

# Allied Health Clinical Governance Framework Review (Queensland)

## Issues Paper Submission Template

Please provide feedback on the Allied Health Clinical Governance Framework Issues Paper in the following template. This template is structured by each Issue identified in the paper. You are invited to attach additional supporting materials or provide exemplars from your HHS. You need only address the Issues on which you wish to comment. There is no expectation that all submissions address all Issues, although you are welcome to do so.

**The deadline for submissions is Friday 14<sup>th</sup> February, 2025.**

Contact Information (not mandatory)	
Name:	Jerry Yik
Role:	Head of Advocacy and Policy
HHS or Organisation:	Advanced Pharmacy Australia (AdPha), Queensland Branch Committee
Are you responding as an individual or on behalf of a professional group or organisation?	<input type="checkbox"/> Individual
	<input type="checkbox"/> Professional Group  _____ <i>Please provide group name</i>
	<input checked="" type="checkbox"/> Organisation _ Advanced Pharmacy Australia (AdPha)_ <i>Please provide Organisation name</i>
Issue 1: Workforce Capability and Capacity	
<b>The knowledge, skills, and competencies of the workforce and the availability of sufficient resources to implement minimum standards of allied health clinical governance and achieve excellence in safety and quality of health care delivery.</b>	
<b>Are there any aspects of the information provided regarding Workforce Capability and Capacity that you wish to comment on or add to? If so please provide details and attach any relevant supporting information or data.</b>	

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 clinics 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. Working collaboratively as part of multidisciplinary teams, pharmacists are key allied health professionals responsible for the safe and effective use of medicines to ensure optimal patient care.

AdPha's Queensland Branch Committee therefore welcomes the opportunity to provide feedback to the Allied Health Clinical Governance Framework Review, with particular focus on Issue 1: Workforce Capability and Capacity.

### **Capability**

AdPha agrees that targeted training around clinical governance such as risk reporting, clinical audit and benchmarking are vital. Clinical governance is explored as a priority at undergraduate level and implemented through further development opportunities at work.

While pharmacists in hospital settings will typically be employed through pharmacy departments with managers who are themselves clinical pharmacists, AdPha believes it is imperative that non-allied health managers have a thorough understanding of the particular allied health role that they are managing to be able to understand targeted clinical governance activities.

### **Capacity**

Recruitment and retention continues to be a challenge throughout Australia's healthcare system, with many healthcare services unable to obtain adequate staffing numbers for optimal patient care. Pharmacy is no exception, with shortages of pharmacists in most jurisdictions, with Queensland showing regional shortages.<sup>1</sup>

In practice, this can lead to prioritisation of clinical activities in these areas that are patient-facing over clinical governance activities. AdPha suggests that the support and resources to complete clinical governance activities need to come from leadership level.

AdPha's Clinical Pharmacy Standards<sup>2</sup> outline recommended minimum pharmacist staffing levels for the provision of clinical pharmacy services. The Clinical Pharmacy Standards also recommend under quality element 2.9: "*Non-patient-facing activities including medicines governance, educational programs, quality improvement and stewardship programs are essential components in the provision of safe and quality use of medicines.*" However, this may only be achieved with adequate staffing ratios.

**Do you think the potential improvement opportunities will assist in addressing the identified issues/challenges/risks? What barriers or challenges may be encountered in implementing these strategies?**

## Data collection

Hospital pharmacy departments operate with leaders who are most often clinical pharmacists themselves, with pharmacists working in teams with advanced level clinical leadership. With this leadership, there is an element of mentoring and improving the quality of education provided to early career pharmacists.

AdPha suggests targeted clinical governance training for each allied health professional group and should not be burdensome while juggling clinical responsibilities. Data collection should be integrated, pooling data from existing software/systems and not a burden on the already over stretched workforce to input or collect data.

In addition, the purpose of data needs to be clear and meaningful in order for leaders to promote and provide allocated time for their staff to complete clinical governance activities. The data should be measured against existed standards such as the National Safety and Quality Health Service (NSQHS) Standards or profession specific like AdPha's Standards of Practice series, to guide benchmarking.

