



SHPA response to Unleashing the Potential of our Health Workforce: Scope of Practice Review - Issues Paper 2, May 2024

The Society of Hospital Pharmacists of Australia (SHPA) is the national, professional organisation for the 7,000+ 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. Embedded in multidisciplinary medical teams and equipped with exceptional medicines management expertise, SHPA members are progressive advocates for clinical excellence, committed to evidence-based practice and passionate about patient care.

SHPA welcomes the opportunity to respond to the Unleashing the Potential of our Health Workforce: Scope of Practice Review – Issues Paper 2. SHPA is broadly supportive of the options proposed in this Issues Paper and congratulates the Review on its progress thus far. In this submission, SHPA raises several key points for consideration, including the importance of leadership in recognition of competencies, the need to regulate the paraprofessional workforce and include their competencies in the proposed National Skills and Capability Framework and Matrix, and the necessity of ensuring that pharmacists are included in the proposed funding reforms to support the collaborative delivery of core quality use of medicines activities.

What leadership do you consider important to ensure reforms are successfully implemented? For example, what is required at the professional, practice, organisation and/or profession level?

Strong leadership across all levels is crucial for the successful implementation of healthcare reforms. Effective leadership ensures coordinated efforts, promotes a shared vision, and drives sustainable changes across the healthcare system.

Leadership from regulatory bodies to recognise competencies

Leadership from regulatory bodies such as the Australian Health Practitioner Regulation Agency (AHPRA), and specifically, the Pharmacy Board of Australia (PBA) is essential in facilitating recognition of skills and capabilities of their workforce. Acknowledgment of post-graduate qualifications and credentialing diverse skills and specialties within a pharmacist's registration is pivotal. This recognition cultivates trust among other health professionals and patients, enabling pharmacists to work to their full scope of practice. It also allows for pharmacists to seamlessly transition across different health services and jurisdictions, removing the need for recredentialing.

The recent launch of [The Australian and New Zealand College of Pharmacy \(ANZCAP\)](#), a landmark recognition program delivered by SHPA, currently recognising the advanced clinical and non-clinical skills of pharmacists and pharmacist technicians across [46 specialty areas of practice](#) as shown in Figure 1, is a step in the right direction. However, leadership from regulatory bodies is imperative to further support all health professionals to contribute their unique skills to patient care, leading to more tailored and effective interventions.



Figure 1: The 46 specialty disciplines recognised by ANZCAP



Leadership from regulatory bodies to regulating the paraprofessional workforces

Leadership from regulatory bodies, such as the PBA, is pivotal in ensuring that pharmacy technicians and the broader paraprofessional workforce are recognised, regulated, and effectively utilised to support the healthcare system. Proper regulation and recognition of the paraprofessional workforce are essential for the successful implementation of the options proposed in this Issues Paper. Without adequate regulation and recognition, the ability of paraprofessionals to support health professionals in working to their full scope of practice is significantly limited, undermining the potential improvements in patient care and system efficiency.

Workforce shortages and excessive workload pressures are significant barriers preventing health professionals working to their full scope of practice. Paraprofessional workforces, such as pharmacy technicians, play a pivotal role in addressing these barriers. However, not regulating these workforces has contributed to their underutilisation, stemming from a lack of confidence in their abilities.

As the role of pharmacists continues to evolve in hospitals, pharmacy technicians are increasingly participating in clinical roles under the supervision of pharmacists, as outlined in SHPA's *Standard of Practice for Pharmacy Technicians to support Clinical Pharmacy Services*¹. Pharmacy technicians can document allergy statuses on medication charts and complete Best Possible Medication Histories (BPMH) for newly admitted patients in hospitals, allowing pharmacists to prioritise clinical tasks such as reconciling these medications and assessing them for appropriateness.

By establishing clear standards, qualifications, and scopes of practice for paraprofessionals, regulatory bodies can ensure that these professionals are appropriately trained, supervised, and accountable for their roles within the healthcare team. Effective regulation not only safeguards patient safety but also enhances the efficiency and effectiveness of healthcare delivery by enabling paraprofessionals to contribute to their full potential.



