and their pharmacist technician and intern pharmacist colleagues, working across Australia's hospitals and healthcare system. SHPA members are progressive advocates for clinical excellence, committed to evidence-based practice and passionate about patient care.

SHPA members lead Pharmacy Departments and are in leadership and management positions in hospitals across Australia. SHPA members are also employed in a range of innovative outreach and liaison services in community healthcare settings.

On behalf of the SHPA ACT Branch Committee, chaired by Melissa Faehrmann, SHPA welcomes the opportunity to provide input to the ACT Health Workforce Sustainability Strategy (Workforce Strategy) and has the following recommendations and considerations under each strategic priority necessary for the Workforce Strategy to achieve its objectives.

If you have any queries or would like to discuss our submission further, please do not hesitate to contact Jerry Yik, Head of Policy and Advocacy at [jyik@shpa.org.au](mailto:jyik@shpa.org.au).

### **SHPA Recommendations to the ACT Health Workforce Sustainability Strategy**

**Recommendation 1:** Adopt SHPA pharmacist-to-bed ratios in Standards of Practice for Clinical Pharmacy Services for ACT hospitals through additional hospital pharmacy workforce investment, to achieve access to seven-day, extended hours clinical pharmacy services.

**Recommendation 2:** Provide additional investment in ACT hospital pharmacy internships to improve workforce retention and sustainability.

**Recommendation 3:** ACT should become signatory to the Pharmaceutical Reform Agreements (PRA) in order to improve medicines supply on discharge and prevent unnecessary Emergency Department and primary care presentations, improving the efficiency of the workforce and healthcare services.

**Recommendation 4:** Implement Foundation Residency and Advanced Training Residency Programs to be widely available for hospital pharmacists in the ACT to continue to produce a highly skilled pharmacy workforce with structured career pathways, supporting retention and sustainability.

**Recommendation 5:** Expand the scope of practice of pharmacy technicians through Tech-Check-Tech inpatient medication supply models, to enable pharmacists to spend more of their time providing direct patient care.

**Recommendation 6:** Provide regulatory support and additional investment into innovative pharmacy services, such as Partnered Pharmacist Medication Charting (PPMC) services to address system wide capacity issues with emergency departments, bed access and flow, and elective surgery waitlists.



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## SHPA recommendations and response to ACT Health Workforce Sustainability Strategy 2022-2032 Strategic Priorities

**Strategy 1: Ensuring the design of our future workforce reflects the future needs of the community.**

**Recommendation 1: Adopt SHPA pharmacist-to-bed ratios in Standards of Practice for Clinical Pharmacy Services for ACT hospitals through additional hospital pharmacy workforce investment, to achieve access to seven-day, extended hours clinical pharmacy services.**

According to the ACT Public Health Services Quarterly Performance Report<sup>1</sup>, there were almost 35,000 Emergency Department presentations in the ACT alone for January to March 2022. Of these, only 52.1% of patients received treatment within the clinically recommended time for their triage category.

In order to meet these growing demands, SHPA recommends further investment in ACT hospital pharmacy workforce to provide Canberrans with seven-day, extended hours access to clinical pharmacy services that support the safe and quality use of medications.

Pharmacists are medication safety experts and should be involved wherever medications are being used. Timely access to clinical pharmacy services is essential in hospitals, where the most unwell Canberrans are treated, and the most complex and high-risk medications are used, to ensure safe medication use. Despite recent expenditure there remains an increased and unmet demand for hospital services, such as clinical pharmacy services, putting current hospital pharmacist resources which are understaffed under immense strain and pressure to meet the demands of the healthcare system.

At present, pharmacy departments provide limited pharmacy services after hours and on weekends, to the detriment of hospital patients who miss out on vital services that improve the quality and safety of care and reduce readmission rates. Patients are often discharged on the weekend with limited opportunity to be reviewed by a pharmacist, meaning they are at greater risk of serious medication errors or adverse events relating to their medicines. These services are also vital for managing patient flow and freeing up bed capacity safely.

The recent \$500 million investment into the new Surgical Procedures, Interventional Radiology and Emergency (SPIRE) centre expansion at the Canberra Hospital will deliver 148 new inpatient beds. However, alongside increasing the territory's capacity to deliver acute, hospital-based health care, the clinical pharmacy service has not increased to reflect this growth.

