



SHPA response to the Unleashing the Potential of our Health Workforce - Scope of Practice Review

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.

SHPA welcomes the opportunity to provide feedback to the *Unleashing the Potential of our Health Workforce - Scope of Practice Review* borne from the [Strengthening Medicare Taskforce Report's](#) recommendations published in December 2022. SHPA commends the Australian Government on its commitment to improving Australia's primary healthcare system whose limitations have placed undue pressures on the already stretched acute care system.

SHPA believes that all healthcare should be collaborative to achieve best patient health outcomes. SHPA has for years championed pharmacist-led prescribing practices in collaborative care settings – which have been in Australian hospitals for over a decade – and invested in the specialty skills and recognition that are a cornerstone of safe, expanded scope of practice. The evidence-based introduction of pharmacist-led prescribing is supported by the ongoing growth of speciality pharmacy practice which SHPA has led through its Speciality Practice framework supporting 32 unique specialties. SHPA recently also announced its [National Credentialing program](#) for Partnered Pharmacist Medication Charting (PPMC) as part of its [Transformation 2024 agenda](#).

Theme 1 of [SHPA's Pharmacy Forecast Australia 2023](#) report released in September, focuses on expanding pharmacists and pharmacy technicians' scope of practice to support safer, more efficient, and cost-effective healthcare delivery. This includes adopting the successful multidisciplinary collaborative care models of practice used in the acute care setting and including non-dispensing, clinical pharmacists in GP practices and in various other primary care settings.

It is expected that this Scope of Practice Review will unveil effective and scalable care models that will alleviate the administrative pressures on medical practitioners and improve the overall healthcare system's performance. SHPA strongly encourages the Review to also investigate transferable models in the acute care setting and services that can be expanded outside hospital practice to serve the wider community in the primary care setting.

If you have any queries or would like to discuss our submission further, please do not hesitate to contact Jerry Yik, Head of Policy and Advocacy on jiyk@shpa.org.au.



The Society of Hospital Pharmacists of Australia

PO Box 1774 Collingwood Victoria 3066 Australia

(03) 9486 0177 | shpa.org.au | shpa@shpa.org.au | ABN: 54 004 553 806

Recommendations

1. All state and territory governments should amend legislation in a nationally consistent manner, to recognise credentialed pharmacists as prescribers in collaborative prescribing arrangements.
2. Pharmacists should be granted authorisation to write a prescription for the supply of a pharmaceutical benefit under the National Health Act, to enable equitable and affordable access to medications prescribed by credentialed pharmacists through collaborative prescribing arrangements.
3. Funding models should incentivise collaborative team-based care recognising that all healthcare should be collaborative to achieve best possible patient health outcomes.
4. Funding models should incentivise pharmacists to perform core quality use of medicines activities, including clinical interventions, deprescribing and counselling, which are the most value-adding components of pharmacy services.
5. Pharmacy technicians should undertake technician-led dispensing and supply of medications in all community pharmacies, to allow pharmacists to perform alternative patient-facing clinical roles which will support the safe and quality use of medications whilst alleviating pressures on the primary healthcare system.
6. All state and territory governments should amend legislation in a nationally consistent manner to enable pharmacy technicians to undertake technician-led medication dispensing and supply models.



SHPA submission

Benefits of expanded scope of practice

Q1. Who can benefit from health professionals working to their full scope of practice?

- Consumers
- Funders
- Health practitioners
- Employers
- Government/s

Q2. How can these groups benefit? Please provide references and links to any literature or other evidence.

Consumers

Expanding the scope of practice for healthcare professionals offers multifaceted advantages that directly benefit consumers in a healthcare setting. These benefits include:

Improved access to timely healthcare

Healthcare professionals such as nurses and pharmacists, working to their full scope of practice can handle roles that are currently performed by general practitioners such as prescribing collaboratively to treat diseases and conditions to achieve health outcomes and medication management goals, alleviating the pressures on general practitioners and increasing the capacity of the primary healthcare system to accommodate more patients. The distribution of responsibilities will reduce primary care wait times and improve consumer access to timely healthcare.