Moreover, regulating the paraprofessional workforces promotes consistency and coherence across healthcare settings, facilitating seamless collaboration and coordination among multidisciplinary teams. This reform empowers health professionals and employers to delegate tasks appropriately, and for health professionals to focus on complex clinical activities, optimising their scope of practice, and ultimately improving patient outcomes and enhancing the quality of care provided.

Leadership in enterprise agreement negotiations

Similarly, enterprise agreements must reflect and recognise post-graduate degrees, fellowships, advanced training, and credentialing of health professionals. Recognition through these agreements will encourage health professionals to upskill and contribute expertise as it is aptly valued and remunerated. This process would require leadership from and collaboration with healthcare providers and unions to incorporate appropriate recognitions into workforce agreements.

Leadership from professional organisations, employers, and consumer advocacy groups

Successful implementation of the reforms proposed in this Issues Paper, require respectful collaboration between professional peak bodies, avoiding “turf wars” that can impede progress. Leadership here involves fostering a culture of professional respect and trust, ensuring that different health professions work together harmoniously to deliver comprehensive, patient-centred care. This includes advocating for multidisciplinary team approaches to ensure patients receive individualised, safe, and timely care from all those with the expertise to provide it.

Likewise, a positive workplace culture, driven by leadership, is necessary for successful reform. This includes promoting a culture of safety, respect, and mutual support, which is essential in primary and multidisciplinary care settings.

Leadership from consumer advocacy groups is crucial in raising awareness and confidence among consumers regarding the skills and expertise of various healthcare professionals in delivering safe, timely, and quality care. By actively leading public education campaigns and providing feedback to healthcare providers, these groups ensure that patient voices are heard and considered in decision-making processes. Their leadership helps bridge the gap between healthcare providers and the community, fostering greater transparency and trust in the healthcare system, and increasing the chances of successful reform.

Leadership to build on successes of the acute sector

Leveraging off the experiences of the acute sector who have successfully championed collaborative multidisciplinary care models and expanded scope of practice for decades, is critical. By adopting proven strategies and frameworks from the acute sector, other healthcare areas can enhance their service delivery and improve patient outcomes. Effective leadership in this area involves fostering partnerships across different healthcare settings, promoting continuous learning, and ensuring that successful models of care from the subacute, inreach and outreach contexts are adapted and scaled to fit the primary care setting. This approach not only improves care coordination but also strengthens the overall healthcare system by integrating best practices and driving innovation.



Workforce design, development and planning

Do you believe the combined options for reform will address the main policy issues relating to workforce design, development and planning you have observed in primary health care scope of practice?

SHPA supports the combined options for reform proposed in Issues Paper 2, aimed at addressing the main policy issues relating to health workforce design, development and planning in primary care.

2.2 Support supervised practical training

Supervised practical training (SPT) to develop primary healthcare capabilities should extend beyond primary care settings to include acute care environments. Acute care settings offer invaluable insights due to their longstanding experience in delivering collaborative, specialised, and multidisciplinary care. Placements and residencies in these settings not only enhance clinical competencies but also foster a comprehensive understanding of the critical transitions of care, which is essential for seamless patient management across different healthcare sectors.

Additionally, incorporating placements in rural and remote settings is crucial. These placements provide unique learning opportunities that address the distinct challenges of healthcare delivery in underserved areas, thereby broadening trainees' perspectives and equipping them with the skills necessary to deliver high-quality care in diverse contexts. This also has the added benefit of exposing healthcare professionals to rural and remote settings to support workforce recruitment in these areas.

To what extent do you believe these policy options will help to drive the policy intent of the Review in supporting multidisciplinary care teams to work together to full scope of practice?

To a great extent. Please see comments relating to specific sections below:

3.3 Facilitate national consistency in post-qualification education and training

Facilitating national consistency in post-qualification education and training is crucial but for these efforts to be effective, it is imperative that the competencies gained through such education and training are recognised nationally by regulatory bodies. Without national recognition, healthcare professionals may face barriers to practicing their full range of skills across different jurisdictions, undermining the potential for cohesive and effective multidisciplinary care.

As discussed earlier, ANZCAP currently recognising the advanced clinical and non-clinical skills of pharmacists and pharmacist technicians across [46 specialty areas of practice](#) as shown in Figure 1, empowering them to become leaders in medicine stewardship in all healthcare settings. However, leadership from regulatory bodies is imperative to further support all health professionals to contribute their unique skills to patient care, leading to more tailored and effective interventions.

