



SHPA response to consultation on draft outline of the National Allied Health Workforce Strategy, July 2024

The Society of Hospital Pharmacists of Australia (SHPA) is the national professional organisation for more than 6,100 hospital pharmacists, and their hospital pharmacy intern and technician colleagues working across the Australian's health system. Hospital pharmacists are core to medicines management and optimising the safe and quality use of medicines in all settings.

SHPA welcomes the opportunity to provide input to the draft outline of the National Allied Health Workforce Strategy (NAHWS) to support the need to continually invest in allied health workforces as the demand for their services grow and they play a crucial role in health systems to provide quality, safe, patient care.

SHPA supports the development of the National Allied Health Workforce Strategy and recognises that the allied health sector represents 200,000 allied health professionals working in over 25 different allied health disciplines. Incorporating and representing the diversity of practice scopes, needs and contributions for all allied health disciplines will be difficult to capture in an overarching workforce strategy. Further, some allied health disciplines are supported by allied health assistants to varying degrees which must be captured in the strategy, however it is likely each allied health discipline will require a bespoke approach beyond the general national strategy.

SHPA recommends that the Strategy should undertake extended and robust consultation with allied health disciplines with larger numbers of allied health practitioners, and for the pharmacy sector, should recognise the specific nuances embedded within pharmacy and acknowledge pharmacy technicians and assistants as an integral part of the allied health workforce.

The Strategy must also consider First Nations people and rural and remote communities' access to allied health services and deem this an equal priority area for action in the strategy.

Introduction

The Strategy outline includes an introduction that will summarise who the Strategy is for (page 1). This includes allied health professionals, the Australian Government, state and territory governments, health services, universities, regulators, consumers and professional organisations.

1. How useful do you think the Strategy will be for these groups and organisations? Please explain your selection (no word limit).

Not useful/Slightly useful/**Moderately useful**/Highly useful/Extremely useful/Not sure

A broad strategy will be an overarching guide to groups and organisations

The National Allied Health Workforce Strategy (NAHWS) will need to represent 200,000 allied health professionals working in over 25 different allied health disciplines, thus will need to be useful for many allied health professionals, governments and professional bodies, each which have varying legislative and clinical practice requirements. Therefore, when targeting a vast range of groups and organisations, the NAHWS will need to be broad, and profession specific nuances may not be identified. The Strategy will then be used to create awareness of mutual workforce barriers and serve more so as an overarching guide thus impacts development of a fit for all Strategy.



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

- **Acknowledging diverse allied health professions**

The Strategy's intended impact and value should account for inherent differences among allied health professions and jurisdictions. While challenging to capture this in a single NAHWS, robust consultation is essential. Identifying gaps and nuances within each profession and relevant jurisdictions allows governments to determine investment levels and prioritise actions. A one-size-fits-all approach may not suffice; profession-specific strategies can address national inadequacies while safeguarding patient safety.

- **Utilising a risk-based approach when defining allied health**

The Strategy should reconsider grouping the pharmacy workforce under allied health due to their unique expertise, high patient risk association and diverse service provision that enhance the delivery quality, safe, patient care. Embedding pharmacy into the NAHWS may potentially catalyse patient risk due to the contextual differences compared to other allied health professions. Medicine errors and adverse events are up to 50% avoidable, which falls within a pharmacist's role.¹ This highlights the level of risk that a pharmacist role involves preventing significant patient morbidity and mortality.

Queensland Health has recognised this by implementing a pharmacy workforce plan², following the release of an allied health workforce plan.³ The plan identifies key priority projects specific to the pharmacy profession that will contribute to current and future workforce design and planning.

A risk-based approach is essential when developing an effective allied health workforce strategy as the one strategy may not be fit for all allied health professions and may not be as impactful for a broad range of groups and organisations.

2. Please outline any other groups for whom the Strategy would be useful (no word limit).

- **The paraprofessional workforce – pharmacy technicians and assistants**

The pharmacy workforce extends beyond registered pharmacists to include pharmacy technicians and assistants which must be reflected in the NAHWS.

The paraprofessional workforces are often overlooked in discussions involving the health care workforce. Pharmacy technicians and assistants play a vital role to bridge gaps in clinical pharmacy services to allow pharmacists to focus on providing expert, comprehensive, patient care. As pharmacists' roles evolve, 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.⁴ Pharmacy technicians can document allergy statuses and complete medication histories which allows pharmacists to prioritise other pharmacist specific clinical tasks.

