



SHPA response to The Australian Cancer Plan 2023-2033 Consultation, November 2022

Q1. I am responding as a(n):

Non-government organisation

Q2. Do you or your organisation represent or identify as:

None of the above

Q3. Have you been involved in any previous consultations to support the development the draft Australian Cancer Plan?

Yes

Strategic Objective 1 - Maximising Cancer Prevention and Early Detection

Q4. The overarching ACP vision is achieving world-class cancer outcomes and experience for all Australians. Is the ambition statement for Strategic Objective 1: Maximising Cancer Prevention and Early Detection ambitious enough?

Agree.

Q5. To what extent do you agree that the proposed goals and actions for Strategic Objective 1: Maximising Cancer Prevention and Early Detection collectively ensure the ambition statement is achieved?

Agree.

Strategic Objective 2 – Enhanced Consumer Experience

Q6. The overarching ACP vision is achieving world-class cancer outcomes and experience for all Australians. Is the ambition statement for Strategic Objective 2: Enhanced Consumer Experience ambitious enough?

Agree.

Q7. To what extent do you agree that the proposed goals and actions for Strategic Objective 2: Enhanced Consumer Experience collectively ensure the ambition statement is achieved?

Agree.

Strategic Objective 3 – World Class Health Systems for Optimal Care

Q8. The overarching ACP vision is achieving world-class cancer outcomes and experience for all Australians. Is the ambition statement for Strategic Objective 3: World Class Health Systems for Optimal Care ambitious enough?

Agree.

Q9. To what extent do you agree that the proposed goals and actions for Strategic Objective 3: World Class Health Systems for Optimal Care collectively ensure the ambition statement is achieved?

Agree.

Strategic Objective 4 – Strong and Dynamic Foundations



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Q10. The overarching ACP vision is achieving world-class cancer outcomes and experience for all Australians. Is the ambition statement for Strategic Objective 4: Strong and Dynamic Foundations ambitious enough?

Agree.

Q11. To what extent do you agree that the proposed goals and actions for Strategic Objective 4: Strong and Dynamic Foundations collectively ensure the ambition statement is achieved?

Agree.

Strategic Objective 5 – Workforce to Transform the Delivery of Cancer Care

Q12. The overarching ACP vision is achieving world-class cancer outcomes and experience for all Australians. Is the ambition statement for Strategic Objective 5: Workforce to Transform the Delivery of Cancer Care ambitious enough?

Strongly agree.

Q13. To what extent do you agree that the proposed goals and actions for Strategic Objective 5: Workforce to Transform the Delivery of Cancer Care collectively ensure the ambition statement is achieved?

Agree.

Strategic Objective 6 – Achieving Equity in Cancer Outcomes for Aboriginal and Torres Strait Islander People

Q14. The overarching ACP vision is achieving world-class cancer outcomes and experience for all Australians. Is the ambition statement for Strategic Objective 6: Achieving Equity in Cancer Outcomes for Aboriginal and Torres Strait Islander People ambitious enough?

Agree.

Q15. To what extent do you agree that the proposed goals and actions for Strategic Objective 6: Achieving Equity in Cancer Outcomes for Aboriginal and Torres Strait Islander People collectively ensure the ambition statement is achieved?

Agree.

Survey Wrap-Up

Q16. *Specifically for Aboriginal and Torres Strait Islander people:*

Achieving equity in cancer outcomes for Aboriginal and Torres Strait Islander people is a priority of the ACP. Reflecting on the ACP overall, to what extent do you agree that this plan will make a difference to the cancer experiences and outcomes for Aboriginal and Torres Strait Islander people over the next 10 years?

N/A

Q17. Does the ACP resonate with you and your perspective of cancer control?

Yes.

Q18. Is there anything missing from the draft ACP?

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



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colleagues working across Australia's health system, advocating for their pivotal role improving the safety and quality of medicines use. SHPA has consulted with the Oncology and Haematology Specialty Practice Group it convenes, with over 50 members who are expert pharmacists in this highly specialised space.

Whilst we support the proposed goals and actions outlined in Strategic Objective 2 – Enhanced Consumer Experience, members of the Oncology and Haematology Leadership Committee acknowledge that cancer care is highly complex for patients and/or their carers to navigate and note a need for each patient to have a cancer care co-ordinator as a central point to refer to for all matters related to their cancer care. This will alleviate patients and/or their carers of the pressure to be across multiple aspects of their care and separately communicate with a large number of care providers whilst also managing the mental and emotional challenges that come with a cancer diagnosis.