3.4 Facilitate multi-professional learning (MPL) to support health professional development and the primary care team

Multi-professional learning (MPL) should be integrated into undergraduate courses, not restricted to health professionals' post-qualification training. Embedding MPL at the undergraduate level fosters an early appreciation of the diverse knowledge and skills that different health professionals bring to the table. SHPA is aware of a number of universities around Australia that incorporate MPL for their students in various healthcare professional degrees and this is commended and well received by university students.

This early exposure cultivates a deeper understanding and respect for various healthcare roles, which is essential for effective interdisciplinary collaboration. By learning together from the outset, future health professionals develop the communication and teamwork skills necessary to work cohesively in real-world healthcare settings, ultimately improving patient outcomes and the efficiency of healthcare delivery.



Are there implementation options which have not been considered which could progress the policy intent of these options for reform?

Identify and collate descriptions of entry-to-practice scope

- As discussed in the Issues Paper, the contributions of the paraprofessional workforce are paramount and must be better understood and recognised. Workforce shortages and excessive workload pressures are significant barriers preventing health professionals working to their full scope of practice. The paraprofessional workforce, who including pharmacy technicians, play a pivotal role in addressing these barriers.

SHPA, being the only professional organisation in Australia that embraces pharmacists and pharmacy technicians as members and to have an Elected Pharmacy Technician Board Director, is currently in the process of developing a *National Competency Framework for Technicians*. This initiative aims to establish a robust framework that fosters standardisation across the country and clearly define the competencies and scope of practice of pharmacy technicians. The *National Competency Framework for Technicians* will be out for consultation in the second half of 2024 and, once published, would be a great resource to feed into the development of the National Skills and Capability Framework and Matrix.

- The Issues Paper refers to the Rural and Remote Generalist Allied Health Project², completed in 2013. It is important to note that pharmacy, among a few other professions, were not included in the review because there were no pharmacy staff in the recruited project site teams. As recommended by the project, similar work must be undertaken in the pharmacy sector to identify common capabilities and profession specific skills.

Education providers

- Leverage off existing education providers that develop and deliver specialised and supervised practical training. For example, ANZCAP's Resident Training Programs in Community Pharmacy includes supervised practical training for components such as delivering vaccinations.

Based on your experience, what features should a skills and capability framework have to ensure it is useful in practice?

A skills and capability framework for the healthcare sector should incorporate several key features to ensure it is practical and effective in real-world application.

Clear competency definitions

Each skill and capability must be explicitly defined with specific, measurable criteria that outline the expected knowledge, behaviours, and outcomes, providing a solid foundation for assessment and development across various settings and roles.

Practical tools for assessment and evaluation are also crucial. These can include checklists, self-assessment forms, and performance review templates, which facilitate the regular assessment of competencies and help identify areas for improvement. These tools are essential for maintaining high standards and continuous improvement in care delivery.

Leverage existing profession-specific competencies

The framework should leverage existing profession-specific competencies to prevent duplication and contrasting definitions. By aligning with established competencies from various healthcare professions, the framework can build on proven standards and practices, ensuring coherence and consistency across different roles. This alignment minimizes redundancy and confusion, providing a unified approach to skills development that respects the unique contributions of each profession while fostering a collaborative, integrated care environment.



Comprehensive scope

The framework should have a comprehensive scope, encompassing a wide range of skills pertinent to diverse roles within the primary healthcare sector. This includes both technical and clinical abilities, as well as soft skills like communication and teamwork. Such breadth ensures that all necessary competencies are covered, setting expectations whilst facilitating well-rounded professional development for healthcare workers in different environments.

Integrated with training and development programs

By linking competencies in the framework to specific, and existing training initiatives, the framework provides clear pathways for skill enhancement and career progression, helping professionals understand how they can develop their capabilities in alignment with sector-wide needs and standards.

Once again, it is imperative that there are ways to recognise the advanced training undertaken by healthcare professionals in order to promote confidence in their skills and knowledge by colleagues and consumers.

Flexibility and adaptability

The healthcare landscape is constantly evolving, and the framework must be designed to adapt to these changes. This adaptability allows for the inclusion of new skills and competencies as they emerge, ensuring the framework remains relevant and up-to-date across the primary healthcare sector.

