



**PHARMACY
FORECAST
AUSTRALIA
2023**

SEPTEMBER 2023

**EXECUTIVE
SUMMARY**



PHARMACY FORECAST AUSTRALIA PARTNER

ACKNOWLEDGMENTS

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INTRODUCTION

The Society of Hospital Pharmacists of Australia (SHPA) is pleased to provide this Executive Summary of the 3rd edition of *Pharmacy Forecast Australia*, a strategic thought leadership piece on emerging trends and phenomena forecasted to impact pharmacy practice and the health of Australian patients to 2028.

Through its independent authorship, *Pharmacy Forecast Australia 2023* aims to equip Hospital Pharmacy departments to proactively position themselves and their teams for potential future events and trends through contextualised recommendations.

Through the analysis and recommendations the report provide advice and guidance on how to approach issues pertinent to our times such as driving the safe expansion of pharmacist-led prescribing roles, and the agility and mobility to apply their specialty medicines expertise where it is needed most (**Theme 1**).

Emerging from COVID-19, the Forecast also explores trust from many angles, between professions, between practitioner and patient, and the interconnectivity, security and respect that ensures safe and equitable care (**Theme 2**). Looking beyond our backyard, pharmacy system risks are analysed amid the realisation that generational 'black swan' events now seem to occur at alarming frequency, with discussion around the role of pharmacy in disaster planning and recovery, securing medicines supply and protecting and supporting the workforce through societal change (**Theme 3**). On the technological front, pharmacogenomics is discussed, with an urgent call to ramp up planning now to ensure robust training is in place and planning sufficient to maximise the benefits and minimise risks associated with A.I., machine learning, pharmacogenomic testing and 3D printed medicine in hospital pharmacy and health care (**Theme 4**). Finally, the Forecast looks to the leadership and innovation required to ensure departments are operationally agile, informed by quality and timely data, and have the latitude to identify and upscale high-value care that delivers efficiency and better care outcomes (**Theme 5**). This flows into discussion of the funding, legislative, educational and cultural barriers, and how they can be overcome, to ensure hospital pharmacy continues to evolve and improve toward 2028 (**Theme 6**).



A handwritten signature in black ink that reads "Tom Simpson".

Tom Simpson
President



A handwritten signature in black ink that reads "Kristin Michaels".

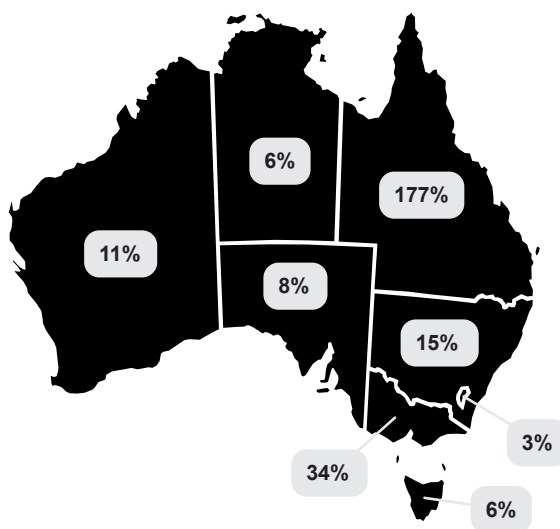
Kristin Michaels
Chief Executive

METHODOLOGY

Pharmacy Forecast Australia 2023 draws on a central concept of James Surowiecki's *The Wisdom of Crowds*: the collective opinions of 'wise crowds' – groups of diverse individuals in which each participant's input is provided independently, drawing from their own locally informed points of view – can be more informative than the opinion of any individual participant. The development process of the Pharmacy Forecast Advisory Committee (see Acknowledgements) saw a series of workshops identify and interrogate key issues and concerns they believed would influence healthsystem pharmacy in the coming five years, further informed by insight from SHPA's policy and advocacy activities. That list was expanded and refined through an iterative process, resulting in a final set of six themes, each with six focused topics on which the survey was built. Each of the 36 survey items was written to explore the selected themes in greater detail. Survey Respondents – Forecast Panellists (FPs) – were nominated and selected by the Advisory Committee using the same criteria as the 2021 and 2022 editions and asked to respond to the questions as stated in this report based on their first-hand knowledge of current conditions in their region, not based on their understanding of national circumstances.

