



SHPA's Tasmania Branch Committee Pre-Budget Submission 2024-2025, November 2023

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 in 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.

Welcoming the opportunity to provide input in the 2024-2025 Tasmanian Government Budget Consultation, SHPA's Tasmanian Branch Committee submission addresses ways in which the Tasmanian Government can further support Tasmanian hospital pharmacy departments and hospital pharmacists to provide safe and high-quality care, as well as ensuring a sustainable workforce. Further and continued investment into Residency and Registrar Training Programs for pharmacists will support recruitment and retention strategies for the Tasmanian pharmacy workforce.

These programs also dovetail into recognition with The Australian and New Zealand College of Advanced Pharmacy (ANZCAP), launched in 2023. ANZCAP is a landmark program recognising career progression and specialty skills, enabling pharmacists and technicians from all practice settings to be recognised for their experience and expertise.

Four specific areas for investment are highlighted that will ultimately support the Tasmanian Government in achieving its strategic plans, particularly the *Health Workforce Strategy 2040* and *Digital Health Transformation Program 2022 – 2032*. SHPA Tasmanian Branch Committee, chaired by Kelly Beswick, recommends:

- 1. Invest in a hospital pharmacy workforce plan that supports retention and recruitment, including funding for expanding Residency and Registrar training programs and recognition by ANZCAP.**
- 2. Inclusion of dedicated Clinical Informatics Pharmacists as electronic medicines management experts in the planning and development of the Tasmanian Health ICT plan and Digital Health Transformation Program 2022-2032 which encompasses electronic medical records to ensure viability, quality, safety, and good governance.**
- 3. Implement a Pharmacist-Led Opioid Stewardship Program at all Tasmanian hospitals to reduce opioid harms for Tasmanians post-surgery.**
- 4. Commit to all recommendations from the independent Tasmanian Pharmacist Scope of Practice Review Final Report to ensure pharmacists in Tasmania can improve the health system's capacity by practising to their full scope.**

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 at jyik@shpa.org.au.



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1. Invest in a hospital pharmacy workforce plan that supports retention and recruitment, including funding for expanding Residency and Registrar training programs and recognition by ANZCAP

SHPA welcomes the Health Workforce 2040 strategies proposed by the government and reiterates the need for a Pharmacy Workforce Plan following the formal acknowledgment of nationwide shortages of pharmacists by the National Skills Commission (NSC) in its [National Skills Commission](#) since 2022, with **Tasmania experiencing a shortage of hospital pharmacists.**

SHPA recommends the Tasmanian government undertake a service gap analysis with the four Tasmanian hospital pharmacy departments to inform and devise workforce recruitment and retention strategies to ensure the sickest Tasmanians can receive appropriate care. The rise in chronic diseases combined with an ageing population with complex medication regimens places a growing burden on the Australian health system. The increased demand and service pressure is particularly acute in north-western Tasmania, where recruitment is chronically difficult. A workforce plan is under development for the Tasmanian public hospital pharmacy services and should be finalised in early 2024.

There is also a need for retention strategies for pharmacists to achieve **parity in pay** when benchmarked with other Australian states. Currently, Tasmania falls significantly behind in the equivalent pay scale by being one of the lowest paid pharmacists for equivalent professional years and grading after the first year of registration.

SHPA has developed the Resident and Registrar training program to support pharmacy workforce development, which has trained over 650 pharmacists and technicians, with just under 20 of these from Tasmania. To capitalise on the current investment of approximately 23 hospital pharmacy interns annually, the Tasmanian government should further invest in Residency programs so that these interns can step into Resident training programs to further develop their skills and be incentivised to stay in the system that has trained them.

SHPA has launched the Australian and New Zealand College of Advanced Pharmacy (ANZCAP) which enables recognition of pharmacists and technicians at Resident, Registrar and Consultant levels, supporting them to develop and grow their skills in 40 different disciplines and be recognised. This will assist hospitals and health services in recruiting suitably qualified and skilled pharmacists to the right roles, particularly specialist and senior roles.

SHPA also recommends **extending the Registrar Training** program to additional specialties at the Royal Hobart Hospital where there is specialist capacity. SHPA commends the Tasmanian Government for being an 'early adopter' of Advanced Training Residencies in Pharmacy Leadership and believes that extending this training opportunity to disciplines such as Critical Care, Oncology, and Paediatrics will improve workforce development and patient care. The Royal Hobart Hospital is also the first Australian hospital to offer a Registrar Training program in Leadership and Management for a pharmacy technician as well.