User-friendly and accessible interface

The framework should be accessible, and designed with intuitive navigation and clear, concise information to ensure ease of use for all healthcare professionals, employers and consumers. This enhances engagement and ensures that the framework is effectively utilised in daily practice.

How should the framework be implemented to ensure it is well-utilised?

To ensure the skills and capability framework is well-utilised, a strategic and inclusive implementation process should be followed. Here are the key steps to facilitate effective adoption:

Early stakeholder engagement

Involve a broad range of stakeholders from the outset, including jurisdictional governments, healthcare professionals, regulatory bodies, educational institutions, professional associations, and consumers. Early engagement ensures the framework is relevant, comprehensive, and meets the needs of all users, fostering a sense of ownership and commitment.

Develop clear guidelines

Provide detailed and practical guidelines on how to implement and use the framework. These guidelines should cover integration into existing processes such as recruitment, training, performance evaluation, and professional development. Clear instructions and examples can help organisations understand how to effectively apply the framework in their daily operations.

Leadership endorsement

Secure strong endorsement from leadership at various levels, including jurisdictional governments, health service executives, and employers. Their support is crucial for driving adoption and ensuring the framework is prioritised. Leadership should actively promote the framework and be supported to implement it.

Training and support

Offer comprehensive training programs through professional associations, educational institutions, and other relevant bodies. These programs should be designed to help managers and staff understand the framework



and how to use it effectively. Providing ongoing support and resources will also help address any questions or challenges that arise during implementation.

Accreditation integration

Integrate the framework into the accreditation processes of health services. Organisations such as the Australian Commission on Safety and Quality in Health Care (ACSQHC) can play a vital role by including the framework in their accreditation standards. This ensures that healthcare staff are regularly assessed against the framework, promoting consistency and high standards across the sector.

Pilot Testing

Conduct pilot tests in selected settings to gather feedback and refine the framework before a full-scale rollout. Pilots help identify potential challenges and areas for improvement, ensuring a smoother implementation process when the framework is broadly adopted.

What do you see as the areas where the framework will have the greatest impact on scope of practice?

The framework will have the greatest impact on scope of practice by shifting the focus from profession-based roles to skills-based roles. This approach encourages advanced scope of practice and supports the formation of multidisciplinary care teams. By clearly defining and standardising competencies, the framework enables healthcare professionals to utilise their full range of skills, promoting flexibility and innovation in care delivery. This leads to more efficient use of resources, improved patient outcomes, and a more collaborative and integrated healthcare system, where care is delivered by the most appropriately skilled professionals regardless of their specific profession.

How do you see the recognition of common capabilities and skills in the framework contributing to the delivery of primary care?

The recognition of common capabilities and skills in the framework significantly contributes to the delivery of primary care in several ways.

Promotes multidisciplinary teams

By acknowledging and standardising these skills, the framework supports collaboration and enables the formation of multidisciplinary teams with all the necessary expertise to address specific patient needs comprehensively. This collaborative approach ensures that patients receive holistic and tailored care, leading to improved health outcomes.

Promotes safe, timely, and efficient care delivery

With a broader pool of skilled professionals, there is greater capacity to meet patient demand promptly, reducing wait times and ensuring timely access to care. By optimising resource utilisation this efficiency not only enhances patient satisfaction but also reduces the strain on the entire healthcare system, including the acute care sector.

Cost-saving measure

The ability for a range of healthcare professionals to undertake the same tasks results in efficiencies and cost-savings for the healthcare system. With a diverse workforce capable of performing various duties, healthcare organisations can allocate resources more efficiently, minimising unnecessary expenses and maximising value for money, which should also translate into savings for consumers.



Who do you see providing the necessary leadership to ensure the framework achieves the goal of contributing to health professional scope of practice in primary care?

