



SHPA NSW Branch submission to NSW Government Pre-Budget 2024-2025 consultation, February 2024

The Society of Hospital Pharmacists of Australia (SHPA) is the national, professional organisation for the 6,100+ Hospital Pharmacists, and their Hospital Pharmacist Intern and Hospital Pharmacy Technician colleagues working across Australia's health system, advocating for their pivotal role improving the safety and quality of medicines use.

Welcoming the opportunity to provide input in the 2024-2025 NSW Pre-Budget consultation, the SHPA NSW Branch Committee's submission addresses ways in which the NSW Government can support NSW hospital pharmacy departments and hospital pharmacists to provide safe and high-quality care, as well as ensuring a sustainable workforce.

SHPA has continuously advocated for the provision of safer and better-quality care for NSW hospital patients, and measures to support hospital pharmacy workforce sustainability through increasing the opportunities for pharmacists trained in NSW to work for NSW Health¹. This workforce investment is sorely needed to address the longstanding under-resourcing of the hospital pharmacy workforce in NSW.

SHPA NSW Branch commends the NSW government for its investment into the Tertiary Health Study Subsidies program which includes pharmacy students, and these should be leveraged into programs that put graduates in prime positions to undertake positions in NSW hospitals. The first step would be to significantly increase the pharmacy intern intake in NSW public hospitals to be in line with other Australian jurisdictions to secure this workforce pipeline.

Training programs such as the Resident Training Program will develop early career pharmacists to work in hospitals or for pharmacists making the switch to hospital pharmacy from other settings. Presently, up to 90% of applications for pharmacist positions in NSW LHDs have no hospital pharmacy experience, and without financial support from NSW Health for training programs such as the Resident Training Program, recruiting rounds are often unsuccessful, and issues around capacity, under-resourcing and employee burnout can become cyclical without a clear resolution.

The proposed recommendations in this submission align with Recommendations 8 and 9 of Report No. 60 – Portfolio Committee No. 2 – Health – Ambulance, the Final Report² into *Inquiry on Impact of ambulance ramping and access block on the operation of hospital emergency departments in NSW*, as well as the key priorities of the *NSW Health Workforce Plan 2022-2032*.³

SHPA NSW Branch Committee, chaired by Dr Jessica Pace, recommends:

1. Fund an **additional 100 FTE Hospital Pharmacy Interns in NSW Health** in line with similar jurisdictions, strengthening the pipeline of hospital pharmacists and securing a healthy workforce capable of delivering quality care and improving system capacity through expanded scope of practice.
2. Invest in the future capabilities of the NSW pharmacy workforce by **funding Resident and Registrar training programs**.



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3. Invest in strengthening the rural pharmacy workforce to address workforce shortages in these areas.
 - a. **Fund rural and remote placements** for pharmacy students.
 - b. Provide **relocation and living support for pharmacists** undertaking SHPA's two-year Pharmacy Resident Training Program.

4. **Become a signatory to the Pharmaceutical Reform Agreements** enabling Pharmaceutical Benefit Scheme (PBS) in hospitals to support safer discharges and transitions of care and ease reliance on primary healthcare systems.

If you would like any further information about hospital pharmacy, or this submission, please do not hesitate to contact Jerry Yik, Head of Policy and Advocacy on yyik@shpa.org.au.



RECOMMENDATION 1: Fund an additional 100 FTE Hospital Pharmacy Interns in NSW Health in line with similar jurisdictions, strengthening the pipeline of hospital pharmacists and securing a healthy workforce capable of delivering quality care and improving system capacity through expanded scope of practice.

In addressing the key priorities of the *NSW Health Workforce Plan 2022-2032*³, NSW Health should fund an additional 100 FTE Hospital Pharmacy Internships in NSW Health in line with similar jurisdictions like Victoria and Queensland. In other jurisdictions such as Victoria, there are more than 100 Hospital Pharmacy intern positions, compared to only approximately 50 internship positions currently made available in NSW each year.

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. 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 most hospital pharmacy interns finding gainful employment in the public sector following completion of their internship. According to the National Australian Pharmacy Students' Association (NAPSA), hospital pharmacy is the most desirable job setting with over 80% of pharmacy students wanting jobs in Hospital Pharmacy.

Hospital pharmacy interns not only contribute significantly to the efficient functioning of hospital pharmacies and alleviating workload pressures, but these interns also serve as integral contributors to the development and fortification of the hospital pharmacist workforce pipeline in NSW. The practical experiences they acquire during their internships foster clinical and operational skills, as well as providing a unique opportunity for mentorship and knowledge transfer within the pharmacy team, fostering a culture of continuous learning and professional growth.

Furthermore, NSW Health should fully fund the costs of Hospital Pharmacy Intern positions with additional requisite funding for pharmacist educator positions, similar to what is provided in Victoria. Clinical educators are paramount in ensuring the success of hospital pharmacy interns throughout their internship year. It is imperative to acknowledge that the capacity of hospital pharmacy departments to employ more interns is directly tied to the appropriate resourcing of clinical educators. Without sufficient investment in these educators, the expansion of intern programs becomes challenging, limiting the potential growth of the hospital pharmacist workforce.