Noting that minimum nurse/midwife-to-patient ratios were mandated in ACT in February 2022, SHPA proposes that clinical pharmacist ratios are also legislated to provide the highest degree of patient care. Within Canberra Health Services, there is only 1 FTE clinical pharmacist for the 60 acute mental health beds and 10 drug and alcohol detox beds. The 20 mental health rehabilitation beds at University of Canberra Hospital are without any clinical pharmacy service.

The SHPA Standards of Practice for Clinical Pharmacy Services<sup>2</sup> recommend one clinical hospital pharmacist to every 30 patients (1:30) to ensure safe high-quality medicines management. This includes providing inpatients pharmacy services such as:

- taking a medication history and ensuring medications are charted correctly and available at admission to be administered in a timely manner
- regular review of the safety, quality, storage and supply of medications during hospital stay
- review of discharge prescriptions, dispensing a sufficient supply of medications to take home



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- counselling patients on their medications and communicating changes to primary healthcare providers
- ensuring appropriate follow-up and monitoring of medications post-discharge including in specialised clinics and outpatient services and checking for adverse reactions to medications

The value of clinical pharmacy services is well documented in literature<sup>3,4</sup>, with an Australian economic analysis indicating a \$23 return for every \$1 spent on clinical pharmacy services.<sup>5</sup> Australian Institute of Health and Welfare (AIHW) note that there are more Emergency Department (ED) presentations on weekends compared with weekdays and that 69% of presentations occur between 8am and 8pm on any given day.<sup>6</sup> Hospital pharmacy services are not resourced or supported in most healthcare settings during these times. In one study, medication charts were less likely to be reviewed if patients were admitted on weekends compared to weekdays.<sup>7</sup> The lack of medication histories taken on admission and reviews conducted outside of business hours places patients at risk of increased medication errors and ultimately poorer health outcomes.

It is therefore necessary, as highlighted in the SHPA Medication Safety Position Statement<sup>8</sup>, to enable seven-day, extended hours access to clinical pharmacy services in health organisations to support timely and safe medication use in hospitals. These essential clinical pharmacy services can be delivered flexibly via telehealth where there are limited resources to provide timely face-to-face services.

**Strategy 2: Enabling our workforce through efficient and effective recruitment and retention strategies, good succession planning and opportunities for professional development.**

**Recommendation 2: Provide additional investment in ACT hospital pharmacy internships to improve workforce retention and sustainability.**

As outlined in SHPA's submission to the ACT budget 2022-2023 consultation<sup>9</sup>, further investment in ACT hospital pharmacy internships is required to improve workforce retention and sustainability.

ACT hospital pharmacy departments frequently experience difficulties in employing and retaining hospital pharmacists across generalist and specialist positions due to the high demand for pharmacy expertise in clinical and non-clinical (including government) roles relative to the population. Calvary Public Hospital currently only has one pharmacist internship position per year.

Creating additional internship positions in ACT's public hospital system will increase the workforce capacity leading to greater capability to recruit for advanced positions and consistent high-quality medicine management for Canberrans in hospital. To improve retention and investment in the clinical pharmacy workforce, more hospital pharmacy internships must be made available for pharmacy graduates to set up career pathway entry points into hospital pharmacy.

Investing in intern pharmacists creates greater job stability and more opportunities for advancement for current pharmacy staff. It will also increase the pool for internal recruitment, thus reducing recruiting and training costs with a stronger internal pipeline that improves staff retention and advancement.

This workforce strategy has been effective in states such as Victoria, where hospital pharmacy internship positions are 60% funded by the state government. These intern positions have fostered stability and improvement in hospital pharmacy workforce and service development, with the majority of hospital pharmacy interns finding gainful employment in the public sector following completion of their internship.



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### **Strategy 3: Effective collaborations across health services, health education providers and other partners.**

**Recommendation 3: ACT should become signatory to the Pharmaceutical Reform Agreements (PRA) in order to improve medicines supply on discharge and prevent unnecessary Emergency Department and primary care presentations, improving the efficiency of the workforce and healthcare services.**

SHPA recommends the ACT becomes a signatory of the Pharmaceutical Reform Agreements (PRA) in order to improve medicines supply on discharge reducing reliance on primary care at Transitions of Care and prevent unnecessary Emergency Department presentations, reducing the strain on the existing workforce.