Cost of investment:

- **Additional investment to extend the range of Resident and Registrar training opportunities in Tasmania in line with the forthcoming Statewide Pharmacy Workforce Plan releasing in early 2024.**



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2. Inclusion of dedicated Clinical Informatics Pharmacists as electronic medicines management experts in the planning and development of the Tasmanian Health ICT plan and Digital Health Transformation program 2022-2023 which encompasses electronic medical records to ensure viability, quality, safety, and good governance

Early and dedicated funding should be provided to enable **dedicated Clinical Informatics Pharmacists** to be involved in the planning, development and roll-out of the Tasmanian Health ICT plan and [The Digital Health Transformation Program 2022 – 2032](#). Pharmacists as medicines management experts are skilled to ensure that the electronic flow and whole systems approach to electronic medicines management and records are properly integrated and standardised across the healthcare system in a manner that is consistent with national and international safety standards and recommendations.

Failure to include pharmacy in advance of implementation will be extremely challenging for the state's healthcare system and will likely delay progress and negatively impact projected state government costings. Clinical Informatics Pharmacists are skilled in the design and implementation of these systems and are suitably trained to implement closed-loop Electronic Medical Records (EMRs) ensuring medication safety. To highlight the importance of the early inclusion of pharmacists as medication safety experts in the planning of Health ICT and electronic medical records implementation can be seen in the failure of electronic medical records to adequately detect and alert staff to the incorrect prescribing, administration and monitoring of a Sydney patient who died from multi-drug toxicity after being inappropriately prescribed the wrong medication on their EMR¹. Pharmacists are necessary to ensure that in the planning stages, electronic management of medicines is adequate, safe, and interoperable across Tasmanian hospitals.

Closed-loop EMRs are an integrated and interoperable electronic medication management system which includes hospital-wide medicines stock management and clinical medicines management systems where medication orders are electronically tracked and linked from the time of prescribing through to dispensing, supply, administration, and discharge and embedded throughout patient electronic medical records. Closed loop EMRs have the potential to reduce medication errors, and other clinical errors, and improve medication safety by eradicating the need for transcription. International reviews found that a change from paper-based medicines ordering to electronic ordering of medicines in intensive care units resulted in an 85% reduction in error rates². This is timely given that changes to activity-based funding mean that hospitals will receive negative funding adjustments from sentinel events arising from medication administration errors and the incidence of medication-acquired complications.

Closed loop EMRs are in the process of being implemented across Australian jurisdictions and necessitate the expertise of Clinical Informatics Pharmacists. Tasmania should effectively plan to ensure this system and the expertise of specialised informatics pharmacists are included in Health ICT strategic planning. Closed loop EMRs improve safety, efficiency, and quality of care by enhancing transparency, clinical decision support and medicines management at all stages of the medical records process both within and beyond the acute hospital setting into primary care. Electronic medical records need to be fully integrated including from a medication safety and viability perspective at all stages of the ICT plan.

Cost of investment: \$1.1 million per annum for 8 x EFT Level 3 Allied Health Professional Clinical Pharmacists and 1 x EFT Level 5 Allied Health Professional Manager



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3. Implement a Pharmacist-Led Opioid Stewardship Program at all Tasmanian hospitals to reduce opioid harm for Tasmanians post-surgery

Investment in opioid stewardship programs can **reduce the incidence of opioid-related harm** stemming from opioid initiation in hospitals. With the increasing trend of misuse of prescription opioids in Tasmania and Australia³. Opioid stewardship programs in hospitals show great potential for reducing harm when supported by adequate funding and management. Opioid analgesic prescribing in Tasmania has increased almost sevenfold from around 19,300 scripts in 1999 to around 127,400 scripts in 2010, despite Tasmania's population remaining relatively static during this period⁴. Evidence indicates that one-third of adults receiving long-term opioid therapy have had their first opioid prescription from a surgeon, indicating that postsurgical prescribing in hospitals is an important point of intervention.

Opioid stewardship involves coordinated interventions to improve, monitor and evaluate the use of opioids in patients for acute, chronic, or acute on chronic pain. The newly released *Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard*⁵ outlines the appropriate use and review of opioid analgesics for the management of acute pain to optimise patient outcomes and reduce the potential for opioid-related harm in Australia. Hospital pharmacists are experts in medicines management and utilise their knowledge to recommend appropriate pain medicines selection and dosing to inform appropriate and safe prescribing by doctors.