Pharmacy technicians and assistants do not require completion of an undergraduate pharmacy degree and can hold TAFE-level qualification (Cert III or Diploma) to be involved in patient medication management. However, not regulating these workforces has contributed to their underutilisation, stemming from a lack of confidence in their abilities despite having the potential to drive key changes in pharmacy workforce. Effective regulation not only safeguards patient safety but also addresses workforce shortages, thus must be embedded into the NAHWS.

- **Registered training organisations (RTO) and Technical and Further Education (TAFE) providers for allied health assistants**

These organisations must be included in the NAHWS as they are the education and training providers who assist with building a strong, skilful health workforce, despite not being regulated for their services. The



NAHWS will be useful for these groups to tailor their programs to meet the evolving health demands and train a workforce fit for delivering effective health care.

- **Non-government secondary school providers**

This group can utilise this strategy when promoting career pathways for students. Secondary school students must be a key target for the NAHWS as they are our emerging allied health professionals. The Strategy must identify how to attract a greater allied health workforce and aim to target secondary school students who are exploring career options. The NAHWS can showcase career developments in allied health professions and outline the future for allied health to gain greater interest from emerging students.

The Strategy outline includes the goals of the Strategy (page 2). Please outline your level of agreement with the following statements:

3. *The Strategy's goals are appropriate.* Please explain your selection (no word limit).

Strongly Disagree/ Disagree/ Neither Agree nor Disagree/ Agree/ Strongly Agree/ Not sure

SHPA broadly supports the listed goals, however, believe some of the goals can be refined and there are additional considerations not accounted for.

1. *The current picture of the allied health workforce should discuss workforce retention analysed from workforce modelling*

Profession-specific complexities and contextual underpinnings should be considered in the current picture or the allied health workforce. Prioritising workforce retention is crucial for addressing shortages. While the NAHWS excludes workforce modelling as stated in the background summary sheet, SHPA questions this omission of workforce modelling as it guides proactive decision-making and targeted implementations that considers future demand.

Understanding the root cause of health demands and voids in different allied health professions is essential. Poor retention, but not limited to, due to work burden, remuneration, lack of continuing professional development opportunities and lack of recognition impacts shortages. Including workforce modelling can aid prioritization in the Strategy.^{5,6}

2. *Effective collaboration and co-design frameworks*

For an effective and meaningful Strategy, as listed, collaboration with the listed groups and organisations is paramount which SHPA broadly supports. However, active engagement from each of these groups is vital and co-design frameworks should be upheld to create a sense of empowerment and drive commitment. Diverse views from varying groups will enable the Strategy to be purposeful by acknowledging professional differences but ensure mutual agreement on national priorities to maximise patient care.

3. *Acknowledge pharmacy technicians and other allied health assistants (AHA's) who are skilled to work across different sectors*

The goals must include and respect the service provided by pharmacy technicians and other AHA's in the NAHWS. AHA's and pharmacy technicians work closely with allied health practitioners to ensure clinical services in health function efficiently and should be considered in the goals of the NAHWS. Guidelines to scope and introduce new allied health assistance roles have been developed, which highlight the available opportunities for AHA's and how to better utilise and allocate resources⁷. These guidelines propose improved workforce supply and reduce unmet demand for patient care by increasing AHA's working across allied health. The NAHWS must utilise the skills of these health care providers as they too are an integral group that enables accessibility to allied health services.

4. *Not all First Nations people live in rural communities.*



It is important to recognise that increasing access to First Nations people should not only be based on geographical factors. First Nations people who live in urban settings also have limited access to allied health services owing to a lack of understanding, culturally appropriate support and awareness. SHPA suggests considering First Nations people and people who live in rural communities to be listed as two separate goals.

5. Recognising accessibility issues for culturally and linguistically diverse (CALD) people and those from a low socio-economic group

The Strategy's goals should consider diverse patient cohorts, demographics and socio-economic status when considering accessibility to allied health services. Ensuring equitable health care is imperative and a workforce strategy should adopt a holistic lens when addressing accessibility issues to allied health services that meets that address the various social determinant of health.

6. Regulatory support and continual investment and funding

SHPA believes continual investment in the allied health workforce must parallel the consideration of how allied health professions are regulated and equitably remunerated for their advanced services. This is essential to providing sustainable, timely, quality, safe patient care.