Additionally, working to their full scope of practice allows healthcare professionals to more swiftly identify patients that may require specialised attention, hence expediting the referral process for those patients who require it. This leads to earlier intervention and better patient outcomes in the long term, benefiting both the patient and the overall health system. This is timely and needed given the evidence of delayed diagnoses our members are seeing in hospitals, due to various factors including the COVID-19 pandemic delaying primary care access.

Fundamentally, expanding the scope of practice for all healthcare professionals is essential for improving access to care. It streamlines the healthcare system, making it more efficient and ensuring that medical services are more readily available to everyone, regardless of their location.

Enhanced safety and quality of healthcare

Enabling healthcare professionals to work to their full scope of practice and fully utilise their specialised training and skills will ensure that the most appropriate professional is delivering the most suitable treatment at the right time. For example, when pharmacists who are medication experts are embedded into multidisciplinary care teams, they bring specialised knowledge about medication interactions, adverse effects, and therapeutic efficacy.

In the acute care setting, selection of an appropriate and evidence-based medicines regimen is a well-recognised skill of clinical pharmacists and collaborative pharmacist prescribing is considered standard care in many hospitals across various jurisdictions. Collaborative prescribing in a hospital setting involves a cooperative practice relationship between the pharmacist and the treating doctor. The doctor diagnoses and jointly makes initial treatment decisions and treatment goals for the patient while the credentialed pharmacist selects, monitors, modifies, continues or discontinuous the pharmacological treatments as appropriate.¹



The Partnered Pharmacist Medication Charting (PPMC) model is an example of collaborative pharmacist prescribing in the hospital setting. In this PPMC 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 plan 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.

The PPMC model has been proven to reduce the proportion of inpatients with at least one medication error on their chart by 62.4% compared with the traditional medication charting method, while also reducing the length of inpatient stay by 10.6%.² It also decreases the burden upon medical staff and clinical resourcing dedicated to medication charting, and increases the through put of patients since medications are already reviewed and accurately charted prior to admission and available to the admitting medical or surgical team.

Given its success, some jurisdictions are expanding to a Partnered Pharmacist Medication Prescribing (PPMP) model where credentialed pharmacists are able to authorise their own prescribing without requiring the co-authorisation of a medical practitioner, as is the case internationally. The PPMP model is anticipated to further increase the efficiencies of high patient flow wards and ease up medical capacity.

It is therefore clear that enabling healthcare professionals to work at the top of their scope of practice increases efficiency and improves system capacity, but more importantly delivers safer, more targeted, and effective treatments, fundamentally elevating the standard and quality of healthcare services being provided to patients.

As medication experts in primary care, pharmacist are well positioned to work collaboratively with the healthcare professionals trained to diagnose conditions, including, doctors, nurse practitioners, and other allied health practitioners such as podiatrists, dentists and physiotherapists, to support the development of a treatment plan and the selection of the most appropriate medication for each patient.

Reduced unnecessary out of pocket expenses

When healthcare professionals work at their full scope, they can manage a broader array of medical conditions within their practice settings. For example, a pharmacist with recognised specialty skills and experience in a particular discipline can manage ongoing complex medication therapies for chronic conditions, hence reducing the need for frequent specialist visits. An Australian study assessing the effectiveness of a specialist clinical cancer pharmacist in medication management of ambulatory lung cancer patients in the outpatient setting showed significant reduction in unplanned clinic attendances, which are usually booked in advance for patients with uncontrolled symptoms.³ This not only saves time for consumers but also reduces the significant cost associated with additional consultations.

More comprehensive, timely, and proactive management of chronic conditions by healthcare professionals operating at their full scope of practice, reduces the likelihood of complications that could lead to hospital admissions. According to the 2022 Grattan Institute Report titled '*A new Medicare: Strengthening general practice*,' chronic conditions are involved in about half of hospital admissions, and those that might be avoided through better management in primary care are not falling in Australia compared to other OECD countries.⁴

As discussed, healthcare professionals working to their full scope of practice can improve chronic condition management and preventive care meaning patients can experience better long-term health outcomes. Improved health equates to reducing long-term healthcare expenses for consumers.

Furthermore, when healthcare professionals can offer a wider range of services, they bring competition into the healthcare market which leads to more transparent and potentially lower pricing for medical services, benefiting the consumer. The wider range of services offered by healthcare professionals also supports consumers located in rural and remote areas, reducing their travel expenditure to urban centres for specialised care.



