



SHPA's Tasmania Branch Committee Submission to Long-Term Plan for Healthcare in Tasmania in 2040, May 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 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 draft Long-Term Plan for Healthcare in Tasmania in 2040, and is pleased to see many of our recommendations from our first submission to the preceding consultation in 2022, incorporated into the action points. SHPA also commends the Tasmanian Government for exploring opportunities to extend the role of clinical professions such as pharmacists and pharmacy technicians, to better support the delivery of healthcare across Tasmania.

SHPA's Tasmanian Branch has the following recommendations to the Long-Term Plan for Healthcare in Tasmania exposure draft and Clinical Services Plan to achieve their objectives.

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 yyik@shpa.org.au.

Considerations for Long-Term Plan for Healthcare in Tasmania Exposure Draft and Clinical Services Profile

Action 1.4.3 Care Networks

SHPA has advocated for adequately funded cancer care services through its response to the [Efficient Funding of Chemotherapy Program review](#) and [National Medicines Policy review](#). This includes acknowledging the specialised workforce required to support Cancer services, including clinical pharmacy services. SHPA welcomes the case example highlighting pharmacy services as a required specialist service to support Cancer care in Tasmania. However, SHPA notes that of its Advanced Training Residency (ATR) in Oncology and Haematology offered, approximately over a dozen sites across four states in Australia, none of these are currently offered in Tasmania. Expanding SHPA's ATR in Oncology and Haematology across Tasmanian hospitals would provide workforce and succession planning and training of the next generation of specialist pharmacists, helping to achieve the goals of the long-term plan.

Action 5.1.1 – Digital Health Transformation – Implementing the Digital Health Transformation Strategy

Implementation of a state-wide Electronic Medical Record (EMR) must include dedicated Clinical Informatics Pharmacists as electronic medicines management experts in the planning and development of the Tasmanian Health ICT plan and Digital Health Transformation Strategy, which encompasses electronic medical records to ensure the viability, quality, safety, and governance.

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.



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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 Informatic Pharmacists are skilled in the design and implementation of these systems and are suitably trained to implement closed-loop medication management ensuring medication safety. To highlight the importance for 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 EMR.¹ Pharmacists are necessary to ensure that in the planning, design, building and testing stages of EMRs, that electronic medicines management workflows uphold safety and quality and are interoperable across Tasmanian hospitals. SHPA's Position Statement: Closing the loop of medication management in hospitals to improve patient safety with barcoding technology on unit dose packaging,² recommends that appropriate consultation with these key stakeholders must occur to ensure an appropriate and streamlined transition process is undertaken.

Closed-loop medication management means 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 medication management has the potential to reduce medication errors, 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 rates.³ 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 error and the incidence of Hospital Acquired Complications (HACs) which the majority of the 16 HACs in activity based funding systems can involve medicines and pharmacy services, including a specific HAC for medication complications.

Closed-loop medication management systems are in the process of being implemented across Australian jurisdictions and include Clinical Informatics Pharmacists. Tasmania should effectively plan to ensure this system and the expertise of specialised informatics pharmacists are included in digital health strategic planning. Closed-loop medication management improves 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 digital transformation.

The roadmap described in the Digital Health Transformation 10-year program discusses how data can facilitate advanced diagnostic and treatment options such as precision medicine and genomic technologies. Hospital pharmacists are already involved in these emerging therapies through research via clinical trials or clinical practice in oncology and will continue to play a vital role as the use of precision medicines increase.

This is highlighted in recommendations outlined in SHPA's Pharmacy Forecast 2022,⁴ suggesting that pharmacy departments actively implement pharmacogenomics into their services and models of care as well as leading awareness and growth in this key area.

Action 6.1 Access to fast-tracked UTAS degrees for pharmacy

Action 6.1 '*access to fast-tracked UTAS degrees for pharmacy*' is a welcome action to support pharmacy students not just to complete pharmacy degrees in a shorter time during a workforce shortage, but also being able to study in northern Tasmania, particularly for students who are unable to relocate to Hobart or mainland Australia due to costs associated with moving and living out of home. Furthermore, this will also expose



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students to studying, living and working in regional areas, which is key to developing a regional workforce pipeline.

The National Skills Commission identifies hospital pharmacists as being in moderate shortage around the country, including in Tasmania.⁵ To retain this key workforce and develop hospital pharmacists further after completion of study, Tasmanian hospitals could further expand hospital pharmacy internship positions to meet demand. See below Action 6.2.1 for further recommendations.

Action 6.1.3 Making the best use of our non-clinical and support staff– such as pharmacy technicians, and working with TAFE Tasmania and other vocational education and training organisations to grow and upskill the technical workforce.

SHPA's recommendation to expand the scope of practice of hospital pharmacy technicians will be enabled through Action 6.1.3 'Making the best use of our non-clinical and support staff' and through the Tasmanian Government's commitment to work with TAFE Tasmania in growing and upskilling the technical healthcare workforce. As outlined in the Clinical Services Plan, SHPA welcomes the expansion of pharmacy technician roles in Northern Tasmania and Northwest Tasmania, as well as seeing it as a service enabler and priority area for all Clinical Service Profiles.