- Partnered Pharmacist Medication Charting (PPMC) services allow hospital pharmacist to prescribe a patient's regular medication with the doctor's authorisation, following a best possible medication history (BPMH). PPMC addresses system wide capacity issues within emergency departments, bed access and flow, and elective surgery waitlists.
- Implementing PPMC models reduce the burden on medical staff, enhances patient flow and improves safety.
- A Deakin University health economic evaluation⁸ involving more than 8,500 patients demonstrated significant benefits of PPMC models: 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 totalled \$726, resulting in a total hospital cost saving of \$1.9 million with the five health services involved in the PPMC service.

These advances in allied health services improve patient care and offer economically sustainable options. To deliver these robust services that address capacity challenges, continual investment and regulatory support are essential to drive implementation and uptake. Advancing professional scope of practice is multifactorial and requires equitable workforce remuneration and regulatory support to aid workforce retention and translate to improved patient care. The NAHWS should consider including allocative efficiency in their goal and consider how regulatory support should be taken up.

7. Regulating pharmacy technicians and allied health assistants

Pharmacy technicians and assistants are not a regulated workforce; despite delivering effective healthcare as mentioned above. By establishing clear standards, qualifications, and scopes of practice for paraprofessionals, regulatory bodies can ensure that these professionals are appropriately trained, supervised, and accountable for their roles within the healthcare team. This will foster a skilled workforce and increase accessibility to allied health services, which should be a goal in the Strategy.

4. *The Strategy's goals are achievable. Please explain your selection (no word limit).*

Strongly Disagree/ Disagree/ Neither Agree nor Disagree/ Agree/ Strongly Agree/ Not sure

The goals outlined in the Strategy have not provided further detail with regards to how each of the goals will be achieved. SHPA acknowledge the current consultation is based on the draft outline of the NAHWS and



further consultation regarding the Strategy will provide in-depth detail identifying priority areas for action related to the goals.

To achieve these goals, sustainable and continual investment in the allied health workforce is imperative. These goals will require significant funding, time, resources and most importantly must utilise co-design frameworks. This will enable active engagement and participation from all allied health professions and stakeholders such that the Strategy catalyses change which translates to efficient, sustainable and relevant implementation. These goals must also be measurable, timely and relevant to be able to analyse the impact of the Strategy and drive future change.

CURRENT AND FUTURE STATE OF ALLIED HEALTH IN AUSTRALIA

The Strategy outline includes a discussion on the role of allied health now and in the future (page 2). Please outline your level of agreement with the following statement:

5. *The issues discussed accurately represent the main issues facing the allied health workforce in Australia. Please explain your selection. (no word limit)*

Strongly Disagree/ Disagree/ Neither Agree nor Disagree/ Agree/ Strongly Agree/ Not sure

The issues discussed in this section need to translate back to the key points discussed in the executive summary which include reasons for why there is an increase in demand for allied health services in Australia and the factors contributing to allied health workforce shortages.

- **Preventative health**

The draft outline employs a reactive health approach by investigating how allied health professions will assess, diagnose and treat health conditions. A holistic lens should be considered which aims to understand the root cause of the demand for allied health services and evolving health conditions. Allied health professions can be embedded in preventative health care settings to utilise a proactive approach for patient care. This will foster multidisciplinary care teams that parallel advancing scope of practices amongst allied health professions and potentially influence the demand for allied health services in the future across metropolitan, rural and remote regions. The Strategy should discuss that preventative health is not well utilised which is an issue that needs to be managed.

- **Funding and investment**

Equitable funding and investment strategies are issues faced by the allied health workforce. Implementing a workforce strategy requires a cost-effective approach that ensures allocative efficiency and effective resource allocation. As mentioned above, advancing pharmacy scope of practices have proven significant cost-effective strategies from economic evaluations and must be leveraged. Allied health workforces have varied funding models breeding inconsistencies and inequitable outcomes. This is an issue that should be addressed, as it impacts the ability to deliver robust allied health services if priorities are not clear which impact adequate funding and investment.

- **Service access equity**

It is important to collate robust data which identifies privately funded services to patients alongside public funded services. The NAHWS must recognise funding differences and prioritise action that mediates equitable access to allied health services for all Australians. The Strategy must recognise barriers to accessing allied health services, whether that is driven by geographical, financial or availability issues.

