



Advanced Pharmacy Australia response to the enhancement of occupations within The Australian and New Zealand Classification of Occupations (ANZSCO)

September 2024

Introduction

Formerly known as the Society of Hospital Pharmacists of Australia (SHPA), Advanced Pharmacy Australia (AdPha) is the progressive voice of Australian pharmacists and technicians, built on 80 years of hospital innovation that puts people and patients first.

AdPha supports all practitioners across hospitals, transitions of care, aged care and general practice to realise their full potential. We are the peak body committed to forging stronger connections in health care by extending advanced pharmacy expertise from hospitals to everywhere medicines are used.

AdPha welcomes the opportunity to provide feedback to the Australian Bureau of Statistics who are undertaking a comprehensive review of the Australian and New Zealand Standard Classification of Occupations (ANZSCO) to reflect the contemporary labour market and better meet stakeholders' needs.

If you have any queries or would like to discuss our submission further, please contact Jerry Yik, Head of Policy and Advocacy at jyik@AdPha.au

Question 8: How do you or your organisation intend to use the classification?

a. Please indicate which levels of the classification hierarchy you use and why (i.e. major group, sub-major group, minor group, unit group, occupation level)

Advanced Pharmacy Australia (AdPha) have been informed by our members that the ANZSCO classification levels assist with recruitment of pharmacy staff, particularly for overseas applicants. The minor group, unit group and occupation level are of most importance when recruiting overseas pharmacy staff as their individual qualifications, experience and skill levels can be matched to the classifications set out in the ANZSCO.

- The minor group assists with providing a brief overview of this occupation group and their corresponding qualifications required. During recruitment this assists with the initial stages of applicant selection.
- The unit group which provides the additional information relevant to a particular sector, i.e. pharmacy, highlights the specific skill levels and qualifications required with a brief description of their role. This allows recruitment staff to assess whether overseas applicants have the necessary qualification and previous experiences that aligns with the Australian and New Zealand requirements. These specificities aid with the selection process and assessment of suitability of the applicant to undertake a certain occupation in Australia or New Zealand.
- The occupation level further augments the minor group skills and qualifications, with a particular focus on specific tasks that the applicant may undertake. This can further be matched with their previous experiences to determine the suitability of the applicant, more so from an experience lens rather than a qualifications lens.

Utilising the ANZSCO classification levels is one of the ways workforce data can be collected and analysed, along with the National Health Workforce Dataset. The data obtained from the ANZSCO assists with monitoring trends across occupation levels including expansion of practice and corresponding skill levels within occupations. The data and information can guide policy development based on skills and qualifications and address skills shortages and workforce planning.

b. Please describe any constraints to your usage in relation to the specific segment or level of the classification you use (i.e. a particular sub-major group)

Utilising the ANZSCO poses challenges owing to apparent discrepancies surrounding terminology and classifications with other datasets such as the National Health Workforce Dataset. This lack of alignment with other national datasets leads to inconsistent interpretation, utilisation and translation of available data, limiting its use as a resource.

The subcategories and titles for occupations in the ANZSCO are inconsistent and not

appropriately classified. For instance, the unit group 2634, Pharmacists, are misrepresented, as non-clinical pharmacists such as those working in pharmaceutical industry, policy and advocacy, quality control, education and academia are not represented under their profession as pharmacists. These occupations are assumed to now be classified as 244231 Chemist, which is not reflective of their practice and a misguided reflection of their occupation. More concerningly, these individuals in these occupations would not identify themselves as a chemist, and it is not contemporary terminology and an inaccurate depiction of their roles and practice as pharmacists.

As outlined in the feedback guide, the current ANZSCO has merged groups which represent small numbers of employed persons, however, this is not ideal for all occupations, especially when specialisation and tasks are diverse and cannot be meshed into a single occupation. For instance, occupation 251512, Industrial Pharmacists, in the 2022 ANZSCO has been retired instead of being represented under a new occupation listed as non-clinical pharmacist, which was recommended in AdPha's submission in August 2023.

The inaccurate classification of occupations and omission of occupations within minor groups breeds inconsistencies and hinders acquiring accurate health workforce data. This data, that is used by the National Skills Commission, would not be an accurate reflection of the health workforce in Australia, thus, identifying skills shortages will pose difficulty and dilute its value and use. AdPha intends to undertake a landmark pharmacy workforce survey to enable better workforce planning, quantifying and understanding where newer models of care and practice are emerging, particularly in hospital informed- or hospital-led care in transitions of care, aged care and general practice, including telehealth and virtual health, particularly in rural and regional areas.

Question 9. What is your preferred method of consuming the classification?

No comment

Question 10. Will the new groupings in the draft structure impact the way you or your organisation uses the classification?

a. Please indicate if the impact is positive, negative or neutral and why

As mentioned above, the new groupings, which lack appropriateness, will impact recruitment of staff, health workforce trends and data that can guide meaningful policy change. This will negatively impact the way AdPha utilises the ANZSCO as it does not accurately recognise all pharmacists in the profession for their specialisations and expertise which in turn dampens its use as a resource. By retiring certain occupations, such as Industrial Pharmacists, understanding their required qualifications and skill level is not easily identifiable in the current ANZSCO which can impede recruitment and awareness of these non-clinical pharmacist roles. Additionally, other organisations which utilise this classification information to provide health workforce data, such as the National Skills Commission won't be able to provide a true reflection of the health

workforce including statistics and shortages.

Additionally, pharmacists are grouped and classified as Allied Health Science Professionals in the draft version of the classification, however the description should be expanded to recognise the full breadth and scope of practice of pharmacists, which extends beyond dispensing medications. This negatively impacts the use of the ANZSCO as a resource by our organisation as it is a misrepresentation of pharmacists and their advancing practice skillsets.