2023 FORECAST PANELLISTS

Responses were received from 107 FPs (a 73% response rate). Representation was captured from across all Australian states and territories: Vic (34%) and NSW (15%), Qld (17%), SA (8%), WA (11%), NT and Tas (6%) and the ACT sitting at 3% response rate.



Most of the FPs (95%) had been in practice for greater than ten years, and 58% had been in practice for greater than 20 years. Most FPs held the title of Chief or Director of Pharmacy, and all held senior positions.

Most FPs indicated their primary practice setting / organisation was in the public sector (91%) and (7%) indicated private. Over half of FPs described their primary practice setting / organisation as a metropolitan hospital (67%), while 20% indicated they were from a regional/rural hospital. Government/NFP departments or agency representation saw 10% and 8% were from academia.

Forecast Panellists reported their primary practice setting / organisations offered a diverse range of services, including home health or infusion care (65%), specialty pharmacy (82%), in-patient care (87%), ambulatory care (73%), paediatric care (55%), and hospice care (36%).



THEME 1 – PHARMACISTS AND TECHNICIANS SCOPE OF PRACTICE AND EXPANDED PRESCRIBING

The following proportion of survey respondents assessed scenarios as **somewhat or very likely to occur by 2028** in their geographic region:

- 81%** Partnered Pharmacist Medication Charting (PPMC) will be a standard of care in all Australian hospitals for the majority of patients admitted to hospital by 2028.
- 64%** The majority of hospital pharmacies will have **technicians credentialled for Tech-Check-Tech inpatient supply models**.
- 61%** Hospital pharmacy **technicians will undertake formal, nationally-consistent training**.
- 45%** **Pharmacists will be embedded in the Medical Emergency Team (MET)** in the majority of Australian hospitals.
- 71%** All major **hospitals will have at least one pharmacist-led hospital outpatient clinic** eligible for our government's Activity Based Funding.
- 42%** **Non-dispensing, prescribing pharmacists will be embedded into the majority of general practice, Aboriginal Community Controlled Health Organisations, residential aged care facilities and other primary healthcare facilities** to support safe and quality use of medicines and undertake medication reviews.

“ We are well on the way to making pharmacist-led prescribing a reality in many Australian hospitals. This model has proven to be ten times safer for patients, who as a result spend 10% less time in hospital.

RECOMMENDATIONS

1. Broaden **pharmacist-led prescribing programs** through sustainable resourcing, centralised credentialling, regulatory and legislative change.
2. **Expand scope of practice for pharmacy technicians** to achieve efficiencies and strengthen the pharmacy workforce.
3. Appropriately **remunerate pharmacy technicians and reform career pathways** and progression to support expanded scope.
4. Expand pharmacy service hours and train and equip pharmacists to **attend a significant proportion of Medical Emergency Team (MET) calls**.
5. Remove the 6.5% National Funding Cap to Federal public hospital funding to facilitate **more pharmacist-led outpatient services**.
6. SHPA should continue advocating for non-dispensing, clinical pharmacist positions and **expansion of pharmacy services in primary care**.



Read Theme 1 in full, including Partner Perspective from the National Aboriginal Community Controlled Health Organisation.