Expansion of technician roles include increasing the scope of practice of pharmacy technicians to provide Bedside Medication Management and Tech-Check-Tech services, which not only increase the clinical capacity of hospital pharmacists but also in turn supports nursing and medical staff to have more time to spend directly with patients. SHPA commends the Tasmanian Government on their approval of a 12-month pilot program of Advanced Clinical Technicians in the South and North West. SHPA also provides education and training to advance hospital pharmacy technician roles and would welcome the opportunity to partner with the Tasmanian Government in upskilling this key workforce.

Action 6.2.1 – Improving geographic workforce distribution in generalist service areas:

- ***Incentivising practice and professional development in rural and remote communities***
- ***Maximising rural and regional training opportunities, including the commencement of nursing and pharmacy programs in the North West of Tasmania***

Ensuring a steady pharmacy workforce supply and to retain existing workers seeking to expand their knowledge and skills, SHPA commends the Tasmanian Government in expanding accreditation of all four Tasmanian Health Service sites to now offer SHPA's Foundation Residency program for early career hospital pharmacists.

ATR programs should also be provided by the Royal Hobart Hospital or via structured training at mainland hospitals if there is a skills shortage. This will ensure Tasmania has a sustainable pipeline of specialist pharmacists in critical disciplines such as cancer services, critical care, mental health, surgery and perioperative medicine and emergency medicine.

Incentivising pharmacists to practice in rural and remote areas requires attraction and retention strategies for pharmacists to achieve parity in pay when benchmarked with other Australian states. Currently, Tasmania falls significantly behind in equivalent pay scale by being one of the lowest paid pharmacists for equivalent professional year and grading after the first year of registration.

Action 6.3.5 - Scope of Practice of Pharmacists - Pharmacists are important primary health providers, and we are exploring ways we can extend the role of pharmacists to improve access to GPs and ease pressure on our hospitals. We are undertaking a Pharmacy Scope of Practice Review to consider what other services and supports this highly skilled group of professionals may be able to safely provide to Tasmanians.

SHPA is pleased to see its recommendation of profiling the current hospital pharmacy workforce to identify gaps in services against professional standards adopted as an action point in the March exposure draft. While



Action 6.3.5 alludes to the undertaking of a Pharmacy Scope of Practice Review which SHPA is contributing to, it is important to acknowledge that pharmacists are not only important primary healthcare providers, but also a significant proportion of pharmacists work in hospitals, aged care and other acute settings. It is vital that any scope of practice review considers the impact of this key workforce in all settings in which they work.

SHPA commends the Tasmanian Government on implementing Partnered Pharmacist Medication Charting (PPMC) to select wards at major sites in Tasmanian Health Service, and strongly recommends expanding PPMC throughout more wards and all healthcare facilities in Tasmania. As outlined in SHPA's previous submission to this consultation, the exposure draft should ensure investment into clinical pharmacy services, including innovations such as PPMC services are maintained and expanded to address system wide capacity issues with emergency departments, bed access and flow, and elective surgery waitlists. SHPA recommends that the appropriate legislative changes occur to support the implementation of PPMC services throughout Tasmanian hospitals.

PPMC models will decrease the burdens 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. It has also been shown to improve medication safety and patient care.

SHPA anticipates that any scope of practice review considers the interventions made by hospital pharmacists in its assessment.

References

¹ Mitchell, G. Sydney Morning Herald. 'Paul Lau died at Sydney hospital after wrongly prescribed fentanyl: inquest', February 5, 2018. Available from <https://www.smh.com.au/national/nsw/paul-lau-died-at-sydney-hospital-after-wrongly-being-prescribed-fentanyl-inquest-20180205-h0twtn.htm>

² The Society of Hospital Pharmacists of Australia (SHPA). Position Statement: Closing the loop of medication management in hospitals to improve patient safety with barcoding technology on unit dose packaging. Available at: https://shpa.org.au/publicassets/baa132c4-de53-ec11-80dd-005056be03d0/position_statement_-_unit_dose_packaging.pdf

³ Prgomet, M., Li, L., Niazkhani, Z., Georgiou, A., & Westbrook, J. I. (2017). Impact of commercial computerized provider order entry (CPOE) and clinical decision support systems (CDSSs) on medication errors, length of stay, and mortality in intensive care units: a systematic review and meta-analysis. *Journal of the American Medical Informatics Association*, 24(2), 413-422. doi:10.1093/jamia/ocw145

⁴ The Society of Hospital Pharmacists of Australia (SHPA). (2022). Pharmacy Forecast Australia 2022. Available at: <https://shpa.org.au/publicassets/36f9b509-04fc-ec11-9106-00505696223b/Pharmacy%20Forecast%20Australia%202022%20Full%20Report.pdf?4d171d0a-84fd-ec11-9106-00505696223b>

⁵ Australian Government. National Skills Commission. (2022). Skills Priority List – Hospital Pharmacist. Available at: <https://www.nationalskillscommission.gov.au/topics/skills-priority-list>