Since the adoption of the Public Hospital Pharmaceutical Reforms in the signatory states and territories, the access of Pharmaceutical Benefits Scheme (PBS) medicines in public hospitals has been supported and enables approved public hospitals to prescribe and dispense PBS-subsidised medicines, chemotherapy drugs and highly specialised drugs to day-admitted patients and outpatients.

Patients being discharged from public hospitals in the ACT are currently supplied 3-7 days' worth of discharge medicines, which contrasts with the other jurisdictions who are able to supply a months' worth of discharge medicines. Patients are then forced to see a GP within days of leaving hospital which can be challenging depending on where patients are geographically located.

As outlined in RACGP's *Health of the Nation 2020* report<sup>10</sup>, in 75% of cases patients were able to see a GP within 24 hours. However, this reduced to 64% for patients in outer-regional, remote and very remote areas. This is reflected in the distribution of the GP workforce with 121 per 100,000 people GPs working in metro areas compared to just 69 per 100,000 people in very remote areas. Coupled with recovery following discharge from hospital and the pressures of the pandemic on GP practices, securing a timely appointment with a GP can be challenging. If patients cannot secure an appointment with their general practitioner to obtain further supplies of medication soon after discharge, many are forced to present to emergency departments.

The expansion of PBS into public hospitals has allowed more hospital pharmacists to be employed and provide clinical pharmacy activities to patients, as well as allow investment into specialised pharmacy services, such as pharmacists specialising in oncology, paediatrics, emergency medicine and geriatric medicine provided both to inpatients and outpatients also support this claim. These services are necessary to safeguard and maximise the federal government's investment into new PBS medicines that treat complex conditions.

SHPA commends the ACT Government indicating in the ACT Health Services Plan 2022-2030<sup>11</sup> that they will work with the Commonwealth on a Public Hospital PRA for ACT public hospitals.

### **Strategy 4: Developing a skilled and highly productive workforce**

**Recommendation 4: Implement Foundation Residency and Advanced Training Residency Programs to be widely available for hospital pharmacists in the ACT to continue to produce a highly skilled pharmacy workforce with structured career pathways, supporting retention and sustainability.**

In 2017, SHPA launched its two-year Foundation Residency Program (*see attached SHPA Foundation Residency Program Framework 2022*), designed to develop an early career hospital pharmacist's



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competence and practice performance to *Advancing – Stage I (Transition Level)* of the *National Competency Standards Framework for Pharmacists in Australia 2016*.<sup>12</sup> SHPA's Foundation Residency Program is Australia's first and only structured, formalised, supported and accredited national pharmacy residency program.

A residency is a formal, structured experiential learning program for pharmacists. Formal experiential training, like that provided by a residency program, consolidates initial education and training and progresses the early career practitioner towards advanced practice. Theoretical knowledge gained without application in practice is unlikely to develop a competent, flexible pharmacy workforce that can adapt to the changing future needs of patients and the health system. Through the flexible nature of the Foundation Residency Program, pharmacists rotate across different specialities depending on what services the hospital provides.

Thus far, over 300 early career pharmacists have completed SHPA's Foundation Residency program, and there are currently another 200 pharmacists undertaking Foundation Residency across accredited hospital sites around Australia. In the ACT, there are currently fifteen early career pharmacists undertaking SHPA's Foundation Residency program, the majority of these at Canberra Health Service, with eight pharmacists having already completed SHPA's Foundation Residency program. An expansion of these training programs is needed to support workforce sustainability and retention.

SHPA also supports sites nationally to deliver Advanced Training Residencies, the next stage in structured and accredited national training programs for hospital pharmacists wishing to advance their practice in a specialist area and develop their skills in accordance with *Advancing – Stage II (Consolidation Level)* of the *National Competency Standards Framework for Pharmacists in Australia 2016*. Advanced Training Residencies offer an accredited pathway for specialty development, with a variety of Practice Area Pathways such as Mental Health, Geriatric Medicine and Surgery and Perioperative Medicine.

In order to continue to produce a highly skilled workforce, SHPA recommends that all hospital pharmacy sites in the ACT are supported to continue providing these vital Foundation Residency and Advanced Training Residencies, and SHPA looks forward to partnering with Canberra Health Services on this.