THEME 2 – TRUST (HEALTH LITERACY, SOCIO-ECONOMIC FACTORS)

The following proportion of survey respondents assessed scenarios as **somewhat or very likely to occur by 2028** in their geographic region:

- 77%** Models of care that **deliver medication management services directly to vulnerable patient groups** will be commonplace.
- 45%** **Hospital pharmacists will feel empowered to make their own professional judgements** to determine which patients would benefit most from their care, unconstrained by KPIs and financial drivers.
- 48%** The **role of pharmacists beyond medicines use will be demystified and better understood** by the community and have resulted in improved health literacy.
- 59%** Advances in process and technology will **enable pharmacists to spend at least 30% more time developing relationships and building trust with their patients** to enable more person-centered care.
- 80%** The professional image of **pharmacists will have evolved so that they are near-universally regarded as a trusted and reliable resource for health information by patients.**
- 31%** At least **half of hospital pharmacy departments will employ an ‘information specialist’** to support departmental and/or professional messaging to the community.

“ The health service must trust pharmacy departments to design services according to need. Likewise pharmacy managers must foster trust in individual pharmacists to determine who benefits most from their care.

RECOMMENDATIONS

- 1. Evaluate the level of trust** in the workplace and the organisation’s relationship with consumers.
- Assure culturally safe health services for patients and ensure **cultural responsiveness training is available** to all staff.
- 3. Regularly review cybersecurity** within health services regarding confidential and sensitive patient information.
- Consider trust in system and program design and service delivery, with a **focus on the patient perspective.**
- 5. Regularly evaluate services for equity,** ensuring vulnerable cohorts do not slip through the cracks.
- Connect with communications or consumer engagement teams to **improve health literacy** and messaging.



Read Theme 2 in full, including Partner Perspective from the Consumers Health Forum of Australia (CHF).



THEME 3 – PHARMACY SYSTEM RISKS AND IMPACTS

The following proportion of survey respondents assessed scenarios as **somewhat or very likely to occur by 2028** in their geographic region:

- 79%** Foreign policy, trade, and international alliances will impact the **affordability and quality of pharmacy services and medicine**.
- 86%** Disasters (natural and man-made) will **impact pharmacy services and medication access** to local areas.
- 22%** The **availability of skilled migrants** with recognised qualifications **will be sufficient to address pharmacy workforce demands**.
- 20%** Critical medicines listed on the TGA Medicines Watch List **would be domestically manufactured**.
- 92%** Extended and acute **medication shortages will be experienced more frequently**.
- 41%** State and federal **enterprise agreements or awards and conditions of employment** for pharmacy staff **will improve to align with cost of living**.

“*Pharmacists contribute significantly to the ongoing health of the community, but there is variability across jurisdictions as to their input on disaster health planning and response. There are also few opportunities for pharmacists to undergo training or education in disasters, and little government support for pharmacists’ involvement in disasters.*”

RECOMMENDATIONS

1. Involve professional pharmacy organisations and hospital pharmacy leaders in **evaluating interventions to improve medication supply** to Australia.
2. Implement **state-wide, pharmacist-advised services to identify and mitigate medicines shortages** through alternative suppliers or therapies to hospitals.
3. Increase professional pharmacy organisation and hospital pharmacy leader involvement in **disaster planning and preparedness**.
4. Improve pharmacist access to **disaster response and recovery resources**, including templates for disaster management plans, education, and training.
5. **Align awards and enterprise agreements to keep up with cost-of-living pressures**, improving financial security for the pharmacy workforce.
6. Scope and evaluate **workforce retention strategies and immigrating pharmacist assessment processes** in response to workforce shortages.



Read Theme 3 in full, including Partner Perspective from the Therapeutic Goods Administration (TGA).



THEME 4 – PREVENTATIVE AND PERSONALISED MEDICINE

The following proportion of survey respondents assessed scenarios as **somewhat or very likely to occur by 2028** in their geographic region:

- 46%** Pharmacists will be able to advocate for and order **pharmacogenomics tests**, and provide clinical interpretation in collaboration with multidisciplinary teams.
- 45%** There will be organisational readiness and capacity to facilitate **implementation of AI-enabled analytics for medication and pharmacy processes** into Australian hospitals.
- 36%** Pharmacists will routinely use **pre-emptive pharmacogenomics testing to guide use and dose of medications for, cancer care, mental health and cardiology**.
- 8%** **3D printing will be routinely used** to produce personalised medicines for patients.
- 71%** There will be a need for **specialist pharmacists to lead the evaluation and implementation of predictive analytics** into routine clinical practice.
- 50%** Pharmacists will be engaging with tools that use **genomic and AI technologies for medication use and safety**.

