



SHPA Victoria Branch Committee submission to the Health Workforce Strategy, Victoria, October 2022

The Society of Hospital Pharmacists of Australia is the national professional organisation for more than 5,200 pharmacists, pharmacists in training, pharmacy technicians and associates working across Australia's health system. SHPA is committed to facilitating the safe and effective use of medicines, which is the core business of pharmacists, especially in hospitals.

On behalf of the SHPA Victoria Branch Committee, chaired by John Evans, SHPA welcomes the opportunity to provide input to the **Health Workforce Strategy, Victoria** and has the following recommendations and considerations for the Health Workforce Strategy to achieve its objectives. Recently, the Commonwealth has formally acknowledged there are nationwide shortages of pharmacists via the National Skills Commission (NSC) in its 2022 Skills Priority List, with Victoria currently experiencing a moderate shortage of hospital pharmacists.

If you have any queries or would like to discuss our submission further, please do not hesitate to contact Kylee Hayward, Head of Workforce Advancement on khayward@shpa.org.au.

SHPA Recommendations to the Health Workforce Strategy, Victoria

Recommendation 1: Provide continued investment in Victorian hospital pharmacy internships to improve workforce retention and sustainability.

Recommendation 2: Adopt SHPA pharmacist-to-bed ratios in Standards of Practice for Clinical Pharmacy Services for Victorian hospitals through additional hospital pharmacy workforce investment, to achieve access to seven-day, extended hours clinical pharmacy services.

Recommendation 3: Provide regulatory support and additional investment into innovative pharmacy services, such as Partnered Pharmacist Medication Charting (PPMC) services to address system wide capacity issues with emergency departments, bed access and flow, and elective surgery waitlists.

Recommendation 4: Implement Foundation Residency and Advanced Training Residency Programs to be widely available for hospital pharmacists in Victoria to continue to produce a highly skilled pharmacy workforce with structured career pathways, supporting retention and sustainability.

Recommendation 5: Increase the uptake of students in accelerated graduate-entry pharmacy courses

Recommendation 6: Waive HECS fees for training pharmacists in regional, rural and remote areas

Training

Recommendation 1: Provide continued investment in Victorian hospital pharmacy internships to improve workforce retention and sustainability.

The creation of additional internship positions in Victoria's public hospital system has increased the workforce capacity leading to greater capability to recruit for advanced positions and consistent high-quality medicine management for Victorians in hospital. To improve retention and investment in the clinical pharmacy workforce, hospital pharmacy internships must continue to be made available for pharmacy graduates to set up career pathway entry points into hospital pharmacy.



Investing in intern pharmacists creates greater job stability and more opportunities for advancement for current pharmacy staff. It will also increase the pool for internal recruitment, thus reducing recruiting and training costs with a stronger internal pipeline that improves staff retention and advancement.

This workforce strategy has already proven to be effective in Victoria, where hospital pharmacy internship positions are 60% funded by the state government. These intern positions have fostered stability and improvement in hospital pharmacy workforce and service development, with the majority of hospital pharmacy interns finding gainful employment in the public sector following completion of their internship. SHPA recommends that this valuable investment continues.

Capability

Recommendation 2: Adopt SHPA pharmacist-to-bed ratios in Standards of Practice for Clinical Pharmacy Services for Victorian hospitals through additional hospital pharmacy workforce investment, to achieve access to seven-day, extended hours clinical pharmacy services.

The SHPA Standards of Practice for Clinical Pharmacy Services¹ recommend one clinical hospital pharmacist to every 30 patients (1:30) to ensure safe high-quality medicines management. This includes providing inpatients pharmacy services such as:

- taking a medication history and ensuring medications are charted correctly and available at admission to be administered in a timely manner
- regular review of the safety, quality, storage and supply of medications during hospital stay
- review of discharge prescriptions, dispensing a sufficient supply of medications to take home
- counselling patients on their medications and communicating changes to primary healthcare providers
- ensuring appropriate follow-up and monitoring of medications post-discharge including in specialised clinics and outpatient services and checking for adverse reactions to medications

The value of clinical pharmacy services is well documented in literature^{2,3}, with an Australian economic analysis indicating a \$23 return for every \$1 spent on clinical pharmacy services.⁴ Australian Institute of Health and Welfare (AIHW) note that there are more Emergency Department (ED) presentations on weekends compared with weekdays and that 69% of presentations occur between 8am and 8pm on any given day.⁵ Hospital pharmacy services are not resourced or supported in most healthcare settings during these times. In one study, medication charts were less likely to be reviewed if patients were admitted on weekends compared to weekdays.⁶ The lack of medication histories taken on admission and reviews conducted outside of business hours places patients at risk of increased medication errors and ultimately poorer health outcomes.

As highlighted in the SHPA Medication Safety Position Statement⁷ and outlined in the proposed *Medical Scientists, Pharmacists and Psychologists Victorian Public Sector Enterprise Agreement 2021-2025*⁸, SHPA anticipates the adoption of these pharmacist to bed ratios across Victorian health organisations. Enabling seven-day, extended hours access to clinical pharmacy services in Victorian health organisations to support timely and safe medication use in hospitals will be crucial to achieving the objectives of Victoria's Health Workforce strategy.

To achieve the expansion of pharmacy services and adoption of the ratios as stipulated in the proposed upcoming Enterprise Agreement, additional pharmacy workforce investment is needed. To inform this, the Department should undertake a workforce study to understand where the gaps exist for each health service to determine the level of investment needed.