Pharmacists utilise diagnostic tests and equipment to inform clinical decisions when providing person-centred care, rather than conducting diagnostic tests and equipment. Similar to 262 Allied Health Physical and Sensory Therapy Professionals, pharmacists too “assess, diagnose (as authorised in their scopes of practice) and treat illnesses and disabilities, and provide evidence-based therapeutic services’. Furthermore, preceding dispensing of pharmaceuticals, pharmacists conduct robust history taking including medical, lifestyle and social history to provide optimal, tailored, medication management advice. AdPha recommends the ANZSCO to be inclusive in their description to better encompass pharmacists as Allied Health Science Professionals and align contemporary pharmacy practice.

However, as stated in our submission in August 2023, separating Pharmacy Technicians into Hospital and Community Pharmacy Technicians is welcomed and it has a positive impact. The new groupings for Pharmacy Technicians have improved accuracy of representation of their skillset and experience based on contextual differences between varying pharmacy settings.

This appropriately reflects the contemporary pharmacy technician workforce and aligns with their advancing pharmacy technician practice. These new groupings will further aid recruitment processes (specifically in relation to the main tasks), with collecting important pharmacy technician health workforce data, monitor trends in pharmacy technician practice, recognise shortages and skill variation. Please see response below to Question 13 for additional tasks to be listed for a Hospital Pharmacy Technician.

b. Please describe which specific groupings in the proposed structure may impact the way you or your organisation uses the classification

No comment

Question 11. Do you have any feedback on the proposed web page layout of the classification?

No comment

Question 12. Do you or your organisation have any key implementation concerns about the proposed structure?

See above

Other Information

Question 13. Is there any other information to help support your feedback?

- The unit group 2634, Pharmacists, only includes community and hospital pharmacists which does not capture all pharmacists in the profession, especially non-clinical pharmacists. It is assumed that these pharmacists are now classified under occupation 244231, Chemist, which includes three different specialisations: Analytical, Industrial and Quality Control. AdPha believes the unit group 2634, Pharmacists, should include four occupations listed as Hospital Pharmacist, Community Pharmacist, Primary Care Pharmacist, and Non-clinical Pharmacist, to best reflect contemporary pharmacy practice in Australia. It is important to highlight that not all chemists are pharmacists, and this incorrect classification can have negative consequences on the value of the ANZSCO and its utilisation.
- AdPha welcomes the separation of Pharmacy Technicians into Community and Hospital Pharmacy Technicians as mentioned above. However, it is important to recognise the expanded scope of practice Hospital Pharmacy Technicians undertake compared to Community Pharmacy Technicians, based on contextual practice settings. AdPha suggests listing the following main tasks, in addition to what is listed in the draft version of the classification, as outlined in AdPha's, formerly known as, SHPA Standard of Practice for Pharmacy Technicians to support Clinical Pharmacy Services¹:
 - Medication review
 - Medicines information for patients and ongoing care
 - Medicines information for health professionals
 - Therapeutic drug monitoring
 - Quality improvement systems
 - Tech-check-tech

Additionally, Hospital Pharmacy Assistant should be added as an alternative title to Hospital Pharmacy Technician to be inclusive of pharmacy assistants practicing in hospital settings. Particularly, in Queensland, hospital pharmacy assistants are a job title in the Hospital and Health Service General Employees (Queensland Health) Award – State 2015.² Hospital pharmacy departments employ pharmacy assistants to support pharmacists and pharmacy technicians in the delivery of hospital pharmacy services through the provision of administrative and basic technical activities. These pharmacy assistants do not undertake any sales

activities and so should be captured under the Hospital Pharmacy Technician occupation.

- AdPha welcomes the clear outline of tasks performed by Community and Hospital Pharmacists, however, suggest listing the following main tasks in addition to what is listed in the draft as outlined in AdPha's Standards of Practice for Clinical Pharmacy Services.³
 - partnered pharmacist medication charting (PPMC)
 - quality improvement activities and peer review

AdPha believes these are unique activities Hospital Pharmacists engage in and this differs from Community Pharmacist activities.

- The Occupation level, 263431 Community Pharmacist, has two distinct specialisations listed, Compounding and Consultant Pharmacists, which is not solely confined to Community Pharmacists. AdPha suggests listing these specialisations under the unit group 2634 Pharmacists, with the four pharmacist occupations listed: Non-Clinical, Primary Care, Community and Hospital Pharmacist. Furthermore, it is worthwhile noting, the launch of The Australian and New Zealand College of Pharmacy (ANZCAP), a landmark recognition program by AdPha, currently recognises and nationally endorses the advanced clinical and nonclinical skills of pharmacists and pharmacist technicians across 46 specialty areas, empowering pharmacy staff to become leaders in medicine management in all healthcare settings. ANZCAP supports pharmacists (and technicians) to be recognised as a Pharmacist Resident, Pharmacist Registrar and Pharmacist Consultant, based on prior experience and specialisation of practice and this should be reflected in the ANZSCO under the unit group, Pharmacists.

References

¹ Bekema C., Bruno-Tomé A., Butnoris M., Carter J., Diprose E., Hickman L., Raleigh R., Teasdale T.L. (2019). Standard of Practice for Pharmacy Technicians to support Clinical Pharmacy Services. Advanced Pharmacy Australia.

² Queensland Health. (2023). Hospital and Health Services General Employees Award – State 2015. Available at: https://www.qirc.qld.gov.au/sites/default/files/2023-03/hospital_health_010323.pdf

³ AdPha Committee of Specialty Practice in Clinical Pharmacy. (2013). AdPha Standards of Practice for Clinical Pharmacy Services. J Pharm Pract Res 2013; 43 (2 suppl): S2-S69