- **Pharmacist services are not disease specific but encompass all medicines which overarch disease management**



SHPA queries how relevant the consideration: *understanding of the most prevalent diseases and what is the role of allied health in addressing these*, will be to pharmacists. Pharmacists are medicines experts and have a comprehensive understanding of how to manage an array of diseases with optimal medication treatment. A single medicine can be used to treat multiple disease conditions and our professional practice does not align with focusing only on prevalent diseases. The evolving landscape of diseases states and its dynamic nature highlight the importance of pharmacists upholding evidence-based practice. This requires pharmacists to adapt to changes and be competent with coinciding medication management complexities to treat these evolving disease states.

SHPA supports the Strategy identifying the most prevalent diseases which require allied health input, however, given the stark differences in pharmacy practice they cannot be meshed with other allied health professions and their roles for this consideration.

- **Recognition of skills of allied health professions**

Recognition allows for the identification and utilisation of specialised knowledge and enables a health professional to contribute their unique skills to patient care, leading to more tailored and effective interventions.⁹ By focusing on core competencies and capabilities rather than rigid professional titles, allied health professionals can be recognised for their expertise that nonmedical professionals bring to the healthcare team.

The recent launch of The Australian and New Zealand College of Pharmacy (ANZCAP), a landmark recognition program delivered by SHPA, is a step forward as it demonstrates the breadth of advanced specialty skills provided by the pharmacy workforce. ANZCAP currently recognises the advanced clinical and non-clinical skills of pharmacists and pharmacist technicians across 46 specialty areas as shown in Figure 1.

Figure 1: The 46 specialty disciplines recognised by ANZCAP



This recognition cultivates trust among other health professionals and patients, enabling pharmacists and allied health professions to work to their full scope of practice. It also facilitates allied health professions to

seamlessly transition across different health services and jurisdictions, removing the need for recredentialing, if any, and strengthen the workforce across the country. As stated in the draft outline of the NAHWS, these are the types of reforms that will influence the current and future state of allied health in Australia and be a priority area for action which SHPA broadly supports.

ANZCAP is a key exemplar and model that can be utilised by other allied health professions and referred to in the NAHWS to provide guidance to other professions on how to recognise the skills of allied health professionals.

- **Strengthen educational pathways and training opportunities for advanced scope of practice**

Allied health professions, including pharmacists, engage in credentialing or a formalised, structured, nationally accredited pharmacy training programs, such as SHPA's resident and registrar training program.¹⁰ Post-graduate training and education is crucial to strengthen the allied health workforce as it mediates advanced scope of practice. These training programs can support workforce sustainability and retention, particularly in rural areas. SHPA broadly supports reforms and trends that will reflect advanced scope of practice and services, however, action must parallel an increase in availability and opportunities for these pathways for allied health professionals. This is currently an issue which should be considered for the current and future state of allied health in Australia.

- **Remuneration and incentivisation is pivotal**

An issue that the NAHWS should consider is how to ensure sustainable reforms are implemented such that allied health professions are incentivised and/or remunerated equitably, as mentioned above, to uptake advanced scope of practice opportunities. Robust implementation and continual investment in allied health workforces are once again imperative to imbue change.

SHPA hopes the Strategy will recognise these nuances when discussing the current and future states of allied health in Australia as it is essential to building a strong, sustainable and effective allied health workforce.

6. **Which three issues do you think are most critical for the Strategy to address? (select 3 from the list below)**

Existing workforce strategies and models of care

Existing projects that governments are doing that will impact on allied health professionals

What we know about the allied health workforce

What we are doing to ensure consumers can access safe and high-quality allied health care

Gaps in what we know about the allied health workforce

Reforms and trends that influence how allied health professionals practice in Australia

The health of Australians and the role of allied health professionals in supporting good health

How allied health professionals work

Other [please specify]

7. **The Strategy outline identifies the need to grow the First Nations allied health workforce and improve access to allied health among Aboriginal and Torres Strait Islander people.**

Please outline what you think the Strategy should aim to achieve regarding the First Nations allied health workforce.

- **Community engagement**



Working with peak bodies such as the National Aboriginal Community Controlled Health Organisation (NACCHO) will facilitate targeted, meaningful action as community engagement is fostered. SHPA believes by understanding the community needs and priorities through robust community engagement will ensure tailored, respectful and effective allied health services can be facilitated and provided to First Nations people. Collaborating with NACCHO and understanding how to provide these effective allied health services to these communities will be the key to maximising patient health outcomes. This will improve access to allied health services as First Nations people will be more receptive to change and services when they are empowered to be a part of creating the change. Respecting the strong cultural and spiritual beliefs and showing continual commitment to building strong relationships are crucial in improving accessibility.