Recommendation 3: Provide regulatory support and additional investment into innovative pharmacy services, such as Partnered Pharmacist Medication Charting (PPMC) services to address system wide capacity issues with emergency departments, bed access and flow, and elective surgery waitlists.

In a PPMC model, a pharmacist conducts a medication history interview with a patient; develops a medication plan in partnership with the medical team, patient, and the treating doctor. The pharmacist then prescribes the patient's regular medications with the doctor's authorisation, and the doctor adds any new medications that are initiated in hospital. Using a PPMC model will decrease the burden upon medical staff and clinical resourcing dedicated to medication charting and increase the through put of patients if medications are already reviewed and charted prior to admission and ready for review by the admitting medical or surgical team. This model is being utilised in Emergency Departments and has also been shown to improve medication safety and patient care.

A Deakin University health economic evaluation⁹ of more than 8,500 patients has explored the impacts of PPMC models upon patients in emergency departments and general medicine wards. The economic evaluation also showed a decrease in the proportion of patients with at least one medication error from 19.2% to 0.5% and a reduction in patient length of stay from 6.5 days to 5.8 days. The estimated savings per PPMC admission was \$726, 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.

Other services that showcase the expanding roles of pharmacists under various protocols include:

- Outreach pharmacist roles to assist in Transitions of Care
- Adjusting dosing for aminoglycosides and warfarin with respect to Therapeutic Drug Monitoring (TDM)
- Assessing nicotine withdrawal and prescribing Nicotine Replacement Therapy (NRT)
- Prescribing standard post-operative medicine or stroke treatment regimes
- Pharmacist-led outpatient clinics

Additional investment and regulatory support of innovate pharmacy services can assist in improving system wide capacity issues across Victoria.

Development

Recommendation 4: Implement Foundation Residency and Advanced Training Residency Programs to be widely available for hospital pharmacists in Victoria to continue to produce a highly skilled pharmacy workforce with structured career pathways, supporting retention and sustainability.

In recent years SHPA has established the Foundation Residency Program and Advanced Training Program for hospital pharmacists to deliver structured, formalised, and accredited national pharmacy residency programs, equipping the next generation of hospital pharmacists with the clinical skills to provide safe and quality care to patients in an increasingly complex healthcare environment.

Thus far, over 300 early career pharmacists have completed SHPA's Foundation Residency program, and there are currently another 200 pharmacists undertaking Foundation Residency across accredited hospital sites around Australia. In Victoria, there are currently 85 early career pharmacists undertaking SHPA's Foundation Residency program, with 84 pharmacists having already completed SHPA's Foundation Residency program.

With appropriate data from across the workforce, these programs can be tailored to equip expert pharmacists in providing increased support to doctors and nurses in acute, primary, aged care and community care settings improving the delivery and outcomes of healthcare services.

An expansion of these training programs is needed to support workforce sustainability and retention, particularly in regional areas of Victoria.



Workforce supply and growth

Recommendation 5: Increase the uptake of students in accelerated graduate-entry pharmacy courses

SHPA recommends support for increasing the uptake of accelerated graduate-entry pharmacy students in Master of Pharmacy courses, which is essential for a timely increase in the output of pharmacy students through these accelerated and validated education programs which typically can throughput successful students in 2 years compared to 4 years.

Currently in Victoria, only Monash University offers this accelerated program. SHPA proposes that with the support of the Victorian government, other pharmacy schools such as La Trobe University and RMIT could offer similar programs in order to accelerate pharmacy graduates and allow rapid expansion of the pharmacy workforce in the coming years.

Recommendation 6: Waive HECS fees for training pharmacists in regional, rural and remote areas

SHPA recommends increasing student subsidies for accelerated university placements to attract student candidates and strongly recommends the waiver of HECS fees for all regional, rural and remote areas where currently there is a large shortfall and difficulty in recruiting students in these regions, where in recent times, Pharmacy schools have had to close.

Regional members report pharmacy student and intern placements have been reduced in regional hospitals in recent years further compounded by gaps in funding for supporting educator roles.

SHPA expects the Strategy will prioritise not only attracting training pharmacists to regional area, but to also retain them to build a regional workforce.

Recent announcements by the Victorian Government have included funding the degrees of more than 10,000 nursing and midwifery students as part of a \$270 million initiative, and these types of strategies should be extended to the pharmacy workforce.

Workforce wellbeing and engagement

There has been an increased focus on the importance of psychosocial wellbeing for the healthcare workforce, including pharmacy, in the setting of the COVID-19 pandemic. This has been necessary because of the impact of stress on healthcare workers subsequent to the following factors:

- The risks faced by frontline workers including both exposure to infection and being subject to aggression by members of the public.
- Rapid and unpredictable changes in work practices.
- High demand for services and limited resources, including staffing.

*Pharmacy Forecast Australia 2022*¹⁰ identifies wellbeing of hospital pharmacists as a key theme in the next five years, with one in five hospital pharmacy staff reporting that they will leave or substantially change their role due to pressures in the work environment.

Workplace culture plays a large role in supporting the wellbeing of staff. It should also be recognised that individuals can be supported to maintain their wellbeing in the presence of high workloads and pressures through recognition of what their needs are under these circumstances. Evidence suggests that having strong support networks, maintaining a healthy lifestyle, working collaboratively and cooperatively, maintaining perspective, feeling valued and making meaningful contributions can all assist individuals to maintain wellbeing and prevent premature attrition.¹¹



References

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