



SHPA's NSW Branch Committee response to the NSW Exposure Draft Medicines, Poisons and Therapeutic Goods Regulation 2023 and its Regulatory Impact Statement, November 2023 (reference DG23/5729)

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's NSW Branch Committee welcomes the opportunity to provide feedback on *NSW Exposure Draft Medicines, Poisons and Therapeutic Goods Regulation 2023* (MPTG Regulation) and its Regulatory Impact Statement, and commends the NSW Government's ongoing efforts to continuously improve and safeguard the integrity of medicines supply in NSW.

Hospital pharmacists as medicines experts are strategically placed to clinically ensure the safe, efficient, and effective use of medicines with Australia's hospital system, and have expert understanding of how medicines access can be optimised to provide greater value for all Australians. Medicines supply is at the core of hospital pharmacy practice, and is embedded in *SHPA's Standards of Practice Series*¹, which provides guidance on the delivery of clinical, operational and specialty hospital pharmacy services.

The proposed amendments to the MPTG Regulation are a welcome step towards improving medicines access for all Australian patients. However, in its current state, it does not cater for the expansion of scope of pharmacists. In SHPA's recent submission to *Unleashing the Potential of our Workforce – Scope of Practice Review*², SHPA recommended that all state and territory governments amend their legislations to recognise credentialed pharmacists as prescribers in collaborative prescribing arrangements that already exist in several hospitals in NSW.

The MPTG Regulation also does not accommodate for modern hospital pharmacy practices in relation to wholesaling activities between public hospital pharmacies, as well as between public and private hospital pharmacies, potentially creating inefficiencies and impracticalities in medicine supply and access.

For the purposes of ensuring a flexible and sustainable medicines supply arrangements for hospital pharmacies in NSW, SHPA recommends that the MPTG Regulation be amended to support:

1. pharmacist prescribing within the Partnered Pharmacist Medication Charting (PPMC) model in hospitals across NSW, and
2. wider wholesale arrangements between hospital pharmacies in NSW.

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 jyik@shpa.org.au.



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Recommendation 1: The MPTG Regulation should be amended to support pharmacist prescribing within the partnered pharmacist medication charting (PPMC) model in hospitals across NSW

Ambulance ramping and access block in NSW hospital emergency departments

Challenges and pressures put on hospital services has been increasingly demanding with Emergency Departments (EDs) in NSW dealing with over 3 million presentations at a rate of 35,376 per 100,000 population in 2020-2021.³ In 2021 and 2022, emergency department attendances for the most urgent triage categories, triage 1 (resuscitation) and 2 (emergency), increased faster than the other triage categories.⁴ With increasing number and complexity of ED presentations, the flow of patients through hospitals must not only be efficient but must also consider patient safety in all aspects of a patient's journey.

The exponential rise in ED presentations prompted the recent 2022 *Inquiry into the impact of ambulance ramping and access block on the operation of hospital emergency departments in NSW*⁵. In addressing the causes and consequences of ambulance ramping and access block to EDs in NSW hospitals, the 2022 Inquiry identified hospital pharmacists as a key workforce that could be utilised to address the issues of ambulance ramping in NSW, stating, “Hospital pharmacists are another profession that can play an important role in improving patient flow at multiple points: during the admission process, while patients are being treated and at discharge”. The NSW Government has since accepted the Inquiry's recommendation to assess options which improve the level of pharmaceutical care provided in EDs, including consideration of partnered pharmacist medication charting (PPMC) in NSW hospitals.⁴

Pharmacist prescribing within the PPMC model can help reduce bed block in NSW hospitals

PPMC, the first iteration of collaborative pharmacist prescribing in Australian hospitals provides an achievable, collaborative care framework within which hospital pharmacists can utilise their expertise in medicines management to reduce inefficiencies in hospital workflow and improve patient health outcomes.

In the 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 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. An MMP is a continuing plan developed and used by health professionals in collaboration with patients to develop strategies to manage the use of medicines for the patient.⁶

Hospitals in which pharmacists and technicians are unable to practice to their full scope, find that the hospital admission process in both emergency departments and for inpatients, can often be a barrier to efficient bed flow. The need to undertake a patient's medication history and chart their medicines is a task that doctors must juggle alongside their already stretched workload. Local and international evidence demonstrates that hospital medication charts prescribed by hospital medical officers have high error rates. In a PPMC trial conducted within a General Medical and Emergency Short-stay Unit in an adult major referral hospital in metropolitan Melbourne, Australia, 78.7% of hospital medication charts that had not been reviewed by a hospital pharmacist had at least one medication error identified.⁷

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%.⁸ The PPMC model 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.