Consumer satisfaction

Enabling healthcare professionals to work to their full scope of practice creates a healthcare system that is more responsive, delivering comprehensive and timely care to consumers when and where they need it. These qualities are likely to reduce stress in consumers whilst affording more convenience. High-quality and efficient care is also likely to increase trust in healthcare providers, which is another pivotal factor in healthcare settings. Combined, these qualities of a modern healthcare system will result in increased consumer satisfaction.

Funders and Government(s)

Expanding the scope of practice for healthcare professionals offers a range of benefits to funders of the healthcare system, including government(s). These benefits include:

Cost-efficiency

As discussed earlier, enabling healthcare professionals to work to their full scope of practice will result in reduced need for specialist referrals and frequency of visitations, and will mitigate errors that lead to hospitalisation. These benefits all translate to a more cost-efficient healthcare system.

An example of this can be seen with the PPMC model in the acute care setting. A Deakin University health economic evaluation⁵ of more than 8,500 patients estimated savings of \$726 per admission where PPMC was undertaken, which in the replication was a total hospital cost saving of \$1.9 million with the five health services involved in the PPMC service continuing their operations.

Additionally, in some cases certain workforces will be more cost-efficient in delivering the same services than others which will fundamentally reduce costs for funders of the healthcare system.

Improved health outcomes

As mentioned above, allowing health professionals to work to their full scope of practice results in improved health outcomes which leads to reduced long-term health conditions and associated expenses.

Improved healthcare system capacity and sustainability

By allowing healthcare professionals to work to their full scope of practice, clinical responsibilities can be shared among a range of healthcare professionals, increasing system capacity. As pointed out earlier, if pharmacists can undertake collaborative prescribing to support the prescribing process, this will free up doctors to undertake more clinical and complex duties.

With an ageing population, the long-term viability of the healthcare system is a growing concern. The median age in Australia increased from 32.7 years to 38.5 years from 1992 to 2022, with the percentage of the population aged 65 and over increasing from 11% to 17% over the same period.⁶ It is estimated that in 2035, nearly 85% of health expenditure will be directed to those aged 65 and over, while they will represent 19% of total Australian population.⁷ Allowing healthcare professionals to operate at their full scope can alleviate some of the pressures of an increasing patient load, and contributes to the sustainability of the healthcare system by utilising the existing workforce more efficiently.

Innovation

A full scope of practice opens the door for innovative models of healthcare delivery. Healthcare funders have the opportunity to implement new paradigms of care that expand reach and reduce operational costs. Telehealth, interdisciplinary clinics, and other novel care models become more feasible and effective when each healthcare professional can utilise their full knowledge and skill.



Achieving strategic policy objectives and outcomes

Enabling healthcare professionals to work to their full scope aligns closely with broader healthcare strategic policies and objectives, often outlined at both state and federal levels. These can include goals related to healthcare accessibility, quality, efficiency, and patient-centred care. By achieving greater system capacity and sustainability, healthcare funders and governments are better positioned to meet or exceed these strategic milestones. Furthermore, such alignment can make it easier to garner political and public support for additional healthcare initiatives, thereby facilitating long-term strategic planning and implementation.

Health practitioners

Expanding the scope of practice for healthcare professionals offers them a range of benefits which include:

Professional satisfaction

There is a profound sense of fulfillment when healthcare professionals can utilise the full range of their skills and knowledge. Being able to offer comprehensive care not only improves patient outcomes but also significantly enhances job satisfaction for the health professionals involved. A review discussing the key determinants of job satisfaction among hospital pharmacy staff in Australia showed that having the ability to work to their full scope was a predominant factor in determining job satisfaction.⁸ An Australian survey assessing expanded pharmacy services in rural community pharmacies also identified that more than 80% of the pharmacists in this study would report improved job satisfaction through provision of expanded pharmacist services in their rural communities.⁹

Interdisciplinary collaboration

Working to full scope naturally fosters interdisciplinary collaboration, as healthcare professionals from different backgrounds find more opportunities to work together for improved patient care. This enhances mutual understanding and respect for different professional expertise among team members, enriching the professional experience and facilitating more cohesive patient care strategies.