- Supported entry level pathways for First Nations people

SHPA strongly believe to grow the First Nations allied health workforce, well-supported entry level pathways are essential. Improving patient access to the allied health workforce is crucial and equipping this workforce with essential education and training opportunities can fill current inadequacies and discordances. First Nations people face significant barriers when considering employment and must be invested in continually to grow this space and improve patient health. Additionally, through collaboration with NACCHO, these entry level pathways can be embedded into frameworks that call for allied health services.

8. Please outline any considerations that should be addressed in the Strategy regarding other culturally diverse and other priority populations (such as gendered and non-binary workforce and populations).

No comment.

SNAPSHOTS OF ALLIED HEALTH PROFESSIONALS

The Strategy outline includes a section (page 3) that will contain snapshots of what we know about allied health professionals in different sectors, including:

- Acute care
- Primary care
- Mental health
- Disability
- Aged care
- Education & child development
- Child & family safety
- Justice
- First Nations health
- Academia and
- Industry

Please highlight your level of agreement with the following statement:

The sectors appropriately represent the primary locations in which allied health professionals work.

Strongly Disagree/ Disagree/ Neither Agree nor Disagree/ **Agree**/ Strongly Agree/ Not sure

9. Please highlight any sectors that are not appropriate, or any that have not been considered. Please explain your response (no word limit).



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

SHPA agree with the listed sectors, however, believe the following sectors must also be considered in the strategy.

- **Care facilities**

The Strategy should consider other types of care facilities such as youth facilities and supported residential services (SRS), which also are types of care facilities that allied health professionals provide their expert services in. For instance, most pharmacists provide Webster packing services to patients in a SRS and are to be contacted by staff members responsible for administering or supervising the administration of medication to a resident when they have concerns about the appropriateness of a medication.

These services go by unnoticed, but it is paramount these services are included in the Strategy to capture essential information regarding allied health service provision and aid workforce modelling and data.

- **Transitions of care**

Transitions of care provides a range of care for older people who may require additional restorative support prior to considering continuing aged care options. These services require resource intensive allied health services and form robust multidisciplinary teams to ensure optimal quality care is provided to patients. This is an important sector that has been omitted, despite an increased demand for allied health services in these settings given Australia is breeding an ageing population.

- **Preventative health and wellbeing**

Preventative health and well-being can ease the demand on health services. Pharmacists play a key role in preventative health in various health settings to decrease health service burdens and optimise patient health outcomes. The Strategy should view preventative health and wellbeing more so as an investment for meeting future health demands, thus be an important sector to be recognised.

- **Virtual care services**

Since the global COVID-19 pandemic, virtual care services have expanded and are well-utilised across the health sectors to optimise patient care and increase patient accessibility to health services. The Strategy should identify the varying allied health professions that deliver virtual care services in addition to in-person care and include this in the snapshot to provide a comprehensive lens of the type of services provided, their contextual differences and provide direction for funding models.

10. The snapshots will include what we know about allied health professionals working in that sector, such as: the types of professionals working in that sector, the funding models being used, and factors that are influencing workforce supply and demand.

Please outline any further information that should be identified about each sector (no word limit).

- **Staffing ratios**

The patient-to-bed ratios for each profession that is required to deliver quality, safe, patient care should be included in the snapshot. SHPA have outlined a pharmacist-to-bed ratio in their Standards of Practice for Clinical Pharmacy Services as this information is vital in ensuring adequate care is provided to Australians whilst maximising patient health outcomes.¹¹ These characteristics of allied health professions highlight the inherent differences and varied staffing requirements that are required to be met to ensure patient care is not compromised. Staffing ratios can provide better direction for resource allocation and the Strategy can recognise where priorities must be.

- **Multidisciplinary collaboration**



The snapshot should also discuss services that harness multidisciplinary care approaches that foster collaborative efforts to strengthen allied health services and meet the evolving health demands. This information is necessary to be identified as it augments the importance of holistic, value-based care and could prove to be a cost-effective consideration for Australian allied health services, if proven by economic evaluations.

- **Pharmacy technicians and allied health assistants**

As mentioned above, SHPA believes that pharmacy technicians and AHA's are unacknowledged in the Strategy and must be included as they aid allied health service operations in varying sectors. The snapshot most definitely should include characteristics of pharmacy technicians and AHA's such as, size, required training, level of service provision, regulatory requirements, and impact on patient care in Australian health sectors.