Tasmania's Department of Health document *A Review of Opioid Prescribing in Tasmania: A Blueprint for the Future*⁶ outlines recommendations to address the harms caused by opioids⁷. A pharmacist-led Opioid Stewardship service in an acute setting aligns with several of these recommendations this includes education of health practitioners in pain and opioid management, support of appropriate acute pain management and opioid risk management strategies and ensures that a non-opioid prescribing specialist pharmacist is a central member of a multidisciplinary pain management team in a hospital.

The service would see **1 FTE Opioid Stewardship pharmacist and 0.2 FTE nurse** working collaboratively with prescribers, pharmacists, nurses and patients in each acute hospital region (South, North, and North West). Similar to the well-established antimicrobial Stewardship model, opioid stewardship is backed by strong research showing effective risk mitigation for patients at risk of opioid harm. This approach is also supported by Pain Australia, the national peak body working to improve the quality of life of people living with pain, their families, and carers, and to minimise the social and economic burden of pain.

The pharmacist-led program has been trialled in Victorian and Queensland hospitals with successful outcomes obtained. An audit after two years of implementation in Victoria demonstrated lower quantities of oxycodone dispensed to patients, increased analgesic weaning in hospitals and inclusion in medical discharge summaries. Pharmacist-led opioid de-escalation in orthopaedic patients was shown to reduce opioid requirements by 25% Investment in opioid stewardship programs can reduce the incidence of opioid-related harm stemming from opioid initiation in hospitals⁸. The Opioid Prescribing Toolkit developed in Queensland further highlights the success of opioid stewardship where the average number of oxycodone tablets supplied on discharge decreased from 19.9 to 11 tablets. This was matched with an increase in the proportion of patients having a de-escalation plan handed over to their general practitioner.

Cost of investment: \$450,000 per annum for 3.0 EFT x Allied Health Professional Level 4 Hospital Pharmacist plus nursing and operational support



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4. Commit to all recommendations from the independent Tasmanian Pharmacist Scope of Practice Review to ensure pharmacists in Tasmania can improve the health system's capacity by practising to their full scope

The Tasmanian Government should wholeheartedly commit to all recommendations arising from the independent Tasmanian Pharmacist Scope of Practice Review [Pharmacist Scope of Practice Review Final Report](#). By embracing all 12 recommendations, the government not only acknowledges the evolving role of pharmacists but also takes a crucial step toward optimizing the health system's capacity and improving overall patient outcomes.

Pharmacists are highly trained professionals with a deep understanding of medications, and expanding their scope of practice empowers them to contribute significantly to patient care. This aligns with broader healthcare goals of maximizing the capabilities of the entire healthcare workforce to address the increasing complexity of modern healthcare needs. Healthcare professionals such as nurses and pharmacists, working to their full scope of practice can handle roles that are currently performed by general practitioners. The distribution of responsibilities will reduce primary care wait times and improve consumer access to timely healthcare.

SHPA believes that all healthcare should be collaborative to achieve the 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 a 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](#). PPMC involves pharmacists documenting the BPMH, followed by a clinical discussion with a medical officer to co-develop a treatment plan and chart medications.

This collaborative approach fosters better communication and coordination among healthcare providers, leading to improved patient care. In the acute care setting, selection of an appropriate and evidence-based medicine 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 discontinues the pharmacological treatments as appropriate.⁹

A 2021 study conducted in the Royal Hobart Hospital reviewed medication errors in emergency departments (EDs), PPMC with early best-possible medication history (BPMH) and usual care¹⁰. The study found that the PPMC approach significantly reduced clinically significant errors compared to early BPMH and usual care in the ED setting. The results suggest that PPMC, incorporating interdisciplinary discussion, is effective in minimizing medication discrepancies and errors in EDs, providing a valuable contribution to patient safety as well as reducing length of stay. As a result of this trial, pharmacists have participated in training and credentialing for PPMC across the state. Unfortunately, the workforce challenges are impacting on the full benefits of such a program being realised in Tasmanian public hospitals. We commend the Tasmanian Government on advocating for legislative changes to allow for an extension of the PPMC model as part of the Tasmanian Scope of Practice Review.



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