Reduced stress and burnout

Operating at full scope creates a balanced distribution of workload and responsibility among healthcare professionals. This optimised deployment of resources significantly reduces instances of burnout and stress, which are widely acknowledged to be prevalent issues within the healthcare sector. This was a particular learning during the COVID-19 pandemic, where greater use of advanced practice roles was one of the positive changes that helped protect the wellbeing of healthcare workers.¹⁰ A balanced workload ensures that no single group or individual is overburdened, thereby maintaining higher levels of job satisfaction and mental well-being.

Career advancement opportunities

Working to one's full scope of practice opens doors for personal and professional growth. It provides the platform for healthcare professionals to assume leadership roles, specialise in specific areas of interest, and engage in research or educational pursuits. This potential for career progression is not just motivating but also rewarding in both financial and non-financial terms.



Employers

Expanding the scope of practice for healthcare professionals offers a range of benefits to employers which include:

Operational and cost efficiency

Allowing healthcare professionals to function at their full scope ensures that each task is undertaken by the individual with the most appropriate set of skills. This leads to more streamlined operations, better time management, and higher productivity levels, which are vital metrics for any healthcare employer.

When healthcare professionals work to their full scope, errors are also minimised, and the risk of costly interventions such as rehospitalisation or follow-up treatments are reduced. This represents a direct cost-saving advantage for employers. Fundamentally, efficiencies can be realised through optimised utilisation of staff, leading to a more cost-effective operation overall.

Provision of enhanced quality of care

Healthcare professionals working at their full scope are better positioned to offer a wider range of services. This contributes to more comprehensive patient care, resulting in improved patient outcomes and satisfaction. This not only aids in patient retention but also in the long-term reputation and competitiveness of the healthcare facility fundamentally benefiting employers.

Risk mitigation

The reduced incidence of errors and greater adherence to guidelines inherent in a full scope of practice model, translates into a better risk profile for the organisation. An Australian systematic review¹ conducted in 2018 on the effects of pharmacist prescribing on patient outcomes in the hospital setting, concluded that pharmacists were better at adhering to dosing guidelines when prescribing by protocol compared to doctors. Pharmacists were 100% compliant with warfarin dosing nomograms compared to doctors who were only 62% compliant. This could potentially result in lower insurance premiums and less exposure to costly litigation, providing a financial benefit while also safeguarding the institution's reputation.

Risks and Challenges

Q3. What are the risks and other impacts of health practitioners working to their full scope or expanded scope of practice?

Whilst SHPA is a strong advocate for healthcare professionals working to their full or expanded scope of practice, we acknowledge that there are associated risks and impacts that need careful management. Some key considerations include:

Consumer confidence in quality of service

One of the challenges lies in assuring the public that they are receiving high-quality service from healthcare professionals working within an expanded scope. There's a need for increased awareness and education initiatives to inform consumers about the skills and competencies of different healthcare professionals. The perception of service quality is vital for consumer buy-in, and without it, there may be reluctance to engage with professionals working at the edge of their scope.

Consistency in implementation

It is essential to note that whilst increased equity and accessibility of healthcare services is an expected outcome of healthcare professionals working to their full scope, if not implemented in a nationally consistent manner, it could inadvertently lead to further inequities and fragmentation. High variability in service delivery is also likely to impact consumer experience and lead to dissatisfaction, undermining trust in the healthcare system.



Utilisation of allied health assistant workforces

Expanding the scope of practice could mean added responsibilities for healthcare professionals. While this is usually seen as an opportunity for career development, if not managed well, it can lead to professional burnout due to increased workload and stress. The quality of specialised care may also be negatively impacted if healthcare professionals are stretched too thin.

In some hospitals in Australia, pharmacy technicians are expanding their scope of practice to support pharmacists and increase their capacity to perform more clinical and patient facing roles. An example of this is the tech-check-tech model undertaken by many pharmacy technicians in the ACT, Victoria, Queensland and in South Australia. In this model, after successfully completing advanced training, pharmacy technicians can check the accuracy of a dispensed item against the corresponding prescription or medication order. A meta-analysis of accuracy checking proficiency demonstrated that pharmacy technicians demonstrated a higher level of accuracy than pharmacists (99.72% vs 99.27%).¹¹

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*.¹² 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. The benefits of a pharmacy technician completing BPMHs has been successfully demonstrated for surgical patients through a perioperative clinical support technician (PCST) role. Time taken for the pharmacist to complete a BPMH was shown to reduce by 25% if a PCST was involved.¹³

Interdisciplinary tension

As scopes of practice expand and overlap, there might be a risk of tension or conflict among different healthcare professionals about roles and responsibilities. This is less evident in the acute care setting as individual member contributions is not tied to personal remuneration, therefore a greater focus is placed on achieving best patient health outcomes whilst leveraging the unique skills of each team member.