SHPA members who have experience with a Comprehensive Cancer Centre Network mentioned in Strategic Objective 3 – World Class Health Systems for Optimal Care, do not believe this is an efficient and useful service. More consideration and clarity is required to better understand the role a National Comprehensive Cancer Centre Network (NCCCN) will have and how it will achieve the proposed 5-year goal. SHPA members also raise concerns regarding the optimal care pathways (OCPs) noting that their indicators are often based on time between certain elements of care, without measuring the appropriateness of care being provided. Gathering more granular data would support a better understanding of the care we deliver and could then inform the OCPs. SHPA members recommend clearer language to be used in the Strategic Objective 3, 5-year action focused on a holistic Frits Nation's approach to cancer care. It is vital to ensure that the statement is not misconstrued as support for alternative therapies in cancer care more broadly. Furthermore, SHPA members note there is a need for a coordinated, vetted, Australian database of evidence-based information on alternative therapies in cancer care that people can access, similar to the American Memorial Sloan Kettering Cancer Centre's [About herbs, botanicals and other products website](#). This will help achieve a data-driven, high quality health service system that delivers optimal cancer care and excellence in outcomes.

SHPA members support Strategic Objective 4 – Strong and Dynamic Foundations, however, as stated in our initial submission to the Australian Cancer Plan, Australian hospitals are currently on an electronic medical records journey, with different hospitals, states and territories at varying levels of design, scoping and implementation, with varying state-wide versus local approaches to this. Investment in electronic medication management systems that are integrated with procurement, scheduling and dispensing systems and processes would reduce the risk of errors, administrative burden, and promote safe and quality use of medications and cancer services. It is also essential that data collection is an automated and integrated process that does not add to the burden of an already stretched workforce, and that the reporting of data is done in a meaningful way to drive behaviour change and is available to those who can do further research based on the data collated, to further improve cancer care for Australians.

SHPA members also note pharmacogenomics should be a technology implemented in cancer care in Australia. SHPA members also reiterate the need to co-design the use of technology and virtual care with Aboriginal and Torres Strait Islander Peoples and Indigenous Health peak bodies and practitioners, such as SHPA's Aboriginal and Torres Strait Islander Health Leadership Committee and National Aboriginal Community Controlled Health Organisation.

SHPA members strongly agree with Strategic Objective 5 – Workforce to Transform the Delivery of Cancer Care, however, note that this should include 'adequately resourced' since a significant workforce is required to deliver the Strategic Objectives outlined in this Plan. At present, there is no dedicated funding at a federal or state level to develop a 'well-supported' Cancer Services pharmacist workforce. National funding is required in order to develop and sustain this workforce through funded hospital pharmacy internship programs in cancer hospitals and workforce development and training programs. SHPA's *Standard of practice in oncology and haematology for pharmacy services*¹ recommends 1 pharmacist to 20 medical oncology inpatient beds, with a higher ratio of pharmacists 1:15 needed for haematology inpatients. SHPA supports for these ratios to be mandated and enforced in hospitals to ensure a 'well-supported' workforce that can provide



safe and quality pharmacy cancer care to patients. SHPA's Cancer Services Advanced Training Residency (ATR) which launched in the middle of 2021, provides a structured two-year training program for Hospital Pharmacists who want to specialise in cancer services, however, there are only eight hospitals across five states who have been able to fund these positions from existing resources. SHPA supports both pharmacists and pharmacy technicians to operate at their full scope of practice as outlined in SHPA's *Standard of practice in oncology and haematology for pharmacy services*¹ and in evolving scope activities, such as pharmacist-led clinics, and pharmacist prescribing, in order to achieve optimal patient and pharmacy outcomes.

Broadly, SHPA members feel there is a need for terminology used in this Plan to be better defined, and for there to be clarity on how each of these goals will be measured to track progress and ensure outcome are being met.

1. The Society of Hospital Pharmacists of Australia. (2020). Standard of practice in oncology and haematology for pharmacy services. *Journal of Pharmacy Practice and Research*. 50, 528–545.