Establishing a fully funded, state-wide pharmacist intern training program through the NSW Ministry of Health for each Intern position is fundamental to addressing immediate workload challenges as well as providing a strategic investment in the future resilience and competence of the pharmacy workforce, aligning with the vision of the *NSW Health Workforce Plan 2022-2032*³.

Cost of investment: ~\$10 million to employ 100 additional FTE hospital pharmacy interns per year with 0.1 FTE G2Y3 clinical educator pharmacist per intern.



RECOMMENDATION 2: Invest in the future capabilities of the NSW pharmacy workforce by funding Resident and Registrar Training Programs.

Despite NSW Hospital Pharmacy Departments undertaking additional clinical, safety, vaccine distribution virtual care and medication governance roles over recent years from their hospitals and NSW Health, there has been insufficient commensurate resourcing to support these additional tasks.

NSW is an outlier compared to all other Australian jurisdictions, with significantly lower investment into hospital pharmacists. This has resulted in NSW Hospital Pharmacy departments operating at staffing levels that are far from reaching pharmacist-to-patient ratios published in professional standards such as SHPA's *Standards of Practice for Clinical Pharmacy Services*⁴, extending to a likely future shortage of suitably trained pharmacists with the capacity and the skills to deliver expert clinical pharmacy services within the NSW healthcare system.

SHPA's Resident and Registrar Training Programs (previously known as the Foundation Residency and Advanced Training Residency Programs) are Australia's premier structured, formalised, supported and accredited national pharmacy training programs. By providing a structured and supported training environment, the Resident Training Program equips early career pharmacists with foundation clinical skills whilst the Registrar Training Program offers a pathway for speciality development for pharmacists with three to five years of foundation hospital experience, seeking to advance their practice towards [ANZCAP Registrar](#) status.

The economic impact of pharmacists undertaking these training programs is substantial, as well-trained pharmacists contribute to streamlined healthcare delivery, reducing medication errors, optimising therapeutic outcomes, and mitigating unnecessary healthcare costs associated with suboptimal pharmaceutical care. The value of clinical pharmacy services is well documented in literature, with an Australian economic analysis indicating a \$23 return for every \$1 spent on clinical pharmacy services.⁵

SHPA recommends NSW government to invest in SHPA's Resident and Registrar Training Programs to capitalise on the proposed investment into additional hospital pharmacy interns annually, ensuring young pharmacists trained by the NSW public hospital system remain in this pipeline. This is a key workforce recruitment and retention strategy adopted by many hospitals in other jurisdictions to deliver quality care and attract the best pharmacists across Australia to their hospitals. To date, over 800 pharmacists have completed or are completing SHPA training programs, out of which less than 50 are from NSW, all practicing at Resident level.

Fundamentally, health and economic outcomes are best achieved with a knowledgeable and skilled workforce, and these two-year training programs not only upskill the workforce and alleviate pressures on public hospitals, but also act as an imperative strategy to combat the recruitment and retention challenges facing the hospital pharmacy sector.

Cost of investment: ~\$11.7 million per annum to employ 100 additional FTE Resident Pharmacists per year with 0.1 FTE G2Y3 clinical educator pharmacist per Resident, with recommended ongoing review by the NSW government to further understand needs for specialist pharmacists in all NSW LHDs and provide requisite investment in Registrar Training Programs.



RECOMMENDATION 3: Invest in strengthening the rural pharmacy workforce to address workforce shortages in these areas.

Healthcare recruitment in regional and rural Australia poses a multifaceted challenge, one of which is the scarcity of healthcare professionals willing to practice in remote areas, leading to persistent workforce shortages severely impacting rural communities. Addressing this issue requires comprehensive strategies that incentivise healthcare professionals to work in rural areas, ultimately ensuring equitable access to healthcare services across the country.

a. Fund rural and remote placements for pharmacy students.

Earlier engagement in rural practice through fully funded, well-structured rural placements for pharmacy students during the progression of their university degree can positively influence interest and commitment in a rural career, and ensures all graduates have a broad understanding of rural practice.⁶ Unfortunately the current lack of funding for pharmacy students to undertake rural clinical placement remains a barrier for students engaging and committing to a rural career.

In the recently released *Australian Universities Accord Final Report*⁷, there was strong feedback from students about the burdens imposed by unpaid work placements, referred to as ‘placement poverty’. Recommendation 14 of the report advised the Australian Government to work with tertiary education providers, state and territory governments, industry, business, and unions to introduce financial support for unpaid work placements, in order to reduce the financial hardship and placement poverty caused by mandatory unpaid placements.

SHPA recommends that NSW government supports rural placements, by funding undergraduate clinical placement grants for pharmacy students, which would assist students with travel and accommodation costs directly incurred due to temporary relocation. Similar to the current clinical placement grants awarded for nursing and midwifery students in NSW⁸, the grant can be based on the geographical distance travelled to the placement site from their enrolled universities. Improving access to positive rural clinical placement experiences for pharmacy students will be a key strategy in building a pipeline of future job-ready graduates in rural and remote areas of NSW, and in closing workforce gaps in rural and remote areas as per the intended outcomes of the *NSW Health Workforce Plan 2022-2032*.

b. Provide relocation and living support for pharmacists undertaking SHPA’s two-year Pharmacy Resident Training Program.