Additionally, a Deakin University economic evaluation of more than 8,500 patients estimated savings of \$726 per admission where PPMC was undertaken, and cost modelling of the number of general medical patients admitted that could be expected to benefit from state-wide-roll-out of the PPMC model operating during business hours suggested potential savings on inpatient costs of \$202 million per annum.⁹

Since the 2012 pilot in a single Victorian hospital¹⁰, PPMC has now undergone state-wide implementation in Tasmania, and is occurring in various hospitals across New South Wales, Queensland, Australian Capital Territory, and South Australia, with some of these states actively working on a state-wide implementation. As part of *SHPA's Transformation 2024 Agenda*¹¹, SHPA announced the National Credentialing program for PPMC this year, highlighting the success of the continued rollout and expansion of PPMC in Australian hospitals.

Hospital pharmacists should be supported to expand their collaborative prescribing beyond the PPMC model in all Australian hospitals, as is the case internationally, to ease pressures on the hospital system by working at the top of their scope of practice and authorising their own prescriptions. A Partnered Pharmacist Medication Prescribing (PPMP) trial, endorsed by the SA Health Minister, is anticipated to further increase the efficiencies of high patient flow wards and ease up medical capacity.

Given the recent NSW Government support for PPMC to address ambulance ramping, and the vast pool of evidence showing the effectiveness of PPMC in improving medication related health outcomes, SHPA recommends that amendments to the MPTG Regulation are made to support the expansion of collaborative pharmacist prescribing in NSW hospitals.

Recommendation 2: the MPTG Regulation should be amended to support wider wholesale arrangements between hospital pharmacies in NSW

SHPA commends the NSW government on the proposed changes in the MPTG Regulation to allow the wholesale supply of medicines in the absence of a wholesaler licence in a wider range of circumstances. Historically where NSW hospital pharmacies could not wholesale, lend, or borrow medicines to other hospital pharmacies under the *Poisons and Therapeutic Goods Regulation 2008* (PTGR), the newly proposed changes in MPTG Regulation address, to a certain extent, the contemporary business processes and clinical safe practices of pharmacies. However, these proposed amendments still present challenges for hospital pharmacies to respond effectively to rapidly evolving situations where the demand for medicines and therapeutic goods may surge beyond normal levels.

SHPA believes that broader wholesale arrangements need to be clarified and amended in the MPTG Regulation, to support transfer of medications between hospital pharmacies in light of the ongoing medicines shortages affecting all Australian hospitals, and the unexpected therapeutic demands critical to patient care.

In *SHPA's Pharmacy Forecast Australia 2023*¹², access to medicine is presented as a key issue, highlighting the importance of local legislations in shaping the availability of essential medicines. According to a Therapeutic Goods Administration (TGA) report from 2019, approximately 90% of medicines used in Australia are sourced from overseas.¹³ Between 2019 and 2020, the number of Australian drug shortages increased by 300%¹⁴, highlighting the vulnerability of the Australian medicines supply chain.



While the Australian Government continues to work on improving medicines access for all Australian patients, such as through the ongoing *Health Technology Assessment Policy and Methods Review*¹⁵ and the recent release of *The New Frontier – Delivering Better Health for all Australians* report¹⁶, it is important that the NSW Government aligns its legislations to mitigate vulnerabilities in the medicines supply chain and ensure pharmacies can respond swiftly and in a coordinated manner to in times of rapidly evolving health landscape.

Flexible wholesale arrangements between hospital pharmacies to allow wholesaling medicines stock to a reasonable extent also applies to scenarios, such as mass casualties and pandemics, the use of antivenoms and antidotes which are scarce within the nation, and cases of urgent weekend and emergency supply as a consequence of national medicines shortages. These practices of transferring medicines stock between hospital pharmacies help to minimise unnecessary medicine wastage, assist hospital pharmacies to effectively manage stock levels, and enable better responses to critical and urgent patient care.

It is important to note that any amendments to allow flexibility in wholesaling arrangement between hospital pharmacies should be underpinned by rigorous governance, for example, robust oversight by Drugs and Therapeutic Committees (DTCs) within individual hospitals, to preserve the integrity of the legitimate supply chain.