In all hospital settings where pharmacists and pharmacy technicians have expanded their scope of practice relating to collaborative prescribing, technician-led medication supply models, making referrals and responding to medical emergencies, all of these expansions of scope have been well received and remained an essential service for that hospital that it cannot fathom doing without.

SHPA believes that all healthcare should be collaborative, therefore consideration of funding models that achieve a similar team approach in primary care is essential to the success of having health professionals work at their full scope. Funding should incentivise patient-centred collaborative care models and clear guidelines are necessary to mitigate risk.

All the risks listed above can be mitigated with careful planning and implementation and allow a safe transition towards healthcare professionals working to their full or expanded scope, thereby realising the multitude of benefits discussed in question two. It is also essential to consider developing a strategic workforce plan to sustain these evolving models of care and ensure they are distributed across all health settings, including rural and remote locations.



Real life examples

Q4. Can you identify best practice examples of health practitioners working to their full or expanded scope of practice in multidisciplinary teams in primary care?

The integration of pharmacists into general practice is an example of healthcare practitioners working to their full or expanded scope within multidisciplinary teams in a primary care setting. This model has yielded substantial benefits including:

- **Medication management:** GP Practice Pharmacists support comprehensive medication management, identifying potential drug interactions and suggesting dose adjustments. Key feedback from several qualitative studies reviewing Australian GP perspective showed GP Pharmacists enhanced medication safety, strengthened by shared decision making and improved tackling of polypharmacy in the management of their patients.^{14,15} This expertise aids in deprescribing unnecessary medications and ensures that the patient is on the most appropriate medication regimen.¹⁶
- **Chronic disease management:** with an in-depth understanding of pharmacotherapy, GP Practice Pharmacists complement the work of GPs in managing chronic conditions like diabetes, hypertension, and asthma, often leading to more optimised therapy and improved patient outcomes. A systematic review assessing the role of pharmacists in primary care services showed that pharmacist interventions led to positive effects on measures of blood pressure, diabetes, cholesterol, cardiovascular risk scores, and reduced inappropriate prescribing and medication-related issues.¹⁷
- **Preventative care:** GP Practice Pharmacists offer immunisation services, advice on lifestyle modifications, and preventative health screenings, thereby playing a significant role in preventive care, which is an essential focus of primary care. An evaluation into the clinical, economic, and organisational impact of pharmacist-led clinical activities including preventative care services in eight general practices in the Australian Capital Territory (ACT) showed that 50% of clinical activities had the potential for a moderate or major positive clinical impact on patients and 63% of activities had potential to decrease healthcare costs.¹⁸
- **Transitions of care:** GP Practice Pharmacists also support medication management at key transitions of care such as between the primary and acute care setting, when patients are at a high-risk of medication misadventures, as recognised by the Australian Commission on Safety and Quality in Health Care (the Commission) in their report on Safety Issues at Transitions of Care.¹⁹ Changes made to a patient's medications during their hospital stay and often communicated to the patient and/or their carer at the point of discharge, can at times be an information overload at a time when the patient is vulnerable and recovering from their admission. GP Practice Pharmacists ensures patients understand these changes and are taking their medications as intended upon discharge from hospital. A systematic review and meta-analysis looking at the impact of community placed pharmacists during transitions of care showed 40% reduction in 30-day readmissions, with more active pharmacist involvement having a greater effect on 30-day readmission rates.²⁰

This highly specialised and evidence-based care being delivered by GP Practice Pharmacists not only increases patient safety and satisfaction, but also increases the capacity of general practitioners to see more patients whilst reducing costs associated with preventable hospital admissions and specialist referrals.