The necessary leadership to ensure the framework achieves its goal must come from a collaborative effort involving various stakeholders, including:

- AHPRA, who play a pivotal role in ensuring regulatory alignment and endorsing the framework's standards. AHPRA can provide leadership by reviewing and aligning registration and accreditation processes with the competencies outlined in the framework, and by ensuring practitioners are recognised for their advanced skills and competencies.
- Jurisdictional and Federal governments, who provide strategic direction, funding support, and policy frameworks to facilitate its implementation. These government provide leadership in shaping the healthcare landscape and setting priorities for workforce development and primary care delivery. This includes the allocation of resources and funding to support training, education and professional development of healthcare professionals in line with the framework's requirements.
- Professional associations, who serve as advocates for their members and the patients they provide care for, driving awareness, education, and adoption of the framework within their respective professions. These associations provide leadership by being respectful of and promoting trust in the skills and competencies of other professions and supporting multi-disciplinary care without 'turf wars'.
- Consumer advocacy groups, who represent the interests of patients and can advocate for the adoption of the framework to improve the quality and accessibility of primary healthcare services. They can provide leadership by raising awareness among patients and advocating for policies that support the implementation of the framework.
- Universities and vocational training providers, who have a responsibility to ensure that healthcare professionals receive adequate training and education to meet the requirements of the framework. They can provide leadership by integrating the framework into their curriculum, offering continuing education programs, and collaborating with healthcare organizations to facilitate practical training opportunities.

By working together, these entities can provide the necessary leadership to promote the integration of the framework into primary care practice, ultimately enhancing the scope of practice for health professionals and improving patient care outcomes.



Legislation and regulation

Do you believe the combined options for reform will address the main legislative and regulatory policy issues you have observed in primary health care scope of practice?

SHPA supports the combined options for reform proposed in Issues Paper 2, aimed at addressing the main legislative and regulatory policy issues in primary care.

To what extent do these options for reform strike the right balance between maintaining protection of title where appropriate, and introducing risk-based regulatory approaches in specific circumstances?

SHPA supports the measures taken to balance maintaining protection of title and risk-based regulatory approaches.

Are there specific policy actions related to legislation and regulation you believe should be pursued as part of the above options for reform?

Regulating the paraprofessional workforces

The need to regulate the paraprofessional workforce has been discussed earlier, however, it is necessary to highlight that the lack of regulation of these workforces restricts their practice and their ability to support health professionals to work to their full scope.

Professional indemnity alignment with scope of practice

Aligning professional indemnity with the scope of practice is essential to support health professionals working to their full capacity. As scopes of practice expand to meet evolving healthcare needs, ensuring that professional indemnity coverage is comprehensive and reflective of these expanded roles is critical. Adequate indemnity coverage not only protects healthcare professionals from legal and financial risks but also empowers them to perform a broader range of activities with confidence. This alignment is crucial for fostering an environment where health professionals can deliver high-quality, patient-centred care without unnecessary constraints or fear of liability, thereby enhancing overall healthcare outcomes.

Are there implementation options which have not been considered which could progress the policy intent of these options for reform?

The proposed independent body should work closely with professional associations to better understand the gap between the professional scope as defined by Boards under the National Registration and Accreditation Scheme (NRAS) and actual practice. Professional associations have a pulse on front-line practice and are aware of the latest advancements of scope in their sector.

Are there additional actions relating to leadership and culture which should be considered to encourage decision-makers (National Boards, state and territory governments) to work together in a cooperative way to achieve these policy options?

Establish a Shared Vision and Mission

Develop a unified vision and mission statement that outlines the collective goals and values of all parties involved. This shared purpose can drive cohesive actions and ensure that everyone is working towards the same objectives.

Create Joint Forums for Dialogue

Establish regular forums and workshops where National Boards, state and territory governments, and other key stakeholders, including those that accredit the workforce e.g., ANZCAP, can discuss emerging issues, share learnings, and collaborate on solutions. These forums should be structured to encourage open dialogue and innovative thinking.



Funding and payment policy

Do you believe the combined options for reform will address the main funding and payment policy issues you have observed in primary health care scope of practice?

Yes, the combined options for reform have the potential to address the main funding and payment policy issues currently observed in the primary health care scope of practice, if they include pharmacists.

Pharmacists in primary care have traditionally been excluded from funding models, such as those provided through the Medicare Benefits Schedule (MBS) and are primarily funded through the Community Pharmacy Agreement (CPA). Current funding models do not incentivise pharmacists to work collaboratively or to perform core quality use of medicines activities, including clinical interventions, deprescribing and counselling, which are the most value-adding components of pharmacy services to support quality use of medicines and medicines safety, which is recognised as Australia's Tenth National Health Priority Area.