- **Regulatory and training requirements**

For each allied health profession, it is important to include the level of competence, training and education required to work in varying sector. In acute and aged care settings, pharmacists are required to complete robust credentialling to carry out safe, quality, service provision to patients. For instance, from 1st of July, aged care on-site pharmacists will require to have undertaken an Australian Pharmacy Council (APC)-accredited aged care on-site pharmacist training program to be eligible to provide the quality care required for these patients¹². Additionally, hospitals pharmacists must be credentialled to undertake PPMC services in hospitals as mentioned above. All these additional services in varying health sectors require additional training thus have differences in funding models. The snapshot should portray these differences and further identify that equitable remuneration for these advancing services is essential to ensure sustainable allied health services can be provided to Australians.

PRIORITIES FOR ACTION

The Strategy outline includes a section on priorities for action (which will be developed after further consultations).

11. What priorities and actions do you think should be covered in this section? Please explain your response (no word limit).

- **Robust allied health workforce data surveillance and monitoring systems**

To maximise allied health services and implement targeted interventions, reliable and accurate data of the current workforce is essential. Embedding systems that monitor workforce data such as uptake of allied health professions, retention of staff, changes in career etc can guide future change that is effective and tailored to issues that Australia faces at a certain period. Current data by the Australian Institute of Health and Welfare (AIHW) only reflect health professions registered with the Australian Health Practitioner Regulation Agency (AHPRA), thus it is not a true reflection of the overarching allied workforce, once again omitting pharmacy technicians and allied health assistants. The Strategy should fill these voids and collect relevant, meaningful and credible data to guide future change and analysis of workforce initiatives.

- **Workforce shortages and retention**

As mentioned above, tackling the unabating rise in workforce shortages and the decrease in staff retention must be key priority areas of the Strategy. The executive summary states shortages are a key factor that highlighted the need for the Strategy and must be discussed in depth through stakeholder consultation in upcoming consultations.



- **Equitable remuneration, regulatory support and continual investment in allied health services**

Continually investing in the allied health workforce will foster sustainable initiatives and drive change in Australian allied health services. Equitable remuneration and regulatory support for advancing scope of practices should be prioritised to build a strengthened, skilled workforce.

- **Focus on 'advanced' scope of practice**

Advancing scope of practice should be a key priority area for action as it is currently embedded amongst many allied health professional services and proven to enhance patient care through economically viable means. SHPA supports the concept of 'advanced scope' as it transforms professional practice and aids health service delivery by bridging current service deficiencies and fosters a skilled, expert workforce. This should be a major focus in the Strategy as it can tackle current accessibility issues to allied health services in Australia whilst ensuring patients receive safe, accessible care where quality is not compromised.

- **Recognition for specialisation**

The Strategy should utilise SHPA's landmark recognition program, The Australian and New Zealand College of Pharmacy (ANZCAP), as a model, given it is a step forward and demonstrates the breadth of advanced specialty skills provided by the pharmacy workforce. This can be translated to other allied health professions, to further advocate recognition of specialisation and tailor these skills to maximise patient care services and build a strong workforce.

- **Provide Education and Training opportunities to further upskill the workforce**

Providing nationally recognised, structured, formal, education and training opportunities will upskill and strengthen the allied health workforce to provide expert, comprehensive, quality care. SHPA's resident and registrar training program is another exemplar that can be utilised when considering priority areas for actions as it equips the next generation of the workforce with the clinical skills to meet the complex patient care needs that continually evolve in health environments.

NEXT STEPS

The Strategy outline includes next steps for the National Allied Health Workforce Strategy and timeframes for action. It also includes a section on how the impact of the Strategy will be assessed.

12. How do you think the impact of the Strategy could be assessed (no word limit)?

- **Success of achieving the goals**

Measure and review the success of achieving the goals in a timely manner. The Strategy's effectiveness should be closely monitored, interpreted and analysed, thus will require a specific, measurable, actionable, timely and relevant (SMART) goal.

- **Consultation from allied health professions**

Regular feedback and consultation from the key users of the strategy, allied health professionals and the targeted groups and organisations should occur in a timely manner to detect potential deficiencies in the Strategy. As the Strategy will guide initiatives from the listed groups and organisations, feedback will provide insight into how effective, feasible and well accepted the changes are. Early feedback ensures the Strategy is relevant, comprehensive, and meets the needs of all users, fostering a sense of ownership and commitment.