Pharmacists employed by Aboriginal Community Controlled Health Organisations (ACCHOs) would facilitate safe and quality use of medicines, improve compliance and support safe transitions of care for Indigenous communities. Integrating pharmacists within Aboriginal Community Controlled Health Services, as recently supported by the Medical Services Advisory Committee (MSAC), would improve chronic disease management. Research indicates that ACCHOs that provide integrated pharmacist access during usual care showed improvements in cardiovascular disease risk factors in Aboriginal and Torres Strait Islander adults with chronic disease, with preliminary reports showing a 34% reduction in the number of hospital admissions,



37% reduction in potentially preventable hospitalisations; 32% reduction in emergency department presentations; and 25% in unplanned admission length of stay.²¹

Similarly, embedding pharmacists in Aged Care facilities as recommended by the Royal Commission into Aged Care Quality and Safety: Final Report²², and anywhere where medications are being used, such as Aboriginal Health Services and prisons, will significantly improve the safe and quality use of medications and patient health outcomes in primary care.

Facilitating best practice

Q5. What barriers can government, employers and regulators address to enable health practitioners to work to their full scope of practice? Please provide references and links to any literature or other evidence.

In recognising the immense potential for healthcare practitioners working to their full scope, several barriers need to be addressed by government, regulators, and employers to fully realise this paradigm shift. These barriers include:

Government

Legislative barriers

Existing legislation at both the federal and jurisdictional levels may not permit healthcare practitioners to work to their full scope. Laws can be outdated and not reflective of the skill sets and competencies of modern workforces. Consideration needs to be given to the evolving scope of practice of healthcare professionals and allied health assistant workforces.

Funding limitations

Funding limitations and rules can often interfere with the provision of services by a diverse range of healthcare professionals. For example, pharmacists are not able to claim on the Medicare Benefits Schedule (MBS), limiting the financial sustainability of their services and potentially inhibiting their ability to work to their full scope. Similarly, pharmacists are also unable to prescribe Pharmaceutical Benefits Scheme (PBS) subsidised medications. So, whilst there is extensive evidence that establishes the benefits of having pharmacists prescribe medications, this mechanism must be enabled by the PBS in order to be of use to patients and afford them equitable access to medications regardless of which authorised healthcare practitioner prescribed it.

In addition, current funding models do not incentivise collaborative team-based care which should be the basis of all healthcare to achieve best patient healthcare outcomes. Current funding models also do not incentivise pharmacists to perform core quality use of medicines activities, including clinical interventions, deprescribing and counselling, which are the most value-adding components of pharmacy services.

Currently the bulk of community pharmacy remuneration in Australia directly correlates with the activities related to the supply of medicines. Therefore, quality use of medicines activities which at times include deprescribing by pharmacists, are not only unremunerated but negatively impact community pharmacy funding. These perverse incentives are barriers to delivering safe and quality, patient-centred care.

As mentioned earlier, GP Practice Pharmacists support deprescribing, but many of those pharmacist roles are reliant on Primary Health Network (PHN) pilot funding which changes from year to year, with the hope that the ongoing role would be funded via the Medicare Benefits Schedule (MBS) payments to clinics for multidisciplinary chronic disease management plans.

Fundamentally, having pharmacists independently employed in primary care clinics, without remuneration being reliant on the number of medicines they supply, prescribe or cease, is key to reducing the number of Australians being harmed by medications each year.



Consumer confidence

In today's information-rich environment, consumers often encounter multiple sources of healthcare information, ranging from professional organisations to social media platforms. When these sources offer inconsistent or contradictory messages about the abilities and roles of healthcare practitioners, it can create confusion and scepticism.

This lack of clarity not only undermines the consumer's willingness to utilise services offered by these professionals but can also lead to underutilisation of highly skilled workforces. In the worst-case scenario, it can delay necessary medical interventions and lead to poorer health outcomes. When consumers doubt the capabilities of healthcare practitioners due to conflicting messages, it perpetuates a cycle where practitioners are not utilised to their full scope, further inhibiting the collection of positive case studies and evidence that could otherwise bolster consumer confidence.

Employers

Restrictive local scope of practice/job descriptions

Scope of practice in some health organisations/practices is narrow or outdated, failing to capture the full range of activities a healthcare professional is trained and qualified to perform. Employers in these settings often place limitations on scope of practice as a means of mitigating liability.

Regulators

Development of health practitioner training and credentialing

A significant barrier for regulators is the need to develop, implement, and track specific and standardised training and credentialing frameworks that allow healthcare professionals to safely expand their scope of practice.