**Recommendation 5: Expand the scope of practice of pharmacy technicians through Tech-Check-Tech inpatient medication supply models, to enable pharmacists to spend more of their time providing direct patient care.**

Under the implementation element of Governance and accountability frameworks referred to in strategic priority four, SHPA suggests investment in a stronger ACT pharmacy technicians workforce enabling pharmacists to spend more of their time delivering direct patient care and other clinical activities.

Pharmacy technicians are qualified and trained to provide a range of pharmacy services in hospitals. As pharmacists' roles have evolved to allow more time for clinical activities and direct patient care, pharmacy technician roles have also expanded to support medication management functions on hospital wards. In many states, hospitals have ward-based pharmacy technicians who undertake traditional nursing administrative roles associated with medication storage and supply.

With the current pharmacy workforce retention issues in the ACT, a stronger pharmacy technician workforce would support the limited number of clinical pharmacists to perform more direct patient care activities that result in improved medication safety and ultimately better patient health outcomes. Expansion of the pharmacy technician workforce also creates career and employment opportunities for Canberrans.





Currently, a nurse with an undergraduate qualification must perform administrative medication tasks. A pharmacy technician holds a TAFE-level qualification (Cert III or Diploma), creating a career pathway for Canberrans who wish to be involved in medication management, but not undertake an undergraduate pharmacy or nursing degree.

Tech-check-tech is an example of an activity undertaken by many pharmacy technicians in Victoria, Queensland and in South Australia, to support pharmacists and increase their capacity to perform more clinical tasks. Responsibilities such as these are growing more common and a greater focus is placed on a range of ward-based administrative, supply, technical and cognitive activities under the supervision of a pharmacist.

SHPA commends Canberra Health Services in its implementation of the Pharmacy Accuracy Checking Technicians (PACT) Pilot at the Canberra Hospital. SHPA has proposed in its submission to the ACT budget 2022-2023 consultation, that the 18-month pilot is extended further and to all sites across Canberra, including Calvary Public Hospital Bruce.

**Recommendation 6: Provide regulatory support and additional investment into innovative pharmacy services, such as Partnered Pharmacist Medication Charting (PPMC) services to address system wide capacity issues with emergency departments, bed access and flow, and elective surgery waitlists.**

In the current health system climate, there are known pressures throughout the hospitals and healthcare system with unprecedented demands on resources. The hospital admission process in emergency departments can often be a barrier to efficient bed flow, with the need to undertake a patient's medication history and chart their medicines being a task that doctors must juggle and balance along with their other responsibilities. Pharmacists are able to take more accurate medication histories in a timelier manner than their nursing and medical colleagues in hospitals, and when supported to chart these medicines via a PPMC model, can contribute to efficiencies in medication charting, timely supply and administration whilst also freeing up capacity for nurses and doctors to spend more time with patients.

Hospital Pharmacists already supervise and train junior doctors in prescribing and advise senior medical staff on medicine and treatment selection, dosing, medicine administration requirements and monitoring of adverse effects. PPMC has already been implemented in Victoria, Queensland and Western Australia. In a PPMC model, a pharmacist conducts a medication history interview with a patient; develops a medication plan in partnership with the medical team, patient, and the treating doctor. The pharmacist then charts the patient's regular medications with the doctor's authorisation, and the doctor charts any new medications that are initiated in hospital. Using a PPMC model will decrease the burden upon medical staff and clinical resourcing dedicated to medication charting and increase the through put of patients if medications are already reviewed and charted prior to admission and ready for review by the admitting medical or surgical team. This model has also been shown to improve medication safety and patient care.

A Deakin University health economic evaluation<sup>13</sup> of more than 8,500 patients has explored the impacts of PPMC models upon patients in emergency departments and general medicine wards. The economic evaluation also showed a decrease in the proportion of patients with at least one medication error from 19.2% to 0.5% and a reduction in patient length of stay from 6.5 days to 5.8 days. The estimated savings per PPMC admission was \$726, which in the replication was a total hospital cost saving of \$1.9 million with the five health services involved in the PPMC service continuing their operations.

Additional investment and regulatory support of innovate pharmacy services such as PPMC can assist in improving system wide capacity issues across Canberra Health Services.



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## Attachments

- SHPA Foundation Residency Framework 2022

## References

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