In reference to the risk outlined in the Issues paper: '*Challenges in driving profession-specific or allied health system level quality improvement, benchmarking, and service comparison*', to achieve this, AdPha recommends:

- Establishing a robust continuous professional development program for pharmacists that:
  - Emphasises evidence-based practice and quality improvement methodologies
  - Includes training on data analysis and interpretation for benchmarking purposes
  - Encourages participation in multidisciplinary quality improvement initiatives
  - Provides pharmacists at all levels with an understanding of the purpose and importance of robust clinical governance structures
- Implement a collaborative benchmarking system that allows pharmacists to:
  - Compare their performance against peers and best practices
  - Share successful quality improvement strategies across different healthcare settings

In reference to the risk outlined in the Issues paper: '*Limited engagement with, and/or delivery of clinical governance activities due to capability and/or capacity*'

- Investment into medication safety pharmacist roles, with clinical governance being a major component
- Ensure multidisciplinary positions for a multi-lens approach

AdPha suggests that a key component of any training must be that it provides the pharmacist or allied health professional with an understanding of what clinical governance is and why it is important. While individual professions may sometimes focus on their immediate surroundings, grasping the significance of clinical governance requires

a broader perspective. Without staff buy-in—achieved through understanding its purpose, the impact on clinical governance will be limited.

### **Clinical pharmacy service expansion**

As suggested in the Issues paper, AdPha supports the utilisation of an evidenced based and standardised tool/ decision support tool to guide service expansion. This can also assist in workforce development and allow allied healthcare professionals to complete clinical governance activities, where otherwise, workforce can be limiting actor for not only clinical governance activities but for expanding scope of practice services.

For example, AdPha has continued to advocate for Partnered Pharmacist Medication Prescribing (PPMP) in Queensland and is represented in the Queensland PPMP working group. The PPMP model is the first iteration of collaborative pharmacist prescribing in Australia. In the PPMP model, an appropriately credentialed pharmacist conducts an interview with the patient/carer and obtains the best possible medication history (BPMH), then co-develops a medication management plan (MMP) for that patient with the treating doctor, patient/carer and nurse, and charts the patient's regular medications and the doctor charts any new medications.

A major benefit of PPMP is to patient safety and quality of care, with PPMP delivering significant reductions in medication prescribing and charting errors. Another benefit is that it decreases the burden upon medical staff and clinical resourcing dedicated to medication charting, and increases the throughput of patients since medications are already reviewed and accurately charted prior to admission and available to the admitting medical or surgical team.

However, without the adequate workforce, implementing PPMP is challenging and is a rate limiting step to expanded services.

**Are there additional improvement opportunities that may address the identified issues/challenges/risks? If so please provide details and attach any relevant supporting information or data.**

### **Workforce pipeline**

As identified in the Queensland Health Pharmacy Workforce Plan 2022-2032<sup>3</sup>, 31 intern pharmacists were employed within Queensland Hospital and Health Services (HSS) in June 2022. Relative to employment figures, the number of interns employed has been declining over the past 10 years. Creating a workforce pipeline for workforce sustainability through increasing the number of intern positions offered across Queensland HHSs in line with workforce growth, was identified as an action under Strategic Priority 3 of the Queensland Health Pharmacy Workforce Plan 2022-2032.

According to responses received from AdPha's survey of Queensland Directors of Pharmacy last year, 13 of the 14 HHSs were eager to expand their intake of hospital pharmacy interns, recognising their value in supporting the pharmacy workforce (Table 1 - Appendix). However, lack of funding and clinical educator resourcing were noted to be significant barriers to offering additional intern positions in their HHS. Survey respondents indicated an interest in employing a total of 50 additional hospital pharmacy interns to begin in January 2025, and would bring this investment into new pharmacy graduates in line with other jurisdictions such as Victoria. Without an adequate pipeline of qualified pharmacists in Queensland, participation in clinical governance will be limited.

## Issue 2: Existing operational and organisational structures

The structural model by which the allied health workforce is organised, led and held accountable for clinical governance and the delivery of safe and high-quality health care and the pathways for communication and decision making.

**Are there any aspects of the information provided regarding Existing operational and organisational structures that you wish to comment on or add to? If so please provide details and attach any relevant supporting information or data.**

More consideration needs to be given on not just technical requirements but organisational requirements needed to implement new and expanded services with the required processes to support the service. For example, as outlined above with expanding PPMP across Queensland HSS, although one extra pharmacist per clinical area may be required to deliver the service, health organisations will need to ensure upskilling of existing and support staff such as pharmacy technicians who may step into non-clinical roles to allow this service expansion. Without considering wrap around services, this could result in incorrect resource allocation.