“ There is an urgent call to ramp up planning now to ensure robust training is in place and planning sufficient to maximise the benefits and minimise risks associated with artificial intelligence, machine learning, pharmacogenomic testing and 3D printed medicine in hospital pharmacy and health care.

RECOMMENDATIONS

1. Increase **pharmacists' knowledge and training in pharmacogenomics** ahead of implementation.
2. Prepare the workforce and regulatory system for **AI-enabled analytics in hospital pharmacy** and health care.
3. Explore and expand **pharmacists' role in pharmacogenomic testing** to increase personalised medicine dosing.
4. Evaluate and assess the **value of 3D printed medicine** to achieve quality use of medicine and medicines safety.
5. Support pharmacists to become leaders in **predictive healthcare data analytics** to enhance patient safety.
6. Support pharmacists to become leaders across **collaborative personalised medicine dosing technologies**.



Read Theme 4 in full, including Partner Perspective from the Australian Genomics.



THEME 5 – BUSINESS AGILITY IN HOSPITAL PHARMACY

The following proportion of survey respondents assessed scenarios as **somewhat or very likely to occur by 2028** in their geographic region:

- 54%** A **formal pharmacy lead role will be established** in my State or Territory to **lead an agile response** to emerging medication management priorities.
- 63%** Pharmacy will be able to **leverage data analytics to improve inventory management**.
- 46%** **Financial and operational autonomy will be delegated to pharmacy departments** to manage models of service delivery.
- 64%** Patient outcome data will be the **basis for service funding**.
- 76%** Real time data will be available to **aid workforce management**.
- 34%** **There will be a sufficiently skilled workforce across all pharmacy professionals** to respond to the needs of the healthcare system.

“ *Pharmacy must consistently adapt to current and future service needs, reviewing agility and responsiveness to internal and external influences, both anticipated and unexpected. Given this constant flux in the healthcare environment, business agility in hospital pharmacy could be considered a case of act or be acted upon.* ”

RECOMMENDATIONS

1. Introduce **Pharmacy Leads in every jurisdiction**, with consistent and empowered roles of leadership and advocacy.

2. Implement **analytical data tools to support medicines inventory management**, backed by local champions.

3. Use **patient outcome data to optimise pharmacy services** through understanding costs and economic benefit.

4. Develop **standardised frameworks to support service benchmarking** and workforce reviews to mitigate resource shortages.

5. Support the advancement and agility of Australia's pharmacy workforce by encouraging **recognition through the newly-founded Australian and New Zealand College of Advanced Pharmacy (ANZCAP)**.



Read Theme 5 in full, including Partner Perspective from Telstra Health.



THEME 6 – HEALTHCARE ACCESS AND HOSPITAL EVOLUTION

The following proportion of survey respondents assessed scenarios as **somewhat or very likely to occur by 2028** in their geographic region:

- 55%** A majority of **patient consultations will be delivered via hospital clinics virtually** with telehealth infrastructure and adequate connectivity to deliver the care.
- 18%** Australia will have **adopted a single national formulary**, inclusive of all medicines listed on the Pharmaceutical Benefits Scheme and high-cost medicines.
- 34%** Pharmacists will be widely deployed in **ambulatory care clinics** and that they would have **some degree of prescribing rights**.
- 81%** All Australian undergraduate courses will include the **delivery of virtual care** in their curricula.
- 48%** All high-risk patients transitioning between hospital and community care would be **supported by an appropriately specialised, skilled and funded pharmacy workforce**.
- 44%** **Cultural and traditional healing practices** will be incorporated into **policy in all hospitals**.