- **Robust surveillance and monitoring**



To understand the impact of the Strategy from a broader level, the success of the goals should be mapped to certain measures. This reiterates the need to collect robust workforce data that can highlight areas of concern and be used to model future change in Australian allied health services. Changes in workforce structures, both before and after the Strategy is implemented will be useful datasets to collect. This can outline trends and patterns in the skilled workforce, retention rates, enrolment into allied health professions, staffing ratios per patients and economic evaluations of varying services provided.

The changes in the social determinants of health which are barriers to people currently accessing allied health services must be monitored regularly to assess whether these changes can be mapped to implementation and action from the Strategy.

- **Measure distribution of the allied health workforce**

Assessing where the allied health services are saturated the most across the nation and measuring staffing ratios, types of services provided, and resources required will be important to measure. This may detect the impact of the Strategy in rural and remote areas and highlight accessibility to services to First Nations peoples. By recognising where services are most required, allocative efficiency and effective resource allocation methods can be adopted to drive further change and investment in allied health workforces.

FEEDBACK

Please provide any additional comments you have on the draft outline of the Strategy (no word limit).

- **Clarification on why allied health professions enter management positions**

The executive summary in the Strategy states that allied health professionals are entering management positions due to a lack of senior clinical positions which is a key factor contributing to allied health workforce shortages. However, some health organisations require senior managers to hold a current allied health qualification, ideally a senior role to shift into these management opportunities. This creates an organisational structural requirement for this shift to occur and limits the opportunity for other experienced health care managers to work in this space. Once again, having proper data regarding the allied health workforce and their structures will enable targeted interventions to support workforce shortages.

- **Agreed definition of allied health is available**

The NAHWS states there is no agreed definition of allied health despite governmental services such as the Australian Institute of Health and Welfare providing data on allied health which includes Aboriginal and Torres Strait Islander health practitioners, chiropractors, Chinese medicine practitioners, medical radiation practitioners, occupational therapists, optometrists, osteopaths, pharmacists, physiotherapists, podiatrists, psychologists, and paramedicine practitioners. These inconsistencies brew inefficiencies in allied health workforce data and funding models.

- **Consideration for allied health profession specific workforce strategies**

SHPA emphasises that pharmacy roles encompass a higher level of risk and complexity compared to other allied health professions as medicines can directly impact patient mortality and morbidity. This is further heightened by pharmacy staff in some health organisations reporting to the chief medical officer, not the chief allied health officer, compared to other allied health professions, given medicines and pharmacy roles are aligned with a higher level of risk and have a greater potential morbidity or mortality. Therefore, if the outcome of this consultation results in individual allied health profession specific workforce strategies, SHPA believes that pharmacy should have their own workforce strategy as well. This will ensure a sustainable, effective and applicable workforce strategy that acknowledges the inherent complexities of the profession to ensure patient safety is upheld and not compromised in a broad national workforce strategy.



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.

Thank you for your participation. Your input to the development of the Strategy is greatly appreciated. If you'd like to receive updates on the progress of the Strategy, please subscribe to allied health sector updates via the [department's website](#).

CONSENT TO PUBLISH

Do you consent to your submission being published? [MANDATORY]

Yes

No

[If selected Yes to consent] Would you like your name or your organisation's name to be published alongside your submission on the consultation hub? [MANDATORY]

Yes

No

[If selected Yes to name being published] Please provide your name or your organisation's name as it will appear alongside your response:

Name _____ [MANDATORY]

Your personal information is protected by law, including the Privacy Act 1988 (Privacy Act) and the Australian Privacy Principles, and is being collected by the Department for the purposes of conducting the NAHWS Consultation Program. The Department will collect your personal information at the time that you provide a submission, unless you choose to make a submission anonymously, and you are not reasonably identifiable from the information provided in your submission.

If you consent, the Department may, at its discretion, publish part or all of your submission on the Department's website. If your submission is published, the Department may identify you and/or your organisation as the author of the submission, if you consent to being identified. Please note that your email address will not be published and responses may be moderated to remove content that is inappropriate/offensive or contains sensitive information.