According to the *Future focused primary health care: Australia’s Primary Health Care 10 Year Plan 2022-2032*⁹, addressing inequities of access to health services and poorer health outcomes among people in rural and remote Australia has been a strong focus for the Australian government. However, data from the National Health Workforce Dataset demonstrates that whether you look at pharmacy workforce statistics on a per capita or per 100 hospital beds metric, regional and rural Australia pharmacy workforce numbers are far below metropolitan pharmacy workforce statistics. Less than 1% of the pharmacists currently undertaking SHPA’s two-year Pharmacy Residency Program in NSW are practicing in regional, rural, or remote hospitals.

SHPA recommends the NSW government allocates up to \$8,000 in relocation and living allowance per candidate, for up to five pharmacists per annum willing to undertake a placement in a regional or rural hospital whilst completing their Residency Training Program through SHPA. To ensure that the grant framework is fit-for-purpose and accommodates for flexibility in the design of the rural rotations for Residents, SHPA



recommends that the relocation and living allowances are scaled according to the duration of the rotation as well as the distance travelled from their main employment site.

Relocation funding and living allowances alleviate financial burdens associated with moving to and living in regional locations, making it more attractive for pharmacists to consider undertaking their training in these areas. This strategy ensures a steady influx of skilled pharmacy professionals into these underserved areas, directly combating workforce shortages and contributing to a more well-rounded and adaptable pharmacy workforce that is equipped to address the diverse healthcare requirements of regional communities.

Large metropolitan public and private hospitals accredited to deliver SHPA's Residency Training Program, can partner with smaller regional and rural hospitals, and send their pharmacists to undertake a six-month rotation at these sites as part of their two-year training. This model, which already exists between The Alfred in Victoria and both Central Gippsland Health (VIC) and Alice Springs Hospital (NT), is a means of ensuring efficient workforce distribution and bolstering the capacity of regional healthcare facilities, whilst also upskilling pharmacists practicing in metropolitan areas and enhancing their skills and experience. While the onus would be on the metropolitan and regional or rural hospitals to form partnerships that facilitates these rotations, the NSW government can partner with Rural Health Workforce Australia to provide relocation and living allowances for eligible candidates.

Cost of investment: up to \$40,000 per annum relocation and living support for up to five pharmacists to undertake a rotation in a regional or rural hospital whilst completing SHPA's two-year Resident Training Program.



RECOMMENDATION 4: Become a signatory to the Pharmaceutical Reform Agreements enabling PBS in hospitals to support safer discharges and transitions of care and ease reliance on primary healthcare systems.

To meet the principle of equity for consumers, SHPA believes that the Commonwealth should make the PRAs a uniform policy in Australia and enter into PRAs with NSW and Australian Capital Territory (ACT). This would ensure a consistent standard of care for vulnerable patients who have just had a major health event requiring hospitalisation and reduces the need for individuals to immediately seek an appointment with their general practitioner on discharge from hospital to continue receiving vital medicines.

SHPA commends the actions taken so far from the NSW government for this to occur, and we understand there has been multiple correspondences between both levels of governments on this matter. NSW Health's position and desire to establish a PRA has been recently reiterated publicly in the *NSW Government's Response to the Inquiry into Public Hospital Access Block and Ambulance Ramping*², as a recommendation to address the issues of ambulance ramping currently seen in NSW hospitals, and to achieve equity and access to medicines irrespective of geographical location.

PRAs in other jurisdictions have worked to achieve 'Ongoing access to medicines', Guiding Principle 10 of the *Guiding Principles to Achieve Continuity in Medication Management*¹⁰ published in 2022. They have supported the continuity of care for patients discharging from hospital back into the community by allowing for patients to be supplied the standard PBS quantity of one-months' supply of discharge medicines and eliminating the need for them to make an urgent appointment to see their local GP for medicines post-discharge.

In contrast to other jurisdictions who are able to supply a months' worth of PBS discharge medicines, patients being discharged from public hospitals in NSW are currently supplied only 3-7 days' worth of discharge medicines, forcing patients to seek immediate GP appointments to access more medicines prescriptions for vital treatments that will prevent readmission to hospital. This expectation is extremely difficult to achieve with the current GP shortages where Australians often have to wait up to three to four weeks to see their GP. This impacts on continuity during transitions of care where patients are most vulnerable and at higher risk of hospital readmission.

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. These services are necessary to safeguard and maximise the federal government's investment into new PBS medicines that treat complex conditions.

Equitable access to healthcare is one of the key principals of the National Medicines Policy (NMP).¹¹ Truly equitable healthcare cannot be achieved without established PRA arrangements in all states and territories in Australia. SHPA therefore, strongly recommends that NSW Health continues to advocate for a PRA with the Commonwealth, ensuring a consistent standard of care for vulnerable patients, and alleviating pressure on the primary care sector in the immediate post-discharge period.



References

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