“ *Pharmacy professional bodies including representation from our hospitals, need to work collaboratively with university bodies to establish the needs of the health care systems and translate these into skills and competencies to enable pharmacists to be ready and training to support virtual healthcare. The goal is also simple: we need to look at ways of reducing reliance on acute care services.* ”

RECOMMENDATIONS

1. Enable pharmacists to independently deliver **clinical pharmacy services to patients via MBS funding**.
2. Establish a **Jurisdictional Medicines Formulary forum** to harmonise medicines access and share information, trends and learnings.
3. **Advocate for pharmacist-led prescribing**, remove regulatory and legislative obstacles and develop associated credentialing programs.
4. Professional pharmacy bodies and universities to **collaborate on needs-based virtual care training**.
5. Fund **research into pharmacist-led and collaborative models of care** in non-admitted settings.
6. **Address data gaps on cultural safety in health services**, in partnership with bodies such as Aboriginal community controlled health organisations.



Read Theme 6 in full, including Partner Perspective from the Australian Medical Association (AMA).

ABOUT SHPA

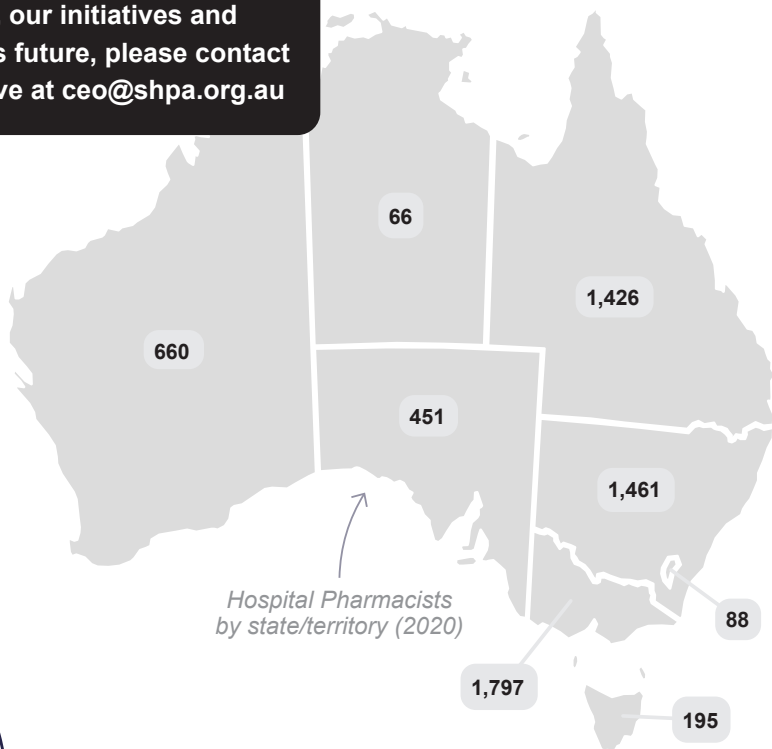
The Society of Hospital Pharmacists of Australia (SHPA) is the national, professional organisation for the 6,100+ Hospital Pharmacists, and their Hospital Pharmacist Intern and Hospital Pharmacy Technician colleagues working across Australia’s health system, advocating for their pivotal role improving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

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.



For more information on SHPA, our initiatives and our vision for a safer medicines future, please contact Kristin Michaels, Chief Executive at ceo@shpa.org.au

HOSPITAL PHARMACY WORKFORCE AT A GLANCE



Hospital Pharmacy is the fastest-growing pharmacy sector in Australia:

2013	2020
4,000 Hospital Pharmacists	6,100+ Hospital Pharmacists
18% of all pharmacy jobs	23% of all pharmacy jobs

82% of Australian pharmacy students want jobs in Hospital Pharmacy.

50% of the Hospital Pharmacy workforce is aged 34 years or younger.

75% of the Hospital Pharmacy workforce is female.



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