The bulk of community pharmacy remuneration in Australia is tied to medicine supply activities. This funding model potentially discourages pharmacists from engaging in critical, value-adding services that enhance patient care, such as deprescribing practices which can negatively impact pharmacy funding. By excluding these activities from remuneration, the current model impedes the delivery of safe, quality, patient-centred care. The funding for clinical services should be funded on their own merit as a clinical activity, consistent with all other health professions, and not tied to the supply of a medicine which should be remunerated separately.

Reforms that include pharmacists in broader funding models and align incentives with quality care outcomes will support a more holistic approach to healthcare. These changes can ensure that pharmacists are appropriately compensated for their expertise and contributions, particularly in areas that directly improve patient safety and health outcomes.

7.3. Bundled funding for midwifery continuity of care models

Transitions of care are a high-risk part of the healthcare journey for patients. The Australian Commission on Safety and Quality in Health Care (the Commission) recognises this issue in their report on [Safety Issues at Transitions of Care](#).³ Transitions of care episodes typically involve complex care arrangements, involve multiple care providers and interdisciplinary teams at various stages of care.

Medicines are the most common health intervention; up to 90% of people may experience medication changes during their hospital stay.^{4,5} In Australia, there are 250,000 medicine-related hospital admissions each year and another 400,000 presentations to emergency departments (ED).⁶ Pharmacists therefore play a significant role in ensuring safe, timely, and continued medication management across these key transitions of care.

Implementing a bundled funding model similar to the one proposed for midwifery continuity of care would significantly benefit patients who need access to transition of care stewardship pharmacists. By funding pharmacists to work across the continuum of care, from primary to admitted settings, we can ensure they are able to practice to their full scope, performing critical medication reconciliation, deprescribing, and counselling activities. This integrated approach would promote safer transitions, improve medication management, and ultimately enhance patient outcomes across the healthcare system.

To what extent do you believe these policy options will help to drive the policy intent of the Review in supporting multidisciplinary care teams to work together to full scope of practice?

SHPA believes the policy options proposed in will help drive the policy intent of the Review.

In order to further support multidisciplinary, patient-centred care, funding should also be adjusted as a means of reducing harm and risks. Hospitals are penalised with funding adjustments for hospital-acquired complications (HACs). This approach provides funding signals so that hospitals can take action to reduce



systemic risks related to the delivery of care.⁷ This funding adjustment based on harms incentivises health professionals, including pharmacists, to prioritise patient safety and wellness while ensuring that resources are allocated effectively to activities that drive meaningful improvements in patient health.

In hospitals, pharmacists are core to medication management and optimising the safe and quality use of medicines, whilst also contributing to systemwide governance activities to reduce medicine complications and HACs stemming from medications. The role of hospital pharmacists in health services are highlighted in 12 out of the [16 HAC information kits](#) published by ACSQHC.

Are there implementation options which have not been considered which could progress the policy intent of these options for reform?

There doesn't seem to be any implementation options that will facilitate the design and development of the digital infrastructure referred to in Option 8.2. SHPA believes this is an essential reform option and implementation measures must be considered to ensure this is realised. SHPA recommends that there is significant consultation with stakeholders to ensure the integration and interoperability of the digital infrastructure with current systems.



Other questions

Are there additional reform options which have not been considered that could progress the intent of this Review?

No.

Are there additional considerations which have not been raised that could progress the intent of this Review?

It is essential that the Review does not consider the primary care sector in isolation, but rather as part of a continuum of care. The acute care sector, aged care sector, disability sector, primary care sector, and transitions between each of these, are all intertwined to form Australia's sophisticated healthcare system. To enhance the understanding and appreciation of the entire healthcare system, it is crucial that the base requirements for all training and qualifications include placements in various sectors, including the acute sector. Such placements provide invaluable exposure to the collaborative nature of multidisciplinary teams, for which the acute sector is renowned. This experience fosters a comprehensive understanding of how each sector is connected and contributes to the overall healthcare continuum, enriching the professional development of trainees and enhancing their ability to deliver integrated, high-quality care across all settings.

Furthermore, careful consideration should be given to any unintended consequences of the reforms proposed through the Scope of Practice Review on other sectors of the health system. Ensuring that changes do not inadvertently disrupt, but rather enhance the balance and integration of care is vital for supporting the efficacy and harmony of Australia's healthcare landscape.

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