SHPA recommends making amendments to the MPTG Regulation in consultation with key hospital pharmacy stakeholders, to allow flexible wholesaling arrangements between hospital pharmacies where it is warranted and justified.



References

- ¹ The Society of Hospital Pharmacists of Australia. (2023). Standards of practice. Available at: <https://www.shpa.org.au/publications-resources/standards-of-practice#:~:text=SHPA's%20Standards%20of%20Practice%20series,and%20specialty%20hospital%20pharmacy%20services>.
- ² The Society of Hospital Pharmacists of Australia. (2023). Unleashing the potential of our health workforce – scope of practice review. Available at: <https://shpa.org.au/publicassets/f1a953df-3b6e-ee11-912e-00505696223b/SHPA-response-to-the-Scope-of-Practice-Review---Unleashing-the-potential-for-our-workforce.pdf>
- ³ NSW Ministry of Health. (2021). HealthStatsNSW. NSW Emergency Department Records for Epidemiology (SAPHaRI). Centre for Epidemiology and Evidence, Emergency Department Presentations. Available at: <https://www.healthstats.nsw.gov.au/#/indicator?name=unplanneded&location=NSW&view=Trend&measure=DSTRate&groups=Sex&compare=Sex&filter=Sex,Persons>
- ⁴ New South Wales Government. NSW Government Response – Inquiry into the impact of ambulance ramping and access block on the operation of hospital emergency departments in New South Wales. Available at: <https://www.parliament.nsw.gov.au/lcdocs/inquiries/2892/Government%20response%20-%20PC%20-%20-%20Ambulance%20ramping.pdf>
- ⁵ New South Wales Government. Impact of ambulance ramping and access block on the operation of hospital emergency departments in New South Wales. Available at: <https://www.parliament.nsw.gov.au/lcdocs/inquiries/2892/Report%20No.60%20-%20Portfolio%20Committee%20No.%20-%20-%20Health%20-%20Ambulance.pdf>
- ⁶ SHPA Committee of Specialty Practice in Clinical Pharmacy. SHPA Standards of Practice for Clinical Pharmacy Services. J Pharm Pract Res 2013; 43 (2 suppl): S2-S69.
- ⁷ Tong EY, Mitra CRB, Yip G, Gibbs H, Newnham H, Smit DP, et al. (2016). Partnered pharmacist charting on admission in the General Medical and Emergency Short-stay Unit – a cluster-randomised controlled trial in patients with complex medication regimens. J. Clin. Pharm. Ther., 41(4), 414-8.
- ⁸ 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.
- ⁹ 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>
- ¹⁰ Tong EY, Roman CP, Newnham H, Galbraith K, Dooley MJ. (2015). Partnered medication review and charting between the pharmacist and medical officer in the emergency short stay and general medicine unit. Australasian Emergency Nursing Journal, 18(3), 149-55.
- ¹¹ The Society of Hospital Pharmacists of Australia. (2023). 'Unprecedented' focus on recognition and specialty practice as SHPA releases Transformation 2024 – media release Monday 24 July 2023. Available at: <https://shpa.org.au/publicassets/2d6450c0-af29-ee11-9129-00505696223b/SHPA-media-release---SHPA-releases-Transformation-2024-agenda---24Jul2023.pdf>
- ¹² The Society of Hospital Pharmacists of Australia. (2023). Pharmacy Forecast Australia 2023. Available at: <https://shpa.org.au/publicassets/5297d615-345b-ee11-912d-00505696223b/Pharmacy-Forecast-Australia-Australia-2023.pdf>
- ¹³ Therapeutic Goods Administration. Reforms to the generic medicine market authorisation process: Consultation paper. Canberra (AU): Therapeutic Goods Administration; 2019. Accessed at: <https://www.tga.gov.au/sites/default/files/consultation-reforms-generic-medicinemarket-authorisation-process.pdf>
- ¹⁴ Cameron EE & Bushell MJA. (2021). Analysis of drug shortages across two countries during pre-pandemic and pandemic times. Research in social & administrative pharmacy, 17(9), 1570-3.
- ¹⁵ Department of Health and Aged Care. Health technology assessment policy and methods review. Available at: <https://www.health.gov.au/our-work/health-technology-assessment-policy-and-methods-review>
- ¹⁶ Parliament of Australia. The new frontier – delivering better health for all Australians. Available at: <https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/new-frontier-will-lead-to-better-health-outcomes>