Submissions which have been published on the Department's website can be accessed by the general public, including people overseas. Ordinarily, where the Department discloses personal information to an overseas recipient, Australian Privacy Principle (APP) 8.1 requires the Department to take reasonable steps to ensure that the overseas recipients does not breach the APPs. However, if you consent to the publication of your submission, APP 8.1 will not apply to this disclosure and the Department will not be accountable under the Privacy Act for any subsequent use or disclosure of the submission by an overseas recipient, and you will not be able to seek redress under the Privacy Act.

You should not include information in your submission about another individual who is identified, or reasonably identifiable. If you need to include information about another individual in your submission, you will need to inform that individual of the contents of this notice and obtain their consent to the Department collecting their personal information.

You can get more information about the way in which the Department will manage your personal information, including our privacy policy, on [our website](#). You can obtain a copy of the Department's privacy policy by



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

telephone on (02) 6289 1555 or freecall 1800 020 103 or by using the online enquiries form at [Australian Government Department of Health and Aged Care](#).

References

- ¹ Australian Commission on Safety and Quality in Health Care (ACSQHC). The National Safety and Quality Health Service (NSQHS), Medication safety standard. ACSQHC. Sydney. 2nd ed. – version 2. 2021. Available from: <https://www.safetyandquality.gov.au/standards/nsqhs-standards/medication-safety-standard>
- ² Queensland Health. Queensland Health Pharmacy Workforce Plan 2022-2032. State of Queensland (Queensland Health). 2022 Dec. Available from: https://www.health.qld.gov.au/_data/assets/pdf_file/0040/1196698/Pharmacy-workforce-plan.pdf
- ³ Queensland Health .Allied Health Workforce Plan 2022-2026. State of Queensland (Queensland Health). 2022 Mar. Available from; https://www.health.qld.gov.au/_data/assets/pdf_file/0031/1158952/Workforce-plan-2022-2026.pdf
- ⁴ Bekema C, Bruno-Tomé A, Butnoris M, Carter J, Diprose E, Hickman L, Raleigh R, Teasdale TL. Standard of Practice for Pharmacy Technicians to support Clinical Pharmacy Services. The Society of Hospital Pharmacists of Australia; Collingwood. 2019. Available from <https://shpa.org.au/publicassets/8e281e59-eb77-ec11-80de-005056be03d0/Chapter%2012%20-%20Standard%20of%20Practice%20for%20Pharmacy%20Technicians%20to%20support%20Clinical%20Pharmacy%20Services%20%20Updated%20November%202019.pdf>
- ⁵Battye, K., Roufeil, L., Edwards, M., Hardaker, L., Janssen, T., Wilkins, R. Strategies for increasing allied health recruitment and retention in Australia: A Rapid Review. Services for Australian Rural and Remote Allied Health (SARRAH). 2019. Available from: https://pub-b0561b18fd0b407ba7c21f42b2d2de7e.r2.dev/rapid_review_-_recruitment_and_retention_strategies_-_final_web_ready.pdf
- ⁶ Australian Institute of health and welfare (AIHW). Health workforce. Australian Government. 2022 Jul 07. Available from: <https://www.aihw.gov.au/reports/workforce/health-workforce>
- ⁷Victorian Department of Health. Guidelines to scope and introduce new allied health assistant roles. State Government of Victoria. 2012. Available from. <https://content.health.vic.gov.au/sites/default/files/migrated/files/collections/policies-and-guidelines/g/guidelines140812.pdf>
- ⁸ 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/ppm>
- ⁹ The Society of Hospital Pharmacists of Australia (SHPA). SHPA response to the Unleashing the Potential of our Health Workforce: Scope of Practice Review – Issues Paper 1 - policy submission. SHPA. 2024 Mar. Available from: <https://shpa.org.au/publicassets/ab742c23-5be6-ee11-9134-00505696223b/SHPA-response-to-Unleashing-the-Potential-of-our-Health-Workforce---issues-paper-1--1.pdf>
- ¹⁰ The Society of Hospital Pharmacists of Australia (SHPA). Training programs. SHPA. 2024 Available from: <https://shpa.org.au/workforce-research/training-programs>
- ¹¹ The Society of Hospital Pharmacists of Australia. (2013). 'Standards of Practice for Clinical Pharmacy Services'. Journal of Pharmacy Practice and Research 43(2):91-93
- ¹² Australian Government. Aged care on-site pharmacist. Department of health and aged care. 2024 Jun 21. Available from: <https://www.health.gov.au/our-work/aged-care-on-site-pharmacist#pharmacist-training>



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