Finally as outlined in Pharmacy Forecast Australia 2021<sup>4</sup>, the inclusion of pharmacists in leadership positions are required in clinical governance at an organisation level to promote clinical governance activities and support for resource allocation.

**Do you think the potential improvement opportunities will assist in addressing the identified issues/challenges/risks? What barriers or challenges may be encountered in implementing these strategies?**

AdPha supports the proposed framework guidance for HHSs on allied health representation such as pharmacists in broader HHS clinical governance structures such as NSQHS committees.

**Are there additional improvement opportunities that may address the identified issues/challenges/risks? If so please provide details and attach any relevant supporting information or data.**

In response to the risk identified in the issues paper: 'inability of the allied health workforce to meet service and system level operational and professional requirements including clinical governance activities', AdPha recommends that there is improved integration of allied health staff with Safety and Quality Departments within organisations.

## Issue 3: Strategic allied health and professional leadership

System level professional and clinical leadership in governance and assurance, safety and quality, workforce and service planning and innovation and transformation to drive consistent, safe, and high-quality allied health care.

**Are there any aspects of the information provided regarding Strategic allied health and professional leadership that you wish to comment on or add to? If so please provide details and attach any relevant supporting information or data.**

No comment.

**Do you think the potential improvement opportunities will assist in addressing the identified issues/challenges/risks? What barriers or challenges may be encountered in implementing these strategies?**

As outlined previously in Issue 1, benchmarking against each professions' own quality indicators is vital.

Technology should be leveraged to ensure data capture and reporting for benchmarking occurs in a efficient manner to ensure to minimise impact on the workforce.

**Are there additional improvement opportunities that may address the identified issues/challenges/risks? If so please provide details and attach any relevant supporting information or data.**

In response to the risk outlined in the issues paper: *'Lack of statewide performance or quality benchmarks across professions/service streams limiting allied health and profession-specific improvement and innovation'*, AdPha suggests utilisation of data analytics tools to identify trends and areas for improvement.

### **Overall comments and feedback**

Is there any other comments you wish to add?

No comment.

## Appendix

Table 1: Recommended number of pharmacy interns across Queensland HSS

Resourcing and Costing	2025													
	Gold Coast	Metro South	West Moreton	Children's Health	Metro North	Sunshine Coast	Wide Bay	Central QLD	Mackay	Townsville	Cairns & Hinterland	North West	Central West	South West
Number of current intern positions per HHS	2	4	3	3	5	5	1	2	1	3	1	1		N/A
Number of additional intern positions per HHS	6	10	2	2	9	6	1	2	2	3	5	1		1
Total number of additional intern positions across all HHSs	50													

## References

- <sup>1</sup> Australian Government. (2025). Occupation Shortage List. Available at: <https://www.jobsandskills.gov.au/data/occupation-shortages-analysis/occupation-shortage-list>
- <sup>2</sup> Dooley, M., Bennett, G., Clayson-Fisher, T., Hill, C., Lam, N., Marotti, S., O'Hara, K., Potts, C., Shum, B., Tong, E., Trevillian, S., Sharp-Paul, N., Newman, S. and Mellor, Y. (2024), Advanced Pharmacy Australia Clinical Pharmacy Standards. *J Pharm Pract Res*, 54: 446-511. <https://doi.org/10.1002/jppr.1959>
- <sup>3</sup> Queensland Health. (2022). Queensland Health Pharmacy Workforce Plan 2022-2032. Queensland Government. Available at: [https://www.health.qld.gov.au/data/assets/pdf\\_file/0040/1196698/Pharmacy-workforce-plan.pdf](https://www.health.qld.gov.au/data/assets/pdf_file/0040/1196698/Pharmacy-workforce-plan.pdf)
- <sup>4</sup> Pharmacy Forecast. (2021). Available at: [https://adpha.au/publicassets/89ea30be-de53-ec11-80dd-005056be03d0/pharmacy\\_forecast\\_australia\\_2021.pdf](https://adpha.au/publicassets/89ea30be-de53-ec11-80dd-005056be03d0/pharmacy_forecast_australia_2021.pdf)