Q6. What enablers can government, employers and regulators address to enable health practitioners to work to their full scope of practice? Please provide references and links to any literature or other evidence.

Addressing the barriers that limit healthcare practitioners from working to their full scope of practice requires a multi-faceted approach involving government, regulators, and employers. Below are potential enablers to overcome the barriers discussed in question six:

Government

Legislative enablers

A systematic review of existing laws and regulations should be conducted to update and amend them in a nationally consistent way that enables healthcare professionals to work at their full scope. All state and territory governments should collaborate with professional bodies and experts to revise legislation that allows healthcare practitioners and allied health assistant workforces, including pharmacists and pharmacy technicians, to offer a broader set of services.

This includes changes that would recognise credentialed pharmacists as prescribers in collaborative prescribing arrangements and enable pharmacy technicians to undertake technician-led medication dispensing and supply models. Pharmacists should also be granted authorisation to write a prescription for the supply of a pharmaceutical benefit under the National Health Act, to enable equitable and affordable access to medications prescribed by credentialed pharmacists through collaborative prescribing arrangements.

Funding enablers



The Society of Hospital Pharmacists of Australia

PO Box 1774 Collingwood Victoria 3066 Australia

(03) 9486 0177 | shpa.org.au | shpa@shpa.org.au | ABN: 54 004 553 806

Amendments to the MBS and PBS should be considered to include services provided by healthcare professionals like pharmacists. This would not only financially incentivise the professionals but also ensure equitable access to medications and healthcare services for patients regardless of the healthcare professional delivering the service.

Funding models should incentivise collaborative team-based care to improve patient healthcare outcomes, including recognising that prescribing of medicines should be a collaborative process between the doctor/other allied health professionals and the pharmacist. There needs to be MBS items that relate to pharmacist/GP or pharmacist/other health professional collaboration in the diagnosis, development of treatment plan, and prescribing of medicines in the primary care setting.

Funding should also incentivise pharmacists to perform core quality use of medicines activities, including clinical interventions, deprescribing and counselling, which are the most value-adding components of pharmacy services.

Consumer confidence

Sufficient consultation and co-design of new models of care with consumers is essential to engendering trust and public support for health practitioner expanded scope of practice. In addition, government-initiated public awareness campaigns can harmonise the messaging about the roles and capabilities of different healthcare practitioners. Standardised, evidence-based information can increase consumer confidence and prevent underutilisation of services.

Employers

Expanding local scope of practice/job descriptions

As indicated in Action 1.23 of the National Safety and Quality Health Service (NSQHS)²³ *Clinical Governance Standard – Clinical Performance and Effectiveness*, health service organisations should have evidence-based processes in place to define the scope of clinical practice for clinicians, monitor clinicians' practices to ensure that they are operating within their designated scope of clinical practice, and to review their scope of clinical practice periodically. The onus therefore lies with health service organisations to ensure their clinicians are supported to work to their full scope of practice.

Employers can collaborate with professional organisations to develop and update guidelines that allow healthcare professionals to perform to the extent of their training and expertise, mitigating liability concerns through clear, evidence-based protocols.

Regulators

Development of health practitioner training and credentialing

Regulatory bodies can play a crucial role in enabling healthcare professionals to safely work to their full scope of practice, thereby significantly enhancing healthcare delivery. The Australian Pharmacy Council (APC) is already developing accreditation standards for pharmacist prescriber training programs to ensure credentialed pharmacist prescribers have undertaken an accredited and approved education program and are competent to prescribe safely.



References

- ¹ Poh, Eng Whui; McArthur, Alexa; Stephenson, Matthew; Roughead, Elizabeth E. (2018). Effects of pharmacist prescribing on patient outcomes in the hospital setting. *JBI Database of Systematic Reviews and Implementation Reports*, 16(9), 1823–1873.
- ² Tong EY, Mitra B, Yip GS, Galbraith K, Dooley M, PPMC Research Group. (2020). Multi-site evaluation of partnered pharmacist medication charting and in-hospital length of stay. *Br J Clin Pharmacol* (Feb); 86(2): 285-90.
- ³ Walter C, Mellor JD, Rice C, Kirsa S, Ball D, Duffy M, et al. (2014). Impact of a specialist clinical cancer pharmacist at a multidisciplinary lung cancer clinic. *Asia Pac J Clin Oncol*, 12(3):e367-74. DOI: 10.1111/ajco.12267
- ⁴ Grattan Institute. (2022). A new Medicare: strengthening general practice. Report no. 2022-14. Victoria.
- ⁵ Deakin University. (2020). Health Economic Evaluation of the Partnered Pharmacist Medication Charting (PPMC) program. Available at: <https://www.safercare.vic.gov.au/improvement/projects/mtip/ppmc>
- ⁶ Australian Institute of Health and Welfare. (2023). Profile of Australia's population. Australian Government.
- ⁷ Harris A, Sharma A. (2018). Estimating the future health and aged care expenditure in Australia with changes in morbidity. *PLoS One*, 13(8):e0201697. DOI: 10.1371/journal.pone.0201697
- ⁸ Liu CS, White L. (2011). Key determinants of hospital pharmacy staff's job satisfaction. *RSAP*, 7(1):51-63.
- ⁹ Taylor S, Cairns A, Glass, B. (2021). Expanded practice in rural community pharmacy in Australia: pharmacists' perspectives. *J Pharm Pract Res*, 51:43-53.
- ¹⁰ Deeble Institute for Health Care Policy Research. (2022). Perspective brief: towards a thriving healthcare workforce.
- ¹¹ Snoswell C.L., (2020). A meta-analysis of pharmacists and pharmacy technicians' accuracy checking proficiency, *Research in Social and Administrative Pharmacy*, Volume 16, Issue 6, 760-765, ISSN 1551-7411,
- ¹² The Society of Hospital Pharmacists of Australia. (2019). Standard of Practice for Pharmacy Technicians to support Clinical Pharmacy Services. *Journal of Pharmacy Practice and Research*.
- ¹³ Penno J., Cameron S., Dyer M., Murray L. (2022). Perioperative clinical support technician: A surgical time-saver. Peter MacCallum Cancer Centre, Melbourne, Victoria.
- ¹⁴ Jordan M, Young-Whitford M, Mullan J, Stewart A, Chen TF. (2022). Influence of a general practice pharmacist on medication management for patients at risk of medicine-related harm: A qualitative evaluation. *Aust J Gen Pract*, 51(7):521-528.
- ¹⁵ Tan EC, Stewart K, Elliott RA, George J. (2013). Stakeholder experiences with general practice pharmacist services: a qualitative study. *BMJ Open*, 3(9):e003214. DOI:10.1136/bmjopen-2013-003214
- ¹⁶ Buzancic I, Kummer I, Drzaic M, Hadziabdic MO. (2021). Community-based pharmacists' role in deprescribing: a systematic review. *Br J Clin Pharmacol*, 88:452-63.
- ¹⁷ Shaw C, Couzos S. (2021). Integration of non dispensing pharmacists into primary healthcare services. *Aust J Gen Pract*, 50:403-8.
- ¹⁸ Sudeshika T, Deeks LS, Naunton M, Peterson GM, Kosari S. (2023). *Int. J. Clin. Pharm*, 45:980-8.
- ¹⁹ Australian Commission on Safety and Quality in Health Care. (2017) *Safety Issues at Transitions of Care: Consultation report on perceived pain points relating to clinical information systems*. Sydney: ACSQHC.
- ²⁰ Lussier ME, Evans JH, Wright EA, Gionfriddo MR. (2019). The impact of community pharmacist involvement on transitions of care: a systematic review and meta-analysis. *JAPhA*, 1-10. DOI:10.1016/j.japh.2019.07.002
- ²¹ Couzos S, Smith D, Biros E. (2020). Integrated pharmacists in ACCHSs- Analysis of the assessment of clinical endpoints in Aboriginal and Torres Strait Islander patients with chronic disease (IPAC study). Draft Report to the PSA.
- ²² Royal Commission into Aged Care Quality and Safety. (2021). Final Report: Care, Dignity and Respect. Volume 1 Summary and recommendations. Australian Government.
- ²³ Australian Commission on Safety and Quality in Health Care. (2021). *National Safety and Quality Health Service Standards*. 2nd ed. – version 2. Sydney: ACSQHC.

